MEETING DATE: January 31, 2012

MEETING PLACE: CMU, 1100 South Cameron Street, Harrisburg

ATTENDANCE:

Board Members: Sherri Smith, Judy Vercher, Curtis Bauer, Korah Abraham, Elizabeth Pliszka, Matthew Stinner

Staff: Dan Eisenhauer, Rose Schultz, Shirley Keith Knox, Cheryl Gundrum, Paul Geffert, Martin Yespy

Guests: Kacey Crown, Dauphin County HSDO; Martina Leshko, CSG; Christine Roggenbaum, Goodwill; Marg Chapman, NAMI; Leah Hannah, PCS; Matt Kopetchny, CMU; Greg McCutcheon, CMU; Dan Sausman, CMU

MEETING GOALS AND OBJECTIVES:

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

DECISIONS:

- Approval of the November 29, 2012, Advisory Board Minutes

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 November 29, 2012, 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 several months. Cross-system collaboration continues between MH and ID staff in adult and children’s services at the county and team level. We are focused on beginning our FY 2013-2014 contract development process with providers that began in our office this month.

Statewide/DPW Updates
- DPW has appointed Dennis Marion as Deputy Secretary for OMHSAS. He served in numerous roles in Cumberland County including Chief Clerk, Chief Operating Officer, Drug & Alcohol Administrator, MH/MR Administrator, and Human Services Administrator.
- DPW recently approved all 20 County Block Grant plans submitted this past October. The 20 Counties met this past week to compare experiences and formulate questions and concerns for continued improvements in the Block Grant process with DPW.
- Governor Corbett will make his Fiscal Year 2013-2014 budget proposal presentation on February 5, 2013.

Crisis Intervention:
- Crisis has implemented an electronic case notes system effective November 5, 2012. The system is working and staff is formulating suggestions to improve the program, and we are planning to move to an all-electronic record that will involve scanning and digitally storing records and documentation from external sources.
- Crisis completed another successful Holiday Food Basket program, and we would like to thank our many supporters, staff, and providers for making this a successful program.
- Crisis has two vacant positions as present, but is interviewing for both.

MH Program:
- MH staff continues to monitor the impact of the 12-13 budget cuts to the community MH system and so far have seen increasing waiting lists for residential services; additional stressors on community providers and MH staff are continuing to work with providers to manage costs and the delivery of services in the new fiscal parameters.
- We recently had our sixth Mental Health Court graduation ceremony on December 28, 2012; bringing the total graduates to 25 people who successfully completed their court and treatment program. The majority of recent graduates were able to benefit from the “ARD” track, which means their charges were dropped as a result of their successful completion.
We are working with our managed care partners and on an Inpatient Readmission study or root cause analysis, in order to develop data driven strategies to reduce the number of people who are readmitted to a psychiatric hospital within 30-day of discharge.

MH staff are developing strategies for planning and data collection in light of changes due to the Block Grant.

The MH staff complement has been to decrease by one position in the MH program due to retirement and that position will not be replaced.

The MH provider contract meeting will be on 2/12/13 at 12:30 @ 1100 South Cameron Street

ID Program Issues:

ID staff continues to work with providers, individuals and families on our waiting list initiative offering services and supports to 11 recent graduates in the P/FDS waiver, and 4 individuals living with elderly caregivers aged 60+ in the Consolidated Waiver.

The Department of Public Welfare (DPW) has selected Public Partnerships; LLC to be the new statewide Vendor Fiscal/Employer Agent (VF/EA) and the transition has not gone well. Media reports, as well as our recipients of services, and their families have confirmed that transitioning their services from Acumen and to Public Partners was not very successful, and to date, DPW’s response has been inadequate.

ID staff, in collaboration with MH staff and two MH residential providers, recently made available two short-term beds in short-term residential programs for people diagnosed with both ID and mental illness to provide a step down level of service from inpatient care and to help divert people from needing inpatient care.

The ID provider contract meeting will be on 2/6/13 at 1:00 @ 1100 South Cameron Street

Early Intervention:

Early Intervention staff issued a Request for Proposals the last week of December to solicit proposals to implement an Independent Evaluator model in Dauphin County targeted to occur by July 1, 2013.

Early Intervention staff continue to attempt to clarify various operational changes that are proposed by OCDEL, including interpretations about the co – delivery of therapeutic services, and interpreting results from new eligibility determination tools, as well as how to focus child screening efforts, and how to continue to maximize efficiencies of our service coordinators.

The EI provider contract meeting will be on 2/11/13 at 1:00 @ 1100 South Cameron Street


Highlights from the Powerpoint presentation are:

Executive Summary

We continue to serve high volumes of individuals, highlighting the demand for County-based services.

Consumers, advocates, family members, providers and counties worked throughout the spring to reverse policy proposals and funding allocations for County-based services proposed by the governor for FY 12-13.

MH/ID County Program staff improved collaboration, communication, and leadership for service planning efforts for people diagnosed with a mental illness and an intellectual disability.

We continue our efforts to improve and reform our services in spite of our challenging fiscal environment.
Intellectual Disabilities Program Challenges

- Limited waiver opportunities to serve new persons in need of ID services.
- No initiative funding to address the service needs of new graduates.
- A financial survey of providers confirmed significant financial hardships for a number of providers as a result of rate changes implemented by the Office of Developmental Programs (ODP). Many providers restructured, laid off staff and reorganized. This caused a delay in many providers accepting referrals, and/or terminating service options.
- Because the population of individuals living in residential settings is aging, the system has seen an increased need to plan for long and short-term medical admissions, aging in place opportunity, and long and short-term admissions to a long-term care facility.

