DAUPHIN COUNTY MH/ID PROGRAM BOARD
MEETING MINUTES AND PLANNER

MEETING DATE: January 26, 2012

MEETING PLACE: CMU, 1100 South Cameron Street, Harrisburg

ATTENDANCE:
- **Board Members:** Sherri Smith, Carol Oman, Korah Abraham, Bonnie Rice, Judy Vercher, Malorie Sirb
- **Staff:** Dan Eisenhauer, Rose Schultz, Paul Geffert, Martin Yespy, Joy Hafer, Renee Robison
- **Guests:** Deborah Lewis, NAMI; Marg Chapman, NAMI; Matt Kopetchny, CMU; Dan Sausman, CMU; Leah Hannah, PCS; Barb Jumper, The ARC; Mike Grier, KCMH

MEETING GOALS AND OBJECTIVES:
- Education Topic
- Administrator’s Report
- Committee Reports
- Fiscal Report
- Community Input

DECISIONS:
- Approval of the December 8, 2011, Advisory Board Minutes
- Motion made and seconded to support the Re-investment Proposals

ACTION TO BE TAKEN:
- None at this time.
Welcome and Introductions
Sherri Smith called the meeting to order. Sherri welcomed everyone in attendance, and introductions followed.

Approval of December 8, 2011, Board Meeting Minutes
The minutes were approved as written.

Administrator’s Report
The following report summarizes major MH/ID program concerns, updates and initiatives over the past two months. County MH and ID staff continue our collaboration to develop strategies to improve service delivery for persons diagnosed with both an intellectual disability and mental illness. Our program staff has begun distributing materials and working with contracted providers on the FY 12-13 contracting process.

Crisis Intervention:

- The Crisis Intervention Program continues to participate in the Tri-County long-term flood recovery effort, and will assist with outreach and response to flood victims continuing to experience emotional distress as a result of the floods this past fall.

Budget Updates:

- Shortly after receiving our primary allocations for Fiscal Year 11-12 for MH, ID, and EI, we learned that the Corbett administration has frozen approximately 54.9 million of DPW FY 11-12 funds. The actual impact to programs within DPW is still being evaluated and we have not yet received our new reduced allocations, although estimates of the funding cuts are expected to be in the range of 1% to 5% reductions.
- Governor Corbett will present his FY 12-13 Budget address to the legislature on February 7, 2012. Additional reductions in DPW funding are anticipated.

ID Program Issues:

- Following ODP’s announcement of an across-the-board “rate adjustment factor” (RAF) of a 6% reduction in each waiver-funded provider’s rates, many providers have laid off significant numbers of staff, and made operational changes to attempt to match expenses with the declining revenue.
- Dauphin County continues to implement ODP required provider monitoring. In some cases where providers serve people living in multiple counties, Dauphin County will be collaborating as either a lead county or as a partner county for cross-county provider monitoring.
• ODP submitted a revised Waiver application to the Centers for Medicare and Medicaid services. County and stakeholder input were limited to a brief period of comment prior to the submission of the document.

MH Program Issues:

• The MH Program is collaborating with CACH as a “Local Lead Agency” or LLA in support of a DPW initiative to improve low-income housing opportunities for eligible consumers in collaboration with low-income housing developers.
• The MH program and CMU and provider and child serving agency partners continue to effectively reduce the number of children served in Residential Treatment Facilities (RTF). Following a high of approximately 108 children in RTF concurrently in July of 2008, we had only 38 children in RTF in January. Families and children are able to utilize community-based MH services in lieu of distant and lengthy RTF stays.
• The program applied for a no-cost extension of our Federal BJA grant for our forensic and MH initiatives including the MH Court through 3/31/13.
• We continue to have consumers receiving services trained and supported to participate in the evaluation, and monitoring of services and providers in Dauphin County. These efforts continue as we are preparing for our Annual Plan update.

EI Program:

• Federal Part C regulations changes affecting EI were approved that will require some changes to our policies and procedures related to confidentiality, surrogate parents, and the ability for the OCDEL to implement screening procedures for persons referred to EI. Currently, all children referred are “evaluated,” but OCDEL may provide instructions for Counties to “screen” certain children referred prior to evaluation.
• EI staff continues to work on outreach and Child Find efforts focusing on homeless shelters and PCP offices.

Reinvestment Proposal – Rose Schultz

Rose explained that there are funds not used in treatment costs for fiscal year 2010-2011 that are available from the managed care company. The Reinvestment Proposal was distributed to the Board that included the following:

1) Services to support adult persons with mental illness and intellectual disabilities – mobile behavior interventions
2) Services to support persons with mental illness and drug and alcohol abuse/addictions.

Rose stated that many people won’t commit to drug and alcohol treatment and it’s hard not to relapse. Currently, MH providers are only allowed to educate about drug and alcohol addictions. The idea for dual licensing for facilities has been abandoned.

3) Parent involvement – multiple strategies on parent involvement with sub-groups of families in MH treatment.
It was noted that a lot of families still need basic parenting skills.

4) Housing initiative – supportive housing through a rental subsidy for persons with a SMI
5) Employment initiative: Supported employment for persons with a SMI

Sherri Smith stated she thinks these proposals are great and fully supports it. A motion was made and seconded to support these proposals.

**Education Topic – 2010-2011 Annual Plan – Dan Eisenhauer**
A PowerPoint presentation was distributed and these are the highlights of the 2010-2011 Annual Plan:

Dan had submitted the Annual Plan at the last Board meeting, but the information for Early Intervention was incorrect. The Annual Plan is also posted on the website:

The highlights of the Annual Plan were that Mental Health, Early Intervention, and Intellectual Disabilities all served more people with less money in FY 10/11, than FY 09/10, which is a testament to the creativity and dedication of staff in our office and our provider partners who have indeed perfected the art of doing more with less. FY 10-11, persons served were 9,759 compared to persons served FY 09/10 of 9,534, an increase of 2.36%.

