DAUPHIN COUNTY MENTAL HEALTH PLAN
FOR ADULTS, OLDER ADULTS AND TRANSITION-AGE YOUTH WITH SERIOUS MENTAL ILLNESS AND CO-OCCURRING DISORDERS

UPDATE
Fiscal Year 2013-2014

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Harrisburg, PA 17101

May 31, 2012
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DAUPHIN COUNTY MENTAL HEALTH PLAN UPDATE

FISCAL YEAR 2013-2014

1. Executive Summary

I am pleased to present the Annual Mental Health Plan Update for Fiscal Year 2013-2014, submitted in accordance with guidelines issued by the Office of Mental Health and Substance Abuse Services per the 2013-2017 plan guidelines. This plan updates our Projects for Assistance in Transition from Homelessness (PATH) Intended Use Plan, our Housing Plan, Forensic Plan, Employment Plan, as well as our inventory of existing services, transformational priorities and prior year expenditures within our program. The plan update for 2013-2014 documents our analysis of strengths and needs, underserved and unserved population concerns, fiscal management at the County and BH-MCO level and quality assurance activities.

Input and guidance from a wide range of stakeholders, including individuals in services, families, advocates, advisory groups, and key leaders is well represented in the Annual Plan. The ROSI Panel and Community Support Program (CSP) Committee, as well as service agencies of behavioral health services and the BH-MCO, contributed to the final product through year-long and ongoing committee work, plan input meetings, and a public hearing.

Our transformational priorities outlined in this plan include strategic planning for the use of evidence-based practices, staff and consumer training on recovery and resiliency principles and outcomes, improving opportunities for persons in recovery and their families to have a role in advising and evaluating implementation of consumer-run services, creating housing supports, improving employment opportunities, and improving our use of community resources beyond the formal mental health system.

Dauphin County continues to provide services to increasing numbers of individuals, while funding for the program from OMHSAS has been decreased for five consecutive years by a cumulative total of about six percent. Added to this concern is the Governor's proposal to reduce funding for mental health services by an additional 20% for FY 12-13 as part of the human services block grant. If approved, our mental health program would lose a minimum of an additional $3.7 million state dollars. While we see many positive outcomes for persons who are able to access county-funded MH services, waiting lists and lack of access to basic mental health services continue to burden individuals and families. We appreciate the support of our County Commissioners, our partnership with consumers, families, providers, and community agencies as we make service improvements, manage fiscal resources, and meet a wide range of challenges, while maintaining our commitment to our values and vision of recovery and resiliency.

Respectfully submitted,

Daniel E. Eisenhauer
Administrator
2. **Vision, Mission and Value Statements**

**Introduction**

In this comprehensive document, Dauphin County has described “the status of, plans for, and any modifications to the county’s efforts to enable adults, older adults and transition-age individuals with serious mental illness, including individuals with co-occurring substance use disorders, to “live, work, learn, and participate fully in their communities” as described in the President’s New Freedom Commission on Mental Health Report released in July 2003 titled “Achieving the Promise: Transforming Mental Health Care in America.” Dauphin County’s mental health system fully adopts the belief that “transformation can occur by designing treatment and services that are person and family-centered that focus on increasing the person’s ability to successfully cope with life's challenges, facilitating recovery, and building resilience” according to the OMHSAS Annual Plan Guidelines. The legal purpose of the annual plan is to also meet the requirement in the MH/MR Act of 1966 to review and approve an “annual plan and estimated costs” by local authorities and to transmit that plan to the Department of Public Welfare.

**Mission**

The Dauphin County MH/ID Program provides funding and administrative oversight for services in our community that support people and their families living with developmental delays, mental illness, and intellectual disabilities. Our mission is to assure that these services are of the highest quality possible, are cost-effective, and are readily available to all who need them. We promote family-centered services in our early intervention program, recovery and resiliency in our mental health program, and self-determination in our intellectual disabilities program.

**Vision**

Every person and family that we serve will have a network of family, friends, advocates, and supportive services to provide assistance in living a full and productive life in our community.

**Values**

The Dauphin County MH/ID Program will develop a continuum of services that assures that:

1. All persons, families, providers, and community partners are treated with honesty, dignity, and respect.
2. Service providers work in partnership with individuals, family members identified by the individual or family, and other providers to assure consistency and coordination of services.
3. Service providers share in the responsibility for positive results from services and supports, and they undertake active measures to facilitate individual and family success.
4. Services are developed to meet identified needs of individuals and families and are readily accessible and available.
5. Services are delivered in a manner that improves individual’s life satisfaction and promotes independence.
6. Individuals maintain control of their lives and exercise choice in the services and supports that they receive.
7. Individuals are encouraged to use natural supports in their communities and to exercise their rights to participate fully in their communities.
8. The health and safety of individuals is promoted and protected, and their rights are abridged only to protect the health and safety of the individual or the community.
9. Funds are utilized efficiently and equitably.
10. Individual, family, and cultural experiences, values, and preferences are respected and are integral to service planning.

3. **Process for Annual Planning**

Dauphin County’s planning process for the Mental Health Plan Update for 2013-2014 continues to illustrate the Program’s ongoing commitment to recovery and resiliency. Stakeholder groups meet during the year to provide input and to monitor the planning process.

Dauphin County stakeholders such as individuals in recovery, families, service providers and advocates, as well as County MH staff, participate in a variety of committees that provide input into the planning process. The behavioral health managed care organization, Community Behavioral Healthcare Network of Pennsylvania (CBHNP), also sponsors many committees attended by stakeholders. Moreover, the five-county administrative oversight organization, Capital Area Behavioral Health Collaborative (CABHC), is host to many committees with a diverse group of Dauphin County stakeholders. Information has been incorporated into the planning process from these forums from direct participation, minutes, and reports.

The Adult Mental Health Committee, with lead oversight for the annual plan process, reviewed and accepted the submission of the 2013-2017 Mental Health Plan that focused on recovery and resiliency.

The Adult Mental Health Committee continues to fully support recovery for individuals in Dauphin County who are living with mental illness and a co-occurring disorder. For 2010-2011, the Committee selected the residential service area to survey and to compare the results to the 2009 RSA-R (Recovery Self-Assessment - Revised), provider version baseline. The 2011 residential provider survey results (See Appendix I) are strikingly similar to the 2009 overall baseline survey results. This may indicate that residential provider operations with respect to recovery remain relatively strong.

The Dauphin County Collaboration Team met four times to provide input into the 2013-2014 Mental Health Plan Update on the Top Five Transformational Priorities. The Team is comprised of consumers, family members, mental health service providers, Jeremy Project staff, and other adult system counterparts representing Intellectual Disabilities, Drug and Alcohol Services, Area Agency on Aging, Adult Probation, Vocational Rehabilitation, Employment Services, and Managed Care Organization representatives. The Team brainstormed resources, asked how the Team can build on each other’s strengths, identified projects, and organized work groups with identified members for each of the top five transformational priorities.
The MH Committee, CSP, Jeremy Project staff, and County staff planned the broad-based Collaboration Team’s agendas for stakeholders to provide input into the 2013-2014 Plan. The Adult MH Committee and CSP also have two joint meetings each year.

In January 2012, County staff trained and supervised six CSP consumers as focus group facilitators to gather data for the MH Plan Update for 2013-2014. Consumers developed two questions to receive consumer input. The consumer facilitators received a stipend for attending the training sessions, meetings, and facilitating the consumer focus groups. The consumers facilitated groups at the following sites: Aurora Social Rehabilitation Services, CMU, Dauphin Clubhouse, Gaudenzia New View (MH and Co-occurring), Gaudenzia – Gibson House (MH and Forensic), Patch-n-Match, and Paxton Ministries. Approximately 82 consumers participated in the process. Consumer Focus Group Project 2012 Survey Results are in Appendix II. Consumers are transforming the mental health service system in Dauphin County.

