DAUPHIN COUNTY MH/ID PROGRAM BOARD
MEETING MINUTES AND PLANNER

MEETING DATE: December 3, 2015

MEETING PLACE: Paxton Street Home, 2001 Paxton Street, Harrisburg

ATTENDANCE:
Board Members: Sherri Smith, Carol Oman, Judy Vercher, Bonnie Rice, Margaret Houser, Liz Pliszka

Staff: Dan Eisenhauer, Paul Geffert, Rose Schultz, Lynn Pascoa, Shirley Keith Knox, Cheryl Gundrum, Renee Robison

Guests: Dan Sausman, CMU; Mike Grier, Keystone; Leah Hannah, PCS; Jodi Smiley, Paxton Ministries

MEETING GOALS AND OBJECTIVES:

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

DECISIONS:

- Approval of the May 28, 2015 Advisory Board minutes
- Motion made and seconded to accept new Board member nomination to forward to the Commissioners

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 the May 28, 2015, Board Meeting Minutes
The motion was made and seconded to approve the minutes from the March 28, 2015, meeting.

Administrator’s Report
The following report summarizes major MH/ID program concerns, updates and initiatives over the past two months. MH/ID staff have been working on analyzing and modifying our budget where possible to attempt to balance our budget based on anticipated revenue. More decisions on provider contract amounts are expected when our allocation is known. We have begun internal planning for our contracting process for next fiscal year. More emphasis will be on mid-year FY 15-16 budget status than in previous years because of not knowing our allocation amounts.

State/Department of Human Services Updates (while we were gone)
- The draft DHS Request For Proposals for Community HealthChoices was issued and the 30-day comment period ends December 11, 2015.
- We have no update on the progress to report on the status of the State’s FY 15-16 Budget.
- Dauphin County has been advancing funding to the MH/ID Program so that we can continue to pay our providers during the budget impasse. The County is exploring a Tax Revenue Anticipation Note, or TRAN. A TRAN is a mechanism for Counties to borrow money. The TRAN would be used to fund limited operations for MH/ID as of January of 2016 in the absence of state funding. Regular updates are sent to our MH/ID/EI and HAP providers on our status and ability to pay providers.

Dan noted that some counties are not paying providers at all.

Crisis Intervention
- We hired Stacy Mistretta as our second-shift supervisor effective 11/9/15.
- We have one first-shift full-time vacancy, four part-time vacancies, and one clerical vacancy.
- Crisis used a temporary agency to help cover vacancies from July to early November. Crisis staff continues to work well under difficult circumstances with our numerous vacancies

MH Program
- Dauphin County MH’s newest CHIPP project is a three (3) bed Community Residential Rehabilitation (CRR) Program ready for admissions during December 2015. Persons must be adults enrolled in a Dialectical Behavioral Therapy program operated by NHS and meet CRR level of care needs for transitional living in an 18-month program.
- TrueNorth Wellness, a licensed outpatient clinic, is working with Dauphin County MH, PerformCare and CABHC to develop a Flexible Outpatient program offering some mobile therapy services to enhance and improve outcomes in outpatient office-based treatment.
- Thanks to all the MH programs participating in the staff recognition events in 2015. The last event will be held at the YWCA Supported Employment Program on December 7th. Other
participating agencies during the past six months have included: NHSPA for the Capital Region, True North Wellness, Pennsylvania Counseling Services, Keystone Adult MH Services, CMU, Aurora Social Rehabilitation, Youth Advocate Program, Community Services Group, Elwyn, and Paxton Ministries. Recognizing the importance of direct care staff is important because mental health services rely upon knowledgeable, caring, and dedicated staff to carry out treatment and supportive services.

- Two programs recently hit their one year of operations milestones: The Rose Garden Center, an adult psychiatric rehabilitation center-based program and the Adult Transition CRR program for young adults.
- Meetings with the new CYS Administrator and new the D&A Director were both positive and hopeful in improving collaboration at the cross-system and direct care levels.
- The annual certified peer specialist survey found 24 persons employed as certified peer specialists in Dauphin County. 50% work full-time and 50% work part-time. The largest employers of peer specialists are Keystone and Philhaven.

