**DAUPHIN COUNTY MH/ID PROGRAM BOARD MEETING MINUTES AND PLANNER**

**MEETING DATE:** March 27, 2014

**MEETING PLACE:** CMU, 1100 South Cameron Street, Harrisburg

**ATTENDANCE:**

**Board Members:** Carol Oman, Korah Abraham, Judy Vercher, Liz Pliszka, Bridget Glunz-Wenner, Bonnie Rice,

**Staff:** Dan Eisenhauer, Paul Geffert, Rose Schultz, Shirley Keith Knox, Mary Eberts, Renee Robison

**Guests:** Mike Grier, Keystone Human Services; Greg McCutcheon, CMU; Dan Sausman, Jessica Areford, CMU; CMU; Barb Jumper, CMU

**MEETING GOALS AND OBJECTIVES:**

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

**DECISIONS:**

- Approval of the January 30, 2014, Advisory Board Minutes

**ACTION TO BE TAKEN:**

- None at this time
NEXT MEETING DATE:
May 29, 2014, at CMU, 1100 S. Cameron Street, Harrisburg. The agenda will include a presentation, as well as the Administrator’s Report and Committee Reports.

Welcome and Introductions
Carol Oman called the meeting to order. Carol welcomed everyone in attendance, and introductions followed.

Approval of January 30, 2014 Board Meeting Minutes
The motion was made and seconded to approve the minutes as written.

Administrator’s Report
The following report summarizes major MH/ID program concerns, updates and initiatives over the past two months. Staff is reviewing provider mid-year budget information, and beginning to route and distribute FY 14-15 provider contracts.

Statewide/DPW Updates
- DPW submitted their Health PA waiver application to the Federal Centers for Medicare and Medicaid Services (CMS). PA’s proposal is to expand Medicaid coverage to uninsured persons whose income is at or below 133% of the federal poverty level, and it also is PA’s plan to enact Medicaid reform. PA has also submitted a change in the work search requirement that would have been part of the plan because it is likely CMS would reject that provision. CMS has extended the public comment period until April 11, 2014.
- Governor Corbett proposed his FY 14-15 budget on February 4, 2014. The budget proposal is essentially for current funding amounts for County MH/ID and EI programs. The budget does contain numerous initiatives such as a waiting list for persons with ID, but the budget is contingent on several revenue and program assumptions that may or may not come to pass. The budget also includes another delay in our HealthChoices payment from DPW, which will present cash flow issues for our programs.
- CMS issued revised regulations governing the types of services that can be funded using home and community-based waivers included DPW, ODP waivers for the ID system. States have a maximum of one year to submit a plan of correction, if needed, and up to five years to bring community services into compliance with the new rules. PA’s ODP has begun their assessment of the new rules to determine the potential impact on our services.

Crisis Intervention:
- The Crisis Compliance Committee met on 2/4/14. There were no reportable findings.
- Crisis has hired a staff person for our part-time vacancy, which means we are fully staffed for the first time in several years.

MH Program:
- Staff is working with two dual-licensed (MH and D&A) outpatient programs in Dauphin County to develop at least one co-occurring disorders clinic for persons with a mental illness and a substance use disorder. Start-up will be funded with reinvestment funds, and persons will benefit from an integrated treatment approach, which includes group & individual treatment and life skills.
• There is a proposal to expand the NHS of PA Capital Region’s tele-psychiatry program to include the Northern Dauphin County communities and increase psychiatric capacity to serve children in Northern Dauphin. Tele-psychiatry may also be available for county funded (non-insured persons) on a limited basis.
• Family engagement is a vital area of need in children’s services, and service providers will be asked to identify three activities to conduct during the next year. Some examples of increased family engagement activities include: sponsoring families to attend a conference or training, selecting families to review agency policies/procedures for feedback, or sharing a family story in an agency newsletter, committee or board meeting.
• Collaboration with the Criminal justice system continues with screening for jail diversion at the Judicial Center, case coordination with Adult probation, forensic consultation with the District Attorney’s Office and Public Defender’s Office. Mental health also works closely with Dauphin County prison staff on re-entry into the community and referrals to State forensic inpatient care at the pre and post-trial status. Data continues to show that persons completing the MH Court process are successful after completion.