The County MH Program focused on the implementation of a consumer satisfaction survey with a group of transition-aged youth (16-24 years). In February 2012, the Jeremy Project Coordinator and County MH Staff (children and adult) trained and supervised two consumer interviewers recommended by the Jeremy Project Coordinator and case management for the Consumer Satisfaction Survey Project 2012. The consumer interviewers received a stipend for attending the training sessions, meetings, and for each survey completed by the interviewer. The purpose of the project was to collect consumer satisfaction data from transition-aged youth that are involved with community-based MH services, to determine their level of satisfaction with Dauphin County mental health services and supports provided during the past year. The Dauphin County adult Consumer Satisfaction Survey tool was expanded (See Appendix III) and modified to meet the needs of the transition-aged youth group. An analysis of the common satisfaction questions between both groups (adult and transition-aged youth) will be conducted. The data will be included in the 2014-2015 MH Plan Update.

In June 2011, the County hosted a retreat for case management entities to review the past and present challenges and brainstorm future challenges and common issues or concerns in the agencies; to identify what works in the organizations, and to identify new strategies to address each challenge. Each case management entities developed a work plan to address the identified challenges and every provider included supervision in their plan. Dauphin County continues to move forward with transforming the mental health system.

In striving to address the challenges of mental health systems of care and translating the principles of recovery into practices that are “consumer-oriented and focused on promoting recovery” (Surgeon General, 1999), a WRAP (Wellness Recovery Action Plan) PowerPoint presentation was made to the Adult MH Committee. In August 2011, the Community Support Program (CSP) Committee Liaison from Keystone Community Mental Health Services (KCMHS), educated the members on the goals and key concepts of WRAP and recovery. The WRAP is now recognized by the Federal Substance Abuse and Mental Health Administration (SAMHSA) as an evidence-based practice.

Following the Adult MH Committee meeting, the County disseminated the WRAP PowerPoint information system wide and requested other adult contracted providers that are using and promoting the WRAP in their agencies to inform the County. In addition to the WRAP presented by KCMHS, seven (7) provider programs responded that they use and promote
In promoting recovery, the Wellness WRAP Festival was held in the fall of 2011 by KCMHS and was all about discovering personal strengths and interests, which become critical in building a Wellness Tool box. It was attended by seven (7) consumers from a variety of residential and supported living settings. The Festival’s goal was to allow people to explore recovery activities and learn about basic WRAP concepts from WRAP graduates sharing personal stories and encouraging festival participants to enroll in future WRAP trainings. In the spring of 2012, KCMHS held its second WRAP Wellness Festival. There were six (6) participants from the specialized care residence and the long-term structured residence (LTSR). It was an interactive educational event using workstations to teach the five (5) key concepts of WRAP (Hope, Education, Support, Personal Responsibility, and Self-Advocacy). A WRAP activity based on the language of Recovery and engaging with individuals defining the words also took place. Two (2) WRAP facilitators (one a certified peer support) coordinated the Festival.

The Capital Area Behavioral Health Collaborative (CABHC) sponsored a three-day WRAP training in October 2011, for individuals receiving behavioral health services or identifying as having a mental illness. Pennsylvania Mental Health Consumers Association (PMHCA) conducted the training. Nine (9) Dauphin County individuals in recovery completed the training.

CABHC also sponsored a ten-day Certified Peer Specialist training in August 2011, for consumers in the five-County area. Four (4) Dauphin County consumers graduated in August 2011, as Certified Peer Specialists.

NAMI reaches out to families at the Pennsylvania Psychiatric Institute (PPI) twice a month. Information is provided on education programs offered by NAMI and the monthly support group conducted by NAMI for families. In addition, NAMI shares information on mental health services available in Dauphin County.

The Compeer Program of Central Susquehanna Valley and the Mental Health Association of Bloomsburg, along with an Office of Mental Health and Substance Abuse Services (OMHSAS) staff person, educated the Adult MH Committee with their presentation on Compeer. The purpose of Compeer friendships is to help individuals improve various areas of their lives including: communication skills, independency and self-sufficiency, sense of security and self-esteem, and family and social relationships. Compeer works in the community to reduce hospitalizations and stigma, to enhance understanding and acceptance, and to provide alternatives to unhealthy behavior. Compeer has become the answer to diminishing dollars for mental health services by providing a cost-effective utilization of volunteers as an adjunct to therapy. An active discussion followed the presentation with Committee members.

The County Program and the Adult MH Committee continue with support for the arts for individuals with mental illness. The Magnificent Minds Project did a presentation with an artwork exhibit as a visual to show the creativity of individuals with mental illness within our community and surrounding communities. Magnificent Minds was developed by an artist with 17 years of experience as a mental health professional, including almost 11 years with Crisis...
Intervention Services, and with the realization that the stigma associated with mental illness ignores the incredible contributions made to society by persons with mental illness. If individuals are unable to afford supplies to complete the artwork, the Magnificent Minds provides the supplies at no cost. All proceeds from the sale of the artwork go to the artist. Artwork by adults and the Jeremy Project were displayed at the Committee's December meeting.

The Adult MH Committee was kept abreast of NHS of PA – Capital Region’s telepsychiatry program. Telepsychiatry is a new service delivery option that links the individual with a psychiatrist via video conferencing. Currently, it is available for adults and children with CBHNP. The telepsychiatry pilot has allowed NHS to expand their psychiatric time. But demand for outpatient psychiatric services outweighs capacity whether it is in office settings face to face or through telepsychiatry. Telepsychiatry satisfaction survey results are extremely positive and NHS plans to expand this service. NHS continues to work on telepsychiatry access for children.

The Pennsylvania Mental Health Consumers Association (PMHCA) did a presentation to the Adult MH Committee on the cultural issues and service delivery needs of the Lesbian, Gay, Bisexual, Transgendered, Questioning and Intersex (LGBTQI) individuals. The MH Committee learned of the issues of access and inclusion that face LGBTQI individuals. Members learned that appropriate services to LGBTQI individuals seeking or being referred to behavioral health services are needed so that they may live, work, learn, and participate fully in the community.

Collaboration and planning is evident with CBHNP and the County to coordinate referrals to Extended Care Units and to State Mental Hospitals for Dauphin County MH individuals. An Extended Acute Care Unit and State Mental Hospital Admission Policy and Procedure underwent a review.

The Dauphin County and Cumberland/Perry County CSPs held their 6th Annual Recovery Conference on May 8, 2012, at the Holiday Inn, New Cumberland. The conference attendees numbered 188.

Providers of mental health services continue to advance the cause of cultural competency in Dauphin County with cultural competency events. The County convenes an active Diversity Forum and responds to requests from providers for cultural competency information.

The Dauphin County MH Wellness Committee meets monthly and plans wellness activities that emphasize physical health and wellness topics for providers, adult consumers, transition-aged youth, child consumers, and parents. The Wellness Committee signed the SAMHSA 10 X 10 Pledge to increase the life expectancy of individuals with serious mental illnesses and will present a series of events (the Dauphin County MH Committee Wellness Year) to promote wellness.

The Plan development process also considers suggestions raised by the OMHSAS Field Office, pursuant to its review of Dauphin County’s Plan for Fiscal Year 2013-2014 Update. The Program recognized the suggestions expressed by OMHSAS for attention in the Plan Update and provides the following remedies and responses to OMHSAS recommendations:
REMEDIES

- County specifically noting attention to transition-aged youth in Sections 4, 5, and 6 of the Plan Update.
- FY 2013-2014 Plan Update emailed to the CSP secretary for dissemination to their membership on March 28, 2012, to allow time for full committee feedback prior to the April 11, 2012, public hearing.
- PA Counseling Services making progress with providing co-occurring treatment and medication management as an Evidence-Based Practice (EBP) provider from staff not trained to some staff trained in EBP.
- County including the New State Funding Requests Table in Attachment K. Dauphin County has requested the same State funds for several years and every year there are no new funds allocated as a result of this Annual plan process. We have participated in many CHIPP proposals as far back as the early 1990’s and have been very successful. CHIPP funds allocated through the Harrisburg State Hospital closure have served individuals in recovery-oriented ways as well as diverting many other persons from ever being in a state mental hospital. If was quite clear last year there were no new dollars since our funds in Dauphin County have been cut over the past few years and there are proposals by OMHSAS for increased funding cuts in future years. Our requests for new State dollars have been documented for many years.