**ID Program**

- ID staff, providers, consumers and family members, and ODP have wrapped up the Futures Planning process and final recommendations were sent to the Information Sharing & Advisory Committee (ISAC).
- ID staff recognition events for 2015 included the CMU, and Goodwill. We appreciate the partnership with our providers in recognizing the people who work diligently with the people we serve.
- Project SEARCH will have its first graduation in December 2015, and recruitment for the next set of internships is underway.
- The ID program held a number of activities during October for Disability Employment Awareness Month, including recognizing business leaders, and Project Search open house.

**EI Program**

- EI is continuing to experience an increased volume of active children in the system. We had to add more therapists, but were able to do that within existing provider contracts for the most part.
- Our EI coordinator and CMU staff met with the principal of the Upper Dauphin elementary school to discuss ways to get information about EI out to families and to partner on some “child find” ideas to promote earlier intervention. UDSD has a whole class of kindergarten students with language and or communication concerns. They will be sending home a copy of our EI poster in their food backpacks for families in need and informing families about the PA Promise for Children website and the Early Learning GPS that helps families understand development.
- In addition, we have staff from EI helping with the Lykens library 123 Play with Me classes for children and their parents. We have had several referrals result from having staff available to discuss EI. We are hoping for more referrals from the northern part of the county since our referral numbers are less than anticipated compared to the projected needs for services.
- The EI family survey results for 14/15 were recently released. OCDEL found some errors in the data so we are waiting for those corrections. We had a slightly better return rate than last year. Most families are satisfied with our EI services.

It was noted in the EI Program that the EI child count, reflecting referrals to EI and the number of children eligible for services is increasing. Cheryl Gundrum thinks this is related to the outreach to physicians and because parents are more aware of services. Shirley Keith Knox also mentioned that there is a new condition called “neonatal abstinence” where the mother is on pain medication while pregnant and there is a spike in that population of kids. Pinnacle is doing cord blood testing.
**Education Topic – Children’s Mental Health – Lynn Pascoa**

Lynn distributed handouts from a Powerpoint presentation. Highlights are:

What are the Values of the Children’s Mental Health System
- Interagency collaboration
- Strengths-based
- Cultural competence
- Family Involvement
- Child and family centered
- Home, school, and community-based
- Accountability

Who are the Children
- Ages 3-18 (or 21 depending upon school status)
- Diagnosed or diagnosable with a mental health disorder (DSM-V)
- Functional impairments in home, school, and/or community settings
- Involved family or responsible adult
- Has no insurance, medical assistance, or cannot access needed/recommended services from private or other insurance

What are Evidence-Based Programs?
- Programs recognized as evidence-based have demonstrated through independent research the highest level of effectiveness based on the following criteria:
  1) Improved outcomes are demonstrated in rigorous scientific evaluations of the clinical interventions
  2) Numerous studies completed with diverse populations or through multiple replications
  3) Post intervention studies demonstrate overtime significant and sustained effects

Three Evidence-Based Programs in Dauphin County Children’s MH Today are:
- Parent-Child Interaction Therapy (PCIT) – What is PCIT?
  1) Designed to treat children 2 to 7 years with disruptive behaviors in outpatient clinic setting
  2) Work with the parent (birth, kin, foster, adoptive) and child together
  3) Use of coaching with a “bug-in-the-ear” from a one-way mirror. Parent and child are seen together
  4) Elements of family systems, social learning theory, attachment theory, behavioral therapy and play therapy
  5) Emphasis on restructuring parent-child patterns
  6) Parents are not blamed, but are given responsibility for improving child’s behavior
  7) Program delivered in outpatient clinic setting over 12-20 sessions
  8) Empirically evaluated in over 30 controlled studies

PCIT Outcomes
- Parent skill increases in reflective listening, physical pro-social verbalizations
- More positive parental attitudes toward child
- Parent report of child behavior problems to within normal limit
- Maintenance of treatment gains up to 6 years post-treatment

