

**DAUPHIN COUNTY MENTAL HEALTH PLAN
FOR ADULTS, OLDER ADULTS AND TRANSITION-
AGE YOUTH WITH SERIOUS MENTAL ILLNESS
AND CO-OCCURRING DISORDERS**

**Fiscal Year 2013-2017
(2012-2013, 2013-2014, 2014-2015, 2015-2016, 2016-2017)**

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**DAUPHIN COUNTY MENTAL HEALTH PLAN
FOR FISCAL YEARS 2013-2017**

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DAUPHIN COUNTY MENTAL HEALTH PLAN
FISCAL YEAR 2013-2017

1. Executive Summary

I am pleased to present the Annual Mental Health Plan for Fiscal Year 2013-2017, submitted in accordance with guidelines issued by the Office of Mental Health and Substance Abuse Services. This comprehensive five-year plan includes our Projects for Assistance in Transition from Homelessness (PATH) Intended Use Plan, our Housing Plan, Forensic Plan, Employment Plan, as well as our inventory of existing services, transformational priorities and prior year expenditures within our program. The 2013-2017 Annual MH Plan documents our analysis of strengths and needs, underserved and unserved population concerns, fiscal management at the County and BH-MCO level and quality assurance activities.

Input and guidance from a wide range of stakeholders, including individuals in services, families, advocates, advisory groups, and key leaders is well represented in the Annual Plan. The ROSI Panel and Community Support Program (CSP) Committee, as well as service agencies of behavioral health services and the BH-MCO, contributed to the final product through year-long and ongoing committee work, plan input meetings, and a public hearing.

Our transformational priorities outlined in this plan include strategic planning for the use of evidence-based practices, staff and consumer training on recovery and resiliency principles and outcomes, improving opportunities for persons in recovery and their families to have a role in advising and evaluating implementation of consumer-run services, creating housing supports, improving employment opportunities, and improving our use of community resources beyond the formal mental health system.

Our concerns for the future continue to be how we can meet the growing demand for services as our funding continues to decline. Dauphin County has provided county mental health services to 49 percent more individuals in FY 2009-10 compared to FY 2005-06, while funding for the program from OMHSAS has been decreased for four consecutive years by a cumulative total of about six percent. While we see many positive outcomes for persons who are able to access county-funded MH services, waiting lists and lack of access to basic mental health services continue to burden individuals and families. Therefore, this plan focuses on efforts to transform our system with no additional fiscal resources. More than ever, we appreciate the partnership with consumers, families, providers, and community partners in trying to make service improvements, manage fiscal resources, and meet a wide range of challenges, while upholding our values and vision of recovery and resiliency.

Respectfully submitted,



Daniel E. Eisenhauer
Administrator

2. Vision, Mission and Value Statements

Introduction

In this comprehensive document, Dauphin County has described “the status of, plans for, and any modifications to the county’s efforts to enable adults, older adults and transition-age individuals with serious mental illness, including individuals with co-occurring substance use disorders, to “live, work, learn, and participate fully in their communities” as described in the President’s New Freedom Commission on Mental Health Report released in July 2003 titled “*Achieving the Promise: Transforming Mental Health Care in America.*” Dauphin County’s mental health system fully adopts the belief that “transformation can occur by designing treatment and services that are person and family-centered that focus on increasing the person’s ability to successfully cope with life’s challenges, facilitating recovery, and building resilience” according to the OMHSAS Annual Plan Guidelines. The legal purpose of the annual plan is to also meet the requirement in the MH/MR Act of 1966 to review and approve an “annual plan and estimated costs” by local authorities and to transmit that plan to the Department of Public Welfare.

Mission

The Dauphin County MH/ID Program provides funding and administrative oversight for services in our community that support people and their families living with developmental delays, mental illness, and intellectual disabilities. Our mission is to assure that these services are of the highest quality possible, are cost-effective, and are readily available to all who need them. We promote family-centered services in our early intervention program, recovery and resiliency in our mental health program, and self-determination in our intellectual disabilities program.

Vision

Every person and family that we serve will have a network of family, friends, advocates, and supportive services to provide assistance in living a full and productive life in our community.

Values

The Dauphin County MH/ID Program will develop a continuum of services that assures that:

1. All persons, families, providers, and community partners are treated with honesty, dignity, and respect.
2. Service providers work in partnership with individuals, family members identified by the individual or family, and other providers to assure consistency and coordination of services.
3. Service providers share in the responsibility for positive results from services and supports, and they undertake active measures to facilitate individual and family success.
4. Services are developed to meet identified needs of individuals and families and are readily accessible and available.
5. Services are delivered in a manner that improves individual’s life satisfaction and promotes independence.
6. Individuals maintain control of their lives and exercise choice in the services and supports that they receive.

7. Individuals are encouraged to use natural supports in their communities and to exercise their rights to participate fully in their communities.
8. The health and safety of individuals is promoted and protected, and their rights are abridged only to protect the health and safety of the individual or the community.
9. Funds are utilized efficiently and equitably.
10. Individual, family, and cultural experiences, values, and preferences are respected and are integral to service planning.

3. Process for Annual Planning

Dauphin County's planning process for the 2013-2017 Mental Health Plan further illustrates the Program's ongoing commitment to core values and the principles of recovery and resiliency. The Plan is based on the prediction that no other supplemental plans will be required during this five-year planning cycle. Stakeholder groups continue to meet throughout the year to provide input and to monitor the planning process. A complete roster of committees and forums that advise the Mental Health (MH) system and meet under the auspices of the County are listed in Appendix I. The Adult Mental Health Committee has the lead oversight for the planning process.

Keeping in the recovery vein, the MH Committee of the Mental Health/ Mental Retardation (MH/MR) Board was kept apprised of the Bureau of Justice Assistance grant that the MH/MR Program received for the development of an MH Court and Re-entry Program and enhancement of the MH Jail Diversion Program. After six months of planning and collaboration among human services agencies, the MH Court and Re-entry Program began on June 11, 2010. A portion of the grant has been set aside to be used for housing.

MH Court is used only for non-violent misdemeanors and requires the defendant to plead guilty. It leads to either the charges being withdrawn or dismissed with no further penalty or to a straight plea with probation. Probation will be terminated on completion and graduation from the MH Court Program.

Re-entry is used when an individual is sentenced to a period of county incarceration. A Forensic Intensive Case Manager is assigned prior to the earliest date of re-entry into the community to assist with a home plan and refer individuals for needed MH services.

The MH Committee continues to fully support recovery for individuals in Dauphin County who are living with mental illnesses and co-occurring disorders. Because of the difficulty in continuing to maintain viability of outpatient services in Dauphin County, the Committee selected outpatient as the area of focus for comparison with survey results for the Recovery Self-Assessment – Revised 2009 baseline information. The 2010 outpatient provider survey results are strikingly similar to the 2009 baseline survey results. This may indicate the outpatient provider operations with respect to recovery remain relatively strong. See Appendix II for the Recovery Self-Assessment-Revised Outpatient Provider Survey Results Report.

Continuing to promote recovery in 2010-2011, the MH Committee selected residential as the next area of focus for comparison of survey results to the 2009 RSA-R baseline information. The survey tool used was the RSA-R (Provider Version with the permission of Yale University), and it was distributed to 18 contracted Adult Mental Health Program Directors

and/or Supervisors representing the residential providers, with an exemplary response rate of 82 percent. This information will continue to enhance the County's Quality Assurance efforts. A copy of the survey instrument is attached as Appendix III.

One Dauphin County provider, Aurora Social Rehabilitation Services, conducted an adapted RSA-R (Person in Recovery Version) survey with permission from Yale University. Nursing students from the Harrisburg Area Community College, who work at the center as part of their practicum, assisted Aurora by administering the survey. A total of 31 individuals in recovery were surveyed. The majority of respondents showed strong agreement for all questions, indicating strong agreement that Aurora's programs are recovery oriented.

The MH Committee was also kept abreast of the National Alliance on Mental Illness' (NAMI) Evidence-Based Family-to-Family Program. The program is a 12-week course for families and friends of adults living with a serious mental illness. Course participants gain vital information, insight and understanding of their loved one that many describe as life-changing. A four-year NIMH scientific study by the University of Maryland indicates great empowerment for those who participate in this evidence-based program.

NAMI of Dauphin County sponsored a walk for recovery on mental illness in October 2010 at City Island in Harrisburg. Almost 150 individuals participated in the event.

Transition-age youth (ages 16-22) and The JEREMY Project staff educated the Committee with their presentation on the Project. The JEREMY Project helps adolescents and young adults transition successfully into adulthood by ensuring they have the skills for employment, independent living, and community involvement. Transition-age youth continue to move the system forward in recovery and resiliency through The JEREMY Project.

The Program and the MH Committee continue with support for the arts for individuals with mental illness. The Committee looks for grants and outlets for individuals to pursue their artistic interests. For example, the Magnificent Minds Project Art Exhibit took place at the Reservoir Park Mansion during July and August 2010. The exhibit was a success for the artists. The Project is a multifaceted effort to engage the mental health system of providers and the community in advocacy against stigma of the persons with mental illness. Moreover, the Magnificent Minds Project, in partnership with Youth Advocate Programs and the transition-aged youth's JEREMY Project, organized an art exhibit at the Mantis Collective Gallery in Harrisburg in October 2010 and at Strawberry Square in Harrisburg from October through November. The exhibit displayed the artwork of children and families living with mental illness.

A Voter Education Forum was held in September 2010 at the CMU for individuals receiving services from the Dauphin County MH/MR Program. The forum was sponsored by the MH/MR Program, the Community Support Program (CSP), the MR Program, and Speaking for Ourselves of Central PA. Approximately 50 individuals attended the evening's informational event. Consumers are becoming more informed and are recognizing that they can make a difference.

The Program continues to strive to address the challenges of mental health systems of care and translating the principle of recovery into practices that are "consumer-oriented and focused on promoting recovery"(Surgeon General, 1999). One of the tools to promote recovery is the WRAP (Wellness Recovery Action Plan). Dauphin County now has four

WRAP facilitators. Individuals who received the five-day WRAP facilitator training can lead classes using a 2.5-day (18-hour) series of WRAP groups at provider locations and can conduct WRAP meetings.

In promoting recovery, Keystone Community Mental Health started an eight-week “It’s a WRAP” course in November 2010 using the best practice format from the Copeland Center. The classes were taught by a Certified WRAP Facilitator and a Certified Peer Support. Participants completed 18 hours of the WRAP.

A Dauphin County Work Group comprised of case managers (CMU and Keystone), providers (Volunteers of America and Keystone Community Mental Health Services) and peer supports met on a monthly basis to discuss what system changes were needed to continue to move Dauphin County forward as a recovery-oriented services system.

Consumers are transforming the mental health service system in Dauphin County. Once again, OMHSAS required counties to survey its adult mental health providers in 2011 in order to complete the three County indicators on the Recovery-Oriented Systems Indicators (ROSI) to determine if changes and improvements are occurring over the three-year period. In January 2011, County staff trained CSP consumers, including CSP Co-Chairs, on the ROSI Panel to be interviewers. The six trained and supervised consumers conducted the ROSI telephone survey with the Chief Executive Officers (CEOs) of Dauphin County’s adult mental health contracted providers with an exemplary response rate of 100 percent. A copy of the ROSI Administrative Data Profile and Quality Improvement Plan is attached as Appendix IV.

Dauphin County CSP members, Keystone Leadership Council members, and Keystone Case Managers attended Meet the Peer Day activities at the spring and fall sessions in the past year at Danville State Hospital. County staff also attended the spring session. Individuals attending these sessions have offered digital displays about living in Dauphin County, peer sharing about living in the community, bulletin boards, and case managers provided information about the resources available.

Dauphin County CSP members provide significant leadership and input to Central Region CSP on an ongoing monthly basis. Dauphin County members conducted extensive outreach interviews as part of the Education Committee of Central Region to local CSPs to determine the availability of WRAP facilitators in the Central Region of PA.

In continuing to transform the system, Dauphin County CSP sponsored and had 16 members attend a CSP Leadership Training in March 2011. Mary Kohut of Support the Journey facilitated an interactive and lively discussion on leadership. She also discussed the distinction of governing and advisory boards and the role of each as the system moves forward in the journey of recovery. She used examples of where it has been difficult to move forward due to limited resources and discussed ways of building opportunities for solutions. In addition, a panel of CSP members who serve on governing and advisory boards from Aurora Social Rehabilitation Services and Keystone Community Mental Health discussed how their involvement on these boards impacted them personally and impacted the agencies. There was an opportunity for questions, and the panel led a discussion on what kind of opportunities individuals would like to have to serve on future boards and any additional skills they would need.

The CSP Co-Chairs report that they are invited and attend on a regular basis the bi-monthly CEO Breakfast with the MH/MR Administrator and CEOs of all mental health service provider agencies.

The economic climate continues to present challenges in the creation of an array of recovery-oriented services. County MH staff trained and supervised the six ROSI Panel consumers as group facilitators to gather data for the ROSI survey. Consumers developed questions to receive consumer input for the survey on “Peer/Consumer Delivered Service Funding” and “Consumer Representation on Local Boards.” The consumers facilitated groups at the following sites: Aurora Social Rehabilitation Services, CMU, Dauphin Clubhouse, Gaudenzia New View (MH and co-occurring), Gaudenzia – Gibson House (MH and forensic), Patch-n-Match, and Paxton Ministries. Approximately 88 consumers participated in the process. See Appendix IV for consumer responses. Change is taking place as consumers help Dauphin County move toward a recovery-oriented system transformation.

After the Plan guidelines for 2013-2017 were disseminated, which established a newly designed planning process built upon a five-year planning cycle, the broad-based Collaboration Team began meeting with a diverse array of key informants and stakeholders. Consumers, family members, mental health service providers, The JEREMY Project staff, and other adult system counterparts representing Mental Retardation, Drug and Alcohol Services, Area Agency on Aging, Adult Probation, Vocational Rehabilitation and Employment Services, and Managed Care Organization representatives are on the team. This team also continues to have strong stakeholder involvement from individuals with co-occurring substance abuse and mental health disorders and the underserved populations, including persons who are deaf/hard of hearing, and the Lesbian Gay Bisexual Transgender Questioning Intersex (LGBTQI) populations, so that they may live, work, learn, and participate fully in the community.

The MH Committee, CSP, The JEREMY Project staff, and County staff planned the broad-based Collaboration Team’s agendas for stakeholders to provide input into the 2013-2017 Plan. In addition, the MH Committee and CSP have two joint meetings each year.

The Dauphin County and Cumberland/Perry County CSPs held their 5th Annual Recovery Conference on May 10, 2011, at the Holiday Inn, New Cumberland. The conference attendees numbered 172.

Collaboration and planning among human services agencies is evident with the County’s Area Agency on Aging (AAA) and Mental Health’s active and working Memorandum of Understanding (MOU). This document assures communication, cross-training, and case review with both departments. The MH/AAA Coordination Team meets quarterly to carry out the MOU for jointly served individuals. A copy of the MOU is included with Attachment I.

Collaboration continues as the County developed a Personal Care Home Policy in consultation with residential service providers, case management entities, and the CSP Committee. The policy assures that individuals with a serious mental illness who are assessed for personal care are engaged and supported in identifying and moving into a home of their choice in the community that meets their needs and expectations. The Program continues to move toward a recovery-oriented mental health system reflecting the principles of recovery and resiliency.

The MH Committee was updated on Paxton Ministries' Community Lodge permanent housing based upon the Fairweather Lodge model. The first five residents of the Lodge moved in during the fall of 2009. The Community Lodge is an option for people in recovery who want to live independently but not by themselves.

On the journey to a recovery-oriented MH system, a public health challenge of bed bugs was identified. To problem solve, every MH provider was required to send an individual to the Bed Bug Summit. The purpose of the summit was to better educate and prepare the providers by looking at policies and practices that attempt to address pest infestation, as well as maintain the integrity of the community system in a recovery-oriented manner. Consumers, providers, and other stakeholders made progress in continuing to transform to a recovery-oriented service system by being educated.

Continuing in the recovery vein, the MH Committee learned that stakeholders were invited to the initial meeting of the Transformation Committee on Employment in June 2010. Efforts have been made to involve individuals that will enhance planning and outcomes. In the supported employment model, the individual in recovery has an attainable goal and desires work in a competitive job. On an interagency team, employment services are integrated with mental health services. The CSP Co-Chair is a member of the Committee and emphasized that mobility training is needed in order for individuals to obtain employment. Peer mentoring helps the consumers who have difficulty navigating transportation. People with language barriers and physical disabilities also need special help with transportation. One of the MH providers, Aurora Social Rehabilitation Services, does mobility training with its consumers. The MH system is transforming collaboratively to a recovery-oriented work environment.

Transformation is occurring in cross-system agencies. Along with stakeholders, individuals in recovery, and cross-system representatives, County MH staff participates in the newly formed Dauphin County Drug and Alcohol Services' Recovery-Oriented Systems of Care Committee. Drug and Alcohol Services is transforming their present service system to one that better supports individuals in finding and sustaining long-term recovery in the community. They are making a paradigm shift with their new recovery-oriented system of care. With the paradigm shift, Drug and Alcohol is moving from an acute care model to a chronic approach to care.

The completion of the Cultural Competency Task Force's purpose was signaled by the:

- Completion of the Cultural Competency Project, which provided activities to educate the community and promote a culturally competent MH service delivery system.
- Art exhibit and reception featuring the artwork of adults and transition-age youth in recovery.
- Cultural Competence Assessment Guide Survey Results Report.
- Event celebrating the success of Cultural Competence in Dauphin County.
- Highlights of the Cultural Competency celebration submitted to Dauphin County.

As of December 2010, providers of mental health services continue to advance the cause of cultural competency in Dauphin County. Cultural competency information continues to be disseminated systemwide.

The Dauphin County Wellness Committee publishes the *Forte* Newsletter six times a year. The Committee meets monthly and plans wellness activities that emphasize physical health

and wellness topics for providers, adult consumers, transition-age youth, child consumers, and parents.

Dauphin County stakeholders such as consumers, families, service providers and advocates, as well as County MH staff, participate in a variety of committees sponsored by the behavioral health managed care organization, Community Behavioral Healthcare Network of Pennsylvania. The five-county administrative oversight organization, Capital Area Behavioral Health Collaborative is also a host to many committees with a diverse group of Dauphin County stakeholders. Information from these forums' participants has been incorporated into the Annual Plan process. Use of routine reports and special requests for information has been helpful in providing data and other information in the Annual Plan process.

The Plan development process also considered suggestions raised by the OMHSAS Field Office, pursuant to its review of Dauphin County's Plan for Fiscal Years 2013-2017. The Program recognized the suggestions expressed by OMHSAS for attention in the Plan and these concerns have been addressed by:

- The Dauphin County MH/MR Advisory Board approving the Mission, Vision, and Values Statement that removes the term "Mental Disability" on March 31, 2011. The County Commissioners also approved Resolution #11-2011 on April 6, 2011, changing the name of the program to Mental Health/Intellectual Disabilities (MH/ID). The change is effective May 1, 2011.
- Transition-aged youth and The JEREMY Project staff taking an active role in the Plan process.
- The Mental Health Association (MHA) presenting at a CSP meeting, actively participating on the Collaboration Team, planning and presenting at the CSP 2010 and 2011 Conferences, and meeting with the CSP Executive Committee at the request of County staff.
- NHS of PA – Capital Region ACT (formerly Edgewater CTT) using the SAMHSA Evidence-Based Practices Toolkit, and Gaudenzia using the Illness Management and Recovery (IMR) workbook. Gaudenzia also ordered the SAMHSA toolkit. Pennsylvania Counseling Services treatment approaches and strategies are similar to the EBP. They are looking at implementing EBP in the next fiscal year. The agency does not do a specific training for the Integrated Treatment for Co-Occurring Disorders because they are a dually-licensed facility and it is their philosophy of treatment; therefore, it permeates all of their trainings and supervisions. Therapists are trained to treat mental health and substance abuse issues as part of their work with clients.
- Compeer and Dialectical Behavioral Therapy (DBT) discussions with the MCO.
- The County intends to re-establish communication protocols with CSP following their June 2011 elections.
- Clearly noting the timeline to accomplish the transformation priorities and related activities (see pages 74-82).

The Dauphin County MH/MR Program invited consumers, family members, service providers, community leaders, and other interested persons to attend the Public Hearing to discuss the new five-year Dauphin County Mental Health Plan for Fiscal Years 2013-2017. The hearing occurred on April 13, 2011, at 12:00 noon, at the CMU, 1100 South Cameron Street, Harrisburg, PA 17104.

Effective May 1, 2011, Dauphin County Mental Health/Mental Retardation Program changed its name to Dauphin County Mental Health/Intellectual Disabilities Program under Resolution # 11-2011 on April 6, 2011.

4. Overview of the Existing County Mental Health Service System

This section is a narrative description of available mental health services in Dauphin County which complements the data presented in Attachment E on availability, funding sources and priority populations. Given the frequency of co-occurring disorders among adults with a serious mental illness estimated as high as 70 percent in professional literature, service providers are encouraged to serve persons with co-occurring disorders and to have staff trained in the treatment of co-occurring disorders. This distinction is different than meeting a standard of service or an integrated system of care model.

The Evidence-Based Practices (EBP) Survey was distributed to service providers for transition-age youth and calls were made to providers for adults and older adults about this survey. The results in Attachment F reflect a service provider's independent self-assessment of the evidence-based practice provided and fidelity measure used based upon the provider's own application of the tools and information OMHSAS provided as definitions and guidelines for determining evidence-based practices. Throughout FY 2013-2017, using service coordination and quality assurance functions, the MH Program staff will undertake an inventory of provider training and an assessment of capacity building in the use of evidence-based practices to improve services to adults, older adults and transition-age youth with a serious mental illness and co-occurring disorders.

The County's development of Recovery-Oriented/Promising Practices in Attachment G illustrates many services that have been developed over a period of several years. The funding sources, in addition to the County, include HealthChoices and Reinvestment funds.

The existing County mental health system is outlined in this Section based upon the County Annual Plan for FY 2013-2017 requirements and refers to essential services in a recovery-oriented system as described by William Anthony in "A Recovery-Oriented System: Setting Some System Level Standards." This includes a service category, the type of service, and a very brief description of the service. The information complements the data provided in Attachment E on availability, funding source and priority populations. The Evidence-Based Practices Survey is self-reported by providers in Attachment F and the development of Recovery-Oriented Practices is outlined in Attachment G.

SERVICE CATEGORY: Treatment

Outpatient Services

Dauphin County has 10 licensed outpatient psychiatric clinic providers that offer medication management, outpatient therapies and psychiatric evaluations to adults, older adults, transition-age youth and children with serious mental illness or serious emotional disturbance and/or adults and children with co-occurring disorders. Some outpatient providers have unique characteristics or serve specific populations of Dauphin County residents. Some providers offer psychological evaluations as needed to access Behavioral Health Rehabilitation Services (BHRS) for persons 0-21 years of age. Four providers have satellite clinics in school settings, providing school-based outpatient services to at least one school building in nine out of the 10 school districts in Dauphin County, plus one approved private school and one charter school. One agency also provides psychiatric evaluation services to persons at the Schaffner Youth Center (SYC), a facility for youth sheltered, including

transition-age youth. One clinic serves homeless individuals' outpatient needs, and two agencies currently have satellite offices in the rural, northern portion of Dauphin County.

Table 1 below identifies outpatient psychiatric providers, satellite clinic locations and other unique characteristics.

Table 1 – Outpatient Service Providers 2010-2011

Provider	Satellites	Unique characteristics
Adams Hanover Counseling Services	School-based sites	Specialized skills to serve children and adolescents with Autism Spectrum disorder
Catholic Charities of the Capital Region	Lourdeshouse Maternity Home	Homeless Clinic Spanish speaking therapist
Community Services Group	Primary clinic in Lancaster; Dauphin County is satellite	Dauphin County site opened in Fall 2010
Commonwealth Clinical Group	-	Specialized offender and at-risk offender services to adults and teens
Northwestern Human Services Capital Region (formerly Edgewater)	Community-based sites, including AIDS Community Alliance & Northern Dauphin County Site	Primary clinic co-located with CMU, accepts Medicare, uses physician assistant model; and telepsychiatry began in March 2011.
Pennsylvania Psychiatric Institute (PPI)	Community-based sites including Hershey location	Culture specific –Hispanic and geriatric clinics, Clozaril and dual diagnosis (MH/MR) clinics, adolescent intensive outpatient, accepts Medicare
Pennsylvania Counseling Services	Community-based sites, including school-based sites	Licensed D&A outpatient provider at same location
Pressley Ridge	School and community-based sites	Staff trained Play Therapists, Spanish speaking psychiatrist
TW Ponessa and Associates	Primary clinic in Lancaster; Dauphin County is satellite	Licensed D&A outpatient provider at same location
Youth Advocate Programs	Community and school-based sites	Certified Registered Nurse Practitioner/Art Therapist

Pennsylvania Counseling Services and T.W. Ponessa are two mental health outpatient programs that also have licensed drug and alcohol outpatient programs at the same location. The agencies conduct assessments and make recommendations to individuals on the best way to progress in their treatment. Dauphin County will continue to explore the need for co-occurring, competent mental health outpatient providers due to the high percentage of individuals receiving mental health services who are experiencing co-occurring disorders.

Catholic Charities provides a homeless clinic for individuals to assist in direct access to mental health psychiatric services. They provide psychiatric evaluations, individual therapy and ongoing medication management. Catholic Charities also provides outpatient therapy to individuals in conjunction with Mission of Mercy, a mobile medical outreach program in Dauphin County.

Northwestern Human Services Capital Region has expanded outpatient services to priority populations such as the lesbian, gay, bisexual, transgender, and questioning community (LGBTI) in partnership with the Aids Community Alliance, now called Alder Healthcare. The most recent development is a telepsychiatry program started in March 2011. Dauphin County anticipates this will be a successful program for some persons and will serve persons with Medicare. Residents continue to use resources in other counties in order to access Medicare-funded psychiatric services.

The table below reflects the 69 completed survey results of the Telepsychiatry Satisfaction Survey conducted by NHS for the period March 1, 2011, through April 26, 2011. NHS is required to offer the satisfaction survey following every appointment, so the 69 completed surveys can and do include repeat individuals based on their scheduled frequency of follow-up medication check appointments.

Table 2 – NHS Telepsychiatry Satisfaction Survey Results

CONSUMER SATISFACTION SURVEY	Extremely	Very Much	Moderately	Slightly	Not At All
1) How much has telepsychiatry helped you?	29 42%	28 41%	9 13%	2 3%	1 1%
2) Are you treated with respect?	53 77%	14 20%	2 3%	1 1%	0 0%
3) How satisfied are you with telepsychiatry?	44 64%	20 29%	4 6%	1 1%	0 0%
4) I feel as though my doctor truly listens to my concerns	50 73%	18 26%	0 0%	1 1%	0 0%
	Yes	No			
5) Would you recommend telepsychiatry to others?	68 99%	1 1%			

Current as of 4.26.11

The Milton S. Hershey Medical Center operates a specialized outpatient clinic/partial hospitalization program for persons with eating disorders.

Riverside Associates, P.C., a psychological practice, works with individuals in need of behavioral interventions to improve their community integration and to individualize recovery goals.

Pennsylvania Psychiatric Institute (PPI) operates an Adolescent Intensive Outpatient Program (IOP) in addition to several specialized types of clinics for adults, teens and children within their psychiatric outpatient program. PPI's IOP program was not operating for several months during the organization's transition period from PinnacleHealth to PPI. PPI IOP recently restarted and serves adolescents 13 to 18 years old, three evenings per week. IOP enables youth to continue to attend school while receiving IOP services in the evening. This is a successful model to engage transition-age youth in services.

School-based outpatient services continue to expand in Dauphin County. Currently, nine out of the 10 school districts have at least one school-based outpatient clinic within their district. Several school districts have multiple sites. Adams-Hanover Counseling Services, Pennsylvania Counseling Services, Pressley Ridge, and Youth Advocate Program offer satellite school-based clinics. To assist in expanding the availability of mental health services in northern Dauphin County, the three school districts (Halifax Area School District, Millersburg Area School District and Upper Dauphin Area School District) coordinated efforts by working together to select one outpatient provider to serve all three school districts. Pressley Ridge was selected as the provider and has school-based sites in each district that serves students kindergarten through 12th grade. Psychiatric time will be available at the Halifax school-based site but made available to children and adolescents from any of the three northern Dauphin County School Districts.

Dauphin County has been fortunate to have Community Services Group add a satellite outpatient clinic to the provider network during the past year. The location near Widener University has the potential to be a clinic option for families in northern Dauphin County.

Mobile mental health treatment (MMHT) is defined as evaluation and treatment, including individual, family and group therapy (except when the service is provided in a person's residence) and medication visits to persons who have physical, emotional or mental challenges that prevent participation in a traditional outpatient clinic. OMHSAS added mobile mental health treatment to the array of HealthChoices in-plan services. Counties, the BH-MCO, and CBHNP continue to seek an interested service provider to implement this service. Clarification of MMHT in relationship to Medicare would assist providers in adopting a positive clinical practice that has fewer financial risks.

Meeting the outpatient needs for persons with primary Medicare coverage is a significant barrier. Due to the low availability of psychiatrists in the area, low reimbursement rates, and clinics not willing to accept Medicare, referrals are made to outpatient clinics in adjacent counties to meet the increasing demand.

Hamilton Health Center, Dauphin County's only federally-qualified health center, is engaged with the County MH Program, CABHC and CBHNP to identify a model of integrated physical and behavioral health care. The overarching goal is improving the overall quality of care to Hamilton Health Center's service population and improving their physical and behavioral health outcomes.

Psychiatric Inpatient Hospitalization

Pennsylvania Psychiatric Institute (PPI) operates a freestanding psychiatric center with a 74-bed inpatient psychiatric service and psychiatric residency training program. PPI was established as a joint venture between PinnacleHealth Hospitals and the Milton S. Hershey Medical Center/PSU College of Medicine. Inpatient psychiatric services include 14-16 beds for children and adolescents, 20 adult geriatric beds, 20 general adult psychiatric beds and 20 adult high-acuity psychiatric beds.

Efforts among staff at PPI, Dauphin County's Crisis Intervention Program, and case management entities, particularly the CMU (as the Base Service Unit) established a Bridge Referral program. The goal of the Bridge Referral is two-fold: increase connections to treatment and other services post-discharge from PPI's inpatient unit and decrease the risks of readmission to any inpatient unit. County MH staff has spearheaded this collaboration with the support of CBHNP. Initiated in August 2010, there are approximately 30 referrals per month to Bridge, and anecdotal findings include greater acknowledgement on readmission risk factors among individuals and more rapid access to targeted case management. Readmission rates of persons voluntarily participating in Bridge Referrals is still under review. Concerns have been identified for adults with co-occurring disorders who are not interested in reducing harmful drug and alcohol use through treatment.

As a still relatively new psychiatric inpatient provider serving a majority of persons from Dauphin County, PPI and County MH staff meet monthly to focus on adult, older adult, child and adolescent issues such as education, communication, service coordination with case management entities and admission/discharge processes. PPI's partnership with the County

and provider network will be a significant factor in successful system transformation in child, adolescent and adult services.

Additional inpatient resources within the Capital Area (five counties) behavioral health managed care territory include Holy Spirit Hospital, Lancaster Regional Medical Center, Lancaster General Hospital with psychiatric units within the community hospitals, and Philhaven, a psychiatric center for children, teens and adults. Beyond this area, the following psychiatric units and freestanding psychiatric centers have also been used for psychiatric inpatient care to address waiting periods/capacity and specialized needs and preferences of consumers and their families include: Roxbury Psychiatric Hospital; Brooke Glen Hospital; Meadows Psychiatric Center; Fairmount Behavioral Health; Lewistown Hospital; and Sunbury Community Hospital. Veterans access services at the Lebanon VA facility.

A 22-bed Extended Acute Care (EAC) program was established by Philhaven in conjunction with the closure of the Harrisburg State Hospital as a diversion from State Mental Hospitals. The majority of the beds (13 of 22) are managed by Dauphin County as a diversion from state hospital use at Danville State Hospital for adults and older adults with serious mental illnesses and co-occurring disorders. In addition to interagency service planning meetings for individuals, monthly planning meetings among the Dauphin County staff, Philhaven EAC, and case management entities help maintain the integrity of the program's diversion model and address admission and discharge system issues. Holy Spirit Hospital also operates an Extended Acute Care program, which is occasionally used when an individual needs can be better met due to the availability of medical and specialty services from the larger Holy Spirit Hospital system.

Partial Hospitalization

Northwestern Human Services Capital Region (NHS), Philhaven, and Pennsylvania Psychiatric Institute (PPI) provide partial hospitalization services to Dauphin County residents. NHS focuses on the needs of adults and older adults with serious mental illness.

PPI has day programming available for children and adolescents in an acute partial program. The child/adolescent partial program recently added an additional child and an additional adolescent team bringing the total teams to five with a maximum program capacity of 35. PPI also operates a partial hospitalization program called Milestones for adults with a serious mental illness and intellectual disabilities.

Philhaven operates two partial programs for adults: an acute partial with a drug and alcohol education component and another program with longer lengths of stay. Some Dauphin County children and adolescents also receive partial hospitalization treatment through Philhaven's Lebanon County program.

Milton S. Hershey Medical Center operates a partial program for children, adolescents and adults with eating disorders.

Family-Based Mental Health Services

Family-Based Mental Health Services (FBMHS) are a combination of intensive family therapy with support coordination and family support services in a team-delivered service. FBMHS is available from several licensed and contracted service providers. FBMHS were first established in the late 1980's. They are almost entirely funded by MA/CBHNP. Dauphin County has not encouraged further development of FBMHS for the past several years due to over-capacity of the service. Dauphin County has six licensed FBMHS providers. The following table illustrates the providers, number of Dauphin County teams and other unique characteristics:

Table 3 – Family-Based Mental Health Service Providers 2010-2011

Provider	Number of Teams	Unique Characteristics
Catholic Charities	2	Multi-lingual staff
Jewish Family Services	1	Specializes in issues of attachment & adoption.
Keystone Children and Family Services	6	Play therapy trained team
Northwestern Human Services	-	Serves 3-5 families at any given time from NHS' Cumberland Co. office; no specific team assigned to Dauphin Co.
Pennsylvania Counseling Services	7	Issues of substance use/abuse, Cognitive Behavior Therapy trained team, play therapy/theraplay (model of play therapy) trained team, autism trained team & art therapy trained team
Philhaven	7	Parent training; one team is assigned to Upper Dauphin; three bilingual/bicultural staff (2 teams)

Community Treatment Team Transitioning to Assertive Community Treatment

During FY 2010-2011, Northwestern Human Services Capital Region has been transforming from a Community Treatment Team (CTT) to an evidence-based Assertive Community Treatment (ACT) Team model. The ACT team uses a multi-disciplinary-based approach to the provision of treatment, rehabilitation and support to individuals in a variety of settings in the community. The ACT team serves as the fixed point of responsibility for providing an all inclusive service. The Act team provides comprehensive 24/7 access to community-based treatment and consists of the following multi-disciplinary staff: team leader; psychiatrist; registered nurses; master's level mental health professionals; substance abuse specialist; peer specialist; vocational specialist; and mental health workers. The ACT has a recovery and resiliency orientation which allows individuals the greatest opportunity for community integration and support as long as necessary to increase their continued success in the community. Services are targeted to meet the needs of persons who have been unsuccessful in more traditional mental health services. The NHS Capital Region ACT, organized as an urban team model, will serve a capacity of 100-110 persons who meet specific criteria for the service.

Children's Residential Treatment Facilities

Residential Treatment Facilities (RTFs) are a level of care only used in the HealthChoices Behavioral Health Managed Care Organizations (BH-MCO) service array for transition-age youth as well as other age groups of children from 0-21 who also meet medical necessity criteria and consent to voluntary services. No RTFs are located within Dauphin County. The most frequently used RTF programs, based on current census, are Hoffman Homes, Kidspace, and Children's Home of Reading. In-network, out-of-network and occasionally out-of-state RTFs are used to meet the unique needs of children and teens.

While OMHSAS defines transition-age youth as persons 18-26 years of age, in practice, transition is a developmental stage that begins for most persons around ages 15-16 and may extend up to age 26, depending upon secondary education status, legal circumstances, financial situation, degree of family support, and living arrangement. In Dauphin County, through collaboration with Juvenile Probation, we have learned that many older teens and young adults can remain on “juvenile” status with the court system. As a result, both the children and adult system need to be flexible and responsive to their individual concerns and needs.

In Fiscal Year 2008-2009, the Commonwealth proposed reducing the number of residential beds (including RTFs) by 50 percent over three years. Dauphin County experienced an unprecedented increase of RTF usage following the Integrated Children’s Services Initiative, also referred to as Medical Assistance Realignment of Fiscal Year 2005-2006. In December 2008, Dauphin County adopted the Commonwealth’s goal of reducing the use of RTFs by 50 percent with a target date of two years. Dauphin County used this as an opportunity to develop a comprehensive plan in collaboration with CBHNP to monitor and manage Dauphin County’s use of RTF. This plan includes reducing RTF census as well as reducing the length of stay of individuals in RTF, improving family engagement, improving team coordination and collaboration, and examining the intensity and effectiveness of intensive in-home mental health services. The Dauphin County MH Program has two full-time Children’s Program Specialists working in a collaborative manner with all stakeholders. Much focus has been on training and support to targeted case management.

Over the last two years, Dauphin County has seen a dramatic decrease in the use of RTFs. The census at any given point two years ago was approximately 95 individuals; our current census is 55. Efforts continue around reducing length of stay and family engagement. Access to all behavioral health services for transition-age youth with a serious mental illness and dependency or delinquency issues is demonstrated by increased costs in all levels of care. Data on RTF use in 2009-2010 is found under Section 5.

SERVICE CATEGORY: Crisis Intervention

MH Crisis Intervention Services

The Crisis Intervention Program (CI) is the only direct service offered at Dauphin County MH/ID. 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. Letters of Agreement with case management entities — CMU, Keystone Community MH Services Intensive Case Management, and NHS Capital Region’s ACT – establish roles and responsibilities for 24-hour response to individual needs. The use of Language Line services is in place when staff cannot meet linguistic needs of callers and consumers seeking services. A comprehensive policy and procedure developed by stakeholders assures face-to-face outreach to adults with serious mental illnesses involved with the criminal justice system. CONTACT Helpline provides back-up telephone answering service on the first and second shifts (7:00 a.m.–11:00 p.m.) for the CI Program when CI workers are out-of-the office on calls.

Disaster planning and coordination is another function of the Crisis Intervention Program. Selected CI staff participates in the County's Disaster Crisis Outreach Response Team (DCORT). DCORT participates in regular training exercises and develops as well as pursues various disaster preparedness initiatives. Dauphin County's DCORT team participated in various drills, including a multi-county effort coordinated by the South Central Terrorism Task Force that deployed our staff to several locations across three counties. DCORT staff completed the required certification process in NIMS (National Incident Management System). CI participates with the County's Critical Incident Management (CISM) team, which provides debriefing services to first responders. In the past year, the team participated in seven debriefing sessions. The program maintains a strong relationship with the Dauphin County Emergency Management Agency and participates in staffing the rumor control phone lines when the Emergency Operation Center (EOC) is activated during major incidents. Program staff also participated in the federally-mandated biennial Three Mile Island (TMI) disaster drill.

Dauphin County Crisis Intervention received grant funds in 2010-2011 in the amount of \$4,000 from Federal Health Resources and Services Administration Bioterrorism-Hospital Preparedness Program. The funds assist in providing ongoing efforts to educate and strengthen community resiliency by improving emergency preparedness, which includes pandemic preparedness planning and response related to psychosocial consequences and the mental health implications of public health emergencies in the community.

Emergency Services

The Crisis Intervention Program has a lead system role to carry out emergency mental health services for adults, older adults and transition-age youth, as well as all other populations of persons with serious mental illnesses or serious emotional disturbance in Dauphin County. Coordination and cooperation with targeted case management agencies, the ACT and the Behavioral Health Managed Care Organization's care management staff are essential. Service elements include bed searches based upon consumer/family choice and preferences, coordination and court coordination.

SERVICE CATEGORY: Case Management

Intensive Case Management

The CMU (Case Management Unit) and Keystone Community Mental Health Services are the two intensive case management (ICM) providers in Dauphin County. The two agencies provide services to adults and older adults with serious mental illnesses and co-occurring disorders as well as other eligible persons according to State regulations. ICM services include a comprehensive needs assessment with 24-hour, seven days a week, on-call accessibility. Face-to-face contact with the case manager is individualized and occurs every other week or more frequently based upon the needs of the individual. ICM services assist eligible persons in gaining access to needed resources, including medical, social, educational and other services. Service activities include assessment and service planning, informal support network building, use of community resources, linking with services, monitoring of service delivery, outreach, and problem resolution. Intensive Case Managers have a caseload of no more than 30 individuals.

ICM is frequently the level of case management for persons transitioning from Danville State Hospital. Individual case management needs are assessed and reassessed for other levels of case management, including at the time of the Community Support Plan (CSP) reviews.

Specialized ICM has developed to assure an intensive level of support to persons referred for Jail Diversion or Mental Health Court. In 2011-2012, this service will include adults in re-entry from the criminal justice system. Forensic Intensive Case Management (FICM) provides all of the services in a similar manner to traditional Intensive Case Managers; however, they have specialized expertise in working with the criminal justice system. FICM has smaller caseloads than traditional ICM counterparts. Additionally, FICM also attends all court proceedings. The FICM program at the CMU has served as an integral piece of the development and implementation of Dauphin County's Mental Health Court. FICM has helped to coordinate the allocation of Homeless Prevention and Rapid Re-Housing Program (HPRP) funds, allowing individuals the opportunity to secure housing, thus preventing them from homelessness or other marginal living situations that may impact their ability to receive treatment.

Blended Case Management

Blended Case Management (BCM) is available at the CMU for individuals that include adults, older adults, transition-age youth and children/adolescents that meet State eligibility criteria. Blended case management also meets the case management needs of persons with serious mental illnesses and co-occurring substance abuse disorders. In January 2008, the CMU transitioned all children's MH targeted case management services to BCM. In northern Dauphin County, CMU has fully transitioned to both adult and children's blended case management services. In 2010-2011, the plan is to transition a unit of adult resource coordinators to blended case management.

Blended case management includes a comprehensive needs assessment with 24-hour, seven days a week on-call accessibility. Service plan development and monitoring, coordination and authorization of services and monitoring of ongoing service provision are the functions of the program. Blended services also provide support services to persons and their family or support system in much the same ways intensive case management does. Face-to-face contact between individuals and case managers should be individualized at a minimum of every other week and more frequently based upon the needs of the individual. Blended services offer a consumer the advantage of working with the same case manager regardless of the level of need for targeted services.

ICM for transition-age youth is offered through a blended case management model for all children's case management services. The County has found that a blended model of targeted case management services offers the following advantages for consumers and their families: 1) flexibility of service frequency and duration based upon individual and family needs; 2) relational stability and continuity; and 3) cross-system team building.

CMU Children's MH Supervisors, in collaboration with Dauphin County, developed several tools for mental health case managers to assist in monitoring the care of children/adolescents that are in RTFs. Tools consist of a referral checklist to track referrals and each facility's response, a discharge planning checklist that tracks the completion of key activities from 30 days after admission to the RTF through 30 days after discharge, and a supervisor tracking form to assist supervisors in monitoring the progress of each child/adolescent in a RTF.

Additionally, Children's MH Supervisors and the County continue to work together to support children and adolescents, including transition-age youth in order to be successful in the community with MH treatment and supports. Goals for the next several years include improving new case manager's basic training, County MH staff transitioning into a role of consultant and/or coach to treatment teams, and enhancing the critical thinking skills of children blended case managers.

Resource Coordination

Adults and older adults with serious mental illness and persons with co-occurring disorders access resource coordination through BSU registration and intake process described in the next section or through an ongoing periodic assessment of case management needs. Eligibility may occur at any point due to a change in level of need as assessed minimally every six months using the Environmental Matrix Scale. Resource Coordination services include a comprehensive needs assessment, service plan development and monitoring, coordination and authorization of services, and monitoring of ongoing service provision. Resource Coordinators also provide support services to individuals and their family and may offer limited adaptive skill training. Face-to-face contact between the person and the case manager should be individualized and at a minimum occur every other month for adults as a service requirement or more frequently based upon the needs of the individual.

Resource coordination services are targeted to adults with serious mental illnesses who may not need the intensity and frequency of contacts provided through intensive case management. The service is similar to ICM in that the activities are the same. However, since resource coordination is targeted for individuals with less complex needs, caseload limits are larger and there is no requirement for 24-hour service availability.

The Department of Public Welfare's federal audit will result in Medicaid billing changes in case management services in the following areas: documentation; record retention; defining units of service; aggregating partial units of service; transportation of consumers and travel. At this time, the behavioral health system is awaiting further directives from OMHSAS.

Administrative Case Management

The CMU is the Dauphin County Base Service Unit and is responsible for all BSU functions, and the CMU operates a satellite location in northern Dauphin County. Access is assured through a walk-in availability four days per week from 9:00 a.m. to 3:00 p.m., Mondays through Thursdays. Scheduled appointments, evening appointments and off-site intake interviews are also available. Core services include identification of presenting concerns, strengths and need assessment, psychosocial history including other system involvement or needs; mental health risk assessment, Environmental Matrix Scale of case management needs, financial liability determination, service planning including freedom of choice, referral and information, mental health rights and confidentiality, and assignment of mental health administrative case management or any other level of case management services. Authorizations for County-funded services are coordinated through the BSU for all services with the service provider network and case management entities. The program capacity for the BSU to complete intakes is illustrated in the tables on the next page.

Table 4 – Completed Intakes by BSU 2009-2010

Adult	Children	Total
2087	449	2536

Table 5 - Monthly Average of Completed intakes by BSU 2009-2010

Adult	Children	Total
174	37	211

Administrative case management services are available to all adults, older adults and children age 0-21 years that register with the BSU for County-funded mental health services. Administrative case management services include assisting children, youth, families and adults in attaining mental health treatment and supports that lead to more satisfactory social, economic, emotional, and physical adjustment as well as obtaining essential information to assist in empowering individuals in utilizing available community resources. Administrative case managers are responsible for assisting in the development of individualized service plans with registered consumers and linking individuals with appropriate services. Other aspects of this service include coordination of service planning with public and private sector service providers and ongoing monitoring of mental health treatment and supports, as well as coordination with other service systems (education, vocational, medical, etc.). Administrative case management services will also assess and refer to other levels of case management services as needed. One administrative case manager position is devoted to the needs of homeless individuals, and the CMU staff conducts outreach to shelters when mental health needs are identified.

Dauphin County instituted a policy about BSU registration with other child-serving systems (CYS and JPO) and the BH-MCO as a method to maximize the use of all community-based behavioral health services and divert children to other types of care which are evidence-based. This strategy is also consistent with a greater degree of monitoring lengths of RTF stay and repetitive use of RTF treatment without treatment gains or outcomes. This protocol is being revised to have a CMU intake completed on youth prior to RTF or CRR-Host Home admission.

The CMU in collaboration with the County are in the process of finalizing a fast track protocol. If a child or adolescent is recommended for out-of-home treatment (CRR-host home or RTF) and they are not registered and active with the CMU, a release is obtained and the CMU Intake Unit is notified immediately by the BH-MCO. The Intake Supervisor assigns a BSU identifier number, and the family is immediately referred for Blended Case Management based upon the psychiatric recommendation for a high level of treatment. Services begin before or on the date of the Interagency Service Planning Team (ISPT) meeting that is held to discuss the out-of-home treatment recommendation. Families are often open to learning more about RTFs at the time of treatment recommendations. Myths about the intensity of treatment in RTFs are addressed as well as other misinformation. BSU enrollment before RTF placement is considered to be a positive step to the identification of appropriate services and reducing overreliance on RTF treatment. This fast track protocol reduces the number of persons a family has to deal with at a time of crisis/decision-making.

A Transition Coordinator position is supervised by the MH Administrative Case Management Supervisor. The Transition Coordinator screens and enrolls all referrals for The JEREMY

Project. After enrollment, the Transition Coordinator facilitates person-centered planning meetings for all JEREMY Project participants using one of three types of person-centered planning techniques. Quarterly, the Transition Coordinator works with the consumer's team to update the person-centered plan. The Transition Coordinator assesses the consumer and family outcomes at admission, discharge and every six months while involved with The JEREMY Project. Additional responsibilities include development and implementation of a consumer/family satisfaction survey, maintenance of working relationships with service providers serving The JEREMY Project participants, including Office of Vocational Rehabilitation (OVR) and school districts, input of quarterly data on transition domains for each Project enrollee, support of the parent-led family support group and group activities for enrollees. During 2011-2012, The JEREMY Project will undergo a review of activities related to participants' needs in an effort to improve outcomes and improve the quality of group experiences.

The Immediate Response Coordinator (IRC) position is another unique component of MH Administrative Case Management. The position acts in support of case management functions by performing a variety of support activities as necessary to ensure the smooth flow of customer service, case management updates and administrative initiatives within the department. The position intercepts/interacts with Administrative consumers that walk in the office and whose case managers are unavailable. Information and status is relayed to the case manager as a follow-up activity. The IRC position assists in resolving service activities that help free up case managers and improve staff productivity. The position may act to resolve emergencies at health and provider agencies as needed. Responsibilities vary from day to day to meet emerging needs and gaps, optimizing timelines and quality in areas such as referrals, authorizations, assessments, commitments and communications with consumer's team and/or family.

SERVICE CATEGORY: Rehabilitation

Community Employment and Employment-Related Services

Dauphin County is dedicated to support every individual who wants to work. Employment services in Dauphin County are comprised of varying degrees of support and independence. Employment is a frequent measure of personal success and recovery because of the value society as a whole places upon employment as an indicator of independence and personal accomplishment. Dauphin County and contracted mental health agencies work closely with the Office of Vocational Rehabilitation to maximize employment resources and opportunities.

Services typically include an evaluation, which can have one or several components:

- Testing to ascertain an individual's educational achievement, interests and aptitudes. Situational assessment to determine readiness for competitive employment, physical work tolerance, job behaviors and skills, and identification of support services needed.
- Situational assessment is provided in mobile work crews. Situational assessment evaluates the individual's strengths and areas of need in order to build a customized career plan.
- Community-based work assessments are also conducted at a transitional employment program work site or a business in the community to observe and measure a person's skills and behaviors. These assessments may allow the person to experience a variety of job situations/vocational interests.

Evaluation is an ongoing component of all community employment and employment-related services. The process helps identify and achieve vocational goals toward competitive employment based upon demonstrated abilities and interests.

Transition employment is paid work training provided at employer locations. This service focuses on improving interpersonal relationships, work habits, and attitudes to prepare individuals for competitive employment. Goodwill has multiple sites offering transitional employment that provide a variety of job duties. Transitional employment is a valuable service in that it creates a work setting with less intense supervision to provide individuals with the opportunity to develop skills toward becoming self-sufficient in a competitive environment. Additionally, individuals are provided with opportunities to learn social skills, increase their stamina, and gain confidence prior to obtaining competitive employment. This approach has proven to be an effective rehabilitation model as well as cost effective for the many persons motivated to work but not accustomed to a work regime. The goal of the program is to build upon an employee's basic work skills, as well as provide him or her with the opportunity to adjust to a work schedule. Work-related issues that are emphasized include attendance, appearance and hygiene, work efficiency, communicating with co-workers and the public, accepting feedback, and adjusting to job pressures. Cumberland/Perry ARC also offers an industry integrated–transitional work program with business contracts on the West Shore.

Competitive employment, including job coaching, is available for individuals on the job at the employer's location to provide support in the employment process. It may also involve job finding. Support decreases as the individual gains competitive employment skills. Staff makes individual and employer contacts and may accompany individuals to interviews to support them through a hiring process. Follow-up contacts are provided to resolve work-related issues and needs in a timely manner. Goodwill, AHEDD and Central Pennsylvania Supportive Services provide these employment services.

Supported employment (SE) is an evidence-based service to promote rehabilitation and the return to productive employment for persons with serious mental illnesses. SE programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational services from intake to follow along. In Dauphin County, there are two providers of SE – AHEDD and the YWCA of Harrisburg. AHEDD is funded traditionally through the Office of Vocational Rehabilitation (OVR) as well as some additional county funding. The YWCA of Harrisburg received a five-year SAMSHA grant to serve individuals experiencing homelessness and mental illness. This evidence-based SE program is designed to be recovery based and has transformed employment in Dauphin County. It assists individuals in obtaining competitive jobs in the community by emphasizing several key principles such as consumer choice, integration with mental health services, competitive employment is the goal, personalized benefits counseling, rapid job search, peer support, continuous follow-along supports and consumer preferences.

A significant barrier to individuals seeking competitive employment and maintaining it is the concern about the potential loss of benefits such as SSI, SSDI and medical coverage. Several agencies, such as the YWCA Supported Employment program, Goodwill, and AHEDD employment services, provide individual benefits counseling to those interested in moving toward obtaining competitive employment using trained staff at Goodwill.

The Transformation Committee on Employment was developed in 2009 with individuals in services, case management entities, OVR, social rehabilitation and employment providers. The focus of this group has been to assess barriers and needs to increase competitive employment and assure that the SE model continues to transform the way employment services are delivered in Dauphin County. Part of this transformation focuses on educating providers, individuals in service and employers in embracing SE principles. The Committee's efforts during the first year have been focused on increasing the use of mobility skills and creating a resource toolkit for finding and maintaining competitive employment. Efforts continue to coordinate the Committee's work with CareerLink.

Community Residential Rehabilitation Services

Community Residential Rehabilitation (CRR) services offer many individuals' choices for a stepping stone to independence in their recovery journey. Licensed programs offer varying degrees of support, yet because of licensing, the benefits of a standard of service. The following table illustrates the wide range of programming and settings offered by CRR services in Dauphin County:

Table 6 – Community Residential Rehabilitation (CRR) Programs 2010-2011

CRR Program	Characteristics	Capacity	Provider
Crisis and Diversion CRR - Windows	Crisis stabilization; step-down or diversion from Inpatient care; intensive staffing and psychiatric services started March 2011	12 (2 Crisis 10 Diversion)	Northwestern Human Services Capital Region
Crisis and Diversion CRR- Adams Street	Crisis stabilization; step-down or diversion from Inpatient care; intensive staffing and psychiatric services	14 (2 Crisis 12 Diversion)	Community Services Group, Inc.
New View	Full care Therapeutic Community model; D&A education; 12-Steps; Double Trouble	8 (8 single bedrooms)	Gaudenzia
Gibson Blvd	Full care Therapeutic Community model; D&A education, 12-Steps, jail diversion/re-entry	16 (2 beds are set aside for adjacent County)	Gaudenzia
Lakepoint Drive	Staff intensive Cluster apartments in suburban area; private bedrooms; individual and small group skill development; continuous staffing and on-call system	10 (5, two-bedroom cluster apartments)	Keystone Community Mental Health Services
Taylor Park	Staff supportive Scattered apartments in urban area; private bedrooms; individual & transitional; continuous staffing and on-call system	16 (8, two-bedroom scattered apartments)	Keystone Community Mental Health Services
Washington Square	Staff intensive Clustered apartments in urban area; private bedrooms; continuous staffing and on-call	8 (4, two-bedroom cluster apartments)	Keystone Community Mental Health Services
The Brook	Staff intensive Clustered apartments Staff intensive Clustered apartments in suburban area: separate bedrooms	10 (5, two person apartments)	Keystone Community Keystone Community Mental Health Services
Third Street	Staff intensive apartment building in urban setting; private bedrooms	16 (8, two- bedrooms shared apartments)	Elwyn

Most adult CRR programs located at scattered or clustered apartments or townhouses are lease-held by Keystone Community Mental Health Services. In keeping with KCMHS policy, no consumer pays more than 50 percent of their income for rent; their rent is subsidized by MH funds.

NHS Capital Region and Community Services Group (CSG) operate a crisis stabilization and diversion program in Dauphin County. There are a total of 22 diversion beds and four crisis beds, which are accessed through crisis intervention and case management entities.

Elwyn operates a maximum care CRR program that was established as a part of service development for the HSH Closure and provides 24-hour staffing along with assistance in meeting healthcare needs, including support with self-medication administration, adult daily living skills, educational and therapeutic groups, goal planning, and community integration activities, which may include volunteer work.

Gaudenzia, Inc., operates two 24/7 CRR programs: New View, which is a program that serves individuals with co-occurring disorders; and Gibson House, which serves individuals with serious mental illnesses and criminal justice involvement. The combined programs serve a total of 24 individuals. Cumberland County purchases two beds at Gibson House. Both programs incorporate the evidence-based curriculum called Illness Management and Recovery (IMR) in their weekly programming schedule.

CRR services for transition-age young persons are licensed as CRR Host Home programs and are solely funded by the behavioral health managed care organization. The most frequently used service providers are based upon family choice, availability of home and proximity to family involvement include Community Services Group's Chariots Program, PA Mentor, and Northwestern Human Services' Therapeutic Care Homes. Another licensed program is Keystone Children and Family Services. The service has evolved from its original design under CRR licensing to a treatment-oriented, home-based care with service coordination, host home support and clinical services for the young person and their family. Support for re-examining the standards of care in CRR Host Homes among counties, the BH-MCO, families, and other child-serving systems has led to a service description still going through the approval process called Intensive Treatment Program (ITP).

Multi-Dimensional Therapeutic Foster Care (MTFC) is an evidence-based blueprint program that serves delinquent youth with mental health issues. MTFC may allow youth that would have been placed in MH RTF or JPO delinquency programs to remain in a community setting while receiving treatment. Dauphin and Cumberland Counties combined resources in working with CYS, JPO, MH and CBHNP/CABHC to identify Children's Home of Reading (CHOR) as the MTFC provider to serve Dauphin and Cumberland Counties. Program implementation began in April 2010 with the goal of CHOR's MTFC program being fully operational (10 youth in 10 treatment homes) in August 2010. CHOR has struggled to recruit and train treatment families to participate in the program throughout FY 2010-2011 and in the process learned that the local area appears to be saturated with CRR-host home and foster care agencies. What was considered strength of the MTFC model – one treatment family with intensive training and ongoing support for one MTFC youth at a time – has actually been a barrier to recruiting potential treatment families. Over the last few months, CHOR has expanded its marketing and recruitment efforts and began to individualize training of perspective treatment families to meet their needs. The program implementation deadline agreed upon by the CHOR MTFC Implementation Team is to have four individuals in four treatment homes by June 1, 2011. If the goal is not met, the program will not continue with CYS funding.

Psychiatric Rehabilitation

The Dauphin County MH/ID Program does not use the cost center of psychiatric rehabilitation. Elements of psychiatric rehabilitation are found within many other services in Dauphin County's mental health array. As of March 2011, psychiatric rehabilitation regulations were not approved, and this service will not be pursued at this time. However, there will be further development of this service when regulations are approved in the future. Providers will be continuing training among staff. Table 7 displays a preliminary assessment of potential psychiatric rehabilitation providers in Dauphin County.

Table 7 - Potential Psychiatric Rehabilitation Service Programs

Providers expected to meet standards:

Provider	PRS	Licensing Status	Capacity
KCMH	Convert supported living to community PRS	Would require licensing	65-80
Volunteers of America	Convert supported living to community PRS	Would require licensing	15-25

Providers under consideration to meet standards:

Provider	PRS	Licensing Status	Capacity
Dauphin Clubhouse	Meet ICCD standards & Convert to site-based PRS	Would require licensing	TBD
Aurora Social Rehab	Convert SR to community PRS	Would require licensing; fiscal technical assistance	TBD
Central PA Supportive Services	Convert supported living to community PRS	Would require licensing; fiscal technical assistance	TBD

Children's Behavioral Health Rehabilitation Services

Behavioral Health Rehabilitation Services (BHRS) encompass several types of direct services that meet the needs of transition-age youth from 16-21 years of age as well as all children and teens ages 0-21 years. Funded solely as services under the HealthChoices behavioral health managed program, Mobile Therapy is the most commonly used service for older teens and young adults with the second most frequently used service being Summer Therapeutic Activities Programs (STAP). Mobile Therapy must be recommended through a psychological or psychiatric evaluation, which includes an individualized rationale on why office-based outpatient services would not meet the needs of the person. Because Mobile Therapy can be delivered in home, school and community settings, the delivery of service has a less stigmatizing association for young persons.

When an individual's social and emotional development lags behind their chronological peers, STAP services can provide a therapeutic setting for skill development, problem solving and emotional growth when youth/young adults are not ready for competitive summer employment. Dauphin County serves approximately 300 children and teens in Summer Therapeutic Activities programs each year.

Multi-Systemic Therapy (MST) was first approved as a BHRS service in Dauphin County in January 2005. MST was originally funded through a multi-year Pennsylvania Commission on Crime and Delinquency (PCCD grant), and sustainability funding continued from Dauphin County Social Services for Children and Youth for targeting delinquent and dependent youth. Hempfield Behavioral Health was the initial MST provider for Dauphin County. MST is an

intensive, home-based service that is delivered according to the family's schedule. It is based upon a social-ecology theory and assumes that behavior problems are multi-determined and treatment needs impact the family and peer group. The service is designed to increase family functioning through improved parental monitoring, reduced family conflict, and improved communication. MST should work to increase the youth's involvement with pro-social youth. A higher percentage of the overall cost of the program is paid by the BH-MCO than the CYS system. After two years of deliberation about adding another qualified Multi-Systemic Therapy (MST) provider, a cross-system group, including CBHNP/CABHC, moved ahead with plans in 2009-2010 to add a second MST provider. In March 2010, Pennsylvania Counseling Services was selected as the second MST provider in Dauphin County. The agency's MST program began operating in May 2010 and currently has a team consisting of three MST therapists and a supervisor. Dauphin County's MST capacity increased from 30 to 45 and has increased access to the service.

Functional Family Therapy (FFT) is also an evidence-based family-centered approach to providing treatment to youth who are between the ages of 10 and 18 and are exhibiting significant externalizing behaviors. It is a systems-based model of intervention/prevention that incorporates various levels of the client's interpersonal experiences to include cognitive, emotional, and behavioral experiences, as well as intrapersonal perspectives, which focus on the family and other systems (within the environment) and impact youth and their families. The purpose is to foster resilience and ultimately decrease incidents of disruptive behavior for the youth. More specifically, some of the goals of the service are to reduce intense/negativistic behavioral patterns, improve family communication, parenting practices, and problem-solving skills, and increase the family's ability to access community resources. VisionQuest National, Ltd., began providing Functional Family Therapy (FFT) services in Dauphin County in September 2008. In May 2009, VisionQuest became a credentialed FFT provider in CBHNP's network. The grant through PCCD that provided start-up funds ended as of March 31, 2010. The program discontinued services shortly thereafter due to the inability to expand into a full FFT program. VisionQuest unsuccessfully sought out adjacent counties as partners to expand the program. Dauphin County alone could not support the expansion needed for a full FFT program.

Pressley Ridge was approved to provide a family-based, in-home service called Intensive Family Services as a BHRS service that includes family therapies and parenting support. While not licensed as a Family-Based Mental Health Service, the medical necessity criteria are more closely linked to FBMHS because a risk of out-of-home placement is a factor in this level of care.

Other Residential Services

There are additional types of residential services available to adults in Dauphin County. Each offers a uniqueness that has grown and evolved from individualized needs. All are licensed either by OMHSAS (LTSRs) or by the Office of Developmental Programs under the Adult Residential Licensing as Personal Care Homes/Specialized Care Residences.

There are two Long-Term Structured Residences (LTSR) in Dauphin County. NHS Capital Region operates Cornerstone LTSR and serves 12 persons in a comprehensive residential program inclusive of psychiatric services and supports, individual and group interventions, skill building, recovery groups and life skills. Individualized care and support is provided through an array of community integration activities.

Keystone Community Mental Health Services' Progress Avenue LTSR was developed to meet the needs of persons stepping down from long-term inpatient care, specifically at State Mental Hospitals. Sixteen persons are residing in the program, including purchased services for residents of Cumberland-Perry (3) and Franklin-Fulton (2) Counties. Staff in the LTSR have a strong psychiatric rehabilitation orientation, and there have been several successful discharges to more integrated community living.

Specialized Care Residences (SCR) are licensed as Personal Care Homes (PCH) but are exclusively for adults and older adults with serious mental illnesses. Staff has extensive mental health training, clinical support skills, and meets the unique characteristics of residents who also require PCH level of care. Personal care services include assistance in completing tasks of daily living, social activities, assistance to use community services, and individualized assistance to enhance daily goals and life quality. The KCMHS SCR will be moving to a new location in FY 2011-2012. Table 8 provides a snapshot of the PCH/SCR programs.

Table 8 – Specialized Care Residence (SCR) Services 2010-2011

SCR Program	Capacity	Provider
Third Street	8	Keystone Community Mental Health Services
Chambers Street	8	Keystone Community Mental Health Services
Reynolds Lane	8	Keystone Community Mental Health Services
Peiffer's Lane	5	NHS Capital Region
Page Road	8	NHS Capital Region

The goals of the SCR, according to Northwestern Human Services Capital Region, are to provide a supportive and therapeutic residential environment for persons to pursue their individualized recovery/rehabilitative goals and maintain wellness in their community and offer stable and comfortable housing with flexible daily support dependent on their level of need. SCRs are a learning environment to practice skills that will enable them to live more independently.