RESPONSES

- OMHSAS’ feedback also included information that does not reflect the implementation of Compeer, DBT, or a Warm Line. These services are included in Attachment G Recovery-Oriented/Promising Practices Chart. If money were not an issue, these services may have been implemented already in Dauphin County. We do local planning and balance our budget every year. Many factors impact whether or not one program is implemented or another closes. The Adult MH Committee of the MH/ID Advisory Board heard a presentation on Compeer services. That’s a step in the “right” direction that did not involve new funding which we do not have after two cuts in 2011-2012 or taking funds from existing treatment and support services which have a waiting list. CABHC was approved by counties to use reinvestment funds for clinical certifications, including DBT. The identification of providers in that initiative is underway as an approved OMHSAS reinvestment service from 2010. A warm line has been a request by the Dauphin County CSP for several years and our local planning process has identified a warm line as a peer-run service. New funds have not been allocated for this purpose yet we believe we are working in the “right” direction by building peer specialist services and discussing with providers how they can work with persons in recovery to establish peer-run services within their agencies with their exiting MH resources. These processes are all being worked on and we want persons in service that can be successful operating peer-run programs. We feel strongly that establishing new agencies is not the cost-effective way to go in this current funding climate.
OMHSAS’ review suggested that transition-age persons are underserved. We do not have that same viewpoint. Our plan every year includes more information on children and teens, as well as, services to address their needs than the Integrated Children’s Services Plan. However, we are open to your data and input on what Dauphin County persons need and we are interested in your more detailed perspective.

Dauphin County’s Housing Plan is based upon our assessment of local needs. We were not assigned to have transition-age youth prioritized in the Housing Plan. This year we are surveying youth for consumer satisfaction and our reestablished Local Housing Options Team (LHOT) is considering a Housing Survey in the next one to two years. Transition-age persons cut across both children’s services/needs as well as adult services/needs, and we feel that their needs are met as well as anyone who has serious mental illnesses and or co-occurring disorders. The demand for most all services outweighs capacity and therefore, we could include many target groups in an underserved category. We would be happy to review any additional information which indicates transition-age persons must be a priority population in Dauphin County.

The Dauphin County MH/ID Program invited consumers, family members, service providers, community leaders, and other interested persons to attend the Public Hearing to discuss the Dauphin County Mental Health 2013-2014 Plan Update. The hearing occurred on April 11, 2012, at 12:00 noon at the CMU, 1100 South Cameron Street, Harrisburg, PA 17104. Approximately 50 people attended the public hearing.

4. Overview of the Existing County Mental Health Service System

This section is a narrative description of available mental health services in Dauphin County which complements the data presented in Attachment E on availability, funding sources and priority populations. Given the frequency of co-occurring disorders among adults with a serious mental illness estimated as high as 70 percent in professional literature, service providers are encouraged to serve persons with co-occurring disorders and to have staff trained in the treatment of co-occurring disorders. This distinction is different than meeting a standard of service or an integrated system of care model.

The Evidence-Based Practices (EBP) Survey was distributed to service providers for transition-age youth and calls were made to providers for adults and older adults about this survey. The results in Attachment F reflect a service provider’s independent self-assessment of the evidence-based practice provided and fidelity measure used based upon the provider’s own application of the tools and information OMHSAS provided as definitions and guidelines for determining evidence-based practices. Throughout FY 2013-2017 and in subsequent Annual Plan updates, using service coordination and quality assurance functions, the MH Program staff will undertake an inventory of provider training and an assessment of capacity building in the use of evidence-based practices to improve services to adults, older adults and transition-age youth with a serious mental illness and co-occurring disorders.

The County’s development of Recovery-Oriented/Promising Practices in Attachment G illustrates many services that have been developed over a period of several years. The funding sources, in addition to the County, include HealthChoices and Reinvestment funds.

The existing County mental health system is outlined in this Section based upon the County Annual Plan for FY 2013-2017 requirements and refers to essential services in a recovery-
oriented system as described by William Anthony in “A Recovery-Oriented System: Setting Some System Level Standards.” This includes a service category, the type of service, and a very brief description of the service. The information complements the data provided in Attachment E on availability, funding source and priority populations. The Evidence-Based Practices Survey is self-reported by providers in Attachment F and the development of Recovery-Oriented Practices is outlined in Attachment G. Information that captures the FY 2013-2014 Annual Plan Update is found at the end of each Service category and service description. The update information will indicate changes since the multi-year plan submission in May 2011.

**SERVICE CATEGORY: Treatment**

**Outpatient Services**

Dauphin County has 10 licensed outpatient psychiatric clinic providers that offer medication management, outpatient therapies and psychiatric evaluations to adults, older adults, transition-age youth and children with serious mental illness or serious emotional disturbance and/or adults and children with co-occurring disorders. Some outpatient providers have unique characteristics or serve specific populations of Dauphin County residents. Some providers offer psychological evaluations as needed to access Behavioral Health Rehabilitation Services (BHRS) for persons 0-21 years of age. Four providers have satellite clinics in school settings, providing school-based outpatient services to at least one school building in nine out of the 10 school districts in Dauphin County, plus one approved private school and one charter school. One agency also provides psychiatric evaluation services to persons at the Schaffner Youth Center (SYC), a facility for youth sheltered, including transition-age youth. One clinic serves homeless individuals’ outpatient needs, and two agencies currently have satellite offices in the rural, northern portion of Dauphin County. Table 1 below identifies outpatient psychiatric providers, satellite clinic locations and other unique characteristics.

<table>
<thead>
<tr>
<th>Table 1 – Outpatient Service Providers 2010-2011 and 2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider</strong></td>
</tr>
<tr>
<td>Adams Hanover Counseling Services</td>
</tr>
<tr>
<td>Catholic Charities of the Capital Region</td>
</tr>
<tr>
<td>Community Services Group</td>
</tr>
<tr>
<td>Commonwealth Clinical Group</td>
</tr>
<tr>
<td>Northwestern Human Services Capital Region (formerly Edgewater)</td>
</tr>
<tr>
<td>Pennsylvania Psychiatric Institute (PPI)</td>
</tr>
<tr>
<td>Pennsylvania Counseling Services</td>
</tr>
<tr>
<td>Pressley Ridge</td>
</tr>
<tr>
<td>TW Ponessa and Associates</td>
</tr>
<tr>
<td>Youth Advocate Programs</td>
</tr>
</tbody>
</table>
FY 2013-2014 Annual Dauphin County Plan Update

- NHS Telepsychiatry continues to serve individuals in Dauphin County. Since starting telepsychiatry services in March of 2011, NHS Capital Region Outpatient has provided a total of 182 Psychiatric Evaluations (124 adult evaluations and 58 child evaluations) through the program. Currently the program completes 1 child evaluation and 2 adult evaluations each week. In FY 2011-2012, approximately 140 individuals are receiving medication management services in the telepsychiatry program. NHS is looking into expanding these services in the near future to reduce the wait time. There is a serious shortage of child psychiatric time in telepsychiatry. Table 2A below reflects the results of a Telepsychiatry Satisfaction Survey conducted by NHS for the period June 20, 2011 through September 20, 2011. Fifty-two or (58%) out of 89 individuals responded that telepsychiatry was extremely helpful to the person. NHS is required to offer the satisfaction survey following every appointment, so the 89 completed surveys in Table 2A can and do include repeat individuals based on their scheduled frequency of follow-up medication check appointments.