**Intellectual Disabilities Program – Waiver capacity to serve new persons continues to be limited and provided only on an emergency basis with case-by-case approval by ODP. The lack of new initiatives to address the waiting list is a growing concern as we ended FY 10/11.**

We offered services to all eligible students that graduated in June 2010. This occurred with no additional waiver opportunities being provided from the Office of Developmental Programs. We have operated waiver-funded programs at maximum capacity. There are 1-2 person group homes where some consumers have MH and ID. Treatment issues will have to be addressed if ODP closes these 1-2 person group homes.

The Job Squad Committee comprised of county and provider agencies enhances competitive employment opportunities for folks with ID, and produced the “Work First” brochure. Dauphin County staff attends the Local Right to Education Task Force where local districts, family members and service agencies meet and discuss current trends in special education and specifically transition from school to work.

A contract was maintained with Advocacy Alliance to conduct 24-hour review of all Dauphin County incidents and to conduct certified investigations. Plans of correction are created and implemented as necessary.

Independent Monitoring for Quality (IM4Q) visits with adults and children age three and over who are supported by ODP. Reports from interviews are shared with provider agencies,
administrative entities/counties, and the Planning Advisory Committee for ODP for purposes of improving people’s quality of life.

Early Intervention – There was a total of 940 children served and all had received an evaluation. The State determines MA or waiver eligibility. Early Intervention has responded to needs of families and has supported networking opportunities for families to connect with each other and offered trainings on a number of topics.

Mental Health Program for Adults, Children, and Families -- The MH Program surveyed the recovery-oriented practices of Adult Mental Health residential services with an exemplary response rate of 82%. The 2011 residential provider survey results are similar to the 2009 overall baseline survey results. This may indicate that residential provider operations with respect to recovery remain relatively strong.

MH staff continues to improve collaboration within the mental health systems as well as with other related child-serving systems to reduce the use of Residential Treatment. The Dauphin County RTF census has actually dipped below the target goal of 50 individuals in RTF concurrently for the first time in many years.

The MH Wellness Committee is participating in the National 10 x 10 Campaign to increase the life expectancy of MH consumers by 10 years within 10 years.

Quality assurance activities include investigations of consumer complaints and incidents. Coordination with CBHNP on incident reports is an ongoing activity.

Peer support is a service designed to promote empowerment, self-determination, understanding, coping skills, and resiliency through mentoring and service coordination supports. Peer support includes the following: crisis support, development of community roles and natural supports, individual advocacy, self-help, self-improvement, and social networking.

Crisis Intervention Services – Dauphin County MH Crisis Intervention Program teamed up with Pennsylvania Psychiatric Institute and the CMU to develop a bridge program to get persons to better use outpatient services and MH case management services in the community rather than acute inpatient care.

The Crisis program assisted 3,422 individuals totaling 4,581 consumer contacts in FY 10-11, which is a 3.5% increase from last year. A significant number of contacts, 44%, were new consumers presenting to the Crisis Program. The primary presenting problems were: 519 for aggression, 545 for depression, 449 for being upset/anxiety, 1,421 were suicidal, 665 for thought and affect, 233 for drug and alcohol, 220 for basic material needs, and 529 for other reasons.

Sherri Smith thanked Dan for this update.

Dan presented a plaque to Deborah Lewis for her years’ of service on the MH/ID Advisory Board. She had resigned from the Board in December 2011. He acknowledged that she had conducted a survey that we use for the state and her contributions are very much appreciated.
Deborah Lewis accepted this award and also thanked Marg Chapman for helping her to get on the Board and she stated it was an honor serving on the MH/ID Advisory Board.

Committee Reports

**Adult Mental Health Committee** – Judy Vercher – The Minutes from the December 19, 2011, meeting and Work Plan for 2011-2012 were distributed. There was a presentation from Syngred Bridgett-Watts from Magnificent Minds at this Committee meeting. It was an artwork exhibit as a visual to show the creativity of individuals with mental illness within the community and surrounding communities.

A presentation on telepsychiatry is scheduled for the January 23, 2012, meeting.


There are 9 BHRS providers who will be invited to the Children's May MH Committee meeting. The Committee agreed to review the draft summary of the surveys that were given to the providers, along with proposed final questions, which will be given to the providers.

**Intellectual Disabilities Committee** – Korah Abraham -- The Minutes from January 10, 2012, meeting were distributed. Korah reported some challenges he has had in obtaining dental services in the community. He is requesting information on people who require dental services. He has received a list of 5 dentists to contact. He would also need someone to provide sedation. It seems to be a nationwide problem where dentists don’t feel they are sufficiently compensated.

**Nominating Committee** – Judy Vercher – The Board is still looking for a replacement for Deborah Lewis’ vacancy.

**Executive Committee** – This committee has not met since October 29, 2010.

**Fiscal Report**

Paul Geffert distributed the Budget vs. Expenses report by cost center. Paul stated that 2010-2011 is completed and included in the Annual Report. Paul is waiting for the final allocations from the State.

**Community Input and Other Comments**

Dan Sausman stated that there are trainings being provided by the ARC and this information is available on the table with the other handouts. Also, there is a training by Dr. Carlos Pozzi and Patti Sipe of Keystone Children and Family Services at the Capital Area Intermediate Unit on “The “How To’s” for Bullying Prevention and the Special Needs Child”.

Korah Abraham stated that he had some contact with a family who had some difficulties and acknowledged that Rose Schultz helped Korah to learn the process to help this family and thanked her.
Adjournment

There were no additional comments or announcements, and the meeting was adjourned. The next meeting will be held March 29, 2012, at the CMU.