Persons with serious mental illnesses, including older adults and adults with co-occurring disorders, use PCHs to meet their residential needs and provide a supervised supportive environment for recovery. Contracts are in place with several licensed programs, as illustrated in Table 9, and only a portion has MH service/financial participation.

Table 9 - Personal Care Home Services 2010-2011

PCH Program Provider	Licensed Capacity	Current Census	MH Contributes to Costs of Care
Graysonview Harrisburg	92	92	2
Paxton Street Ministries	85	83	45

Because these programs serve a population in addition to MH consumers, Dauphin County has in place a process to accept referrals for community-based services as well as for persons at PCH that are private admissions or independent of MH financial housing support. Individual service monitoring is enhanced through the quarterly PCH Risk Management Group with representation from the Office of Developmental Programs' Adult Residential Licensing, County MH/ID, OMHSAS Harrisburg Field Office, and the Disabilities Rights Network and Case Management Entities. This group is provided with updated provider

information, such as status with licensing issues, notifications of programs out of compliance or closing. Educational information has been shared with the group on licensing policies and procedures and updates on any information that is pertinent.

A PCH policy was developed with stakeholders, providers, and those individuals residing in PCH. This policy was implemented in Dauphin County based in response to the OMHSAS Personal Care Home Policy requirement regarding referrals to PCH with 16 beds or more. This policy addresses the County process for individuals who are eligible for placement in PCH and are being discharged from a state mental hospital or are referred from the community, as well as the exception process for individuals who select a PCH that has greater than 16 beds. This is evidenced by affirming support for and commitment to development of integrated housing options, established parameters to consider exceptions to the policy, and providing greater community integration. County program staff review all PCH exception requests and make an appropriate determination to grant or deny exceptions to policy.

SERVICE CATEGORY: Enrichment

Adult Developmental Training

These services are not available in Dauphin County's mental health services array.

Facility-Based Vocational Rehabilitation Services

Facility-Based Employment provides work experience for those individuals who require intensive support to be successful in competitive employment. These services are offered at Goodwill, located on Cameron Street (Harrisburg) and Elizabethville (Northern Dauphin) locations. Individuals involved in the Facility-Based Workshop are engaged in real work and receive wages commensurate with productivity. The overall goal of the program is to maximize vocational potential to allow individuals to transition to competitive employment.

Cumberland-Perry ARC's S. Wilson Pollock Center for Industrial Training also offers pre-vocational services at their Work Activities Center in a trainee environment structured to provide an opportunity to acquire good work habits, interpersonal relationships and vocational self-confidence. The types of work involve assembly and packaging.

Social Rehabilitation Services

Social rehabilitation services are designed to increase social skills and networks in a positive group environment with individual and group learning experiences in making choices and building healthy relationships. These programs include drop-in centers and a clubhouse program.

Patch-n-Match is a consumer-run organization with a full-time director and four part-time staff. It is a reintegration program that assists people to recapture or gain skills necessary to function independently in the community. Patch-n-Match, Inc., also provides educational, social and recreational opportunities for participants, both at the center and in the community. There is a daily hot lunch program that benefits many consumers because, for some, it is their only nutritious meal of the day. The program is also used as a meeting place for people to see other members of their team. A calendar of events is produced monthly and is sent to individuals or picked up by them at the center. An Advisory Council meeting is held monthly.

These meetings allow people to voice their concerns regarding center issues and generate suggestions for programming. Staff plays an active role in the support and assistance of individuals experiencing personal difficulties. Patch-n-Match, Inc., often acts as a liaison with other provider agencies, advising and assisting consumers with composing letters and making appropriate and necessary phone calls. Patch-n-Match has a friendly and accepting atmosphere for adults.

The Dauphin Clubhouse is operated by Philhaven. The mission of the Clubhouse is to provide a safe environment where adults with serious mental illnesses can come to strengthen social, educational, and vocational skills and to provide a place where people can participate in a work-ordered day, providing structure and developing meaningful work skills and building satisfying relationships. The Clubhouse program serves an average of 50 members per month.

The Clubhouse is open from 8:00 a.m. to 4:00 p.m. Monday through Friday. On pre-selected Thursdays, a social event is offered and is open until 8:00 p.m. Morning meetings at the Clubhouse begin at 9:15 a.m. and members volunteer for general Clubhouse work, make announcements such as lunch specials, daily attendance and provide positive member comments. Members then break into activity units for a more detailed discussion of the day's unit tasks. Lunch is served at noon, and then there is time for everyone to relax and socialize before cleaning the house. When lunch and clean-up are complete, each unit meets for an afternoon meeting to determine what tasks need to be completed for the next day.

The Clubhouse is also designed to nourish each individual's social development. Once every three months, a Coffee House/Open Mike Night is held. This event is an amazing evening of fun, food and fellowship. Members, family, friends, and community members showcase their talents to an eager audience at the Clubhouse.

The Clubhouse members are strategically working towards certification standards.

Aurora Social Rehabilitation Services provides social rehabilitation services for adults with severe mental illness at a community-based center in Harrisburg. Aurora is open seven days per week and provides daily hot lunches as well as breakfast. The program has recently hired a certified peer specialist as part of their staff complement, which has had a huge impact on how services are delivered in the program. The program utilizes the Illness Management and Recovery (IMR) curriculum, an evidence-based program designed to assist in educating individuals about their illness, managing symptoms and moving forward in their individual recovery.

Aurora provides the Transitional Life Skills (TLS) program that is designed to help members maintain their independence and well being through the development of life skills and social supports. These activities include Recovery Classes, art projects, field trips, guest speakers, workshops on community safety and money management, members' meetings, and games. The TLS program is for members moving to independent living situations with targeted Activities of Daily Living (ADL) skills training. TLS members have access to a washer/dryer, showers and lockers, and can take advantage of meal planning, nutrition counseling, budgeting, and more.

Aurora's Hispanic Life Skills Program is designed for members who are Spanish speaking with limited or no English language skills. Activities include daily activities at the drop-in

center, weekly individual socialization, bi-weekly group support and team building activities. The program provides additional support for individuals who are experiencing homelessness by providing showers, lockers and laundry facilities at their Harrisburg location.

Aurora also manages a Volunteer Program, providing volunteer opportunities for members. Participation in this program helps foster self-esteem, develop community awareness, and helps develop marketable job skills. Aurora Social Rehabilitation Services provides individualized social rehabilitation one-on-one through staff visits to authorized and participating members who are homebound or who otherwise have special needs. Staff helps members identify and access resources in their own neighborhoods as they take members shopping, to the bank, and help them with mobility training to learn and understand the public transportation system. Having one-on-one time with a consistent and trained visitor helps members establish ties to their community, combat isolation and otherwise remain independent.

Other Enrichment Services

Ethnic rehabilitative services, offered at the International Service Center, assist Vietnamese-speaking persons with serious mental illness, including older persons, develop appropriate social behavior and interpersonal communication skills to enhance daily living. Persons are supported in a learning environment intended to address different cultural experiences and minimize the adjustment to change. Services and activities reinforce an individual's primary culture while exposing the person to community events, resident benefits and opportunities for English and civic/social integration. The program also provides interpreter and translation services for individuals being referred or served in MH services.

SERVICE CATEGORY: Rights Protection

MH/ID Administrator's Office

The Dauphin County Mental Health/Intellectual Disabilities Program has designated mental health staff to carry out the program's mission and transform mental health services to a recovery-oriented system. Administrative support and fiscal staff offer the infrastructure to accomplish mental health goals. Guided by the OMHSAS "Call to Action" and the fundamentals of a recovery-oriented system, staff manages a complex system through administrative tasks involving collaboration, data collection/analysis and reporting, provider relations, contracting and service monitoring. The demands of ongoing operations and system change are constantly being balanced in the process.

The protection of consumer rights in the mental health system is integral to daily operations and touches every aspect of our administrative roles. While directed by the MH/ID Administrator and Deputy MH Administrator, most quality activities are carried out by a Mental Health Quality Assurance Specialist. The goal of Quality Management is to guarantee a standard basic level of care and the protection of basic rights in the mental health system.

Many persons using mental health services also need assistance with managing their funds and rely on the CMU for their representative payee program. QA activities resolved individual complaints and worked with person-specific teams for resolution on a host of issues. The Payee Workshop was created as a monthly meeting at the CMU where individual concerns regarding money management are reviewed. During the FY 2009-2010, reviews were

conducted for five individuals, and a Provider review was conducted for 16 persons registered for MH services and eight persons using ID services.

Dauphin County has a formal unusual incident reporting system for all County-funded services and consumers, which has been maintained with staff review, follow-up reporting, investigations of unusual incidents and corrective action planning. The County database also includes unusual incidents reported to CBHNP on Dauphin County consumers in HealthChoices-funded services. Debriefing and process reviews of some unusual incidents have been conducted. All CBHNP unusual incidents on Dauphin County members are reviewed by QA staff, and follow-up is made with the lead CBHNP Quality Management staff on consumer and provider issues. Home and Community Services Information System (HCSIS) is also a reporting system used for unusual incidents on persons discharged from State Mental Health Hospitals and residing in residential services.

Unusual Incident Reporting (UIR) by providers totaled 187 reports in 2009-2010. A streamlined database system was implemented for data collection and reporting purposes. HCSIS is also used to report unusual incidents for CHIPP diversion and the HSH closure group. There were 78 UIRs entered into the HCSIS database by CRR and LTSR providers.

Mental Health consumer complaints and grievances follow a reporting process, and mental health quality assurance staff engages consumers, families, advocates and service providers in providing resolution. All contracted providers are required to have complaint and grievance policies. Program staff in adult residential and children's services, as well as the Deputy MH Administrator, has participated in these processes.

During FY 2009-2010, investigations included seven consumer complaints and 12 incident investigations/reviews were conducted. Areas of concern in the 12 formal investigations were: Death Review (5), Unusual Incident Reviews (5), Exploitation (1), and Infestation (1).

All complaints regarding CBHNP and the CBHNP provider network are reviewed weekly. Conflict-free Dauphin County staff participate in Level 2 Grievances for CBHNP members, and other County staff take an active role in consulting with CBHNP clinical staff regarding service delivery issues, service authorizations, and consumer-specific concerns prior to using the grievance or complaint process if communication can readily resolve the issue. Additional information concerning Dauphin County's quality assurance activities are outlined in Section 6.

Other Services

One's ability to participate in mental health services can be abridged without bilingual/bicultural staff to communicate with individuals in the language of their preference. Dauphin County will continue to encourage all providers to meet this fundamental need of our diverse society. Interpreter services offered through the International Service Center address a basic right of persons with a serious mental illness to communicate in a preferred language. This service offers direct, face-to-face or telephone interpreter services provided by culturally competent interpreters to facilitate communication in all informal, professional, social, medical, legal, and academic settings. Languages available include Bosnian, Chinese, Korean, Russian, Spanish, and Vietnamese.

SERVICE CATEGORY: Basic Support

Housing Support Services

The Dauphin County MH/ID Program and the provider network use the term Supportive Living to describe a cluster of supportive services and, based upon individual needs, the services can be highly flexible to focus more on housing support or other types of support necessary for independence and recovery. Keystone Community Mental Health Services and Volunteers of America are the supportive living providers in Dauphin County.

Keystone's supportive living services have a component that emphasizes transitional housing support. The program meets the needs of persons and assesses their independent living skills. Their plan is to acquire rehabilitative skills to live independently with or without a housing subsidy like Section 8. The goal is to have people transition from this program within 18 months. Leased apartments by Keystone offer the setting for clinical and rehabilitative assessments, social and neighborhood interaction, and individual goal planning. Individualized services are designed to address the multiple needs of those involved in this service and may include skill development provided in the following areas:

- Daily Living Skills
- Community Awareness and Education
- Medication Monitoring and Maintenance
- Utilizing Public Transportation
- Healthcare Issues

Other Supportive Living Services provide support to people experiencing mental illness in the environment that best meets their individual needs. In apartments rented through Keystone Community Mental Health Services or in their own homes, people can receive the amount of support they desire. Assistance is available in helping people secure entitlements, housing, and in accomplishing goals to become more self-sufficient. This could include developing domestic skills, budgeting skills, or medication and symptom management skills. The types and lengths of services are very flexible, according to the person's needs. Supportive Living provides "transitional housing" to approximately 10 percent of the 200 consumers served by Keystone each year. Transitional housing is apartments leased by Keystone and sublet to consumers with two individuals sharing an apartment. Persons in this housing support service are expected to complete the processes for obtaining independent housing through application to the Housing Authority and/or other avenues. An average length of stay in transitional housing is about eight months. Supportive living services may continue after independent housing is obtained.

The Volunteers of America (VOA) Supportive Living program focuses on providing whatever supports are needed by each individual to gain ultimate independence. Support services will promote recovery and improve or maintain independent living skills in the following areas:

- | | |
|---------------------------------|------------------------------------|
| Employment/Volunteer Work | Educational Pursuits |
| Housing | Life Skills Training |
| Mental Health and D&A Treatment | Self help |
| Personal Care | Household Maintenance |
| Cooking/Shopping | Community Living |
| Transportation | Social/Interpersonal/Coping Skills |
| Medication Management | Health Maintenance |
| Setting Personal Goals | |

The VOA serves persons residing at the Third Street Apartments, individuals at New Song Village and Creekside Village (HUD 811 Projects), and additional persons residing in the community. The VOA's program provides community-based supportive living services and does not subsidize housing costs.

Family Support Services

NAMI PA, a Dauphin County affiliate, provides education, support, resources, and referral services to persons affected by mental illnesses, both individuals and families. Services include distribution of resource and educational materials, support for new residents seeking services or persons recently diagnosed, sponsored informational meetings, support groups, caller support, newsletter and an extensive on-site library at their staffed office. Extensive support has been provided to families who have family members with serious mental illnesses, including co-occurring disorders and involvement with the criminal justice system.

NAMI's Family-to-Family Education Program was recently approved as an evidenced-based program that provides education and skill training with self care, emotional support, empowerment and advocacy. The 12-week sessions currently run in the spring and fall and are designed for parents, siblings, spouses, significant others and caregivers of individuals experiencing serious mental illnesses.

For the past three years, Dauphin County has received a state allocation for respite services for children and adolescents including transition-age youth. Respite services have been offered by the County for over 15 years. The County contracts with three licensed CRR-Host Home providers. The providers offer emergency and planned overnight respites. Additionally, CBHNP offers respite services funded through reinvestment dollars. This service underwent a transition with a change in providers. As of September 1, 2010, Youth Advocate Program (YAP) serves as the respite management agency for CBHNP members. YAP is in the process of building capacity to continue to serve transition-age youth as well as adults and older adults. Dauphin County has developed more respite options with YAP and better coordinated respite funding with YAP during FY 2010-2011. Adults have also received respite services during 2011, and YAP is exploring respite models using neighbors and extended family resources.

Other Support Services

The Indochinese Support Services program, provided by the International Service Center (ISC), assists persons with serious mental illnesses in acquiring the skills needed to perform the necessary activities of daily living, including health maintenance and personal hygiene, consumer education and management of household finances, shopping and public transportation.

The goal of overcoming the barriers of isolation and interest in developing specific social skills will support persons in establishing satisfying interpersonal relationships and community integration. Activities include friendly visiting for homebound persons and/or supportive telephone reassurance. Indochinese Support Services may be provided to small groups or individuals either over the telephone or face-to-face at the ISC office or the person's home. To maximize the utilization of the ISC's limited resources, Indochinese Support Services will be provided by a team of bilingual staff and volunteers who contribute a percentage of their time to the program, based on identified needs.

All Dauphin County case management entities and supportive living services have access to consumer support and emergency funds, which provide limited and one-time assistance for accessing housing through security deposits, housing applications, purchasing initial household items, minor repairs, as well as concrete goods or services on a discretionary basis using guidelines provided by the County MH/ID Program. Additionally, Federal PATH funds are available to assist persons who are imminently homeless or at risk of homelessness, such as security deposits and first month rent assistance.

SERVICE CATEGORY: Self-Help

Community Services

Peer support has been defined by OMHSAS as “a specialized therapeutic interaction conducted by self-identified current or former consumers of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community integration,” according to a Medical Assistance Bulletin revised effective October 1, 2009, establishing peer support as an MA-funded service in Pennsylvania.

Peer support is a service designed to promote empowerment, self-determination, understanding, coping skills, and resiliency through mentoring and service coordination supports. Peer support allows individuals with severe and persistent mental illnesses and co-occurring disorders to achieve personal wellness and cope with the stressors and barriers encountered when recovering from their illness.

This service is designed on the principles of consumer choice and the active involvement of persons in their own recovery process. Peer support practice is guided by the belief that people with disabilities need opportunities to identify and choose for themselves their desired roles with regard to living, learning, working and social interaction in the community and is a service in which the individual agrees to being involved.

Peer support includes the following recovery-based activities:

- Crisis support
- Development of community roles and natural supports
- Individual advocacy
- Self-help
- Self-improvement
- Social networking

There are three approved CPS providers in Dauphin County: CMU, Philhaven and Keystone Community Mental Health Services. During FY 2009-2010, certified peer specialist providers served 114 individuals and provided nearly 10,500 units of service.

The Capital Area Behavioral Health Collaborative (CABHC) has provided extensive leadership, support and financial assistance through scholarships for training/certification for individuals interested in being a certified peer specialist in the five-county region. The Office of Vocational Rehabilitation (OVR) provided no scholarships to Dauphin County eligible individuals to pursue certified peer specialist training in FY 2009-2010. Aurora Social Rehabilitation, NHS Capital Region ACT, NHS's LTSR, and Partial programs have peer specialists imbedded in their services. Other agencies continue to recruit and employ a peer

support specialists as part of their staff complement in their services, which include Community Services Group, Inc., and Elwyn, which are community residential programs.

In Dauphin County, individuals are interested in peer support as a recovery-oriented service that supports persons as a component of their plan to move toward more independent living and community integration. Dauphin County is interested in continuing to expand peer support services, as they are truly a catalyst for moving the mental health system toward recovery and resiliency and for supporting individual recovery and resiliency.

Self-help information and referral is offered via telephone through CONTACT Helpline, a 24-hour listening, information and referral service for residents of Dauphin County. CONTACT Helpline services aid all residents in their use of community health and human services. Information and referral services include:

- Listening actively and sensitively to enable callers to talk through their concerns and identify their needs for listening, problem solving and/or referral.
- Providing the caller with the key information (agency name, address, telephone number, eligibility requirements, fee schedules, program services, service delivery sites, handicapped accessibility and other pertinent information) on agencies that can respond to the caller's need.
- Verifying that the caller has recorded the information correctly.
- Provides emergency back-up coverage for the Crisis Intervention Program.

CONTACT Helpline is a good resource for information on community service needs, assessment and providing valuable information regarding the services available in Dauphin County.

SERVICE CATEGORY: Wellness/Prevention

Community Services

Dauphin County's Wellness Initiative began in 2007 and focuses on the system's efforts to improve the physical health outcomes of consumers by joining with them in promoting healthy lifestyles, health education and collaboration with primary care physicians. The following stakeholders are involved: consumers, family and consumer advocates, service providers and locally-based physical health managed care organization.

The Wellness Initiative began in Dauphin County when review and analysis of unusual incident reports revealed that mental health consumers have above-average physical health issues linked to medications, pre-existing and co-occurring health conditions and lifestyle. The group undertook a review of current literature and had a presentation by Project Transitions, a Southeast region service provider who has adopted a comprehensive wellness initiative within their organization. The following outcomes are attributed to the Wellness Initiative in Dauphin County:

- "How to guide" in getting a Primary Care Physician

- Information sharing on effective strategies among provider agencies to promote healthy lifestyle choices
- Team building on how to make lifestyle changes in group living arrangements
- Improved communication between primary care physicians and psychiatrists facilitated by outpatient clinics and case managers

As part of the wellness initiative, Dauphin County held a Bed Bug Summit in January 2011 for contracted providers. The Penn State Cooperative Extension provided entomological expertise, and the YWCA of Greater Harrisburg and Ehrlich Pest Control were resource agencies with useful and accurate information regarding how to detect, prevent and eradicate bed bugs. As part of this summit, it was discussed how each agency can best approach bed bug issues, evaluate their current practices, and develop internal policy procedures around addressing pest management issues that reflect an environment of recovery and resiliency. Members of the Community Support Program (CSP) Committee acted as consumer advocates.

The Forte newsletter is the voice of the MH Program's Wellness Initiative. Seven issues of Forte were published during the 2009-2010. Topics included: WRAP Plans; The Heart and Coronary Artery Disease; The Lungs; Poly-pharmacy; The Kidneys; Cholesterol; Spirituality; The Liver and Liver Disease; Research Result Dilemma; Juvenile Arthritis; Asthma and Children; MH Medication Concerns for Children; Obesity; Obesity and Adults; Obesity and Children.

During 2010-11, CBHNP, CABHC and the five Counties convened a work group to explore possible physical health/behavioral health projects. The following possible projects were identified: Wellness Toolkit from Healthy People 2020 to distribute to individuals for better self-management; physical health education for certified peer specialists and targeted case managers; and use of provider screening and intervention tools such as SBIRT (Screening Brief Intervention Referral and Treatment), the PHQ-9, which is the nine-item depression scale of the Patient Health Questionnaire, smoking cessation, and Metabolic Syndrome screening.

The Behavioral Healthcare Corporation offers mobile psychiatric nursing service as a Type 80 service originally funded through reinvestment. Services are available to individuals in their place of residence who have serious mental illnesses and may be diverted from higher levels of care. Often persons referred are experiencing a combination of medical and psychiatric conditions that can be helped with more intensive individualized care. Mobile Psychiatric Services may include, though are not limited to:

- Initial and ongoing medical and psychiatric assessments
- Medication management and response monitoring
- Care coordination directly with the physician
- Administration of injectable medications
- Phlebotomy services
- Medical and Psychiatric health education
- On-call support for significant changes in condition

Dauphin County promoted the use of this service to individuals/families and within the provider network by hosting information sessions. As a result, there was an increase in the

use of this service. The barrier to maintaining this service was that recruiting nurses to provide this service located in Lancaster County were not adequately able to provide the level of service needed in Dauphin County. There is a growing need for this service, and it is a high priority for Dauphin County. An expansion has been proposed that the BH-MCO consider offering this service locally for Dauphin County by adding a service provider based in the tri-county area of Cumberland, Dauphin and Perry Counties.

SERVICE CATEGORY: Other

Consumer and Family Satisfaction Surveys are completed by Consumer Satisfaction Services, Inc., (CSS) for Dauphin County's HealthChoices/CBHNP members under a contract with Capital Area Behavioral Health Collaborative. The information is reviewed by administrative staff and at the Board committee level to inform and direct management in their quality assurance activities.

The MH/ID Program developed a training program for consumers to complete satisfaction surveys with adults and older adults with serious mental illnesses and co-occurring disorders. Surveying is done by trained and supervised staff in face-to-face interviews or via telephone according to HealthChoices standards.

The data help the County mental health system know the degree of satisfaction with services, use of best practices, and ensure that problems related to access, delivery and outcome are identified in a timely manner.

5. Identification and Analysis of Service System Needs

A. Current Resources and Strengths

Dauphin County Community Support Program (CSP): Dauphin County CSP continues to reach out to the community through a variety of events aimed at more participation. A Christmas social was planned in December of 2010 with over 50 individuals in attendance. An Open House was held in May 2011 with close to 45 in attendance. An art and poetry show was also part of the Open House. Consumers, providers and family members were in attendance.

Dauphin County CSP received a seed grant in the amount of \$500 from the Central Region CSP to purchase marketing tools to be used at community events. This will allow them to educate more individuals in Dauphin County on the purposes of CSP.

In September of 2010, Dauphin County CSP participated in a statewide summit on advocacy issues. Information from this summit will be used to further educate CSP participants, which will help them to be more actively involved in legislative issues that affect individuals with mental health issues. Dauphin County CSP has a Public Policy Committee which provides ongoing legislative and advocacy updates and works with both the committee and individuals to provide hands-on support to individuals on letter writing and group discussions concerning community concerns regarding stigma and mental health.

As part of our ongoing Leadership Development Dauphin County CSP provided three scholarships to individuals attending the PMHCA conference and Dauphin County CSP members used their leadership skills across the PMHCA conference from being part of the Statewide Panel discussion on the Growth and Development of CSP in PA, serving on support teams and assisting with caucuses. Dauphin County funded the registration of all Dauphin County consumers (50) to attend the CSP conference in May 2011 and scholarships (10) for the Changing Minds through Enrichment, Advocacy, and Support's (CME) activity.

Jail Diversion Program: The program was SAMHSA (Substance Abuse and Mental Health Services Administration) funded as a planning grant in 2006. A Jail Diversion Strategic Plan was approved by SAMHSA in 2007, and jail diversion activities were implemented in June 2007. Basics about jail diversion in Dauphin County include:

- Diversion is defined as avoiding or radically reducing jail time by using community-based treatment as an alternative.
- Dauphin County focuses on Post-Booking strategies and Pre-Sentencing diversion for non-violent offenders. Diversion occurs at key “intercepts” in the legal system.
- Jail diversion is a “process change” in how we assist the consumer and community agencies in engaging the legal system and changing consumer outcomes in the criminal justice system and enhancing community tenure.

The Jail Diversion (JD) Program does not eliminate criminal charges and has no effect on persons serving a sentence in Dauphin County Prison or a State Correctional Institution. The Jail Diversion Program has no specific services attached to it. Enacting system change to facilitate Jail Diversion involves the following steps:

- 1) Consumers arrested or charged with a crime are referred by self, family, police, Magistrate District Justice (MDJ), community agency, prison staff, or Judge to the JD Program.
- 2) Crisis or involved case management agency does preliminary assessment to confirm consumer's MH diagnosis and willingness to participate in treatment.
- 3) A second-level assessment by the JD Program Manager is conducted to determine eligibility under the grant based on the nature of charges, criminal history, and ability to enact a viable Mental Health service plan in the community.
- 4) The JD Program Manager works with legal system, Pre-Trial Services, MDJ, District Attorney (DA) and Assistant District Attorney (ADA) to dispose of charges.
- 5) The goal is to have persons referred released from Dauphin County Prison within seven days.

Communication with the DA is essential and opens up options for handling consumer's involvement with the legal system in a different manner. The full array of mental health services may be used to support the consumer including inpatient care.

Jail diversion in Dauphin County, like the majority of these initiatives throughout the country, anticipates no cost savings. Dauphin County officials understand that this initiative is not about saving money, although there might be slight reduction in overtime and medication

costs at the prison. The goal is for persons with a mental illness who do not belong in prison to have the support to return to their home and community with their choice of supports.

As of March 1, 2011, there have been 569 individuals referred for the program and 169 individuals have been enrolled. It is estimated that the program saved the 169 individuals enrolled a total of 39,600 days of incarceration for an average of 249 days per person.

Funding for the SAMHSA Jail Diversion Program ended in February 2010. The Jail Diversion Program continues in collaboration with Pretrial Services, MH providers, criminal justice, and law enforcements partners. The MH Jail Diversion Program data is as follows:

Total Number of Individuals in the Program	169
Total Number of Days in Jail	7,983
Average Number of Days in Jail per person	50
Total Number of Jail Days Saved	39,600
Average Number of Jail Days Saved per person	249

Arrests were tracked from two years prior to referral for the program and while in the program and up to two years after discharge from the program:

Number of Arrests 2 Years Prior to Referral	374
Average Number of Arrests 2 Years Prior to Referral	2.35
Number of Arrests after Enrollment + 2 Years	97
Average Number of Arrests after Enrollment + 2 Years	0.60

A three-part training for mental health professionals and for police officers began in 2008 through February 2011. The police trainings were on mental health issues based on the Critical Incident Team Model. Sixty-four (64) police officers completed Part I, 24 officers completed Part II, 19 officers completed Part III, and three officers completed Part IV. Mental health professionals received training on the criminal justice system.

A Forensic Intensive Case Management (FICM) Unit was implemented at the CMU in May 2009. Currently, there are three FICM case manager positions. These case managers carry a smaller caseload (17-22 individuals) and have more frequent contact with the individuals. At a minimum, the FICM has one face-to-face contact per week with at least one other type of contact as well. One face-to-face contact will be a joint contact with the Probation Officer or Pretrial Bail Supervisor. The case manager will also attend all court appearances with the individual to provide support and be a liaison. FICM case managers, like all types of targeted case management, must meet the needs of the person in service regardless of the frequency or type of contact. This is understood to mean that the FICM will have more one-to-one contact with individuals.

Mental Health Court: The Dauphin County MH/MR Program was awarded the 30-month Bureau of Justice Assistance grant in the amount of \$250,000 on October 1, 2009. The grant was for development of an MH Court and Re-entry Program and enhancement of the MH Jail Diversion Program. After six months of planning, the MH Court and Re-entry Program began on June 11, 2010. A portion of the grant (\$50,000) has been set aside to be used for housing.

MH Court is used only for non-violent misdemeanors and requires the defendant to plead guilty. It leads to either the charges being withdrawn or dismissed with no further penalty or to a straight plea with probation. Enforcement hearings are held weekly for 8-12 weeks, then every other week for 16-22 weeks and monthly for 16-22 weeks. Probation will be terminated on completion and graduation from the MH Court Program.

Individuals in the program receive either a FICM or the Assertive Community Treatment (ACT) Team. If sentenced to probation, a Probation Officer will be assigned. If on Pretrial, individuals receive the MH Specific Bail Supervisor.

The goal of MH Jail Diversion is to radically reduce or eliminate jail time. In this program, individuals agree to accept and receive the proper level of MH case management and could receive an MH-specific Probation Officer. There is an agreement for Probation instead of incarceration.

Re-entry Program: The Re-entry Program is used when an individual is sentenced to a period of county incarceration. A FICM is assigned two to three months prior to the earliest date of re-entry into the community to assist with a home plan and refer individuals for needed MH or co-occurring treatment/support services. Individuals continue to have a FICM until no longer required.

In Fiscal Year 2010-2011, police and mental health professional trainings continue. Training for prison personnel is scheduled for May-June 2011.

The Mental Health Jail Diversion Program had a total of 169 individuals enrolled. Arrests for these individuals for the current incident and three years prior were 384, for an average of 2.27 arrests per individual. Forty-one individuals (24 percent) were arrested while participating in the program. Records are also being compiled for those individuals who were arrested within two years after their discharge from the program. To date, 105 (62 percent) individuals remain arrest free.

At the end of February 2011, there are 49 individuals who are two years past their discharge date from the Mental Health Jail Diversion Program. Of these individuals, 34 (70 percent) have not been re-arrested.

As of March 31, 2011, data for the new Bureau of Justice Assistance grant are as follows:

- 174 individuals referred to the Mental Health Court
- 87 individuals denied
- 11 individuals opted out of the Program
- 35 individuals accepted for MH Court
- 26 individuals accepted for MH Jail Diversion Program
- 13 individuals accepted for Re-entry Services

The Mental Health Court began on June 11, 2010. As of March 2011, there were 25 individuals active. Of those 25 individuals, 11 are in Phase 1, nine are in Phase 2 and five are in Phase 3, and nine individuals were discharged before completing the program.

As of March 2011, the Mental Health Jail Diversion Program has seven active individuals, 20 individuals have been discharged from the Program, nine of those discharged were successfully diverted into the community, and five individuals moved to Mental Health Court.

Re-entry services has 13 individuals currently active and two on the wait list. Two individuals were closed due to no contact.

Transition-Age Youth: Dauphin County began The JEREMY Project under a competitive grant from OMHSAS in FY 2001-2002. Making Joint Efforts Reach and Energize More Youth (JEREMY) has provided a boost forward for young people ages 14-24 by focusing on person-centered planning and preparation for adult life in four domains: education, employment, community, and independent living. Over the years, more than 300 young persons have been served. The JEREMY Project has the capacity to serve 50 individuals at any given time. There is also a group of transition-age persons being served in Northern Dauphin County beginning in 2010. In the program, participants learn to maximize control in their own lives by developing healthy peer relationships, decision-making skills, lawful and drug-free social activities, better self-esteem and acceptance. Reinvestment funding has kept The JEREMY Project a strong resource for young people making a transition to independence to help them understand how to use services and supports, and motivate them to succeed in integrating new roles, expectations, and skills. During FY 2011-2012, the activities of The JEREMY Project will be examined in relationship to needs of participants and outcomes.

Gate-keeping and Coordination: There have been increasing demands and expectations in regard to system coordination and gate-keeping functions. Ongoing collaboration with Danville State Hospital, the criminal justice system, Area Agency on Aging, State Correctional Institutions and Housing and Employment Initiatives has all placed new emphasis on administrative roles. Maintaining the engagement of the provider network among County and BH-MCO funded agencies to work in teams and support individuals while looking at the increased costs of service delivery requires a critical balance and closer monitoring.

Some of the gate-keeping and coordination functions have been managed by the CHIPP/Residential Coordinator. The residential process has been improved by the development of a live database to effectively track admissions, discharges, and waiting list in real time. A Residential Policy and Procedure was implemented in 2009 which included an approach to individualizing service planning and use of interagency team meetings in Dauphin County. This process is specifically used when individuals do not have the benefit of the CSP (Community Support Plan) process based upon a State Hospital admission and discharge. It is important that individuals are actively involved in developing their service plans and attending interagency team meetings in keeping with the “no meeting about us without us” philosophy. The process also works well for conflict resolution. Feedback from individuals and team members is positive.

The management of high-risk consumers with the BH-MCO for persons with five or more hospitalizations in a 12-month period is called Enhanced Care Management. In Dauphin County, case management entities collaborate directly with the BH-MCO as a part of consumer’s team to assist in developing new strategies and approaches that are effective to reduce frequent re-hospitalizations and to assure adequate support services are available. This “enhanced care management” could be improved through communication with the case management entities’ supervisor staff. Case management entities are sometimes reluctant to remove individuals who are no longer at risk from this administrative monitoring system.

During the past two years, Dauphin County has increased transitioning persons from more criminal justice system involvement to more mental health services and supports. In the community, Pretrial Services, adult probation and mental health work together. Transitioning individuals from prison settings into residential treatment, community residential rehabilitation or short-term housing has improved the likelihood for less ongoing criminal justice involvement and positive individual outcomes. While requests for forensic competency evaluations continue from the court or prison system, Dauphin County has increased the number of competency evaluations being done on an outpatient basis. This trend is expected to continue. Coordination with the courts occurs through tracking individual's status and monthly meetings with the Public Defender's office.

Individuals convicted as sex offenders, as well as other major offenses continue to be discharged increasingly from the state prison system into regional programs, such as correctional centers, D&A programs, and other community settings. Dauphin County has urged that these persons get qualified for Medical Assistance to access appropriate treatment services. The provider network has been responsive to working with persons in re-entry originally from Dauphin County. This has created a strain on the community resources when Medical Assistance is not a benefit. Due to the volume of regional correctional centers in our county, we are unable to assist persons who are being released to the regional programs and not their county of residence. Access to treatment is the priority, not other related services such as housing and employment. We will work within the limits of our resources to support Dauphin County residents in diversion from jail, with involvement in the MH Court, and with re-entry into the community from County prison and State correctional programs.

Through mental health's Memorandum of Understanding with the Dauphin County Area Agency on Aging, the ability of both systems to respond to individual need is enhanced and timely. Opportunities for shared learning, case consultation, and service planning are addressed with ease, mutual respect, and support. Families and service providers benefit from the collaboration between the mental health and aging systems. This relationship has helped many persons get the best level of care according to their needs, especially when their psychiatric symptoms are a primary concern.

Recovery and Resiliency: Dauphin County makes a concerted effort to infuse recovery and resiliency principles into everything. To promote recovery and resiliency in all services, educational events have built the provider network's awareness. From these experiences, many providers have adopted programs and practices that demonstrate their commitment to recovery-oriented transformation. The Community Support Program (CSP) Committee has been the lead vehicle for individual and family education about recovery and resiliency. Strong and positive leaders have found their voice about recovery in large part due to the CSP Committee in Dauphin County and in their own journeys, which are powerful evidence. Sharing their journeys in public and taking their own routes of empowerment make it real to all the stakeholders and participants. Art has also been a mechanism to share with others and the greater community on how persons with mental illness are valuable and productive residents of Dauphin County. The *Magnificent Minds Project*, operated by a former employee of the Crisis Intervention Program, showcases the individual adult and student artwork for direct purchase from the artists and eliminates costly commissions by galleries. Art and other creative arts will continue to be used as a mechanism for transformation.

The Dauphin County CSP Committee has grown tremendously over the past few years and continues to be instrumental in taking an active role in the development of the Dauphin County MH plan process. Individuals are taking on new roles in system transformation, as well as encouraging and preparing providers toward engaging consumers in greater agency participation on committees, advisory boards, and ongoing evaluation of available services. Over the past years, CSP gained new leadership and increased the number of individuals who attend CSP meetings on a monthly basis. Leadership training sessions have been sponsored by CSP and provided to consumers interested in learning and developing their individual leadership skills. Open house activities encourage and welcome new members to join the local CSP, which inspires and empowers individuals.

Dauphin County CSP and Cumberland/Perry Counties CSP committees collaborate in sponsoring an annual recovery conference for consumers, providers, family members, friends, and community stakeholders. This event celebrates Recovery and Resiliency and empowers individuals to take the lead in experiencing their personal recovery journey.

Recovery-Oriented Systems Indicators (ROSI) Panel: Dauphin County, in collaboration with CSP, began working on the ROSI Administrative Data Profile in 2008 in order to implement a quality improvement process involving stakeholders in the review of recovery transformation efforts. Dauphin County formed the ROSI Panel, comprised of consumers/survivors, family members, professionals, providers, a BH-MCO representative, and County MH staff. In 2009, 2010, and 2011, OMHSAS required counties to survey its adult MH providers in order to complete three County Indicators on the ROSI Administrative Data Profile. The Panel selected Indicator 2, “Peer/Consumer Delivered Service Funding,” for change/improvement and a strategy for change over a three-year period. Creating a recovery-oriented array of services is a challenge, especially in the current economic climate.

Consumers are transforming the mental health service system in Dauphin County. In January 2011, County staff trained CSP consumers, including CSP Co-Chairs, on the ROSI Panel to be interviewers for the ROSI survey. The six trained and supervised consumers conducted the ROSI telephone survey with the Chief Executive Officers (CEOs) of Dauphin County’s adult mental health contracted providers with an exemplary response rate of 100 percent. A copy of the ROSI Administrative Data Profile and Quality Improvement Plan for 2011 is attached as Appendix IV.

The economic climate continues to present challenges in the creation of an array of recovery-oriented services. County MH staff trained and supervised the six ROSI Panel consumers as group facilitators to gather data for the ROSI survey. Consumers developed questions to receive consumer input for the survey on “Peer/Consumer Delivered Service Funding” and “Consumer Representation on Local Boards.” The consumers facilitated groups at the following sites: Aurora Social Rehabilitation Services, CMU, Dauphin Clubhouse, Gaudenzia New View (MH and co-occurring), Gaudenzia – Gibson House (MH and forensic), Patch-n-Match, and Paxton Ministries. Approximately 88 consumers participated in the process. See Appendix IV for consumer responses. Survey results are integrated into the 2013-2017 MH Plan. Change is taking place as consumers help Dauphin County move toward a recovery-oriented system transformation.

Cultural Competence Task Force: Cultural Competence is fundamental to a recovery-oriented mental health system. In Dauphin County, building competence needs to be deliberate and overt. The purpose of the Cultural Competency Task Force is to promote,

enhance, and integrate cultural competence throughout the mental health service delivery system in Dauphin County. The Task Force seeks to achieve its purpose by engaging in the following activities:

- Appreciating and acknowledging our own diversity and the diversity of the mental health service delivery system.
- Seeking to develop consensus on cultural competency definitions and principles.
- Assessing current levels of cultural competency among service providers.
- Identifying needs and barriers to cultural competencies.
- Recommending changes to county systems and processes that allow everyone access to services and supports for recovery that are compatible to their cultural needs and culturally relevant.

In addition to defining itself with a purpose that reflects the principles of a culturally competent system, work assumed by the Task Force has been careful and methodical in order to ensure that everyone's voice is heard – a hallmark of culturally competent groups. The action taken by the Task Force since May 2007 has been critical to solidifying the MH/ID Program's foundation for cultural competence.

The Cultural Competency Task Force's purpose was completed through the following activities:

- Completion of the Cultural Competency Project, which provided activities to educate the community and promote a culturally competent MH service delivery system.
- Art exhibit and reception held featuring the artwork of adults and transition-age youth in recovery.
- Cultural Competence Assessment Guide Survey Results Report.
- Event celebrating the success of Cultural Competence in Dauphin County.
- Highlights of the Cultural Competency celebration submitted to Dauphin County.

As of December 2010, providers of mental health services continue to advance the cause of cultural competency in Dauphin County. One provider, Keystone Community Mental Health Services, has been supporting the Cultural Competence Committee of Keystone Human Services, which seeks to promote cultural awareness, knowledge and skills across the organization and the human services network. "When Culture & Communication Meet" (WCCM) is a workshop developed from the curriculum of PRIME – Partners Reaching to Improve Multi-Cultural Effectiveness, a year-long program produced for the Office of Mental Health and Substance Abuse Services, which several employees of Keystone Human Services attended. WCCM is a two-days-in-two weeks' workshop presented by PRIME graduates and other newly trained educators. A shorter workshop entitled "Culture is an Iceberg" uses the same resources and can be presented in an hour and a half. It is one of the workshops presented at the May 2011 CSP Conference.

Keystone's Cultural Competence Committee is planning to introduce the following new cultural competence education resources and workshops:

- Future development of additional components of the "When Culture and Communication Meet" educational series.

- Use of new educational tools such as the Counseling the Cultural Diverse, by Sue and Sue, and “Discovering Diversity Profile” assessment.
- Annual cultural sensitivity educational seminars.
- Utilizing the “Diversity Diner” educational program as part of a common New Employee Orientation Program throughout Keystone.
- Expanding the use of the Cultural Diversity Educational Program – “The Essential Blue Eyed” beyond its current home at Keystone Community Mental Health Services.
- Develop a “Lunch and Learn” series with educators from various cultures.

Currently, the MH staff is in the early stages of drafting the Mental Health Cultural Competency Plan. Cultural Competency information continues to be disseminated system wide.

Provider Network: The Dauphin County provider network is both resourceful and engaged. Many organizations are mission-driven with a strong commitment to the populations served. Providers have adopted new ways of thinking about their role in a transforming system that is emerging as follows:

- new way of engaging consumers
- responsiveness to what consumers identify as a need
- collaborating with others
- exploring the flexibility of their organizations to offer what persons need

There is a commitment by the provider network in making recovery real and developing innovative ways of changing practices to better engage and support individuals. The challenges providers continue to face are as follows:

- complexities of maintaining a qualified and trained staff
- offering competitive wages and benefits
- increasing costs for staff travel and utilities

This translates to high personnel costs to maintaining service standards and increased waiting period for services. Many providers have incorporated Certified Peer Specialists into their staffing pattern. We are fortunate to have also maintained three Medicaid/BH-MCO approved peer specialist providers in Dauphin County.

In previous planning cycles, Dauphin County experienced providers leaving the County, which produces significant turmoil to individuals and families. The appearance of financial stability among our provider network is marginally offset by the ability of the BH-MCO to adjust rates to better meet costs. The county/state-funded base system has little flexibility to adjust rates. However, OMHSAS has an opportunity to look at regulatory relief in outpatient services and how the system can uphold quality while expanding the scope of services without the use of BHRS, particularly Mobile Therapy outside the structure and expertise of the clinic setting.

Housing and Employment Resources: The development of housing resources in Dauphin County for persons with serious mental illnesses has moved the system beyond the array of mental health residential options toward “Concepts of Housing with Care,” a service philosophy that has made valuable use of housing assistance vouchers and long-term housing development. Dauphin County has developed positive partnerships with Dauphin

County Housing Authority as well as improved working relationships with landlords and rental agencies, which provides more opportunities for individuals to access safe and affordable housing. Shelter Plus Care, including some vouchers for persons considered chronically homeless, reflects the positive outcomes of our recovery efforts and teamwork in resolving complex needs across several systems.

The YWCA of Greater Harrisburg Supported Employment Program grant from SAMHSA has been a tremendous boost to promoting competitive employment in Dauphin County. Created last year, the Transformation Committee on Employment, which has nearly 50% individuals in recovery involvement, reinforces the potential of using the supported employment model. This committee focuses on employment as a goal for any interested individual in the mental health system.

B. Unmet Needs and Service Gaps

Unmet needs and service gaps have been categorized into some general areas based upon the Annual Plan process and input from a broad array of stakeholders.

System Transformation

Adults, older adults and transition-age individuals (16-26 years) with serious mental illnesses, including persons with co-occurring disorders, are learning about recovery and what it means to them. Recovery is happening in Dauphin County. We see clear signs that many persons are recovery oriented and working on their personal recovery journey. Their expressions and testimonials exemplify a new era in the mental health system. This transformation process is still continuing to permeate the current delivery of services and the traditional use of services.

Gaudenzia, Inc., manages a 16-bed CRR program, for persons with co-occurring disorders and criminal justice involvement. This program was developed to address the high need for individuals being retained in prison for extended periods of time due to the limited amount of specialized housing and treatment supports available in Dauphin County. Illness Management and Recovery (IMR) was introduced to the program staff and individuals through another service provider with more experience using the evidence-based practice. Collaboration must continue between service providers to meet unmet needs and service gaps in a “no growth” era as demand continues.

Implementation of certified peer specialist positions throughout Dauphin County has proven to be the most effective way to move toward recovery and the transformation of the mental health system. Peer specialists have made a tremendous contribution to individual recovery. Aided by a sound training program, certified peer specialists are helping professionals transform practices into genuine recovery-oriented services. Peer specialists are changing the organizations they work by helping them look at how they engage individuals in the system. Expansion of peer support specialist positions is supported in Dauphin County. Persons in the service system frequently are requesting more access to certified peer specialist training. As a system, the County and the BH-MCO must continue to examine what the benefits and issues are surrounding certified peer specialists. The request for more available and less expensive training is very clear both at the individual and provider level. Yet there have consistently been more trained certified peer specialists than there are openings in agencies. We continue to examine several areas of concern:

- Whether the CPS has a higher rate of turnover than other mental health staff.
- Whether the CPS positions are better suited to full, part-time or a combination.
- Analysis of how the service impacts the person receiving CPS.
- Career counseling for persons interested in CPS.

CPS training is a significant boost for persons in their own recovery journey but for several factors may not lead to employment as a CPS. This suggests that other types of training are needed for persons in recovery in order for them to independently pursue their long-term goals.

County staff continues to offer the following opportunities to add to individual provider's understanding of the use of recovery and resiliency principles in their own organizations:

- Three-day Motivational Interviewing training.
- As a result of the ROSI consumer-facilitated focus groups at seven provider sites, County staff and some contracted agencies did follow-up visits with the providers to address recovery and resiliency principles and practices.
- County staff conducted recovery and resiliency training for PPI's outpatient staff.
- MH First Aid training is set for June 1 and June 6 for first responders to persons in crisis.
- Psycho-educational training was conducted with 19 persons in attendance in April 2011.
- A training will be held on June 8, 2011, entitled "Trauma-Informed Treatment for Adults and Children with Co-occurring Disorders."
- Beginning in March 2011, County staff initiated monthly meetings with Philhaven's Dauphin Clubhouse to assist in planning for ICCD certification.
- Staff weekly respond to persons, families, and advocates.
- Representative Payee workshop.
- Complaints and grievance activities are included in the Quality Management Plan.

While staff training may address recovery and system change, organizations may not necessarily change through training approaches. It appears that when agencies employ peer specialist staff, the agency naturally moves toward a clearer understanding of what Recovery and Resiliency looks like in their agency, and what areas they need to take action on to develop a Recovery culture. Farkas, Ashcraft and Anthony discuss the need for agencies to examine their culture, commitment and capacity for change in their article titled: *The 3Cs for Recovery Services* (Behavioral Healthcare, February 2008). An organization's readiness to implement recovery-oriented practices requires the critical steps of assessing the 3Cs.

Dauphin County providers are at various stages in the implementation of Recovery across their organizations. There has been an increased understanding and usage of evidence-based practices, which demonstrate both Recovery and Resiliency. Staff training is being provided across the board by providers in orientation programs that they have developed and are beginning to work with staff to increase their overall knowledge of recovery principles and practices indicated in "Call to Change." This includes provider agencies offering cross-training, providers becoming more trained in trauma-informed care, providers creating Psychiatric Rehabilitation workgroups and offering more trainings to consumers so that staff can learn together. While these trainings are only beginning to touch the surface of what is possible in a recovery-oriented system, it is anticipated that providers will continue to grow and explore what Recovery culture means in their organization and agencies.

Education, training and quality assurance activities that mark transformation continue to be needed at every level of the system. Dauphin County will continue to work collaboratively with the CSP in maintaining current services and developing needed services without new financial resources or through more creative funding strategies. The County continues to challenge providers to partner with the CSP in developing more consumer-operated services. Feedback from the CSP states that “moving forward with more consumer-operated services in a time of fiscal constraint has been a limiting factor in Dauphin County. Future growth in the area of consumer-operated services will require a joint commitment to collaboration from the county and providers and CSP to create a system that is more responsive to this identified need.”

Dauphin County has added and/or increased family representation on committees including the Children’s MH Committee, a subcommittee of the MH/ID Advisory Board, and the RTF Reform Group. The family voice as part of these groups is a valuable asset. Families are also involved with The JEREMY Project and support young persons in the transition to adult living and independence. Over the next year, families may help Dauphin County to assess the activities of The JEREMY Project to determine if activities are building skills in the life domains.

Capacity to Meet Demand

The focus groups conducted to inform our planning process and engage consumers yielded valuable information about what they feel contributes to their personal recovery and what are the barriers. Recovery is supported by the flexibility of the system to meet individual service needs and demands on a real-time basis.

The information gained through our experiences and planning process continues to underscore the need for responsiveness to prevent and divert crises in the community rather than at the time of emergency room contact. In addition, there is a need to manage inpatient use with limited resources, increase the use of outpatient services and improve the frequency of contact with support personnel. Meeting these needs should not be tied to regulations or agency policy but individualized to perceived need. All of the efforts in the areas of jail diversion, MH court and re-entry will rely upon the direct and supervisory staff to act on what they have learned. Intervention by the system means taking action at intervals when the mental health system can intervene to prevent incarceration/arrest and inpatient care. Inaction has proved to result in unnecessary arrests and overuse of inpatient psychiatric services without the benefit of any drug and alcohol interventions or support for pursuing drug and alcohol interventions.

Over the next year, we need to look at how resources are used and not used by persons experiencing homelessness with serious mental illnesses and co-occurring disorders. We have diligently created capacity for psychiatric services and mental health supports through targeted case management over many years, but we believe we have missed opportunities to better engage individuals using substances including alcohol who also may benefit from psychiatric services. This population of persons is continuously a risk of serious medical and criminal consequences.

Factors related to unmet needs and service gaps but typically not identified by individuals and family members are staff vacancies, recruitment issues, salaries and the administrative

infrastructure to support service delivery. The costs of these issues can lead to less capacity rather than more in a system which relies upon human interaction and contact and extremely limited financial resources to maintain levels of service.

During the past few years, Dauphin County's "All Show for No Show" initiative was developed to look at reducing the high rate of no shows in outpatient MH services. The lessons learned through this process were: more effort systemwide is needed on consumer education and preparation for treatment; clinic administrators should be data driven in designing psychiatric and medication visits; and open clinics, which offer more flexibility and fewer no shows would be established. Consumer education and preparation for treatment could be a focus of case management and care management at administrative and targeted levels. Much more emphasis is needed with persons who are learning about recovery and their mental health disorder and who want more self-control of their illness. Clinic management even in the best administrative environment will be impacted by psychiatrists and their willingness to use non-traditional strategies and methods that produce better engagement and present no risk to the individual and physician.

Co-occurring trainings will continue to happen in Dauphin County as well as ongoing collaboration with the County Drug and Alcohol Department to address the complex needs of individuals with both disorders and provide more effective means of combined treatment. While the mental health system has an open approach and uses a harm reduction model, the Drug and Alcohol system favors the abstinence model which excludes individuals who cannot readily accept D&A treatment. These differing approaches create a community of persons with a high degree of risky behaviors and a mental health system that may not have the most appropriate or best service models to address their needs. Outreach strategies for co-occurring persons are needed to support persons who use mental health psychiatric medications in combination with drugs and alcohol and who overuse inpatient treatment and deny serious drug and alcohol use/abuse. A proposal for reinvestment funding may address this concern.

In January 2011, OMHSAS issued a bulletin to address the complex service delivery needs of the growing community of lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI) individuals. The goal of this bulletin is to provide quality work environments and service delivery to LGBTQI consumers, ensuring that all families and consumers receive competent professional therapy and psychiatric services to address their needs of this growing community. As mentioned earlier in outpatient services, NHS has developed an outpatient satellite program to address the complex needs of this population in collaboration with Alder Healthcare, formerly Community Aids Alliance.

Morbidity and Mortality in People with Serious Mental Illness and Co-occurring Disorders

Many persons in our system are acquiring physical health problems at an earlier age, and many of these medical problems are preventable conditions. The report issued in 2006 by NASMHPD (National Association of State Mental Health Program Directors) Medical Directors Council has been a source of study and concern for a variety of reasons. The physical health problems for persons with serious mental illness examined from a multi-state study suggest that persons with serious mental illnesses die 25 years earlier than the general population. The preventable conditions include smoking, obesity, diabetes, and associated somatic illnesses, and suicide.

Factors contributing to these conditions include lack of care coordination between mental health and physical health, inactivity, medications, diet, and natural and pre-mature aging. Access to medical care, recovery and wellness go hand in hand. While county-funded mental health can address access to mental health services among persons without medical insurance or without funds for co-pays, physical conditions may go unaddressed at a risk-prevention stage, undiagnosed/untreated or rely upon costly emergency interventions. The loss of the AdultBasic program is just one example of the high risks that the Commonwealth takes with vulnerable adults in Pennsylvania. Prevention and health screenings need to be in place early for persons with serious mental illnesses. Prescription monitoring between mental health and physical health tied to skilled case management and self-management of illness should also be in place.

Since 2008, Dauphin County Mental Health has worked on the following goals in physical health and wellness with a small group of dedicated providers to:

1. Engage PH-MCOs and local health systems for wellness training and education.
2. Organize health topics in a readable format for individuals, families and providers.
3. Support efforts to increase provider responsiveness to health issues.

Wellness activities included publication of Forte, a newsletter about wellness and health issues published every two months, provider improvement on communication between primary care physicians and psychiatrists, and increased health education within day programming by some providers. With the exception of Ameri-Health Mercy, the PH-MCOs were not good partners for health education and wellness.

Dauphin County, in conjunction with the other HealthChoices counties in our behavioral health territory, has worked recently with CBHNP and CABHC to identify areas of improvement for behavioral and physical health integration. Consensus was reached on the following activities:

- Increasing the knowledge of peer specialists and targeted case managers on health education topics to use with individuals and families; considering role of health navigators.
- Developing and/or distributing tools for individuals and families to assist with physician/psychiatrist communication.
- Distributing wellness toolkits, such as Healthy People 2020.
- Engaging physical health settings in several MH/SA screen toolkits such as SBIRT (Screening, Brief Intervention and Referral to Treatment), PHQ-9, Smoking Cessation and Metabolic Disorder Screening.

Dauphin County MH's Wellness Committee began meeting on a monthly basis in January 2011. The committee has taken the SAMHSA 10 By 10 Pledge to decrease the mortality rates of individuals with serious mental illnesses by 10 percent in 10 years. The group will function as the lead for carrying out with CBHNP and CABHC the above-mentioned activities over the next several years.

Older Adults

As persons age within the mental health system, they will look for support from the mental health system to address their needs in physical health areas. Providers serving populations in licensed personal care homes under the designation of Specialized Care Residences (SCRs) are consistently challenged to rethink and reorganize their programs to better address individual needs. Modifications are frequently related to the need for staffing over and above licensing requirements without the addition of new or expanded funding.

According to SAMHSA's published reports in 2007 on a six-year study of Primary Care Research in Substance Abuse and Mental Health in the Elderly (PRISM-E) completed in 1998 by the University of Pennsylvania, fear and stigma associated with mental illness are primary factors in the number of low referrals and treatment response rates of older persons in mental health services. The study findings include:

- Engagement: Older persons preferred their mental health needs be addressed by their primary care physician.
- Depression: Whether treated in an integrated setting (combination of mental and physical health care) or in a "specialty" mental health setting, depression is highly treatable with significant rates of symptom reduction and remission. The exception was for persons with severe depression who responded better to treatment in mental health settings rather than in primary care integrated settings.
- Alcohol use: Alcohol consumption and binge drinking was reduced at both types of sites when alcohol education/counseling sessions were used proactively. Information impacted behavior change.

Dauphin County can benefit from these findings and apply them to future efforts with older persons' outreach in the following ways: 1) make better use of data, publications and technical assistance from SAMHSA and OMHSAS initiatives; 2) explore peer specialist's services focused on older adult needs and issues; 3) continue to review and revise the Area Agency on Aging/Mental Health's Memorandum of Understanding for outreach opportunities; 4) continue advocacy for Medicare reform; and 5) provide better assessment of underlying drug and alcohol issues and need for treatment.

The Area Agency on Aging and Mental Health's coordination meetings occur on a quarterly basis. This committee meets to review and discuss the current MOU as well as providing suggestions and input into future MOU's. The Crisis Intervention Program and case management entities collaborate with Area Agency on Aging to conduct case consultation, joint outreaches for assessments in coordinating access to available mental health and co-occurring services as needed. This group is collaborating with the County Intellectual Disabilities Department as part of a grant to provide ongoing monthly lunch and learns with various educational topics identified by the group. A large event is planned for May 20, 2011, entitled "Healthcare Decision Making when an Older Individual is involved in Mental Health or Intellectual Disabilities System."

Transition-Age Youth and Use of Residential Treatment Facilities

Research and professional literature, such as Mercer's 2008 DPW/OMHSAS White Paper, point to the ineffectiveness of residential care in alleviating the behaviors that presented at RTF admission for children and teens, including transition-age persons (18-21 years), and the lack of evidence that positive outcomes are achieved in residential treatment and subsequent transition back to the community. Unfortunately, there are growing numbers of persons in adolescence that are spending large amounts of time cycling in and out of RTFs, detention, and shelter programs. Mercer's report suggests that, despite questionable outcomes, residential service beds exploded in Pennsylvania.

Three evidence-based and non-residential services have been developed in Dauphin County in collaboration with Children and Youth, Juvenile Probation and CBHNP: Multi-Systemic Treatment (MST), Functional Family Therapy (FFT), and Multi-Dimensional Therapeutic Foster Care (MTFC). As the previous section on existing services described, the services have had interesting outcomes in terms of service development, provider factors, and implementation issues. MST has had the most success, and there are two established providers. FFT had a relative success in development but the grant funding from Pennsylvania Commission on Crime and Delinquency (PCCD) was inadequate to support a full FFT team in Dauphin County. MTFC has had serious problems recruiting homes and its future remains unclear. Our experiences are similar to other parts of the Commonwealth.

In 2008, Dauphin County also developed a comprehensive, cross-system plan to monitor and manage the County's use of RTF. This was primarily due to the extraordinary overuse of RTFs during the FY 2006-2007 when the Commonwealth reorganized all residential programs maximizing the use of medical assistance. During that period, Dauphin County had 136 children and teens in RTFs and they demographically reflected the some of the following characteristics:

- Over 70% were males
- Over 50% were African-American
- Youngest age at admission was seven years
- Oldest age at admission was 20 years
- 41% were active with MH, CYS and JPO at admission
- Less than 17% were discharged within one year
- Almost 15% were transferred to another RTF within 100 days of their initial admission

We were confident that Dauphin County could do better! The following is an outline of the plan Dauphin County Mental Health developed to stop the overuse of residential treatment and it is the ongoing blueprint for our work.

I. CONCERN – MANAGING RTF ADMISSIONS

A. GOALS

1. Continuous monitoring of the RTF referral process.
2. Review RTF referral data regarding prior use of community-based care.
3. Define role of the Mental Health Case Manager in the RTF admission process.

4. Change the culture on the use, need and effectiveness of RTFs among all stakeholders.

- ❖ The RTF Reform Group meets regularly with full stakeholder participation. All admissions are tracked including data about prior service use, length of stay and discharge recommendations. Mental Health case managers have been trained, supervised and coached in relationship to their role in the service planning process. New tools for case managers have been developed. Family guidelines developed by families with youth in RTFs are disseminated to other families. Misinformation to families about RTFs has been addressed as well as better information about the benefits of RTFs. Family involvement is continuously stressed at all levels by all team members.

II. CONCERN – MAXIMIZE USE OF ALTERNATIVES TO RTF

A. GOALS

1. Increase the use of MST as an alternative to out-of-home placement.
 2. Increase the intensity of FBMHS.
 3. Improve the use of FFT.
 4. Improve the use of Respite Services.
 5. Redefine partial, intensive outpatient and crisis stabilization programs as a diversion for youth-at-risk of RTF placement.
- ❖ Intensive support at interagency team meetings by County staff is transitioning to pre-meeting consultation, coaching, and support by County staff. County staff directly meets with RTF providers to address concerns and problems. The County met with VisionQuest keeping the door open for future opportunities to re-start FFT in Dauphin County. County staff studied 14 cases of youth in FBMHS transitioning to RTFs immediately following FBMHS services which has resulted in some concern about the fidelity of FBMHS and its effectiveness for youth-at-risk of RTF. Respite services have been re-organized as a reinvestment-funded management service and as county respite services. Two cross-system policies and procedures have been written and approved by all human service administrators, including Juvenile Probation on team meetings following a denial of recommended services by the BH-MCO and a policy and procedure on team meetings to prepare for court.

III. CONCERN – LENGTH OF STAY IN RTF

A. GOALS

1. Reduce average length of stay to six months.
 2. Explore other ideas related to length of stay.
 3. Engage residential providers in workgroup.
 4. Ensure continuity of care, inclusive of school districts.
 5. Improve family engagement.
- ❖ School districts are more fully engaged in discharge planning since the failure to have an immediate and appropriate school placement is a factor in RTF readmissions. Two residential providers continue to be involved in the RTF reforms. More RTFs have completed certification as Sanctuary model facilities.

Each agency has policies and procedures for therapeutic leaves which are also complimentary. A Resource Booklet was published so RTFs know and use Dauphin County's alternative resources. All cross-system administrators participated as observers to five children who had spent more than two years in RTFs. The result is a rigorous work plan focused on strengthening the way in which the "local" interagency team functions. The local team is defined as the County CYS, JPO, MH, ID, D&A and ID case workers, officers, and case managers working with the families. The lack of a comprehensive training plan which is cross-system is a significant component of the plan. Existing committees such as the Supervisors Group and RTF Reform Group have lead responsibility for many aspects of the local team development.

IV. CONCERN – PROCESS IMPROVEMENT

A. GOALS

1. Triage team will continue its role in reviewing suggested psychiatric evaluations for sheltered/detained youth.
 2. Residential Reform Workgroup convenes to share strategies across all child-serving systems and maintains momentum for change.
 3. CBHNP Quality Improvement and Provider Relations staff will participate in RTF Reform Workgroup
- ❖ Training and education are offered to the Courts, including Judges. The Triage Team manages requests for psychiatric services to detained and sheltered youth. Changes in the Schaffner Youth Center from a shelter and detention facility to only a shelter program resulted in some re-working of psychiatric and psychological services to detained and sheltered youth but the process works. The Length of Stay Group monitors youth who are waiting services or out-of-home treatment every other week in a cross-system team. CBHNP and CABHC participate in the RTF Reform Group meetings as well as Drug and Alcohol and Intellectual Disabilities systems. Minutes of the RTF Reform Group are shared with all child-serving administrators.

As a result of local efforts from the mental health system as well as the National Governors Association's initiative CYS and JPO participated in, Dauphin County has seen a dramatic decrease in the number of individuals in RTFs over the past two years. Work will continue to maintain youth successfully in the community, improve discharge planning, and reduce lengths of stay.

CABHC has noted that a strong example of the County contract in HealthChoices is the ability to fully integrate a system of care for children involved with Children and Youth and Juvenile Probation. Dauphin County has demonstrated this in our efforts to reduce the number of Children in Substitute Care (CISC) placed in residential treatment facilities. As of January 2010, Dauphin County reduced the number of CYS and JPO involved children from 70 in January 2008 to 34 in December 2009. This represents a 57% reduction. There is also an increase in the number of CYS and JPO children using all levels of care in the MH system.

Table 10 illustrates information about the use of RTFs in Dauphin County and sets the stage for how the children's behavioral health system will be negatively impacting the transformation of the adult system to a recovery and resiliency-oriented system unless the use of RTFs continues to be addressed at a local level.

