DAUPHIN COUNTY MH/ID PROGRAM BOARD
MEETING MINUTES AND PLANNER

MEETING DATE: May 30, 2013
MEETING PLACE: CMU, 1100 South Cameron Street, Harrisburg

ATTENDANCE:

Board Members: Commissioner Hartwick, Sherri Smith, Judy Vercher, Korah Abraham, Liz Pliszka

Staff: Dan Eisenhauer, Rose Schultz, Mary Eberts, Paul Geffert, Joy Hafer, Renee Robison

Guests: Linda London, Goodwill; Marg Chapman, NAMI; Mike Grier, Keystone; Leah Hannah, PCS; Matt Kopetchny; Dan Sausman, CMU

MEETING GOALS AND OBJECTIVES:

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

DECISIONS:

- Approval of the March 28, 2013, Advisory Board Minutes

ACTION TO BE TAKEN:

- None at this time.
NEXT MEETING DATE:
July 25, 2013, at the CMU. The agenda will include a presentation, as well as the Administrator’s Report and Committee Reports.

Welcome and Introductions
Sherri Smith called the meeting to order. Sherri welcomed everyone in attendance, and introductions followed. It was noted that the location for the September MH/ID Advisory Board meeting will be changed to: Paxton Street Home, 2001 Paxton Street, Harrisburg.

Approval of March 28, 2013, 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. We have nearly completed our FY 2013-2014 contract process with providers, and we have submitted draft plans for MH and ID as part of Dauphin County’s FY 13-14 Block Grant plan. MH-ID Staff have been participating in agency staff recognition events over the past several months.

Statewide/DPW Updates
- Governor Corbett’s proposed budget for FY 13-14 funded MH, ID, and EI services at about the same level as FY 12-13. On May 28, the House introduced HB 1437, which also keeps county human service funding level compared to 12-13. Concerns surround the Independent Fiscal Office, IFO, report that projected revenue to the PA will be about $518 million less than budgeted for FY 13-14. Several revenue sources underlying the proposed budget, including pension reform, privatization of the State Liquor system, and the lottery have not yet been accomplished, which may threaten the level of human services funding when a budget is passed.
- The Dauphin County Block Grant Plan is due to DPW on June 14, 2013. MH and ID staff solicited input and drafted plans which were submitted to the Dauphin County Block Grant Coordinator. A Public Hearing on the Plan will be held on June 7, 2013, as the plan is presented to the Block Grant Advisory Board and the public.

Crisis Intervention:
- The Corporate Compliance Committee reviewed records for the past quarter and found no reportable issues. We are focusing on improving the quality of documentation.
- The Crisis department has implemented an electronic case notes system and Crisis and IT staff has now installed a scanner for digital document storage that will incorporate paper documentation indexed and integrated with the electronic case notes system.
- Crisis Intervention serves as the lead agency responding to requests from the Dauphin County Judicial Center, which opened May 13, to assess people with mental illness who are arrested and to help determine if they are able to be diverted from prison. We are continuing to refine our protocols with MH agencies, Pre Trial Services, and the Judicial Center staff.
- Crisis has one vacant part-time position.
- Crisis/ CISM staff participated in the recent PinnacleHealth bomb disaster drill.
- OMHSAS performed an on –site annual Crisis Intervention re-licensure inspection, which went well.
MH Program:

- We continue to work with CBHNP and provider partners on an Inpatient Readmission study. We identified gaps in services, action steps, and recently conducted our first round of in-depth case reviews with PPI and case management agencies for persons who have had to be readmitted to inpatient care, which will help us develop mechanisms to avoid re-admissions for all persons.
- The Community Residential Rehabilitation-Intensive Treatment Program, (CRR-ITP) is an alternative to Residential Treatment Facility level of care designed by our five County HealthChoices collaborative. Two providers, NHS and Bair Foundation, were approved for the service, and are ready to begin accepting referrals for service. Providers have recruited nine families who can provide the service.
- MH staff organized Mobility Training as a train-the-trainer program with two sessions being held in June. Staff and peers must be willing to conduct Mobility training during the next fiscal year for persons using MH services.
- A Children’s MH Awareness event was held on May 10th in coordination with churches in the 4th and Camp Street area. Despite the weather, 50 residents participated and there was a Proclamation read recognizing Children’s need for mental health.

ID Program Issues:

- ODP recently notified our ID staff that our Corrective Action Plan, (CAP) for our 4th Cycle monitoring was approved. ODP’s standard is 100% compliance with each activity or function that is monitored, and County staff must assure that all required activities are completed and properly documented.
- Shirley Keith Knox continues to participate in the ODP Futures Planning team, one of 3 County representatives on the ODP work group tasked with determining the long-range future of the ODP system. So far, the group has identified the values framework and some potential initiatives as part of system planning.
- The ID program continues to advance the work of our Employment 1st initiative and awarded funding of 5 mini grant proposals from employment providers to enhance paid employment opportunities of people with an ID.

Early Intervention:

- The Early Intervention Program is working to implement services with our Independent Evaluator provider effective July 1, 2013.
- EI staff is also working on clarifying and implementing several changes from OCDEL, including parent notification and consent for third party invoicing, Early Intervention eligibility, including the use of Informed Clinical Opinion.
- EI staff continues to work on methods to efficiently deliver services as we have begun to see level or slightly declining funding for the EI Program over the past year.