**TABLE 2A – NHS Telepsychiatry Satisfaction Survey Results**  
**June 20, 2011 to September 20, 2011**

<table>
<thead>
<tr>
<th>NHS CAPITAL REGION CONSUMER SATISFACTION SURVEY</th>
<th>Extremely (score=5)</th>
<th>Very Much (score =4)</th>
<th>Moderately (score=3)</th>
<th>Slightly (score=2)</th>
<th>Not At All (score=1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) How much has telepsychiatry helped you?</td>
<td>52/89 (58%)</td>
<td>28/89 (31%)</td>
<td>7/89 (9%)</td>
<td>2/89 (2%)</td>
<td>0</td>
</tr>
<tr>
<td>2) Are you treated with respect?</td>
<td>71/89 (80%)</td>
<td>17/89 (19%)</td>
<td>1/89 (1%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3) How satisfied are you with telepsychiatry?</td>
<td>68/89 (77%)</td>
<td>18/89 (20%)</td>
<td>3/89 (3%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4) I feel as though my doctor truly listens to my concerns</td>
<td>67/89 (75%)</td>
<td>17/89 (19%)</td>
<td>5/89 (6%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5) Would you recommend telepsychiatry to others?</td>
<td>88/89 (99%)</td>
<td>1/89 (1%)</td>
<td>Not At All</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Average satisfaction score for questions 1-4 for NHS Capital Region: 4.7

- Table 2B below reflects the results of the Telepsychiatry Satisfaction Survey conducted by NHS for the period September 20, 2011 through December 20, 2011. Ninety-eight or (57%) out of 173 individuals responded that telepsychiatry was extremely helpful to the person. NHS is required to offer the satisfaction survey following every appointment, so the 173 completed surveys in Table 2B can and do include repeat individuals based on the scheduled frequency of follow-up medication check appointments.
### TABLE 2B – NHS Telepsychiatry Satisfaction Survey Results
September 20, 2011 to December 20, 2011

<table>
<thead>
<tr>
<th>NHS CAPITAL REGION CONSUMER SATISFACTION SURVEY</th>
<th>Extremely (score=5)</th>
<th>Very Much (score=4)</th>
<th>Moderately (score=3)</th>
<th>Slightly (score=2)</th>
<th>Not At All (score=1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) How much has telepsychiatry helped you?</td>
<td>98/173</td>
<td>66/173</td>
<td>8/173</td>
<td>1/173</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>57%</td>
<td>38%</td>
<td>5%</td>
<td>≤ 1%</td>
<td>0</td>
</tr>
<tr>
<td>2) Are you treated with respect?</td>
<td>131/173</td>
<td>41/173</td>
<td>1/173</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>76%</td>
<td>24%</td>
<td>≤ 1%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3) How satisfied are you with telepsychiatry?</td>
<td>121/173</td>
<td>49/173</td>
<td>3/173</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>70%</td>
<td>28%</td>
<td>2%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4) I feel as though my doctor truly listens to my concerns</td>
<td>131/173</td>
<td>40/173</td>
<td>2/173</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>76%</td>
<td>23%</td>
<td>1%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5) Would you recommend telepsychiatry to others?</td>
<td>170/173</td>
<td>3/173</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Average satisfaction score for questions 1-4 for NHS Capital Region: 4.7

- The availability of emergency psychiatric evaluations managed between some outpatient providers and the Base Services Unit (CMU) has declined since last year. Telepsychiatry is not making up the difference, and the largest decrease in availability is for children and teens.
- Pressley Ridge began in 2011 providing one day per month of psychiatric time at the Halifax school-based outpatient site. Psychiatric services are available to children and adolescents from any of the three northern Dauphin County school districts. This is the first time in three years that there are psychiatric services for children and adolescents available in northern Dauphin County.
- Persons with dual disorders – mental illness and a substance use disorder are expected to participate in parallel or sequential outpatient treatment. There is no evidence that this is the preferred method of intervention and most studies support the need for integrated treatment interventions. Training is beneficial to staff but not how the system should be addressing the needs of this population.
- Persons with a serious mental illness and an intellectual disability, including children and teens, access outpatient psychiatric services for evaluations, therapies and medication monitoring. Many transition-age persons and children under the age of 21 also use Behavioral Health Rehabilitation Services (BHRS). At an individual as well as system level, there is concern about identifying the root cause of behaviors such as aggression and acting out between behavioral interventions and psychiatry. For adults with a serious mental illness, behavioral interventions are limited.
- Most outpatient providers have or are in the process of implementing an electronic records system.
- The Milton S. Hershey Medical Center continues to provide an outpatient approach to the treatment of eating disorders for adults and children.
- Alder Health Services hired a therapist for their program.
- Riverside Associates, P.C. (Professional Corporation), is a psychological practice and continues to provide office-based behavioral interventions to individuals with serious mental illnesses and intellectual disabilities.
Mobile Mental Health Treatment (MMHT) is defined as evaluation and treatment, including individual, family and group therapy (except when the service is provided in a person’s residence) and medication visits to persons who have physical, emotional or mental challenges that prevent participation in a traditional outpatient clinic. OMHSAS added mobile mental health treatment to the array of HealthChoices in-plan services. Counties, the BH-MCO, and CBHNP continue to seek an interested service provider to implement this service. Clarification of MMHT in relationship to Medicare would assist providers in adopting a positive clinical practice that has fewer financial risks.

Meeting the outpatient needs for persons with primary Medicare coverage is a significant barrier. Due to the low availability of psychiatrists in the area, low reimbursement rates, and clinics not willing to accept Medicare, referrals are made to outpatient clinics in adjacent counties to meet the increasing demand.

Hamilton Health Center, Dauphin County’s only federally-qualified health center, is engaged with the County MH Program, CABHC and CBHNP to identify a model of integrated physical and behavioral health care. The overarching goal is improving the overall quality of care to Hamilton Health Center’s service population and improving their physical and behavioral health outcomes.

Psychiatric Inpatient Hospitalization

Pennsylvania Psychiatric Institute (PPI) operates a freestanding psychiatric center with a 80-bed inpatient psychiatric service and psychiatric residency training program. PPI was established as a joint venture between PinnacleHealth Hospitals and the Milton S. Hershey Medical Center/PSU College of Medicine. Inpatient psychiatric services include 14-16 beds for children and adolescents, 20 adult geriatric beds, 20 general adult psychiatric beds and 20 adult high-acuity psychiatric beds.

Efforts among staff at PPI, Dauphin County’s Crisis Intervention Program, and case management entities, particularly the CMU (as the Base Service Unit) established a Bridge Referral program. The goal of the Bridge Referral is two-fold: increase connections to treatment and other services post-discharge from PPI’s inpatient unit and decrease the risks of readmission to any inpatient unit. County MH staff has spearheaded this collaboration with the support of CBHNP. Initiated in August 2010, there are approximately 30 referrals per month to Bridge, and anecdotal findings include greater acknowledgement on readmission risk factors among individuals and more rapid access to targeted case management. Readmission rates of persons voluntarily participating in Bridge Referrals is still under review. Concerns have been identified for adults with co-occurring disorders who are not interested in reducing harmful drug and alcohol use through treatment. As a still relatively new psychiatric inpatient provider serving a majority of persons from Dauphin County, PPI and County MH staff meet monthly to focus on adult, older adult, child and adolescent issues such as education, communication, service coordination with case management entities and admission/discharge processes. PPI’s partnership with the County and provider network will be a significant factor in successful system transformation in child, adolescent and adult services.

Additional inpatient resources within the Capital Area (five counties) behavioral health managed care territory include Holy Spirit Hospital, Lancaster Regional Medical Center, Lancaster General Hospital with psychiatric units within the community hospitals, and Philhaven, a psychiatric center for children, teens and adults. Beyond this area, the
following psychiatric units and freestanding psychiatric centers have also been used for psychiatric inpatient care to address waiting periods/capacity and specialized needs and preferences of consumers and their families include: Roxbury Psychiatric Hospital; Brooke Glen Hospital; Meadows Psychiatric Center; Fairmount Behavioral Health; Lewistown Hospital; and Sunbury Community Hospital. Veterans access services at the Lebanon VA facility.