Table 10 - Dauphin County RTF Census

Number of Youth	55	(as of 3/30/2011)
Length of Stay	Days	
Average current LOS (days)	247	
Shortest	0	admission date 3/30/2011
Longest	1113	
Median	187	
Most Frequently Used Facilities (3 or more youth)	# Youth	
CHOR	6	
Foundations	3	
Hoffman Homes	8	
KidsPeace	13	
Wordsworth	4	

In the preceding Table, 55 children and adolescents, including transition-age youth from Dauphin County are currently in a RTF. Twenty-one (21) RTF facilities are being utilized with five facilities serving 62% of the youth. The average length of stay at **247 days** of the current census exceeds the target length of stay goal of 180 days.

By comparison in fiscal year 2009-10, 58 youth were discharged from a RTF. The average length of stay for this group was **400 days**, with a range of 61 days to 2011 days. Dauphin County has made significant gains in monitoring the use of RTFs and this data reinforces the need to continue to develop strategies to shorten lengths of stay.

Residential Outcomes Quality Initiatives (ROQI) was a joint initiative between OMHSAS and Office of Children, Youth, and Families (OCYF) aimed at gathering information about the experience of youth during a stay in a residential treatment facility and post-discharge. The goal was to gather information about youth entering RTF, where change was occurring during the course of RTF intervention, and whether the youth were able to maintain gains once they were back in the community. Beginning in February 2009, an admission survey was conducted on youth 10 years of age and older within 10-14 days of admission to an RTF, again 7-10 days prior to discharge, and approximately three months post-discharge.

In Dauphin County there were approximately 52 youth who completed the admission survey during the time this project was active and six youth completed the post discharge survey. Dauphin County was notified by OMHSAS that this initiative was discontinued in December 2010.

Medicare

Most discussions on parity relate to private insurance, but parity in public mental health is about Medicare reform. Counties are struggling with Medicare issues for persons with primary Medicare only coverage and those who are dual eligible. OMHSAS has offered little support and a poor understanding of the impact Medicare has on the public system. It is not just another funding stream. Counties are not able to ignore it because it is a factor in unreimbursed costs in outpatient clinics and inpatient units as well as high overhead and claim processing costs for providers. The disparities between the systems (Medicare and Medicaid) for the provision of mental health services involve outpatient co-pays, lifetime

inpatient coverage limits, staff qualifications and practice standards for non-medical personnel related to reimbursement provisions. Medicare is not limited to older persons; adults of all ages may be Medicare recipients, even transition-age persons. As the number of Medicare recipients and dual eligible increase, service provision is dictated by Medicare, the primary insurance. Medicare is a system driven by outdated service models, which favors inpatient care and does not recognize an evidence-based intervention or practice model as it is currently mandated. Persons with Medicare do not have equal access to mental health services even among persons with public support and often have to travel out of their service area to receive adequate care.

C. Data and Stakeholder Input

The Dauphin County MH/ID Program analyzed and reviewed reports produced by OMHSAS; our managed care partners, CBHNP and CABHC; Crisis Intervention and the Base Service Unit, CMU. A summary of the data from 2009-2010 characterizes many aspects of the mental health system, and there is some comparative data with 2008-2009. Follow up will be conducted with the BSU regarding non-reporting of Priority Group designation.

Table 11 – Number served by priority population groups FY 08-09 and 09-10

Priority Group	2008-2009	% of Total 2008-09	2009-2010	% of Total 2009-2010
Adult incomplete Intake	264	5%	194	4%
Adult Target Population #1	1893	39%	1625	34%
Adult Target Population # 2	1061	22%	1124	24%
Adult Target Population # 3	510	11%	760	16%
Total Adults	3728	77%	3703	78%
Child &Adol. Incomplete Intake	1	<1%	1	1%
Child &Adol. Target Pop #1	397	8%	294	6%
Child &Adol. Target Pop #2	337	7%	327	7%
Child &Adol. Target Pop #3	185	4%	255	5%
Total Children &Adol.	920	19%	877	18%
No Priority Group but receiving Services	138	3%	136	3%
Not receiving services	22	1%	20	<1%
Grand Total	4808	100%	4736	100%

The summary of Performance Outcome Measures (POMS) shows the identification of priority populations typically at the time of intake. The target group designation is not routinely updated to reflect use of inpatient hospitalization. Despite these limitations, Dauphin County’s mental health system is serving priority populations among children and adults. We continue to work with the Base Service Unit on data accuracy and procedures to assure ongoing updates. The incomplete intakes improved in 2009-2010 with decreases in the actual number of adults from 264 in 08/09 to 194 in 09/10. Among children and adolescents incomplete intakes stayed the same. However, the volume is insignificant. The data for adults is most relevant at the time of intake into the system. Overall children and adolescents’ actual numbers went down.

In Table 11, the mix of adults to children is basically the same in both 2008-2009 and 2009-2010. Outreach is done for persons at Dauphin County Prison to facilitate intake into the community-based system under the forensic initiatives with Jail Diversion and the new Mental Health Court which began June 2010. Outreach has also been done for youth at

shelter/detention centers and children/teens in out-of-home treatment funded by CBHNP. The number of walk-in intakes grows each year. We work with referral sources on making the most appropriate referrals.

Children tend to be referred for case management at three basic points:

- Family and/or school report a concern about behavioral changes and poor progress in school setting, traditional outpatient has not been provided or outpatient interventions have not been successful;
- Child and family have used CBHNP-funded services without success and need added assistance in navigating system and identifying specialized services; and
- Child is on an inpatient admission with discharge recommendation for out-of-home treatment. In 2010-2011, the goal is to streamline the intake process for children and families in the most distress by increasing the CMU responsiveness to the presenting issues of out-of-home treatment recommendations and problem solving in community-based services. The MH system has started using a fast Track system which offers a rapid entry into targeted case management for children. CBHNP has been a positive partner in this evolving process.

Table 12 - Race & Ethnicity Demographics 2008-2009 and 2009-2010

Race/Ethnicity	2008-2009	2009-2010
African American	1640	1714
White	2509	2373
Hispanic	514	488
Asian	61	46
American Indian	8	9
Native Hawaiian/Pacific	3	3
Other	173	403

Not an unduplicated count

Table 12 shows that Dauphin County’s commitment to cultural diversity is a genuine reflection of the persons in service. From 2008-2009 to 2009-2010, the number of African-Americans in service increased by 4.5 percent from 1640 to 1714. This is commensurate with Dauphin County’s ranking as the fifth largest County in the number of African-America residents. Almost 133 percent of individuals did not report their race and ethnicity at the point of intake.

The Cultural Competency Task Force outlined efforts for mental health providers to carry out diversity training in their organizations and to prepare the workforce for recognizing and respecting differences. With the completion of the Cultural Competency Task Force in December 2010, providers of mental health services are continuing to advance the cause of cultural competency in Dauphin County.

Table 13 - Independence of Living 2008-2009 and 2009-2010

Setting	2008-2009	2009-2010
Living Independently	1217	1166
Family Setting	1621	1639
Living Dependently	465	481
Supervised Setting	454	408
Restrictive Setting	385	462
Homeless	330	316
No response	336	264

Information on registered persons' living situations in Table 13 reflects a decrease of 4 percent in persons living independently and an increase of 1 percent of individuals living in a family setting. Family information would include children and youth as well as adults. There continues to be a number of adults who reside with family members, including their parents. There is no consistency noted among persons living in supervised setting versus a restrictive setting.

Persons self-identified as homeless reflects a decrease by 4 percent. There is no correlation to the Point-in-Time Homelessness survey conducted in January 2011 and discussed in the Dauphin County Housing Plan (Attachment L). Most persons active with the MH system are at-risk of homelessness, and a few are literally homeless at the time of intake into the system. Person-centered teams, in combination with agencies that meet basic needs, work to alleviate the conditions of homelessness.

Table 14 - Service Type by Numbers of Registered Persons in FY 2008-2009 and 2009-2010

Service Type	2008-09	2009-10
Administrative Management	2929	3389
Resource Coordination	577	475
Intensive Case Management	628	595
Outpatient	912	993
Inpatient	9	6
Partial Hospitalization	78	70
Community Residential	410	403
Community Employment & Employment-Related Svs.	73	28
Facility-Based Vocational Rehabilitation	65	36
Social Rehabilitation	553	504
Family Support	7	9
Family-Based Mental Health Services	6	0
Crisis Intervention	2180	2344
Emergency Services	934	1005

The preceding table illustrates the number of persons in various types of service according to cost centers. This is a slightly different configuration than the recovery crosswalk used in Section 4, which was a narrative overview of each service in the mental health system. Adjusted Data summarized from 2009-2010 Annual Report of County-funded Services found that 4,736 unduplicated consumers were served. This is a 1.7% decrease compared to FY 2008-2009.

Five cost centers increased and nine decreased from 2008-2009 to 2009-2010. The decrease is significant, namely more than one-third in four of the cost centers. Family-based Mental Health Services decreased 100% from 2008-2009 in the number of individuals served in 2009-2010. This service was entirely funded by the Health Choices Managed Care Organization in 2009-2010. Significant decreases in the number of individuals (45 or 61.6%

and 29 or 44.6%) were served in Community Employment and Employment-Related Services and Facility-Based Vocational Rehabilitation Services respectively. In 2009-2010, the YWCA received a five-year SAMHSA Supported Employment grant and approximately 77 individuals with serious mental illnesses and/or co-occurring disorders were served.

A secure electronic method for closing and transferring persons from one level of MH case management to another has improved the BSU functions. Emphasis on active mental health case management services also creates a dynamic population group. System transformation and recovery are evidenced among persons determining their best level of involvement with MH services and supports.

Person Level Encounter Data from Dauphin County HealthChoices/BH-MCO Members: In 2009-2010, the data reflect 5,357 persons receiving MH outpatient clinic services, 61% were adults and 39% were children/adolescents. For partial hospitalization services 454 persons were in service and 56% were adults. Crisis intervention services to BH-MCO members totaled 971 persons; among those served 747 or 77% were adults. Community Residential Rehabilitation-Host Home services have been previously mentioned as needing a programmatic review served 63 persons in 2009-2010 among which there were five persons identified as adults. Behavioral Health Rehabilitation Services (BHRS) totaled almost 15.2 million dollars in services to Dauphin County children/adolescents and adults and served 4,176 persons. Overall Medicaid expenditures including drug and alcohol services totaled slightly over \$50.2 million dollars in 2009-2010 and assisted nearly 8,451 individuals. From 2008-2009 to 2009-2010, BHRS decreased 7.9% from 16.5 million dollars to 15.2 million dollars. The number of people served decreased 2.6% from 4,286 to 4,176. And the overall Medicaid expenditures decreased 2.1% from 51.3 million dollars to 50.2 million dollars. In 2009-2010, additional resources were not required. Although overall resources decreased 2.1%, the 2.2% decrease in the number of persons served is consistent with the level of resources (15.2%).

Adolescence and Multiple Residential Treatment Stays: One important aspect of preparing transition-age adolescents for adulthood in a recovery and resiliency-oriented system is looking at why some teens spend a significant amount of time in residential treatment, which has no research-based positive outcomes or benefits. Residential Treatment is not a normal environment in which to address the needs of transition-age youth with serious emotional disturbances nor does it offer the skills teens need to transition to adulthood. Anecdotally, experiences reflect an arrest in adolescent development while in RTF settings not related to a serious emotional disturbance or emerging mental illness.

The following data was compiled in December 2010 and relates to youth that were in a Residential Treatment Facility (RTF) at the time and had at least one previous stay in an RTF. Of the total number of Dauphin County youth in an RTF approximately 25-30% of youth in RTF have been previously in that level of care.

Table 15 - Dauphin County Youth with Multiple Stays in RTF

Total Youth in RTF with a Previous Stay in RTF in 12/2010	16
Males	8
Females	8
Age Range	9 - 19 years old
Average Age	15 years old

Table 16 - Current Residential Programs of the 16 Youth

RTF Providers	# youth
Bridgeview	1
CHOR	1
Kidspace	3
Wordsworth	2
Cove Forge	1
Hoffman Homes	2
Devereux	3
Adelphoi Village	1
Perseus House	1
Southwood	1

Table 17 - Previous Dauphin County RTF Placements

Previous RTF Provider	# youth
Hoffman Homes	4
Bradley Center	4
Devereux	2
Southwood	2
Children's Home of Reading	1
Kidspace	1
Perseus House	1
Philhaven	1

**Table 18 - System Involvement While in RTF
(All Active in MH System)**

MH only	ID	JPO	CYS
5	1	8	6
31%	6%	50%	38%

Table 19 - Prior to Second RTF Admission

MH Services prior to Readmission to RTF	# youth
Family-based	9
BHRS	2
CRR-Host Home	1
MST	1
Diakon SPIN	1
No MH Services	1
Not Known	1

Table 20 - Barriers Noted to RTF Discharge

Noted Barriers to RTF Discharge (multiple responses)	# youth
No discharge resource	4
Family issues/engagement	5
Attachment issues	3
Difficulty stabilizing behavior	3
Program development (ID)	1
None noted	1

Dauphin County is working with CBHNP and CMU Children’s MH Supervisors to develop strategies to reduce the number of youth that have repeat stays in RTFs. One strategy that has been implemented recently is that CBHNP RTF Clinical Care Managers (CCM) instituted weekly calls to assigned Blended Case Managers for the first four to eight weeks following discharge. Additionally, the RTF Clinical Care Managers (CCM) will remain the assigned CCM following discharge for an authorization period of approximately six to eight weeks of community-based mental health services. Both of these strategies are intended to improve continuity of care for the youth and their family.

Coordination efforts among the County Mental Health system, Children and Youth, and Juvenile Probation are unprecedented. Weekly contact to review referrals for mental health evaluations and examine lengths of stay in detention and shelters are held among system managers. The philosophical differences in the systems are intensified as Children and Youth and Juvenile Probation feel forced to use mental health criteria to determine level of care and adapt to new processes.

During the current fiscal year, we have participated in a work group to stop the use of RTFs for children with intellectual disabilities (ID) and persons with ID and Autism Spectrum Disorders (ASD). The strategies discussed have been focused on education of the community provider network that has been working for many years with children with ASD and their families. The work to address the needs of these specific population groups will continue.

Efforts at every system level and across systems over the next several years must explore continued use of community-based alternatives to residential services and consider the need for crisis stabilization/short-term treatment programs that are located within the county to increase parent/family involvement and build the skills needed for community living.

The transformational years of adolescence spent in and out of placements, distances from their family and community with peers will not improve their acceptance and understanding of their mental illness, recovery or their capacity to acquire community living skills. Dauphin County’s application of McArthur Foundation Aftercare and Annie E. Casey Foundation Diversion from Detention efforts also need to focus more on what is happening to youth with serious mental illnesses in alternatives to detention, community-based treatment, and aftercare services. Dauphin County exceeded the National Governors Association (NGA) goals in placement reduction, and the case review process was considered to be helpful in real-time child planning. There were also cross-system lessons from the exercise but the NGA process stopped in the Fall 2010.

Crisis Intervention Data and Inpatient Level of Care: The Crisis Intervention Program is the only County-operated mental health service. All other services are contracted. The program

is licensed by OMHSAS and credentialed by CBHNP. The CI program has two clinical consultants. Dr. Luciano Picchio conducts quality assurance activities through chart audits, policy and procedure reviews, and staff training. Dr. Fazia Sheik conducts trainings and also serves as the program's on-call psychiatrist for consultation in complex cases.

During FY 2009-2010, the following service activities occurred:

- The program again achieved a full operations license from OMHSAS and continues to be the designated CBHNP/MA Crisis provider for Dauphin County. The program was also deemed in compliance with civil rights requirements by DPW's Equal Employment Opportunity Commission.
- Provided 4,429 interventions to 3,346 consumers, which is a six percent increase from last year. Services vary from a telephone call to a complex combination of mobile, telephone, and/or walk-in interventions that can span several hours or even days.
- Hospitalization for 1,850 persons (42%) resulted in the inpatient treatment due to the risk presented by their condition or situation. The number of persons admitted to inpatient level of care represents a 14 percent increase over last year.
- Thirty-six percent of all inpatient admissions were for persons with both mental health and substance abuse issues; 12 percent of admissions were for homeless persons; 12 percent were for persons under the age of 18; and five percent were for persons readmitted within 30 days of discharge.

Data from the Dauphin County Crisis Intervention Program, which facilitates the majority of psychiatric inpatient admissions for Dauphin County residents for all payer sources, highlights the capacity concerns. In FY 2009-2010, Crisis Intervention facilitated 1,850 inpatient admissions and 57 percent of those admissions were to the Pennsylvania Psychiatric Institute (PPI). But of the total admissions, 13 percent were to inpatient facilities outside of the five-county CBHNP HealthChoices territory. Also in FY 2009-2010, 15% of Dauphin County CBHNP members hospitalized were admitted to facilities outside the five-county territory. In the first quarter of FY 2009-2010, 14.7 percent of the 461 inpatient psychiatric admissions facilitated by Crisis Intervention were to facilities outside of the five-county territory. Having one in two, or the current trend of nearly one in seven for Dauphin County residents admitted to inpatient facilities by Crisis and for Dauphin County CBHNP members admitted to inpatient facilities at such a distance from their home, creates numerous challenges in arranging transportation, coordinating care, and providing opportunities for family involvement in treatment and discharge planning.

The County MH Program staff is continuing to work collaboratively with Crisis Intervention Program, Case management entities and primarily with PPI staff to improve the admission and discharge planning process. We also continue to work with emergency room departments, law enforcement, and ambulance provider staff in seeking improvements to the current triage, assessment, and bed search processes. Processes to facilitate more timely transfers from emergency rooms to inpatient psychiatric care facilities are monitored. Dauphin County has participated in NAMI's Community Connections initiative to both learn how other larger communities have addressed these issues and explore local options and opportunities.

Table 21 - Crisis Intervention Program Services in FY 2009-2010

Total Number of Contacts*:	4,429**	Insurance:	
Gender:		MA/CBHNP:	2,095
Male	2,122	Medicare:	288
Female	2,307	Private:	727
		None/Unknown:	1,319
Age:		Major Referral Sources:	
≤17:	633	Emergency Room:	1,771
18-64:	3,441	Police:	324
≥65:	260	CMU:	160
Unknown	95	Self:	718
Race:		Family/Friend:	605
Caucasian:	2,503	Forensic/JDP:	59
African American:	1,312	School:	127
Other:	124	MH Prof./Agencies/Other:	665
Unknown	490	Location:	
Ethnicity:		City:	1,329
Hispanic:	266	Upper Dauphin:	198
Non-Hispanic:	4,163	CountyTownship/Boro:	1,428
Target Group:		Other County:	565
Mental Health:	2,776	Transient:	542
Intellectual Disability:	19	Unknown:	367
Drug & Alcohol:	24	Number of First Contacts:	1,955
Non MH/ID:	182	Number of Homeless:	525
MH/ID:	139	Active/Inactive:	
{ ID/D&A:		Active:	1,368
{ MH/D&A:	1,289	Inactive:	3,061
{ MH/ID/D&A		Types of Commitments:	
Veterans:	140	201:	1,380
Presenting Problem:		302:	507
Acting Out/Assaultive:	478	304:	6
Depression:	567	Final Disposition of Cases:**	
Upset/Anxiety:	513	Hospitalization:	1,850
Suicidal:	1,396	Referral to Case Management:	747
Thought & Affect:	657	Other Referral or Resolution:	1,043
D&A:	190	Forensic/JDP:	75
Basic Material Needs:	266	Crisis Resolved/Private Treatment:	680
Other:	362	MH Diversion:	34

*Contact = A single contact may include some combination of telephone, walk-in, and mobile services.

**Duplicated count

Use of Extended Acute Care: The Philhaven Extended Acute Care (EAC) program has been in operation since July 1, 2005. Initially, only two beds were made available for Dauphin County referred residents. In May 2006, Dauphin County's use was increased to 12 beds due to the completion of an EAC in York. In 2010, one bed was added for a total of 13 beds. The EAC has been an important service since the Harrisburg State Hospital closure and State Mental Hospital (SMH) capacity reduction.

Any Dauphin County resident can be referred to the EAC from an inpatient psychiatric facility. Persons must be active with the Dauphin County Base Service Unit (BSU). The EAC level of care is equivalent to that of the SMH in many aspects, with the key differences in funding sources, maximum length of stay, and integration with community resources. There is limited funding available for EAC treatment from the MH program, which is mainly used when referred individuals do not have MA/HealthChoices coverage. All individuals should apply for MA in order to continue to receive treatment. MA-ineligible persons cannot be referred to EAC and will be referred to SMH. Persons are referred to the EAC with expected length of stay of up to six months prior to being considered for SMH placement. Considerations for transfers to Danville State Hospital are solely based on the treatment team's periodic re-evaluation of any patient's treatment progress at the EAC.

Tracking data for EAC operations was officially requested by OMHSAS in November 2006, and the tracking mechanism was developed and implemented in January 2007. In 2011, the tracking function was taken over by the EAC staff. During FY 2009-2010, EAC referrals and discharges are compared to Dauphin County's Danville State Hospital use:

- Thirty-five (35) individuals were referred to the EAC from inpatient acute care units. During the same period, 13 persons were referred to Danville State Hospital.
- Twenty (20) individuals were admitted to the EAC. Danville admissions for the same period were 11 Dauphin County residents.
- Nineteen (19) individuals were discharged to the community from the EAC; 14 persons were discharged to the community settings from Danville.
- There were no readmissions at Danville.
- Four people were transferred from the EAC to Danville; none represented the HSH Closure population.

The throughput of the system to transition persons to the appropriate level of care has been an important factor in assessing system capacity in acute inpatient settings. Housing options in CRR level of care and community living services are also incorporated in this process. Table 22 data illustrate throughput from acute inpatient care programs to the EAC during FY 2009-2010.

**Table 22 – Fiscal Year 2009-2010 EAC Referrals
from Inpatient Acute Care Programs**

Average wait time prior to admission to EAC (days)		Admissions Since July 2009	Maximum Wait (days)	Minimum Wait (days)	Length of Stay (days)
July 2009	2	1	2	2	192
August 2009	9	1	9	9	161.5
September 2009	14	2	23	5	84
October 2009	23	1	23	23	602
November 2009	38.6	3	40	37	189
December 2009	56	1	56	56	328
January 2010	36.3	3	59	20	108.5
February 2010	41	1	41	41	535
March 2010	65.5	2	66	65	120.5
April 2010	30.3	3	50	9	193
May 2010	25	1	25	25	370
June 2010	45	1	45	45	89
Averages	32.14	20 Total Admissions	36.58	28.1	247.7 Average Length of Stay

*Data based on discharged individuals only; several individuals are still in treatment.

D. Danville State Hospital and Service Area Plan (SAP)

While no new opportunities have been presented for Community Hospital Integration Program Projects (CHIPP) between Dauphin County and Danville State Hospital, we will eagerly embrace such planning through the Olmstead/Service Area Planning (SAP) process during the next year. We will stress the need to have SAP goals which directly relate to the persons most at risk for state hospital admission. The Comprehensive Service Area Plan developed by June 30, 2012, will identify a variety of treatment and support options as well as addresses any reliance on congregate settings of more than 16 beds for persons with mental illnesses as an immediate discharge from a State Mental Health Hospital.

The current CSP process is comprehensive and inclusive of all aspects of care based upon the individuals expressed interests and choices and representative of the philosophy and beliefs that drive recovery and resiliency. For a person that has never had a state hospital experience, Dauphin County has in place an interagency process which serves to function as an individualized recovery team to support persons in their transition to integrated community living. This has the potential to redefine the team process in Dauphin County in order that individuals are empowered to determine their own path toward recovery. Individuals pursuing their goals and dreams while being

supported by a team have defined the effective ways to further recovery and resiliency journeys.

Danville SAP Goal #1 – Reduction in the number of people in state hospitals beyond two years.

Dauphin County residents have benefited from the relationship between the Mental Health Program and Danville State Hospital (DSH). Dauphin County's bed capacity at DSH is 35 persons. On December 31, 2010, the total Dauphin County census was 29 individuals; 10 Dauphin County residents (34%) accounted for those with a Length Of Stay (LOS) greater than two years. This number of individuals is representative of 34% of the former HSH Closure population. The average LOS for these individuals from the date of their original admission is 9.59 years.

Case management participation in monthly team meetings at Danville has increased and the Community Support Plan process is up-to-date for every individual with goals for full community integration. The types of supports in the community to meet the level of care needs for this population upon discharge were identified from their Community Support Plans (CSPs) as follows:

- Non-residential full-day structured programs
- Community Residential Rehabilitation Setting – with 24/7 on site support
- Highly structured secure setting for specialized populations such as persons with serious forensic issues
- Specialized Care Residences (SCRs)
- Assertive Community Teams (ACT, formerly CTT)
- Family Education
- Peer Support Services
- Sexual Offender Treatment Services
- Competitive Employment
- Establish Psychiatric Rehabilitation Services
- Transition-Age Independent Living Services and Supports
- Trauma-Informed Treatment and Improved access to Psychiatric Services

Some of the barriers presented by the needs of the specialized population include history of sexual offense, arson, murder or brain injury; diagnoses of mild/borderline Intellectual disability and polydipsia; unwillingness to leave the State Hospital; nursing facilities' hesitancy to admit individuals with MH diagnoses (poor case mix index).

Danville SAP Goal #2 – Reduction in the frequency of recidivism for people involuntarily committed to community inpatient care.

A hallmark of a recovery-oriented system should be a reduction in the numbers of persons who are involuntarily committed to community inpatient care and recidivism among persons involuntarily hospitalized. There are several incremental factors worth

examination. Data from the Crisis Intervention Program compared types of hospitalizations for Fiscal Years 2008-2009 and 2009-2010.

<u>Crisis Intervention Program Data</u>	<u>FY 2008-09</u>	<u>FY 2009-10</u>
Types of Commitments:	201	1,162
	302	430
	304	9
Total # of Hospitalizations:	1,601	1,850
% of Involuntary Commitments:	27%	27.7%

All categories increased, however, the percentage of involuntary commitments of the total hospitalizations in Fiscal Year 2009-2010 remains unchanged.

In Attachment H, titled “Service Area Plan Chart” for the 2013-2017 Plan, Dauphin County reported data on number of individuals admitted to a community hospital by type of admissions (voluntary/involuntary). Data reported is for fiscal years 2008-2009 and 2009-2010.

Of the 1,601 hospitalizations in adjusted figures for Fiscal Year 2008-2009, 33 individuals were hospitalized more than twice. Twelve individuals were involuntary admissions and 21 were voluntary admissions.

Of the 1,850 hospitalizations in Fiscal Year 2009-2010, 13 persons were hospitalized involuntarily, and 56 were voluntary admissions.

CBHNP has analyzed readmission data in the five-county area and learned the following about why readmissions occur:

- Decline in psychiatric availability—when follow-up is scheduled with PCP (Primary Care Physician), CBHNP cannot track follow-up.
- Discharge planning did not include members input.
- Member does not understand their medication or follow-up; the member left the unit confused.
- Limited resources/natural supports.

HealthChoices data may be a duplication of Crisis Intervention data and may be information independent of Crisis Intervention data. Because of multiple entry points for HealthChoices’ members for access, the role of treatment providers and targeted case management agencies, and primary care physicians in arranging inpatient psychiatric care, representation of information from 2008-2009 is worthy of general analysis rather than definitive analysis. Medicare and other primary insurance are also excluded from this information.

Dauphin County HealthChoices members use of inpatient psychiatric care numbered 685 persons in Fiscal Year 2008-2009. Among those persons, 24.1% were children and teens, and 75.9% were adults. In Fiscal Year 2009-2010, Dauphin County

HealthChoices members using inpatient care numbered 791. Among those, 22% were children and teens and 78% were adults.

The CBHNP Utilization Management Committee, which includes Dauphin County representation, reviews monthly the use of inpatient care based on average length of inpatient stay and discharge counts. Average length of stay is monitored by facility and population, not County of residence. Data regarding inpatient commitments for 2008-2009 and 2009-2010 indicate the following information about Dauphin County's types of commitments among children and adults and number of commitments 302/201 for one individual more than once during the fiscal years.

**Table 23 – HealthChoices Members Inpatient Use by County/Territory
FY 2008-09 and 2009-2010**

Commitment Type	Dauphin		Total Territory	
	<i>2008-09</i>	<i>2009-10</i>	<i>2008-09</i>	<i>2009-10</i>
# 302s	88	87	324	315
# 201s	830	728	2,658	2,178
Total Commitments	918	815	2,982	2,493
% 302s	9.6%	10.7%	10.9%	12.6%
Adult 302/201	77/672	75/582	281/2,084	273/1,690
Child/Adolescent 302/201	11/158	12/146	43/574	42/488

In Table 23 of Dauphin County's Inpatient use funded by the BH-MCO, the Total Commitments decreased from 918 to 815, or 11%. Territory Total Commitments decreased from 2,982 to 2,493 or 16%. The most significant decrease occurred in voluntary commitments. Adult commitments in Dauphin County decreased 12% and Child/Adolescent commitments decreased 7%. Territory Adult commitments decreased by 17% and Child/Adolescent commitments decreased 14%.

**Table 24 - HealthChoices Members County/Territory with More Than One
Commitment 302/201 in Calendar Years 2009 and 2010**

Commitment Type	Dauphin		Total Territory	
	<i>2009</i>	<i>2010</i>	<i>2009</i>	<i>2010</i>
More than one 302	7	14	30	49
More than one 201	170	190	507	543
Adult 302/201	7/139	14/153	26/393	49/452
Child/Adolescent 302/201	0/31	0/37	4/114	0/133

In the preceding table, the number of persons with more than one 302 commitment increased 100% and the number of persons with more than one 201 commitment increased by 12% in 2010. The adult 302s commitments increased by 100% and the 201s increased by 10%. Although 302s for the adults increased 100%, the numbers are low. The child/adolescent 201s increased by 19%.

In summary, 29% of Dauphin County's hospitalizations funded by the BH-MCO are involuntary adult commitments compared to 11% in the entire five-county territory.

Table 24 reflects the number of persons in calendar year 2010 with more than one involuntary commitment.

Dauphin County is also involved in monitoring the high use of inpatient care through the High-Risk Monitoring for members who experience five or more episodes of inpatient care within 12 consecutive months. CBHNP staff consults with County management staff representing adult and children services on a monthly basis. During Fiscal Year 2010, more attention and coordination focused on persons with co-occurring disorders and linkages to post-discharge follow-up. We are in the process of analyzing more data on the Dauphin County members that are in this High-Risk group.

Danville SAP Goal #3 – Reduction in the number of people in prison who have serious mental illness and who are being treated there with psychotropic medications.

A full description of the mental health system's efforts to address Goal #3 is highlighted in Section 5 under Current Resources and Strengths about our Jail Diversion Program, Mental Health Court, and Re-entry Program with the Dauphin County legal and criminal justice systems. Dauphin County is a partner with State Correctional Institutions and State Probation and Parole in discharge planning and re-entry to community living. A tracking system of Dauphin County court orders from the Court of Common Pleas for mental health services is a quality measure between MH system and the local criminal justice system. Dauphin County's Forensic Service Plan can be reviewed in Attachment M.

E. Underserved Persons in the Target Group

People Having Special Delivery Issues Due to Factors of Culture and Language

Persons in need of linguistic support due to limited English proficiency, due to residency status, primary language, and language preferences or physical challenges such as deafness/hard of hearing and visual impairments, are, except in limited situations, the least supported to use the public mental health system.

The Program has a culture-specific outpatient clinic for persons with Hispanic cultural and Spanish language needs through PPI. The demand for treatment is so great that delays between referrals and initial treatment takes many months. We support the hiring of bilingual and bicultural therapists but in reality services are very limited particularly beyond Hispanic cultures and Spanish language needs.

The lack of bilingual/bicultural treatment and support staff for African-American, Latino and Asian-American individuals and families across multi-levels of care and with choice of service provider is a significant human resource and cultural access problem in Dauphin County.

Rural Populations

All persons in Upper Dauphin County are a special population who continuously request that services be located within their geographical area due to distance and cultural

identification as a rural community. Incentives through the behavioral health managed care organization have had no impact in addressing access or availability. During the past year, MH case management staff have expanded and especially in children's services been trained to solicit assistance from CBHNP's Clinical Care Managers when services are not accessed or delayed. Strategies to counter the acceptance of the status quo should assist the provider network and managed care behavioral health organization to intensify efforts. Dauphin County staff coordinated the expansion of outpatient services for children during the past year.

People who are Homeless or at Imminent Risk of Losing Habitation

Dauphin County continues to have a significant homeless population. We are working in cooperation with homeless and housing agencies. More information is available in Attachment L, Dauphin County's Housing Plan, and in Attachment C, PATH Intended Use Plan.

People who are Deaf or Hard of Hearing

A special process for identifying and responding to unique service needs confronting people with special communication issues has been developed with the Base Service Unit. There is limited capacity to address needs, and outreach strategies are inappropriate given capacity. There is still a need to cultivate new system competencies in serving people who are deaf and hard of hearing. The Office for the Deaf and Hard of Hearing participated in the Annual Plan process. They indicated a first step needed is establishing a task force to identify the needs of persons who are deaf and hard of hearing in order to build a service system for this population.

Brain Injury

A Brain Injury Panel met in Dauphin County for several years but was discontinued in light of the state's efforts to meet the needs of this unique population. Diagnostic assessments for persons with possible traumatic brain injury continue to be difficult to arrange and coordinate between neurologist, neuropsychologists, psychiatrists and rehabilitation agencies. This is typically true for adults and children. Efforts to link persons with brain injury to existing resources through the COMCARE Waiver continue. Individualizing care and receiving an allocation of funds for brain injury are the most crucial issues. Persons being served in the community with serious mental illnesses and a brain injury also require coordination of care between the physical health MCOs and the behavioral health MCOs. Children and teens have been known to have highly individualized local services or receive services in specialized RTFs out-of-state. During the past year, the BH-MCO attempted to work within State RTFs to design specialized services with less success. For transition-age young people, there are more barriers due to the gaps between BHRS services, completion of high school, and eligibility for the COMCARE waiver. Older individuals with traumatic brain injury are more frequently identified and served through the COMCARE waiver process. The COMCARE waiver has not addressed the long period of time in service identification and development.

People Living with HIV/AIDS

Many individuals are living with HIV/AIDS and have serious mental illnesses, including persons with co-occurring disorders. Integrated approaches to mental and physical health care improve the health status of individuals. Risk reduction behavior is an ongoing component of all programming. An outpatient clinic satellite has been established at Adler Health care, formerly the AIDS Community Alliance in Harrisburg.

Persons with Forensic Involvement

This population is considered to be a strength and a resource in Dauphin County. Our efforts for this population are well documented in the beginning of Section 5. A full outline of our plans is captured in Attachment M, Dauphin County's Forensic Plan.

People Aged 60 and Older

Dauphin County MH/ID and the Area Agency on Aging have a comprehensive Memorandum of Understanding that outlines roles, responsibilities and opportunities. Concerns regarding the MH system's ability to meet the needs of older persons in the mental health system and outreach to unidentified older residents are discussed under Section 5: B. Unmet Needs and Service Gaps. Attachment I documents that a current, dated, and signed MOU is in place between the Area Agency on Aging and the MH/ID office.

People with Mental Illness and Major Physical Illness or Disability

Persons of any age with a mental illness and major physical illness or disability are persons of interest in our system. Our Wellness Initiative has brought awareness to some conditions that can be preventable. The resources to address the needs cannot be found solely within the MH system and will rely upon Medicare reform. Activities to improve coordination of care between physical and behavioral health are outlined in Section 4 and Section 5.

Lesbian, Gay, Bisexual, Transgendered, Questioning and Intersex individuals

Persons of any age with serious mental illnesses, including persons with co-occurring disorders who identify themselves as lesbian, gay, transgendered, questioning and intersex are an underserved group in the community mental health system. Staff expertise has been improved due to local education and training through Gay, Lesbian and Transgendered Community service agencies. Capacity can expand with continued education and training on population needs, anti-stigma education, and monitoring of access and inclusion by the County and Behavioral Health Managed Care Organization.

Veterans/Persons who have Served

Our primary goal is to accurately and consistently assess persons and family needs with maximizing the Veterans Administration (VA) benefits and then use other existing

resources to fill in the gaps to address needs. Unfortunately for many persons who have served our country, understanding benefits and accessing them are a nightmare experience for persons and families in crisis or with mental health needs.

F. Memorandum of Understanding between MH and AAA

A current, dated, and signed comprehensive Memorandum of Understanding between Dauphin County MH/ID and the Area Agency on Aging is in place, affirming this collaborative relationship, and is in Attachment I.

G. Identified Barriers/Problems Beyond the Control of the Planning Process

The current economic climate, including the possibility of the reduction of funds, hampers the Dauphin County MH/ID Program to provide needed services to adults, older adults, and transition-age youth with serious mental illnesses and co-occurring disorders. The potential loss of the Human Services Development Fund (HSDF) will impact services that we do not directly fund, particularly services that meet basic needs, such as food pantries, shelters, and rental assistance.

6. Identification of the Recovery-Oriented Systems Transformation Priorities

Priorities for Transformation to a Recovery-Oriented System

The recovery-oriented system transformation priorities represent a description and timeline for moving toward and sustaining a system of care to support the priority populations in the mental health service system. This work is the product of Dauphin County's Annual Mental Health Plan FY 2013-2017 process and reflects the goals and directives of the Office of Mental Health and Substance Abuse Services without any new state funding. Those involved in this effort are: the County administration; CBHNP, the behavioral health managed care organization; CABHC, the Cap 5 county oversight agency; provider network; persons in services with serious mental illnesses and/or co-occurring disorders, advocates, families and other child and adult service systems.

- 1. Strategic planning on evidence-based programs and promising practices informs the system on how to continue the transformation process.**
- 2. Staff and consumer training infused in recovery and resiliency principles improve practices and outcomes.**
- 3. Persons and families receiving services in advisory and evaluation roles will lead to development and implementation of consumer-run services.**
- 4. Creation of housing supports and sustaining recovery-oriented services will transform system.**
- 5. Expansion of network beyond the traditional MH system will improve community integration and promote independence.**

Priority #1: Strategic planning on evidence-based programs and promising practices informs the system on how to continue the transformation process.

Dauphin County has the responsibility to provide leadership with the BH-MCO, HealthChoices oversight administrative agency, and with the provider network by directing and facilitating the attainment and use of evidence-based programming and promising practices with the assistance and support of persons in recovery and their families/support system. This is necessary to provide a more recovery and resiliency-oriented context for the provision of services. Areas to be addressed during this planning cycle include but are not limited to: Wellness activities integrating physical health and behavioral health; improving access to health resources; development of a consumer-run Warmline; increasing the number of individuals trained to assist persons in services with completing a Wellness Recovery Action Plan (WRAP); increasing the number of persons in services with a WRAP; increasing provider knowledge of how to work with persons with a completed WRAP; continuing to evaluate the effectiveness of certified peer support services; expanding availability of CPS; improving access to CPS training; learning about CPS models for non-adults; continuing with co-occurring training of mental health providers; and continuing competitive employment initiative. Dauphin County acknowledges that not all evidence-based and promising practices can be implemented without funding resources and not all may be implemented in Dauphin County.

Relationship of Priority to Service System Needs

In order to achieve system transformation, service providers must have the knowledge and skills to implement evidence-based programming and promising practices. The County administration, BH-MCO and oversight administrative agency have the resources and staffing through strategic planning to support systems change, which is reflected in programming, policies and practices.

Timeline to Accomplish Priority 1

Year 2012-2013: The inventory of evidence-based and promising practices for adults, children, older adults, and transition-age persons with serious mental illnesses, serious emotional disturbance and co-occurring disorders will be reviewed with persons using mental health services in Dauphin County, the BH-MCO, oversight administrative agency, provider network, other adult and child systems and with administrative staff in Dauphin County to initially identify one to three areas (first round) to focus on education about the programming and practices. Key leaders in children and adult mental health services among persons using services will be supported by the County, BH-MCO, and CABHC to work with the provider network on development of one of the above identified evidence-based programming or promising practices. By January 2013, the first round will include one to three projects being worked on in Dauphin County with established work groups and strategic plans will be developed.

Year 2013-2014: For the first round of evidence-based or promising practices, the strategic plan will be finalized that will include: a timetable of implementation and use of fidelity measures; system understanding of the desired outcomes; and identification of resources to support the implementation, including a change in programming, to address needs for evidence-based and promising practices. Implementation of one to three projects using an evidence-based program or promising practice will occur in the Plan year.

There is an expectation that one to three new areas (second round) will be identified by additional/other providers or group of providers working collaboratively with each other and the stakeholder groups. Each round will have a level of support provided by the County administration, CBHNP, and/or CABHC.

Year 2014-2015: For the first round of implementers, a review of the program or practice will be conducted to learn how persons in service perceive the service by consumer surveyors. Peers will review policies and practices for evidence of using recovery and resiliency in implementation. Information gathered from the fidelity measures will also be gathered and reviewed. A review of resources committed to the process and what resources are still needed will be incorporated into the review. Modifications and new learning will be incorporated into any changes that are made to the model implementation.

For the second round of evidence-based or promising practices, the strategic plan will be finalized that will include: a timetable of implementation for that fiscal year and use of fidelity measures; system understanding of the desired outcomes; and identification of resources to support the implementation, including a change in programming, to address needs for evidence-based and promising practices. Implementation of one to three projects using an evidence-based programming or promising practices will occur in the Plan year.

There is an expectation that one to three new areas (third round) will be identified by additional/other providers or group of providers working collaboratively with each other and the stakeholder groups.

Year 2015-2016: For the first round of implementers, a second review of the program or practice will be conducted to learn how persons in service perceive the service by consumer surveyors. Peers will review any new or changed policies and practices for evidence of using recovery and resiliency in implementation. Information gathered from the fidelity measures will also be gathered and reviewed. A review of resources committed to the process and what resources are still needed will be incorporated into the review. Modifications and new learning will be incorporated into any changes that are made to the model implementation.

For the second round of implementers, a review of the program or practice will be conducted to learn how persons in service perceive the service by consumer surveyors. Peers will review policies and practices for evidence of using recovery and resiliency in

implementation. Information gathered from the fidelity measures will also be gathered and reviewed. A review of resources committed to the process and what resources are still needed will be incorporated into the review. Modifications and new learning will be incorporated into any changes that are made to the model implementation.

In the third round of evidence-based or promising practices, the strategic plan will be finalized that will include: a timetable of implementation that fiscal year and use of fidelity measures; system understanding of the desired outcomes; and identification of resources to support the implementation, including a change in programming, to address needs for evidence-based and promising practices. Implementation of one to three projects using an evidence-based programming or promising practices will occur in the Plan year.

Year 2016-2017: No new activities will occur for the first round of implementers. Evidenced-based and promising practices after two reviews will be referred to the MH/ID Advisory Board's Adult and Children's MH Committees for system surveys using the Recovery Self-Assessment – Revised (RSA-R) and a modified Child and Adolescent Service System Program (CASSP) Checklist for evaluation purposes, as well as existing fidelity measures that may be used by the behavioral health managed care organization in conjunction with the HealthChoices administrative oversight agency, CABHC.

For the second round of implementers, a second review of the program or practices will be conducted to learn how persons in service perceive the service by consumer surveyors. Peers will review any new or changed policies and practices for evidence of using recovery and resiliency in implementation. Information gathered from the fidelity measures will also be gathered and reviewed. A review of resources committed to the process and what resources are still needed will be incorporated into the review. Modifications and new learning will be incorporated into any changes that are made to the model implementation.

For the third round of implementers, a review of the program or practices will be conducted to learn how persons in service perceive the service by consumer surveyors. Peers will review policies and practices for evidence of using recovery and resiliency in implementation. Information gathered from the fidelity measures will also be gathered and reviewed. A review of resources committed to the process and what resources are still needed will be incorporated into the review. Modifications and new learning will be incorporated into any changes that are made to the model implementation.

Resources Needed

- Identification and assignment of County, CBHNP and CABHC staff to guide initial education and programming/practices selection process by providers, consumers and other stakeholders and staff to work with individual providers or group of providers on one to three projects for evidence-based programming or promising practices each year in the County.

- Access for individuals in services and families, providers, and other stakeholders to information and experts on evidence-based and promising practices.
- Training resources for County, individuals in services and families, provider staff, and other stakeholders on evidence-based and promising practices.

Priority #2: Staff and consumer training infused in recovery and resiliency principles improve practices and outcomes.

All individuals possess a degree of resiliency, and all individuals have the capacity for recovery. The mental health system needs to develop and further our flexibility and creativity to promote resiliency in all individuals with serious mental illnesses and support their unique recovery plan. Staff, consumers, and family support for training on recovery and resiliency increases knowledge and skills for greater participation in their own lives, in career development, and in assisting the system in development and evaluating treatment and supports.

Relationship of Priority to System Needs

Knowledge and skills are needed to move recovery and resiliency forward as well as reach new, underserved, and unserved populations. Individual knowledge and skills at both the persons in service and family level, as well as among provider staff, are a basic requirement in system transformation. The ability to sustain recovery and resiliency programming and practices will be a key to how the system evolves in a values-oriented way for the future. Individuals in services and families demonstrate a great capacity for change and leadership in showing professionals where and how the system may change. Behavioral health will always focus on persons supporting other persons. Both groups can benefit from sharing new knowledge and skills.

Timeline to Accomplish Priority 2

Year 2012-2013: 1) Contracted providers will be asked to provide documentation of training for new employees in provider agencies. 2) The Annual Report submitted by contracted providers every year in September will include a section from each contracted agency on the types of employee training offered throughout the previous fiscal year. Contracted provider employee training will be an area of provider contract monitoring for County staff. 3) Documentation of training for potential psychiatric rehabilitation staff in provider network will be maintained by provider and County staff on an annual basis. This was started in FY 2010-2011. 4) County staff with stakeholder input from individuals in service and families, providers and other adult/child service systems will host one training per month, which may include but is not limited to: training for consumers and professionals by consumers; training for families and professionals by families; cross-system “bring your lunch and learn” sessions; or other types of formal training to increase knowledge and skills.

Year 2013-2014: Activities in areas one through four will continue. A fifth area will also be added. 5) Dauphin County will host training for providers on developing services for the deaf and hard of hearing and will sponsor a work group to gather data on the

population needs and resources to develop service capacity, engaging persons from the deaf and hard of hearing community, the BH-MCO, and the administrative oversight agency.

Year 2014-2015: Activities in areas one to four will continue, and a review will occur to identify gaps in training at a system, cross-system, and consumer/family level. 5) Provider will be identified to work toward service development and capacity to serve individuals and families from the deaf and hard of hearing community.

Year 2015-2016: Activities in areas one through five above will continue.

Year 2016-2017: Activities in areas one through five above will continue.

Resources Needed

- County MH Program will add a supporting document to providers' annual contracting requirements.
- The County MH Program staff will identify and disseminate training information to provider network and consumer organizations.
- County MH staff will be designated to provide leadership and facilitation to a work group on the needs for persons with serious mental illnesses and co-occurring disorders who are also deaf and hard of hearing.

Priority #3: Persons and families receiving services in advisory and evaluation roles will lead to development and implementation of consumer-run services.

Dauphin County has developed and improved opportunities for persons in services to serve in advisory and evaluation roles. The Dauphin County CSP Committee has also prioritized this need among persons in recovery. Comparable activities and resources need to be developed among teens in transition and for families in the children's mental health system. These steps in the right direction could be intensified and expanded to other parts of the mental health system. Existing funds are used for service agreements with our provider network. Providers may see a new role in helping consumers develop consumer-run services as a needed step in our system's transformation. Sharing resources and developing new ones that are consumer operated is an area of growth the mental health system can support through shared funding. The JEREMY Project could be a group in which leadership roles are developed as a path to independence.

Relationship of Priority to System Needs

Service system environments play a critical role in supporting or impeding a consumer's growth towards self-recovery. The development of consumer-run services will allow a greater participation of consumers in recovery and provide a wider array of service options. Preparation of transition-age persons and their families for fuller participation in system improvements needs to be addressed.

Timeline to Accomplish Priority 3

Year 2012-2013: Dauphin County will continue its efforts to assess and support the Dauphin Clubhouse in developing a certified clubhouse model. The clubhouse may need to explore new ways of developing employment and/or housing services for members that are not based upon additional county-funded staffing. The clubhouse and other programs will research peer-to-peer education and support models for groups. Existing peer support groups will be catalogued and information disseminated. Children's Mental Health will develop a framework for youth and family participation using web-based applications or other models as well as establishing a greater role in surveying other youth and families about the service system. Inventory of peer specialist involvement with persons in the forensic system will be identified and efforts made to link certified forensic peer specialists with peers.

Year 2013-2014: Depending upon whether or not expansion of certified peer specialists (CPS) in the BH-MCO provider network has previously occurred, support groups for peers will be developed and increased in order to assist individuals with their recovery plans and goals, particularly to engage persons waiting for CPS availability. The Mobility Training curriculum developed in 2011-2012 through the Employment Committee will be reviewed and modifications made for improving it in coordination with the Capital Area Transit system. The assessment of The JEREMY Project conducted in 2011 and changes implemented in 2011-2012 will be used as a springboard for greater involvement from transition-age youth in advisory and evaluation roles. The changes will be guided by the Transition to Independence (TIP) system, which was the model for the original program, that has experienced some shift in how individual goals and plans are implemented and the value of group activities to the individuals enrolled in the program.

Year 2014-2015: Dauphin County's CSP Committee will plan for a consumer-operated Warmline with a sponsoring or hosting contracted service provider and explore with the County's support other types of funding for this service, as well as potential contracts for the service with the BH-MCO, CBHNP, and the administrative oversight agency CABHC. Leadership training for persons in services will continue in order to gain additional skills, and family members will have opportunities for training. Dauphin County will reach out to the contracted Consumer Satisfaction Services, Inc., (CSS) to gain a better working relationship with their activities in consumer satisfaction information gathering, reporting, and analysis.

Year 2015-2016: Evaluation and planning for any modification to activities in FY 2012-2015 will occur. Efforts with CSS, Inc., will complement the efforts of CABHC to loop member dissatisfaction to new policies, practices and programming.

Year 2016-2017: Implementation of changes to this original priority is completed and preparation for the next MH Annual Plan cycle will begin.

Resources Needed

- Outreach by the CSP Committee will continuously refresh and expand the membership. New consumer co-chairs were elected in 2010, and other new officers will be elected in 2011. Strategic multi-year planning should occur in 2011-2012. Dauphin County Adult MH Program Specialist 2 will serve as ex-officio member of CSP Executive Committee.
- County staff in adult and children's services will support activities of Priority #2.
- Resources at CONTACT Helpline will be used to identify existing community resources for consumer and families skills: food banks, utility assistance, furniture, economical/nutritional cooking on a limited budget, etc.
- Day programming sites will continue to offer evening and weekend activities for independent skill acquisition.
- Lead County MH staff is identified to work with CABHC and CSS, Inc.

Priority #4: Creation of housing supports and sustaining recovery-oriented services such as competitive employment resources will transform system.

The voices of persons with serious mental illnesses and their families should be heard, and their expressed needs should continue to drive decisions in our system. Working in partnerships will yield improvements at a person and system level. Reinvestment plans pending and future planning will address system needs to improve individual and family outcomes.

Relationship of Priority to System Needs

The involvement of individuals and families in the development and implementation of services is essential for the success of a recovery and resiliency-oriented system. This includes not only providing feedback on the outcome of services but involvement at all levels in the design, development, implementation, and evaluation of services.

Timeline to Accomplish Priority 4

Year 2012-2013: Implementation begins on approved County reinvestment plan. Implementation begins on approved Housing, PATH, and Supported Employment Plans. Implementation continues on County's Forensic Plan and Area Agency on Aging Memorandum of Understanding (MOU), which do not require OMHSAS approval. A review of reinvestment and County-funded respite care will be designed and implemented with County Children's staff as lead with stakeholder involvement. CBHNP's plan to enhance clinical skills and outcomes in family-based mental health services is implemented based upon assessment conducted in 2011-2012 with County and provider involvement. Outreach specialists to promote drugs and alcohol treatment among persons with co-occurring disorders will be undertaken.

Year 2013-2014: Clinical skills will be improved with completion of clinical skills training in adult and child areas using an evidence-based curriculum. Recovery support services and outreach specialists in the D&A system will be reviewed to determine if

these services support individuals to accept D&A services, recognizing that research shows it may take multiple interventions to get a person to accept treatment. Continuous planning with community-based housing and homeless service provider network, including Capital Area Coalition on Homelessness, will maximize opportunities for new housing options in Dauphin County for persons with serious mental illnesses and/or co-occurring disorders.

Year 2014-2015: Assess work outputs from previous years and continue with multiple plans and their timelines for outcomes, making modifications as needed based upon State programmatic and fiscal changes.

Year 2015-2016: Assess work outputs from previous years and continue with multiple Plans and their timelines for outcomes, making modifications as needed based upon State programmatic and fiscal changes.

Year 2016-2017: Assess work outputs from previous years and continue with multiple Plans and their timelines for outcomes, making modifications as needed based upon State programmatic and fiscal changes.

Resources Needed

- County MH staff functions in a clearinghouse capacity, initiating, monitoring, and assessing multiple plan requirements, activities, reviews, and modifications.
- Examine with the Community Support Program (CSP) Committee the coordination of activities between the County MH/ID Program and CSP Committee.

Priority #5: Expansion of network beyond the traditional MH system will improve community integration and promote independence.

Relationship of Priority to System Needs

Many services and supports exist through other community-based networks. Outreach to other service networks will expand the resources for individuals and families with serious mental illnesses or serious emotional disturbances and/or co-occurring disorders. These same networks may offer new methods of providing supports and new financial opportunities for the traditional mental health provider network.

Timeline to Accomplish Priority 5

Year 2012-2013: Learning from the Spirituality Committee of the CSP to gain knowledge about the role of the faith-based community and how they can address the needs of persons in priority populations. Invite community leaders to learn more about mental illnesses in adults and serious emotional disturbances in children and teens. Link as needed these resources with consumer groups and the provider network.

Year 2013-2014: Work with the Adult and Children’s MH Committees of the MH/ID Advisory Board to identify at least one well-planned and implemented anti-stigma education project for the community at-large or selected sub-groups such as potential employers. Continue support for the arts through networking, hosting art shows, and activities in the community.

Year 2014-2015: Identify one to three colleges or universities located in Dauphin County to catalog the resources to support persons with serious mental illnesses or serious emotional disturbances to successfully pursue higher education goals. Work with local colleges and universities to better train college graduates with the skills needed in entry-level mental health professions. Partner with other community, but non-mental health, agencies on alternative funding proposals that address community education, stigma reduction, fair housing, and employment.

Year 2015-2016: As a member of the Dauphin County CSP Committee, work as an active member to expand membership and their activities in support of a wide range of persons and interests. Provide support as requested or needed to other consumers and family advisory organizations. Assess and review efforts toward meeting this transformation priority and prepare for new planning cycle.

Year 2016-2017: Apply review results and accomplishments in developing the plan for the next Annual Plan multi-year cycle, in relationship to new and emerging system changes and challenges, including fiscal realities. Continue to look for opportunities for providers to collaborate in a consumer and family-driven environment.

Resources Needed

- Continued active and successful CSP Committee in Dauphin County.
- County staff assignments to support priority #5 activities.
- Engagement of other community-based human service agencies such as, but not limited to, the United Way of the Capital Region, YWCA of Greater Harrisburg, CareerLink, faith-based community, Mental Health Association of Capital Region, area colleges and universities, and NAMI-PA.

Quality Management Plan

Quality management will monitor the activities identified in the Transformational Priorities at bi-monthly County MH staff meetings since all County MH staff will have assignments and responsibilities for carrying out the Plan. There is a timeline established for the Transformation Priorities in this Section.

Quarterly updates on the Transformation Priorities will be provided at Community Support Program (CSP) Committee meetings. Based upon the CSP Committee’s feedback, we will also initiate a meeting with the new CSP leadership group elected in 2010 and 2011 and outline how to improve communication and collaboration with the County MH Program and all stakeholders using their feedback to guide the discussion and future planning.

Unusual incident reporting using HCSIS, a web-based data management system, was implemented in FY 2006-2007. Reporting is limited to unusual incident reporting for persons leaving a State facility using CHIPF funds and persons served in MH-funded residential programs. The County office is managing three types of unusual incident reporting, county registered/county funded, CBHNP funded and HCSIS. The HCSIS system works relatively well and requires constant communication with OMHSAS related to working with the system more so than the reporting and incident investigations conducted by Dauphin County. The CBHNP system and the County's role has evolved over several years through a CBHNP Quality Improvement Committee, the County and CBHNP quarterly meetings and direct followup with Quality Improvement staff at CBHNP. The County continues to work with CBHNP on the management of Unusual Incident Reports (UIR) on children being restrained primarily in RTFs. This past year we have focused on the integration of provider relations, quality and clinical operations at the provider and individual level of concern. We have also initiated a discussion about the timeliness of provider follow-up reporting on UIRs and the role of the CBHNP Quality of Care Council (QOCC).

Dauphin County has a role in reviewing proposals for new or expanded services in the provider network. Program descriptions and a rigorous review of policies and procedures at pre-licensing allow the County's input before OMHSAS licensing and BH-MCO credentialing. An excellent example of this activity is a position on the use of Master's level staff only in satellite school-based outpatient clinic, a position believed to demonstrate a difference between the minimal licensing standards and quality of care or best practice. The MH Services Coordinator, Adult MH Program Specialist, Children's MH Specialist and CHIPF/Residential Coordinator have all attended OMHSAS licensing visits or the closing summary of findings by OMHSAS licensing staff. In the area of BHRS with the OMHSAS Children's Bureau, we would request better communication about their service review schedule as they request new service descriptions from providers without communication with Counties or the BH-MCO and when changes are made without the input and timely review of Dauphin County.

Quarterly reporting on Danville State Hospital admissions and discharges is completed and reviewed at Continuity of Care/Service Area Plan meetings. Annual reporting on all CHIPF consumers is also provided to OMHSAS. Dauphin County has implemented HCSIS reporting of unusual incidents for all current CHIPF consumers, as well as unusual incidents in mental health licensed residential services. Service providers licensed under the Office of Developmental Programs, Adult Residential Licensing, provide copies of unusual incident reports to Dauphin County Mental Health concerning registered consumers.

Dauphin County also participates in several managed care committees and activities that monitor and review quality data, processes, policies, and procedures. These include participation in the following: CABHC Board of Directors (MH/ID Administrator as the current Board Chair), CABHC Clinical Committee, RTF Sub-committee, Respite Care Sub-committee, CABHC Fiscal Committee, CABHC Consumer and Family

Focused Committee, CABHC Provider Relations Committee and the Quarterly OMHSAS Monitoring Meeting. CBHNP committees attended by County MH staff include Quality Improvement Committee, BHRS Committee, Physical Health/Behavioral Health Ad Hoc Group, and BHRS Re-design Group.

Dauphin County quality management activities to promote continuous quality improvement include:

- Consumer satisfaction surveying for the Annual Plan cycle has been identified by population groups:

Transition-age persons	(2011)
Older adults (60+)	(2012)
Adults (27-59)	(2014)
CHIPP/Closure	(2015)
Children and teens	(2016)
- Outcome measurement in service areas were standardized in 2005-2006. During the past, the MH Quality Assurance staff have been reviewing the individual outcome reporting, which has been done for County-funded individuals, and working with providers to incorporate more recovery-oriented measures into outcomes. This process will continue during FY 2011-2012.
- The Adult MH Committee continues to use the RSA-R, a tool developed by Yale University, to measure recovery in a different service area each year among program directors and managers.
- Provider-level quality assurance activities are a measurement of the system's formal commitment to quality assurance. Each County contract has program performance measures determined by the provider's quality assurance program and reported on an annual basis following the contract year.

Other quality assurance activities accomplished during FY 2009-2010 include:

- Many persons using mental health services also need assistance with managing their funds and rely on the CMU for their representative payee program. QA activities resolved individual complaints and worked with person-specific teams for resolution on a host of issues. The Payee Workshop was created as a monthly meeting at the CMU, where individuals' concerns regarding their money management are reviewed. During the fiscal year, reviews were conducted for five individuals and, a Provider review was conducted for 16 persons registered for MH services and eight persons using ID services.
- The MH Transportation Committee sorts out authorization, scheduling and coordination issues with the Capital Area Transit (CAT) Authority, and the MH program meets with the Medical Assistance Transportation Program (MATP) coordinator and CAT to review all transportation services for persons using MH services quarterly. This has improved problem solving, and efforts have substantially reduced unreimbursed costs for CAT.

- The Forte newsletter is the voice of the MH Program's Wellness Initiative. Seven issues of Forte were published during the 2009-2010. Topics included: WRAP Plans; The Heart and Coronary Artery Disease; The Lungs; Polypharmacy; The Kidneys; Cholesterol; Spirituality; The Liver and Liver Disease; Research Result Dilemma; Juvenile Arthritis; Asthma and Children; MH Medication Concerns for Children; Obesity; Obesity and Adults; Obesity and Children.
- Investigations during the FY 09-10 included seven consumer complaints, and 12 incident investigations/reviews were conducted. Areas of concern in the 12 formal investigations were: Death Review (5), Unusual Incident Reviews (5), Exploitation (1), and Infestation (1).
- Unusual Incident Reporting (UIR) by providers totaled 187 reports. A streamlined database system was implemented for data collection and reporting purposes. HCSIS is also used to report unusual incidents for CHIPD Diversion and the HSH Closure Group. There were 78 UIRs entered into the HCSIS database by CRR and LTSR providers.
- The Mental Health Program uses surveys to inform our progress in measurable areas. Surveys included: 1) the Student Assistance Program survey to school districts on the quality of MH consultation to secondary schools; 2) Child MH Committee's Providers Self-Assessment evaluates how children's providers are improving their services based upon the children's system of care principles; 3) Adult Provider Cultural Competence Survey helps us understand cultural competence in our adult MH provider network; 4) Adult MH Committee's Provider RSA-R Survey measures growth toward a recovery-oriented system; and 5) the Dauphin County Adult Consumer Satisfaction Survey measures individual's satisfaction with County-funded adult services.
- A review of individual outcome data among contracted service providers began with an inventory of data submissions from providers, the development of a System Logic Model for Outcome Development, and the redesign of outcome requirements for Residential Care Providers. These activities will continue into FY 2010-2011.
- Quality assurance activities include participation in the following added committees that assist the program in planning, evaluation, and collaboration responsibilities: Health Education Advisory Committee of AmeriHealth Mercy; Lehigh/Capital Region Physical Health and Behavioral Health Best Practices Group; Dauphin County Child Death Review Team; CBHNP QA/UM Committee; Dauphin County ROSI Panel and OMHSAS Housing Committee.
- Efforts to improve service delivery between Mental Health and Drugs and Alcohol are a continuous point of concern and frustration. The mental health system continues to focus on training MH providers in skills to serve persons with co-occurring disorders (mental illness and substance abuse disorders). A three-day training on Motivational Interviewing was sponsored. The County MH and D&A agencies instituted a screening and referral tracking system for persons in need

of assessments from either MH or Drugs and Alcohol. Input into reinvestment planning and homelessness services have attempted to improve the quality and types of outreach to the co-occurring population who refuse D&A services and tend to overuse inpatient care. Other COD training is planned in Spring 2011.

Dauphin County MH/ID Program will use its quality assurance resources and activities to safeguard the well-being of persons in service and promote resiliency and recovery oriented practices systemwide.

7. Fiscal Information

Using OMHSAS guidelines, the funds allocated to Dauphin County, HealthChoices funds and reinvestment funds are categorized based upon the recovery Model Crosswalk from William Anthony's article previously cited. Attachment K depicts the projected expenditures in 2010-2011 and other fiscal years in each funding source. Projected expenditures on FY 2010-2011 of all funds in Dauphin County are approximately \$69 million.

Rehabilitation services, including costs associated with home, school, and community-based services to children and teens account for over \$15 million of HealthChoices funds. In the same category for County funds, there is an additional \$11 million, which primarily is expended on licensed residential services and supported employment services for adults. The combined costs are over \$26 million.

Treatment costs, including outpatient, partial, inpatient, family-based mental health services and ACT (Assertive Community Treatment) team total nearly \$26 million. HealthChoices-funded services total 58.9 percent and 41.1 percent are County funded.

Case management services include Base Service Unit (BSU) functions, administrative case management and three types of targeted case management services. Case management costs are projected at \$8.8 million. HealthChoices costs are 72.7 percent of the projected expenses and county funds cover approximately 27.3 percent of the total costs. Modernization of the office practices at the Dauphin County Assistance Office, in combination with increased use of COMPASS, have improved timely processing of completed applications for benefits at the BSU intake level.

Enrichment is an area solely funded through the County system. Within these costs and services, the County strives to transform use of facility-based vocational services to supported employment and increase or maintain social rehabilitation services. No County MH funds are used for adult developmental training services. There are \$2.7 million used for social rehabilitation services, including housing support services. While the psychiatric rehabilitation regulations and MA waiver request are on hold due to budgetary and operational issues at OMHSAS, providers have and will continue to have staff trained for certification in psychiatric rehabilitation. Dauphin County's projections

remain modest for MA participation of psychiatric rehabilitation funding in years to come.

Peer support is categorized as Self-Help. These are primarily HealthChoices funded. The County projects costs in FY 2010-2011 in County-funded peer support to be around \$90,000. Dauphin County's HealthChoices CPS services are projected at \$190,000 in FY 2010-2011.