ID Program Issues:

• The ID Program continues to plan with OVR and an employment provider to implement a Project Search site.
• ODP conducted an on-site compliance review for our program (called AEOMP) and our program scored well. The review is an annual requirement as part of our Waiver Agreement with ODP.
• The ID Community Forum will be held on April 5th. Commissioner Hartwick will provide opening remarks.
• We were notified that we received an Aging/ID cross systems grant to continue Aging/ID Lunch and Learns
• Upper Dauphin Resource Fair – April 29th
• The ID Department funded two proposals for our Summer Employment Initiative. Staff is working with another provider to refine their proposal.

Early Intervention:

• Our staff and providers are focused on professional training in Supporting the Social Emotional Development of young children within their family. Training and increasing awareness among professionals is critical.
• We are working on identifying issues and solutions for children/families referred to EI, but who do not follow up or who are hard to engage. We are working on better outreach to this group. One solution is a partnership with WIC to automatically refer children with delays/disabilities and put the focus for the contact on the system, rather than the family. We are developing an effective partnership with WIC and some of our county’s most vulnerable families.

Education Topic – ID Quality Management – Shirley Keith Knox
Highlights from Shirley’s Powerpoint presentation were:

Quality Management
• Requirement of the Administrative Entity Operation Agreement
• Administrative Entity Oversight Monitoring (AEOMP)
• Provider qualifications and monitoring
• Quality management plan (incident management)
• Individual monitoring for quality (IM4Q) – how satisfied are consumers with their services
• Additional county initiatives

Administrative Entity Oversight Monitoring (AEOMP) – Cycle 5
• Conducted annually
• Assure compliance with operating agreements and Centers for Medicare and Medicaid Services Assurances
• Information reviewed:
  a. Random selection of individual records – base and waiver
  b. On-site review
  c. Annual self-assessment
  d. Review policies and procedures
  e. Monitoring of providers and delegated functions (Advocacy Alliance look at incidents within 24 hours)
• Compliance:
  a. ISP development and individual monitoring
  b. Incident management
  c. Employment
  d. Provider monitoring
  e. Eligibility/level of care
  f. Rights and choice and due process
• Areas of Non-Compliance
  a. Offer participant directed services to all individuals regardless of funding
  b. OVR (Office of Vocational Rehabilitation) approval letters
  c. Use ODP (Office of Developmental Programs) form for recording monitoring of delegated functions
  d. Next step – corrective action plan

Quality Management Plan
• A working documents
• Includes:
  a. Statewide initiatives
  b. IM4Q results (Individual Monitoring for Quality)
  c. Administrative entity oversight monitoring
  d. County initiatives

Participant Safeguards
• Goal: people are safe and secure in their homes and communities, taking into account their informed and expressed choices (People are free from abuse from their peers).
  a. Decrease the occurrences of individual-to-individual abuse by 10% and the number of authorized and unauthorized restraints to zero.
  b. Strategies:
     i. Monthly risk management meetings – review targets and victims
     ii. Work with individual teams to assess situation and identify alternatives
iii. Restrictive plans include a communication assessment and/or component if appropriate

Provider Capacity and Capabilities
  • Goal: There are sufficient providers and they possess and demonstrate the capability to effectively serve individuals with intellectual disabilities
    a. Increase the number of individuals served in the life sharing model of support
    b. Strategies:
      i. Ongoing training for SCs (Supports Coordinators) and sharing of information with families and individuals
      ii. Identification of folks in more restrictive settings

Participant Centered Service Planning
  • Goal: Ensure that every individual has an effective mode of communication
  • Strategies
    a. Agencies identify a “Communication Champion”
    b. SCs identify individuals needed an effective mode of communication
    c. Individuals receive a communication assessment and support to learn effective communication skills or purchase of technology
  • Goal: Job seekers will obtain employment
    a. Increase the number of individuals earning minimum wage or more by 20%
  • Goal: Dauphin County families will have a variety of options for respite care
    a. Increase the quantity and quality of schedule respite care providers
  • Goal: Increase the number of individuals using participant directed services by 20%

