DAUPHIN COUNTY MH/ID PROGRAM BOARD
MEETING MINUTES AND PLANNER

MEETING DATE:  January 26, 2017

MEETING PLACE:  CMU, 1100 South Cameron Street, Harrisburg

ATTENDANCE:

Board Members:  Elizabeth Pliszka, Judy Vercher, Barbara Biancone, Dr. Glen Bartlett,

Staff:  Dan Eisenhauer, Rose Schultz, Paul Geffert, Cheryl Gundrum, Renee Robison

Guests:  Greg McCutcheon, CMU; Mike Grier, Keystone; Leah Hannah, PCS

MEETING GOALS AND OBJECTIVES:

- Education Topic
- Administrator’s Report
- Committee Reports
- Fiscal Report
- Community Input

DECISIONS:

- Approval of the December 1, 2016, Advisory Board minutes

ACTION TO BE TAKEN:

- None at this time

NEXT MEETING DATE:
March 30, 2017, at CMU, 1100 South Cameron Street, Harrisburg. The agenda will include a presentation, as well as the Administrator’s Report and Committee Reports.

Welcome and Introductions
Judy Vercher called the meeting to order. Judy welcomed everyone in attendance, and introductions followed.
Approval of the December 1, 2016 Board Meeting Minutes
The motion was made and seconded to approve the minutes from the December 1, 2016, meeting.

Administrator's Report
The following report summarizes major MH/ID program concerns, updates and initiatives over the past two months. We are planning a training for clinicians serving people who have both and MH and an ID diagnosis with Dr. John McGonigle, Assistant Professor of Psychiatry and Rehabilitation Science Technology University of Pittsburgh, School of Medicine on 2/10/17. Staff have begun the FY 17-18 contract process with provider meetings with EI, ID and MH providers scheduled over the next several weeks.

State/Department of Human Services Updates
- DHS has announced the results of their re-procurement for physical health MCO’s and unfortunately only one of the current five PH-MCOs serving Dauphin County will be offered contracts as of 7/1/17. This means that approximately 30,000 individuals or about half of our HealthChoices Members will have to select a new PH-MCO by July 1, 2017. Gateway is the only plan that will continue to operate in Dauphin County.
- DHS has announced the closure of the Hamburg Center, a State ID center, and the civil beds at Norristown State Mental Health Hospital. No Dauphin County residents are served at either facility.
- ODP published their draft five year waiver application to the Center for Medicare and Medicaid Services, (CMS) for public comment. The public comment period ended January 17, 2017. ODP is compiling the public comments and will submit the final version of the waiver application to CMS in March with an effective date of July 1, 2017. The waiver will result in significant service delivery changes, new and modified service offerings, and also changes to rates and payment methods for residential services. The waiver also describes how PA will implement the community inclusion requirements of CMS by 2019.

Crisis Intervention
- Crisis Intervention had one person resign, so we have a full time second shift vacancy and one part time vacancy.

MH Program
- Currently there are 12-14 persons either housed or looking for an apartment through The Bridge Rental Subsidy Program between Dauphin County MH and the County of Dauphin Housing Authority. Several families have been able to access safe, affordable housing through this program. The goal is to have 18-20 approved vouchers by June, 2017.
- Guiding Good Choices, an evidence based prevention program, will begin in early February for Upper Dauphin School District families. Trained parents conduct the five (5) sessions and the program helps parents with communication and decision-making skills.
- Patch-n-Match is a consumer-operated drop in center now located on North Front Street serving between 30-40 persons daily. The new location offers larger rooms for meals, leisure activities and socialization. The transition went smoothly and folks like the new environment with a view of the Susquehanna River.
- School districts were informed about the availability for school personnel to be trained in Mental Health First Aid at a recent meeting. Planning is underway to meet their needs this
Further meetings are planned to improve school-based mental health outpatient clinics and address unmet student needs.

**EI Program**
- The EI Program continues to work on completing a Memorandum of Understanding (MOU) with Dauphin County Children and Youth and CMU to define how we will work together more effectively on joint cases and to memorialize our mutual obligations for referrals and case coordination.
- The EI Program is working on implementing a grant from OCDEL to work with an EI provider and a child care program to develop positive behavior supports.

**ID Program**
- ID staff continue to be involved in the Chapter 6100 regulation review and comment process, the waiver comment process, and work with residential providers to prepare for the conversion to fee schedule rates that includes a rate factor based on assessed need versus the current cost based rates.
- ID staff continues work with a number of agencies to develop Support Broker Services in our county.
- ID staff are also working on implementing a Communities of Practice, which is aimed at developing options for families and consumers to more effectively plan for a life in the community, including opportunities for education about development disabilities, community navigation and discovery, networking and how formal services can complement a “life in the community.”
- The ID program continues its focus on being an Employment First county, with continually expanding opportunities for people to find competitive employment.