Reinvestment funds have been used to provide Substance Abuse Recovery House scholarships, respite services and transition-age support. A new plan for reinvestment fund use for the period 2009-2010 was submitted to OMHSAS and is pending approval. The requests include: D&A Recovery and Outreach Specialists and MH provider training on evidence-based treatment models for adults and children. The existing reinvestment-funded services are expected to have continued reinvestment funding.

8. Supplemental Planning Guidelines

The three supplemental plans are attached to the MH Plan: Housing (Attachment L), Forensics (Attachment M), and Employment (Attachment N).

LOCAL AUTHORITY SIGNATURES: COUNTIES

I/We assure that I /we have reviewed and approved the attached FY 2013–2017 County Mental Health Plan.

COUNTY 1 DAUPHIN

Chairperson/County Commissioner:

Name Jeffrey T. Haste Signature  Date 5/25/11


County Commissioner:

Name Mike Pries Signature  Date 5/25/11

County Commissioner:

Name George P. Hartwick III Signature  Date 5/25/11

Chief Clerk

Name Laura E. Evans, Esq. Signature  Date 5/25/11

FY 2013-2017 County Plan

PUBLIC HEARING NOTICE

Please list here the name(s) of the publications and the date(s) when the notice was published. Copy of the actual public notice must be submitted with the hard copy of the County Plan.

1. *The Patriot News – (Friday, March 25, 2011)*
2. *The Press and Journal – (Wednesday, March 30, 2011)*
3. *The Upper Dauphin Sentinel – (Tuesday, March 29, 2011)*
4. *The Sun/Hershey Chronicle – (Thursday, March 31, 2011)*

1. **Meeting Notices**

The Dauphin County MH/MR Program is pleased to invite persons using mental health services, family members, service providers, community leaders, and other interested persons to attend a Public Hearing to discuss the Dauphin County Mental Health Plan for 2013-2017.

The hearing will be held on Wednesday, April 13, 2011 at 12:00 Noon at the:
CMU
1100 South Cameron Street
Harrisburg, PA 17104

Persons interested in more information may call the Dauphin County MH/MR Program at (717) 780-7050.

2. **PUBLIC NOTICE**

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3/30-1T #156DC
www.MyPublicNotices.com

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3-29-11,1t

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TESTIMONY - MH ANNUAL PLAN 2013-2017

At the public hearing, Deb Jackson expressed the need for services in the community, especially education to navigate the resources and services needed. She had been homeless and needed medication. She is grateful to the Dauphin County Mental Health Program for meeting her needs. Now she operates a consumer-run nonprofit to help people get services.

The following individuals provided written testimony:

"I'm not in favor of using MH dollars for housing. By connecting consumers with HUD resources or helping them find and maintain jobs, we can help them find suitable housing without spending MH dollars on housing." Ben Ahles

"Interviewing the CEO's of providers on the telephone enhanced my communication skills. I have grown as a result of this experience and have treated each CEO with dignity and respect. Just a word about the day of the Bed Bug Summit. First, I learned a lot about bed bug infestation and how to work through an infestation that may occur. Secondly, to be a "floater" that day was truly an honor to be a part of. My concerns are the following: 1) not enough staff in the Dauphin Clubhouse for Transitional Employment Program; 2) in order to be certified by the International Center for Clubhouse Development (ICCD), the Dauphin Clubhouse needs their own housing for its members; 3) funding needs to be improved for peer supports and peer support training; 4) OVR has given little help for people with their call for funding for peer support training; 5) we cannot get through OVR within Dauphin County to help people with funding for peer support training; 6) will peer support training be available in Dauphin County in 2011-12." Kim Pry

"We need to find more ways to become proactive. We are currently living in a time of extreme emotional and economic stressors and can only expect these realities to continue. For this reason we need to re-examine how we spend our CRISIS and Emergency Services to allow funding for more proactive and evidenced based best practices such as Warmlines and peer supports working on the CRISIS teams. We need to be able to move our mental health system of services forward by creating more partnership opportunities and building our strengths within the community while reducing the stigma surrounding mental health." Kathyann Corl

"I am grateful I had a very good learning experience with the ROSI Interview Project 2011 for it was something I did not think I could accomplish. Thanks to my team members, who helped me participate in the Project. We helped each other in the midst of our trials and tribulations, and my confidence grew. It was an empowering experience for me. It felt like the doors were opening up for me in ways I never knew existed." April Schaeffer

"I am extremely grateful to have had the opportunity to visit and work with peer ROSI panel consumers/survivors and other consumers on the ROSI Interview Project 2011 to gather information to help Dauphin County move toward a recovery-oriented mental health system. I also enjoyed doing the telephone interviews with the provider CEOs to hear about the positive changes of recovery taking place in their agencies as the system continues its transformation to a recovery-oriented system where individuals live as independently as possible and are empowered by their opportunities and choices to live and work in the community." Mark Underwood

FY 2013-2017 County Plan**PATH INTENDED USE PLAN AND CONTINUATION OF FUNDS REQUEST**
Fiscal Year 2011-2012**1. Provide a brief description of the provider organization receiving PATH funds including name and type of organization, services provided by the organization and region served.**

The Dauphin County Mental Health/Intellectual Disabilities Program is the local PATH provider and is a department of the County of Dauphin. The Dauphin County MH/ID Program has the statutory responsibility for the administration and provision of services and supports to adults and children experiencing serious mental illnesses, severe emotional disturbances and co-occurring disorders under the Mental Health/Mental Retardation Act of 1966. Effective May 1, 2010, Dauphin County changed the name of the department from *Mental Retardation* to Intellectual Disabilities under resolution # 11-2011 on April 6, 2011.

The Dauphin County Crisis Intervention Program (CIP) is a program of the Dauphin County MH/ID Program, serves as the initial point of contact for PATH funds, and provides direct emergency and outreach services to individuals within the County 24 hours, seven days per week. CIP provides assistance to PATH-eligible individuals by linking them with services and supports that are available in the community. Dauphin County MH/ID Program also sub-contracts with three other agencies for PATH services to the target population.

Dauphin County is located in southcentral Pennsylvania and it is comprised of 40 municipalities and is a mix of rural, urban and suburban areas. Dauphin County has an estimated population of 253,300 persons. There are 525 square miles, and the Susquehanna River is one of its borders. Dauphin County includes the City of Harrisburg, a small urban center and is also the State Capitol.

2. Indicate the amount of PATH funds the organization will receive.

The amount of PATH funds allocated to Dauphin County MH/ID by the Department of Public Welfare, Office of Mental Health and Substance Abuse Services (OMHSAS), in 2011-2012 is \$114,835, which consists of \$39,046 of State funding and \$75,789 of Federal funding.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH persons including:**a. Projected number of persons to be served in Fiscal Year 2011-2012**

Based upon the data presented in Dauphin County's PATH Annual Report for 2009-2010 completed in December 2010, it is projected that outreach efforts will be made with 900

persons, and 600 unduplicated persons will be enrolled in PATH services during Fiscal Year 2011-2012. It is expected that approximately 300 individuals will be literally homeless or in short-term shelter at the time of enrollment, and the remaining 300 individuals will be at imminent risk of homelessness. A PATH Eligibility and Support Plan form is used to screen potential PATH individuals for eligibility and is also used to document the supports and services planned with the individual to address their needs.

b. Services to Literally Homeless Persons

Numerous gaps have been identified annually in the Dauphin County Intended Use Plan, and some are emerging gaps and needs. The administrative mental health case management position (1 FTE) not funded with PATH funds cannot keep up with the numbers of persons seeking MH services due to homelessness or imminent homelessness. The MH system is challenged to offer timely psychiatric evaluations and medication management services to PATH-eligible individuals. These needs are prioritized with other target groups, such as persons with forensic involvement and acute inpatient discharges in order to prevent readmissions.

Approaches have not been developed for outreach, assessments and supports for a co-occurring population in the past. Outpatient mental health services must offer integrated treatment approaches to be successful with the population not being reached and engaged in treatment. Emergency shelter space continues to be extremely limited, and there are limited options for day service supports beyond meal time where literally homeless persons can benefit from in-reaches and case management. In 2011-2012, new PATH resources will be used with Downtown Daily Bread to improve outreach, particularly in-reach to literally homeless persons.

c. Street Outreach and Case Management Strategies

An additional position will address the volume of requests for planned outreaches experienced by Crisis Intervention Program and the Administrative MH case manager. Aspects of the Outreach Specialist position at Downtown Daily Bread will address identified issues and gaps including: 1) the location of in-reach and case management services at sites where homeless persons frequent, including outreaches to unsheltered individuals; 2) increased opportunities for rapport and relationship building, which are important factors in post-crisis interventions; and 3) additional staff resources for case management services to conduct the needed follow-up and follow along as individuals use housing, mental health and co-occurring resources.

d. HMIS Migration

The Dauphin County Mental Health administration and CIP have completed training on the use of the Federal Homeless Management Information System (HMIS) in 2010. We are currently using a Microsoft ACCESS database to capture the data outlined in the Annual PATH Report. Our current plan is to use both systems at the same time for a one to two-year period. There is concern about the frequency of system level issues with HMIS. Dauphin County does not pay for HMIS training or HMIS activities. PATH funds are not used for this purpose. The Capital Area Coalition on Homelessness (CACH) is the local planning process, and CACH funds the HMIS training and activities.

e. Training and Evidence-Based Practices

Registration with the Base Service Unit is frequently the gateway to most mental health services in Dauphin County. However, the likelihood of success may be improved by a few evidence-based and promising practices, which may be especially tailored to the population of literally homeless individuals we are seeking to engage in mental health and co-occurring services. These services will also benefit persons who are at imminent risk of homelessness.

ACT Assertive Community Treatment – There are County funds available for persons to receive these services before other benefits and entitlements are secured. The provider is in the process of transitioning from a Community Treatment Team.

Supported Employment – YWCA has a SAMHSA grant to implement the supported employment model for individuals with serious mental illnesses and/or co-occurring disorders, including homeless persons interested in competitive employment. Dauphin County also contracts with AHEDD for supported employment services.

Family Psycho-Education – Dauphin County NAMI offers several classes per year for family members in the Family-to-Family Program. This resource may be valuable for estranged family members to better understand their relative, spouse, parent or child.

Integrated Treatment for Co-occurring Disorders – PATH-funded training, under the existing PATH grant, continues to support the co-occurring training needs of the homeless network in Dauphin County. In FY 2009-2010, 30 persons completed Drexel’s three-day Motivational Interviewing course. Two outpatient psychiatric clinics also have D&A outpatient clinic licenses, and efforts will be made to engage them in serving literally homeless persons.

Illness Management and Recovery – Several agencies use this program in small groups and one-to-one in social rehabilitation and residential services. Dauphin County will enlist trainers to work with the Crisis Intervention Program, CMU and other homeless services networks to apply this evidence-based practice to their one-to-one work with the target population.

Other recovery-oriented and promising practices, such as peer specialist and Fairweather Lodge, have been described in other sections. Programs not previously mentioned included: Double Trouble – peer-led groups available five days a week, including the rural county area; Forensic Intensive Case Management; and Mental Health Court. Training has also been scheduled on Trauma-Informed Care for adult and children with co-occurring issues. Two outpatient clinics and the ACT Team have also been trained in the Seeking Safety model.

f. List Community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH-eligible clients and describe the coordination with those organizations.

Dauphin County MH/ID contracts with a network of private, non-profit agencies in collaboration with staff at the Crisis Intervention Program, as well as with the homeless provider network. Other resources are available from agencies not contracted with by the Dauphin County MH/ID Program. The County Department of Drugs and Alcohol Services functions as the Single County Authority for substance abuse services, including prevention.

The behavioral health managed care company for Medicaid-eligible individuals is Community Behavioral Healthcare Network of Pennsylvania (CBHNP). All of the resources listed will be available to persons served as needed and eligible within the limitations of available funding.

CMU provides homeless case management, intake, BSU functions and targeted case management services. Keystone Community Mental Health Services provides residential, supportive living, and intensive case management. Northwestern Human Services – Capital Region provides psychiatric outpatient, partial, residential and Assertive Community Treatment Team (ACT) services. Three peer specialist agencies are certified by OMHSAS and CBHNP: Keystone Community MH Services, CMU and Philhaven.

Short-term residential services are available to PATH-eligible individuals until a more permanent housing solution is identified. There are two providers contracted with Dauphin County MH/ID: Northwestern Human Services' Windows Program and Community Services Group (CSG) in the Steelton community. These programs provide short-term 45-day housing, five-day crisis beds with 24 hours, seven days per week staff oversight. The CSG program has a psychiatrist available for psychiatric evaluations as well as a medication management component until a consumer can be successfully connected to community mental health outpatient services.

When permanent housing is obtained for PATH-eligible individuals, ideally it is combined with services to effectively support individuals successfully in the community. The availability of willing landlords that accept HUD-funded Shelter Plus Care and the Project Access voucher programs, in addition to the added supports from the mental health system, and natural supports, are effective for consumers who are ready for permanent housing arrangements. Several agencies, such as Keystone Community Mental Health Services and Aurora Social Rehabilitation, are key participants in the referral, eligibility, leasing, and support process with the Dauphin County Housing Authority.

There are several vocational agencies contracted with the County Mental Health Program. Among these are Goodwill, AHEDD, and Cumberland-Perry ARC (CPARC). Keystone Community Mental Health Services and Central Pennsylvania Supportive Services (CPSS) provide pre-vocational and job placement/coaching services to individuals at times in their transition into more stable housing. The YWCA was recently (2009) awarded a five-year SAMHSA grant to provide the evidence-based Supported Employment Program to serve individuals in Dauphin County in transitional housing with a history of homelessness. Other programs contracted with the Office of Vocational Rehabilitation are also available.

Two out of six psychiatric outpatient clinics, Pennsylvania Counseling Services and T.W. Ponessa, also operate licensed drug and alcohol outpatient clinics. Mazzitti & Sullivan and Gaudenzia also operate D&A outpatient clinics in Dauphin County. Gaudenzia New View is also a partner with MH/ID as a licensed CRR program for persons with co-occurring disorders.

Susquehanna Safe Harbor Project is the local version of a HUD-approved Safe Haven Program. The program is a "low demand," housing first model designed to offer transitional housing for up to 25 men with serious mental illnesses for up to two years. Agencies can refer and individuals are screened by Crisis Intervention or CMU staff to verify homelessness

and the presence of psychiatric symptoms that indicate a diagnosis of serious mental illness. Most individuals in the program benefit from targeted mental health case management services.

A HUD 811 project was developed in Dauphin County and began operations in 2009. Creekside Village, located in Lower Paxton Township and operated by Volunteers of America (VOA), provides permanent, affordable housing for individuals with serious mental illnesses. Paxton Ministries supports a Fairweather Lodge program in Dauphin County for five individuals.

Hamilton Health Center is a federally-qualified health center and hosts comprehensive medical services, including dental services. Dauphin County MH/ID Program has been working with them to identify integrated physical/behavioral health models of service delivery. Twenty-five (25) percent of the persons Hamilton Health Center serves are uninsured.

Mission of Mercy provides mobile medical outreach and care to homeless individuals and those who are uninsured to obtain appropriate medical care. Catholic Charities has joined forces with Mission of Mercy to provide outpatient therapy services to individuals this program serves.

Downtown Daily Bread has a meal program as well as a lunch plus program for only 30 persons, which includes mail service and showers on a less than daily basis. Emergency shelters include: Bethesda Mission, Salvation Army, Interfaith Shelter and YWCA Domestic Violence services. The primary program for basic needs is the HELP office, operated by Christian Churches United. MH case management entities and the Crisis Intervention Program also have available housing support funds and consumer support funds as needed, and some of these funds are in Dauphin County's existing PATH funding.

Since 2008, Dauphin County Mental Health has worked on the following goals in physical health and wellness with a small group of dedicated providers to:

- 1) Engage PH-MCOs and local health systems for wellness training and education.
- 2) Organize health topics in a readable format for individuals, families, and providers.
- 3) Support efforts to increase provider responsiveness to health issues.

Wellness activities included publication of Forte, a newsletter about wellness and health issues published every two months, provider improvement on communication between primary care physicians and psychiatrists, and some providers have increased their health education within day programming. Dauphin County, in conjunction with the other HealthChoices counties in our behavioral health territory, has worked recently with CBHNP and CABHC to identify areas of improvement for behavioral and physical health integration. Consensus was reached on the following activities:

- Increasing the knowledge of peer specialists and targeted case managers on health education topics to use with individuals and families; consider role of health navigators.
- Developing and/or distributing tools for individuals and families to assist with physician/psychiatrist communication.

- Distributing wellness toolkits, such as Healthy People 2020.
- Engaging physical health settings in several MH/SA screen toolkits, such as SBIRT (Screening, Brief Intervention and Referral to Treatment), PHQ-9, Smoking Cessation and Metabolic Screening Disorder Screening.

Dauphin County MH’s Wellness Committee began meeting on a monthly basis in January 2011. The committee has taken SAMHSA’s 10 by 10 Pledge to decrease the mortality rates of individuals with serious mental illnesses by 10 percent in 10 years. The group will function as the lead for carrying out the above-mentioned activities with CBHNP and CABHC over the next several years.

g. Service Gaps

PATH-funded services need to continue to be flexible and address the unique needs of the homeless individuals we serve in Dauphin County.

- Higher demand for individuals seeking assistance from the community mental health system due to homelessness or the imminent risk of homelessness.
- Limited availability of emergency shelter space.
- Limited existing resources and long waiting lists for transitional, as well as permanent, housing resources.
- Programs are challenged with lack of trained staff equipped to meet the special needs of consumers with mental illnesses and co-occurring disorders.
- The Homeless Outpatient Clinic, operated by Catholic Charities, continues its efforts, in conjunction with CMU, in assuring homeless consumers continue to follow through with attending consecutive appointments. No shows continue to be challenging for this provider.
- PATH-eligible young individuals often have limited skills and resources to make successful transitions to independent living in the community. Unfortunately these individuals are often frustrated in their search for conventional, secure, and permanent housing.
- Individuals being released from criminal justice settings sometimes are not a good fit in shelter settings or are not eligible for subsidized housing due to past criminal charges. The Homeless Prevention and Rapid Re-Housing Program (HPRP) funds have been used to assist individuals in securing independent apartments in the community. A small grant from County funds will be used when HPRP funds are depleted to assist with housing folks in re-entry from prison and state correctional facilities.

h. Housing Availability

PATH funds continue to assist individuals who are literally homeless and at imminent risk of homelessness by securing temporary and permanent housing. PATH services continue to remain flexible and sensitive to the unique needs of individuals. CIP continues to provide outreach in the community to build rapport and engage individuals in appropriate mental health treatment services and available housing. Several options are considered first in addressing housing needs which include:

1. General shelter/housing programs

- a) Bethesda Mission, supplying emergency shelter services for men in some extended stay options, in the city.
 - b) Shalom House, a shelter site available to single women and to women with children in the city.
 - c) YWCA, providing transitional housing services for women in the city and providing overnight shelter for homeless women during the winter months.
 - d) Delta Housing, operated by Gaudenzia, provides transitional services in small apartment settings for women and women with children.
 - e) Interfaith Shelter, a facility for intact families near the city on the grounds of the former Harrisburg State Hospital.
2. Private and public resources outside the conventional human service agency framework
- a) Harrisburg Housing Authority, in the City of Harrisburg.
 - b) Dauphin County Housing Authority, with units outside the boundaries of the city of Harrisburg and the balance of Dauphin County.
 - c) Hotel and motel proprietorships, allowing short-term stays with sponsorship for people, both in the city and in the suburbs.
 - d) YMCA's Single Room Occupancy (SRO) for men not limited to city residents.
 - e) Susquehanna Safe Haven, a housing first program for 25 homeless men with serious mental illnesses.
 - f) A safe haven for women has recently been funded.
3. Structured community residential rehabilitation programs are available and are operated by Edgewater Psychiatric Center and the Community Services Group, which provide short-term residential placement for homeless individuals needing structure and support in order to address their psychiatric needs. These two programs represent a crisis diversion capacity of four combined and are located in the City of Harrisburg and the Borough of Steelton respectively. Over 60 other residential beds are located throughout the County and are provider lease-held. Some of these programs are clustered in apartment complexes, some are scattered apartments in larger complexes, and a few are apartment buildings. Dauphin County also contracts with licensed personal care homes and specialized personal care homes for individuals in need of a higher level of service.

4. Housing Partnerships

Dauphin County MH/ID Program is an active participant in housing partnerships. Over the past several years and currently, the Dauphin County MH/ID Program is working with the following agencies to develop affordable housing options for persons with serious mental illnesses.

- ✓ CACH and its member agencies
- ✓ County of Dauphin Housing Authority

- ✓ Volunteers of America
- ✓ Paxton Street Ministries

Potential partners, with whom we need to build a better relationship, are Dauphin County's Department of Community and Economic Development and the City of Harrisburg Housing Authority. We anticipate greater collaboration with PHFA and the County Department of Community and Economic Development and will begin relationship building with other affordable housing developers to include units for persons with serious mental illnesses in an integrated setting.

CACH is a volunteer effort based on active membership and strong leadership. CACH's funding partners include: County of Dauphin, City of Harrisburg, United Way, and The Foundation for Enhancing Communities. CACH coordinates and develops partnerships with housing services, homeless services, and Human Services through resource development, service delivery, public awareness, data collection, and coordinating committees. CACH is responsible for submitting the Annual HUD Continuum of Care Application. In 2007, CACH developed and submitted to HUD's Interagency Council on Homelessness, the County of Dauphin and City of Harrisburg's Blueprint to End Homelessness, a 10-year Strategic Plan. MH/ID is also active on the Service Delivery Committee, which has a lead role in conducting training, education, an annual Point-in-Time survey, HMIS, networking, and systemic problem resolution. A funded CACH project is Safe Harbor, a HUD model Safe Haven facility located at Cameron and Kelker Streets, that houses 25 chronically homeless men with serious mental illnesses and/or co-occurring disorders working towards permanent housing. Christian Churches United is the lead agency concerning service delivery.

Volunteers of America is a longstanding provider of mental health services and an experienced housing provider. The organization has developed two HUD 202s for low-income elderly and two HUD 811s for low-income individuals with mental health diagnoses. Their housing projects in Luzerne and Dauphin County, totaling 170 units, are safe and affordable and routinely fully occupied.

The YWCA of Greater Harrisburg, also a CACH member agency, has been a great partner and catalyst for housing in Dauphin County. The Vice-President for Program Development was recently recognized for his contribution to persons in Dauphin County with serious mental illnesses and co-occurring disorders as a recipient of the Annual Administrator's Award. His involvement expands the entire gamut of housing resources, services and needs: Capital Area Coalition on Homelessness (CACH), Annual Point-in-Time Survey, HUD Continuum of Care, Safe Haven, Project Connect, CACH Service Delivery Committee and Data Collection Committee, the Homelessness Prevention and Rapid Re-Housing Program and the Homelessness Management Information System (HMIS).

Efforts to develop a Fairweather Lodge were initiated by Paxton Ministries, and they established a Community Living Program to carry out a plan for three Community Lodges. The existing Hudson Street program was modified to support five residents to live independently while learning about how Fairweather Lodges are developed and managed. The rent is based upon 30 percent of a person's income. The original goal was to have a Fairweather Lodge for six to eight individuals with serious mental illnesses by the end of calendar year 2008. During 2007-2008, work has been underway to develop independent

living skills in the areas of cooking and computer skills. A job training program was also instituted and the hiring of a Peer Specialist at the PCH licensed program while the first Lodge was being developed, including a capital campaign. Technical assistance was used from the Local Housing Options Team (LHOT) on financing strategies and from Stairways, a Statewide Lodge consultant. Persons were referred from the two priority groups identified in Section 3.

Current interested residents of the licensed personal care home, operated by Paxton Ministries, have been applicants for the Community Lodge as well as others interested in this type of housing. During Lodge development, potential residents have been participating in activities related to its development. Paxton Ministries held a formal open house for the Community Lodge in November 2009. Lodge residents have had many new experiences, including developing a new business venture (Paxton Cleaning Solutions, Inc.). The Lodge provides permanent housing for five persons. Three persons have been at the Lodge for a while; there is frequently an opening for one to two persons. This is one factor that has slowed further lodge development at Paxton; another is a change in leadership approximately one year ago. Efforts have been underway to support the employment component, Paxton Cleaning Solutions, Inc., and there is a recent addition of a dog trained to detect bed bugs, which is under development, with a consumer dog handler. Dauphin County MH/ID program hopes to continue support for the Community Living program, specifically the Lodge Coordinator position.

5. Demographics

Dauphin County has some noteworthy characteristics that impact housing based upon studies done by The Reinvestment Fund (TRF) and paid for by the Pennsylvania Housing Finance Agency (PHFA). Dauphin County has the fifth highest population of African-Americans in the state. Dauphin County's approximate percentage of the population with a disability is 10 to 12.6 percent. Among persons with a disability ages 21-64 years, 25.4 percent were below the poverty level in 2005. Dauphin County hosts concentrations of poverty and homelessness, both related and unrelated to mental health status.

A market study, completed by Dauphin County MH/ID Program in cooperation with the Dauphin County Housing Authority, found, among the 3,000 persons receiving community-based mental health services, just over 2,000 were considered low income. Approximately 50 percent of adults with serious mental illnesses pay more than 50 percent of their income for rent. Fifty-three (53) persons were living in substandard and unsafe housing. We conservatively estimate that there are between 1,000 and 1,250 adults with mental illnesses who need, but do not have, safe and affordable housing. The number of Medicaid recipients continues to grow in Dauphin County.

The Capital Area Coalition on Homelessness conducts a Point-in-Time Survey annually of individuals and families who experience homelessness and the services they request. A network of 29 agencies and 49 programs conducted a 24-hour survey in January 2011. The purpose was to study the number of individuals and families seeking homeless related services. A total of 791 survey responses were collected with an unduplicated count of 567 adults and 224 children. Most respondents were male (51 percent). Unduplicated responses, 276 or 49 percent, were from females. The majority of the respondents were either

Caucasian (39 percent) or African-American (48.5 percent). The next largest group was Hispanic with slightly over eight percent. Sixty-seven (67) persons or 12 percent identified themselves as veterans. Most survey participants stated that they were single adults (70.3 percent) living alone. In the period of three months prior to the survey, a large percentage of the respondents (65.82 percent) stated that they had been living in the City of Harrisburg. Over 15 percent (15.9 percent) stated that they had lived elsewhere in Dauphin County. Only 100 persons reported that their income was from employment. Of the 567 respondents, 21.87 percent reported income from cash assistance, and 140 persons (24.69 percent) reported incomes from some type of Social Security. Other sources of support came from food stamps 43.39 percent, and only 31 persons (5.47 percent) reported income from unemployment benefits. Veteran’s benefits accounted for income among only 14 persons surveyed or 2.47 percent.

Among the adults surveyed, 73 responses or 13 percent were living on the streets or a place not meant for habilitation. Persons sheltered for 10 to 30 days at the time of the survey in an emergency or domestic violence shelter were 137 or 24.49 percent. The number of persons in transitional housing for homeless was 125 individuals or 22.16 percent. The surveyors identified 107 persons in permanent Supportive Housing (such as Shelter Plus Care, Single Room Occupancy and permanent housing for disabled persons). This is 18.97 percent of the adult respondents. Twenty-two (22) individuals or 3.90 percent were at the Safe Haven, and 52 persons reported assistance with Homeless Prevention Rapid Re-Housing (HPRP). Five persons reported being evicted within one week and had no place to go and another nine persons (1.60 percent) were reported discharged from an institution and had no resources for housing.

There were 147 respondents who indicated that they have a disabling condition and have been in an emergency shelter or on the street at least four times in three years or several times in the past 12 months. This is 21.17 percent of 541 respondents as defined by the McKinney-Vento Act.

Persons were asked to rank one primary and one secondary cause of their homelessness:

Drug use – primary	21.63%
Mental Illness – primary	17.34%
Job Loss – primary	17.34%
Temporary Living situation ended – primary	14.13%
Other – primary	12.63%
Family Break-up – primary	10.92%
Alcohol use – primary	10.06%
Job Loss – secondary	14.13%
Mental Health – secondary	13.28%
Temporary Living Situation Ended – secondary	12.63%
Alcohol Use – secondary	12.21%

In 2010, Project CONNECT focused on having the homeless provider network available, as well as other needed services, that would assist individuals in addressing their housing, mental health, physical, financial and medical needs. There was a total of 87 individuals in attendance for the event. Of the individuals that attended, 45 percent were literally homeless, 17 percent were living with others in a temporary setting, nine individuals received HPRP

assistance, and two individuals received emergency shelter. The highest utilized services at the event were housing and benefits.

The Dauphin County MH/ID Program anticipates the demographic profile of persons served to be similar to previous years. Of the persons served in 2009-2010, 97 percent were ages 18-64. Forty-six (46) percent were males and 54 percent were females. Among persons reporting race/ethnicity, 41 percent were African-American, 52 percent were Caucasian and 1.2 percent identified Hispanic or Latino. A primary diagnosis of an affective disorder comprised 77.9 percent and 19 percent had a diagnosis of schizophrenia and related disorders. Forty (40) percent had co-occurring substance abuse disorders.

Cultural Competence is fundamental to a recovery-oriented mental health system. In Dauphin County, building competence needs to be deliberate and overt. The purpose of the Cultural Competency Task Force is to promote, enhance, and integrate cultural competence throughout the mental health service delivery system in Dauphin County. The Task Force seeks to achieve its purpose by engaging in the following activities:

- Appreciating and acknowledging our own diversity and the diversity of the mental health service delivery system.
- Seeking to develop consensus on cultural competency definitions and principles.
- Assessing current levels of cultural competency among service providers.
- Identifying needs and barriers to cultural competencies.
- Recommending changes to county systems and processes that allow everyone access to services and supports for recovery that are compatible to their cultural needs and culturally relevant.

In addition to defining itself with a purpose that reflects the principles of a culturally competent system, work assumed by the Task Force has been careful and methodical in order to ensure that everyone's voice is heard – a hallmark of culturally competent groups. The action taken by the Task Force since May 2007 has been critical to solidifying the MH/ID Program's foundation for cultural competence.

The Cultural Competency Task Force's purpose was completed through the following activities:

- Completion of the Cultural Competency Project, which provided activities to educate the community and promote a culturally competent MH service delivery system.
- Art exhibit and reception held featuring the artwork of adults and transition-age youth in recovery.
- Cultural Competence Assessment Guide Survey Results Report.
- Event celebrating the success of Cultural Competence in Dauphin County.
- Highlights of the Cultural Competency celebration submitted to Dauphin County.

As of December 2010, providers of mental health services continue to advance the cause of cultural competency in Dauphin County. One provider, Keystone Community Mental Health Services, has been supporting the Cultural Competence Committee of Keystone Human Services, which seeks to promote cultural awareness, knowledge and skills across the organization and the human services network.

“When Culture & Communication Meet” (WCCM) is a workshop developed from the from the curriculum of PRIME – Partners Reaching to Improve Multi-Cultural Effectiveness, a year-long program produced for the Office of Mental Health and Substance Abuse Services, which several employees of Keystone Human Services attended. WCCM is a two-days-in-two weeks’ workshop presented by PRIME graduates and other newly trained educators.

The Crisis Intervention Program complement includes one position that is bilingual in Spanish and English. Crisis also has established an agreement with the Language Line service, through which counselors and consumers may have telephone access to interpreter services in many languages. The Crisis Intervention Program’s agency brochure is available in Spanish and in English. Crisis Intervention personnel, including the lead PATH worker, have many years of experience in the field and have a firm understanding of the needs and issues of individuals with culturally diverse backgrounds.

The Dauphin County MH/ID Program and its Crisis Intervention Program are connected to processes of the Cultural Competence Strategic Plan and Cultural Competence Clinical/Rehabilitation Standard of Practice by the State Department of Public Welfare’s Office of Mental Health and Substance Abuse Services (OMHSAS). Dauphin County Crisis Intervention also works with a division of OMHSAS and the International Service Center to refine and distribute disaster preparedness literature in several languages to several local ethnic communities.

Keystone Community Mental Health Services, one of the PATH Independent Living Resource (ILR) providers, actively cultivates staff sensitivity to cultural and ethnic differences. The CMU also has many language competencies and utilizes interpreters when needed. The agency frequently offers staff training on cultural topics and skills.

6. Individual and Family Involvement

The Dauphin County MH/ID Program recruits volunteers to conduct surveys and uses County Quality Assurance staff to compile and analyze the information, frequently producing next steps or recommendations. The survey reports are shared internally with staff, with the Adult MH Committee of the MH/ID Board and the Dauphin County Community Support Program (CSP) Committee. Volunteers are trained and supported by County staff in their roles and receive a stipend. This process has been used to complete the Recovery-Oriented Systems Indicators (ROSI) surveys and requirements (ROSI Panel) and annual consumer satisfaction surveys on county-funded services. The Dauphin County MH/ID Program has taken no steps in the past to evaluate the specific PATH-funded services by the persons benefiting from them. Concerns about their privacy and guardedness are perceived to interfere with service delivery. The County’s Quality Assurance staff has handled complaints by persons receiving PATH services and has acted as mediators to resolve, to the individuals’ satisfaction, their concerns.

The three agencies with certified peer specialist programs conduct their own hiring. Dauphin County has worked with the Office of Vocational Rehabilitation (OVR) and the Capital Area Behavioral Health Collaborative (CABHC) to assure that funds for training of peer specialists are available. Several agencies have been able to imbed peer specialist positions

into their program staffing in programs such as social rehabilitation, residential services and ACT. Dauphin County supports the expansion of peer specialists under HealthChoices and has communicated with CBHNP about this interest. PRO-A has recovery support specialists to support persons and prevent re-lapse.

Project CONNECT has persons who are literally homeless involved in the planning process for the second annual Project CONNECT event being planned for September 2011.

7. Services and Budget Information

a. List of services to be provided, using PATH funds

A list and description of services to be provided using PATH funds in Dauphin County during Fiscal Year 2011-2012 include:

1. Outreach services (partially funded)
2. Screening and assessment for treatment services (partially funded)
3. Habilitation and rehabilitation (partially funded)
4. Staff training (partially funded)
5. Case management (partially funded)
6. Housing services
 - a. Housing-technical assistance in applying for housing (partially funded)
 - b. Housing-improving coordination of housing services (partially funded)
 - c. Housing-security deposits (partially funded)
 - d. Housing-matching individuals with appropriate housing (partially funded)
 - e. Housing-rental payments to prevent eviction (partially funded)

A detailed description of each service in Dauphin County follows:

1) Outreach Services

The Crisis Intervention Program (CIP) provides telephone, mobile and walk-in crisis intervention and outreach services to adults or children and their families in Dauphin County. PATH-eligible individuals may be identified by providers, community hospitals, or businesses. Individuals may be self-referred or referred by others, including law enforcement, healthcare personnel, and concerned individuals. CIP determines PATH eligibility and provides outreach, initial screening, service planning, information and referrals.

CMU (Case Management Unit) provides outreach to PATH-eligible individuals to assist in registering those with serious mental illnesses and those with co-occurring disorders into the community mental health system.

Dauphin County projects added benefits from outreach services, particularly in-reach when outreach staff are placed at service sites frequented by homeless people and from case management services aimed at engaging persons in planning for services, including drug and alcohol screening and assessment, mental health evaluation and treatment, housing, and supports such as assistance with entitlements and other basic supports.

Outreach services will be expanded through a sub-contract with Downtown Daily Bread, an emergency soup kitchen. Outreach services, specifically in-reach at existing lunch and lunch plus programs, free meal sites, churches, shopping centers, food pantries, public government buildings and other sites, yet to be identified, where homeless persons frequent for basic needs including weather related issues, will be a PATH-funded service.

2) Screening for Diagnostic Treatment Services

Crisis Intervention Program performs initial assessments of individuals when conducting an outreach. The information provided to CIP is documented in a case progress note, and the PATH Eligibility and Support Plan Form for individuals in need of and willing to accept mental health services and supports. Following an outreach, many individuals are referred to the CMU to be registered in the MH system and referred for additional services as needed. Individuals needing emergency psychiatric treatment will be assessed by CIP and referred to appropriate settings as needed.

Outreach staff at Downtown Daily Bread will be trained to screen for mental health services and supports. The goal will be to engage literally homeless individuals, without regard to whether the person is a member of a family, into treatment and supports by using engagement and relationship building strategies to identify persons in need of mental health and/or co-occurring treatment and supports, support for meeting immediate needs and referrals to appropriate housing resources. Direct face-to-face interactions in locations persons are comfortable with allows for sustained contact for rapport and trust building – key factors in working with a populations of individuals who often experience or have experienced fear and distrust of formal community institutions and services.

3) Habilitation and Rehabilitation

The Independent Living Resource (ILR) for PATH-eligible individuals assists by developing and enhancing life skills based on individual need. The skill sets that are offered include budgeting, homemaking, self-care, interpersonal skills, pre-vocational guidance, as well as mobility training. ILR services are provided by two contracted providers: Keystone Community Mental Health Services and the Central Pennsylvania Supportive Services (CPSS) on a fee-for-service basis.

4) Staff Training

A PATH Training Committee, consisting of representatives from the Crisis Intervention Program (CIP), Dauphin County's Department of Drug and Alcohol Services, YWCA, and Brethren Housing, convenes to assist with selecting training topics. In 2011, the 12-hour course on Mental Health First Aid was coordinated by the Mental Health Association of the Capital Region with a certified trainer. Typically the training is offered in the spring and may also address co-occurring training needs. Training topics may also be proposed by input from the Service Delivery Committee of the Capital Area Coalition for Homelessness (CACH) where there is cross-representation. All trainings maintain a commitment to the fundamentals of recovery and resiliency in the mental health system.

5) Case Management

Case management services provided at Downtown Daily Bread are intended to sustain the relationship built through in-reach efforts through the assessment, planning and implementation of services and treatment in coordination with the behavioral health system and use of housing resources. Case management would be located at the areas where homeless persons frequent. Activities will be provided to assist the individual with meeting basic needs, including access to showers, mail service, clothing, applications for entitlements and housing, and representative payee services. Case management will also incrementally address steps toward full use of mental health and drug and alcohol treatment and supports with extended time for processing fears and anxieties in using formal services, stigma associated with mental illness, recovery, and illness management. The Outreach Specialist at Downtown Daily Bread will work with the CMU to assure a connection is made with the mental health system for treatment and supports.

6) Housing Services

Dauphin County continues to offer ways to individualize our responses to the housing challenges faced by PATH-eligible persons.

- a) **Planning of Housing:** The development of housing resources in Dauphin County for individuals with serious mental illnesses has moved toward “Concepts of Housing with Care,” a service philosophy that has made valuable use of housing assistance vouchers and long-term housing development such as Shelter Plus Care and Project Access programs. The Dauphin County Housing Plan to carry out the OMHSAS Housing Initiative is a component of the Annual Mental Health Plan for 2013-2017.
- b) **Technical Assistance in Applying for Housing Services:** Knowledge and understanding of the complex application process and the documents required to apply for subsidized housing can be difficult for individuals. Assistance is available to PATH-eligible individuals in identifying available housing resources, completing applications and accessing the documentation necessary to successfully secure affordable housing subsidies. Dauphin County, including the Crisis Intervention Program and other mental health agencies, participated in the initial Project CONNECT held in 2010, and another Project CONNECT is being planned for September 2011.
- c) **Improving the Coordination of Housing Services:** Ongoing coordination and collaboration within the homeless service network and mental health providers for PATH-enrolled individuals continue to be developed. Relationships continue to be developed with landlords, shelters, other housing programs, churches and community agencies, which are essential in meeting the needs of individuals or families who are literally homeless or at imminent risk of homelessness.
- d) **Security Deposits:** Dauphin County can assist PATH-eligible individuals with funds for security deposits or first/last month rents. CIP and case management entities provide this assistance. This service can provide quicker access to more

permanent housing options for individuals rather than relying on limited shelter space.

- e) **Costs Associated with Matching Eligible Homeless Individuals with Appropriate Housing Situations:** When individuals secure appropriate housing, there are additional costs associated with that housing other than the security deposit or first/last month of rent. Some costs may involve rental application fees, furnishings, moving expenses and establishing good credit/reducing or eliminating bad debts. CIP and all case management entities have access to limited funds for transition purposes that result in more stable housing.
- f) **One-time Rental Payments to Prevent Eviction:** PATH enrolled consumers can receive a one-time rental assistance to prevent eviction. CIP and all case management entities have access to limited funds for preventing eviction on a one-time basis.

Dauphin County Mental Health and Intellectual Disabilities Program
PATH Intended Use Plan FY 2011-2012 Budget

I. Personnel

<u>Position</u>	<u>Annual Salary</u>	<u>PATH-funded FTE</u>	<u>PATH-funded salary</u>
1. Crisis Counselor/ Caseworker	\$27,000	0.50%	\$27,000
2. DDB Outreach Specialist	\$32,000	1.0 FTE	\$32,000
		Salary Total:	\$59,000

Fringe Benefits

- Crisis Caseworker (41%)
 - FICA Tax
 - Health Insurance
 - Retirement
 - Life Insurance
 - Pension
- DDB Outreach (31%)
 - FICA Tax
 - Health Insurance
 - Retirement
 - Life Insurance
 - Other misc

Fringe Total: \$20,934

II. Travel

Local travel for DDB Outreach Specialist \$ 320

Travel Total: \$ 320

III. Equipment

\$ 0

IV. Supplies

Office supplies	\$	0
Consumer-related items – Survival Basics (e.g. foodstuffs, blankets)	\$	275
Starter Household Basics (linens, kitchen wares)	\$	150
Transportation Passes	\$	50
Supplies Total:	\$	475

V. Other

Shelter Staff Training	\$	8,000
Independent Living Resource (ILR)	\$	6,536
One-time housing rental assistance	\$	7,230
Security Deposits	\$	7,230
Assistance in obtaining housing	\$	0
Staff training – Conferences	\$	517
Postage	\$	
Maintenance of equipment	\$	0
Printing	\$	0
Other Total:	\$	29,513

Indirect Cost

Administrative cost @ 4%	\$	4,593
		\$ 4,593

TOTAL **\$ 114,835**

Dauphin County MH/ID Program – Budget Narrative

Personnel (\$59,000): \$27,000 approximates one-half the salary of the Full-Time Equivalent (FTE) position within the PATH local provider’s Crisis Intervention Program. The salary amount is 50 percent of the actual costs for the Crisis Intervention Program’s lead PATH worker’s position. The full-time salary of the Downtown Daily Bread Outreach Specialist position is \$32,000.

Fringe Benefits (\$20,934): Conforming to methodology for ascertaining personnel costs, \$11,014 or 41 percent references the benefits attending one position within the Crisis Intervention Program, with the amount assigned to benefits based on actual costs for the lead PATH Crisis Intervention Worker’s position. The fringe benefit costs for the Outreach Specialist position at Downtown Daily Bread are \$9,920 or 31 percent.

Travel (\$320): Local Travel at \$.51 cents per mile x 52 miles/month x 12 months for the DDB Outreach Specialist position.

Supplies (\$475): Costs of supplies to be applied to this PATH grant are solely those related to the basic and rehabilitative needs of PATH-eligible consumers. Among supplies anticipated are small stocks of non-perishable food items, clothing and blankets, as well as for accessories important to improve prospects for safe and conventional independent living.

Other (\$29,513.00): Shelter Staff Training (\$8,000): This budget line represents costs of speakers, room arrangements, presentation aids, and dining for the PATH local provider’s annual training series sponsored for the personnel of emergency shelters and other agencies that serve PATH-eligible people. **Independent Living Resource (\$6,536):** This budget line represents the purchased services for life skills, pre-employment service and housing supports for PATH eligible consumers in transition from homelessness or at risk status to more stable independent living. **One-time Rental Assistance (\$7,230):** This budget line represents costs incurred on behalf of PATH-eligible people for whom one-time expenditures can relieve the risk of possible eviction and homelessness. **Security Deposits (7,230):** This budget line represents a special cost in securing stable housing to prevent or resolve conditions of homelessness. **Assistance in obtaining housing –client travel expenses (\$0):** No discrete costs for such activities have been reflected in the budget for this year. **Staff training – Conferences (\$517):** Costs related to specialized training for CIP staff. **Maintenance of Equipment (\$0):** Costs related to maintaining photocopy equipment.

Indirect Costs/Administrative Cost 4% @ \$4,593: Four percent of the PATH grant is allocated to cover administrative expenses at MH/ID and Downtown Daily Bread.

Total PATH Request.....\$114,835

**Dauphin County MH/ID Program
Intended Use Plan with Downtown Daily Bread
FY 2011-2012**

A. Provider Description

Downtown Daily Bread (DDB) is an emergency kitchen that provides a nourishing, hot meal for the poor and homeless. There is no cost to the recipient. The simple but nutritious food is served from 12:30 to 1:30 p.m. in the Hospitality House of the Boyd Memorial Building of the Pine Street Presbyterian Church, 310 North Third Street, Harrisburg. Lunch is served daily, including weekends and holidays. Downtown Daily Bread began in March 1983 out of concern for local hunger needs.

Downtown Daily Bread estimates that 25 percent of all the individuals they serve are homeless. The DDB definition of “homeless” describes an individual who has no permanent address and no permanent place of residence. Of these persons, some live on the streets, under bridges, in cars or in abandoned buildings. Others live temporarily with a relative, friend, or at a temporary shelter until their allotted time is over.

Downtown Daily Bread helps the persons with homeless needs access many services, including food, clothing, healthcare, and mental health counseling. The DDB “Lunch Plus” program provides a phone, lockers, and mail service. Persons increase their self-esteem by allowing them not to appear homeless when applying for jobs or looking for housing. Should they reveal to a perspective employer or landlord their homeless situation, they present an image of people who care about themselves to maintain a clean, neat appearance even in the worst circumstances. No other agency in Dauphin County provides such a service. It is crucial to the person with homelessness issues.

Downtown Daily Bread is a collaborator and member of CACH (Capital Area Coalition on Homelessness). Downtown Daily Bread is a gathering place for other human service agencies to conduct outreach. Some of their partners include MH/ID, YWCA, Aids Community Alliance, and the Veterans Administration. A few years ago, new partnership was formed with the Dauphin County Bar Association for Homeless Outreach Services. Attorneys volunteer their time once a week to answer legal questions and help persons frequenting DDB understand legal issues.

B. PATH Funds

The Dauphin County MH/ID Program will contract with Downtown Daily Bread using \$44,000 in PATH funds.

C. Plan to Provide Coordinated Services to PATH-Eligible Persons

1. Projected Number of Persons to be Served

The Dauphin County MH/ID Program and Downtown Daily Bread will focus on the needs of literally homeless individuals as per the PATH definition. The 2010 Point-in-Time Survey, undertaken by The Capital Area Coalition on Homelessness (CACH), provides the best

demographic information on the target population. A network of 23 agencies and 34 programs conducted a 24-hour survey in January 27, 2010, and identified 394 persons. Downtown Daily Bread's Outreach Specialist is expected to provide outreach to 300 persons and to enroll in PATH 100 persons who are identified as literally homeless.

2. Services to the Literally Homeless

Approaches have not previously been developed for outreach, assessments and supports for a co-occurring population. Outpatient mental health services must offer integrated treatment approaches to be successful with the population not being reached and engaged in treatment. Emergency shelter space continues to be extremely limited, and there are limited options for day service supports beyond meal time where literally homeless persons can benefit from in-reaches and case management.

Case management to homeless persons, a service not currently funded by our existing PATH grant, has a large number of individuals with whom they are working to access immediate community-based mental health services but are compromised by an inability to maintain frequent contact and continuity using community-based MH services. The current mental health administrative case manager, dedicated to serving the homeless population, has a caseload of 86 persons, and the length of time to transition to targeted case management ranges from three to six months. Staff responds to requests from hospitals, community sites and shelters for outreach, assessment and engagement in mental health services. Many persons refuse drug and alcohol services. The large volume of calls for outreach limits the effectiveness of the case management services. "In-reach" is limited by the volume of persons also being served by the Crisis Intervention Program. Too often, Crisis is responding to referrals being made specifically for mental health crises and emergency services. While this involves persons who are literally homeless and imminently homeless, the relationship and rapport building necessary for successful interventions is absent.

3. Street Outreach and Case Management Strategies

Outreach services, particularly "in reach" for persons literally homeless and with serious mental illnesses and/or co-occurring disorders, are limited due to the volume of referrals managed for all Dauphin County residents. Dauphin County projects that an additional 300 persons will benefit from outreach services, particularly in-reach when outreach staff are placed at service sites frequented by homeless people. They will also benefit from case management services aimed at engaging persons in planning for services, including drug and alcohol screening and assessment, mental health evaluation and treatment, housing, and supports such as assistance with entitlements and other basic supports.

4. HMIS

Downtown Daily Bread already uses the HMIS system.

5. Training and Evidence-Based Practices

Downtown Daily Bread will be offered the opportunity to learn more about the formal mental health and substance abuse service system and will be encouraged to participate in training or

information sessions about evidence-based practices, recovery and resiliency and promising practices, which support recovery.

6. Community Services for PATH-Eligible Persons

Dauphin County MH/ID contracts with a network of private, non-profit agencies, in collaboration with staff at the Crisis Intervention Program, as well as with the homeless provider network. The County Department of Drugs and Alcohol Services functions as the Single County Authority for substance abuse services, including prevention. The behavioral health managed care company for Medicaid-eligible individuals is Community Behavioral Healthcare Network of Pennsylvania (CBHNP). All of the resources listed will be available to persons served as needed and eligible within the limitations of available funding.

CMU provides homeless case management, intake, BSU functions and targeted case management services. Keystone Community Mental Health Services provides residential, supportive living, and intensive case management. Northwestern Human Services – Capital Region provides psychiatric outpatient, partial, residential and Assertive Community Treatment (ACT) Team services. Three peer specialist agencies are certified by OMHSAS and CBHNP: Keystone Community MH Services, CMU and Philhaven.

Short-term residential services are available to PATH-eligible individuals until a more permanent housing solution is identified. There are two providers contracted with Dauphin County MH/ID: Northwestern Human Services' Windows Program and Community Services Group (CSG) in the Steelton community. These programs provide short-term, 45-day housing, five-day crisis beds with 24-hour, seven-day per week staff oversight. The CSG program has a psychiatrist available for psychiatric evaluations as well as a medication management component until a consumer can be successfully connected to community mental health outpatient services.

When permanent housing is obtained for PATH-eligible individuals, ideally it is combined with services to effectively support individuals successfully in the community. The availability of willing landlords that accept HUD-funded Shelter Plus Care and the Project Access voucher programs, in addition to the added supports from the mental health system and natural supports, are effective for consumers who are ready for permanent housing arrangements. Several agencies, such as Keystone Community Mental Health Services and Aurora Social Rehabilitation, are key participants in the referral, eligibility, leasing, and support process with the Dauphin County Housing Authority.

There are several vocational agencies contracted with the County Mental Health Program. Among these are Goodwill, AHEDD, and Cumberland-Perry ARC (CPARC). Keystone Community Mental Health Services and Central Pennsylvania Supportive Services (CPSS) provide pre-vocational and job placement/coaching services to individuals at times in their transition into more stable housing. The YWCA was recently (2009) awarded a five-year SAMHSA grant to provide an evidence-based Supported Employment Program to serve individuals in Dauphin County in transitional housing with a history of homelessness.

Two out of six psychiatric outpatient clinics, Pennsylvania Counseling Services and T.W. Ponessa, also operate licensed drug and alcohol outpatient clinics. Mazzitti & Sullivan and Gaudenzia also operate D&A outpatient clinics in Dauphin County. Gaudenzia is also a

partner with MH/ID in New View, a licensed CRR program for persons with co-occurring disorders.

Susquehanna Safe Harbor Project is the local version of a HUD-approved Safe Haven program. The program is a "low demand," housing first model designed to offer transitional housing for up to 25 men with serious mental illness for up to two years. Agencies can refer and individuals are screened by Crisis Intervention or CMU staff to verify homelessness and the presence of psychiatric symptoms that indicate a diagnosis of serious mental illness. Most individuals in the program benefit from targeted mental health case management services.

A HUD 811 project was developed in Dauphin County and began operations in 2009. Creekside Village, located in Lower Paxton Township and operated by Volunteers of America (VOA), provides permanent, affordable housing for individuals with serious mental illnesses. Paxton Ministries supports a Fairweather Lodge program in Dauphin County for five individuals.

Mission of Mercy provides mobile medical outreach and care to homeless individuals and those who are uninsured to obtain appropriate medical care. Catholic Charities has joined forces with Mission of Mercy to provide outpatient therapy services to individuals this program serves.

Downtown Daily Bread has a meal program, as well as a lunch plus program, for only 30 persons, which includes mail service and showers on a less than daily basis. Emergency shelters include: Bethesda Mission, Salvation Army, Interfaith Shelter and YWCA Domestic Violence services. The primary program for basic needs is the HELP office operated by Christian Churches United. MH case management entities and the Crisis Intervention Program also have available housing support funds and consumer support funds as needed, and some of these funds are in Dauphin County's existing PATH funding.

The three agencies with certified peer specialist programs conduct their own hiring. Dauphin County has worked with the Office of Vocational Rehabilitation (OVR) and the Capital Area Behavioral Health Collaborative (CABHC) to assure that funds for the training of peer specialists is available. Several agencies have been able to imbed peer specialist positions into their program staffing in programs such as social rehabilitation, residential services and ACT. Dauphin County supports the expansion of peer specialists under HealthChoices and has communicated with CBHNP about this interest. PRO-A has recovery support specialists to support persons and prevent relapse.

7. Service Gaps

Numerous gaps have been identified annually in the Dauphin County Intended Use Plan and some are emerging gaps and needs. The administrative mental health case management position (1 FTE), not funded with PATH funds, cannot keep up with the numbers of persons seeking MH services due to homelessness or imminent homelessness. The MH system is challenged to offer timely psychiatric evaluations and medication management services to PATH-eligible individuals. These needs are prioritized with other target groups, such as persons with forensic involvement and acute inpatient discharges in order to prevent readmissions.

D. Description of Downtown Daily Bread PATH Program

All emergency shelter agencies and the Downtown Daily Bread, the primary lunch program, are service agencies under the umbrella of the Capital Area Coalition on Homelessness (CACH). CACH has over 30 agencies and organizations whose membership help coordinate the assessment of needs, funding opportunities, and service implementation. The Dauphin County MH/ID Program has an instrumental role in addressing the need of in-reach and case management at the limited existing sites where homeless persons frequent. CACH has also identified the need to plan and implement an expansion of day services available where homeless individuals meet.

Outreach services, specifically in-reach at existing lunch and lunch plus programs, free meal sites, churches, shopping centers, food pantries, public government buildings and other sites yet to be identified where homeless person frequent for basic needs including weather related issues, will be a PATH-funded service. The goal will be to engage literally homeless individuals, without regard to whether or not the person is a member of a family, into treatment and supports by using engagement and relationship building strategies to identify persons in need of mental health and/or co-occurring treatment and supports, support for meeting immediate needs and referrals to appropriate housing resources. Direct face-to-face interactions in locations where persons are comfortable allows for sustained contact for rapport and trust building – key factors in working with a populations of individuals who often experience or have experienced fear and distrust of formal community institutions and services.

Case management services are intended to sustain the relationship built through in-reach efforts through the assessment, planning and implementation of services and treatment in coordination with the behavioral health system and use of housing resources. Case management would be located at the areas where homeless persons frequent. Activities will be provided to assist the individual with meeting basic needs, including access to showers, mail service, clothing, applications for entitlements and housing, and representative payee services. Case management will also incrementally address steps toward full use of mental health and drug and alcohol treatment and supports with extended time for processing fears and anxieties in using formal services, stigma associated with mental illness, recovery, and illness management. Additional case management services are needed to support individuals who may drop out of contact or services when scheduled appointments are the norm. Experience suggests that over 90 percent of emergency (initial) psychiatric appointments used by literally homeless persons are kept through supportive case management interventions. However, subsequent outpatient appointments fall into the 40 to 50 percent no show range.

These services are consistent with the priorities and recommendations outlined by the Ad Hoc Shelter Committee of the Capital Area Coalition on Homelessness (CACH) and CACH's Blueprint to End Homelessness. Both services will be undertaken by one full-time position, Outreach Specialist, to supplement the efforts of the Dauphin County Crisis Intervention Program (currently PATH-funded) and one administrative mental health case manager (not PATH-funded). The position will need co-occurring and peer specialist training to function in an outreach capacity with a reluctant and guarded population.

An additional position will address the volume of requests for planned outreaches experienced by Crisis Intervention Program and the Administrative MH case manager. Aspects of the proposed service to address problems and gaps include: 1) the location of in-reach and case

management services at sites where homeless persons frequent, including outreaches to unsheltered individuals; 2) increased opportunities for rapport and relationship building important factors in post-crisis interventions; and 3) additional staff resources for case management services to conduct the needed follow-up and follow along as individuals use housing, mental health and co-occurring resources.

E. Budget and Budget Narrative

**Dauphin County MH/ID PATH Program
Annual PATH Budget Downtown Daily Bread**

I. Personnel

<u>Position</u>	<u>Annual Salary</u>	<u>PATH-funded FTE</u>	<u>PATH-funded Salary</u>
Outreach Specialist	\$ 32,000	1.0 FTE	\$ 32,000

Salary Total: \$ 32,000

Fringe Benefits (31%)

- FICA Tax (19%)
- Health Insurance (44 %)
- Retirement (22%)
- Life Insurance (1%)
- Other misc (22%)

Fringe Total: \$ 9,920

II. Travel

Local travel \$. 51 cents per mile x 52 miles/month x 12 month = \$320

Travel Total: \$ 320

III. Equipment

Laptop Computer/Notebook	0
Desk/Chair/Lamp/Locked File cabinet	0

Equipment Total: \$ 0

IV. Supplies

Office supplies	0
Consumer-related items (Survival basics: food, blankets) (Transportation: bus passes)	0

Supplies Total: \$ 0

V. Other

Staff and Homeless network provider training	0
One-time Housing rental assistance	0
Security deposits	0
Indirect administrative costs @ 4%	1,760

Other Total: \$ 1,760

A. TOTAL PATH DOLLARS \$44,000

B. COUNTY MATCH A county match will be added to anticipated funds if there are expenditures in any of the following costs centers: Administrator’s office, community services, outpatient services, community employment, family-based, vocational rehabilitation, social rehabilitation, community residential, administrative case management, emergency services and housing support services.

C. TOTAL PATH BUDGET **\$44,000**

**Dauphin County MH/ID Program
Downtown Daily Bread PATH Program Budget Narrative**

Personnel: (\$32,000): Salary of the Full-Time Equivalent (FTE) position as an Outreach Specialist for a 12-month period.

Fringe Benefits (31 percent of salary or \$9,920): FICA tax is 19 percent and costs \$1,885; Health insurance is 44 percent of the fringe benefit costs and is \$4,365; retirement costs are 22 percent and cost \$2,182. Life insurance is one percent of the fringe costs and equals approximately \$99 dollars. Pension costs are estimated at 14 percent and cost \$1,389.

Travel (\$320): Travel costs for the Outreach Specialist are factored at 51 cents per mile for 52 miles per month for a total of \$320.

Equipment (\$0): Equipment totals include the purchase of a laptop computer, notebook and software. Office furniture and a locked file cabinet. Office furniture will be all located in a setting where literally homeless persons frequent.

Supplies (\$0): Costs of supplies to be applied to this PATH grant are solely those related to the basic and re(habilitative) needs of PATH-eligible consumers. Among supplies anticipated are small stocks of non-perishable food items, clothing and blankets, as well as public transportation bus passes.

Other (\$1,760): **Staff Training and Homeless Provider Network Training (\$0):** This proposal is a dramatic change in the way we are providing outreach and case management to the target population. As such, certified peer specialist training and co-occurring training may be needed for the Outreach Specialist. The homeless provider network will also benefit from understanding new approaches and methods of engagement and case management for the population. **One-time Rental Assistance (\$0):** This budget line represents costs incurred on behalf of PATH-eligible people for whom one-time expenditures can address literal homelessness. **Security Deposits (\$0):** This budget line represents a special cost in securing stable housing to resolve conditions of homelessness.

Indirect Costs/Administrative Cost 4 percent @ \$ 1,760): Four percent of the PATH grant is allocated to cover administrative expenses at Downtown Daily Bread.

**Dauphin County MH/ID Program
Intended Use Plan with Central Pennsylvania Supportive Services
FY 2011-2012**

A. Provider Description

Central Pennsylvania Supportive Services, Inc., (CPSS) is a private, not-for-profit organization that adheres to a recovery philosophy that enhances and will continue to improve the Rehabilitation Programs at CPSS. The ways in which the Recovery Model is implemented and how the outcomes are measured in each program are stated in the Promoting Recovery document. CPSS primary funding source is the Office of Vocational Rehabilitation. A planned program of goal setting, functional assessment, identification of individuals strengths, their needs and preferred skills and supports, skill teaching and incorporating supports and resources are used to produce the desired outcomes consistent with a person's cultural environment.

Recovery is implemented by: 1) the consumer taking an active role in goal setting; and 2) taking more personal responsibility in the recovery process. CPSS provides the needed tools of formal and informal structure, assisting the consumer in identifying their individual strengths and how to build on them, which empowered the consumer.. Empowerment enables them to better utilize their strengths and have the hope needed as they move toward recovery and independence.

CPSS is located at 3612 Centerfield Road, P.O. Box 62126, Harrisburg, PA 17106. While the Program has an office site, most services are provided on location in the person's home or in public facilities such as libraries, mental health programs or where persons with homelessness frequent. Hours of service are arranged at the individual's convenience.

B. PATH Funds

Dauphin County MH/ID Program will contract with Central Pennsylvania Supportive Services using \$3,536 in PATH funds.

C. Plan to Provide Coordinated Services to PATH-Eligible Persons

1. Projected Number of Persons to be Served

The Dauphin County MH/ID Program and Central Pennsylvania Supportive Services will focus on the needs of literally homeless and imminently homeless individuals per the PATH definition. CPSS is expected to serve three to five persons in FY 2011-2012.

2. Services to the Literally Homeless

CPSS will work with persons referred by the Dauphin County MH system who meet PATH-eligibility definitions. A goal of the PATH - Independent Living Resource is that consumers with mental illnesses who are frankly or imminently homeless move toward lifestyle decisions that promote personal safety, recovery, independence and satisfying lives.

3. Street Outreach and Case Management Strategies

The Independent Living Resource is intended to provide a range of re(habilitative) supports, personalizing services to the needs of each referred person in order to improve prospects for

genuinely autonomous living. Life skills imparted through the project will vary from person to person.

Central Pennsylvania Supportive Services (CPSS) is dedicated to the employment of people who are displaced due to homelessness and mental disabilities. CPSS has a desire is to increase the level of independence and to improve the quality of life. The goal is to instruct and support by providing job coaching and guidance and through the development of employment-related independent daily living skills. Each person is seen as a unique individual with special needs and considerations. Each person is treated with respect and dignity.

A goal of service through CPSS is that consumers pursue employment in a field that makes use of their skills, interests and abilities. Life skills education and assistance with daily life activities also may be pursued outside the framework of promoting vocational readiness. The experience in service is geared to promoting recovery and assisting in the re-establishment of normal roles in the community. CPSS's particular contribution to the PATH initiative will lie in the realm Life Skills Education, which may or may not have a vocational flavor for PATH-eligible consumers who may not be ready for or embrace the dimensions of work.

4. HMIS

CPSS reports data will be used with the Dauphin County MH/ID Program's PATH ACCESS database. Due to the small number of persons served, the data information when starting to use HMIS may be entered by County staff rather than CPSS staff.

5. Training and Evidence-Based Practices

CPSS is an established contracted provider in the MH/ID system and is also a contracted provider for the State Office of Vocational Rehabilitation. Staff are working towards certification in Psychiatric Rehabilitation, and that training is monitored by MH/ID as part of the County MH contracting process beginning in FY 2011-2012. CPSS has participated in all PATH training over the years and is well-informed on recovery-oriented services.

6. Community Services to PATH-Eligible Persons

Dauphin County MH/ID contracts with a network of private, non-profit agencies, in collaboration with staff at the Crisis Intervention Program, as well as with the homeless provider network. The County Department of Drugs and Alcohol Services functions as the Single County Authority for substance abuse services, including prevention. The behavioral health managed care company for Medicaid-eligible individuals is Community Behavioral Healthcare Network of Pennsylvania (CBHNP). All of the resources listed will be available to persons served as needed and eligible within the limitations of available funding.

The CMU provides homeless case management, intake, BSU functions and targeted case management services. Keystone Community Mental Health Services provides residential, supportive living, and intensive case management. Northwestern Human Services – Capital Region provides psychiatric outpatient, partial, residential and Assertive Community Treatment (ACT)Team services. Three peer specialist agencies are certified by OMHSAS and CBHNP: Keystone Community MH Services, CMU and Philhaven.

Short-term residential services are available to PATH-eligible individuals until a more permanent housing solution is identified. There are two providers contracted with Dauphin County MH/ID: Northwestern Human Services' Windows Program and Community Services Group (CSG) in the Steelton community. These programs provide short-term 45-day housing, five-day crisis beds with 24-hour, seven-day per week staff oversight. The CSG program has a psychiatrist available for psychiatric evaluations as well as a medication management component until a consumer can be successfully connected to community mental health outpatient services.