A 22-bed Extended Acute Care (EAC) program was established by Philhaven in conjunction with the closure of the Harrisburg State Hospital as a diversion from State Mental Hospitals. The majority of the beds (13 of 22) are managed by Dauphin County as a diversion from state hospital use at Danville State Hospital for adults and older adults with serious mental illnesses and co-occurring disorders. In addition to interagency service planning meetings for individuals, monthly planning meetings among the Dauphin County staff, Philhaven EAC, and case management entities help maintain the integrity of the program’s diversion model and address admission and discharge system issues. Holy Spirit Hospital also operates an Extended Acute Care program, which is occasionally used when an individual needs can be better met due to the availability of medical and specialty services from the larger Holy Spirit Hospital system.

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- The Tri-County Inpatient Forum continues to meet an a quarterly basis to discuss admission and discharge issues as well as rehospitalization rates and ongoing collaboration with area outpatient providers. County will look at other communication among inpatient providers.
- Meetings are conducted every other month with PPI management and County children and adult program staff as well as with Case management staff. The focus of these meetings is to continue improving the collaboration between provider agencies and other human services systems in discussing the admission and discharge planning process. Our behavioral health MCO, CBHNP, is invited to these meetings to discuss any issues or concerns that have been identified. The meeting goals are to improve collaboration with PPI staff; address admission and discharge issues; identify barriers to accessing MH services; share information about initiatives; and reduce out-of-home placements.
- Pennsylvania Psychiatric Institute (PPI) Bridge Referral program continues to work on reducing the number of rehospitalizations in Dauphin County. Data collected is showing a decrease in two or more rehospitalizations within a 30-day period. The positive outcomes of the program have been improved collaboration among Crisis Intervention Services, Case management entities, and hospital social work staff, as well as with management at PPI. More individuals have been opened with the BSU and have quicker access to Targeted Case Management as needed. Data will continue to be collected and evaluated. New management at PPI will also consider the issue of rehospitalizations.
- Table 3 illustrates baseline data collected by PPI in the third and fourth quarters of calendar year 2010 with some implementation strategies. In the first quarter of calendar year 2011, all strategies were implemented and reflect the involvement of the Bridge Program.
### TABLE 3 – DAUPHIN COUNTY BRIDGE READmissions WITHIN 30 DAYS (%)

<table>
<thead>
<tr>
<th></th>
<th>CY 2010</th>
<th></th>
<th>CY 2011</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3rd Q</td>
<td>4th Q</td>
<td>1st Q</td>
<td>2nd Q</td>
</tr>
<tr>
<td>Admissions</td>
<td>279</td>
<td>231</td>
<td>266</td>
<td>262</td>
</tr>
<tr>
<td>Readmissions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>28</td>
<td>10.0</td>
<td>18</td>
<td>7.8</td>
</tr>
</tbody>
</table>

### TABLE 4 – DAUPHIN COUNTY BRIDGE READmissions TREND LINE

*Dauphin County Bridge Readmissions Within 30 Days (%)*

- In Table 4 above, the readmissions trend line has dropped since the implementation of all strategies in calendar year 2011, from 10% in third quarter of 2010 to a low of 2.9% in fourth quarter of 2011.

**Partial Hospitalization**

Northwestern Human Services Capital Region (NHS), Philhaven, and Pennsylvania Psychiatric Institute (PPI) provide partial hospitalization services to Dauphin County residents. These include services to adults with serious mental illnesses, including persons with co-occurring disorders – substance use and intellectual disabilities; children and teens, including transition-age youth. The Milton S. Hershey Medical Center operates a partial hospitalization program for children, adolescents and adults with eating disorders.
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- Dauphin County is fortunate to have a partial hospitalization program at PPI for persons with serious mental illnesses and an intellectual disability. However, underutilization of the service prompted a reassessment among the County MH/ID Program, CMU (MH Case Management and ID Support Coordination) and PPI. The continued focus in 2012 is on understanding how the MH and ID services are organized to address the needs of persons with serious mental illness and intellectual disabilities.

- PPI’s child and adolescent program had to temporarily reduce their program capacity from three teams to two teams with a census of approximately 20. This is due to their previous location being flooded. They are operating out of a smaller space and will once again add a third team when they are in their new permanent location on Third Street.

- Children and their families experience some waiting period to access partial hospitalization services, as well as adults seeking Philhaven’s Acute Recovery partial hospitalization program.

Assertive Community Treatment

During FY 2010-2011, Northwestern Human Services Capital Region transformed from a Community Treatment Team (CTT) to an evidence-based Assertive Community Treatment (ACT) Team model. The NHS Capital Region ACT, organized as an urban team model, has a capacity of 100-110 persons who meet specific criteria for the service.

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- NHS Human Services Capital Region has fully transitioned from CTT to ACT as of July 1, 2011. In April of 2011, the ACT team was evaluated for fidelity to model using the TMACT (Tool to Measure ACT) by (CABHC) Capital Area Behavioral Health Collaborative and (CBHNP). The total baseline TMACT fidelity rating for NHS Capital Region ACT team was 4.5 out of 5, which indicates that the team is implementing ACT at a high level of quality and adherence.

- OMHSAS conducted state licensure review of the NHS ACT team in November 2011 and NHS received full licensure. Areas targeted for additional work are their continued efforts to integrate “specialists” into team functioning, their use of natural supports, community services, and strength-based treatment approaches, leading to successful graduation from ACT.

Family-Based Mental Health Services

Family-Based Mental Health Services (FBMHS) are a combination of intensive family therapy with support coordination and family support services in a team-delivered service. Dauphin County has not encouraged further development of FBMHS for the past several years, due to over capacity of the service. Dauphin County has six licensed FBMHS providers.
Table 5 – Family-Based Mental Health Service Providers 2010-2011 and 2011-2012

<table>
<thead>
<tr>
<th>Provider</th>
<th>Number of Teams</th>
<th>Unique Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Charities</td>
<td>2</td>
<td>Multi-lingual staff</td>
</tr>
<tr>
<td>Jewish Family Services</td>
<td>1</td>
<td>Specializes in issues of attachment &amp; adoption.</td>
</tr>
<tr>
<td>Keystone Children and Family Services</td>
<td>6</td>
<td>Play therapy trained team</td>
</tr>
<tr>
<td>Northwestern Human Services</td>
<td>-</td>
<td>Serves 3-5 families at any given time from NHS’ Cumberland Co. office; no specific team assigned to Dauphin Co.</td>
</tr>
<tr>
<td>Pennsylvania Counseling Services</td>
<td>7</td>
<td>Issues of substance use/abuse, Cognitive Behavior Therapy trained team, play therapy/theraplay (model of play therapy) trained team, autism trained team and art therapy trained team.</td>
</tr>
<tr>
<td>Philhaven</td>
<td>7</td>
<td>Parent training; one team is assigned to Upper Dauphin; three bilingual/bicultural staff (2 teams).</td>
</tr>
</tbody>
</table>

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- Family-based is the most highly utilized service for children and adolescents being admitted to out-of-home treatment and it is the highest referred service for children and adolescents being discharged from out-of-home treatment.
- Recently Dauphin County participated in CBHNP’s quality audit of family-based where, in addition to their standard audit tool, a supplemental clinical audit tool was used to gauge items such as: frequency and intensity of service delivery, connections to natural and community supports, use of family support funds, individualization of treatment plans, treatment plans addressing the needs of all family members, and clinical supervision.
- Individual provider meetings are planned for spring of 2012, where the results of the supplemental clinical tool will be shared and strategies will be developed to address any areas that need improvement.
- Additionally, CBHNP along with the Capital Area (5 counties) conducted a Root Cause Analysis (RCA) with the identified problem as the high penetration rate. FBMHS should continue to be a focus of the children’s system with some strategic decision-making needed. All the factors about FBMHS should be combined for a comprehensive strategy including those not addressed in the RCA. There are both clinical and process issues that need addressed.
- A large number of transition-age youth receive family-based mental health services disproportionate to other managed care organizations. This service does not seem the most appropriate to the identified needs of this population group.