Two outpatient providers: Community Services Group and Northwestern Human Services of PA. As of Sept 1, 16 families active in treatment

- The Incredible Years – What is The Incredible Years?
  1) Designed to promote emotional, social and academic competence
  2) Prevent, reduce and treat behavioral and emotional problems in young children
  3) Offers an array of programs for children of various ages and families
  4) Implementing – Small Group Dinosaur Treatment Program and School-age Basic Parent Program
  5) Small Group Dinosaur Treatment Program
    - Target group: children ages 5-9 years old exhibiting aggression, conduct problems and attention difficulties
    - Two therapists lead 2-hour weekly group sessions for 18-22 weeks
    - Uses puppets to teach skills
  6) School-Age Basic Parent Program
    - Runs concurrently to child group
    - Strengthen parent-child interactions and attachment
    - Reduce harsh discipline
    - Foster ability to promote child’s social and emotional development
    - Pressly Ridge School-based Outpatient Clinics – two school districts: Harrisburg School District and Middletown Area School District

- Multi-Systemic Therapy (MST)
  1) Intensive family and community-based treatment program that focuses on all environmental systems
  2) Target group 12-17 years old that exhibit conduct problems and externalizing behaviors
  3) Clinician provides service primarily in the family’s home. 24-hour on-call/crisis component
  4) Focuses on positive and strengths using cognitive behavioral therapies, behavior management training, and family therapies
  5) Interventions are designed to promote responsible behavior
  6) Prevent out-of-home treatment or placement through Children and Youth or Juvenile Probation

Two providers: Hempfield Behavioral Health and PA Counseling Services

MST – Problem Sexual Behavior modification (Hempfield) – built on foundation of MST; addresses the many factors that influences problem sexual behavior

Committee Reports
Adult Mental Health Committee – Bonnie Rice -- The minutes from June 15, July 20, and September 21, 2015, meetings were distributed. The October meeting was canceled. During the September meeting, there was a presentation on Co-Occurring Outpatient Programs by Valerie Sweet from PA Counseling Services (PCS) and Deb Bard from TW Ponessa. The
PCS program includes integrating combined therapy for people with co-occurring disorders. The person must have at least one substance use disorder and one mental health disorder at the same time. TW Ponessa’s program is also based on the same program and uses the ICORE model.

It was noted that there is an online course by Tom Wootton called, “The Bi-Polar Advantage”. Scholarships for this class are available.

**Children’s Mental Health Committee** – Lynn Pascoa – The minutes from the October 15, 2015, meeting were distributed. The PowerPoint from the Year of Family Engagement kick-off event was distributed at this meeting. Dauphin County distributed an action plan for providers to complete. There will be individual follow-up with each agency. It was suggested to send monthly check-in emails including the dates that providers put as their goal to accomplish a task and include a list of strategies.

**Intellectual Disabilities Committee** – Shirley Keith Knox – The minutes from June 2, July 7, August 4, September 1 and October 6, 2015, committee meetings were distributed.

Shirley noted that there was a Community Forum held November 3 with Nancy Thaler, the new Deputy Secretary of ODP. Potential topics and questions included her thoughts on the ID system based on a national perspective, her priorities for where PA is heading, and how families will be supported.

**Nominating Committee** – Judy Vercher – Information was distributed to the Board for a new Board member nomination. The motion was made and seconded to accept this nomination for consideration by the Commissioner’s.

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

**Fiscal Report**
Paul Geffert distributed the Budget vs. Expenses report by cost center. Paul has submitted all reports for 14-15. Dan Eisenhauer noted that Dauphin County will be asking the providers for a 6-month re-budget plan.

**Community Input and Other Comments**
Sherri Smith presented a plaque to Carol Oman for her years’ of service on the MH/ID Advisory Board. Sherri stated she has thoroughly enjoyed working with Carol and appreciates her dedication to the Board.

Carol stated that her favorite parts of attending the Board meeting are the educational staff presentations. She noted that it includes basic information and “state of the art” information.

Dan Eisenhauer also thanked Carol for her dedication to the Board and said Carol had brought a lot of energy and positive feedback.

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