**Education Topic – ID Managed Care – Dan Eisenhauer**

Highlights of the PowerPoint presentation were:

**Historical Approach to Services and Payments**

Program Funded

- Provider receives funds to operate a program for a set number of individuals
• The funder negotiates a rate and contracts with a provider to serve individuals

Fee For Service
• Funder sets rates and pays provider for each service to an individual
• This is the current approach to payment for waiver services in PA
• No consideration for location, quality of service or responsiveness

Self-Directed
• Person chooses service provider and care giver
• Individual may elect to be employer and set rates with provider for service
• Individual may elect to work with agency of choice in selecting staff through an agency that is the employer
• Some states use a voucher program for individuals to use with their choice of provider

Managed Care
• The state contracts to assure services are provided to individuals with a county or managed care organization
• The county or managed care organization negotiates contract and rate with providers
• This can be a public for profit or public non-profit entity

States with Managed Care for Intellectual Disability Services
• Arizona
• Michigan
• Vermont
• Wisconsin
• Texas
• North Carolina
• New York
• Kentucky
• Kansas
• Illinois
• New Jersey
• Tennessee

Principles in Moving to Community Managed Care
• Treat all individuals fairly in meeting their needs
• Promote consumer and family involvement
• Treat providers fairly
• Efficiencies remain to address local needs – waiting list and improved services
• Match services and supports to individual needs
• Create ability to address individual needs across systems
• Build on current system strengths
• Accountable for use of federal and state funds

www.dauphincounty.org
County Right of First Opportunity
- Counties were offered the option to implement Behavioral Health managed care locally
- Counties could operate their own program, join together, or singularly contract for services from a qualified managed care organization (MCO)
- Counties could default to the state to implement managed care
- All contracts meet the same federal and state standards
- Equity invested locally in the service system, not in private entity’s profits
- Local family and consumer involvement in advisory structure and quality assurance
- MCO management by accountable public entities – counties are the most effective public partner to assure responsiveness and plan for individual needs

Behavioral Health HealthChoices
Goals
- To improve access to mental health services
- To improve the quality of mental health services available locally
- To curb growth of spending over time

Successes
- Spending growth lower than national average
- Increased community services and supports with decrease in hospital care
- Created better outcomes with reduced cost
- Incentives to providers to improve services
- Locally driven reinvestment

PACA MH/DS ID Proposal
Consumer/Family Benefits
- Support choice and voice of consumers and families in development and use of services
- Promote independence of individuals
- Increased coordination between behavioral health and developmental services
- Assure services and rights

Provider Benefits
- Availability of funds to start new program or enhance current program
- Rates can be negotiated
- Increased payment for quality services
- Increased ability to work with mental health system
- Efficiencies benefit local services and individuals
- Maintain current providers

Values Moving Forward
- Everyday Lives
- Stakeholder involvement
- Cross-Disability/Collaborative
- Support system resources including family
- Caregivers and natural supports
- No loss of funds due to for-profit operations
- Build on strengths
- Continuous quality improvement
- Successful closure of state centers
- Reduce waiting list
- Increased use of evidenced based practices
- Funding remains in system for services

Where from here?
Communicate and outreach to a variety of stakeholders to incorporate innovation and collaboration.

Build upon the strengths at all levels in service delivery and administration.

Continue to research and evaluate effective and efficient options.

More about PACA MH/DS @ http://www.mhdspa.org

This model will allow more local control and allow more choice. It will also be more efficient to address waiting lists.

**Committee Reports**

**Adult Mental Health Committee** – The Minutes from the March 18, 2013, meeting were distributed. At this meeting, there was a presentation and discussion on assisted outpatient treatment. New York state’s Kendra’s Law in 1999 provides for assisted outpatient treatment for certain individuals with mental illnesses who are unlikely to survive safely in the community without treatment and supervision. The law was revised in 2005 and reauthorized. The law establishes a procedure for obtaining court orders for individuals with mental illness to receive outpatient treatment involuntarily. Families and some advocates are supporting Senate Bill 77, which looks like Kendra’s law. Several studies of Kendra’s Law have been done and the findings are interesting: reduced homelessness rate by 74%; reduced suicide rate by 55%; reduced drug and alcohol abuse by 48%; reduced harm to others by 47%; reduced hospitalizations by 77%; reduced incarcerations by 87%.

Rose Schultz noted that there is a general increase in homelessness and the YMCA has transitional housing for women that opened in April and it’s nearly full.

**Children’s Mental Health Committee** – The Minutes from the May 16, 2013, meeting were distributed. This Committee is still struggling to get parents to attend this Committee. The focus is to get parents involved and have more attendance. This committee’s targeted focus is on family engagement through the use of family focus groups. The group still felt that partnering with schools was important. It was felt that there are often duplicated efforts between school districts and mental health providers.
Intellectual Disabilities Committee – The Minutes from the April 2, 2013 meeting were distributed. This committee is still trying to be able to have ID consumers access dental services.

The Spring Festival was a great success.

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 stated that the providers did a great job staying within a lower budget and he is looking forward to receiving the June bills. There will be new block grant reporting and Paul is not sure of the impact of the 10% budget cuts.

Community Input and Other Comments
Mike Grier thanked Dan and his staff for their efforts still recognizing staff with a plaque for their staff appreciation day.

Marg Chapman stated that the NAMI walk is being held June 15th at City Island and there will be a picnic afterwards.

Adjournment
There were no additional comments or announcements, and the meeting was adjourned. The next meeting will be held July 25, 2013, at the CMU.