Children’s Residential Treatment Facilities

Residential Treatment Facilities (RTFs) are a level of care only used in the HealthChoices Behavioral Health Managed Care Organizations (BH-MCO) service array for transition-age youth as well as other age groups of children from 0-21 who also meet medical necessity criteria and consent to voluntary services. No RTFs are located within Dauphin County.

While OMHSAS defines transition-age youth as persons 18-26 years of age, in practice, transition is a developmental stage that begins for most persons around ages 15-16 and may extend up to age 26, depending upon secondary education status, legal circumstances, financial situation, degree of family support, and living arrangement. In Dauphin County, through collaboration with Juvenile Probation, we have learned that many older teens and young adults can remain on “juvenile” status with the court system. As a result, both the
children and adult system need to be flexible and responsive to their individual concerns and needs.

In Fiscal Year 2008-2009, the Commonwealth proposed reducing the number of residential beds (including RTFs) by 50 percent over three years. Dauphin County experienced an unprecedented increase of RTF usage following the Integrated Children’s Services Initiative, also referred to as Medical Assistance Realignment of Fiscal Year 2005-2006. In December 2008, Dauphin County adopted the Commonwealth’s goal of reducing the use of RTFs by 50 percent with a target date of two years. Dauphin County used this as an opportunity to develop a comprehensive plan in collaboration with CBHNP to monitor and manage Dauphin County’s use of RTF. This plan includes reducing RTF census as well as reducing the length of stay of individuals in RTF, improving family engagement, improving team coordination and collaboration, and examining the intensity and effectiveness of intensive in-home mental health services. The Dauphin County MH Program has two full-time Children’s Program Specialists working in a collaborative manner with all stakeholders. Much focus has been on training and support to targeted case management.

Over the last two years, Dauphin County has seen a dramatic decrease in the use of RTFs. The census at any given point two years ago was approximately 95 individuals; our current census is 55. Efforts continue around reducing length of stay and increasing family engagement. Access to all behavioral health services for transition-age youth with a serious mental illness and dependency or delinquency issues is demonstrated by increased costs in all levels of care. Data on RTF use is found under Section 5.

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- Dauphin County has surpassed the goal of reducing the use of RTF’s by 50%. During the past six months, Dauphin County’s RTF census has been maintained at approximately 45-50 youth and actually dipped to 39 at one point.
- The cross system RTF Reform Group is in the process of shifting gears to the development and implementation of strategies to address children/adolescents that have multiple stays in RTFs. At any given time, approximately 25-30% of Dauphin County children/adolescents in RTFs have been in an RTF level of care at least one time before.
- Another area of focus is reducing RTF Length of Stays. While the RTF census has dramatically decreased, the average Lengths of Stay for 2010-2011 was 415 days, ranging from 76 days to 1787 days, with a median of 288 days.
- RTF Family Event was held for family members who currently had youth in residential treatment. The event included dinner, a keynote speaker and both a youth and parent speaker. Approximately 25 people attended.

**SERVICE CATEGORY: Crisis Intervention**

**MH Crisis Intervention Services**

The Crisis Intervention Program (CI) is the only direct service offered at Dauphin County MH/ID. CI provides 24-hour, seven days per week telephone, walk-in and mobile outreach to persons experiencing a crisis. Assessment of presenting problems, service and support planning, referral and information, brief counseling, and crisis stabilization are the core services. Letters of Agreement with case management entities — CMU, Keystone
Community MH Services Intensive Case Management, and NHS Capital Region’s ACT – establish roles and responsibilities for 24-hour response to individual needs. The use of Language Line services is in place when staff cannot meet linguistic needs of callers and consumers seeking services. A comprehensive policy and procedure developed by stakeholders assures face-to-face outreach to adults with serious mental illnesses involved with the criminal justice system. CONTACT Helpline provides back-up telephone answering service on the first and second shifts (7:00 a.m.–11:00 p.m.) for the CI Program when CI workers are out-of-the-office on calls.

Disaster planning and coordination is another function of the Crisis Intervention Program. Selected CI staff participates in the County’s Disaster Crisis Outreach Response Team (DCORT). DCORT participates in regular training exercises and develops as well as pursues various disaster preparedness initiatives. DCORT staff completed the required certification process in NIMS (National Incident Management System). CI participates with the County’s Critical Incident Management (CISM) team, which provides debriefing services to first responders.

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- Emergency preparedness training or informational sessions conducted by crisis intervention staff for individuals in service and providers was held at the CMU (Case Management Unit), at a senior citizen center in Upper Dauphin area, and at the Dauphin County’s Cultural Festival in downtown Harrisburg.
- Crisis Intervention and County staff participated in the FEMA Disaster Recovery Center services for several months at the Harrisburg Mall following the flood in September 2011.
- The Crisis Intervention Program established a Corporate Compliance Committee and began meeting in July 2011, as a part of the Medicaid Compliance Plan. Two separate random quarterly audits of Crisis Intervention Services were conducted for claims testing and documentation. Documentation reviews were conducted for 34 individuals who used services between April 1 and September 30, 2011.

**Emergency Services**

The Crisis Intervention Program has a lead system role to carry out emergency mental health services for adults, older adults, transition-age youth, as well as all other populations of persons with serious mental illnesses or serious emotional disturbance in Dauphin County. Coordination and cooperation with targeted case management agencies, the ACT and the Behavioral Health Managed Care Organization’s care management staff are essential. Service elements include bed searches based upon consumer/family choice and preferences, coordination, and court coordination.

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- Thirty-five percent (35%) of all persons admitted for inpatient psychiatric care were individuals with mental illness and a substance use disorder; 11% were homeless persons; 12% were under the age of 18.
- Nineteen percent (19%) of inpatient admissions were admitted more than once during FY 2010-2011.
PPI admits 57% of the persons referred by Crisis for inpatient psychiatric care. Crisis has participated in the Bridge Program to help reduce the incidence of readmissions. There are approximately 25-30 voluntary referrals to the Bridge per month. Full review of the Bridge data will aid the stakeholders in determining its effectiveness.

SERVICE CATEGORY: Case Management

Intensive Case Management

The CMU (Case Management Unit) and Keystone Community Mental Health Services are the two intensive case management (ICM) providers in Dauphin County. The two agencies provide services to adults and older adults with serious mental illnesses and co-occurring disorders as well as other eligible persons according to State regulations. ICM services include a comprehensive needs assessment with 24-hour, seven days a week, on-call accessibility. Face-to-face contact with the case manager is individualized and occurs every other week or more frequently based upon the needs of the individual. ICM services assist eligible persons in gaining access to needed resources, including medical, social, educational and other services. Service activities include assessment and service planning, informal support network building, use of community resources, linking with services, monitoring of service delivery, outreach, and problem resolution. Intensive Case Managers have a caseload of no more than 30 individuals.

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- Both service providers have undertaken a more dynamic approach to ICM service delivery as consumer engagement and recovery has more prominence in the relationship.
- Closing from the system occurs in a timely manner with persons disengaged or not interested in treatment/supports from the system.
- Increased involvement with persons with forensic issues has translated to more intensive case managers involved with the criminal justice system in addition to three Forensic ICMs at the CMU.

Blended Case Management

Blended Case Management (BCM) is available at the CMU for individuals that include adults, older adults, transition-age youth and children/adolescents that meet State eligibility criteria. Blended case management also meets the case management needs of persons with serious mental illnesses and co-occurring substance abuse disorders. In January 2008, the CMU transitioned all children’s MH targeted case management services to BCM. In northern Dauphin County, CMU has fully transitioned to both adult and children’s blended case management services. In 2010-2011, the plan is to transition a unit of adult resource coordinators to blended case management.