**Presentation – Annual Report Overview FY 15-16 – Dan Eisenhauer**
A handout for the PowerPoint presentation was given. Highlights are below:

**Dauphin County MH/ID Mission and Vision:**
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.

**FY 15-16 Executive Summary**
- The MH/ID program values partnerships and collaboration with consumers, families, providers and community agencies.
- Our staff continued to work on improving collaboration and planning for people with dual diagnoses involving MH/ID/EI, and extended those efforts to working better with the CMU. Made improvements in role clarification and team meeting leadership and organization with CMU staff.
Major impact to the MH program was the full implementation of Medicaid expansion, which increased access to services for many residents, reduced need for county funding for outpatient and partial hospitalization services.

Major impact to ID was planning for changes in HCBW Final rule and proposed ODP waiver.

Early Intervention continued growth in referrals and children served.

The funding overview showed flat funding.

**Intellectual Disabilities Program**

- The ID program received limited waiver opportunities to serve new persons in need of intellectual disability services. We received an additional 6 person-family directed support and 5 consolidated waiver opportunities.
- The passage of the Workforce Innovations Opportunities Act (WIOA) included new requirements from the Centers for Medicare and Medicaid Services (CMS) and necessitated changes at the local, state and national levels. Community inclusion and employment are at the forefront.
- The majority of individuals are supported by their families and other natural supporters. Our system continues to explore how to best meet the needs of families to handle immediate crisis needs when families cannot care for their family member at home.
- Services were offered to all 31 eligible students who graduated in June 2016.
- Over 53 new individuals needing emergency services received waiver-funded services.

**Early Intervention Program**

- Children in Dauphin County are at moderate to high risk for school failure. The EI program offers information on early childhood resources to the families of children at the highest risk for developmental delay, as well as to other primary referral sources who work with these families.
- Northern Dauphin – 33 children active 14/15; 58 children active 15-16
- Harrisburg area – 444 children active 14/15; 563 active 15-16
- Middletown/Highspire/Steelton – 69 children active 14/15; 106 active 15-16

**Mental Health Program**

- Serving high-need individuals: 49 referrals were made for Extended Acute Care. 29 of 49 referrals (59.2%) were admitted to either Philhaven or Holy Spirit EAC. 20 persons (40.8%) were diverted to community-based treatment, returned to a family home, resided with friends or voluntarily entered a residential program
- Dauphin County MH/ID program applied for a CHIPP (Community Hospital Integration Program project) in FY 14-15 and was awarded funding for a three-bed community residential rehabilitation (CRR) program designed for transitional housing.
- Adult residential programs served 405 persons. 213 people were in residential services other than the crisis and diversion CRR programs. Among the 213 served in FY 15-16, 78 or 36.6% were discharged during the fiscal year.
- Focus on housing – Bridge rental subsidy, 811 project, Sunflower fields, Shelter plus care.
Focus on evidenced-based programs and recovery oriented services.

Crisis Intervention

- Core services are telephone, walk-in, mobile, and team mobile crisis intervention services.
- Provides disaster planning and coordination. All CI staff are trained in and participate in the County’s Disaster Crisis Outreach Response Team (DCORT).
- All CI staff members have completed the required certification process in NIMS (National Incident Management System). CI also participates with and oversees the County’s Critical Incident Management (CISM) team, which provides debriefing services to first responders.
- Crisis collaborates with CMU and PPI for the Bridge program to provide follow-up after hospitalization outreach and to help link persons hospitalized at PPI with aftercare and treatment resources and case management resources. Crisis served 61 persons in the Bridge Program in FY 15-16.
- Crisis also has a Homeless Outreach specialist who collaborates with various homeless programs and services to help homeless people obtain services including mental health services. Crisis conducted outreaches and interventions for 363 homeless persons in FY 15-16.

Committee Reports

Mental Health Committee – The minutes from the December 19, 2016 meeting were distributed. The Adult MH Committee and the Children’s MH Committee are now combined to be the Mental Health Committee that meets every other month. Consumers, family members, and advocates are included in this committee. This committee is developing a work plan.

Intellectual Disabilities Committee – The minutes from the December 6, 2016 and January 2, 2017, meetings were distributed. There was a review of the Proposed Chapter 6100 regulations.

Nominating Committee – No official report.

Executive Committee – No report.

Fiscal Report
Paul Geffert distributed the Budget vs. Expenses report by cost center. Paul noted that the Admin expenses are really low, but the November and December bills were not in yet at this time. He also noted that under line item MH consumer driven services that a drop-in center clubhouse at Philhaven had closed.

Community Input and Other Comments
None at this time.

Adjournment
There were no additional comments or announcements, and the meeting was adjourned.