ID Program System Reforms

- Enhance Life Sharing opportunities.
- Employment First Initiative.
- Collaboration on efforts to reduce the use of RTF.
- Improved collaboration with schools and transition plans for graduates.
- Promoting trauma informed care throughout our system because individuals with intellectual disabilities experience abuse and trauma at a higher rate than the general population.

Early Intervention Program Maintains a Quality Program

- OCDEL State Verification – our program received a score of 99% or fully meets requirements, with very few areas cited for improvement.
- EI training on best practices – Dr. Juliann Woods focused on improved family coaching skills for EI professionals.
- Dauphin County EI was approved for the Positive Behavior and Intervention Support (PBIS) Grant with Keystone Children and Family Services (KCFS) as the administrative partner.

EI Child Find Efforts

- Children in Dauphin County are considered to be at high risk of school failure.
- Distributed EI posters and updated referral information to physician’s offices.
- Advertised EI program information to families through the Central Penn Parent Magazines’ Baby Guide
- Served children in all high risk areas of the County:
  - Northern Dauphin communities increased from 111 active children in FY 10-11 to 139 children in FY 11-12
  - Harrisburg City communities increased from 380 active children in FY 10-11 to 532 children in FY 11-12
Mental Health Program

Overarching and Mission-Driven Initiatives:
- Engage contracted providers and other human service systems to use mental health resources in a fiscally responsible and person-centered ways.
- Annually conduct a survey of persons using mental health services.
- Provide technical assistance and expertise to the Behavioral Health Managed Care Organization, Community Behavioral Healthcare Network of Pennsylvania (CBHNP), and oversight agency, Capital Area Behavioral Health Collaborative (CABHC) in quality, fiscal, and clinical management areas.

Improve Quality of Care and Wellness and Engage Persons Using MH Services
- Published 3 issues of Forte, a wellness newsletter.
- The MH Wellness Committee participates in the national 10 x 10 Campaign.
- The Wellness Year had three events during FY 11/12.
- Persons using mental health services spoke at a public community forum about the Governor’s proposed cuts to mental health funds.
- Consumer groups at Patch-N-Match and CSP wrote letters to elected officials about their concerns and the potential impact of the proposed reduced funding consistent with expanded roles for individuals and families in a recovery and resiliency oriented system.
- Dauphin County’s Community Support Program (CSP) Committee has significantly increased leadership roles among individuals with a serious mental illness and co-occurring disorders.

Children and Adolescent MH
Using Evidenced-based Programs
- The JEREMY Project offers short-term groups and individual sessions to target the four transition domains: independent living skills, employment, education, community involvement/socialization.
- In FY 11-12, 72 youth were discharged from Multisystemic Therapy and 64 were successful discharges.
- Community residential rehabilitations-intensive treatment program is an alternative to RTF level of care and will provide a more clinically intensive program than the current CRR-host home model and will incorporate evidence-based programs.

Ongoing Challenges
Looking forward:
- Challenges in reduced funding and mitigating the impact to individuals.
- Supporting our provider network in maintaining quality care.
- Loss of general assistance funds erodes minimal supports for persons in transition from state hospitals and prisons; length of stay in SMH, as well as residential care may be longer.
- Addressing high costs/overuse of specific-types of CBHNP funded services.
• Planning functions will change in County MH program driven by funding changes/Block Grant.
• Successful efforts in recovery and resiliency result in many more individual voices being heard.

Crisis Intervention
• The Crisis program served 3,493 persons in FY 11-12.
• 57% of persons served were first-time consumers of crisis services, comprising 43% of all contacts.
• 1,891 persons or 40% of all contacts resulted in commitments because of the level of risk. The number of actual hospitalizations was 1,788 because some persons initially under a commitment were diverted to other dispositions/treatments.
• The Bridge Project, a collaboration between Crisis, PPI and CMU resulted in 234 referrals. This effort assists people who are at risk for hospitalization to obtain community-based mental health and drug and alcohol services. Approximately 50% of bridge referrals completed intake at the CMU to begin obtaining services.

Committee Reports
Adult Mental Health Committee – The Minutes from the December 17, 2012, meeting were distributed. This meeting was Michaelene Barone’s last meeting. She has since retired. Only 3 to 4 people attended due to the inclement weather.

A future format was discussed similar to the Children’s Committee.

Children’s Mental Health Committee – The Minutes from the January 17, 2013, meeting along with the Work Plan for 2012-2013, were distribute.

This committee is still looking for family representation. It was noted that Steve Suknaic, Director of JPO, will be retiring 6/7/13.

Service Area Assessment – Those in attendance agreed that no specific area assessment will be conducted this year. One area the committee would like to focus on with all levels of care is family engagement.

The work plan was finalized.

Intellectual Disabilities Committee – The Minutes from November 6, 2012, and January 8, 2013, meetings were distributed. Plans are underway for the Spring Festival in May 2013 at Fort Hunter Park.

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 explained that the report is only showing 46.8% due to reporting formats and due to how the numerous reports are distributed differently now.

Community Input and Other Comments
Marge Chapman from NAMI explained that the Consumers Recovery Support Group will begin soon and will be meeting the following week.

Adjournment
There were no additional comments or announcements, and the meeting was adjourned. The next meeting will be held March 28, 2013, at the CMU.