When permanent housing is obtained for PATH-eligible individuals, ideally it is combined with services to effectively support individuals successfully in the community. The availability of willing landlords that accept HUD-funded Shelter Plus Care and the Project Access voucher programs, in addition to the added supports from the mental health system and natural supports, are effective for consumers who are ready for permanent housing arrangements. Several agencies, such as Keystone Community Mental Health Services and Aurora Social Rehabilitation, are key participants in the referral, eligibility, leasing, and support process with the Dauphin County Housing Authority.

There are several vocational agencies contracted with the County Mental Health Program. Among these are Goodwill, AHEDD, and Cumberland-Perry ARC (CPARC). Keystone Community Mental Health Services and Central Pennsylvania Supportive Services (CPSS) provide pre-vocational and job placement/coaching services to individuals at times in their transition into more stable housing. The YWCA was recently (2009) awarded a five-year SAMHSA grant to provide an evidence-based Supported Employment Program to serve individuals in Dauphin County in transitional housing with a history of homelessness.

Two out of six psychiatric outpatient clinics, Pennsylvania Counseling Services and T.W. Ponessa, also operate licensed drug and alcohol outpatient clinics. Mazzitti & Sullivan and Gaudenzia also operate D&A outpatient clinics in Dauphin County. Gaudenzia is also a partner with MH/ID in New View, a licensed CRR program for persons with co-occurring disorders.

Susquehanna Safe Harbor Project is the local version of a HUD-approved Safe Haven program. The program is a "low demand," housing first model designed to offer transitional housing for up to 25 men with serious mental illnesses for up to two years. Agencies can refer, and individuals are screened by Crisis Intervention or CMU staff to verify homelessness and the presence of psychiatric symptoms that indicate a diagnosis of serious mental illness. Most individuals in the program benefit from targeted mental health case management services.

A HUD 811 project was developed in Dauphin County and began operations in 2009. Creekside Village, located in Lower Paxton Township and operated by Volunteers of America (VOA), is permanent affordable housing for individuals with serious mental illnesses. Paxton Ministries supports a Fairweather Lodge program in Dauphin County for five individuals.

Mission of Mercy provides mobile medical outreach and care to homeless individuals and those who are uninsured to obtain appropriate medical care. Catholic Charities has joined forces with Mission of Mercy to provide outpatient therapy services to individuals this program serves.

Downtown Daily Bread has a meal program, as well as a lunch plus program, for only 30 persons, which includes mail service and showers on a less than daily basis. Emergency shelters include: Bethesda Mission, Salvation Army, Interfaith Shelter and YWCA Domestic Violence services. The primary program for basic needs is the HELP office, operated by Christian Churches United. MH case management entities and Crisis Intervention Program also have available housing support funds and consumer support funds as needed; some of these funds are in Dauphin County's existing PATH funding.

The three agencies with certified peer specialist programs conduct their own hiring. Dauphin County has worked with the Office of Vocational Rehabilitation (OVR) and Capital Area Behavioral Health Collaborative (CABHC) to assure that funds for the training of peer specialists is available. Several agencies have been able to imbed peer specialist positions into their program staffing in programs such as social rehabilitation, residential services and ACT. Dauphin County supports the expansion of peer specialists under HealthChoices and has communicated with CBHNP about this interest. PRO-A has recovery support specialists to support persons and prevent relapse.

7. Service Gaps

No additional service gaps pertain to the area of habilitative and rehabilitative services to PATH-eligible persons.

D. Services and Budget Information

Services are intended for consumers with unconventional lifestyles and fragile tolerance for traditional and site-based mental health services. A high premium will be placed on the modality of outreach, in which staff spends time in the community working person to person with identified consumers, moving step by step to strengthen or acquire need skills in living.

Communication occurs regularly among the PATH-eligible consumer, CPSS and the involved case management or crisis intervention team. Meetings for review of progress will occur at intervals, with changes in the service plan proposed and made, if indicated. Family support is encouraged as much as possible.

Operationally, an initial intake is completed for the person, during which a needs assessment is completed (with a needs assessment instrument called the CISA scale available for use). Documentation of PATH eligibility is required prior to service delivery. Services commence once needs are determined and a specific plan is developed for the consumer. Evaluations are completed within the first 30 days of service and every 60 days thereafter. The case management entity is informed if progress is determined to be unsatisfactory. The service plan is reviewed and revised if necessary.

The consumer who becomes a candidate for job coaching will meet with a job coach to complete a skills and values assessment. This completed, the job coach and consumer discuss job opportunities that would support the consumer's values and skills. Next, the consumer and job coach visit worksites to conduct informational interviews. Once employment is in place, coaching is provided to ensure supports necessary to increase independence and self-sufficiency. Later, follow-along services occur at the pace of no less than two visits monthly. The follow-

along phase is succeeded by one of monitoring, at a frequency of one monthly visit for an indefinite period, as agreed upon by the consumer, the agency, and the case management entity.

Life Skills introduced or reinforced through CPSS for PATH consumers will include those applicable to several life domains:

1. Personal finances
2. Housing
3. Transportation
4. Self-esteem
5. Discrete job readiness
6. Self-assessment
7. Health care
8. Academic activity
9. Life training
10. Communication

After initial teaching sessions, follow-along and monitoring are provided as deemed necessary by the person, the referring case management or crisis team, and the CPSS staff person. Community contacts are made for the purpose of continued education and support.

In the course of service, CPSS can offer transportation to daily activities such as medical and dental appointments, grooming appointments, banking and shopping excursions. People may remain in service for several months beyond the acquisition of new skills and stable living circumstances.

Admission Criteria

For purposes of this contractual relationship, referrals will originate with the Case Management Unit, the Dauphin County Crisis Intervention Program, or with other formally designated case management entities associated with the Dauphin County MH/ID Program, the latter of which currently include the Intensive Case Management Unit of Keystone Community Mental Health Services and Northwestern Human Services ACT Team..

Candidates for the service must meet Federal PATH service eligibility criteria for homelessness or imminent homelessness and for mental illness (according to federal PATH eligibility definitions) and be aged 16 or older. While it is not required that consumers be actively enrolled with the County MH/ID Program as PATH programming is initiated, it is expected that certain efforts of the provider will be applied toward encouraging enrollment over time.

The candidate for Job Coaching must be willing to work towards service goals to: 1) attend work as scheduled; 2) be on time for work; 3) cooperate and listen to the instructions of the counselor and/or employer/supervisor on the job; 4) complete the assigned projects given by the instructor; and 5) miss no more than three appointments with agency staff.

Candidates for assistance toward improved life skills outside the context of vocational readiness may need (re)motivational interventions to engender interest and commitment in the services to be supplied.

Discharge Criteria:

Termination occurs:

- When it is determined by the consumer, CPSS, and the case management entity or Crisis Intervention Program that the goals have been reached or potential has been maximized.
- If the person of his/her own free will chooses to end treatment for any reason.
- If CPSS decides that the consumer is not taking an active role in his/her treatment plan. In this event and prior to termination, a meeting first is held with the consumer and a family member, CPSS and the case management entity or the Crisis Intervention Program to determine the level of progress. Specific needs are discussed, services are evaluated and adjusted and made, as necessary. If, after modifications, the consumer remains inactive in the process, termination may result.
- Funding exceeds the contract specifications.

Other supportive services involved with the person are notified by telephone and letter of such terminations within 24 hours of the action.

Steps toward termination from this service will be tempered in recognition of the characteristic difficulty in relating to conventional system services that many people in this target group exhibit.

E. Budget and Budget Narrative

CPSS has a rate for ILR set by the PA Office of Vocational Rehabilitation. The rate was set in FY 2003-2004. The fee-for-service rate is \$48.00 per hour. Dauphin County MH/ID Program has accepted this rate and will modify the rate, if and when the OVR approves a rate change.

Dauphin County MH/ID Program Intended Use Plan with Keystone Service Systems/Keystone Community Mental Health Services FY 2011-2012

A. Provider Description

In a cooperative venture with the Dauphin County MH/ID Program on behalf of the Federal PATH initiative (Projects for Assistance in Transition from Homelessness), Keystone Service Systems can make supportive living and employment services available to people who have conditions of mental illnesses and who are homeless or at imminent risk of homelessness.

Keystone Service System is a private, not-for-profit organization that provides services throughout Central Pennsylvania and Maryland for persons with serious mental illnesses, intellectual disabilities and children with developmental delays and serious emotional disturbances. The division for adult mental health services in Dauphin County is Keystone Community Mental Health Services, located at 3609 Derry Street, Harrisburg, PA 17111.

B. PATH Funds

The Dauphin County MH/ID Program will contract with Keystone Service Systems, division of Keystone Community Mental Health Services, using \$3,000 in PATH funds.

C. Plan to Provide Coordinated Services to PATH-Eligible persons

1. Projected number of persons to be served

Dauphin County MH/ID Program and Keystone Community Mental Health Services (KCMHS) will focus on the needs of the literally homeless and imminently homeless individuals per the PATH definition. KCMHS is expected to serve three to five persons in 2011-2012.

2. Services to the Literally Homeless

KCMHS will work with persons referred by the Dauphin County MH system who meet PATH eligibility definitions. A goal of the PATH - Independent Living Resource is that consumers with mental illnesses who are frankly or imminently homeless move toward life-style decisions that promote personal safety, recovery, independence and satisfying lives.

3. Street Outreach and Case Management Strategies

The Independent Living Resource is intended to provide a range of re(habilitative) supports, personalizing services to the needs of each referred person in order to improve prospects for genuinely autonomous living. Life skills imparted through the project will vary from person-to-person but will include those of budgeting, homemaking, self-care and grooming, interpersonal relations, pre-employment guidance, and mobility training.

Persons may be referred to Keystone for PATH ILR services either through system case managers or through the Dauphin County Crisis Intervention Program. Preparation for services will include the completion of a needs assessment, usually through an interview, conducted either by the referring source or by Keystone personnel. Results of this needs assessment will inform the content of individualized service plans for each consumer. Services are intended for consumers with unconventional lifestyles and fragile tolerance for traditional and site-based mental health services. A high premium will be placed on being where the consumer is with Keystone staff spending time in the community working person-to-person with identified consumers, moving step-by-step to strengthen or acquire needed skills in living.

4. HMIS

Keystone reports data to be used with the Dauphin County MH/ID Program's PATH ACCESS database. Due to the small number of persons served, the data information, when use of HMIS begins, may be entered by County staff rather than Keystone staff.

5. Training and Evidence-Based Practices

Keystone Service Systems is an established contracted provider in the MH/ID system. Staff are working towards certification in Psychiatric Rehabilitation and that training is monitored by MH/ID as a part of the County MH contracting process beginning in FY 2011-2012. Keystone has participated in all PATH Training over the years and is well-informed on recovery-oriented services.

6. Community Services to PATH-Eligible Persons

Dauphin County MH/ID contracts with a network of private, non-profit agencies in collaboration with staff at the Crisis Intervention Program, as well as with the homeless provider network. The County Department of Drugs and Alcohol Services functions as the Single County Authority for substance abuse services, including prevention. The behavioral health managed care company for Medicaid -eligible individuals is Community Behavioral Healthcare Network of Pennsylvania (CBHNP). All of the resources listed will be available to persons served as needed and eligible within the limitations of available funding.

CMU provides homeless case management, intake, BSU functions and targeted case management services. Keystone Community Mental Health Services provides residential, supportive living, and intensive case management. Northwestern Human Services – Capital Region provides psychiatric outpatient, partial, residential and Assertive Community Treatment (ACT)Team services. Three peer specialist agencies are certified by OMHSAS and CBHNP: Keystone Community MH Services, CMU and Philhaven.

Short-term residential services are available to PATH-eligible individuals until a more permanent housing solution is identified. Two providers are contracted with Dauphin County MH/ID: Northwestern Human Services' Windows Program and Community Services Group (CSG) in the Steelton community. These programs provide short-term, 45-day housing, five-day crisis beds with 24-hour, seven-day per week staff oversight. The CSG program has a psychiatrist available for psychiatric evaluations as well as a medication management component until a consumer can be successfully connected to community mental health outpatient services.

When permanent housing is obtained for PATH-eligible individuals, ideally it is combined with services to effectively support individuals successfully in the community. The availability of willing landlords who accept HUD-funded Shelter Plus Care and the Project Access voucher programs, in addition to the added supports from the mental health system and natural supports, are effective for consumers who are ready for permanent housing arrangements. Several agencies, such as Keystone Community Mental Health Services and Aurora Social Rehabilitation, are key participants in the referral, eligibility, leasing, and support process with the Dauphin County Housing Authority.

There are several vocational agencies contracted with the County Mental Health Program. Among these are Goodwill, AHEDD, and Cumberland-Perry ARC (CPARC). Keystone Community Mental Health Services and the Central Pennsylvania Supportive Services (CPSS) provide pre-vocational and job placement/coaching services to individuals at times in their transition into more stable housing. The YWCA was recently (2009) awarded a five-year SAMHSA grant to provide an evidence-based Supported Employment Program to serve individuals in Dauphin County in transitional housing with a history of homelessness.

Two out of six psychiatric outpatient clinics, Pennsylvania Counseling Services and T.W. Ponessa, also operate licensed drug and alcohol outpatient clinics. Mazzitti & Sullivan and Gaudenzia also operate D&A outpatient clinics in Dauphin County. Gaudenzia is also a partner with MH/ID in New View, a licensed CRR program for persons with co-occurring disorders.

Susquehanna Safe Harbor Project is the local version of a HUD-approved Safe Haven program. The program is a "low demand," housing first model designed to offer transitional housing for up to 25 men with serious mental illnesses for up to two years. Agencies can refer and individuals are screened by Crisis Intervention or CMU staff to verify homelessness and the presence of psychiatric symptoms that indicate a diagnosis of serious mental illness. Most individuals in the program benefit from targeted mental health case management services.

A HUD 811 project was developed in Dauphin County and began operations in 2009. Creekside Village, located in Lower Paxton Township and operated by Volunteers of America (VOA), is permanent affordable housing for individuals with serious mental illnesses. Paxton Ministries supports a Fairweather Lodge program in Dauphin County for five individuals.

Mission of Mercy provides mobile medical outreach and care to homeless individuals and those who are uninsured to obtain appropriate medical care. Catholic Charities has joined forces with Mission of Mercy to provide outpatient therapy services to individuals this program serves.

Downtown Daily Bread has a meal program as well as a lunch plus program for 30 persons, which includes mail service and showers on a less than daily basis. Emergency shelters include: Bethesda Mission, Salvation Army, Interfaith Shelter and YWCA Domestic Violence services. The primary program for basic needs is the HELP office, operated by Christian Churches United. MH case management entities and the Crisis Intervention Program also have available housing support funds and consumer support funds as needed; some of these funds are in Dauphin County's existing PATH funding.

The three agencies with certified peer specialist programs conduct their own hiring. Dauphin County has worked with Office of Vocational Rehabilitation (OVR) and the Capital Area Behavioral Health Collaborative (CABHC) to assure that funds for training of peer specialists is available. Several agencies have been able to imbed peer specialist positions into their program staffing in programs such as social rehabilitation, residential services and ACT. Dauphin County supports the expansion of peer specialists under HealthChoices and has communicated with CBHNP about this interest. PRO-A has recovery support specialists to support persons and prevent relapse.

7. Service Gaps

No additional service gaps pertain to the area of habilitative and rehabilitative services to PATH-eligible persons.

D. Services and Budget Information

Keystone Service Systems may draw upon the staff of its Mental Health Supportive Living Program and/or its Gateway Employment Group, where expertise may be identified for support in the pursuit life skills goals, on-location and individually for people in transition. PATH-eligible candidates may be of any age and need not have a permanent address in Dauphin County at the time of their enrollment for ILR support. People in service must meet Federal PATH-eligibility criteria. Duration of services is open-ended, but it is intended largely for the first few months of effort to impart skills needed to restore an individual to safe and functional living circumstances. Candidates must be aged 18 or older and may be men or women. Candidates for service who favor languages other than English will be served through the intervention of interpreters.

The offices at 3609 Derry Street will serve as the primary location, but staff are highly mobile and able to respond to consumers in a broad range of community venues. Some services may be made available, if indicated, on Saturdays and Sundays, as well as on weekdays.

Admission Criteria: Persons will be referred by the Case Management Unit or the Dauphin County Crisis Intervention Program. People in service must meet Federal PATH-eligibility criteria, which include a condition of mental illness coupled with the state of homelessness or imminent risk of homelessness. Candidates also must have a demonstrated need for expedited rehabilitative service of the types available through Keystone and adaptable to this population's special need.

Discharge Criteria: Case closure occurs as the consumer and provider agree that maximum benefits from the program have been reached. People may remain in service for a trial period beyond the acquisition of new skills and stable living circumstances, after which they must be referred to mainstream mental health programming should their needs extend beyond the time of homelessness or imminent risk for an interval of stabilization in some conventional residential setting.

Communication occurs regularly among the PATH-eligible consumer, Keystone and the involved case management or crisis intervention team. Meetings for review of progress will occur at intervals with changes in the service plan proposed and made, if indicated. Family support is encouraged as much as possible.

E. Budget and Budget Narrative

Keystone has accepted the fee-for-service rate of \$48.00 per hour, which was set in FY 2003-2004. Dauphin County MH/ID Program has accepted this rate and will modify the rate if and when Keystone can no longer cover costs to provide the service.

FY 2013 – 2017 County Plan

COMMUNITY SUPPORT PROGRAM (CSP)
COUNTY PLAN DEVELOPMENT PROCESS

1. Representatives of what group(s) below provided reports/information to help the CSP develop its recommendations for the County Mental Health Plan?

Yes **No**

- Consumer Satisfaction Team - **We do not have an official CST in our County. This work is done by consumers who were hired by the County.**
- County Office of Mental Health
- Consumer groups
- Family groups
- Provider organizations
- Mental Health Association – **MHA participated in the collaborative meeting but has not been in attendance at our regular CSP meeting until April 2011.**
- Other (_____)

2. The CSP Committee prioritized at least one or more CSP service components and exemplary practices they would like the county to develop.

Yes **No**

- During a regular CSP meeting in March 2011, the following priorities were identified:**

- Compeer Program**
- Transportation**
- Warmline**
- Safe and affordable housing**
- Peer Support trainings**

Comments: Many of these priorities have been recurring, and we continue to be stymied in their implementation due to fiscal constraints. Is there technical assistance available in being able to open discussions on some of these priorities that would lead to a more recovery-based system of services?

3. The CSP Committee held meetings with county Office of Mental Health representatives to discuss CSP recommendations for the mental health plan prior to public hearing sessions.

Yes No

[] **However, there was no meeting to specifically discuss the CSP priorities. Discussion of these priorities was included as part of the collaborative meetings, which was the entire group of stakeholders. There was no mention of the outcome of the collaborative meeting in the County Plan.**

4. The CSP Committee received written notification of when and where the public hearings on the mental health plan will be held.

Yes No

[]

5. The CSP Committee endorses the County's Mental Health Plan.

Yes No

[] **The CSP committee will endorse the plan based on the recommendations that we supplied to the County. We felt very rushed by the County to complete a review in a small amount of time. We want to be sure that our input has meaning, and we felt like we had to quickly review the plan so that we could get comments back to the County so that they could meet their deadline of getting it to their solicitor. CSP has a whole committee that needs to have input in the plan. We will be able to show our committee what the Executive Committee has recommended but, due to time constraints, we did not have time to provide an opportunity for more input from the whole committee. (In the past, we were able to set up meetings to give the committee as a whole the opportunity to provide feedback.)**

6. The CSP Committee sees evidence that the CSP Recovery Model Wheel and/or "Call for Change" is used by the County Management Office to guide planning activities.

Yes No

[] **We believe that the County knows the recovery language, but we do not always see the evidence. It seems that the budget is more of a driver than the Recovery Wheel and "Call for Change."**

7. The CSP Committee members are invited to attend the OMHSAS review of the County's Annual Mental Health Plan if the review occurs.

Yes No

[]

8. The county office of Mental Health responded to the County CSP Committee outlining how it intends to implement the Committee's recommendations.

Yes No

The priorities that were identified by CSP and outcomes from the two collaborative meetings were not included in the County plan.

9. The County CSP Committee and the County Office of Mental Health have jointly developed a process to report on progress in implementing the current year's Plan.


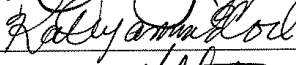
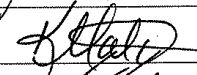

Yes No

While we do feel that we get regular monthly updates and reports from the County, we feel Dauphin County needs to develop a better process for the development of the plan. This year our CSP committee was very frustrated with the lack of communication around the receiving of the plan. A draft copy of the plan was delivered to CSP on May 3 late in the afternoon to be included in an Executive Committee meeting for discussion on May 4. We had less than 24 hours to read the plan and come up with potential recommendations. We were told that we had to have recommendations into the County as soon as possible so that the plan could be delivered to their solicitor by the end of business on May 11. Due to receiving the plan so late, and with these restraints, we felt very rushed to provide meaningful feedback. More time needs to be provided for reading of the plan, dispersing information to the committee as a whole to have input, make the recommendations, send out feedback, make corrections, etc. The process needs more than a week. In the future, we are requesting three weeks from the receipt of the plan from the County by CSP to the date the County needs the recommendations and signature. We want to work closely with Dauphin County MH/ID to create a process that works for all stakeholders involved.

Name of CSP Committee: Dauphin County
CSP Committee Co-Chairs: Kim Pry and Tonya Long
Address 2617 Herr Street (Dauphin Clubhouse)
City, State, Zip Harrisburg, PA 17103
Phone (717) 221-9610 Fax (717) 221-9612
E-Mail dauphincountycsp@gmail.com Date 5/11/11

SIGNATURES:

(Your signature designates that you have participated in this process and does not necessarily imply endorsement of the County Plan itself)

Member(s) Representing Consumers: Kimberly A. Pry 
Member(s) Representing Families: Kathyann Corl 
Member(s) Representing Professionals: Kim Maldonado, Treasurer 
Member(s) Representing Professionals: Kim Kennedy, Secretary 

Names of other participants:

1. Anthony Watson
2. April Schaeffer
3. _____
4. _____

FY 2013-2017 County Plan**EXISTING COUNTY MENTAL HEALTH SERVICES**

SERVICE CATEGORY	CATEGORY DESCRIPTION	CONSUMER OUTCOME	SERVICES AVAILABLE IN THE MH/MR	FUNDING SOURCE * (County, HC, or Reinvestment)	PRIORITY POPLATION
Treatment	Alleviating symptoms and distress	Symptom Relief	1. Outpatient 1a. Provider type 08 – 110, 074, 080 1b. Provider type 11 – 113, 114 2. Psych Inpatient Hospitalization 2a. Provider type 01 – 010, 011, 022, 018 3. Partial Hospitalization 3a. Provider type 11 - 114 4. Family-Based MH Services 4a. Provider type 11 – 115 5. CTT 6. JCAHO RTF; Non-JCAHO RTF	1. County 1a. HC 1b. HC 2. County 2a. HC 3. County 3a. HC 4. County 4a. HC 5. County 6. HC	Adult, Older Adult, Transition-Age Youth, and Co-occurring
Crisis Intervention	Controlling and resolving critical or dangerous problems	Personal Safety Assured	1. MH Crisis Intervention 1a. Provider type 11-118 2. Emergency Services	1. County 1a. HC 2. County	Adult, Older Adult, Transition Age Youth, and Co-occurring
Case Management	Obtaining the services consumer needs and wants	Services Accessed	1. Intensive Case Management 1a. Provider type 21 – specialty 222 2. Blended CM 2a. Provider type 21-specialty 222 3. Resource Coordination 3a. Provider type 21 – specialty 221 4. Administrative Case Management 5. Targeted CM, ICM-CTT, provider type 21-specialty 222	1. County 1a. HC 2. County 2a. HC 3. County 3a. HC 4. County 5. HC	Adult, Older Adult, Transition Age Youth, and Co-occurring

SERVICE CATEGORY	CATEGORY DESCRIPTION	CONSUMER OUTCOME	SERVICES AVAILABLE IN THE MH/MR	FUNDING SOURCE * (County, HC, or Reinvestment)	PRIORITY POPLATION
Rehabilitation	Developing skills and supports related to consumer's goals	Role Functioning	1. Community Empl & Empl Related Srvc 2. Community Residential Rehab Services 3. BHRS – All Provider types and Specialties 4. Other: Residential Srvc	1. County 2. County 3. HC 4. County	Adult, Older Adult, Transition Age Youth, and Co-occurring
Enrichment	Engaging consumers in fulfilling and satisfying activities	Self Development	1. Facility-Based Voc Rehab Srvc 2. Social Rehab Srvc 3. Other: Ethnic Rehab Srvc	1. County 2. County 3. County	Adult, Older Adult, Transition Age Youth, and co-occurring
Rights Protection	Advocating to uphold one's rights	Equal Opportunity	1. Administrator's Office 2. Other: Interpreter Srvc	1. County 2. County	Adult, Older Adult, Transition Age Youth, and Co-occurring
Basic Support	Providing the people, places, and things consumers need to survive (e.g., shelter, meals, healthcare)	Personal Survival Assured	1. Housing Support Services 2. Family Support Services 3. Other: Indochinese Support	1. County 2. County 3. County	Adult, Older Adult, Transition Age Youth, and Co-occurring
Self Help	Exercising a voice and a choice in one's life	Empowerment	1. Community Services – (Peer Support)	1. County, HC	Adult, Older Adult, Transition Age Youth, and Co-occurring
Wellness/Prevention	Promoting healthy life styles	Health Status Improved	1. Community Services – (Wellness Initiative; Mobile psychiatric services)	1. County, HC	Adult, Older Adult, Transition Age Youth, and Co-occurring
Other: Satisfaction Surveys	Providing a vehicle for consumers to have a greater voice and an integral role in evaluating their care	Empowerment	1. Consumer & Family Satisfaction Surveys	1. County, HC	Adult, Older Adult, Transition Age Youth, and Co-occurring

Note:

- (a) The “**Service Category**”, “**Category Description**”, and “**Consumer Outcome**” described above are based on *Table 2 “Essential Services in a Recovery-Oriented System”* in the Bill Anthony article “**A Recovery-Oriented System: Setting Some System Level Standards**” available in the data disk provided.

(b) For information on what “**Services Available in the MH/MR**” could be grouped under a “Service Category” for **County funded** services, please refer to the table below.

Service Description/Cost Center (Bulletin OMH-94-10)	Service Category
<ol style="list-style-type: none"> 1. Outpatient (3.6) 2. Psych Inpatient Hospitalization (3.7) 3. Partial Hospitalization (3.8) 4. Family-Based MH Services (3.17) 5. Community Treatment Teams (3.23)* 	Treatment
<ol style="list-style-type: none"> 1. MH Crisis Intervention Services (3.10) 2. Emergency Services (3.21) 	Crisis Intervention
<ol style="list-style-type: none"> 1. Intensive Case Management (3.4) 2. Resource Coordination (3.19) 3. Administrative Management (3.20) 	Case Management
<ol style="list-style-type: none"> 1. Community Empl. & Empl. Related Services (3.12) 2. Community Residential Services (3.16) 3. Psych Rehab. (3.24) 4. Children’s Psychosocial Rehab. (3.25) 5. Other Services (3.98) 	Rehabilitation
<ol style="list-style-type: none"> 1. Adult Developmental Training (3.11) 2. Facility-Based Vocational Rehab. Services (3.13) 3. Social Rehab. Services (3.14) 	Enrichment
<ol style="list-style-type: none"> 1. Administrator’s Office (3.1) 	Rights Protection
<ol style="list-style-type: none"> 1. Housing Support Services (3.22) 2. Family Support Services (3.15) 	Basic Support
Specify if used	Self Help
<ol style="list-style-type: none"> 1. Community Services (3.2) 	Wellness/Prevention
Any services not identified above	Other

* Please also report Assertive Community Treatment (ACT) and Programs for Assertive Community Treatment (PACT) under the Community Treatment Team cost center (3.23).

(c) For information on what “**Services Available in the MH/MR**” could be grouped under a “Service Category” for **HealthChoices funded** services, please refer to the table below.

Service Description/HealthChoices Rate Code Service Grouping	Service Category
1. Inpatient Psychiatric (provider type 01 - specialties 010, 011, 022, 018) 2. Outpatient Psychiatric (provider type 08 – specialties 110, 074, 080; provider type 11 – specialties 113, 114; provider type 19 – specialty 190) 3. RTF – Accredited (provider type 01 – specialties 013, 027) 4. RTF – Non-Accredited (provider type 56 – specialty 560; provider type 52 – specialty 520) 5. Family Based Services for Children and Adolescents (provider type 11 – specialty 115)	Treatment
1. Crisis Intervention (provider type 11 – specialty 118)	Crisis Intervention
1. Targeted CM, ICM (provider Type 21 – specialties 222) 2. Targeted CM, blended (provider type 21 – specialty 222) 3. Targeted CM, RC (provider type 21 – specialty 221) 4. Targeted CM, ICM-CTT (provider type 21 – specialty 222)*	Case Management
1. BHRS for Children & Adolescents (all BHRS provider types and specialties under HC Behavioral Health Services Reporting Classification Chart) 2. Rehabilitative Services (provider type 11, specialty 123)	Rehabilitation
Specify if used	Enrichment
Specify if used	Rights Protection
1. Residential and Housing Support Services (provider type 11 – specialty 110) 2. Family Support Services (provider type 11 – specialty 110)	Basic Support
1. Peer Support Services (provider types 08, 11, 21 – specialty 076)	Self Help
1. Mental Health General (provider type 11 – specialty 111)	Wellness/Prevention
Any services not identified above	Other

* Please note that Community Treatment Team (CTT) is grouped under the Service Category “Case Management” in the above HealthChoices table although CTT is not case management, and should ideally be grouped under the “Treatment” category. However, since HealthChoices Service Rate Coding identifies CTT as Targeted Case Management, CTT had to be classified under the category “Case Management”. Due to this reason, until further notice, please report CTT under “Case Management” in this Attachment if it is HealthChoices’ funded. Please also report HealthChoices’ funded Assertive Community Treatment (ACT/PACT) under this category until further notice.

(d) **For services provided with reinvestment funds**, based on the service description and expected consumer outcomes, please use your best judgment to choose a service category.

(e) In the “**Funding Source**” column, specify if the funding for the service is through County funds, HealthChoices, or Reinvestment funds [list one or more funding source(s) for each service description as applicable].

**FY 2013 – 2017 County Plan
EVIDENCE-BASED PRACTICES SURVEY (PROVIDER SELF-REPORT)**

<i>Provider Name and Provider Type 99 Number (List all providers offering EBP)</i>	<i>List the Evidence-Based Practices provided (please see the list below)</i>	<i>Approximate # of consumers served</i>	<i>Name the Fidelity Measure Used</i>	<i>Who measures Fidelity</i>	<i>How Often is fidelity measured</i>	<i>Is the SAMHSA EBP toolkit used to guide EBP implementation</i>	<i>Have staff been specifically trained to implement the EBP</i>
AHEDD MPI: 100003112	2 Met with AHEDD on 2/26/09 – Provider meets fidelity standards.	50	SAMHSA	Program Specialist & Vice President	Quarterly	It is one tool used. Agency reference performance outcomes and customer satisfaction.	Not as yet. Agency has drawn on 30 years of experience as a Community Employment Services Provider.
Aurora Social Rehabilitation Services MPI: 1000000003	6	10	SAMHSA	Certified Peer Specialist	Quarterly	Yes	Yes
Keystone Community Mental Health MPI: 100001038	6 Met with Provider on 12/9/09. Provider meets fidelity standards.	9 2010/2011: 23	SAMHSA	Director of Professional Development	Quarterly	Yes	Yes, Provider is conducting its 7 th course (12 wks each). Added 1 new trainer/ facilitator. Yes, Employment Staff
	2	8	Provider has curriculum on SE	“	2x/Year	Yes	
NAMI Pennsylvania, Dauphin County MPI: N/A	4	3 consumers 32 families	SAMHSA	Director	2x/Year	Yes	Yes
Pressley Ridge (formerly Family & Children Services of Central PA) MPI: 10003088	7 Met with Pressley Ridge on 2/2/09 – Provider meets fidelity standards.	325	SAMHSA	Director/Sup; Internal & External Audits	Quarterly	Yes	Yes

<i>Provider Name and Provider Type 99 Number (List all providers offering EBP)</i>	<i>List the Evidence-Based Practices provided (please see the list below)</i>	<i>Approximate # of consumers served</i>	<i>Name the Fidelity Measure Used</i>	<i>Who measures Fidelity</i>	<i>How Often is fidelity measured</i>	<i>Is the SAMHSA EBP toolkit used to guide EBP implementation</i>	<i>Have staff been specifically trained to implement the EBP</i>
Gaudenzia, Inc. – New View MPI: 100228589	6	13	Illness Management/ Recovery, New SAMHSA EBP Toolkit ordered	Program Director	Monthly, interagency	Currently utilizing the IMR workbook for service delivery. New toolkit ordered.	Program Director and Counselor. 2 staff trained in IMR by KCMHS; IMR training will also take place at the Gaudenzia site by KCMHS staff.
Pennsylvania Counseling Services, Inc. MPI: 100775512	5, 7 Provider is not doing EBP	135; 30	For both co-occurring disorders & medication mgmt.: Ind. Tx. based on person's current state of recovery; & tx. includes education about the illness and development of relationships & social supports	Director of licensed facility	Ongoing thru case discussions in team meetings	It is available for use.	No
YWCA of Greater Harrisburg MPI: N/A	2, Awarded a SAMHSA 5-yr grant 9/09. 6, For 2 & 6 provider is not funded thru the Co., HC, or reinvestment monies. However, in other non-Co funded services in 2 & 3 they are working.	40,20	SAMHSA	3 rd Party Evaluator, Dr. Kay Donegan	Annually	Yes	Trained by Temple University
NHS of PA – Capital Region MPI: 100745792	Community Treatment Team is now ACT	100	TM ACT	ACT Director OMHSAS CABHC	To be determined	Yes	Yes

<i>Provider Name and Provider Type 99 Number (List all providers offering EBP)</i>	<i>List the Evidence-Based Practices provided (please see the list below)</i>	<i>Approximate # of consumers served</i>	<i>Name the Fidelity Measure Used</i>	<i>Who measures Fidelity</i>	<i>How Often is fidelity measured</i>	<i>Is the SAMHSA EBP toolkit used to guide EBP implementation</i>	<i>Have staff been specifically trained to implement the EBP</i>
CHOR Youth and Family Services MPI: 1801996004	9	0	Center for Research to Practice (CR2P) uses 7 criterion.	TFC consultants, CR2P, CHOR Director, Compliance Director	Ongoing: 7 components: program completion; outcomes for youth therapy; behavioral; foster parent mtgs.; clinical mtgs.; program. staff; training	No	Yes
PA Counseling Services MPI: 1669474979	8	16	Therapist Adherence Measure; Sup. Adherence Measure; Provider Implementation Review	Contract w/ Adelphoi and MST Services of Medical University of South Carolina	2X/year	No, Provider has 5 yrs of experience	Yes
Vision Quest MPI: 1285647263	10	30	CSS/Client & Therapist Assessment	FFT National, Statewide National Consultant, Clinical Site Consultant	Weekly	Yes	Yes

Evidence-Based Practices:

- | | | |
|----------------------------------|---|-------------------------------|
| 1. Assertive Community Treatment | 5. Integrated Treatment for Co-Occurring Disorder (Mental Health/Substance Abuse) | 8. Multisystemic Therapy |
| 2. Supported Employment | 6. Illness Management/Recovery | 9. Therapeutic Foster Care |
| 3. Supported Housing | 7. Medication Management | 10. Functional Family Therapy |
| 4. Family Psycho-Education | | |

Note: Provide information pertaining to only the first seven Evidence-based Practices (EBP) listed above.

Attachment G

**DAUPHIN
County Program**

FY 2013-2017 County Plan

**COUNTY DEVELOPMENT OF
RECOVERY-ORIENTED/PROMISING PRACTICES****

	Services Exist (Check all appropriate)	Services Planned (Check all appropriate)	#'s Served	\$\$ Existing	\$\$ Planned
Consumer Satisfaction Team	X (County/HC)				
Family Satisfaction Team	X (HC)				
Compeer	NA				
Self Help / Advocacy (Specify)	X (County)		700	\$48,773	\$48,773
Outreach for Older Adults	X (County)	X (HC)			
Warm Line	NA	X	Est. 100	NA	\$30,000
Mobile Services/In Home Meds	X (HC) Looking at adding an additional provider				
Fairweather Lodge	X (Reinvestment/private) Service/site developed	2 Community Lodges over 3 yr period	Each 5	\$32,463	To be determined
Medicaid Funded Peer Specialist Program	X (County/HC)	X	43	\$81,203	To be determined
Dialectical Behavioral Therapy		Reinvestment Option			
Other: FICM	X (County/HC)	Housing Support .5 FTE sup/3 ICM	150 over 14 months	\$57,914	\$107,914
**This form is an effort to identify the existence of or plans for some of the services that traditionally have been under-developed and that adults, older adults, and transition-age youth with serious mental illness and family members would like to see expanded. Current cost centers do not capture this level of detail. Please report on both County & HealthChoices funding.					

Reference: Please see the County Mental Health Plan Outline Section 4.

County Program

FY 2013-2017 County PlanSERVICE AREA PLAN CHART

Service Area Plan Goals	Update for County Plan- Request for County specific information																				
Goal 1: Within five years no person will be hospitalized at a State Mental Hospital for more than two years.	<p>Please review attached data regarding length of stay prior to answering the following questions http://www.dpw.state.pa.us/forfamilies/statehospitals/index.htm</p> <p>How many of the individuals with length of stay greater than 2 years have gone through Community Support Plan (CSP) process with a peer-to-peer assessment*, clinical assessment, and family assessment* and have had CSP meetings? <input type="text" value="11"/> How many of those individuals have a targeted discharged date during the current fiscal year? <input type="text" value="1"/> Next fiscal year? <input type="text" value="5"/>.</p> <p>* If applicable.</p>																				
Goal 2: Within five years no person will be committed to a community hospital more than twice in one year.	<p>For Goal 2 different counties have different data points that are being followed. Please be consistent – if the county has selected to report on involuntary admissions- report involuntary admissions, if the county has selected voluntary- report on voluntary. If the data are not available please check no data.</p> <table border="1" data-bbox="451 856 1432 1045"> <thead> <tr> <th>Previous Fiscal Year</th> <th>2008-2009</th> <th>Current Fiscal Year</th> <th>2009-2010</th> </tr> </thead> <tbody> <tr> <td>Involuntary Admissions-</td> <td>12</td> <td>Involuntary Admissions-</td> <td>13</td> </tr> <tr> <td>Voluntary Admissions-</td> <td>21</td> <td>Voluntary Admissions-</td> <td>56</td> </tr> <tr> <td>All Admissions-</td> <td>33</td> <td>All Admissions-</td> <td>69</td> </tr> <tr> <td>No Data-</td> <td></td> <td>No Data-</td> <td></td> </tr> </tbody> </table>	Previous Fiscal Year	2008-2009	Current Fiscal Year	2009-2010	Involuntary Admissions-	12	Involuntary Admissions-	13	Voluntary Admissions-	21	Voluntary Admissions-	56	All Admissions-	33	All Admissions-	69	No Data-		No Data-	
Previous Fiscal Year	2008-2009	Current Fiscal Year	2009-2010																		
Involuntary Admissions-	12	Involuntary Admissions-	13																		
Voluntary Admissions-	21	Voluntary Admissions-	56																		
All Admissions-	33	All Admissions-	69																		
No Data-		No Data-																			
Goal 3: Within five years the incarceration rate of the target population will be reduced.	<p>How many individuals are currently incarcerated in the county jail in the target population- please select a point in time and report data that is available after working with county jails?</p> <table border="1" data-bbox="451 1171 1432 1266"> <thead> <tr> <th>Point in time previous fiscal year</th> <th>Point in time current Fiscal Year.</th> </tr> </thead> <tbody> <tr> <td># individuals 110 (as of 3/31/10)</td> <td># individuals 112 (as of 12/31/10)</td> </tr> <tr> <td>No data</td> <td>No data</td> </tr> </tbody> </table> <p>How many individuals are going to max-out from the county jail in the target population during this fiscal year? <input type="text" value="56"/>.</p> <p>How many individuals is the county planning for the possibility of parole from the county jail in the target population during this fiscal year? <input type="text" value="40"/>.</p> <p>How many individuals are currently incarcerated in the State Correction Institution from your county in the target population?</p> <table border="1" data-bbox="451 1520 1432 1614"> <thead> <tr> <th>Point in time previous fiscal year</th> <th>Point in time current Fiscal Year.</th> </tr> </thead> <tbody> <tr> <td># individuals 290 (as of 4/13/10)</td> <td># individuals 220 (as of 1/31/11)</td> </tr> <tr> <td>No data</td> <td>No data</td> </tr> </tbody> </table> <p>How many individuals are going to max-out from a SCI in the target population during the current Fiscal Year? <input type="text" value="11"/>.</p> <p>How many individuals is the county planning for the possibility of parole from a SCI in the target population during current fiscal year? <input type="text" value="63"/> will reach minimum date between 7/1/10 and 6/30/11. <input type="text" value="91"/> have reached minimum date prior to 6/30/10 and remain incarcerated.</p>	Point in time previous fiscal year	Point in time current Fiscal Year.	# individuals 110 (as of 3/31/10)	# individuals 112 (as of 12/31/10)	No data	No data	Point in time previous fiscal year	Point in time current Fiscal Year.	# individuals 290 (as of 4/13/10)	# individuals 220 (as of 1/31/11)	No data	No data								
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No data	No data																				

FY 2013-2017 County Plan

OLDER ADULTS PROGRAM DIRECTIVE

The Memorandum of Understanding (MOU)/Letter of Agreement is a collaboration between the County Office of Mental Health and Mental Retardation and the County Office of Aging. The MOU should be revised (and signed) annually and included with County Mental Health Plan.

- Is a dated and signed MOU in place affirming this collaborative relationship between the county office of MH/MR and the county Office of Aging?

Yes X NO

▪ Last Updated (date): July 1, 2010

▪ Is a copy of the MOU attached (Y/N)? Yes

**MEMORANDUM OF UNDERSTANDING
BETWEEN
DAUPHIN COUNTY MENTAL HEALTH PROGRAM
AND AREA AGENCY ON AGING**

Fiscal Year 2010-2011

I. General Provisions

A. The Legal Base

The legal base for this agreement includes, but is not limited to, the Memorandum of Understanding (MOU) between the Pennsylvania Department of Aging and the Department of Public Welfare, Office of Mental Health and Substance Abuse Services; the Pennsylvania Public Welfare Code of 1967 and its revisions; the Pennsylvania Mental Health/Mental Retardation Act of 1966 as amended; the Mental Health Procedures Act of 1976 as amended; the Federal Public Law 102-321 of 1992 and the Federal Mental Health and Substance Abuse Block Grant Legislation; the Federal Older Americans Act (42 U.S.C.) and the Commonwealth legislation creating the Department of Aging (71 P.S); Mental Health and Substance Abuse Services Bulletins #OMHSAS-06-01 and # OMHSAS-06-02.

B. Non-Discrimination Clause

In the implementation of this Memorandum, parties will adhere strictly to relevant provisions found in Title VI legislation, Section 504, Human Relations Act, Department of Public Welfare Executive Order. Departmental values descend from the spirit of landmark Federal statutes providing that:

“No person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” (Section 601, Civil Rights Act of 1964); and that

“No otherwise qualified individual with a disability shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” (Section 504, Rehabilitation Act of 1973)

In addressing access to service through this Memorandum of Understanding, parties will reject discrimination against any person on the basis of race, color, religious creed, ancestry, national origin, gender, or handicap.

II. Purpose

A. Agency Descriptions

The Dauphin County Area Agency on Aging (AAA) assists residents, 60 years and older, in living independently. Through many programs such as Meals on Wheels, Senior Centers and advocacy/awareness projects, thousands of seniors in Dauphin County remain in their own homes with a decent standard of living.

The Area Agency on Aging's mission is to recognize the inherent dignity of older individuals and their entitlement to health, honor, and self-determination. The Agency is committed to maximizing efficient use of resources to enhance the lives of all seniors residing in Dauphin County.

Dauphin County Area Agency on Aging believes:

- The agency should prioritize services to older persons with the greatest economic and social needs.
- All older persons should have the opportunity for maximum growth and development, health, happiness, well-being and economic self sufficiency.
- Older individuals should have their autonomy respected.
- Services should be coordinated with other County human service administrations and community agencies in order to strengthen its ability to effectively serve older persons in need.

The County's Mental Health/Mental Retardation Program (MH/MR Program) provides funding and administrative oversight for various services in the community on behalf of all persons with mental illness, adults, older adults and children. The Program's mission is to assure that these services are of the highest quality possible, are cost-effective, and are readily available to all who need them. It is the Program's vision that every individual will have a network of family, friends, advocates, and supportive services to provide assistance in living a full and productive life in the community.

The Dauphin County Mental Health/Mental Retardation Program is committed to developing a system to assure that:

- All persons, including individuals, family members, and treatment providers, are treated with honesty, dignity, and respect.
- Service providers work in partnership with individuals and other providers to assure consistency and coordination of services.
- Service providers share in the responsibility for positive results from services and supports and undertake active measures to facilitate individual success.
- Services are developed to meet persons' identified needs and are readily accessible and available.
- Services are delivered in a manner that improves persons' life satisfaction and promotes individuals' independence.
- People maintain control of their lives and exercise choice in the services and supports that they receive.

- Persons are encouraged to use natural supports in their communities and to exercise their rights to participate fully in their communities.
- The health and safety of individuals is promoted and protected, and individuals' rights are abridged only to protect the health and safety of the consumer or the community.
- Funds are utilized as efficiently and equitably as possible.

B. Service Area Description

The County of Dauphin is located in South Central Pennsylvania. The County's composition has been affected in recent years by urban migrations from the great metropolitan areas. Dauphin County stands at the nexus of transportation arteries – highway, rail, and air – and at the heart of Pennsylvania State government.

Dauphin County's population in the year 2003 was estimated at 253,388 persons and was distributed among urban, suburban, and rural districts across a land area of approximately 525 square miles. Dauphin County's population has increased by 13.2 percent since the Federal Census of 1970, more rapidly than that of the State as a whole (approximately 4.0 percent).

Some of Dauphin County's political subdivisions are remote from the County seat in the City of Harrisburg and are demographically homogeneous. Other communities together constitute the County's urban–suburban center. The City of Harrisburg shares many characteristics of diversity, psychosocial fragmentation and economic rebirth that are common to cities of the Northeastern States. A poverty rate recently reported for the City (24.6 percent) is more than twice that of the State and nation.

Dauphin County is ethnically and culturally diverse. U.S. Census Bureau population estimates for the year 2005 indicate that 78 percent of its people are white; 17.7 percent black; 4.6 percent are people of Hispanic or Latino origin; and 2.4 percent are Asian. The percentage of people who describe themselves as white is lower for Dauphin County than for the State as a whole. Other small and distinctive communities – African, Amish, and East European – have joined the County's large and internally diverse African American and Caucasian sectors to contribute ethnic variations to an equally varied municipal and geographic landscape.

According to Federal Census data, persons aged 65 and older constituted 14.2 percent of Dauphin County's population in the year 2000. This population share for older Dauphin County residents was more or less the same as in 1990 (14.3 percent) and marked an increase from that of the 1980 census (12.5 percent). Census figures for the year 2000 also indicate that the percentage of persons aged 65 and older was somewhat higher in Pennsylvania's total population (15.6 percent) than it was in Dauphin County. While Pennsylvania now ranks third among the states in its percentage of older residents, the Commonwealth actually was absent from the top 10 rankings for percentages of older people in the 1950 census. In real numbers as well as in a relative sense, the community of aging persons in this State is numerous and growing.

Nationwide, demographers predict that the fastest growing population subset in the next two decades, beginning in the year 2011, will be that of persons 65 and older.

C. Description of Purpose for the Memorandum

The purpose of this Memorandum of Understanding is to further the commitment of respective parties to collaboration. It is intended to promote personal choice and optimum quality of life, preventing, where possible, institutionalization or further debilitation in older persons who may be in high-risk living situations, and/or experiencing increased adjustment problems in the aging process. This agreement shall address how to best eliminate barriers that impede joint planning and delivery of services.

III. Scope

A. The Population to be Jointly Served

The population to be jointly served through this understanding will include persons aged 60 and older having diagnosable mental disorders. Particular emphasis is placed on coordinated arrangements for effective joint support to persons having serious mental illness. Older persons whose disorders are solely related to dementia, misuse of substances, or learning disabilities are not included in the target population. Older persons with such disorders, however, will be actively supported in the context of this understanding, as long as these individuals are also diagnosed with other conditions codified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). For example, older people with dementia often suffer co-occurring mental health disorders.

Across all population groups, the National Institute of Mental Health estimates the point-in-time prevalence of mental disorders in this country at 26.2 percent; serious mental illnesses are estimated to affect 6.0 percent at any given time. Increasing numbers of people with long-term mental illnesses are now entering the 60+ age group. While some studies indicate that prevalence of mental disorder is similar in older people to that of the general population, it has been observed that older persons are less likely to receive sufficient treatment for such illnesses.

Depression is the most commonly developed late-life mental illness. Conjectures on its prevalence among the elderly range widely - from 10 to 60 percent - depending on the study. Older adults have the highest incidence of suicide of any age group.

B. Services Provided by Each Agency

Dauphin County AAA offers, but is not limited to, the following: Options assessment; care management with in-home services such as personal care, personal assistance, or respite (at home or in Adult Day Centers); Pre-Admission assessment; PDA Waiver; Protective Services; Family Caregiver Support Program; Information and Referral; nutrition programs through home delivered meals or congregate meal sites; senior centers; legal services; the Ombudsman program; Apprise; Primetime Health; Domiciliary Care and multiple volunteer opportunities.

MH/MR offers a wide range of services to individuals with mental health problems that include: Crisis Intervention; Case Management; Outpatient Services; Partial Hospitalization

Services; Inpatient Care; Consultation and Education Services; Vocational Rehabilitation; Social Rehabilitation; Community Residential Services; and Information and Referral.

1. Cross-system referrals – Referrals for AAA services are completed by contact with the information and referral unit. Referrals to the MH/MR Program are completed through contact with the intake and assessment divisions of CMU, the system’s central case management service, or through the 24-hour Crisis Intervention service.
2. Collaboration and case review – Mechanisms shall be provided and maintained to ensure the ability of staff to co-plan and maintain jointly shared cases under joint supervision. Case reviews for difficult, problematic cases shall be held as needed. Aging and Mental Health program leadership (see Section IV) will actively promote co- representation by each system on interagency service teams for all older persons with mental illness served by either system.

A quarterly coordination group, the shared body formerly known as the Aging-MH/MR Coordination Team, will be re-established and strengthened. This body, meeting regularly and enjoying membership from administrative liaisons as well as from key service agencies of respective systems, will perform these functions:

- a) Information exchange on policy, procedure, and programming;
- b) Discussion and problem solving on the relationships between policies, procedures and programs of respective systems;
- c) Review of individual case situations and outcomes, particularly those that may help in identifying pathways to improvement in the character of joint intervention;
- d) Assessment of need and identification of new or enhanced services that may be indicated in response to needs assessed;
- e) Attention to aspects of this Memorandum of Understanding, as requested by the County administrations of the two systems party to the agreement;
- f) Propose and implement changes to procedural practices and collaborative approaches in joint support of persons in the subject population for this Memorandum.

This coordination group also will enjoy membership from the consumer community and from family members of older persons with mental illness. Representation will be invited also from among members of Area Agency on Aging and MH/MR Program Boards.

Recommendations for policy and program initiatives emanating from the work of this body will be presented for review and action by the administrators of respective parties to this Memorandum of Understanding.

3. Funding to support the MOU shall be provided from respective budgets. Decisions on lead funding and cost sharing approaches will be taken cooperatively by AAA and MH/MR administrations. Appropriations for special projects may be jointly deliberated between administrators and potential funding sources in the governmental and private sectors.

4. Privacy and Confidentiality Issues

As needed, confidentiality statements shall be signed by any and all agency staff and maintained on record. Staff will be apprised of all responsibilities in maintaining strictest confidence.

Both programs shall adhere to strict standards for confidentiality set forth in Federal HIPAA Guidelines, in Pennsylvania's Mental Health Procedures Act, and in applicable provisions of Pennsylvania's Aging Protective Services legislation.

5. Incorporation of Community and Natural Supports

Consistent with tenets of the Recovery and Community Support models for people with behavioral health disorder, as well as with principles of normalization, informal and community support systems will be explored, maintained, and, where sufficient, favored in addressing needs of each consumer. Services provided by these systems shall be incorporated into care plans and team decision making. This practice also reflects a traditional role of parties to this MOU as agents of last resort in the provision of certain direct services.

6. Collaborative Outreach

In the course of direct service, staff of respective systems will actively seek opportunities to conduct joint community outreach to older persons with mental illness:

- a) who would benefit from in-home/on location assessment, service planning and service delivery in times of crisis; or,
- b) whose issues of mobility render their travel to an office setting for assessment and service delivery arduous or impractical.

This outreach norm will be enforced by respective administrators and their assigned interagency liaisons.

Parties also will collaborate in a second kind of outreach effort to discover and support older persons with mental illness who have needs but who are not enrolled in services. Approaches to this form of outreach will include:

- a) Encouraging awareness of service availability among other human service agencies;
- b) Encouraging awareness of available services among those who perform 'indigenous outreach' functions in the community - gatekeepers such as primary care physicians, clergy, barbers and beauticians, neighborhood leaders; first responders such as law enforcement officers, ambulance attendants and emergency room personnel; staff and volunteers for information and referral units; as well as other categorical human service agencies;
- c) Uses of media in jointly sponsored public education initiatives on aging and mental illness as well as on available sources of community support, with such initiatives to be taken in accordance with County established policies on media communication;

- d) Coordinated involvement in community health fairs and other occasions for direct, casual contact with potential beneficiaries of service.

Parties also will explore new models for combined ‘case-finding’ and initial service delivery. Such models will describe strategies for joint home visitation to older persons who are isolated, withdrawn, or reluctant to accept the service they may need for safe and healthy lives.

The Aging and MH/MR programs in Dauphin County will postulate outreach roles for Peer Specialists, functions to be performed by older persons who themselves are in recovery from mental illness.

Care management staff of both systems shall be alert to the need of cross-referrals for services. Parties will strengthen the practice of reciprocal distribution of literature for one another’s service networks to people in the subject population who are not as yet connected to both systems.

C. Cross-Systems Training

The Aging and MH/MR systems will co-sponsor at least two annual training events open to the staff of signatory parties and affiliated agencies. One such event will center on agendas of inter-system orientation; at least one will emphasize clinical and programmatic content of interest to direct service personnel.

IV. Assignment of Coordinative Staff for Cross-Systems Activity

A. Designation of Lead Responsibility

AAA’s Director of Services and the MH/MR Program’s Adult Mental Health Specialist together will take lead responsibility for cross-systems activity. The work of these management personnel is ultimately overseen by respective system administrators, who are signers to this Memorandum.

B. Staff Responsibilities, Authority, Oversight and Supervision

Incumbents of these positions will fill an identified need for key liaison staff from respective systems to ensure the effective use of coordinated mechanisms for joint intervention.

Liaison responsibilities will flow directly from commitments made by signatory parties to this Memorandum of Understanding.

V. Conflict Resolution

Conflicts will be addressed and resolved through system chains of command beginning with collaborating agency care/case managers to their immediate supervisors. If resolution is not reached at this level, the assigned liaison staff for cross-system activity (see IV) will be presented with the conflict for joint resolution. If the conflict is not resolved at this level, each agency's director/administrator will be consulted and, if further issues remain, state office level shall be offer guidance.

VI. Amendments

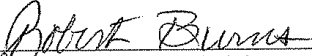
This Memorandum of Understanding (MOU) will be reviewed annually by lead staff of respective systems, with input from members of the coordination team. Proposed changes to the document's content and language will be presented for consideration and approval by the Administrators of the Dauphin County Area Agency on Aging and the Dauphin County MH/MR Program. The Administrators, who must authorize all amendments, will also be among the signers to each successive edition of the MOU.

VII. Effective Date and Term of Agreement

This agreement shall become effective on July 1, 2010, and shall remain in effect until June 30, 2011. An annual review of this Memorandum of Agreement will be completed, with as needed revisions to occur on or before June 15, 2011, prior to the publication of a new edition for another year.

VIII. Signatures

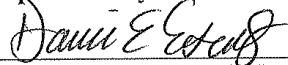
Dauphin County Area Agency on Aging



Robert Burns, AAA Administrator

6/15/10
Date

Dauphin County Mental Health and Mental Retardation Program



Daniel E. Eisenhauer, MH/MR Administrator

6/14/10
Date

Office of Human Services Director



Peter E. Vriens, MSW Human Services Director

6/22/10
Date

Dauphin County Program

FY 2013-2017 Dauphin County Plan

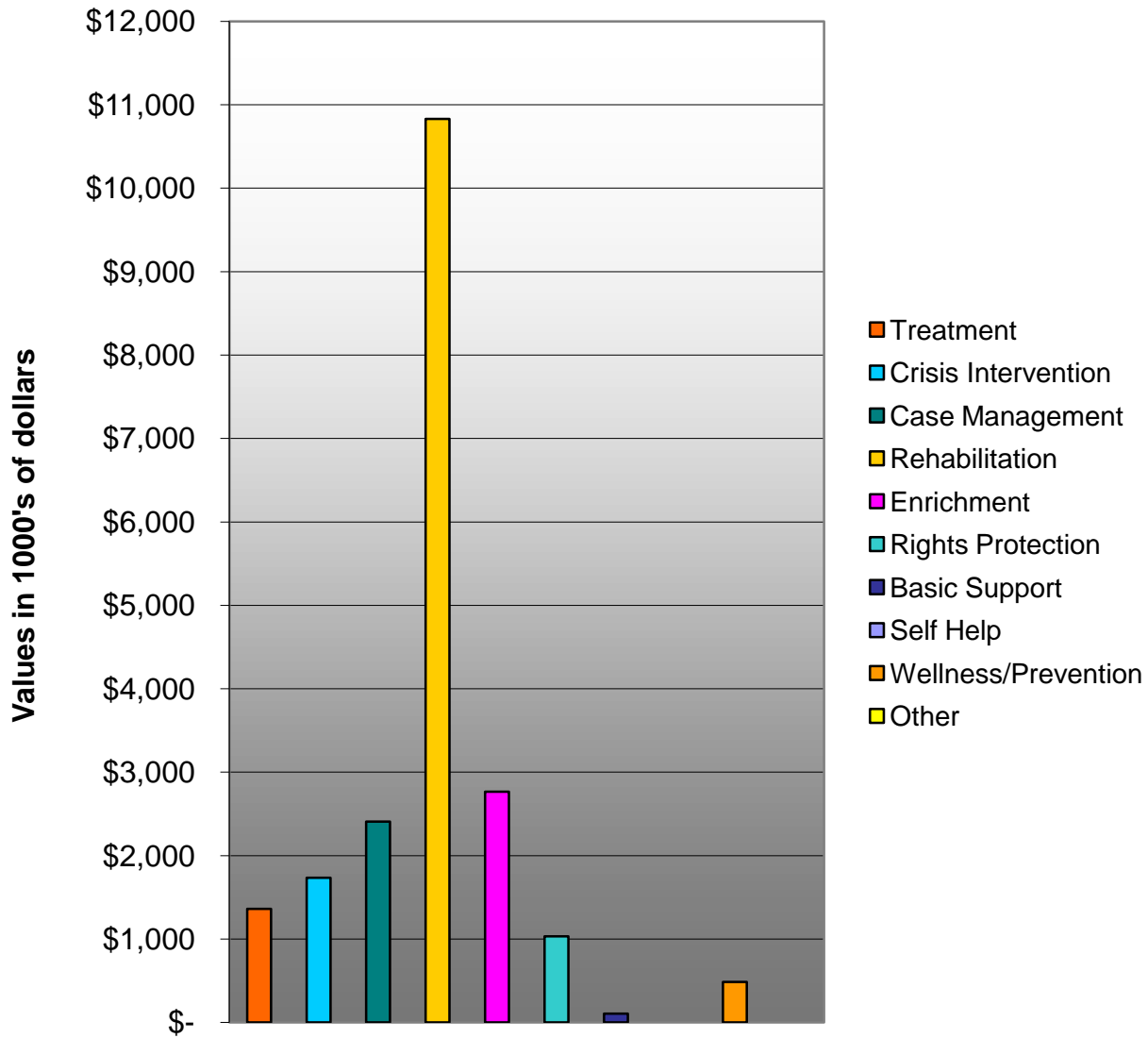
TOP FIVE TRANSFORMATION PRIORITIES

TRANSFORMATION PRIORITY	
1	Strategic planning on evidence-based programs and promising practices shows system how to continue the transformation process. Dauphin County has the responsibility to provide leadership with the BH-MCO, HealthChoices oversight administrative agency, and the provider network by directing and facilitating the attainment and use of evidence-based programming and promising practices with the assistance and support of persons in recovery and their families/support systems.
2	Staff and consumer training infused in recovery and resiliency principles improves practices and outcomes. All individuals possess a degree of resiliency, and all individuals have the capacity for recovery. The mental health system needs to develop and further its flexibility and creativity to promote resiliency in all individuals with serious mental illnesses and support their unique recovery plans. Staff, consumers, and family support for training on recovery and resiliency increases knowledge and skills for greater participation in their own lives, in career development, and in assisting the system in development and evaluating treatment and supports.
3	Persons and families receiving services in advisory and evaluation roles will lead to development and implementation of consumer-run services. Dauphin County has developed and improved opportunities for persons in services to serve in advisory and evaluation roles. The Dauphin County CSP Committee has also prioritized this need among persons in recovery. Comparable activities and resources need to be developed among teens in transition and for families in the children's mental health system.
4	Creation of housing supports and sustaining recovery-oriented services, such as competitive employment resources, will transform system. The voices of persons with serious mental illnesses and their families should be heard, and their expressed needs should continue to drive decisions in our system. Working in partnerships will yield improvements at a person and system level.
5	Expansion of the network beyond the traditional MH system will improve community integration and promote independence. Many services and supports exist through other community-based networks. Outreach to other service networks will expand the resources for individuals and families with serious mental illnesses or serious emotional disturbances and/or co-occurring disorders. These same networks many offer new methods of providing supports and new financial opportunities for the traditional mental health provider network.