Blended case management includes a comprehensive needs assessment with 24-hour, seven days a week on-call accessibility. Service plan development and monitoring, coordination and authorization of services and monitoring of ongoing service provision are the functions of the program. Blended services also provide support services to persons and their family or support system in much the same ways intensive case management does. Face-to-face contact between individuals and case managers should be individualized at a
minimum of every other week and more frequently based upon the needs of the individual. Blended services offer a consumer the advantage of working with the same case manager regardless of the level of need for targeted services.

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- Dauphin County MH along with CMU MH Director, Assistant MH Director, and Children’s MH supervisors developed and implemented a process in which meetings are held with the MH supervisor, MH case manager and County MH staff prior to the Interagency Service Planning Team (ISPT) meeting for any out-of-home treatment recommendation in order to detail items for discussion at that meeting.
- In addition to pre-ISPT meetings for out-of-home treatment recommendations, County MH consultation is available as requested to assist Children’s MH supervisor and MH case manager with problem solving for children/adolescents in out-of-home treatment or at risk of out of-home treatment.

**Resource Coordination**

Adults and older adults with serious mental illnesses and persons with co-occurring disorders access resource coordination through BSU registration and intake process described in the next section or through an ongoing periodic assessment of case management needs. Eligibility may occur at any point due to a change in level of need as assessed, minimally every six months, using the Environmental Matrix Scale. Resource Coordination services include a comprehensive needs assessment, service plan development and monitoring, coordination and authorization of services, and monitoring of ongoing service provision. Resource Coordinators also provide support services to individuals and their family and may offer limited adaptive skill training. Face-to-face contact between the person and the case manager should be individualized and at a minimum occur every other month for adults as a service requirement or more frequently based upon the needs of the individual.

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- Dauphin County would support conversion to a blended model to support adults with SMI and co-occurring disorders.
- Reduced case load size for resource coordinators has improved flexibility to meet the individual's needs.

**Administrative Case Management**

The CMU is the Dauphin County Base Service Unit and is responsible for all BSU functions, and the CMU operates a satellite location in northern Dauphin County. Access is assured through a walk-in availability four days per week from 9:00 a.m. to 3:00 p.m., Mondays through Thursdays. Scheduled appointments, evening appointments, and off-site intake interviews are also available. Core services include identification of presenting concerns, strengths and need assessment, psychosocial history including other system involvement or needs; mental health risk assessment, Environmental Matrix Scale of case management needs, financial liability determination, service planning including freedom of choice, referral and information, mental health rights and confidentiality, and assignment of mental health administrative case management or any other level of case management services.
Authorizations for County-funded services are coordinated through the BSU for all services with the service provider network and case management entities. The program capacity for the BSU to complete intakes is illustrated in Tables 6 and 7.

A Transition Coordinator position is supervised by the MH Administrative Case Management Supervisor. The Transition Coordinator screens and enrolls all referrals for The JEREMY Project. After enrollment, the Transition Coordinator facilitates person-centered planning meetings for all JEREMY Project participants using one of three types of person-centered planning techniques. Quarterly, the Transition Coordinator works with the consumer’s team to update the person-centered plan. The Transition Coordinator assesses the consumer and family outcomes at admission, discharge and every six months while involved with The JEREMY Project. Additional responsibilities include development and implementation of a consumer/family satisfaction survey, maintenance of working relationships with service providers serving The JEREMY Project participants, including Office of Vocational Rehabilitation (OVR) and school districts, input of quarterly data on transition domains for each Project enrollee, support of the parent-led family support group and group activities for enrollees. During 2011-2012, The JEREMY Project will undergo a review of activities related to participants’ needs in an effort to improve outcomes and improve the quality of group experiences.

The Immediate Response Coordinator (IRC) position is another unique component of MH Administrative Case Management. The position acts in support of case management functions by performing a variety of support activities as necessary to ensure the smooth flow of customer service, case management updates and administrative initiatives within the department. The position intercepts/interacts with Administrative consumers that walk in the office and whose case managers are unavailable.

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- CMU utilizes a fast-track system to identify consumers who need to have TCM support and move them from administrative caseloads.
- CMU sends an Administrative Case Manager into the Dauphin County Prison (DCP) once a week to complete intakes and to assure that the individual is opened with the BSU upon release with a service plan in place.
- Tables 6 and 7 illustrate the demand for mental health services which are County-funded in two consecutive years for both adults and children.

### Table 6 – Completed Intakes by BSU 2009-2010 & 2010-2011

<table>
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<th>Fiscal Year</th>
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<th>Children</th>
<th>Total</th>
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<tr>
<td>2009-2010</td>
<td>2087</td>
<td>449</td>
<td>2536</td>
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<tr>
<td>2010-2011</td>
<td>2081</td>
<td>563</td>
<td>2644</td>
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### Table 7 - Monthly Average of Completed intakes by BSU 2009-2010 & 2010-2012

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Adult</th>
<th>Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2010</td>
<td>174</td>
<td>37</td>
<td>211</td>
</tr>
<tr>
<td>2010-2011</td>
<td>173</td>
<td>47</td>
<td>220</td>
</tr>
</tbody>
</table>
- The JEREMY Project is changing its focus from one-hour groups to more individual sessions based on participant’s goals on Person-Centered Plans and groups with multiple sessions and a fixed curriculum. During the period July 2011 through December 2011, JEREMY Project served a total of 58 youth: 39 participants attended at least one group and 40 participants attended at least one individual session.
- Ten out of the 58 youth enrolled in the JEREMY Project are from the northern part of Dauphin County. The Transition Coordinator offers individual and group sessions in northern Dauphin once per week. Activities include assistance with employment, driver's permit review, cooking classes, and money management.
- One of the potential changes is re-evaluating the admission age, which is currently 14 years old. The younger teens seem to have few goals for themselves regarding transition. Beginning around the age of 16, participants seem more focused and have a better idea of what they want to achieve, allowing them to better utilize the services provided. The goal for the remainder of the year is to increase active participation of the JEREMY Project participants and to provide more experiences for the participants in the areas of employment, education, independent living skills, and community involvement.

**SERVICE CATEGORY: Rehabilitation**

**Community Employment and Employment-Related Services**

Dauphin County is dedicated to support every individual who wants to work. Employment services in Dauphin County are comprised of varying degrees of support and independence. Employment is a frequent measure of personal success and recovery because of the value society as a whole places upon employment as an indicator of independence and personal accomplishment.

Evaluation is an ongoing component of all community employment and employment-related services. The process helps identify and achieve vocational goals toward competitive employment based upon demonstrated abilities and interests.

Transition employment is paid work training provided at employer locations. This service focuses on improving interpersonal relationships, work habits, and attitudes to prepare individuals for competitive employment. Transitional employment is a valuable service in that it creates a work setting with less intense supervision to provide individuals with the opportunity to develop skills toward becoming self-sufficient in a competitive environment. This approach has proven to be an effective rehabilitation model as well as cost effective for the many persons motivated to work but not accustomed to a work regime. The goal of the program is to build upon an employee’s basic work skills, as well as provide him or her with the opportunity to adjust to a work schedule. Work-related issues that are emphasized include attendance, appearance and hygiene, work efficiency, communicating with co-workers and the public, accepting feedback, and adjusting to job pressures.

Competitive employment, including job coaching, is available for individuals on the job at the employer's location to provide support in the employment process. It may also involve job finding. Support decreases as the individual gains competitive employment skills. Staff makes individual and employer contacts and may accompany individuals to interviews to support them through a hiring process. Follow-up contacts are provided to resolve work-related issues and needs in a timely manner. Goodwill, AHEDD, and Central Pennsylvania Supportive Services provide these employment services.
Supported employment (SE) is an evidence-based service to promote rehabilitation and the return to productive employment for persons with serious mental illnesses. SE programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational services from intake to follow along. It assists individuals in obtaining competitive jobs in the community by emphasizing several key principles such as consumer choice, integration with mental health services, competitive employment is the goal, personalized benefits counseling, rapid job search, peer support, continuous follow-along supports and consumer preferences. Additional information about employment services is located in Attachment N, The Employment Plan.