County Initiatives
  • Increase opportunities for meaningful day
  • Use technology to support increased independence
  • Enhanced team planning and training to support individuals with dual diagnosis (ID and MH)
  • Use of 2 diversion beds
  • Post-secondary education – HACC and DREAM partnership

Committee Reports

Adult Mental Health Committee – Rose Schultz -- The Minutes from the February 24, 2014, and March 17, 2014, meetings were distributed. During the February meeting, Joe Whalen presented an inpatient readmissions update. The presentation during the March meeting was given by Kathyann Corl about the use of photography in combatting stigma. A video called “Beyond the Shadows of Stigma” was shown.

Children’s Mental Health Committee – Greg McCutcheon – The Minutes from the March 20, 2014, meeting were distributed. An overview of The Incredible Years program was provided at this meeting. The Incredible Years child group utilizes puppets that can portray emotions which can help children increase feelings identification and emotional regulation. Outcomes have
shown decreases in problem behaviors and increases in academic performance. Family engagement strategies have been discussed.

It was noted that Catholic Charities have closed some programs in Lancaster, but there should be minimum impact.

**Intellectual Disabilities Committee** – Korah Abraham – The Minutes from the February 4, 2014, and March 4, 2014, meetings were distributed. There will be a community forum April 5, which is sponsored by the ID Committee and Speaking for Ourselves. The attendees will be requested to complete an evaluation form and include suggestions on topics that could be presented for future events.

**Nominating Committee** – Still looking to fill the Pediatrician/Psychologist vacancy on the MH/ID Advisory Board.

**Executive Committee** – This committee has not met.

**Fiscal Report**
Paul Geffert distributed the Budget vs. Expenses report by cost center. Paul noted that MH/ID is continually looking at the processes for providers to help with bill rejections. Dan Eisenhauer stated that during the contract process we will know if we are at or below the budget. It is difficult for the MH/ID system to adjust to the 10% reductions in 12/13.

**Community Input and Other Comments**
The Festival of Hope is March 29 and they are honoring Dr. Francis Sparrow.

Dan Sausman welcomed Barb Jumper to the CMU as their quality manager. March is ID Awareness month. There is a campaign underway to end the use of the “R” word. Listed are the details:

**Spread the Word to End the Word® Fact Sheet**

**WHAT**
Spread the Word to End the Word is an ongoing effort by Special Olympics, Best Buddies and our supporters to inspire respect and acceptance through raising the consciousness of society about the R-word and how hurtful words and disrespect can be toward people with intellectual disabilities. The campaign, created by youth, is intended to engage schools, organizations and communities to rally and pledge their support at [www.r-word.org](http://www.r-word.org) and to promote the inclusion and acceptance of people with intellectual and developmental disabilities.

**WHEN**
The annual day of awareness is held the first Wednesday of every March. While most activities are centered on or near that annual day in March, people everywhere can help spread the word throughout their communities and schools year-round thru pledge drives, youth rallies and online activation.

**WHO**
Spread the Word to End the Word was founded by college students Soeren Palumbo (Notre Dame 2011) and Tim Shriver (Yale 2011) in 2009, and continues to be led by passionate young people, along with Special Olympics athletes and Best Buddies participants across the United States and in many other parts of the world.
WHY
Respectful and inclusive language is essential to the movement for the dignity and humanity of people with intellectual disabilities. However, much of society does not recognize the hurtful, dehumanizing and exclusive effects of the R-word.

HOW
Visit www.r-word.org to learn how you can Spread the Word to End the Word.
For more information, contact:
Christy White, Special Olympics cwhite@specialolympics.org
202-824-0307

Adjournment
There were no additional comments or announcements, and the meeting was adjourned. The next meeting will be held May 29, 2014, at CMU, 1100 S. Cameron Street, Harrisburg.