Reference: County Plan Guidelines Section 6 – *Identification of Recovery-Oriented Systems Transformation Priorities*

County Funds Fiscal Year 2010-2011: Expenditure Table 1		
Service Description/Cost Center (Bulletin OMH-94-10)	Service Category	Expenditure (in 1000s of \$)
6. Outpatient (3.6) 7. Psych Inpatient Hospitalization (3.7) 8. Partial Hospitalization (3.8) 9. Family-Based MH Services 10. Community Treatment Teams (3.23)	Treatment	\$ 1,360
3. MH Crisis Intervention Services (3.10) 4. Emergency Services (3.21)	Crisis Intervention	\$ 1,732
4. Intensive Case Management (3.4) 5. Resource Coordination (3.19) 6. Administrative Management (3.20)	Case Management	\$ 2,407
6. Community Empl & Empl Related Srvcs (3.12) 7. Community Residential Services 8. Psych Rehab (3.24) 9. Children's Psychosocial Rehab (3.25) 10. Other Services (3.98)	Rehabilitation	\$ 10,828
4. Adult Developmental Training (3.11) 5. Facility Based Vocational Rehab Srvcs (3.13) 6. Social Rehab Services	Enrichment	\$ 2,764
2. Administrator's Office (3.1)	Rights Protection	\$ 1,030
3. Housing Support Services (3.22) 4. Family Support Services (3.15)	Basic Support	\$ 103
- Specific if used	Self Help	
2. Community Services (3.2)	Wellness/Prevention	\$ 486
- Any services not identified above	Other	\$ -
		\$ 20,710

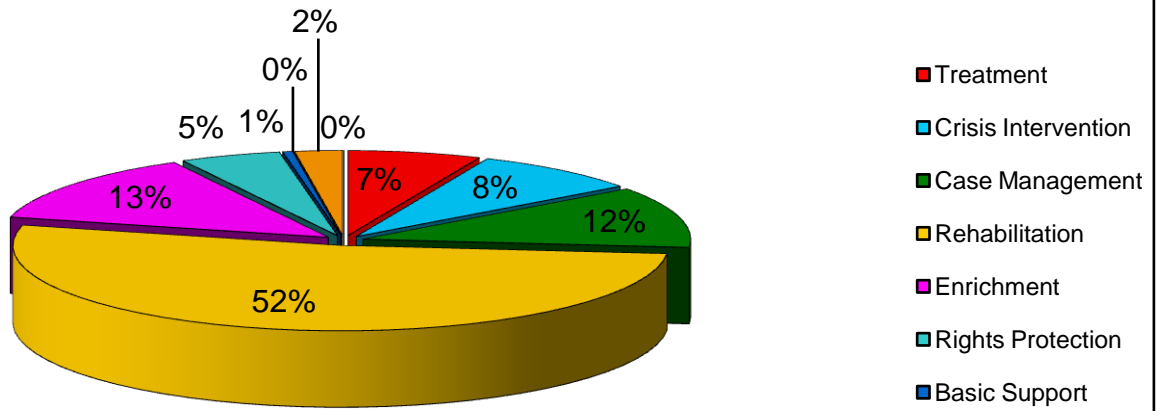
EXPENDITURE CHART 1 Dauphin County Funds - 10/11



Service Categories in the order shown in the legend on the right

PERCENTAGE CHART 1

Dauphin County Funds - 10/11

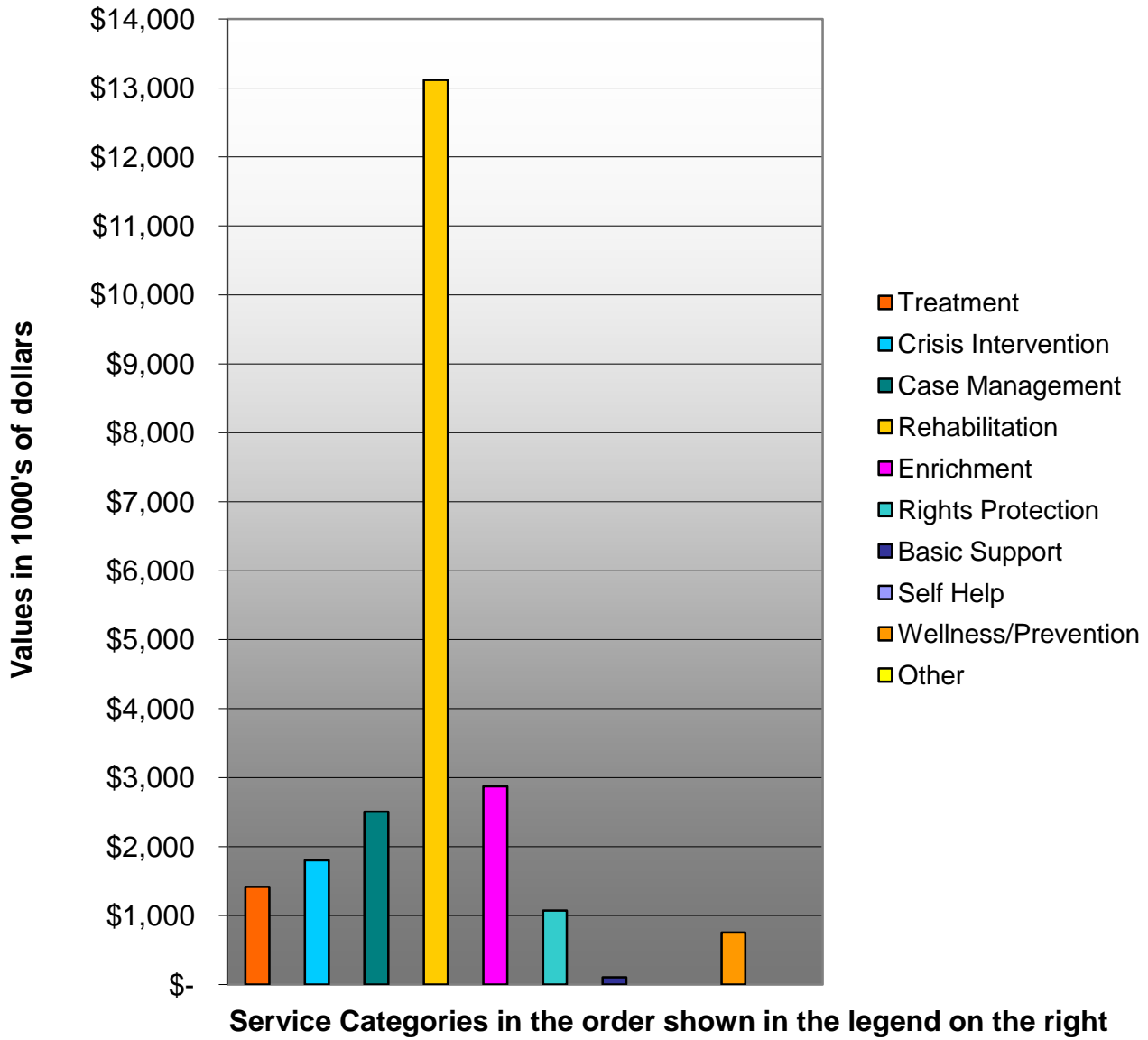


Service Categories in the order shown in the legend on the right

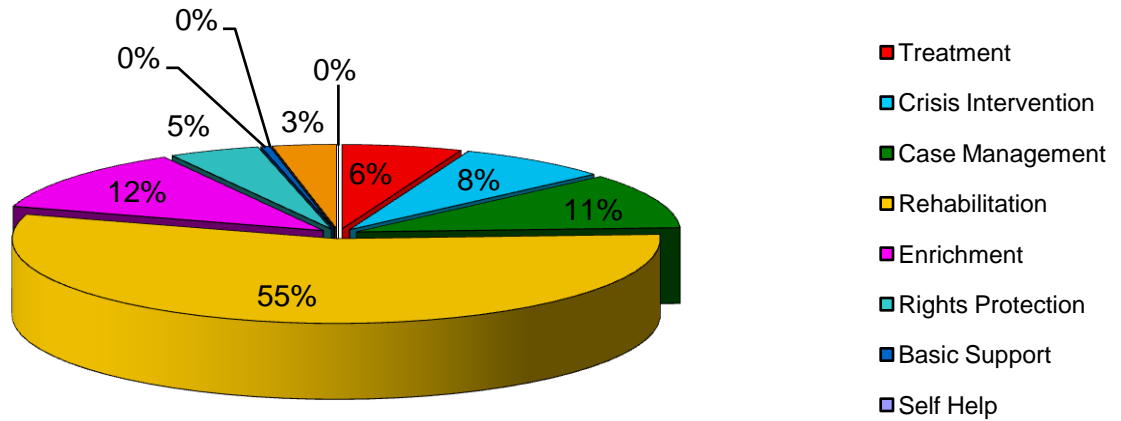
County Funds Fiscal Year 2012-2013: Expenditure Table 2

Service Description/Cost Center (Bulletin OMH-94-10)	Service Category	Expenditure (in 1000s of \$)
6. Outpatient (3.6) 7. Psych Inpatient Hospitalization (3.7) 8. Partial Hospitalization (3.8) 9. Family-Based MH Services 10. Community Treatment Teams (3.23)	Treatment	\$ 1,415
3. MH Crisis Intervention Services (3.10) 4. Emergency Services (3.21)	Crisis Intervention	\$ 1,802
4. Intensive Case Management (3.4) 5. Resource Coordination (3.19) 6. Administrative Management (3.20)	Case Management	\$ 2,504
6. Community Empl & Empl Related Srvcs (3.12) 7. Community Residential Services 8. Psych Rehab (3.24) 9. Children's Psychosocial Rehab (3.25) 10. Other Services (3.98)	Rehabilitation	\$ 13,116
4. Adult Developmental Training (3.11) 5. Facility Based Vocational Rehab Srvcs (3.13) 6. Social Rehab Services	Enrichment	\$ 2,875
2. Administrator's Office (3.1)	Rights Protection	\$ 1,072
3. Housing Support Services (3.22) 4. Family Support Services (3.15)	Basic Support	\$ 107
- Specific if used	Self Help	\$ -
2. Community Services (3.2)	Wellness/Prevention	\$ 756
- Any services not identified above	Other	\$ -
		\$ 23,647

EXPENDITURE CHART 2 Dauphin County Funds - 12/13



PERCENTAGE CHART 2 Dauphin County Funds - 12/13

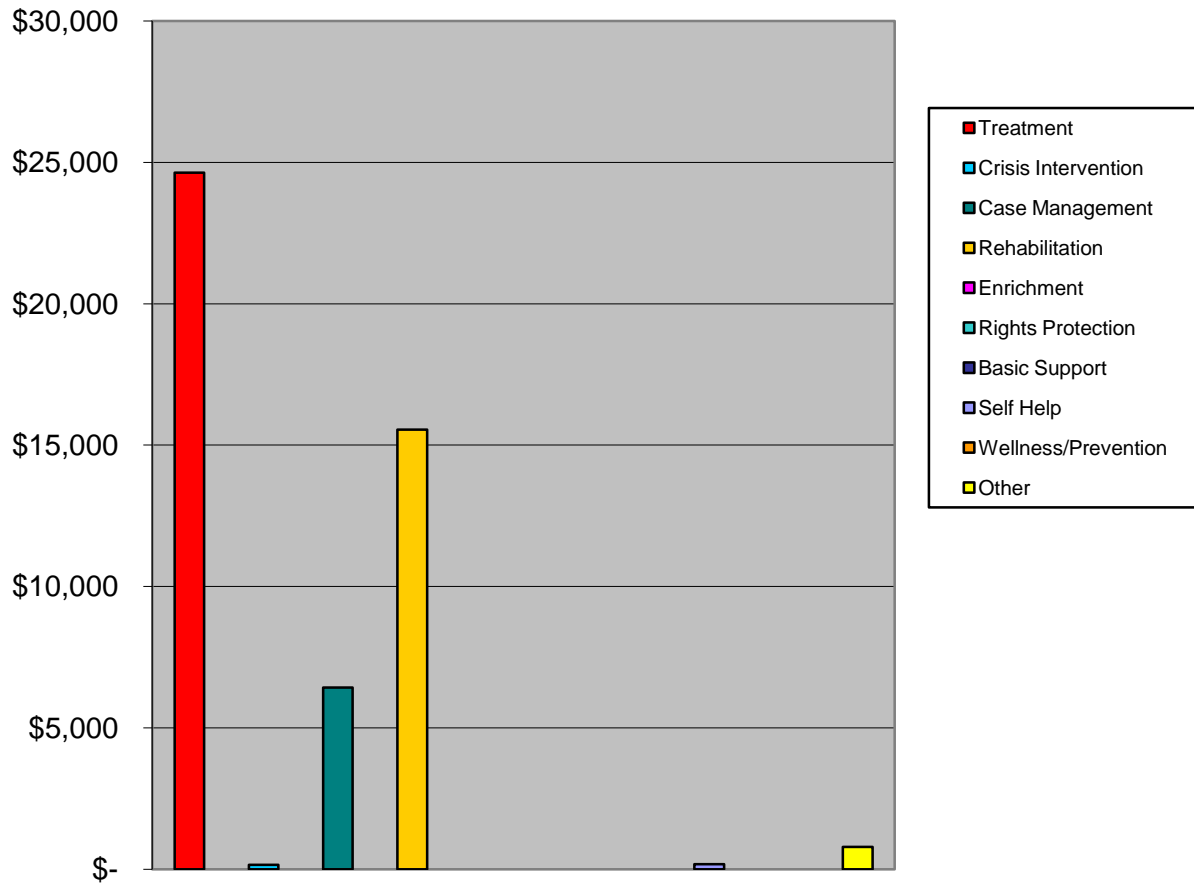


Service Categories in the order shown in the legend on the right

HealthChoices Fiscal Year 2010/2011: Expenditure Table 3

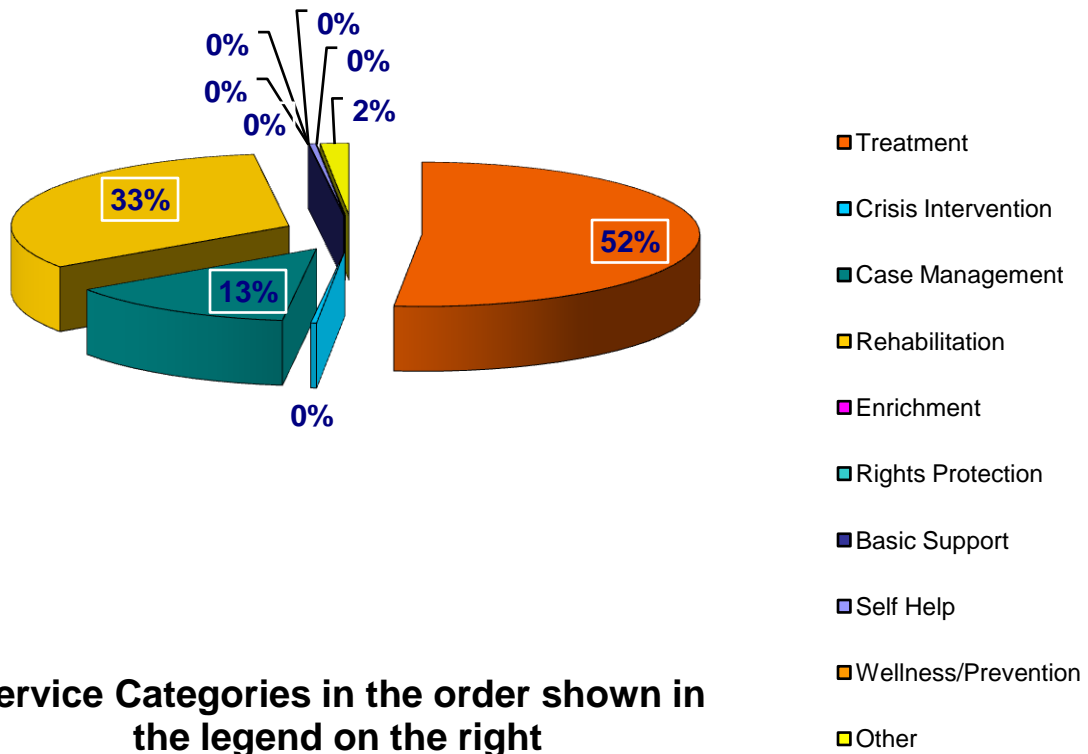
Service Description/Cost Center (Bulletin OMH-94-10)	Service Category	Expenditure (in 1000s of \$)
6. Inpatient Psychiatric (provider type 01 - specialties 010, 011, 022, 018) 7. Outpatient Psychiatric (provider type 08 - 110, 074, 080; provider type 11 - specialties 113, 114,.; provider type 19 - specialty 190) 8. RTF - Accredited (provider type 11 - specialty 118) 9. RTF - Non-Accredited (provider type 56 - specialty 560; provider type 52 - specialty 520) 10. Family Based Services for Children and Adolescents provider type 11 - specialty 115)	Treatment	\$ 24,633
2. Crisis Intervention (provider type 11 - specialty 118)	Crisis Intervention	\$ 160
5. Targeted CM, ICM (provider type 21 - specialty 222) 6. Targeted CM, Blended (provider type 21 - specialty 222) 7. Targeted CM, RC (provider type 21 - specialty 221) 8. Targeted CM, ICM-CTT (provider type 21 - specialty 222)	Case Management	\$ 6,422
3. BHRS for Children & Adolescents (all BHRS provider types and specialties under HC Behavioral Health Services Reporting Classification Chart) 4. Reahilitative Services (provider type 11 - specialty 123)	Rehabilitation	\$ 15,541
- Specific if used	Enrichment	\$ -
- Specific if used	Rights Protection	\$ -
3. Residential and Housing Support Services (provider type 11 - specialty 110) 4. Family Support Services (provider type 11 - specialty 110)	Basic Support	\$ -
2. Peer Support Services (provider types 08, 11, 21 - specialty 076)	Self Help	\$ 180
2. Mental Health General (provider type 11 - specialty 111)	Wellness/Prevention	
- Any services not identified above	Other	\$ 789
		\$ 47,725

EXPENDITURE CHART 3 Healthchoices Funds - 10/11



Service Categories in the order shown
in the legend on the right

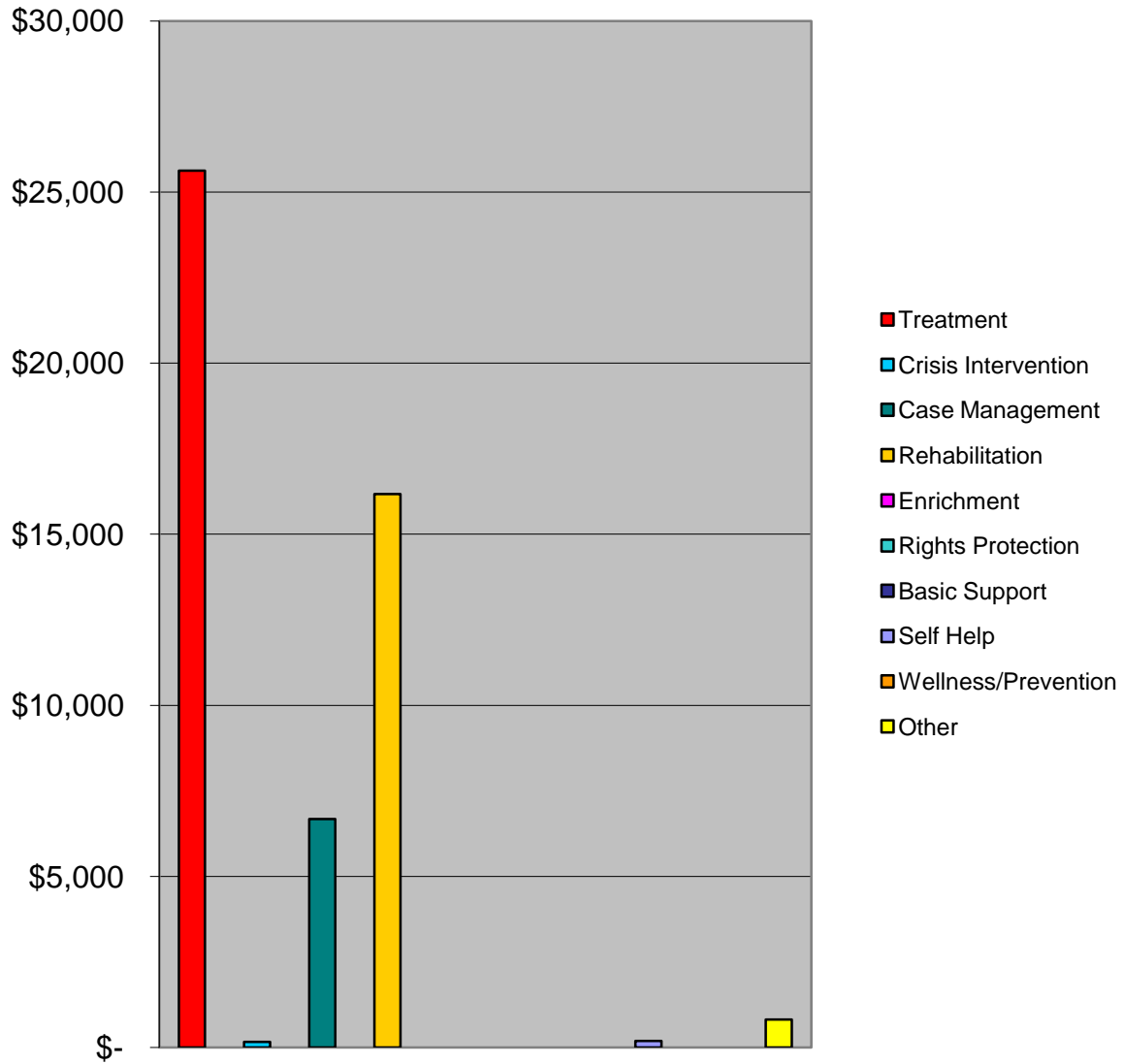
PERCENTAGE CHART 3 Healthchoices Funds - 10/11



HealthChoices Fiscal Year 2012/2013: Expenditure Table 4

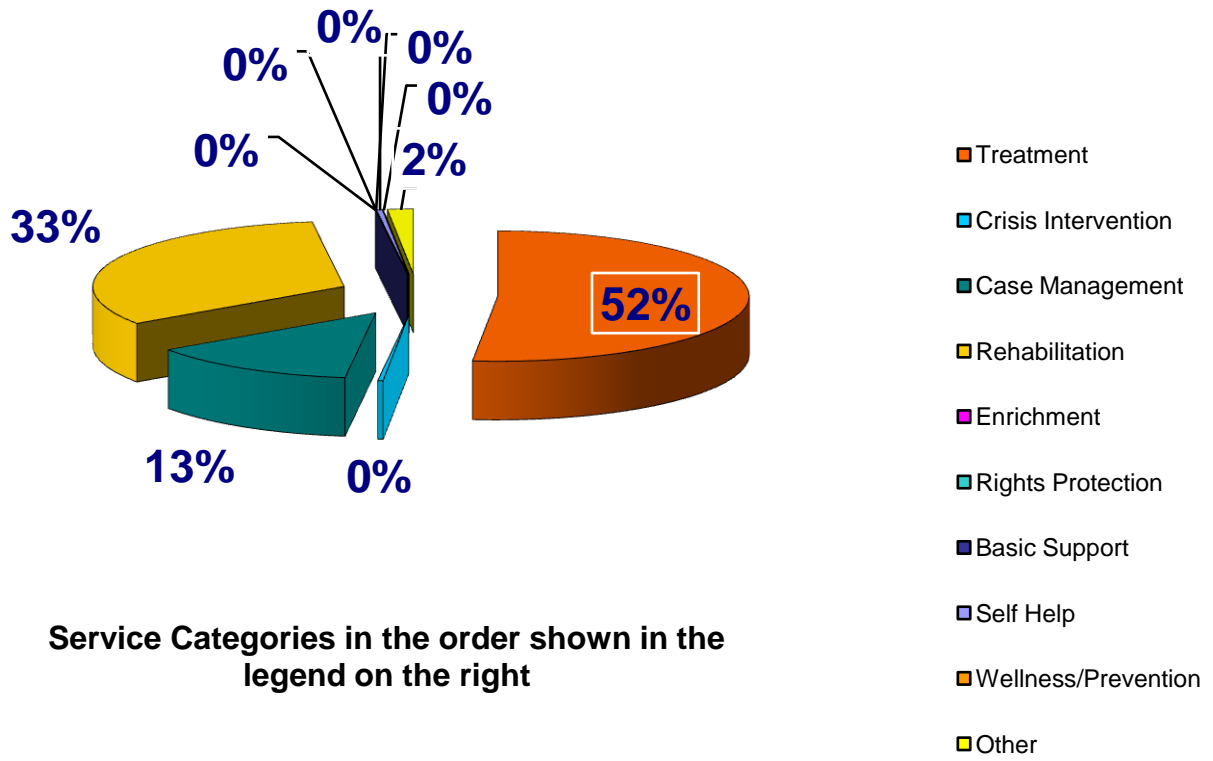
Service Description/Cost Center (Bulletin OMH-94-10)	Service Category	Expenditure (in 1000s of \$)
6. Inpatient Psychiatric (provider type 01 - specialties 010, 011, 022, 018) 7. Outpatient Psychiatric (provider type 08 - 110, 074, 080; provider type 11 - specialties 113, 114,.; provider type 19 - specialty 190) 8. RTF - Accredited (provider type 11 - specialty 118) 9. RTF - Non-Accredited (provider type 56 - specialty 560; provider type 52 - specialty 520) 10. Family Based Services for Children and Adolescents provider type 11 - specialty 115)	Treatment	\$ 25,628
2. Crisis Intervention (provider type 11 - specialty 118)	Crisis Intervention	\$ 166
5. Targeted CM, ICM (provider type 21 - specialty 222) 6. Targeted CM, Blended (provider type 21 - specialty 222) 7. Targeted CM, RC (provider type 21 - specialty 221) 8. Targeted CM, ICM-CTT (provider type 21 - specialty 222)	Case Management	\$ 6,681
3. BHRS for Children & Adolescents (all BHRS provider types and specialties under HC Behavioral Health Services Reporting Classification Chart) 4. Reahilitative Services (provider type 11 - specialty 123)	Rehabilitation	\$ 16,170
- Specific if used	Enrichment	\$ -
- Specific if used	Rights Protection	\$ -
3. Residential and Housing Support Services (provider type 11 - specialty 110) 4. Family Support Services (provider type 11 - specialty 110)	Basic Support	\$ -
2. Peer Support Services (provider types 08, 11, 21 - specialty 076)	Self Help	\$ 188
2. Mental Health General (provider type 11 - specialty 111)	Wellness/Prevention	\$ -
- Any services not identified above	Other	\$ 820
		\$ 49,653

EXPENDITURE CHART 4
Healthchoices Funds - 12/13



**Service Categories in the order shown in
the legend on the right**

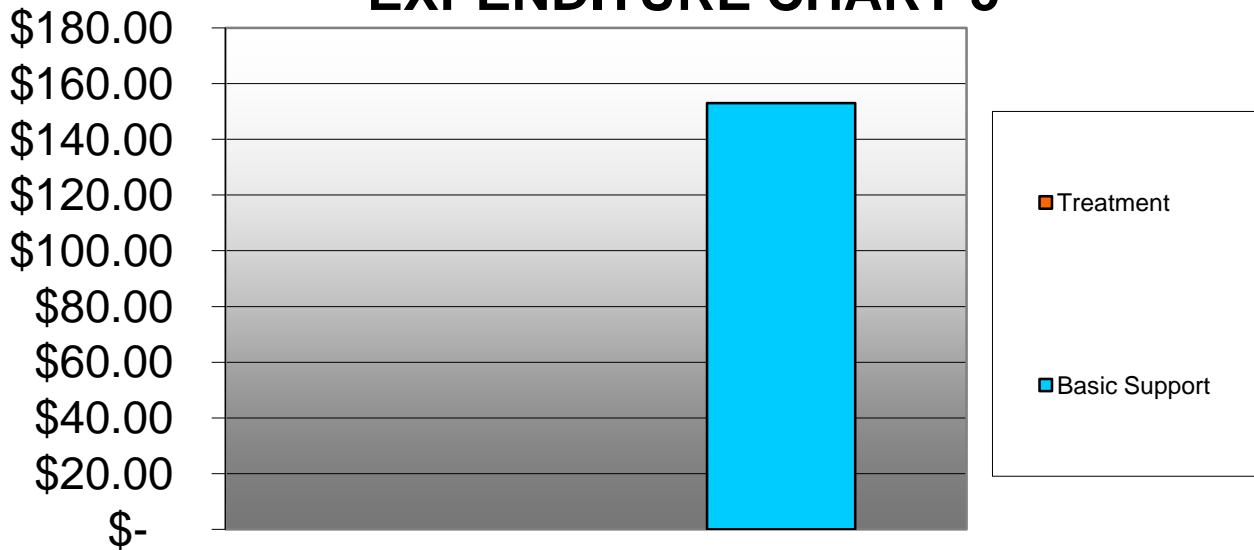
PERCENTAGE CHART 4 Healthchoices Funds - 12/13



Reinvestment Fiscal Year 2010-2011: Expenditure Table 5

Service Description/Cost Center (Bulletin OMH-94-10)	Service Category	Expenditure (in 1000s of \$)
6. Outpatient (3.6) 7. Psych Inpatient Hospitalization (3.7) 8. Partial Hospitalization (3.8) 9. Family-Based MH Services 10. Community Treatment Teams (3.23)	Treatment	\$ -
3. MH Crisis Intervention Services (3.10) 4. Emergency Services (3.21)	Crisis Intervention	\$ -
4. Intensive Case Management (3.4) 5. Resource Coordination (3.19) 6. Administrative Management (3.20)	Case Management	\$ -
6. Community Empl & Empl Related Srvcs (3.12) 7. Community Residential Services 8. Psych Rehab (3.24) 9. Children's Psychosocial Rehab (3.25) 10. Other Services (3.98)	Rehabilitation	\$ -
4. Adult Developmental Training (3.11) 5. Facility Based Vocational Rehab Srvcs (3.13) 6. Social Rehab Services	Enrichment	\$ -
2. Administrator's Office (3.1)	Rights Protection	\$ -
3. Housing Support Services (3.22) 4. Family Support Services (3.15)	Basic Support	\$ 153.00
- Specific if used	Self Help	\$ -
2. Community Services (3.2)	Wellness/Prevention	\$ -
- Any services not identified above	Other	\$ -

REINVESTMENT FUNDS EXPENDITURE CHART 5



Service Categories in the order shown in the legend on the right

**COMMONWEALTH OF PENNSYLVANIA
OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
DEPARTMENT OF PUBLIC WELFARE
COUNTY MENTAL HEALTH/SUBSTANCE ABUSE HOUSING PLAN**

County Program:	Dauphin	
Contact Name:	Daniel E. Eisenhauer	
Title:	Administrator	
Address:	100 Chestnut Street	Harrisburg, PA 17101
Phone:	(717) 780-7050	
Email:	deisenhauer@dauphinc.org	

The initial Dauphin County Housing Plan was written in 2008 as an Annual Mental Health Plan requirement for the planning cycle years of 2009-2012. Dauphin County MH/ID Program continues to support housing options beyond the licensed residential programs under the title of ***Concepts for Housing with Care***. At the close of one planning cycle and the beginning of another, we reflect upon our accomplishments over the past several years and the opportunities and challenges ahead. These are exceptionally difficult fiscal times for persons on limited and fixed incomes with an economy slowly headed in the right direction. For persons with serious mental illnesses and/or co-occurring disorders, their desires for safe and affordable housing are genuine; their interest in being competitively employed sincere; and their commitment to their own control in their recovery journey is extraordinary. Dauphin County will continue its role in offering treatment and support services to persons who choose them as well as improve the system with recovery and resiliency-oriented programming, policies and practices.

Dauphin County remains an active participant in the local Continuum of Care consortium, Capital Area Coalition on Homelessness (CACH), and over the past few years worked with a local provider, Volunteers of America, to create new housing options through a Housing and Urban Development (HUD) 811 Project. Paxton Ministries has also established a Community Lodge based upon the Fairweather Lodge model and a Lodge-related business called Paxton Cleaning Solutions. Both of the projects involved reinvestment funds from FY 2005-2006 earmarked for County Housing under the Reinvestment Plan approved by OMHSAS. This funding (\$128,696) was fully expended by June 2010. During this period there were no new CHIPP or Base Funding opportunities except for person-specific projects for individuals leaving a nursing home facility and a State Mental Health Hospital following an attempt to use Money Follows the Person (MFP) funding. The Program worked with OMHSAS, Area Agency on Aging and the Office of Long-Term Living but we were unsuccessful in using MFP funds. A recent round of planning for a small amount of reinvestment funds from FY 2009-2010 was completed under the guidance of the HealthChoices administrative oversight agency, Capital Area Behavioral Health Collaborative. The request is under review by OMHSAS. No projects for housing were identified with the funds in any of the Capital 5

counties. There is an expectation that reinvestment funds from FY 2010-2011 will provide the opportunity for additional housing planning during the next year, and the Annual Plan submitted next year for FY 2014-2015 should reflect those anticipated resources.

Dauphin County MH/ID Program continues to administer the Projects for Assistance in Transition from Homelessness (PATH) project (\$70,000+) and administers Homeless Assistance Program (HAP) funds and Emergency Shelter Grant (ESG) funds, which allows for greater collaboration, efficiency, and maximizes resources among related goals and common consumers. Recently we responded to the PATH request for proposals and submitted a request for additional PATH dollars. Working with the mental health system and several homeless service providers as well as CACH leadership, we began an analysis of how to extend and improve our outreach effort for literally homeless individuals through in-reach strategies particularly for the co-occurring population. We have recently been informed that the proposal will be funded and it is well detailed in Attachment C.

The Shelter Plus Care Housing Voucher Program serves persons who are homeless and seriously mentally ill. The Program utilizes subsidized housing vouchers matched with the provision of MH services. The Shelter Plus Care group meets monthly to review applicants and monitor persons in the program. Our housing partner is the Housing Authority of Dauphin County. Several Mental Health providers are essential partner as well. During FY 2009-10, 36 individuals were served for an average of 33.2 per month. There was one new lease with an individual in May 2010, the first in over 15 months. There were two discharges. At the close of the fiscal year, there were two new individuals awaiting HUD approval, as well as one applicant for a Chronic Homeless Definition (CHD) Housing Voucher awaiting approval, and three CHD vouchers were available in July 2010.

Summary of Dauphin County's Housing Plan for FY 2013-2017:

- A. All licensed residential programs in the Dauphin County MH/ID Program are considered transitional housing in Dauphin County. Recovery is an ongoing process for most persons who choose a recovery path in addressing their lives with a mental illness, and there are many individuals for whom recovery is elusive. Yet we would not take any action that inhibits an individual's motivation or determination to live in a certain way or place with or without supports.
- B. Program Management and Clearinghouse activities will continue, beginning with re-establishing a Dauphin County Local Housing Options Team (LHOT), assessing the use of the Landlord/Tenant Protocol, working with the YWCA on a Cooperative Agreements to Benefit Homeless Individuals (CABHI) proposal, and participating in a mid-point review of the CACH's 10-Year Blueprint to End Homelessness.
- C. Housing Contingency Funds will be designated for resident persons in re-entry from Dauphin County Prison and State Correctional Institutions. The funds will be primarily used through the Forensic Case Management services.

D. Other Programs may be pursued during the 2013 planning cycle because we project reinvestment funding in 2010-2011, which has not been planned for, and we would be supporting a housing initiative with reinvestment funds. Dauphin County MH/ID program is willing to explore sources of funding to improve housing resources.

Background and Summary Information

Dauphin County is a third class county located in southcentral Pennsylvania with a population estimated at 253,000 persons. There are 525 square miles and 40 municipalities bordered by the mile-wide Susquehanna River. Dauphin County includes the City of Harrisburg, a small urban center, and also the State Capitol. Many suburban communities and townships have their own unique characteristics. One geographical area known as Upper Dauphin is primarily rural. In 2002, Dauphin County was designated as an urban county and receives over \$1 million annually in Community Development Block Grants (CDBG) from HUD to fund projects that stimulate economic growth and serve the underprivileged.

Dauphin County has some noteworthy characteristics that impact housing based upon studies done by The Reinvestment Fund (TRF) and paid for by the Pennsylvania Housing Finance Agency (PHFA). Dauphin County has the fifth highest population of African-Americans in the state. The County's approximate percentage of the population with a disability is 10-12.6 percent. Among persons with a disability ages 21-64 years, 25.4 percent were below the poverty level in 2005. The County hosts concentrations of poverty and homelessness, both related and unrelated to mental health status.

A market study completed by Dauphin County MH/ID Program in cooperation with the Dauphin County Housing Authority found, among the 3,000 persons receiving community-based mental health services, just over 2,000 were considered low income. Approximately 50 percent of adults with serious mental illness pay more than 50 percent of their income for rent. Fifty-three (53) persons were living in substandard and unsafe housing. We conservatively estimate that there are between 1,000-1,250 adults with mental illness who need, but do not have, safe and affordable housing. The number of Medicaid recipients continues to grow in Dauphin County.

The Capital Area Coalition on Homelessness conducts a Point-in-Time Survey annually of individuals and families who experience homelessness and the services they request. In 2011, a network of 29 agencies and 49 programs conducted a 24-hour survey in January 2011. The purpose was to study the number of individuals and families seeking homeless related services. A total of 791 survey responses were collected with an unduplicated count of 567 adults and 224 children. Most respondents were male (51 percent). Unduplicated responses, 276 or 49 percent were from females. The majority of the respondents were either Caucasian (39 percent) or African-American (48.5 percent). The next largest group was Hispanic with slightly over eight percent. Sixty-seven (67) persons (12 percent) identified themselves as veterans. Most survey participants stated that they were single adults (70.3 percent) living alone. In the period of three months prior to the survey, large percentage of the respondents (65.82 percent)

stated that they had been living in the City of Harrisburg. Over fifteen percent (15.9 percent) stated that they had lived elsewhere in Dauphin County. Only 100 persons reported that their income was from employment. Of the 567 respondents, 21.87 percent reported income from cash assistance, and 140 persons (24.69 percent) reported incomes from some type of Social Security. Other sources of support came from food stamps 43.39 percent, and only 31 persons (5.47 percent) reported income from unemployment benefits. Veteran’s benefits accounted for income among only 14 persons surveyed or 2.47 percent.

Among the adults surveyed 73 responses or 13 percent were living on the streets or a place not meant for habilitation. Persons sheltered for 10-30 days at the time of the survey in an emergency or domestic violence shelter were 137 or 24.49 percent. The number of persons in transitional housing for homeless was 125 individuals or 22.16 percent. The surveyors identified 107 persons in permanent Supportive Housing (such as Shelter Plus Care, Single Room Occupancy and permanent housing for disabled persons). This is 18.97 percent of the adult respondents. Twenty-two (22) individuals (3.90 percent) were at the Safe Haven, and 52 persons reported assistance with Homeless Prevention Rapid Re-housing (HPRP). Five persons reported being evicted within one week and had no place to go and another nine persons (1.60 percent) were reported discharged from an institution with no resources for housing.

There were 147 respondents who indicated that they have a disabling condition and have been in emergency shelter or on the street at least four times in three years or several times in the past 12 months. This is 21.17 percent of 541 respondents as defined by the McKinney-Vento Act.

Persons were asked to rank one primary and one secondary cause of their homelessness:

Drug use – primary	21.63%
Mental Illness – primary	17.34%
Job Loss - primary	17.34%
Temporary Living situation ended - primary	14.13%
Other - primary	12.63%
Family Break-up -primary	10.92%
Alcohol use – primary	10.06%
Job Loss – secondary	14.13%
Mental Health – secondary	13.28%
Temporary Living Situation Ended –secondary	12.63%
Alcohol Use – secondary	12.21%

Dauphin County boasts a positive history of partnerships and collaboration in housing for persons with serious mental illnesses, including persons with co-occurring disorders through the following initiatives and funding sources:

- HUD Continuum of Care
- LHOT (Local Housing Options Team) Development (2002)

- HealthChoices Implementation (CABHC & CBHNP) (2001)
- PATH (Projects for Assistance in Transition from Homelessness)
- Concepts for Housing with Care, including Shelter Plus Care and Project Access (2004)
- State Hospital Closure (2006)
- Fairweather Lodge (2009)
- Safe Haven for Men (2009)
- Safe Haven for Women (2011 *new*)
- PATH Expansion Grant with Downtown Daily Bread (2011 *new*)

Dauphin County's Housing Partnerships have included the following agencies/organizations:

- County of Dauphin Housing Authority
- United Way of the Capital Region
- Capital Area Coalition to End Homelessness (CACH)
- YWCA of Greater Harrisburg
- Homeless Service Delivery System
- Faith-Based Organizations
- Mental Health Providers Network
- Commercial Property Owners/Managers

Partnerships to develop and improve upon during the Housing Plan period include:

- County Department of Economic Development
- Harrisburg City Housing Authority
- Commercial Property Owners/Managers

The community residential services inventory for Dauphin County's Mental Health system has been updated for the new Annual Plan FY 2013-2017 and includes the services identified in the chart at the end of this Housing Plan and funded by base funding, Community-Hospital Integration Projects Program (CHIPP), HSDF, PATH and HUD Section 8 Programs. In FY 2011-2012, we anticipate the end of the Human Services Development Fund, which has supported transitional housing for many years with a grant of about \$17,000. The program will continue as we reallocate existing funds to maintain the program.

In 2010, the Dauphin County MH/ID Program modified the Dauphin County Housing survey for use with individualized planning, and it was distributed to all mental health contracted providers with a recommendation to use the survey on at least annual basis in conjunction with service planning activities and at any time requested by the individual.

Dauphin County's priority populations include:

- Residents of Danville State Hospital
- Residents in Extended Acute Care and Long-Term Structured Residences

- Residents of CRR and PCH Programs

Many of the above identified individuals are also persons with co-occurring disorders and have forensic involvement currently or in their recent past.

In closing, we will work with consumers, families, provider network and housing partners to increase permanent, safe, and affordable housing options while improving recovery-oriented services.

I. SUMMARY OF PROPOSED ACTIVITY (TYPE OF ACTIVITY)

1. Capital Funding:

Description: There are no planned activities at this time or in process. During the past fiscal year, we have had discussions with Keystone Human Services, division of Community Mental Health Services, about the HUD 811 application process. We have also encouraged them to discuss the process with Volunteers of America, a provider with extensive 811 experiences. Since KCMHS has a moderate CRR program that operates as a scattered apartment site, we are interested in continuing to learn about HUD's new 811 design and monitor funding opportunities. The County had one specific technical assistance session with OMHSAS and TAC for this purpose.

Amount and Sources by type: There are no funding sources for capital funding at this time or in process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources.

2. Project Based Operating Program

Description: There are no planned activities at this time or in process.

Amount and Sources by type: There are no funding sources for Project-Based Operating Program at this time or in process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources.

3. Tenant Based Rental Program

3a. Bridge Subsidy Program

Description: There are no planned activities at this time or in process.

Amount and Sources by type: There are no funding sources for a Bridge Subsidy Program at this time or in process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources.

3b. Master Leasing Program

Description: There are no planned activities at this time or in process.

Amount and Sources by type: There are no funding sources for a Master Leasing Program at this time or in process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources

4. Program Management/ Clearinghouse

Description: The Shelter Plus Care Committee will be working towards operating as a Local Housing Options Team (LHOT) during FY 2011-2012. The LHOT, which was formed in 2002, had been funded by CACH and was organized for years by the Center for Independent Living in Central PA. Meetings became very sparse as CIL headed in other, greater housing directions, which included taking on an 811 project with the Housing Authority of Dauphin County for persons with physical disabilities – Baldwin Village. Dauphin County MH/ID Program has also been working with the YWCA of Greater Harrisburg, and we are preparing a proposal for the SAMHSA RFA on Cooperative Agreements to Benefit Homeless Individuals (CABHI). It is unclear whether or not a proposal will be submitted. This is a mid-way point for the Continuum of Care organization. CACH and a review planning session will be held in the next few weeks/months to reassess accomplishments, plans and modifications for Dauphin County housing issues. We will continue to pursue identification of CACH as the local lead agency (LLA).

Amount and Sources by type: There are no funding sources for additional Program Management/Clearinghouse functions at this time or in process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources

5. Housing Support/Support Services

Description: There are no planned activities at this time or in process. Dauphin County MH/ID Program has a considerable investment in these activities with existing Base and CHIPP funds, and they are well used by individuals in recovery as well as emerging service groups such as forensic populations being diverted from State Hospital admission in both the local system as well as Dauphin County residents in re-entry from State Correctional Institutions. The Dauphin County MH/ID Program has designated Housing Only support funds for many years in a contract with Keystone Community Mental Health Services. This includes a Housing locator staff position who works with landlords/owners.

Amount and Sources by type: There are no additional funding sources for Housing Support/Support Services at this time or in process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources

6. Housing Contingency Funds

Description: Dauphin County MH/ID Program has been using HPRP funds over the past few years in this capacity for person who meets the HPRP guidelines. They have been used to support persons with rental assistance, security deposits and utility help that meet eligibility over a period of time toward self-sufficiency. All persons had the benefit of working with a targeted case manager on their independence plan. Since establishing a MH Court through a Bureau of Justice Grant in June 2010, we have also continued with other jail diversion and re-entry enhancements. In FY 2011-2012, we will be managing a small fund from the County Commissioners as “last resort” contingency funds for persons with re-entry needs from the Dauphin County Prison.

Amount and Sources by type: There will be \$50,000 of County funds available for housing contingency funds for persons prepared for re-entry from Dauphin County Prison. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources

□ 7. Enhanced Personal Care Homes

Description: There are no planned activities at this time or in process. Dauphin County MH/ID Program has done extensive enhanced personal care home development and implementation. The Housing Resources Inventory was updated for this Annual Plan cycle, and it reflects the existing programs under contract. The MH/ID Administrator and Deputy MH Administrator met with Paxton Ministries' new Executive Director and some of their Board members. The primary purpose was to discuss the future status of developing more Community Lodges and to discuss the County Policy and Procedure on Personal Care Homes and its implication for large licensed personal care homes, such as Paxton. There was discussion about the feasibility of converting some of the licensed beds to single room occupancy (SRO) housing. We are interested in the new Service Area Plan development phase during FY 2011-2012 in light of the proposed new CHIPF funds and Olmstead Plan in OMHSAS. Previously we were not interested in any further residential development but would use this process to look at potential enhanced PCH opportunities.

Amount and Sources by type: There are no funding sources for Enhanced Personal Care Homes at this time or in process. The Service Area Plan (SAP) process may identify funding options. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources.

□ 8. CRR Development or Conversions

Description: There are no planned activities at this time or in process. Several years ago, Dauphin County, in cooperation with Keystone Human Services' division of Community MH services, modified the configuration of CRRs. We looked at these both in relationship to persons who seemed unable to move into more independent living arrangements due to their request for support and their lack of potential income to pay more for housing without a Section 8 voucher. CRR programs that have awake overnight staff (maximum care) were reduced and converted to moderate care programs based upon level of support needed. The "conversion" was a cost-neutral shift to have persons in a level of support suited to their needs. The issues are viewed as continuous referrals and modest discharges into permanent housing or in many cases with other family members. The Dauphin County MH/ID Program does want to decrease CRR capacity when Section 8 vouchers are available in the City of Harrisburg; most persons are already on the waiting list. At the County Housing Authority, the lists have been closed for quite some time. We last had available Project Access vouchers set aside for individuals in mental health over two years ago. In 2009-2010, the Volunteers of America Creekside Village was opened and was an opportunity for some persons to transition to permanent independent housing with housing support as needed.

Amount and Sources by type: There are no funding sources for CRR Development or Conversions at this time or in process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources.

□ 9. Fairweather Lodge

Description: Efforts to develop a Fairweather Lodge were initiated by Paxton Ministries, and they established a Community Living Program to carry out a plan for three Community Lodges. The existing Hudson Street program was modified to support five residents to live independently while learning about how Fairweather Lodges are developed and managed. The rent is based upon 30 percent of a person's income. The original goal was to have a Fairweather Lodge for six to eight individuals with serious mental illnesses by the end of calendar year 2008.

During 2007-2008, work was underway to develop independent living skills in the areas of cooking and computer skills. A job training program was also instituted and the hiring of a Peer Specialist at the PCH licensed program while the first Lodge was being developed, including a capital campaign. Technical assistance was used from the LHOT on financing strategies and from Stairways, a Statewide Lodge consultant. Persons were referred from the two priority groups identified in Section 6. Current interested residents of the licensed personal care home operated by Paxton Ministries will be likely applicants for the Community Lodge and have been participating in activities related to its development.

Paxton Ministries held a formal Open House for the Community Lodge in November 2009. Lodge residents have had many new experiences, including developing a new business venture (Paxton Cleaning Solutions, Inc.). The Lodge provides permanent housing for five persons. Three persons have been at the Lodge for a while; there are frequently openings for one to two persons. This is one factor which has slowed further lodge development at Paxton; another is a change in leadership approximately one year ago. Efforts have been underway to support the employment component, Paxton Cleaning Solutions, Inc., and there is a recent addition of a dog trained to detect bed bugs, which is under development with a consumer dog handler.

Amount and Sources by type: There are no funding sources for a Fairweather Lodge at this time or in process. We are waiting to hear from Paxton Ministries on the outcome of their review and planning process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources.

□ 10. Other

Description: There are no planned activities at this time or in process.

Amount and Sources by type: There are no funding sources for Other Programs at this time or in process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources.

II. EXISTING RESOURCES, RESOURCES BEING DEVELOPED, LOCAL CAPACITY AND PARTNERSHIPS:

A. Existing Resources: Dauphin County MH/ID Program has a chart documenting existing housing resources.

Community Residential Rehabilitation Services

Community Residential Rehabilitation (CRR) services offer many individuals' choices for a stepping stone to independence in their recovery journey. Licensed programs offer varying degrees of support, yet because of licensing, the benefits of a standard of service. The following table illustrates the wide range of programming and settings offered by CRR services in Dauphin County.

Community Residential Rehabilitation (CRR) Programs 2010-2011

CRR Program	Characteristics	Capacity	Provider
Crisis and Diversion CRR - Windows	Crisis stabilization; step-down or diversion from Inpatient care; intensive staffing and psychiatric services started March 2011	12 (two Crisis 10 Diversion)	Northwestern Human Services Capital Region
Crisis and Diversion CRR- Adams Street	Crisis stabilization; step-down or diversion from Inpatient care; intensive staffing and psychiatric services	14 (two Crisis 12 Diversion)	Community Services Group, Inc.
New View	Full care Therapeutic Community model; D & A education; 12-Steps; Double Trouble	8 (eight single bedrooms)	Gaudenzia
Gibson Blvd	Full care Therapeutic Community model; D & A education, 12-Steps, jail diversion/re-entry	16 (two beds are set aside for adjacent County)	Gaudenzia
Lakepoint Drive	Staff intensive Cluster apartments in suburban area; private bedrooms; individual and small group skill development; continuous staffing and on-call system	10 (five, 2-bedroom cluster apartments)	Keystone Community Mental Health Services
Taylor Park	Staff supportive scattered apartments in urban area; private bedrooms; individual & transitional; continuous staffing and on-call system	16 (eight, 2-bedroom scattered apartments)	Keystone Community Mental Health Services
Washington Square	Staff intensive clustered apartments in urban area; private bedrooms; continuous staffing and on-call	8 (four, 2-bedroom cluster apartments)	Keystone Community Mental Health Services
The Brook	Staff intensive clustered apartments in suburban area: separate bedrooms	10 (five, 2- person apartments)	Keystone Community Keystone Community Mental Health Services
Third Street	Staff intensive apartment building in urban setting; private bedrooms	16 (eight, 2-bedroom shared apartments)	Elwyn

Most adult CRR programs located at scattered or clustered apartments or townhouses are lease-held by Keystone Community Mental Health Services. By KCMHS policy, no consumer pays more than 50 percent of their income for rent; their rent is subsidized by MH funds.

NHS Capital Region and Community Services Group (CSG) operate a crisis stabilization and diversion program in Dauphin County. There are a total of 22 diversion beds and four crisis beds, which are accessed through crisis intervention and case management entities.

Elwyn operates a maximum care CRR program which was established as a part of service development for the HSH Closure and provides 24-hour staffing along with assistance in meeting healthcare needs, including support with self-medication administration, adult daily living skills, educational and therapeutic groups, goal planning, and community integration activities, which may include volunteer work.

Gaudenzia, Inc., operates two 24/7 CRR programs, New View, which is a program that serves individuals with co-occurring disorders and Gibson House, which serves individuals with serious mental illnesses and criminal justice involvement. The combined programs serve a total of 24 individuals. Cumberland County purchases two beds at Gibson House. Both programs incorporate the evidence-based curriculum Illness Management and Recovery (IMR) in their weekly programming schedule.

Other Residential Services

There are additional types of residential services available to adults in Dauphin County. Each offers a uniqueness that has grown and evolved from individualized needs. All are licensed either by OMHSAS (LTSRs) or by the Office of Developmental Programs under the Adult Residential Licensing as Personal Care Homes/Specialized Care Residences.

There are two Long-Term Structured Residences (LTSR) in Dauphin County. NHS Capital Region operates Cornerstone LTSR and serves 12 persons in a comprehensive residential program inclusive of psychiatric services and supports, individual and group interventions, skill building, recovery groups and life skills. Individualized care and support is provided through an array of community integration activities.

Keystone Community Mental Health Services' Progress Avenue LTSR was developed to meet the needs of persons stepping down from long-term inpatient care specifically at State Mental Hospitals. Sixteen (16) persons are residing in the program and include purchased services for residents of Cumberland-Perry (3), Franklin-Fulton (2). Staff in the LTSR have a strong psychiatric rehabilitation orientation, and there have been several successful discharges to more integrated community living.

Specialized Care Residences are licensed as Personal Care Homes (PCH) but are exclusively for adults and older adults with serious mental illnesses. Staff has extensive mental health training, clinical support skills and meets the unique characteristics of

residents who also require PCH level of care. Personal care services include: assistance in completing tasks of daily living; social activities; assistance to use community services; and, individualized assistance to enhance daily goals and life quality. The KCMHS SCR will be moving to a new location in FY 2011-2012. The following table provides a snapshot of the PCH/SCR programs:

Specialized Care Residence (SCR) Services 2010-2011

SCR Program	Capacity	Provider
Third Street	8	Keystone Community Mental Health Services
Chambers Street	8	Keystone Community Mental Health Services
Reynolds Lane	8	Keystone Community Mental Health Services
Peiffer's Lane	5	NHS Capital Region
Page Road	8	NHS Capital Region

The goals of Specialized Care Residences (SCR), according to Northwestern Human Services Capital Region, are to provide a supportive and therapeutic residential environment for persons to pursue their individualized recovery/rehabilitative goals and maintain wellness in their community and offer stable and comfortable housing with flexible daily support dependent on their level of need. SCRs are a learning environment to practice skills that will enable them to live more independently.

Persons with serious mental illnesses, including older adults and adults with co-occurring disorders, use licensed personal care homes (PCH) to meet their residential needs and provide a supervised supportive environment for recovery. Contracts are in place with several licensed programs as illustrated below and only a portion has MH service/financial participation.

Personal Care Home Services 2010-2011

PCH Program Provider	Licensed Capacity	Current Census	MH Contributes to Costs of Care
Graysonview Harrisburg	92	92	2
Paxton Street Ministries	85	83	45

Because these programs serve a population in addition to MH consumers, Dauphin County has in place a process to accept referrals for community-based services as well as for persons at PCH that are private admissions or independent of MH financial housing support. Individual service monitoring is enhanced through the quarterly PCH Risk Management Group with representation from the Office of Developmental Programs' Adult Residential Licensing, County MH/ID, OMHSAS Harrisburg Field Office, and the Disabilities Rights Network and Case Management Entities. This group is provided with updated provider information such as status with licensing issues, notifications of program out of compliance or closing. Educational information has been

shared with the group on licensing policies and procedures and updates on any information that is pertinent.

A Personal Care Home (PCH) policy was developed with stakeholders, providers, and those individuals residing in PCH. This policy was implemented in Dauphin County based in response to the OMHSAS Personal Care Home Policy requirement regarding referrals to PCH with 16 beds or more. This policy addresses the County process for individuals who are eligible for placement in PCH and are being discharged from a state mental hospital or are referred from the community, as well as the exception process for individuals who select a PCH that has greater than 16 beds. This is evidenced by affirming support for and commitment to development of integrated housing options, established parameters to consider exceptions to the policy, and providing greater community integration. County program staff will review all PCH exception requests and make an appropriate determination to grant or deny exception to policy.

Housing Support Services

The Dauphin County MH/ID Program and the provider network use the term Supportive Living to describe a cluster of supportive services and, based upon a person's individual needs, the services can be highly flexible to focus more on housing support or other types of support necessary for independence and recovery. Keystone Community Mental Health Services and Volunteers of America are the supportive living providers in Dauphin County.

Keystone's supportive living services have a component that emphasizes transitional housing support. The program meets the needs of persons whose independent living skills need assessed, and their plan is to acquire rehabilitative skills to live independently with or without a housing subsidy like Section 8. The goal is to have people transition from this program within 18 months. Leased apartments by Keystone offer the setting for clinical and rehabilitative assessments, social and neighborhood interaction, individual goal planning. Individualized services are designed to address the multiple needs of those involved in this service and may include skill development provided in the following areas:

- Daily Living Skills
- Community Awareness and Education
- Medication Monitoring and Maintenance
- Utilizing Public Transportation
- Healthcare Issues

Other Supportive Living Services provide support to people experiencing mental illness in the environment that best meets their individual needs. In apartments rented through Keystone Community Mental Health Services or in their own homes, people can receive the amount of support they desire. Assistance is available in helping people secure entitlements, housing, and in accomplishing goals to become more self-sufficient. This could include developing domestic skills, budgeting skills, or medication and symptom management skills. The types and lengths of services are very flexible, according to the

person's needs. Supportive Living provides “transitional housing” to approximately 10 percent of the 200 consumers served by Keystone each year. The transitional housing is apartments leased by Keystone and sublet to consumers with two individuals sharing an apartment. Persons in this housing support service are expected to complete the processes for obtaining independent housing through application to the Housing Authority and/or other avenues. An average length of stay in transitional housing is about eight months. Supportive living services may continue after independent housing is obtained.

Volunteers of America (VOA) Supportive Living program focuses on providing whatever supports are needed by each individual to gain ultimate independence. Support services will promote recovery and improve or maintain independent living skills in the following areas:

Employment/Volunteer Work	Educational Pursuits
Housing	Life Skills Training
Mental Health and D&A Treatment	Self- help
Personal Care	Household Maintenance
Cooking/Shopping	Community Living
Transportation	Social/Interpersonal/Coping Skills
Medication Management	Health Maintenance
Setting Personal Goals	

The VOA serves persons residing at the Third Street Apartments, individuals at New Song Village and Creekside Village (both HUD 811 Projects), and additional persons residing in the community. The VOA’s program has community-based supportive living services available and does not subsidize housing costs.

Fairweather Lodge

Efforts to develop a Fairweather Lodge were initiated by Paxton Ministries and they established a Community Living Program to carry out a plan for three Community Lodges. The existing Hudson Street program was modified to support five residents to live independently while learning about how Fairweather Lodges are developed and managed. The rent is based upon 30 percent of a person’s income. The original goal was to have a Fairweather Lodge for six to eight individuals with a serious mental illness by the end of calendar year 2008. During 2007-2008, work has been underway to develop independent living skills in the areas of cooking and computer skills. A job training program was also instituted and the hiring of a Peer Specialist all based at the PCH licensed program while the first Lodge was being developed, including a capital campaign. Technical assistance was used from the LHOT on financing strategies and from Stairways, a Statewide Lodge consultant. Persons were referred from the two priority groups identified in Section 3. Current interested residents of the licensed personal care home operated by Paxton Ministries have been applicants for the Community Lodge as well as others interested in this type of housing. During Lodge development potential residents have been participating in activities related to its

development. Paxton Ministries held a formal Open House for the Community Lodge in November 2009. Lodge residents have had many new experiences, including developing a new business venture (Paxton Cleaning Solutions, Inc.) The Lodge provides permanent housing for five persons. Three persons have been at the Lodge for a while, and there is frequently openings for one or two persons. This is one factor which has slowed further lodge development at Paxton; another is a change in leadership approximately one year ago. Efforts have been under way to support the employment component, Paxton Cleaning Solutions, Inc., and there is a recent addition of a dog trained to detect bed bugs which is under development with a consumer dog handler. Dauphin County MH/ID program hopes to continue support for the Community Living program, specifically the Lodge Coordinator position.

Occupancy and Point-in-Time Census

The management of residential and housing resources is conducted through the MH/ID Program office with the involvement of several staff, primarily by the CHIPP Residential Coordinator position in cooperation with all the residential providers, case management entities and Supportive Living (housing support) agencies. A team meeting is held monthly to address system issues, barriers, consultation, etc. A password-protected database is used among case management and residential providers to document planned and unplanned discharges, wait lists and referrals. It is very dynamic as only persons ready for discharge are wait listed. We closely monitor the length of time providers fill vacancies. All activities are closely managed with Danville State Hospital and Philhaven's Extended Acute Care program. Two years ago, the County inserted a step in the referral process to assure that persons that met the definition of Serious Mental Illness were the priority population group being referred for all types of residential services. A common referral form is used by all providers and must be reviewed by the County before a referral can be made to a residential program. Steps and new forms have since been added regarding referrals to Personal Care Homes larger than 16 beds. A summary of residential programs, capacity, persons served in 2009-2010 and a Point-in-Time Census (May 10, 2011) is also included in the Residential Occupancy chart on the following page.

Residential Occupancy

Residential Program Name and Type	Capacity	Unduplicated Persons Served 2009-2010	Current Census
Gaudenzia New View (Dual-Dx CRR)	8	14	7
Gaudenzia Gibson House Forensic CRR	14	17	12
Lakepoint Drive CRR Max	10	14	8
Taylor Park CRR Mod	16	17	16
Washington Square CRR Mod	8	17	7
The Brook Colonial Park CRR Mod	10	12	10
Third Street SCR	8	8	8
Chambers Street SCR	8	9	8
Reynolds Lane SCR	8	9	8
Peiffers Lane SCR	5	7	4
Page Road SCR	8	9	7
Elwyn, Inc., CRR Max	16	21	16
Keystone LTSR	11	13	10
NHS LTSR	12	12	12
Paxton Ministries PCBH	45	52	45
NHS CRR Crisis & Diversion	14	79	
Community Services Group CRR Crisis & Diversion	14	80	12
Keystone Supportive Living	NA	215	167
Volunteers of America SL	NA	73	58
Paxton Lodge	5	5	5

B. Resources Being Developed

At this time, there were no new CHIPP or Base Funding opportunities, except for person-specific projects for individuals leaving a nursing home facility and a State Mental Health Hospital using Money Follows the Person (MFP) funding. The MH Program worked with OMHSAS, Area Agency on Aging and the Office of Long-Term Living, but we were unsuccessful in using MFP funds. We remain open to exploring this funding mechanism to assist individuals leaving State-operated programs such as South Mountain Restoration Center or Danville State Hospital. Our present Community Support Plan (CSP) process has not yet identified a person for transition using this funding stream. We are interested in the new Service Area Plan development phase during FY 2011-2012 in light of the proposed new CHIPP funds in the Governor's budget proposal and Olmstead Plan approved by OMHSAS. Previously we were not

interested in any further residential development but would use this process to look at potential opportunities.

Reinvestment funds from FY 2005-2006 were earmarked for County Housing under the Reinvestment Plan approved by OMHSAS. This funding (\$128,696) was fully expended by June 2010. The funds provided capital for Volunteers of America's Creekside village HUD 811 and support for a Community Lodge operated by Paxton Ministries. A recent round of planning for a small amount of reinvestment funds from FY 2009-2010 was completed under the guidance of the HealthChoices administrative oversight agency, Capital Area Behavioral Health Collaborative. The request is under review by OMHSAS. No projects for housing were identified with the funds in any of the Capital 5 counties. There is an expectation that reinvestment funds from FY 2010-2011 will provide the opportunity for additional housing planning during the next year and the Annual Plan submitted next year for FY 2014-2015 should reflect those anticipated resources.

C. Unmet Needs, Successes, and Challenges

Dauphin County MH/ID Program learned a lot about the criminalization of persons with mental illnesses in our SAMHSA Jail Diversion planning grant, and we continue to apply that information to practice. While we have expanded by starting a MH Court in June 2010 and improving re-entry options, housing access is a significant barrier to individual stability and success, and it is further complicated by arrests and criminal behavior. Individuals with co-occurring disorders are further disenfranchised if they are unable or willing to accept co-occurring treatment and supports. Individual issues are complicated by system issues of a non-integrated service system.

Many years ago, the LHOT developed a Landlord/Tenant Protocol to diffuse problems for persons with mental illnesses in permanent housing. It is used as a blueprint for other communities. During the next year, as we strive to restart an LHOT in Dauphin County, we will be assessing the use locally and retraining case managers and other support persons, including peer specialists, on how to use the protocol.

D. Housing Resource Management and Services Capacity

The MH/ID Administrator has overall leadership responsibility in Housing activities with Community partners and is supported by the Deputy MH Administrator. Housing Plan responsibilities are distributed among several mental health program staff and come together in a coordinated manner in the Mental Health Department under the direction of the Deputy MH Administrator.

Mental Health Quality Assurance Specialist 1	50%	Joseph Whalen
Adult MH Program Specialist 2	25%	Frank Magel
Deputy MH Administrator	25%	Rose M. Schultz
MH/MR Administrator		Daniel E. Eisenhauer

More time will be needed during the Housing Plan period to develop the understanding and experience to carry out the various roles needed to continue and expand upon the housing efforts.

All the housing activities will be integrated with other mental health staff and their respective responsibilities:

CHIPP/Residential Services Coordinator PS1
Children's MH Specialist 2
MH Services Coordination Specialist 2

Serge Grigoryan
Lynn Pascoa
Michaelene A. Barone

Shelter Plus Care/Project Access Committee is coordinated by the Dauphin County MH/ID Program and the County of Dauphin Housing Authority. Participation includes: MH/ID, Dauphin County Housing Authority, Keystone Supportive Living, three Mental Health case management entities, and Patch-n-Match, a consumer-run drop-in center. This group oversees the delivery of services to persons using Shelter Plus Care vouchers and transitions persons out of Shelter Plus Care to more independent living/Section 8 permanent vouchers with or without support services. In addition to monitoring success and outcomes, the group selects and manages a waiting list for Shelter Plus Care and Project Access vouchers. This group manages approximately 50+ vouchers that are available for persons with serious mental illnesses.

E. Partnerships in Housing

Over the past several years and currently, Dauphin County MH/ID Program is working with the following agencies to develop affordable housing options for persons with serious mental illnesses.

- ✓ CACH and its member agencies
- ✓ County of Dauphin Housing Authority
- ✓ Volunteers of America
- ✓ Paxton Street Ministries

Potential partners with whom we need to build a better relationship with are Dauphin County's Department of Community and Economic Development, and the City of Harrisburg Housing Authority. We anticipate greater collaboration with PHFA, and the County Department of Community and Economic Development will begin relationship building with other affordable housing developers to include units for persons with serious mental illnesses in an integrated setting.

Capital Area Coalition on Homelessness (CACH) is the local planning process and MH/ID is an active participant. CACH is a volunteer effort based on active membership and strong leadership. CACH's funding Partners include: County of Dauphin, City of Harrisburg, United Way, and The Foundation for Enhancing Communities. CACH coordinates and develops partnerships with housing services, homeless services, and Human Services through resource development, service delivery, public awareness, data collection, and coordinating committees. CACH is responsible for submitting the

Annual HUD Continuum of Care Application. In 2007, CACH developed and submitted to HUD's Interagency Council on Homelessness, the County of Dauphin and City of Harrisburg's Blueprint to End Homelessness, a 10-year Strategic Plan. MH/ID is also active on the Service Delivery Committee, which has a lead role in conducting training, education, an annual Point-in-Time survey, the Homeless Management Information Systems (HMIS), networking, and systemic problem resolution. A funded CACH project is Safe Harbor, a HUD model Safe Haven facility located at Cameron and Kelker Streets that houses 25 chronically homeless men with serious mental illnesses and/or co-occurring disorders working towards permanent housing. Christian Churches United is the lead agency concerning service delivery. Mental health services are available to the residents if they want them, including targeted case management. A transitional housing area with a capacity for six to eight individuals has had some admissions in 2011. Fuller use of this type of support needs to be developed through network relationships and better engagement of the homeless population.

The YWCA of Greater Harrisburg, also a CACH member agency, has been a great partner and catalyst for housing in Dauphin County. The Vice-President for Program Development was recently recognized for his contribution to persons in Dauphin County with serious mental illnesses and co-occurring disorders as a recipient of the annual Administrator's Award. His involvement expands the entire gamut of housing resources, services, and needs: Capital Area Coalition on Homelessness (CACH), Annual Point-in-Time Survey, HUD Continuum of Care, Safe Haven, Project Connect, CACH Service Delivery Committee and Data Collection Committee, the Homelessness Prevention and Rapid Re-Housing Program and HMIS.

Volunteers of America is a longstanding provider of mental health services and an experienced housing provider. The organization has developed two HUD 202s for low-income elderly and two HUD 811s for low-income individuals with mental health diagnoses. Their housing projects in Luzerne and Dauphin County totaling 170 units are safe and affordable and routinely fully occupied.

Our efforts with Keystone are focused from transitional care into permanent housing areas.

F. Partnerships with Persons in Service and Families

In 2010, Dauphin County MH/ID Program modified the Dauphin County Housing survey to use with individualized planning, and it was distributed to all mental health contracted providers with a recommendation to use the survey on at least an annual basis in conjunction with service planning activities and at any time requested by the individual. During the next fiscal year, we will evaluate the use of the Housing survey at the person level and seek input from individuals, families and other stakeholder about planning toward independent housing.

For purposes of the Housing Plan, we will also be using the Plan in 2011-2012 to initiate a more in-depth discussion with the Dauphin County CSP Committee as well as

members of the Dauphin Clubhouse about permanent housing. The Dauphin Clubhouse has been looking at Clubhouse certification and will be needing innovative approaches in housing and employment. Several other existing leadership and/or advisory councils now exist to guide provider planning and evaluation. Their involvement will also be solicited and factored into additional planning.

Persons in services have a role and voice in the Cap 5 county reinvestment process. As additional housing resources are identified, we will rely upon their involvement and participation at the county implementation level.

G. Partnerships with Providers

Dauphin County MH/ID Program and the provider network use the term Supportive Living to describe a cluster of supportive services. Based upon person's individual needs, these can be highly flexible to focus more on housing support or other types of support necessary for independence and recovery. Keystone Community Mental Health Services and Volunteers of America are the supportive living providers in Dauphin County.

Keystone's supportive living service has a component that emphasizes transitional housing support. The program meets the needs of persons whose independent living skills require assessment, and their plan is to acquire rehabilitative skills to live independently with or without a housing subsidy like Section 8. The goal is to have people transition from this program within 18 months. Leased apartments by Keystone offer the setting for clinical and rehabilitative assessments, social and neighborhood interaction, and individual goal planning. Individualized services are designed to address the multiple needs of those involved in this service and may include skill development that is provided in the following areas:

- Daily Living Skills
- Community Awareness and Education
- Medication monitoring and maintenance
- Utilizing public transportation
- Healthcare Issues

Other Supportive Living services provide support to people experiencing mental illnesses in the environment that best meets their individual needs. In apartments rented through Keystone Community Mental Health Services or in their own homes, people can receive the amount of support they desire. Assistance is available in helping people secure entitlements, housing, and in accomplishing goals to become more self-sufficient. This could include developing domestic skills, budgeting skills, or medication and symptom management skills. The types and lengths of services are very flexible, according to the person's needs. Supportive Living provides "transitional housing" to approximately 10 percent of the 200 consumers served by Keystone each year. The transitional housing is apartments leased by Keystone and sublet to consumers, with two individuals sharing an apartment. Persons in this housing support service are expected to complete the processes for obtaining independent housing through application to the Housing Authority

and/or other avenues. An average length of stay in transitional housing is about eight months. Supportive living services may continue after independent housing is obtained.

Volunteers of America (VOA) Supportive Living program focuses on providing whatever supports are needed by each individual to gain ultimate independence. Support services will promote recovery and improve or maintain independent living skills in the following areas:

Employment/Volunteer Work	Educational Pursuits
Housing	Life Skills Training
Mental Health and D&A Treatment	Self-help
Personal Care	Household Maintenance
Cooking/Shopping	Community Living, including
Medication Management	transportation
Setting Personal Goals	Social/Interpersonal/Coping Skills
Health Maintenance	

The VOA serves persons residing at the Third Street Apartments, individuals at New Song Village and Creekside Village (both HUD 811 Project), and persons residing in the community. The VOA's program has community-based supportive living services available and does not subsidize housing costs.

Northwestern Human Services Capital Region has been transforming from a Community Treatment Team (CTT) to an evidence-based Assertive Community Treatment (ACT) team model during 2010-2011. The ACT team uses a multidisciplinary-based approach to the provision of treatment, rehabilitation and support to individuals in a variety of settings in the community. The ACT team serves as the fixed point of responsibility for providing an all-inclusive service. The Act team provides comprehensive 24/7 access to community-based treatment and consists of the following multidisciplinary staff: team leader, psychiatrist, registered nurses, master's level mental health professionals, substance abuse specialist, peer specialist, vocational specialist, and mental health workers. The ACT has a recovery and resiliency orientation which allows individuals the greatest opportunity for community integration and support as long as necessary to increase their continued success in the community. Services are targeted to meet the needs of persons who have been unsuccessful in more traditional mental health services. The NHS Capital Region ACT, organized as an urban team model, will serve a capacity of 100-110 persons who meet specific criteria for the service.

Peer support has been defined by OMHSAS as "a specialized therapeutic interaction conducted by self-identified current or former consumers of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community-integration," according to a Medical Assistance Bulletin revised effective October 1, 2009, establishing peer support as an MA-funded service in Pennsylvania.

Peer support is a service designed to promote empowerment, self-determination, understanding, coping skills, and resiliency through mentoring and service coordination

supports that allow individuals with severe and persistent mental illnesses and co-occurring disorders to achieve personal wellness and cope with the stressors and barriers encountered when recovering from their illness.

This service is designed on the principles of consumer choice and the active involvement of persons in their own recovery process. Peer support practice is guided by the belief that people with disabilities need opportunities to identify and choose for themselves their desired roles with regard to living, learning, working, and social interaction in the community and is a service in which the individual agrees to being involved.

Peer support services include the following therapeutic activities:

- Crisis support
- Development of community roles and natural supports
- Individual advocacy
- Self-help
- Self-improvement
- Social networking

There are three approved CPS providers in Dauphin County: CMU, Philhaven and Keystone Community Mental Health Services. During FY 2009-2010, Certified Peer Specialist Providers served 114 individuals and provided nearly 10,500 units of service.

The Capital Area Behavioral Health Collaborative (CABHC) has provided extensive leadership, support and financial assistance through scholarships for training/certification for individuals interested in being certified peer specialists in the five-county region. The Office of Vocational Rehabilitation (OVR) provided no scholarships to Dauphin County eligible individuals to pursue certified peer specialist training in FY 2009-2010. Aurora Social Rehabilitation, NHS Capital Region ACT, and NHS's LTSR and Partial program have peer specialists imbedded in their services. Other agencies continue to recruit and employ peer support specialist as part of their staff compliment in their services, which include Community Services Group, Inc., and Elwyn, which are community residential programs.

It is our experience in Dauphin County that peer support services are a recovery-oriented service that individuals are interested in having or continuing to have to support them as a component of their plan to move toward more independent living and community integration. It is an interest in Dauphin County to continue to expand peer support services as they are truly a catalyst for moving the mental health system toward recovery and resiliency and supporting individual recovery and resiliency.

A comprehensive description of the existing services in Dauphin County can be found in Section 4 of the Annual Plan for FY 2013-2017.

H. Sustainability

In the previous Housing Plan, Dauphin County identified projects that fit the efforts of experienced providers and relied upon additional financial resources in capital funding and development to complete the work. As funds become available through existing CHIPP dollars that can be reallocated for support for the Community Lodge coordination through attrition, we will do that. We will also be involved in reinvestment planning for funds from 2010-2011 during the next year.

VI. IDENTIFICATION OF PRIORITY CONSUMER GROUP

A. OMHSAS Identification of Persons in Personal Care Homes Larger than 16 Beds

Dauphin County MH/ID Program works with individuals and their support system, families and advocates to identify needs, goals, and plans to meet their needs using all the resources available in the mental health system and the community at large, including all potential sources of funding. For many years, we have also worked with all stakeholders to learn about recovery and resiliency and to be good stewards in promoting recovery and resiliency oriented policies and practices.

We have documented past and future efforts in the Annual Plan for FY 2013-2017 in furthering the “Call to Action.” One fundamental aspect of recovery we fully support is the right of an individual to self-determine, particularly when their choices do not in any manner present harm to themselves or others and is what they want. We strongly support the right of an individual to make an informed choice, and we believe the policies and procedures developed by Dauphin County and approved by OMHSAS reflect informed choice when being admitted to a PCH with more than 16 licensed beds. We also believe that the most integrated setting possible is a determination an individual makes based upon an informed choice. OMHSAS’ prioritization of this population group appears to be counter to most people’s understanding of recovery.

An individual should be driving the process to change their living arrangement, not an institution such as OMHSAS. Dauphin County MH/ID Program will take the following actions in relationship to your identification of the need for persons to move:

1. Conduct a review of individual cases where an admission into a PCH of 16 beds or larger was admitted during FY 2010-2011 for the following: documentation of the use of the PCH policy and procedure for admission, with particular attention to persons who were admitted from a State institution.
2. We will request that all case management entities offer to all residents of a PCH larger than 16 beds the opportunity to complete an Individual Housing Survey which will become their service plan to change their living arrangement and/or use of recovery-oriented services.
3. A person’s refusal to participate in an Individual Housing Survey will be documented and accepted.
4. County staff will monitor that there is a current MA51 for all persons in PCH licensed programs.

B. County Priority Groups of Individuals in Service

Priority Group 1: Adults with serious mental illnesses and co-occurring disorders currently in mental health licensed CRR/LTSR/PCH/EAC programs
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Rationale for Priority: Dauphin County has a comprehensive inventory of licensed mental health programs to support individuals with serious mental illnesses and co-occurring disorders transition to community living. Many persons want to leave this level of care and reside independently in the community. Individualized team approaches will provide support as the person chooses to be supported. This priority group has the skills and desire to live independently based upon their motivation and accomplishments in licensed programs. In previous system surveys, among the persons residing in these levels of care (65 respondents), 41 or 63 percent want to move. Based upon person-centered planning, among persons that want to move to more independent housing, we hope the most integrated settings are good choices for individuals in this priority group. We will work with their informed choices and promote self-determination and their own unique recovery journey.
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Priority Group 2: Adults with serious mental illnesses and co-occurring disorders currently at Danville State Hospital

Rationale for Priority: Someday, all State Hospitals will be closed. Surveys in previous years indicate, among the persons residing in this level of care (23 respondents), 18 or 78 percent want to move. While Dauphin County has an array of residential service options, we also have the resources to support individuals to live in the community without stepping down to licensed programs if there is family and/or a support system for them. Based upon person-centered planning (CSP process) among persons who want to transition to their home community, we hope the most integrated settings are good choices for individuals in this priority group. We will work with their informed choices and promote self-determination and their own unique recovery journey.
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Priority Group 3:

Rationale for Priority

Priority Group 4:

Rationale for Priority

County MH/ID Program Residential Inventory

Updated 4/20/11

A. Housing Name	B. Type of Housing	C. Owner/ Manager of Property	D. Service Provider Name	E. Target Group	F. Capacity: Units; Slots; People	G. Services Funding	H. Housing Funding	I. Additional Information
S+C Vouchers	Shelter Plus Care	Various	Various MH providers and case management entities	HM MH	44 vouchers	MH Base Medicaid	HUD	Dauphin County Housing Authority Shelter Plus Care Committee
Project Access Vouchers	PA	Various	Various MH providers and case management entities	MH	28 vouchers	MH Base CHIPP Medicaid	HUD	Dauphin County Housing Authority Shelter Plus Care Committee
	Transitional Housing	Keystone CMHS leaseholder	Keystone Community Mental Health services	HM MH	2 apartment units	MH Base	HSDF	
Windows	Short-term CRR	Edgewater/NHS	Edgewater/Northwestern Human Services	MH MISA	2 Crisis beds (5 day) 10 Diversion beds (45 day)	CHIPP Medicare Medicaid	CHIPP	No cost to individual
Crisis & Diversion	Short-term CRR	Community Services Group, Inc.	Community Services Group, Inc.	MH MISA	2 Crisis beds (5 day) 12 Diversion beds (45 day)	CHIPP Medicare Medicaid	CHIPP	No cost to individual
New View	CRR	Gaudenzia	Gaudenzia	MISA	8 beds (eight one-person bedrooms)	CHIPP Medicaid	CHIPP Room & Board	Consumer pays 72 percent of income for rent.
Gibson Blvd Completion 08/09	CRR	Gaudenzia	Gaudenzia	MISA	16 beds	CHIPP	MH Base Room & Board	Consumer pays 30 percent of income for rent.
Lakepoint Drive	CRR	Keystone Community Mental Health Services (KCMHS)	Keystone Community Mental Health Services (KCMHS)	MH	10 (five clustered apartments)	MH Base Medicaid	MH Base Room & Board	Consumer pays less than 50% of their income for rent
Taylor Park	CRR	KCMHS	KCMHS	MH	16 (eight scattered apartments)	MH Base Medicaid	MH Base Room & Board	Consumer pays less than 50% of their income for rent
Washington Square	CRR	KCMHS	KCMHS	MH	8 (four clustered apartments)	MH Base Medicaid	MH Base Room & Board	Consumer pays less than 50% of their income for rent
The Brook	CRR	KCMHS	KCMHS	MH	10 (five two-person apartments)	MH Base Medicaid	MH Base Room & Board	Consumer pays less than 50% of their income for rent
Third Street	CRR	Elwyn	Elwyn	MH	16 (eight 2-bedroom apartments)	CHIPP Medicaid Medicare	CHIPP Room & Board	
Cornerstone	LTSR	Edgewater/NHS	Edgewater/NHS	MH	12	CHIPP Medicare Medicaid	CHIPP Room & Board	
Keystone LTSR	LTSR	KCMHS	KCMHS	MH	16/11 Dauphin County	CHIPP Medicare Medicaid	CHIPP Room & Board	

A. Housing Name	B. Type of Housing	C. Owner/ Manager of Property	D. Service Provider Name	E. Target Group	F. Capacity: Units; Slots; People	G. Services Funding	H. Housing Funding	I. Additional Information
Chambers Street	SCR	KCMHS	KCMHS	MH	8	CHIPP Medicare Medicaid	CHIPP Room & Board	
Third Street	SCR	KCMHS	KCMHS	MH	8	CHIPP Medicare Medicaid	CHIPP Room & Board	
Reynolds Lane	SCR	KCMHS	KCMHS	MH	8	CHIPP Medicare Medicaid	CHIPP Room & Board	
Peiffer's Lane	SCR	Northwestern Human Services	Northwestern Human Services	MH/TBI	5	CHIPP Medicare Medicaid Commcare	CHIPP Room & Board	
Page Road	SCR	Northwestern Human Services	Northwestern Human Services	MH	8	CHIPP Medicare Medicaid	CHIPP Room & Board	
Grayson View	PCH	Graysonview Harrisburg	Various MH providers	PhysDis	92/1 MH	CHIPP	CHIPP Room & Board	
Paxton Street	PCH	Paxton Ministries	Various MH providers	PhysDis	85/45 MH	MH Base	MH Base Room & Board	
Community Living			KCMHS	MH MISA	200	MH Base CHIPP		
Community Living			Volunteers of America	MH MISA	20	MH Base CHIPP		
Creekside Village VOA	811	VOA	VOA	MH	14	Reinvestment Capital funds	HUD	
Paxton Ministries Fairweather Lodge	FWL	Paxton Ministries	Paxton Ministries	MH	6-8	Reinvestment Community Living	Capital campaign	

Codes:

Type of Housing: PSH, PSH/SRO, S+C, CRR, CRR-Group Home, CRR-APT, LTSR, Fairweather Lodge, Supportive Housing has not been a defined “funding” category by OMHSAS; however, PSH (Permanent Supportive Housing) is defined on page 7.

Target Group: MISA = Mental Illness/Substance Abuse; MH= Mental Health; PwD = People with Disabilities (not targeted to specific disability subpopulation); PhysDis = Physical Disabilities; Youth; Eld = Elders; Fam = Family; DV = Domestic Violence; HM = Homeless (More than one code can be used per property), SA = Substance abuse

Services Funding: Medicaid by type, McKinney, Base funding, CHIPPs

Housing Funding: HUD202; HUD811; HUD McKinney; Section 8 PBA, PHFA; County/ County, CDBG, Section 236, Health Choices Reinvestment

FY 2013-2017 County Plan
FORENSIC PLAN GUIDELINES

Using the Sequential Intercepts for Developing Criminal Justice/Mental Health Partnerships, please provide available services under each Intercept and corresponding subgroup within the Intercept. Please reference the Intercept Model Diagram attached.

Service	Yes	No	Comments
<i>Intercept 1: Law Enforcement and Emergency Services; Pre-Arrest Diversion Programs</i>			
911 Training:		X	
Police Training:	X		Provided by Strategic Community Care Solutions
Documentation of Contact:		X	
Emergency/Crisis Response:	X		Crisis Intervention
Follow Up:		X	
Evaluations of Services:		X	
Other:		X	
Contact information for Intercept 1: Name, email, and Phone number		X	
<i>Intercept 2: Initial Hearings and Initial Detention; Post-Arrest Diversion Programs</i>			
Screenings:	X		
Pre-Trial Diversion:	X		
Service Linkage:		X	
Other:		X	
Contact information for Intercept 2: Name, email, and Phone number		X	
<i>Intercept 3: Jails and Courts</i>			
Screening:	X		Provided by Dauphin County Prison
Court Coordination:	X		Provided by Pretrial, Public Defender
Service Linkage:	X		Provided by CMU, Keystone, ACT
Court Feedback:		X	
Jail-Based Services:		X	
Other:		X	
Contact information for Intercept 3: Name, email, and Phone number		X	

<i>Intercept 4: Re-Entry from Jails, Prisons and Hospitals</i>			
Assess:	X		Provided by Pretrial
Plan:	X		CMU, Keystone ACT
Identify:	X		Parole, District Attorney, CMU, ACT, Public Defender, Keystone
Coordinate:	X		Pretrial, CMU, Keystone, ACT, Parole
Other:		X	
Contact information for Intercept 4: Name, email, and Phone number		X	
<i>Intercept 5: Community Corrections and Community Support Services</i>			
Screening:		X	
Maintain a Community of Care/Service Linkage:	X		CMU, Keystone, ACT
Implement a Supervision Strategy:	X		Parole, CMU, ACT, Keystone
Graduated Responses and Modification of Conditions of Supervision:		X	
Other:		X	
Contact information for Intercept 5 Name, email, and Phone number		X	

Please summarize other Cross Systems Initiatives (Forensic Peer Support, Collaborative efforts with CJABS, etc) not included above:

Forensic Peer Support provided at ACT Program

Director of Pretrial Services: Shannon Danley – sits on Criminal Justice Administrative Board

County Program: Dauphin County

FY 2013-2017 County Plan

THE SUPPLEMENTAL PLAN TO PROMOTE COMPETITIVE EMPLOYMENT

County Program: Dauphin County

1. Inclusiveness of the Planning Process

a. Please briefly describe the planning process for this Supplemental Plan, including stakeholder involvement, leadership roles, meeting schedules, the establishment or expansion of a local Employment Transformation Committee, data and information sources, etc.

- The Dauphin County MH/ID Program's initial Employment Plan was submitted in May 2010 as a new attachment for the Plan update year of 2011-2012. Employment planning has occurred throughout FY 2010-2011 with the Transformation Committee on Employment. The Committee began meeting on a regular basis in June 2010. Membership includes persons in service, County contracted agencies, County staff, YWCA of Greater Harrisburg, and Office of Vocational Rehabilitation. The Committee was intentionally small in order to have 50 percent of the participants be individuals receiving services and to facilitate learning about best practices in competitive employment.
- Individuals in service are offered transportation assistance as needed and a stipend for participation. A light lunch is provided. The group meets after the monthly Dauphin County CSP Committee meeting most months.
- The Committee reviewed in detail the Dauphin County Employment Plan, including data contained in the Plan about persons using employment and employment related services and County-funded expenditures in employment services. Fortunately, the YWCA of Greater Harrisburg is the recipient of a five-year SAMHSA grant on supported employment.
- The Committee established the following purpose: to review and refine the Employment Plan and oversee the Plan by carrying out activities, including disseminating information to all parts of the MH system about supported employment.
- The Committee members brainstormed ideas and experiences about employment for persons using MH services. This process yielded ideas about improvements and areas that the Committee wanted to learn more about. Twenty-seven (27) items were identified and include but are not limited to: understanding the "rules of work" in a competitive employment job; changing provider attitudes about employment and what persons are capable of; confidence in getting a job; support groups for persons employed; benefits counseling; characteristics of good employers; staying motivated; disclosing your mental health history. All 27 items were then rank ordered by the group.

- The work product as a result of the meetings is the Transformation Grid. The Grid outlines the future work of the Committee along two dimensions: finding a job and keeping a job.
- Approximately 22 persons are on the Transformation Committee, and attendance has ranged from 8 to 18 persons at monthly meetings during FY 2010-2011.
- The Committee has two main projects they are working on: creating a toolkit about competitive employment for persons in services to use and establish mobility training in conjunction with Capital Area Transit, due to the high correlation between transportation, recovery and independence.

b. Please indicate the number of individuals or group representatives who were involved in the Transformation Committee on Employment throughout the year in each category below:

Some participants cross more than one category of representation. Beginning in July 2011, more Committee members will be added.

Consumers	10
Providers	9
CSP Reps	8
OVR	1
NAMI	1
County staff	2

2. Current Service Delivery Data

Please review the attached tables compiled from the County Income and Expenditure Reports and CCR POMS data for FY 2008–2009, which identify the numbers served and dollars spent within the two existing vocational cost centers for your county and answer the questions below. (Definitions of these two vocational cost centers are provided with the Expenditure Reports.)

a) Confirm the accuracy of the data. Please adjust any data and explain any corrections made.

- Check here if the data is accurate.
- Check here if the data should be adjusted, as follows:

- Community Employment and Employment Related Services
73 Number of individuals served
\$143,866 Funds expended
- Facility-Based Vocational Rehabilitation Services
65 Number of individuals served
\$325,304 Funds expended

b) Additional Expenditures for Employment Services. If there are additional mental health funds expended by the county for employment services that are captured in other cost centers, please indicate below the cost centers used, the expenditures made, and the number of individuals served:

- Cost center in which expenditures appear: Not applicable to Dauphin County
- Total additional Expenditures for employment services: Not applicable to Dauphin County.
- Numbers of additional individuals served: Not applicable to Dauphin County.
- SAMHSA Employment Grant to YWCA of Greater Harrisburg awarded in 2010.

c) Indicate the percentage of current county funding for employment as a percentage of overall current county funding.

\$21,710,243 Overall county funding
\$469,170 County funding for employment services
2.16 Percent of overall county funding for employment services

d) Indicate the percentage of overall employment funding expended on facility-based versus community services.

\$469,170 Total employment funding
69.3 Percent of total employment funding for facility-based services
30.7 Percent of total funding expended on community services

e) Describe any changes you plan to make in total employment expenditures or percentages allocated to facility-vs. community-based services. Also, please report on other funds (e.g. Health Choices, etc.) spent on employment.

For competitive employment, the Office of Vocational Rehabilitation has been the resource Dauphin County residents have most relied upon. When OVR does not or cannot serve them due to their funding or screen/eligibility issues, County resources are used. We have found from the review of the supported employment model, that OVR's screening and intake process takes up to 60 days and is not often timely for persons interested in competitive employment. We have been fortunate to have a SAMHSA-funded employment grant through the YWCA of Greater Harrisburg. This grant, as well as access to the YWCA's other employment services, has been a tremendous benefit to persons with serious mental illnesses and co-occurring disorders because they are applying all the supported employment principles and practices. This coincides with funding reductions in FY 2010-2011. The SAMHSA grant provides assistance with meeting service demand but not through County contracted providers. Moving forward, changes in total expenditures are dependent upon FY 2011-2012 allocations, which is too soon to be determined. Discussions with the YWCA on sustainability should begin in FY 2011-2012. There is no known plan to use reinvestment funds through HealthChoices on employment services.

Dauphin County has already indicated to CBHNP support for expanding certified peer specialists and for improving the capacity of MH and D&A outpatient providers to serve persons with co-occurring disorders using a “no wrong door approach.” The YWCA of Greater Harrisburg will serve as a learning laboratory on supported employment implementation. AHEDD, Keystone’s Gateway Employment, Goodwill, and Central PA Supportive Services are additional resources that also have OVR contracts as well.

3. Funding for Supported Employment

Please indicate the amount of vocational funding that the County anticipates will be spent in the next year, specifically for Supported Employment programming, and whether those funds are currently in the Community Employment Services or Facility-Based Services cost centers, or represent new dollars for Supported Employment. Supported Employment is defined above (background). Figures do not include the YWCA SAMHSA Grant.

Total dollars to be expended on SE services: \$500,000 in FY 2010-2011

- a) Percentage of those dollars within the cost centers of:
- Community Employment and Employment Related Services – 50%
 - Facility Based Vocational Rehabilitation Services – 50%
- b) Percentage of new dollars to be expended on SE services – unknown.

4. Prior County Activities to Promote Supported Employment - Please indicate the activities undertaken by the County in the past two or three years that have been designed to promote Supported Employment programming.

Employment efforts which have been happening in Dauphin County prior to the February 2010 OMHSAS Supplemental Plan requirements:

2008

- Dauphin County reissues policy and procedures regarding referrals to the Office of Vocational Rehabilitation for persons seeking competitive employment prior to using MH funds/contracts.
- Periodic meetings with employment providers to manage services/referrals.
- Meetings with local OVR staff regarding MH contracts with employment providers to maximize resources.
- Weekly on-site OVR staff at BSU facilitates referral and eligibility process.
- AHEDD identified as using evidence-based supported employment model.
- AHEDD and Keystone Community Mental Health Services Gateway Employment Group provide supported employment services.

2009

- Employment providers are asked to keep within MH contract due to anticipated budget shortfalls and increase demand for treatment costs.
- Closing of Work Advancement Center (WAC) results in transition planning for 25 individuals into other employment services as appropriate. Resources not transferred to other employment providers but lost due to budget cuts/attrition.
- OVR assesses 22 persons among group affected by WAC closure.
- All persons in transitional employment are reviewed with agency staff for readiness for competitive employment.
- Keystone Community Mental Health Services Gateway Employment Group selected for Medicaid Infrastructure Grant/Beacon of Employment Excellence.
- YWCA of Greater Harrisburg awarded SAMHSA Supported Employment grant (five years) for persons with SMI and/or co-occurring disorders who use transitional housing and have a history of homelessness.

2010

- Strategy for integrated vocational rehabilitation and treatment outlined with YWCA by reimbursing treatment providers to attend interagency team meetings with persons in supported employment service. Planning meeting with Dauphin County's Adult MH provider network planned for June 8, 2010. Implementation planned for July 1, 2010.
- Seventy-seven (77) persons known to MH system receive services through the YWCA in Year one of YWCA grant through September 2010.
- Transformation Committee on Employment established with consumer involvement.
- MH system is working with YWCA to fund interagency team meetings for providers to better integrate treatment and employment resources when the provider is not reimbursed for team meeting, such as outpatient therapists.

Early-Stage Development Activities - Dauphin County will be incorporating these activities into their planning process as funding and other resource opportunities are available.

- Developed consensus pertaining to both the importance of employment and the use of evidence-based employment interventions.
- Provided basic training and technical assistance to provider agencies on the delivery of evidence-based practices.
- Established a funding framework for the development of new evidence-based employment services.
- Provided supportive information to consumers and families on the effectiveness of evidence-based employment practices.
- Familiarized county and local program staff with the elements of supported employment fidelity measures.
- Other activities: Work with YWCA and MH system to maximize use of grant in Dauphin County.

Middle-Stage Development Activities - The County has:

- Established new evidence-based employment services in one or more service sites in the county **SAMHSA funded five-year grant, no County /State funds.**
- Provided information to consumers/families and providers on work incentives.
- Developed evidence-based employment practices to focus on the types of employment in the local job market.
- Provided detailed training and technical assistance to providers on the delivery of evidence-based employment services.
- Developed evaluation mechanisms to ensure a focus on appropriate consumer outcomes in competitive employment.
- Assisted programs in using the supported employment fidelity measures to shape and assess service delivery approaches.
- Other activities: please describe.

Later-Stage Development Activities - The County has:

- Further expanded the availability of evidence-based practices to all consumers in the County.
- Developed resources to provide benefits counseling to consumers who are returning to work.
- Supported providers who can serve as a 'model' of evidence-based employment practices in other sections of the Commonwealth.
- Improved the quality of jobs (re: income, benefits, tenure, promotion) obtained by graduates of evidence-based programs.
- Integrated supported education opportunities into the delivery of evidence-based employment practices.
- Used the supported employment fidelity measures to assess and improve program delivery.
- Other strategies: please describe.

5. Proposed County Activities to Expand Evidence-Based Employment Services

In the Excel chart attached, please list each of the strategies the county plans to use to promote and expand the use of evidence-based employment practices over the next year, using the following seven categories ('A' through 'H' below). The examples provided in each section are offered only as a starting point for your consideration of those approaches best suited to your county. For each strategy, indicate the anticipated outcome or outcomes over the next Plan year.

Supplemental Plan to Promote Complete Employment: Proposed County Strategies & Outcomes			FY: 2013-2017	
Area	Strategy 1/Outcome 1		Strategy 2/Outcome 2	
A. System Orientation To Employment Outcomes	Strategy 1:	Establish lead committee: Transformation Committee on Employment 50% individuals in services.	Strategy 2:	Committee manages the work plan and serves as a clearinghouse for supported employment activities.
	Outcome 1:	Committee provides focus and leadership toward transformation in collaborative manner.	Outcome 2:	Transformation Committee on Employment provides oversight over multi-year period.
Update 2011		Committee meets regularly and will expand membership in FY11-12		Committee has addressed several items on their work plan and continues their efforts in the areas of mobility training and a toolkit.
B. Staff Training and Technical Assistance	Strategy 1:	Identify training resources for MH system, individuals using services, employers and community leaders.	Strategy 2:	County hosted Transformation Committee will develop and host a calendar of events & training aimed to communicate recovery-oriented work initiative system-wide.
	Outcome 1:	New partners will be added and new resources will be shared among stakeholders.	Outcome 2:	Increased knowledge and skills will reduce stigma of mental illness, promote new community roles for person with serious mental illness and move system toward recovery-oriented transformation on the value and benefits of work.
Update 2011		Committee hosted an information day at CareerLink and providers brought persons in service to CareerLink orientation. Benefits counseling information was shared by AHEDD and Goodwill to aid in understanding when and how to have individuals receive benefits counseling.		Persons in services on the Committee strongly support creating a toolkit that persons with their interagency team can use to move forward with their employment plans. One goal is to make every aspect of MH system feel that they support a person's desire to work competitively.

C. Funding for Employment Services	Strategy 1:	County and Transformation Committee will work with YWCA on their sustainability plan after the five-year SAMHSA grant.	Strategy 2:	Continue to work with individuals and their interagency team on transitioning from facility-based employment to competitive employment.
	Outcome 1:	Sustaining the YWCA Supported Employment Program will increase SE resources and system capacity.	Outcome 2:	Transition funds used for FBVR to CE.
Update 2011		Action to begin after July 2011		Action to begin after July 2011
D. Responding to Local Workforce Needs	Strategy 1:	Learn strategies already used by CE providers YWCA, Keystone's Gateway Employment Group and AHEDD.	Strategy 2:	County hosted Transformation Committee will sponsor industry roundtable.
	Outcome 1:	Builds upon existing relationships and resources.	Outcome 2:	Employers will understand rewards and benefits as well as supports for employment.
Update 2011		Every meeting of the Committee begins with a reading of the 6 principles of supported employment and a sharing of how it is working or our challenges in Dauphin County.		Action to begin after July 2011
E. Educational Opportunities	Strategy 1:	Establish relationships with Harrisburg Area Community College and other local universities and trade schools.	Strategy 2:	Continue working relationship with OVR in eligibility and placement for educational opportunities, including certified peer specialist training.
	Outcome 1:	New resources, improved access to skills will improve employability opportunities.	Outcome 2:	Expansion of peer specialist will benefit from already certified work force.
Update 2011		Action to begin after July 2011		Action to begin after July 2011. We have had no success in 2010 with OVR approving training for CPS. We will meet with OVR to learn more about the issues impeding CPS training access.
F. Utilizing Peer Specialists	Strategy 1:	Promote use of certified peer specialist positions in SE agencies.	Strategy 2:	Expand the role of certified peer specialists as a team member in the integration of vocational services and treatment services.

	Outcome 1:	SE becomes more consumer-driven.	Outcome 2:	System transformation includes equal sustainable partnership.
Update 2011		Cap 5 County administrative oversight agency, CABHC has examined CPS benefits to persons in service with limited sample. Provider issues have also been reviewed and strategies will be developed to look at how to expand the service.		Although CPS is still a limited service of the BH-MCO, the County will continue to work with the YWCA to support integrated team meeting between employment services and the other services involved.
G. Data Collection	Strategy 1:	Learn more about capacity of existing CRR-POMS database at BSU on all registered individuals regarding vocational/employment status.	Strategy 2:	Conduct an employment survey among persons to determine needs and barriers to employment.
	Outcome 1:	Build upon existing data collection systems.	Outcome 2:	Use data to drive planning and amend work plan on competitive employment.
Update 2011		Action to begin after July 2011		Action to begin after July 2011
H. Work Incentive Counseling	Strategy 1:	Learn strategies already used by SE providers: Gateway Employment Group, AHEDD and YWCA with linkages to SSA and County Assistance Office.	Strategy 2:	Implement "how to guides" for individuals and teams.
	Outcome 1:	Expand knowledge and reduce fears about employment. All MH providers have received training on how and when persons in services should access benefits counseling.	Outcome 2::	Individuals will be empowered and employers will have their perceived risks reduced. Transformation Committee on Employment has a toolkit sub-committee to create the Work Toolkit for providers and persons in services to understand resources and supports.
Update 2011				

COMMITTEE INFORMATIONAdult Mental Health Committee

Purpose: The Adult Mental Health Committee's purpose is to assist the Dauphin County Mental Health and Mental Retardation Advisory Board in planning and evaluation of service delivery. The Adult Mental Health Committee works with County staff, providers, advocates, families, and individuals in the development of environments that create hope and belief that a future of community involvement and fulfillment is possible for persons living with mental illnesses. The Committee's work in 2007-08 will include the following:

- Ongoing review of data and activities related to the Mental Health Program and Annual County Mental Health Plan and making recommendations based upon the review.
- Developing and conducting an assessment of mental health services as a means of evaluating readiness for and implementation of recovery-oriented services and supports.
- Serving as a forum for information sharing for the Community Support Program (CSP) Committee and other interested stakeholders.

The Adult Mental Health Committee supports recovery for individuals in Dauphin County who are living with mental illnesses.

Meeting Schedule: Committee meets the third Monday of each month at 12:00 noon.

Location: CMU, 1100 South Cameron Street, Harrisburg

Provider Involvement: Provider involvement is limited to 20 percent of the Committee membership, although a larger percentage attends. Consumers, families and providers participate. The Committee is chaired by an MH/ID Board member.

Cultural Diversity Task Force

Purpose: The Cultural Competency Task Force's purpose is to promote and enhance an ongoing culturally competent mental health service delivery system by:

- appreciating and acknowledging our own diversity and the diversity of the mental health service delivery system;
- seeking to develop consensus on cultural competency definitions and principles;
- assessing current levels of cultural competency among service providers;
- identifying needs and barriers to cultural competencies; and
- recommending changes to county systems and processes that allows everyone access to services and supports for recovery that are compatible to their cultural needs and culturally relevant.

Meeting Schedule: Task Force meets the second Monday of each month.

Location: CMU, 1100 South Cameron Street, Harrisburg

Involvement: Task Force is open to providers, consumers, and the community.

As of December 2010, this Task Force completed its purpose, and providers of mental health services continue to advance the cause of cultural competency in Dauphin County.

Collaboration Team for MH Plan Development

Purpose: For consumers, family members, providers, mental health counterparts, and other stakeholders to participate on a broad-based Collaboration Team for the development of the Mental Health Plan for 2013-2017 for recovery-focused services that integrates Federal, State, and County funding sources to make the most effective use of public funds; and, for ongoing input into the County's system for recovery-focused services.

Meeting Schedule: Team meets for plan development.

Location: CMU, 1100 South Cameron Street, Harrisburg

Involvement: Team is open to consumers, family members, providers, mental health counterparts and other stakeholders.

MH/AAA Coordination Team

Purpose: The MH/AAA Coordination Team purpose is to carry out the Memorandum of Understanding between the County's MH/MR Program and Area Agency on Aging through coordinated arrangements for jointly served individuals aged 60 and older and having mental illness.

Meeting Schedule: Team meets quarterly the fourth Wednesday of the month.

Location: CMU, 1100 South Cameron Street, Harrisburg

Involvement: Dauphin County MH, Area Agency on Aging, Crisis Intervention, providers

Recovery-Oriented Systems Indicators (ROSI) Panel

Purpose: The primary purpose of the ROSI Panel is to institute a quality improvement process in Dauphin County in collaboration with the CSP Committee to help facilitate the transformation of the mental health service system to a recovery-oriented system.

Meeting Schedule: Panel meets monthly.

Location: CMU, 1100 South Cameron Street, Harrisburg

Involvement: Consumers/survivors, family members, professionals, providers, a BHMCO oversight entity representative consultant, a BHMCO representative consultant, and County MH staff.

Shelter Plus Care Interagency Meeting

Purpose: Shelter Plus Care is a program which was created in order to provide affordable housing to individuals diagnosed with a severe mental health illness able to independently live in the community Section 8 housing, with assistance provided by the community wrap-around services. The purpose of this meeting is to review cases of individuals already receiving Shelter Plus Care housing/services, and to present new cases to the attention of the Dauphin County Housing Authority representative.

Meeting Schedule: Monthly, every second Thursday

Location: CMU, 1100 South Cameron Street, Harrisburg

Involvement: Dauphin County MH, CMU, Keystone ICM, NHS/Assertive Community Treatment (ACT) Team, and VOA.

Adult Mental Health Provider Meetings:

Purpose: The focus of this group is to discuss the quality of and access to Adult MH Services within the Dauphin County provider network and the exchange of program information.

Meeting Schedule: This group meets every other month the second Tuesday of the month.

Location: CMU, 1100 South Cameron Street, Harrisburg

Involvement: Providers are encouraged to send a representative to every meeting. CABHC and CBHNP also periodically attend.

Pharmacy Therapeutic Review Committee (PTRC)

Purpose: The Pharmacy Therapeutic Review Committee's purpose is to assure all consumers have adequate access to prescribed medications; and to review and make recommendations to the MH Program based on data and input provided to the Committee regarding formulary additions or exclusions to prescription formulary.

Meeting Schedule: The Committee meets quarterly on the fourth Wednesday of the month at 10 a.m.

Location: CMU, 1100 South Cameron Street, Harrisburg

Involvement: Representatives from the County MH Program, providers, a consulting psychiatrist and the prescription plan administrator.

Residential Team

Purpose: Residential Team members meet monthly in order to review, update, and refer individuals to the existing array of residential services in Dauphin County.

Meeting Schedule: Monthly, every first Wednesday

Location: CMU, 1100 South Cameron Street, Harrisburg

Involvement: Dauphin County MH, the three case management entities and all residential and supported living service providers.

Tri-County Inpatient Forum

Purpose: The Tri-County Inpatient Forum's purpose is to discuss trends and potential barriers to admissions and discharges from inpatient behavioral health units; to provide potential solutions to barriers; and to assure that consumers are accessing needed inpatient services in the Tri-County area.

Meeting Schedule: The committee meets quarterly on the second Wednesday of the month at 10 a.m.

Location: CMU, 1100 South Cameron Street, Harrisburg

Involvement: Dauphin County MH, inpatient providers, tri-county Crisis representatives, and managed care organizations.

Wellness Initiative

Purpose: The Dauphin County Wellness Initiative was created in 2007 as a result of a review of unusual incidents among Dauphin County's population with serious mental illness, whose physical health poses ongoing concerns. This committee's goal is to implement activities, events, and policy changes which would in the long run positively affect the physical health of all Dauphin County residents receiving MH/ID services.

Meeting Schedule: Monthly, every second Tuesday, 2:00 p.m.

Location: CMU, 1100 South Cameron Street, Harrisburg

Involvement: Dauphin County MH, CMU, Keystone Community MH Services , Edgewater/NHS, Elwyn, Northwestern Human Services, Community Services Group, Volunteers of America, AmeriHealth Mercy, CBHNP, CABHC, CONTACT Helpline.

Children's MH Committee of MH/ID Advisory Board:

Purpose: The Children's Mental Health Committee reviews and makes recommendations to the Board on issues related to planning and evaluating child and adolescent mental health programs and service needs, in accordance with a philosophy which is child-centered, family-focused and collaborative with other child serving systems.

Meeting Schedule: This group meets the second Tuesday of every other month from September through May from 8:30 to 10:30 a.m.

Location: CMU, 1100 South Cameron Street, Harrisburg

Involvement: Provider involvement is limited to 20 percent of the total committee membership. Currently, we have sufficient provider involvement. The committee is interested in increasing family and community membership. Children and Youth, Juvenile probation and school districts are represented on the Committee.

Children Services Task Force (CSTF):

Purpose: CSTF identifies each fall topics and areas of discussion related to children and families that they would like to learn more about throughout the year. A portion of each meeting is dedicated to the selected monthly topic of discussion and information sharing and updates.

Meeting Schedule: This group meets the first Friday of each month from September through May from 9:00 to 11:00 a.m.

Location: Dauphin County MH/ID Program, 100 Chestnut Street, Harrisburg

Involvement: This group is open to all Children's MH Providers and any local community organizations that serve children and families. The United Way of the Capital Region and the Dauphin County Library System participate.

Children's Mental Health Provider Meetings:

Purpose: The focus of this group is to discuss the quality of and access to Children's MH Services within the Dauphin County provider network.

Meeting Schedule: This group meets every 6-8 weeks.

Location: CMU, 1100 South Cameron Street, Harrisburg

Involvement: Providers are encouraged to send a representative to every meeting. CABHC and CBHNP also attend.

Upper Dauphin Children's Mental Health Provider Meetings:

Purpose: The focus of this group is to discuss the quality of and access to Children's MH Services within the Upper Dauphin area.

Meeting Schedule: This group meets every other month usually on the third Friday of that month at 10:00 a.m.

Location: CMU, Millersburg office, 1000 Medical Road, Millersburg

Involvement: Providers are encouraged to send a representative to every meeting. School districts and Children and Youth representatives attend. Community agencies such as the YWCA also participate.

Double Trouble Steering Committee Meetings:

Purpose: The focus of this group is to assure there are adequate meeting and activities provided to address the needs of individuals with co-occurring disorders.

Meeting Schedule: This group meets on quarterly basis, the third Tuesday of the month at 10:00 a.m.

Location: Dauphin Clubhouse, 2617 Herr Street, Harrisburg

Involvement: Mental Health and Drug and Alcohol Providers are encouraged to attend as well as consumers.

Supported Employment Transformation Committee:

Purpose: The focus of this group is to provide leadership and oversight toward transformation of employment practices in Dauphin County.

Meeting Schedule: This group meets the second Wednesday of each month at 11:30 a.m.

Location: CMU, 1100 South Cameron Street, Harrisburg

Involvement: The group is comprised of consumers and providers.

**RECOVERY SELF-ASSESSMENT REVISED (RSA-R)
OUTPATIENT PROVIDER VERSION SURVEY RESULTS**

July 2010



**A REPORT OF THE
ADULT MENTAL HEALTH COMMITTEE
OF THE DAUPHIN COUNTY MENTAL HEALTH/
MENTAL RETARDATION BOARD**

Dauphin County Mental Health/Mental Retardation Program
100 Chestnut Street, 1st Floor
Harrisburg, PA 17101

ACKNOWLEDGEMENTS

Once again, the Adult Mental Health Committee acknowledges mental health consumers and survivors in Dauphin County for their courage and commitment to recovery. These dedicated and courageous individuals share their stories and their lives with us, and we are honored to be companions on the journey.

We are grateful to all participants in this study for their shared teamwork and continued commitment to recovery. Their participation has allowed the necessary review to improve provider operations with respect to recovery of the contracted outpatient programs in Dauphin County.

Special thanks go to the Dauphin County Mental Health Administration; Joseph J. Whalen for support in the analysis of survey results, and Bonnie Barton for administrative support throughout the survey process.

Adult Mental Health Committee Members:

Betty Simmonds, Committee Chair, Dauphin County MH/MR Board Member
Ben Ahles, Keystone Community Mental Health Services
Michaelene A. Barone, Dauphin County MH/MR Program
Bonnie Barton, Dauphin County MH/MR Program
Eric Brandt, Keystone Community Mental Health Services
Kathann Corl, Community Support Program & Keystone Community Mental Health Services
Chester Green, Community Support Program
Matt Kopetchny, CMU (Case Management Unit)
Deborah Lewis, Dauphin County MH/MR Board Member and NAMI
Tonya Long, Community Support Program
Frank Magel, Dauphin County MH/MR Program
Ed Mahoney, Community Representative
Lynn Novakoski, Capital Area Behavioral Health Collaborative
Kimberly Pry, Community Support Program
Marian Stoup, Pinnacle Health Behavioral Services
Lisa Ratcliff Webb, Community Support Program & Aurora Social Rehabilitation Services

**DAUPHIN COUNTY MENTAL HEALTH/MENTAL RETARDATION PROGRAM
ADULT MENTAL HEALTH COMMITTEE
RECOVERY SELF-ASSESSMENT REVISED (RSA-R)
OUTPATIENT PROVIDER SURVEY RESULTS**

The Adult Mental Health Committee of the Dauphin County MH/MR Board in fulfillment of its responsibility to assess mental health services in the county undertook a survey of outpatient provider operations with respect to recovery. Because of the difficulty in continuing to maintain viability of outpatient services in Dauphin County, the Adult Mental Health Committee selected the outpatient program as the area of focus for comparison of survey results to the Recovery Self-Assessment – Revised (RSA-R) 2009 baseline information.

This survey assesses the recovery-oriented practices of outpatient services of the contracted outpatient provider program directors/supervisors of the Dauphin County MH/MR Program in Harrisburg, Pennsylvania. Once again, the RSA-R tool was used with permission of Yale University to assist the Adult Mental Health Committee in assessing how outpatient programs' activities, values, policies, and practices promote recovery. The survey was completed anonymously by adult program directors and supervisors.

METHOD

Procedure

- A memo dated January 6, 2010, was sent to Chief Executive Officers of Dauphin County Mental Health Outpatient Providers informing them that the Adult Mental Health Committee was undertaking an anonymous survey of Adult Mental Health provider operations with respect to recovery.
 - Requested CEO's to encourage staff to complete and return the survey.
- The RSA-R Provider Version survey was sent by memo on January 6, 2010, to 11 program directors and supervisors of the seven outpatient programs in Dauphin County. The program directors/supervisors completed the survey anonymously.
 - 11 responses received from 11 program directors/supervisors (100% response rate).
- Anonymous responses are compared to the 2009 baseline data.

Measure

- RSA-R (Recovery Self-Assessment – Revised, Provider Version, O’Connell, Tondora, Kidd, Stayner, Hawkins, and Davidson, 2007).
 - Self-report survey, which contains 32 items that reflect how accurately each outpatient program’s activities, values, policies, and practices promote recovery.
 - Respondents rate the degree to which their programs engaged in recovery-oriented practices on a 5-point Likert scale response format from 1 (strongly disagree) to 5 (strongly agree) or N/A (Not Applicable) or D/K (Don’t Know).
 - Higher scores reflect greater agreement with item.
 - Lower scores reflect less agreement with item.
 - Identifies the five empirically derived RSA-R Subscales:
 - Life Goals
 - Involvement
 - Diversity of Treatment Options
 - Choice
 - Individually-Tailored Services

KEY FINDINGS

Overall Applicable Weighted Mean Scores

- Sections
 - Life Goals (4.1)
 - Involvement (3.1)
 - Diversity of Treatment Options (4.0)
 - Choice (4.3)
 - Individually-Tailored Services (4.1)

HIGHER AGREEMENT RESULTS (With Applicable Weighted Mean Scores)

There were 22 questions in the Recovery Self-Assessment Survey with higher scores that reflect agreement with the item in order to enhance the recovery-oriented mental health outpatient services in Dauphin County. They are listed by overall category.

Life Goals

Staff members believe that program participants can make their own life choices regarding things such as where to live, when to work, whom to befriend, etc. (4.8).

Staff members believe in the ability of program participants to recover (4.6).

Staff helps program participants to develop and plan for life goals beyond managing symptoms or staying stable (4.5).

Staff members encourage program participants to have both hope and high expectations about recovery (4.4).

Staff members believe that program participants have the ability to manage their own symptoms (4.4).

The primary role of agency staff is to assist a person with fulfilling personal goals and aspirations (4.0).

Staff members encourage program participants to take risks and try new things (4.0).

Staff members actively help program participants to get involved in non-mental health/addiction related activities (3.9).

Staff members are knowledgeable about special interest groups and activities in the community (3.9).

Involvement

People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers (4.0).

Diversity of Treatment Options

Staff members offer participants opportunities to discuss their spiritual needs and interests when they wish (4.5).

Staff members offer participants opportunities to discuss their sexual needs and interests when they wish (4.5).

Staff members talk with program participants about what it takes to complete or exit the program (4.1).

Choice

Staff members do not use threats, bribes, or other forms of pressure to influence the behavior of program participants (4.9).

Staff members listen to and respect the decision that program participants make about their treatment and care (4.6).

Staff members make a concerted effort to welcome people in recovery and help them to feel comfortable in this program (4.5).

The program/agency offers an inviting and dignified physical environment (4.3).

Program participants can change their clinician or case manager if they wish (4.3).

Progress made towards an individual's own personal goals is tracked regularly (4.3).

Individually-Tailored Services

Staff members regularly ask program participants about their interests and the things they would like to do in the community (4.3).

Staff members work hard to help program participants to include people who are important to them in their recovery/treatment planning (4.2).

Staff members at this program regularly attend trainings on cultural competence (3.9).

LOWER AGREEMENT RESULTS (With Applicable Weighted Mean Scores)

There were ten questions in the Recovery Self-Assessment Survey with lower scores that reflect less agreement with the item that are being reviewed in order to enhance the recovery-oriented mental health outpatient services in Dauphin County. They are listed by overall category.

Life Goals

Agency staff is diverse in terms of culture, ethnicity, lifestyle and interests (3.4).

Staff routinely assists program participants with getting jobs (2.9).

Involvement

Staff members actively help people find ways to give back to their community (3.4).

People in recovery programs are encouraged to help staff with the development of new groups, programs, or services (3.0).

Persons in recovery are involved with facilitating staff trainings and education at this program (2.9).

People in recovery are encouraged to attend advisory boards and management meetings (2.1).

Diversity of Treatment Options

Staff members actively connect program participants with self-help, peer support, or consumer advocacy groups and programs (3.8).

Staff members actively introduce program participants to persons in recovery who can serve as role models or mentors (2.9).

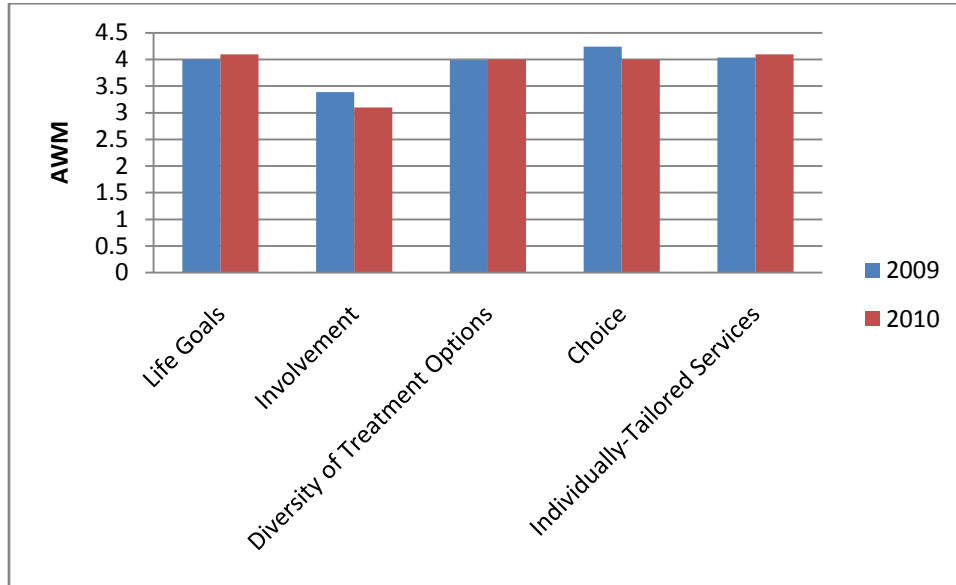
Choice

Program participants can easily access their treatment records if they wish (3.3).

Individually-Tailored Services

This program offers specific services that fit each participant's unique cultural and life experiences (3.8).

**COMPARISON OF APPLICABLE WEIGHTED MEAN (AWM) SCORES
2009 BASELINE TO OUTPATIENT 2010**



The 2010 outpatient provider survey results are strikingly similar to the 2009 baseline survey results (see above chart). This may indicate that outpatient provider operations with respect to recovery remain relatively strong.

Providers continue to assign their relatively lowest scores to Involvement. In fact, they assigned a slightly lower overall score to Involvement in 2010 (weighted applicable mean = 3.1) than they did in 2009 (weighted applicable mean = 3.39). On the one hand, survey respondents do not necessarily perceive that people in recovery are encouraged to attend advisory boards and management meetings. They do not necessarily perceive that persons in recovery are involved with facilitating staff trainings and education. They do not necessarily perceive that people in recovery are encouraged to help staff with the development of new groups, programs, or services. On the other hand, respondents reflected an agreement (4.0) that people in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers. The data suggests that there should be a review to determine need or strategies for improvement in this area.

Providers continue to assign their relatively highest scores to Choice. In fact, survey respondents assigned a slightly higher overall score to Choice in 2010 (weighted applicable mean = 4.3) than they did in 2009 (weighted applicable mean = 4.24). Although it is a very slight improvement, it is moving in an even more positive direction. Providers perceive that staff members do not use threats, bribes, or other forms of pressure to influence the behavior of program participants. Respondents perceive that

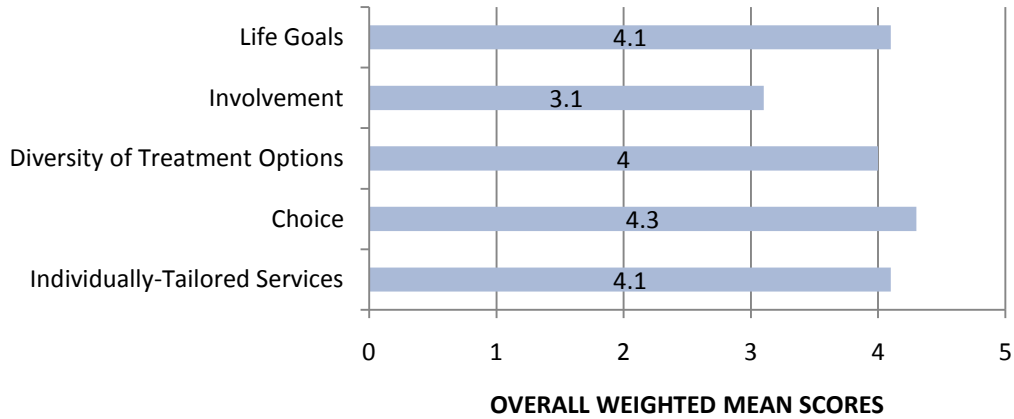
staff listen to and respect the decisions that program participants make about their treatment and care. Respondents perceive that staff makes a concerted effort to welcome people in recovery and help them to feel comfortable in this program. In addition, respondents perceive that the program/agency offers an inviting and dignified physical environment, that program participants can change their clinician or case manager if they wish, and that progress made towards an individual's own personal goals is tracked regularly.

The other outpatient provider survey results remain neither the highest nor the lowest scores, and they remain relatively the same from 2009 to 2010. Life Goals (4.0 vs. 4.1), Diversity of Treatment Options (3.99 vs. 4.0), and Individually-Tailored Services (4.04 vs. 4.1) have all increased slightly since the past year, and so it can be said that these areas too are moving in a more positive direction.

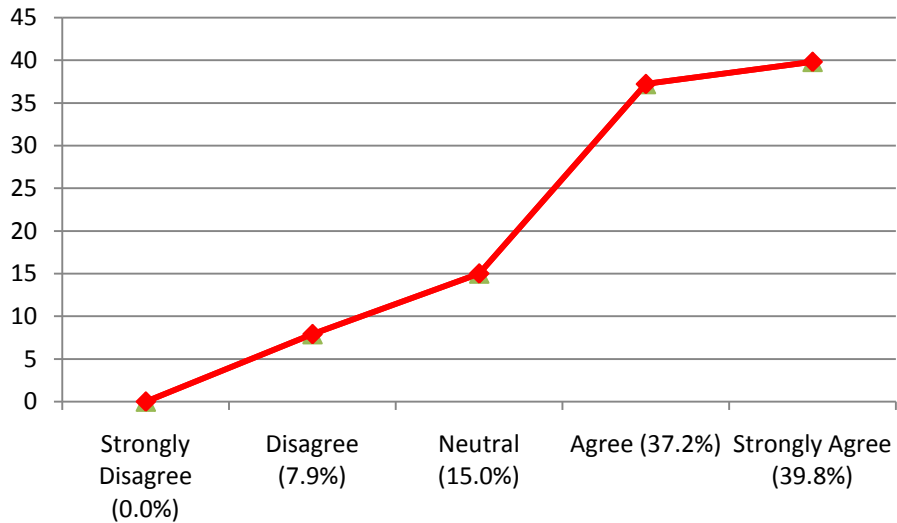
Note: See the attached Outpatient Provider Survey Analysis for a detailed statistical breakdown of each question.

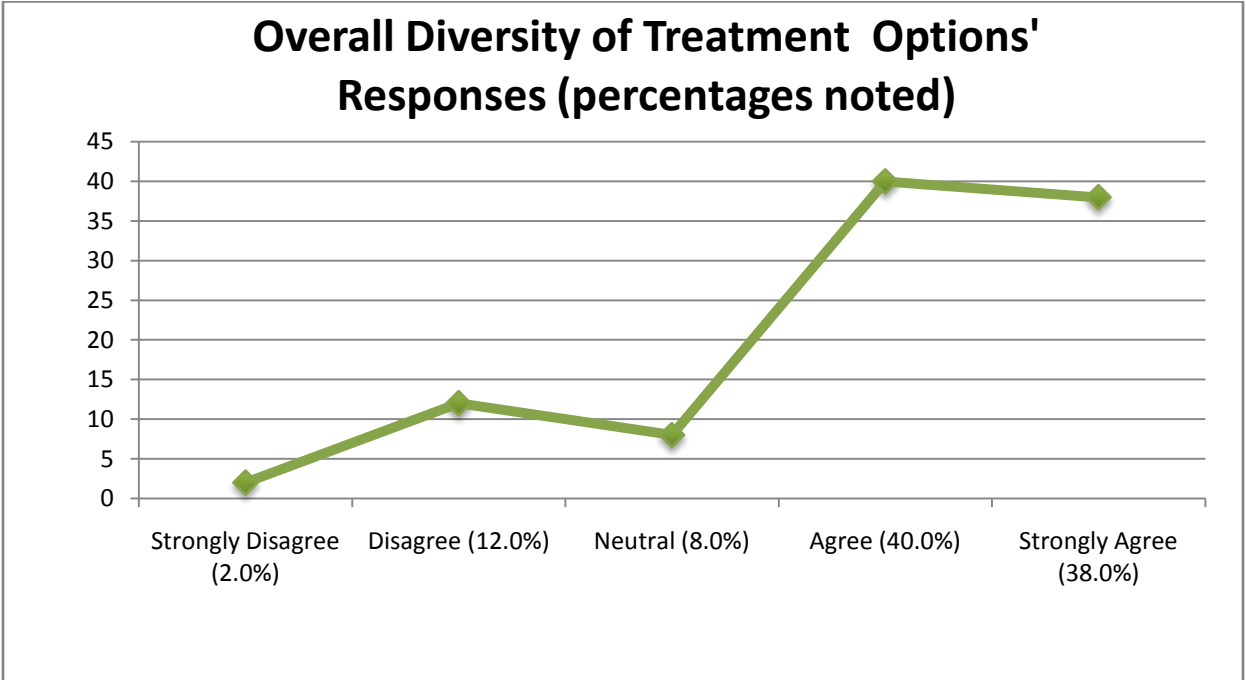
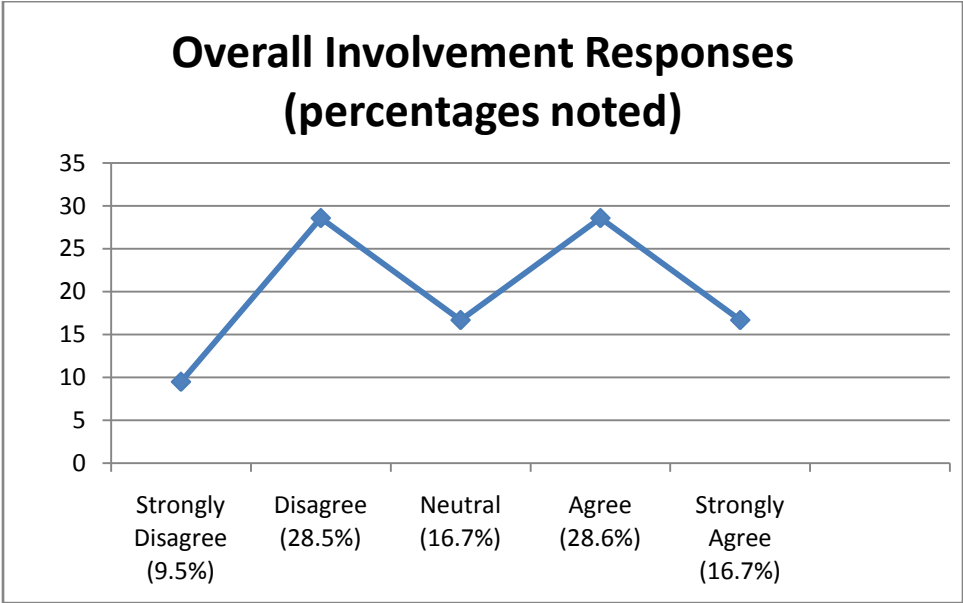
Note: The **weighted mean** is similar to an arithmetic mean [the most common type of average]; where instead of each of the data points contributing equally to the final average, some data points contribute more than others. For example, consider this survey which ask participants to rate their response on a 5-point Likert scale [where 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree]. Each of these responses is not of equal value. The 2 is twice the value of the 1. The value of the 3 is one point more than the value of the 2. A score of 4 is four times the value of a score of 1. A score of 5 is five times the value of a score of 1. And so a weighted mean is necessary to distinguish the value of the responses in the set of responses.

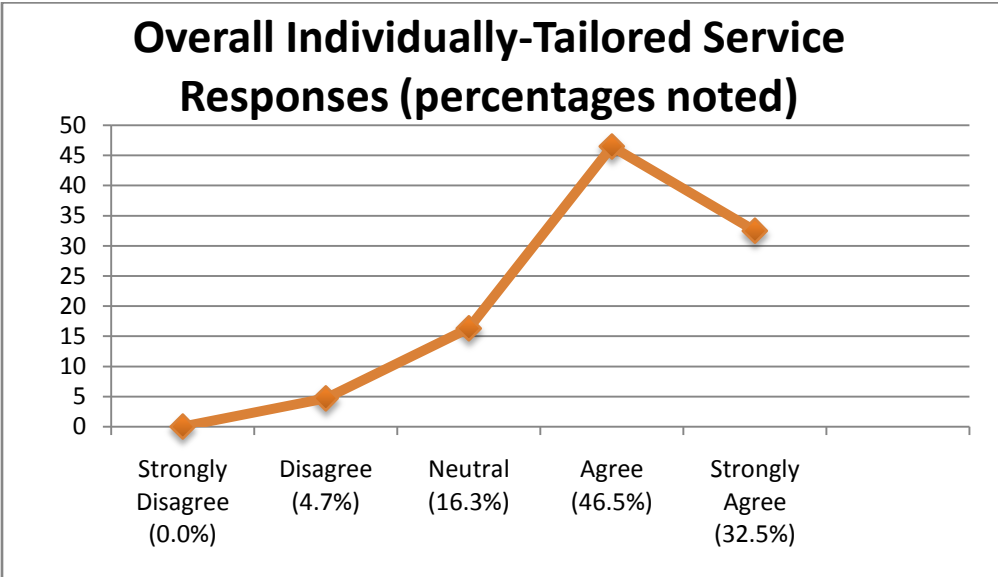
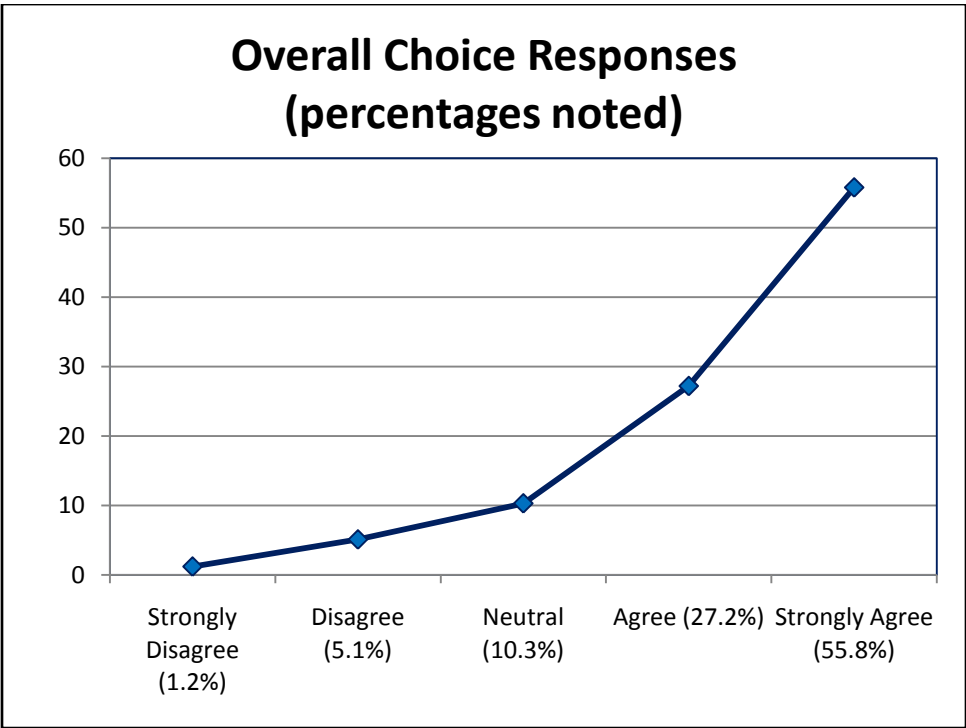
RSA- R SUBSCALES -- OUTPATIENT 2010



Overall Life Goals' Responses (percentages noted)







IMPLICATIONS

- The primary strengths identified:
 - Choice (generally), especially staff members do not use threats, bribes, or other forms of pressure to influence the behavior of program participants (specifically).
 - Life Goals (generally), especially staff members believe that program participants can make their own life choices regarding things such as where to live, when to work, whom to befriend, etc. (specifically).
 - Life Goals (generally), especially staff members believe in the ability of program participants to recover (specifically).
 - Choice (generally), especially staff members listen to and respect the decision that program participants make about their treatment and care (specifically).

- The primary areas of improvement to be targeted:
 - Involvement (generally), especially people in recovery are encouraged to attend advisory boards and management meetings (specifically).
 - Diversity of Treatment Options (generally), especially in staff members actively introducing program participants to persons in recovery who can serve as role models or mentors (specifically).
 - Life Goals (generally), especially with regard to staff routinely assisting program participants with getting jobs (specifically).

NEXT STEPS

- Present findings to the Adult Mental Health Committee.
- Present findings with recommendations to the Dauphin County MH/MR Advisory Board.
- Present findings to Chief Executive Officers of Dauphin County's adult Outpatient Providers, and adult program directors/supervisors in the implementation of recovery practices.
- Present findings to the Dauphin County Community Support Program (CSP).
- Review the low scoring responses with stakeholders to determine priorities for improvement.
- Collaborate with HealthChoices' partners and other stakeholders to meet priorities and training needs.
- Continue to follow through on priorities identified by stakeholders.
- Consider the impact of Office of Mental Health and Substance Abuse Services new emphasis on employment.
- Integrate the recovery-oriented practices outpatient 2010 survey results of the Dauphin County Mental Health Outpatient contracted provider program directors /supervisors into the Adult Mental Health Plan for Fiscal Years 2012-2013.

**RSA-R
Provider Version**

Please circle the number below which reflects how accurately the following statements describe the activities, values, policies, and practices of this program.

	1	2	3	4	5			
	Strongly Disagree				Strongly Agree			
	N/A= Not Applicable				D/K= Don't Know			
1. Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program.	1	2	3	4	5	N/A	D/K	
2. This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.).	1	2	3	4	5	N/A	D/K	
3. Staff encourage program participants to have hope and high expectations for their recovery.	1	2	3	4	5	N/A	D/K	
4. Program participants can change their clinician or case manager if they wish.	1	2	3	4	5	N/A	D/K	
5. Program participants can easily access their treatment records if they wish.	1	2	3	4	5	N/A	D/K	
6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.	1	2	3	4	5	N/A	D/K	
7. Staff believe in the ability of program participants to recover.	1	2	3	4	5	N/A	D/K	
8. Staff believe that program participants have the ability to manage their own symptoms.	1	2	3	4	5	N/A	D/K	
9. Staff believe that program participants can make their own life choices regarding things such as where to live, when to work, whom to be friends with, etc.	1	2	3	4	5	N/A	D/K	
10. Staff listen to and respect the decisions that program participants make about their treatment and care.	1	2	3	4	5	N/A	D/K	
11. Staff regularly ask program participants about their interests and the things they would like to do in the community.	1	2	3	4	5	N/A	D/K	
12. Staff encourage program participants to take risks and try new things.	1	2	3	4	5	N/A	D/K	
13. This program offers specific services that fit each participant's unique culture and life experiences.	1	2	3	4	5	N/A	D/K	
14. Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.	1	2	3	4	5	N/A	D/K	
15. Staff offer participants opportunities to discuss their sexual needs and interests when they wish.	1	2	3	4	5	N/A	D/K	

16. Staff help program participants to develop and plan for life goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies).	1	2	3	4	5	N/A	D/K
17. Staff routinely assist program participants with getting jobs.	1	2	3	4	5	N/A	D/K
18. Staff actively help program participants to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies.	1	2	3	4	5	N/A	D/K
19. Staff work hard to help program participants to include people who are important to them in their recovery/treatment planning (such as family, friends, clergy, or an employer).	1	2	3	4	5	N/A	D/K
20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.	1	2	3	4	5	N/A	D/K
21. Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.	1	2	3	4	5	N/A	D/K
22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).	1	2	3	4	5	N/A	D/K
23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.	1	2	3	4	5	N/A	D/K
24. People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.	1	2	3	4	5	N/A	D/K
25. People in recovery are encouraged to attend agency advisory boards and management meetings.	1	2	3	4	5	N/A	D/K
26. Staff talk with program participants about what it takes to complete or exit the program.	1	2	3	4	5	N/A	D/K
27. Progress made towards an individual's own personal goals is tracked regularly.	1	2	3	4	5	N/A	D/K
28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.	1	2	3	4	5	N/A	D/K
29. Persons in recovery are involved with facilitating staff trainings and education at this program.	1	2	3	4	5	N/A	D/K
30. Staff at this program regularly attend trainings on cultural competency.	1	2	3	4	5	N/A	D/K
31. Staff are knowledgeable about special interest groups and activities in the community.	1	2	3	4	5	N/A	D/K
32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	1	2	3	4	5	N/A	D/K

O'Connell, Tondora, Kidd, Stayner, Hawkins, and Davidson (2007)

**Dauphin County Mental Health/Mental Retardation
Recovery Self-Assessment Survey – Revised
Outpatient Providers Survey Analysis**

Executive Summary

This report presents the results of the Recovery Self-Assessment Survey – Revised (RSA-R) distributed to staff (n = 11) representing Outpatient providers for Dauphin County Mental Health Consumers. This survey is a revision of a Yale University survey to assess recovery transformation in Connecticut and was used with permission. The revised survey consisted of 32 questions. For evaluation purposes the results are presented in five topical sections related to recovery: Life Goals; Involvement; Diversity of Treatment Options; Choice; and Individually-Tailored Services. The survey was not divided into sections so respondents were unaware of the topical assortment. For evaluation purposes ‘unknown’ and ‘not applicable’ scores are dropped and evaluation percentage calculations are only for applicable respondents. Weighted values and ranges (see Appendix) are provided for comparison purposes. Overall percentages were presented throughout. Overall the Choice section had the highest mean value (4.3) which was in the strongly agree range. The Involvement section had the lowest mean value (3.2) and was in the neutral range. The *staff members do not use threats, bribes, etc. (see page 10)* question had the highest mean value (4.9) and was in the strongly agree range. The *persons in recovery are encouraged to attend boards and management meetings (see page 6)* had the lowest mean value (2.1) and was in the disagree range.

Overall Applicable Percentages

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N
Life Goals	N	0	9	17	42	45	113
	%	0.0	7.9	15.0	37.2	39.8	100.0
Involvement	N	4	12	7	12	7	42
	%	9.5	28.5	16.7	28.6	16.7	100.0
Diversity of Treatment Options	N	1	6	4	20	19	50
	%	2.0	12.0	8.0	40.0	38.0	100.0
Choice	N	1	4	8	21	43	77
	%	1.2	5.1	10.3	27.2	55.8	100.0
Individually-Tailored Services	N	0	2	7	20	14	43
	%	0.0	4.7	16.3	46.5	32.5	100.0

Overall Applicable Mean Scores

	Strongly Disagree (1.0 to 1.79)	Disagree (1.8 to 2.79)	Neutral (2.8 to 3.79)	Agree (3.8 to 4.29)	Strongly Agree (4.3 to 5.0)
Life Goals				4.1	
Involvement			3.1		
Diversity of Treatment Options				4.0	
Choice					4.3
Individually-Tailored Services				4.1	

Life Goals

There were eleven survey questions for evaluation of the Life Goals area. The total and applicable percentages are contained in the tables below. In addition, the mean weighted score is included in the text.

Staff helps program participants to develop and plan for life goals beyond managing symptoms or staying stable.

	1	2	3	4	5	NA	Don't Know	N
N	0	0	0	6	5	0	0	11
%	0.0	0.0	0.0	54.5	45.5	0.0	0.0	100.0
Applicable %	0.0	0.0	0.0	54.5	45.5	-	-	100.0

The mean score for this question was 4.5 and in the strongly agree range. This suggests that overall the survey respondents agreed that staff help program participants to develop or plan for life. Over fifty-four percent half of the applicable respondents (6 of 11, 54.5%) gave an agree rating.

Staff routinely assists program participants with getting jobs.

	1	2	3	4	5	NA	Don't Know	N
N	0	4	2	1	1	3	0	11
%	0.0	36.4	18.2	9.1	9.1	27.3	0.0	100.0
Applicable %	0.0	50.0	25.0	12.5	12.5	-	-	100.0

The mean score for this question was 2.9 and in the neutral range. This suggests that overall the respondents had a mixed opinion about staff routinely assist participants with job search. Just over thirty-six percent of the applicable respondents (4 of 8, 50.0%) disagreed.

The primary role of agency staff is to assist a person with fulfilling personal goals and aspirations.

	1	2	3	4	5	NA	Don't Know	N
N	0	2	1	3	5	0	0	11
%	0.0	18.2	9.1	27.3	45.5	0.0	0.0	100.0
Applicable %	0.0	18.2	9.1	27.3	45.5	-	-	100.0

The mean score for this question was 4.0 and in the agree range. Over forty-five percent applicable respondents (5 of 11, 45.5%) strongly agreed. This suggests that overall the respondents agreed the primary role of staff was to assist consumer personal goal accomplishment.

Agency staff is diverse in terms of culture, ethnicity, lifestyle and interests.

	1	2	3	4	5	NA	Don't Know	N
N	0	1	6	3	1	0	0	11
%	0.0	9.1	54.5	27.3	9.1	0.0	0.0	100.0
Applicable %	0.0	9.1	54.5	27.3	9.1	-	-	100.0

The mean score for this question was 3.4 and in the neutral agree range. This suggests that the respondents had a mixed opinion that agency employees are diverse. The majority, just over fifty-four percent (6 of 11, 54.5%) of the applicable respondents had a neutral opinion.

Staff members actively help program participants to get involved in non-mental health/addiction related activities.

	1	2	3	4	5	NA	Don't Know	N
N	0	0	3	5	2	1	0	11
%	0.0	0.0	27.3	45.5	18.2	9.1	0.0	100.0
Applicable %	0.0	0.0	30.0	50.0	20.0	-	-	100.0

The mean score for this question was 3.9 and in the agree range. Half (5 of 10, 50.0%) of the applicable respondents gave an agree rating. This suggests there is agreement that staff help participation in non-mental health activities.

Staff members encourage program participants to have both hope and high expectations about recovery.

	1	2	3	4	5	NA	Don't Know	N
N	0	0	0	6	4	1	0	11
%	0.0	0.0	0.0	54.5	36.4	9.1	0.0	100.0
Applicable %	0.0	0.0	0.0	60.0	40.0	-	-	100.0

The mean score for this question (see table above) was 4.4 and in the strongly agree range. Sixty-percent of the applicable respondents (6 of 10, 60.0%) gave an agree rating. This suggests that there is agreement that staff encourage hope and high expectations about recovery.

Staff members believe in the ability of program participants to recover.

	1	2	3	4	5	NA	Don't Know	N
N	0	0	1	2	8	0	0	11
%	0.0	0.0	9.1	18.2	72.7	0.0	0.0	100.0
Applicable %	0.0	0.0	9.1	18.2	72.7	-	-	100.0

The mean score for this question was 4.6 and in the strongly agree range. Almost seventy-three percent of the applicable participants (8 of 11, 72.7%) gave a strongly agree rating. This suggests that staff believe in the ability of program participants to recover.

Staff members believe that program participants have the ability to manage their own symptoms.

	1	2	3	4	5	NA	Don't Know	N
N	0	1	0	3	6	1	0	11
%	0.0	9.1	0.0	27.3	54.5	9.1	0.0	100.0
Applicable %	0.0	10.0	0.0	30.0	60.0	-	-	100.0

The mean score for this question was 4.4 and in the strongly agree range. Over half of the applicable respondents (6 of 10, 60.0%) assigned an agree rating. This suggests that staff strongly agree that program participants have the ability to manage their own symptoms.

Staff members believe that program participants can make their own life choices regarding things such as where to live, when to work, whom to befriend, etc.

	1	2	3	4	5	NA	Don't Know	N
N	0	0	0	2	8	1	0	11
%	0.0	0.0	0.0	18.2	72.7	9.1	0.0	100.0
Applicable %	0.0	0.0	0.0	20.0	80.0	-	-	100.0

The mean score for this question was 4.8 and in the strongly agree range. Eighty percent (8 of 10, 80.0%) gave a rating of strong agreement. This suggests that the respondents believe program participants can make their own life choices.

Staff members encourage program participants to take risks and try new things.

	1	2	3	4	5	NA	Don't Know	N
N	0	0	2	6	2	1	0	11
%	0.0	0.0	18.2	54.5	18.2	9.1	0.0	100.0
Applicable %	0.0	0.0	20.0	60.0	20.0	-	-	100.0

The mean score for this question was 4.0 and in the agree range. Sixty percent (6 of 10, 60.0%) gave an agree rating. This suggests that the respondents encourage participants to take risks and try new things.

Staff members are knowledgeable about special interest groups and activities in the community.

	1	2	3	4	5	NA	Don't Know	N
N	0	1	2	5	3	0	0	11
%	0.0	9.1	18.2	45.5	27.3	0.0	0.0	100.0
Applicable %	0.0	9.1	18.2	45.5	27.3	-	-	100.0

The mean score for this question was 3.9 and in the agree range. Just over forty-five percent of the applicable respondents (5 of 11, 45.5%) gave the agree rating. This suggests the respondents believe that staff members are knowledgeable about special interests and community activities.

Overall Applicable Percentages

	1	2	3	4	5	N
N	0	9	17	42	45	113
Applicable %	0.0	7.9	15.0	37.2	39.8	100.0

The overall applicable score for the eleven questions in the Life Goals section was 4.1 and in the agree range. This suggests that there was general agreement among the respondents about the Life Goals questions. Almost seventy-seven percent (87 of 113, 76.9%) of the applicable respondents gave a rating of agree (n =42) or strongly agree (n=45).

Involvement

There were five survey questions for evaluation in the Involvement section. The data is contained in the tables below.

People in recovery programs are encouraged to help staff with the development of new groups, programs, or services.

	1	2	3	4	5	NA	Don't Know	N
N	0	3	3	3	0	2	0	11
%	0.0	27.3	27.3	27.3	0.0	18.2	0.0	100.0
Applicable %	0.0	33.3	33.3	33.3	0.0	-	-	100.0

The mean score for this question was 3.0 and in the neutral range. The respondents split evenly (3 of 9, 33.3%) between ratings of 'disagree, neutral, or agree.' There appears to be mixed opinion that people in recovery programs are encouraged to help with development.

People in recovery are encouraged to attend advisory boards and management meetings.

	1	2	3	4	5	NA	Don't Know	N
N	3	2	1	0	1	3	1	11
%	27.3	18.2	9.1	0.0	9.1	27.3	9.1	100.0
Applicable %	42.8	28.6	14.3	0.0	14.3	-	-	100.0

The mean score for this question was 2.1 and in the disagree range. Almost forty-three percent of the applicable respondents (3 of 7, 42.8%) gave the strongly disagree rating. The data suggests strong disagreement that people in recovery are encouraged to attend advisory board and management meetings. This was the lowest scoring individual question.

Persons in recovery are involved with facilitating staff trainings and education at this program.

	1	2	3	4	5	NA	Don't Know	N
N	1	4	0	1	2	3	0	11
%	9.1	36.4	0.0	9.1	18.2	27.3	0.0	100.0
Applicable %	12.5	50.0	0.0	12.5	25.0	-	-	100.0

The mean score for this question was 2.9 and in the neutral range. Half of the applicable respondents gave a disagree rating (4 of 8, 50.0%). This suggests disagreement that persons in recovery are involved with facilitating training.

People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.

	1	2	3	4	5	NA	Don't Know	N
N	0	0	2	5	2	2	0	11
%	0.0	0.0	18.2	45.5	18.2	18.2	0.0	100.0
Applicable %	0.0	0.0	22.2	55.6	22.2	-	-	100.0

The mean score for this question was 4.0 and in the agree range. Over fifty-five percent of the applicable respondents gave an agree rating (5 of 9, 55.6%). This suggests agreement that people in recovery are encouraged to participate in evaluation.

Staff members actively help people find ways to give back to their community.

	1	2	3	4	5	NA	Don't Know	N
N	0	3	1	3	2	2	0	11
%	0.0	27.3	9.1	27.3	18.2	18.2	0.0	100.0
Applicable %	0.0	33.3	11.1	33.3	22.2	-	-	100.0

The mean score for this question was 3.4 and in the neutral range and suggests mixed opinion that staff members help people find ways to give back to the community. Just as many applicable respondents (3 of 9, 33.3%) gave a rating of either 'disagree' or 'agree.'

Overall Applicable Percentages

	1	2	3	4	5	N
N	4	12	7	12	7	42
Applicable %	9.5	28.5	16.7	28.6	16.7	100.0

The overall applicable mean score for Involvement was 3.1 and was in the neutral range. This suggests mixed opinion regarding the Involvement section questions. This was the lowest overall sectional mean score. Combined just over forty-five percent of the applicable respondents (19 of 42, 45.2%) gave agree (n = 12) or strongly agree (n = 7) ratings.

Diversity of Treatment Options

There were five survey questions for evaluation in the Diversity of Treatment Options section. The data is contained in the tables below.

Staff members actively introduce program participants to persons in recovery who can serve as role models or mentors.

	1	2	3	4	5	NA	Don't Know	N
N	1	3	1	2	1	3	0	11
%	9.1	27.3	9.1	18.2	9.1	27.3	0.0	100.0
Applicable %	12.5	37.5	12.5	25.0	12.5	-	-	100.0

The mean score for this question was 2.9 and in the neutral range. The largest group of applicable respondents (3 of 8, 37.5%) gave a disagree rating. This suggests that there is disagreement that the staff introduces program participants to persons in recovery.

Staff members actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.

	1	2	3	4	5	NA	Don't Know	N
N	0	2	1	3	3	2	0	11
%	0.0	18.2	9.1	27.3	27.3	18.2	0.0	100.0
Applicable %	0.0	22.2	11.1	33.3	33.3	-	-	100.0

The mean score for this question was 3.8 and in the agree range. One third (3 of 9, 33.3%) gave an agree or strongly agree rating. This suggests that there is agreement that staff connect program participants with self-help opportunities.

Staff members talk with program participants about what it takes to complete or exit the program.

	1	2	3	4	5	NA	Don't Know	N
N	0	0	1	8	2	0	0	11
%	0.0	0.0	9.1	72.7	18.2	0.0	0.0	100.0
Applicable %	0.0	0.0	9.1	72.7	18.2	-	-	100.0

The mean score for this question was 4.1 and in the agree range. Almost seventy-three percent of the applicable respondents (8 of 11, 72.7%) gave an agree rating. This suggests that there is agreement that staff members discuss discharge requirements.

Staff members offer participants opportunities to discuss their spiritual needs and interests when they wish.

	1	2	3	4	5	NA	Don't Know	N
N	0	1	0	3	7	0	0	11
%	0.0	9.1	0.0	27.3	63.6	0.0	0.0	100.0
Applicable %	0.0	9.1	0.0	27.3	63.6	0.0	0.0	100.0

The mean score for this question was 4.5 and in the strongly agree range. Almost sixty-four percent of the applicable respondents (7 of 11, 63.6%) gave a strongly agree rating. This suggests that there is strong agreement that staff members offer participants opportunities to discuss spiritual needs.

Staff members offer participants opportunities to discuss their sexual needs and interests when they wish.

	1	2	3	4	5	NA	Don't Know	N
N	0	0	1	4	6	0	0	11
%	0.0	0.0	9.1	36.4	54.5	0.0	0.0	100.0
Applicable %	0.0	0.0	9.1	36.4	54.5	0.0	0.0	100.0

The mean score for this question was 4.5 and in the strongly agree range. Over fifty-four percent of the applicable respondents (6 of 11, 54.5%) gave an agree rating.

Overall Applicable Percentages

	1	2	3	4	5	N
N	1	6	4	20	19	50
Applicable %	2.0	12.0	8.0	40.0	38.0	100.0

The overall applicable mean score for Diversity of Treatment Options was 4.0 and in the agree range. When combining agree (n = 20) and strongly agree (n = 19) scores seventy-eight percent of the applicable respondents (39 of 50, 78.0%) were in agreement about the diversity questions.

Choice

There were seven survey questions for evaluation in the Choice section. The data is contained in the tables below.

Staff members make a concerted effort to welcome people in recovery and help them to feel comfortable in this program.

	1	2	3	4	5	NA	Don't Know	N
N	0	0	0	5	6	0	0	11
%	0.0	0.0	0.0	45.5	54.5	0.0	0.0	100.0
Applicable %	0.0	0.0	0.0	45.5	54.5	-	-	100.0

The mean score for this question was 4.5 and in the strongly agree range. All of the applicable respondents (11 of 11, 100.0%) gave either an ‘agree’ or a strongly agree rating (see table above). This suggests strong agreement that staff members make a concerted effort to welcome people who are in recovery.

The program/agency offers an inviting and dignified physical environment.

	1	2	3	4	5	NA	Don't Know	N
N	0	0	2	4	5	0	0	11
%	0.0	0.0	18.2	36.4	45.5	0.0	0.0	100.0
Applicable %	0.0	0.0	18.2	36.4	45.5	-	-	100.0

The mean score for this question was 4.3 and in the strongly agree range. Over forty-five percent of the applicable respondents (5 of 11, 45.5 %) gave a strongly agree rating. This suggests strong agreement that the specific agency environments are inviting and dignified.

Program participants can easily access their treatment records if they wish.

	1	2	3	4	5	NA	Don't Know	N
N	1	3	2	2	3	0	0	11
%	9.1	27.3	18.2	18.2	27.3	0.0	0.0	100.0
Applicable %	9.1	27.3	18.2	18.2	27.3			100.0

The mean score for this question was 3.3 and in the neutral range. Just as many of the applicable respondents (3 of 11, 27.3%) that gave a ‘disagree’ rating gave a strongly agree rating. This suggests mixed opinion that program participants can easily access records if they wish.

Staff members do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.

	1	2	3	4	5	NA	Don't Know	N
N	0	0	0	1	10	0	0	11
%	0.0	0.0	0.0	9.1	90.9	0.0	0.0	100.0
Applicable %	0.0	0.0	0.0	9.1	90.9	0.0	0.0	100.0

The mean score for this question was 4.9 and the respondents almost unanimously gave a strongly agree range (10 of 11, 90.9%) gave a strongly agree rating. This suggests there was very strong agreement that staff members do not use pressure tactics to influence participant behavior.

Staff members listen to and respect the decision that program participants make about their treatment and care.

	1	2	3	4	5	NA	Don't Know	N
N	0	0	1	2	8	0	0	11
%	0.0	0.0	9.1	18.2	72.7	0.0	0.0	100.0
Applicable %	0.0	0.0	9.1	18.2	72.7	-	-	100.0

The mean score for this question was 4.6 and in the strongly agree range. Almost seventy-three percent of the applicable respondents (8 of 11, 72.7%) gave a strongly agree rating. This suggests there is agreement that staff members respect participant treatment decisions.

Program participants can change their clinician or case manager if they wish.

	1	2	3	4	5	NA	Don't Know	N
N	0	0	3	2	6	0	0	11
%	0.0	0.0	27.3	18.2	54.5	0.0	0.0	100.0
Applicable %	0.0	0.0	27.3	18.2	54.5	-	-	100.0

The mean score for this question was 4.3 and in the strongly agree range. Over fifty-four percent of the applicable respondents (6 of 11, 54.5%) gave a strongly agree rating. This suggests there is strong agreement that program participants can change clinician or case manager.

Progress made towards an individual's own personal goals is tracked regularly.

	1	2	3	4	5	NA	Don't Know	N
N	0	1	0	5	5	0	0	11
%	0.0	9.1	0.0	45.5	45.5	0.0	0.0	100.0
Applicable %	0.0	9.1	0.0	45.5	45.5	-	-	100.0

The mean score for this question was 4.3 and in the strongly agree range. Just as many of the applicable respondents (5 of 11, 45.5%) that gave an 'agree' gave a strongly agree rating. This suggests there is strong agreement that individual progress is tracked.

Overall Applicable Percentages

	1	2	3	4	5	N
N	1	4	8	21	43	77
Applicable %	1.2	5.1	10.3	27.2	55.8	100.0

The overall applicable mean score for Choice was 4.3 and in the strongly agree range. This was the highest overall sectional mean score and suggests very strong agreement about the Choice section questions. When combining agree (n = 21) and strongly agree (n = 43) scores, over eighty-three percent (64 of 77, 83.1%) were in agreement.

Individually-Tailored Services

There were four survey questions for evaluation in the Individually-Tailored Services section. The data is contained in the tables below.

This program offers specific services that fit each participant's unique cultural and life experiences.

	1	2	3	4	5	NA	Don't Know	N
N	0	0	4	5	2	0	0	11
%	0.0	0.0	36.4	45.5	18.2	0.0	0.0	100.0
Applicable %	0.0	0.0	36.4	45.5	18.2	-	-	100.0

The mean score for this question was 3.8 and was in the agree range. Just over forty-five percent of the applicable respondents (5 of 11, 45.5%) gave a rating in the agree range. This suggests that there is general agreement that the programs offer services specifically matching the participants. There were no disagree ratings.

Staff members at this program regularly attend trainings on cultural competence.

	1	2	3	4	5	NA	Don't Know	N
N	0	2	1	4	4	0	0	11
%	0.0	18.2	9.1	36.4	36.4	0.0	0.0	100.0
Applicable %	0.0	18.2	9.1	36.4	36.4	-	-	100.0

The mean score for this question was 3.9 and was in the agree range. Just as many of the applicable respondents that gave an agree rating (4 of 11, 36.4%) gave a strongly agree rating. This suggests agreement that staff members attend trainings about cultural competence.

Staff members regularly ask program participants about their interests and the things they would like to do in the community.

	1	2	3	4	5	NA	Don't Know	N
N	0	0	1	5	5	0	0	11
%	0.0	0.0	9.1	45.5	45.5	0.0	0.0	100.0
Applicable %	0.0	0.0	9.1	45.5	45.5	-	-	100.0

The mean score for this question was 4.4 and was in the strongly agree range. Just as many of the applicable respondents (5 of 11, 45.5%) gave an agree rating gave a strongly agree rating. This suggests there was strong agreement that staff members regularly ask program participants about personal interests.

Staff members work hard to help program participants to include people who are important to them in their recovery/treatment planning.

	1	2	3	4	5	NA	Don't Know	N
N	0	0	1	6	3	1	0	11
%	0.0	0.0	9.1	54.5	27.3	9.1	0.0	100.0
Applicable %	0.0	0.0	10.0	60.0	30.0	-	-	100.0

The mean score for this question was 4.2 and was in the agree range. Sixty percent (6 of 10, 60.0%) of the applicable respondents gave an agree rating. This suggests there was agreement that staff members work hard to include people important to the participant in the planning process.

Overall Applicable Percentages

	1	2	3	4	5	N
N	0	2	7	20	14	43
Applicable %	0.0	4.7	16.3	46.5	32.5	100.0

The applicable overall mean score for the Individually-Tailored Services Questions was 4.1 and was in the agree range. This suggests overall agreement with the questions. When combining agree (n = 20) and strongly agree (n = 14) seventy-nine percent of the applicable respondents (34 of 43, 79.0%) were in agreement.

Applicable Mean Scores – Life Goal Questions

	Strongly Disagree (1.0 to 1.79)	Disagree (1.8 to 2.79)	Neutral (2.8 to 3.79)	Agree (3.8 to 4.29)	Strongly Agree (4.3 to 5.0)
<i>Staff helps program participants to develop and plan for life goals beyond managing symptoms or staying stable.</i>					4.5
<i>Staff routinely assists program participants with getting jobs.</i>			2.9		
<i>The primary role of agency staff is to assist a person with fulfilling personal goals and aspirations.</i>				4.0	
<i>Agency staff is diverse in terms of culture, ethnicity, lifestyle and interests.</i>			3.4		
<i>Staff members actively help program participants to get involved in non-mental health/addiction related activities.</i>				3.9	
<i>Staff members encourage program participants to have hope and high expectations about recovery.</i>					4.4
<i>Staff members believe in the ability of program participants to recover.</i>					4.6
<i>Staff members believe that program participants have the ability to manage their own symptoms.</i>					4.4
<i>Staff members believe that program participants can make their own life choices regarding things such as where to live, when to work, whom to befriend, etc.</i>					4.8
<i>Staff members encourage program participants to take risks and try new things.</i>				4.0	
<i>Staff members are knowledgeable about special interest groups and activities in the community.</i>				3.9	

Applicable Mean Scores – Involvement Questions

	Strongly Disagree (1.0 to 1.79)	Disagree (1.8 to 2.79)	Neutral (2.8 to 3.79)	Agree (3.8 to 4.29)	Strongly Agree (4.3 to 5.0)
<i>People in recovery programs are encouraged to help staff with the development of new groups, programs, or services.</i>			3.0		
<i>People in recovery are encouraged to attend advisory boards and management meetings.</i>		2.1			
<i>Persons in recovery are involved with facilitating staff trainings and education at this program.</i>			2.9		
<i>People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.</i>				4.0	
<i>Staff members actively help people find ways to give back to their community.</i>			3.4		

Applicable Mean Scores – Diversity of Treatment Questions

	Strongly Disagree (1.0 to 1.79)	Disagree (1.8 to 2.79)	Neutral (2.8 to 3.79)	Agree (3.8 to 4.29)	Strongly Agree (4.3 to 5.0)
<i>Staff members actively introduce program participants to persons in recovery who can serve as role models or mentors.</i>			2.9		
<i>Staff members actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.</i>				3.8	
<i>Staff members talk with program participants about what it takes to complete or exit the program.</i>				4.1	
<i>Staff members offer participants opportunities to discuss their spiritual needs and interests when they wish.</i>					4.5
<i>Staff members offer participants opportunities to discuss their sexual needs and interests when they wish.</i>					4.5

Applicable Mean Scores – Choice Questions

	Strongly Disagree (1.0 to 1.79)	Disagree (1.8 to 2.79)	Neutral (2.8 to 3.79)	Agree (3.8 to 4.29)	Strongly Agree (4.3 to 5.0)
<i>Staff members make a concerted effort to welcome people in recovery and help them to feel comfortable in this program.</i>					4.5
<i>The program/agency offers an inviting and dignified physical environment.</i>					4.3
<i>Program participants can easily access their treatment records if they wish.</i>			3.3		
<i>Staff members do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.</i>					4.9
<i>Staff members listen to and respect the decision that program participants make about their treatment and care.</i>					4.6
<i>Program participants can change their clinician or case manager if they wish.</i>					4.3
<i>Progress made towards an individual's own personal goals is tracked regularly.</i>					4.3

Applicable Mean Scores – Individually-Tailored Services Questions

	Strongly Disagree (1.0 to 1.79)	Disagree (1.8 to 2.79)	Neutral (2.8 to 3.79)	Agree (3.8 to 4.29)	Strongly Agree (4.3 to 5.0)
<i>This program offers specific services that fit each participant's unique cultural and life experiences.</i>				3.8	
<i>Staff members at this program regularly attend trainings on cultural competence.</i>				3.9	
<i>Staff members regularly ask program participants about their interests and the things they would like to do in the community.</i>					4.4
<i>Staff members work hard to help program participants include people who are important to them in their recovery/treatment planning.</i>				4.2	

15. Staff offer participants opportunities to discuss their sexual needs and interests when they wish.	1	2	3	4	5	N/A	D/K
16. Staff help program participants to develop and plan for life goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies).	1	2	3	4	5	N/A	D/K
17. Staff routinely assist program participants with getting jobs.	1	2	3	4	5	N/A	D/K
18. Staff actively help program participants to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies.	1	2	3	4	5	N/A	D/K
19. Staff work hard to help program participants to include people who are important to them in their recovery/treatment planning (such as family, friends, clergy, or an employer).	1	2	3	4	5	N/A	D/K
20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.	1	2	3	4	5	N/A	D/K
21. Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.	1	2	3	4	5	N/A	D/K
22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).	1	2	3	4	5	N/A	D/K
23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.	1	2	3	4	5	N/A	D/K
24. People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.	1	2	3	4	5	N/A	D/K
25. People in recovery are encouraged to attend agency advisory boards and management meetings.	1	2	3	4	5	N/A	D/K
26. Staff talk with program participants about what it takes to complete or exit the program.	1	2	3	4	5	N/A	D/K
27. Progress made towards an individual's own personal goals is tracked regularly.	1	2	3	4	5	N/A	D/K
28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.	1	2	3	4	5	N/A	D/K
29. Persons in recovery are involved with facilitating staff trainings and education at this program.	1	2	3	4	5	N/A	D/K
30. Staff at this program regularly attend trainings on cultural competency.	1	2	3	4	5	N/A	D/K
31. Staff are knowledgeable about special interest groups and activities in the community.	1	2	3	4	5	N/A	D/K
32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	1	2	3	4	5	N/A	D/K

O'Connell, Tondora, Kidd, Stayner, Hawkins, and Davidson (2007)

ROSI Administrative-Data Profile: Authority Characteristics

County Authority: DAUPHIN

Date: May 13, 2011

1. How many providers of mental health services are in your network (unduplicated) as defined below?

27

2. How many of these providers of mental health services in your network responded and provided data for this ROSI Administrative-Data Profile?* 27

Definition:

Local mental health provider agency- includes free standing mental health or co-occurring providers as well as agencies that provide mental health and co-occurring services under the umbrella of a larger cross-disability or social service agency to persons 18 years of age or older. Agencies receiving County or HealthChoices funding should be included in the survey for this indicator.

*Note, for the purposes of this survey, a 75% response rate will constitute valid data.

County Indicators:	County to complete Indicators 1, 2, and 21
Indicator 1: Independent Peer/Consumer Operated Programs	<p>Is there is at least one independent peer/consumer operated program in your County?</p> <p>1a. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<hr/> CSP Principles: Consumer Centered Strengths Based Flexible	<p>See attached program description for Patch-N-Match, a peer/consumer operated program in Dauphin County.</p> <p><u>Definitions:</u> Independent Peer/Consumer Operated Program is an organization where primary consumers and survivors form the majority of those in governance, management, and leadership (e.g., budget, policies, procedures, personnel decisions, etc.). The majority of staff who operates the program and delivers direct services consists of consumers/survivors.</p> <p>The following criteria must be met:</p> <ol style="list-style-type: none"> 1. Incorporated in Pennsylvania or 501c3 2. The composition of the governing body is such that more than 51% of individuals identify as consumers/survivors 3. The organization provides mental health services to mental health consumers/survivors. <p>Organizations such as NAMI, clubhouses, scholarship funds, and psychiatric rehabilitation programs that are not governed and managed by consumers/survivors should not be counted.</p> <p>Primary Consumer/Survivor: A person, who in the past received or presently is receiving mental health services and/or mental health self-help supports.</p> <p>*Programs that do not meet these criteria should not be reported here, but may be considered in the budget reporting in Indicator 2.</p>

ROSI ADMINISTRATIVE DATA PROFILE (Page 2)	
County Indicators:	County to complete Indicators 1, 2, and 21
<p>Indicator 2: Peer/Consumer Delivered Service Funding</p> <hr/> <p>CSP Principle:</p> <p>Consumer Centered Strengths Based Flexible</p>	<p>What percent of county program funds are allocated for peer/consumer delivered services?</p> <p>2a. Numerator: For the reporting period, the amount of program funds in the county mental health budget allocated for peer/consumer delivered services: 2a. <u>\$572,119.00</u></p> <p>2b. Denominator: For the reporting period, the total amount of program funds in the county mental health budget: 2b. <u>\$68,587,577</u></p> <p>2c. Indicator: For the reporting period, the percentage of county program funds allocated for peer/consumer delivered services. (Numerator 2a. divided by denominator 2b.) 2c. <u>0.83%</u></p> <p><u>Definitions:</u> Peer/Consumer Delivered Services include (a) Independent Peer/Consumer Operated Programs as well as (b) programs that may be sponsored by an umbrella organization but are run and delivered by consumers/ survivors with a separate budget supported by the county. Examples include consumer drop-in centers, warmlines, consumer run businesses, Consumer/Family Satisfaction Teams, Certified Peer Specialist etc., (c) the cost of positions reserved for consumers/survivors to deliver mental health services/supports that are embedded in other programs. Examples include Recovery Educator, Peer Specialist within a clinical program, or professional position reserved for (can only be filled by) a primary consumer/survivor.</p> <p>Numerator: Program funds in the county mental health budget should include state allocations, county funds, Medicaid match, HealthChoices funds, and reinvestment funds for the above stated peer/consumer delivered services. You may include positions reserved for consumers to deliver peer service. Only the cost for the specific program or position should be counted. Funds for organizations such as NAMI, clubhouses, scholarships and any other programs that are not consumer-run should not be included.</p> <p>Denominator: The total amount of program funds in the county mental health budget should include all funds under the control of the county mental health program including state allocations, county funds, Medicaid match, HealthChoices funds, and reinvestment funds, excluding funding for children. You may include positions reserved for consumers to deliver peer services.</p>

ROSI ADMINISTRATIVE DATA PROFILE (Page 3)

County Indicators:	County to complete Indicators 1, 2, and 21
<p>Indicator 21: Diversion from Criminal Justice System</p> <hr/> <p>CSP Principle: Coordinated Strength Based Natural Supports</p>	<p>Does your County have a jail diversion program for adults?</p> <p style="text-align: right;">21a. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If you feel your program(s) is innovative, please attach a brief description regarding why you think it is a good program.</p> <p>See attached Dauphin County MH Jail Diversion Program and Mental Health Court Descriptions.</p> <p>Definition: Jail Diversions are programs that divert individuals with mental illness from the criminal justice system to community-based services.</p> <p>Examples of such services include:</p> <ul style="list-style-type: none"> • Off-hours access to mental health resources for law enforcement • Intervention at point of initial law enforcement contact • Intervention during initial detention and/or initial judicial involvement • Intervention through evaluation and treatment while incarcerated • Mental health service involvement in release planning • Community based, post incarceration, specialized support services to transition to treatment services in the community.

County Indicators:	County to complete Indicators 5, 9, and 14 by surveying its Providers
<p>Indicator 5: Affirmative Action Hiring Policy</p> <hr/> <p>CSP Principle:</p> <p>Meet Special Needs Culturally Competent Flexible Accountable</p>	<p>Of those local mental health provider agencies responding to your survey, how many have an affirmative action hiring policy regarding primary consumers?</p> <p>5a. Numerator: The numbers of responding local mental health provider agencies that have an affirmative action hiring policy regarding primary consumers. 5a <u>4</u></p> <p>5b. Denominator: The total number of responding local mental health provider agencies. 5b. <u>27</u></p> <p>5c. Indicator: The percentage of local mental health provider agencies responding that have an affirmative action hiring policy regarding primary consumers. (Numerator 5a. divided by denominator 5b.) 5c. <u>14.8%</u></p> <p><u>Definition:</u> Local mental health provider agency- includes free standing mental health or co-occurring providers as well as agencies that provide mental health and co-occurring services under the umbrella of a larger cross-disability or social service agency to persons 18 years of age or older. Agencies receiving County or HealthChoices funding should be included in the survey for this indicator.</p> <p>Affirmative action hiring policy regarding primary consumers/survivors means that an agency has a specific written policy and/or procedure that indicates that they actively recruit, hire and retain persons who are primary consumers/survivors. General affirmative action policies and policies that broadly mention persons with disabilities should not be counted. For agencies that provide broader social services which may include mental health, the policy of the specific mental health program may be reviewed separately.</p> <p>Primary Consumer/Survivor: A person, who in the past received or presently is receiving mental health services and/or mental health self-help supports.</p> <p>*Agencies that provide cross county mental health/co-occurring service should count only the policy/procedure of the program in the reporting county.</p>

ROSI ADMINISTRATIVE DATA PROFILE (Page 4)	
County Indicators:	County to complete Indicators 5, 9, and 14 by surveying its Providers
<p>Indicator 9: Local Agency Recovery Oriented Mission Statement</p> <hr/> <p>CSP Principle: Consumer Centered Accountable Culturally Competent</p>	<p>Of those local mental health provider agencies who responded to your survey, how many have a mission statement which explicitly includes a recovery orientation?</p> <p>9a. Numerator: The number of local mental health provider agencies responding whose mission statement includes a recovery orientation. 9a. <u>11</u></p> <p>9b. Denominator: The total number of responding local mental health provider agencies. 9b. <u>27</u></p> <p>9c. Indicator: The percentage of local mental health provider agencies responding whose mission statement explicitly includes a recovery orientation. (Numerator 9a. divided by denominator 9b.) 9c. <u>40.7%</u></p> <p>Definition: Local mental health provider agency- includes free standing mental health or co-occurring providers as well as agencies that provide mental health and co-occurring services under the umbrella of a larger cross-disability or social service agency to persons 18 years of age or older. Agencies receiving County or HealthChoices funding should be included in the survey for this indicator.</p> <p>Recovery Oriented Mission Statement: Includes language that reflects recovery and cultural competence, referencing CSP principles of the Recovery Wheel or language utilized within A Call for Change. Guidelines issued by OMHSAS for assessing mission statements for a recovery focus, national guidelines, or other standards should be used by a local committee to evaluate conformance with this indicator. For agencies that provide broader social services, the program description of the specific mental health service may be considered for this review. The word recovery does not have to be used, but language that reflects recovery should be evident.</p> <p>*Agencies that provide cross county mental health/co-occurring service should count only the policy/procedure of the program in the reporting county.</p>

ROSI ADMINISTRATIVE DATA PROFILE (Page 5)	
County Indicators:	County to complete Indicators 5, 9, and 14 by surveying its Providers
<p>Indicator 14: Consumer Representation on Local Boards</p> <hr/> <p>CSP Indicators: Consumer Controlled Accountable Culturally Competent Meet Special Needs</p>	<p>Of those local mental health provider agencies who responded to your survey, how many disclosed primary consumers (unduplicated) serve on their governing boards?</p> <p>14a. Numerator: For the reporting period, the number of disclosed primary consumers (unduplicated) who serve on governing boards of responding local mental health provider agencies. 14a. <u>32</u></p> <p>14b. Denominator: For the reporting period, the total number of governing board members (unduplicated) of responding local mental health provider agencies. 14b. <u>280</u></p> <p>14c. Indicator: For the reporting period, the percentage of governing board membership that are primary disclosed consumers of responding local mental health provider agencies. (Numerator 14a. divided by denominator 14b.) 14c. <u>11.4%</u></p> <p><u>Definitions:</u> A disclosed primary consumer/survivor is a person who is open about having received or presently receiving mental health services and/or mental health self-help supports.</p> <p>Denominator- total number of governing board members: This should include the total number of <i>Individuals</i> serving on governing boards across the mental health provider agencies; not the total number of boards. Only include boards that are specifically referenced in the By-laws for the agency.</p> <p>Local mental health provider agency- includes free standing mental health or co-occurring providers as well as agencies that provide mental health and co-occurring services under the umbrella of a larger cross-disability or social service agency to persons 18 years of age or older. Agencies receiving County or HealthChoices funding should be included in the survey for this indicator.</p>

PATCH-N-MATCH, INC.

I. Program—Consumer-Run Drop-In Center: Patch-n-Match, Inc.

II. Service Description

- A. Patch-n-Match, Inc. is a Consumer-Run Drop-In Center for adults who have been diagnosed with a mental illness. It is a program that assists people to recapture or gain skills necessary to function independently in the community. Empowerment and self-advocacy are focused on in order for consumers to be able to communicate better with mental health professionals and others and regain control of their lives and treatment. Patch-n-Match, Inc, also provides educational, social and recreational opportunities to those whom we serve. There is a daily lunch program that benefits many consumers because, for some, it is their only nutritious meal of the day. Patch-n-Match is also used as a meeting place for people to see their case managers or supported living staff.
- B. A calendar of events is produced monthly and is either sent to individuals or picked up by them at the Center. One or more guest speakers are scheduled a month to inform us about educational topics. Medical students come to our Center monthly to speak to us regarding medical concerns such as infectious disease prevention and treatment, monitoring and treating high blood pressure, smoking cessation and diabetes. We schedule several shopping trips a month to enable people to purchase items they need from places they would not have transportation to otherwise. We encourage consumers to take an active role in the upkeep and maintenance of Patch-n-Match based on their comfort level. This means help with the cleaning, setting of the table, food preparation, grocery shopping and related tasks. Daily, card and board games are played. We often receive clothing and household item donations that we distribute to consumers according to their needs. Once a month, we hold a Center Advisory Council (CAC) meeting. These meetings allow people to voice their concerns regarding Center issues and generate suggestions for programming. Staff support and assists individuals experiencing a wide range of situations. Often, it is necessary for staff to provide consumers with information about particular services and how to access them. We often act as a liaison with other provider agencies, advising and assist consumers with composing letters, and making appropriate and necessary phone calls (it is unfortunate that some consumers have no telephones). We take pride in taking the time with each and every individual who needs help.
- C. Currently, there is a full-time Director, one full-time staff person, and two employees who work part-time hours. All staff are consumers.

**DAUPHIN COUNTY MENTAL HEALTH JAIL DIVERSION PROGRAM
AND
MENTAL HEALTH COURT**

Dauphin County MH/MR received SAMHSA funding in April 2006 to begin a Mental Health Jail Diversion Program. The MH/MR Program partnered with Dauphin County Pre-Trial Services to hire and provide supervision of a grant funded Program Manager.

The Dauphin County Mental Health Jail Diversion Program is under the direction of the Director of Dauphin County Pre-Trial Services and the Dauphin County MH/MR Administrator. The Program Manager is responsible for the coordination of all affected parties in the criminal justice system, probation/parole, community-based mental health services, Diversion Assessment Team, and key stakeholders to implement and monitor the Mental Health Jail Diversion grant.

The Dauphin County Mental Health Jail Diversion Program works with individuals with severe mental illness who are charged with misdemeanors and felonies that do not involve a weapon, the delivery of drugs, or driving under the influence (DUI). The Program intervenes at various points in the court process. If charges can be disposed of at the District Court level, a 90- to 180-day continuance is sought in order for the defendant to get mental health and/or drug and alcohol treatment. With successful enrollment in treatment and follow through, charges will either be dismissed or the defendant will plead guilty and pay a small fine.

Other charges go to the Court of Common Pleas and individuals are enrolled and receive treatment. With successful enrollment in treatment and follow through with recommendations, dispositions of the charges are either dismissed, pled guilty with no further penalty or guilty with a term of probation.

Individuals enrolled in the program are tracked for at least one year and may be eligible for discharge following one year of enrollment, four to six months of treatment, and must be at least three months into their sentence with no probation violations. All agencies must agree to the discharge, including adult probation, case management, pretrial, district attorney, and public defender.

Referrals to the program can be made 24 hours a day and are received by Crisis Intervention. Crisis does the initial screening. Initial referrals can come from anyone, from the initial arrest up to sentencing.

All individuals enrolled in the program are referred to either Intensive Case Management (ICM) or Community Treatment Team (CTT) for appropriate services. Those individuals that are already at the targeted case management level may choose to stay with their current case manager. Release planning begins at the initial screening. Once appropriate services are in place, a motion is made to a Judge for reduced bail to secure releases.

As of February 2010, there have been 569 individuals referred for the program and 159 individuals or 28% have been enrolled. The status of the 159 program participants is as follows:

39 are currently active in the program.

90 received a neutral or positive discharge.

30 received a negative discharge due to re-arrest and no release options.

Three-part training for mental health professionals and for police officers took place throughout 2008-2009. The police trainings were on mental health issues based on the Critical Incident Team model. Fifty-nine (59) police officers completed Part I, 18 officers completed Part II, and 14 officers completed Part III. Mental health professionals received training on the criminal justice system. Seventy-two (72) mental health professionals completed Part I, 26 mental health professionals completed Part II, and 17 mental health professionals completed Part III. Both training tracks for the police officers and mental health professionals will be offered again in the Fall of 2009.

During February-March 2010, training Parts I and II were made available online. Fourteen police officers completed Part III. In addition, a Part IV training module was developed and offered in April 2010.

In March, 2009, Dauphin County applied for a Bureau of Justice Administration grant for Mental Health Court, Reentry, and Expansion of Jail Diversion for Community Corrections and Community Support Services. Dauphin County was awarded the grant in October 2009. Implementation of the Mental Health Court is scheduled for June 2010.

In May 2009, Dauphin County opened a Forensic ICM Unit at the CMU (Case Management Unit) with three forensic case managers.

MENTAL HEALTH COURT

The Dauphin County MH/MR Program was awarded the 30-month Bureau of Justice Assistance grant in the amount of \$250,000 on October 1, 2009. The grant was for development of an MH Court and Re-entry Program and enhancement of the MH Jail Diversion Program. After six months of planning, the MH Court and Re-entry Program began on June 11, 2010. A portion of the grant (\$50,000) has been set aside to be used for housing.

MH Court is used only for non-violent misdemeanors and requires the defendant to plead guilty. It leads to either the charges being withdrawn or dismissed with no further penalty or to a straight plea with probation. Enforcement hearings are held weekly for 8-12 weeks, then every other week for 16-22 weeks and monthly for 16-22 weeks. Probation will be terminated on completion and graduation from the MH Court Program.

Individuals in the program receive either a Forensic Intensive Case Manager (FICM) or the Assertive Community Treatment (ACT) Team. If sentenced to probation, a Probation Officer will be assigned. If on Pretrial, individuals receive the MH Specific Bail Supervisor.

The goal of MH Jail Diversion is to radically reduce or eliminate jail time. In this program, individuals agree to accept and receive the proper level of MH case management and could receive an MH-specific Probation Officer. There is an agreement for Probation instead of incarceration.

Re-entry is used when an individual is sentenced to a period of county incarceration. An FICM is assigned two to three months prior to the earliest date of re-entry into the community to assist with a home plan and refer individuals for needed MH services. Individuals continue to have an FICM until no longer required.

In Fiscal Year 2010-2011, police and mental health professional trainings continue. Training for prison personnel is scheduled for May-June 2011.

The Mental Health Jail Diversion Program had a total of 169 individuals enrolled. Arrests for these individuals for the current incident and three years prior were 384, for an average of 2.27 arrests per individual. Forty-one individuals (24 percent) were arrested while participating in the program. Records are also being compiled for those individuals who were arrested within two years after their discharge from the program. To date, 105 (62 percent) individuals remain arrest free.

At the end of February 2011, there are 49 individuals who are two years past their discharge date from the Mental Health Jail Diversion Program. Of these individuals, 34 (70 percent) have not been rearrested.

As of March 31, 2011, data for the new Bureau of Justice Assistance grant are as follows:

- 174 individuals referred to the Mental Health Court
- 87 individuals denied
- 11 individuals opted out of the Program
- 35 individuals accepted for MH Court
- 26 individuals accepted for MH Jail Diversion Program
- 13 individuals accepted for Re-entry Services

The Mental Health Court began on June 11, 2010. As of March 2011, there were 25 individuals active. Of those 25 individuals, 11 are in Phase 1, nine are in Phase 2 and five are in Phase 3, and nine individuals were discharged before completing the program.

As of March 2011, the Mental Health Jail Diversion Program has seven active individuals, 20 individuals have been discharged from the Program, nine of those discharged were successfully diverted into the community, and five individuals moved to Mental Health Court.

Re-entry services has 13 individuals currently active and two on the wait list. Two individuals were closed due to no contact.

Quality Improvement Plan

Indicator Selected for Change/Improvement:

Indicator 1: Independent Peer/Consumer Operated Programs

Indicator 2: Peer/Consumer Delivered Service Funding

Indicator 21: Diversion From Criminal Justice System

Indicator 5: Affirmative Action Hiring Policy

Indicator 9: Local Agency Recovery Oriented Mission Statement

Indicator 14: Consumer Representation on Local Boards

Outline Strategy for Change:

The Dauphin MH/MR Program accepts the ROSI Quality Management Panel's recommendation of Indicator 2: Peer/Consumer Delivered Service Funding for change/improvement in Dauphin County over the next three-year period. However, given the State's measurement method of budget expenditures, it will be very difficult to significantly increase that calculation. The ROSI's Panel selection of Indicator 2 presents an extraordinary challenge to accomplish at the end of the three-year period.

Indicator 2 will be implemented as follows:

- Notify providers of the contracted adult mental health services of the selection of Indicator 2 for improvement in Dauphin County by December 31, 2009.
- Discuss Recovery Self- Assessment Revised (RSA-R) Provider Version Survey Results with providers.
- Conduct bifurcated budget process training – County and Agency for ROSI Panel.
- Develop provider training series with consumers on the development of change in the delivery of services, on recovery, and the role of the consumers/peers. Topics for possible inclusion:
 - WRAP
 - Psychiatric Advance Directives
 - Determine what is acceptable in the Universe of Providers

ROSI QUALITY IMPROVEMENT PLAN YEAR 2 UPDATE

The ROSI Panel's selection of Indicator 2, Peer/Consumer Delivered Service Funding, continues to be an extraordinary challenge in Year 2 of this three-year evaluation. Panel members met during 2010-2011 to continue to institute a quality improvement process in Dauphin County to help facilitate the transformation of the mental health service system. A listing of ROSI Panel members is on page 17.

In preparation for the May 2011 submittal of the ROSI to OMHSAS, Panel members reviewed and discussed Dauphin County's ROSI Administrative Mini-Grant Work Plan submission to the Pennsylvania Consumers Mental Health Association to enhance consumer-driven services in fiscal year 2010-2011. Dauphin County's proposal was not funded.

Transformation of the mental health service system is happening in Dauphin County. Six ROSI Panel consumers were trained by County MH staff as telephone interviewers to conduct the ROSI Survey of Adult Mental Health contracted providers with the agency executive directors in Dauphin County. They also received training on SSI and SSDI Benefits Exclusion by Goodwill Keystone Area's Community Incentives Coordinator. The six consumers are:

Chester Green	April Schaeffer
Tonya Long	Mark Underwood
Kim Pry	Anthony Watson

The two half-day trainings took place on January 6-7, 2011. The telephone survey by the trained consumers on the three County indicators of the ROSI measure occurred in late January with an exemplary response rate of 100 percent by January 28. The indicators are:

- Indicator 5: Affirmative Action
- Indicator 9: Local Agency Recovery-Oriented Mission Statement
- Indicator 14: Consumer Representation on Local Boards

When needed, a consumer interviewer needing additional help to conduct the survey received support from a trained peer buddy. Consumers received a stipend for the training and for conducting the surveys. Kim Pry, one of ROSI Panel trained consumers, facilitated the Panel's verification of the information submitted by providers on their mission statements, affirmative action hiring policies regarding primary consumers, and provider governing board rosters.

In addition, ROSI Panel consumers developed focus group discussion questions to assess consumers' perceptions as to where they think the Recovery Principles are being demonstrated. The six individuals who were trained as consumer interviewers were also trained as facilitators on February 11, 2011, for a half-day session and received a stipend to conduct seven consumer focus groups at the following sites in Dauphin County:

Aurora Social Rehabilitation Services
Jeremy Project for Transition-Age Youth at the CMU
Dauphin Clubhouse
Gaudenzia New View (MH and D/A)
Gaudenzia – Gibson House (MH and Forensic)
Patch-n-Match
Paxton Ministries (Personal Care Home)

Consumers conducted the focus groups at the various sites in teams of three during the last full week in February and were 100 percent completed on March 1. Each team consisted of a facilitator, recorder, and room coordinator. The group was to last no more than one hour. The following questions were asked in the focus groups:

For ROSI Indicator 2: “Peer/Consumer Delivered Service Funding,” the facilitator asked these two questions:

1. Are you interested in receiving peer-run services provided by consumers/peers?
2. What recovery-based services would you like to see funded by Dauphin County or CBHNP for consumers/peers?

For Indicator 14: “Consumer Representation on Local Boards,” the facilitator asked these two questions:

1. Are you interested in serving on a governing board?
2. If yes, what kind of supports do you need to serve on a governing board?

See Consumer Focus Group Results on pages 15 and 16 for Indicators 2 and 14.

The results from the consumer-focus groups for Indicator 2 have been merged with the Collaboration Team’s input for the top five recovery-oriented transformation priorities and integrated into the 2013-2017 Mental Health Plan. The results for Indicators 2 and 14 will be shared with the CSP and Adult MH Committees.

Based on the adjusted financial reporting for 2010-2011 for Indicator 2, Peer/Consumer Delivered Service Funding, the denominator decreased from \$76,529,000 to \$68,587,577. The total amount of dollars spent on peer/consumer delivered services from Program funds in the County budget increased from \$529,881.00 to \$572,119.00 in 2010-2011, which is an increase of eight percent of total dollars. As a percent of total budget, peer/consumer service funding increased from .73 percent to .83 percent.

ONGOING SUGGESTION

The OMHSAS ROSI Workgroup needs to consider broadening the definition of Indicator 2, to allow the use of private non-governmental funding devoted to peer/consumer delivered services as a strategy, in order to survive in a climate of declining governmental

funding. The development of peer/consumer delivered services is more important than a fiscal distinction as to how they are funded. State and federal government reductions continue to compel the Mental Health system to seek alternative funding sources.

**ROSI INTERVIEW PROJECT 2011
CONSUMER FOCUS GROUP RESULTS**

ROSI Indicator 2: “Peer/Consumer Delivered Service Funding”

For this indicator, trained consumer facilitators asked these two questions:

1. Are you interested in receiving peer-run services provided by consumers/peers?
2. What recovery-based services would you like to see funded by Dauphin County or CBHNP for consumers/peers?

RESULTS	Aurora	Dauphin Clubhouse	Gaudenzia New View	Gaudenzia Gibson House	Jeremy Project	Patch-n-Match	Paxton Ministries
Transportation		X	X	X			X
Mobility Training	X						X
Dental	X						X
Help w/locating jobs/job coaching	X	X					
Warm Line		X	X	X			
Housing	X	X	X	X			
Novel Suggestions	X	X	X	X	X	X	X

In response to questions 1 and 2, someone mentioned transportation as a recovery-based service they would like to see funded by Dauphin County or CBHNP for consumers/peers in four out of seven groups. Mobility training, dental, and help with locating jobs/job coaching was mentioned in two of the seven groups. A warm line came up in three of the seven groups and housing was referred to in four of the seven consumer focus groups.

NOVEL SERVICE SUGGESTIONS:

- | | | |
|---------------------------|---|-----------------------------|
| Eye glass assistance | Peer parenting classes | Co-pay funds |
| Hearing aids | Bullying not addressed | Need routines |
| Autism services | Conflict resolution | Peer arts and entertainment |
| Money for hair dressing | Respite (overnight) | Better drug management |
| Personal hygiene training | Peer support supervised by a professional | |

At least one individual made these novel service suggestions in one of the seven focus groups.

ROSI Indicator 14: “Consumer Representation on Local Boards”

For Indicator 14, trained consumer facilitators asked these two questions:

3. Are you interested in serving on a governing board?
4. If yes, what kind of supports do you need to serve on a governing board?


RESULTS	Aurora	Dauphin Clubhouse	Gaudenzia New View	Gaudenzia Gibson House	Jeremy Project	Patch-n-Match	Paxton Ministries
Yes, I want to serve	X	X	X	X	X		X
Transportation	X		X	X	X		X
Meeting Logistics	X				X		X
Leadership Training		X			X		
Mentor		X	X				
Novel Suggestions	X	X	X	X	X	X	X

In response to questions 3 and 4, six out of seven focus groups had two or more people say they wanted to serve on a governing board. Transportation was mentioned by someone in five out of seven groups. In three out of seven groups, individuals would need support with logistics, (scheduling, place, time). Leadership training and support by a mentor to serve on a board were mentioned in two of the seven focus groups.

NOVEL SERVICE SUGGESTIONS:

Blind Assistance
 Office of Vocational Rehabilitation (OVR) concerns
 Provider staff involvement

At least one individual made these novel service suggestions in one of the seven focus groups.

ROSI QM PANEL TOOL	
Name	Organization
1 Michaelene A. Barone	Dauphin County MH/MR Program
2 Keven Cable	CBHNP
3 Marge Chapman	NAMI
4 Kathyann Corl	CSP/Keystone Community Mental Health Services
5 Chester D. Green, Jr.	CSP/Dauphin Clubhouse
6 John Hartley	CSP/Dauphin Clubhouse
7 Debra Jackson	CSP
8 Kim Kennedy	CSP/VOA of PA
9 Tonya Long	CSP/Dauphin Clubhouse
10 Kim Maldonado	CSP/Dauphin Clubhouse
11 Tom Newman	CSP/Dauphin Clubhouse
12 Kim Pry	CSP/Dauphin Clubhouse
13 April Schaeffer	CSP/Dauphin Clubhouse
14 Sheila Stacks	Patch-n-Match
15 Mark Underwood	CSP
16 Anthony Watson	CSP/Dauphin Clubhouse
17 Lisa Ratcliff Webb	CSP/Aurora Social Rehabilitation Services
18 Joseph Whalen	Dauphin County MH/MR Program
<p>Describe the process used to review and validate the data (the box will expand as you type):</p> <p>Kim Pry, one of the ROSI Panel's consumers, facilitated the Panel's verification of the documentation listed below for each indicator. Members voted as to whether Indicators 5 and 9 met the definitions that were distributed to counties by OMHSAS in 2008. County MH staff abstained from voting.</p>	
<p>Identify the documentation reviewed for each indicator:</p> <p>Indicator 1: Program description for Patch-n-Match consumer-run drop-in center</p> <p>Indicator 2: MH Plan budget forms, documentation from contracts, case-specific data</p> <p>Indicator 21: Dauphin County Jail Diversion Program & MH Court Descriptions</p> <p>Indicator 5: Dauphin County MH Providers' AA Hiring Policies</p> <p>Indicator 9: Dauphin County MH Providers' Mission Statements</p> <p>Indicator 14: Dauphin County MH Providers' Governing Board Rosters w/disclosed consumers</p>	
<p>I hereby certify that all data presented in this document was reviewed and approved by the ROSI QM Panel (to be signed by the ROSI QM Panel Chairperson/designee who is not a county official/staff)</p>	
Signature: 	Name: Kimberly A. Pry ROSI Panel Member
	Date: 5/13/11