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- The Capital Area Transit (CAT) conducted mobility training for the Transformation Committee on Employment and for individuals in service, who were interested in learning how to navigate the public transportation system.
- The Committee is in the process of collecting information from employment providers and related supportive service agencies for a guide to employment.
- The Committee would like to host an employment event with CareerLink and planning will continue into FY 2012-2013.
- The YWCA continues to operate a SAMHSA-funded supported employment model program and is in its third year of a five-year grant.

**Community Residential Rehabilitation Services**

Community Residential Rehabilitation (CRR) services offer many individuals’ choices for a stepping stone to independence in their recovery journey. Licensed programs offer varying degrees of support, yet because of licensing, the benefits of a standard of service. The following table illustrates the wide range of programming and settings offered by CRR services in Dauphin County:
<table>
<thead>
<tr>
<th>CRR Program</th>
<th>Characteristics</th>
<th>Capacity</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis and Diversion CRR - Windows</td>
<td>Crisis stabilization; step-down or diversion from Inpatient care; intensive staffing and psychiatric services started March 2011</td>
<td>12 (2 Crisis 10 Diversion)</td>
<td>Northwestern Human Services Capital Region</td>
</tr>
<tr>
<td>Crisis and Diversion CRR-Adams Street</td>
<td>Crisis stabilization; step-down or diversion from Inpatient care; intensive staffing and psychiatric services</td>
<td>14 (2 Crisis 12 Diversion)</td>
<td>Community Services Group, Inc.</td>
</tr>
<tr>
<td>New View</td>
<td>Full care Therapeutic Community model; D&amp;A education; 12-Steps; Double Trouble</td>
<td>8 (8 single bedrooms)</td>
<td>Gaudenzia</td>
</tr>
<tr>
<td>Gibson Blvd</td>
<td>Full care Therapeutic Community model; D&amp;A education, 12-Steps, jail diversion/re-entry</td>
<td>16 (2 beds are set aside for adjacent County)</td>
<td>Gaudenzia</td>
</tr>
<tr>
<td>Lakepoint Drive</td>
<td>Staff intensive Cluster apartments in suburban area; private bedrooms; individual and small group skill development; continuous staffing and on-call system</td>
<td>10 (5, two-bedroom cluster apartments)</td>
<td>Keystone Community Mental Health Services</td>
</tr>
<tr>
<td>Taylor Park</td>
<td>Staff supportive Scattered apartments in urban area; private bedrooms; individual &amp; transitional; continuous staffing and on-call system</td>
<td>16 (8, two-bedroom scattered apartments) <strong>Capacity increased to 28 persons served in 14 apartments</strong></td>
<td>Keystone Community Mental Health Services</td>
</tr>
<tr>
<td>Washington Square</td>
<td>Staff intensive Clustered apartments in urban area; private bedrooms; continuous staffing and on-call</td>
<td>8 (4, two-bedroom cluster apartments)</td>
<td>Keystone Community Mental Health Services</td>
</tr>
<tr>
<td><strong>Closed 2011</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Brook</td>
<td>Staff intensive Clustered apartments Staff intensive Clustered apartments in suburban area; separate bedrooms</td>
<td>10 (5, two person apartments) <strong>Capacity increased to 12 persons served in 6 apartments</strong></td>
<td>Keystone Community Mental Health Services</td>
</tr>
<tr>
<td>Third Street</td>
<td>Staff intensive apartment building in urban setting; private bedrooms</td>
<td>16 (8, two-bedrooms shared apartments)</td>
<td>Elwyn</td>
</tr>
</tbody>
</table>

CRR services for transition-age young persons are licensed as CRR Host Home programs and are solely funded by the behavioral health managed care organization. The service has evolved from its original design under CRR licensing to a treatment-oriented, home-based care with service coordination, host home support and clinical services for the young person and their family. Support for re-examining the standards of care in CRR Host Homes among counties, the BH-MCO, families, and other child-serving systems has led to a service description still going through the approval process called Intensive Treatment Program (ITP).

Multi-Dimensional Therapeutic Foster Care (MTFC) is an evidence-based blueprint program that serves delinquent youth with mental health issues. MTFC may allow youth that would have been placed in MH RTF or JPO delinquency programs to remain in a community setting while receiving treatment. Dauphin and Cumberland Counties combined resources in working with CYS, JPO, MH and CBHNP/CABHC to identify Children’s Home of Reading (CHOR) as the MTFC provider to serve Dauphin and Cumberland Counties.

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- Adult MH Residential Team developed an admission/discharge checklist to specify what information is needed by each level of residential care prior to admission to the program. The discharge portion of the checklist provides positive indicators and signs of recovery to
look for in individuals the programs serve. The checklist aids in timely admissions and provides a framework to identify recovery indicators and readiness for discharge.

- The County Adult MH program staff meets with each residential provider on a quarterly basis. The purpose is to improve admission and discharge processes as well as throughput in all the residential programs. The use of evidence-based and promising practices, such as Illness Management and Recovery (IMR) and other recovery tools are reviewed.
- Particular emphasis between residential programs and Dauphin County is on how the individual's interagency team is supporting recovery and their transition out of licensed services into independent and permanent housing. This includes efforts with Keystone’s Domiciliary Care Program.
- NHS Human Services Capital Region’s residential programs have implemented a new Strengths-Based Comprehensive Assessment and the Satisfaction with Life Scale. Both efforts are intended to improve services and outcomes for individuals.
- Keystone’s Washington Square CRR program closed and persons still in need of Moderate Care CRR were transitioned to either Taylor Park or to The Brook. All persons were involved in the transition from planning to implementation. A positive outcome of the transition was more privacy, larger living areas, and ready access to community resources such as transportation, shopping, etc.
- Community Residential Rehabilitation-Intensive Treatment Program (CRR-ITP) service description was approved by OMHSAS in June 2011. CRR-ITP will provide a more clinically intensive program than the current CRR-HH model. It also limits the number of children/adolescents in treatment homes to two, and no other non-related children in the home. The Bair Foundation and Northwestern Human Services are both in the process of finalizing their service descriptions to submit to OMHSAS for review following a CBHNP and County selection process. Dauphin County hopes to successfully negotiate with OMHSAS on approving both providers.
- Children’s Home of Reading (CHOR) is the Multi-Dimensional Therapeutic Foster Care (MTFC) provider. CHOR was not able to meet the goal of four individuals in four treatment homes by June 1, 2011. As of February 2012, CHOR has three (3) participants in MTFC and eight (8) treatment families. A Cross Systems Implementation Team meets monthly to monitor the program. CHOR’s Board of Directors will make a decision about the viability of this services given the lack of coordination between approved homes, referrals and withdrawals from JPO and the matching of homes/families to referred youth.
- Oversaturation of host homes and foster care homes has also been a contributing factor in CHOR’s difficulties.

Psychiatric Rehabilitation

The Dauphin County MH-ID Program does not use the cost center of psychiatric rehabilitation. Elements of psychiatric rehabilitation are found within many other services in Dauphin County’s mental health array.

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- Providers continue to encourage staff to complete Psychiatric Rehabilitation training and/or certification. They are: Aurora Social Rehabilitation Services, Central Pennsylvania Supportive Services, Dauphin Clubhouse, KCMHS, and VOA.
As of May 2012, psychiatric rehabilitation regulations were not approved, and this service will not be pursued at this time by the BH-MCO. Providers continue staff training as it enhances their transformation to a recovery-oriented system.

Children’s Behavioral Health Rehabilitation Services

Behavioral Health Rehabilitation Services (BHRS) encompass several types of direct services that meet the needs of transition-age youth from 16-21 years of age as well as all children and teens ages 0-21 years. Funded solely as services under the HealthChoices behavioral health managed care program, Mobile Therapy is the most commonly used service for older teens and young adults with the second most frequently used service being Summer Therapeutic Activities Programs.

Multi-Systemic Therapy (MST) was first approved as a BHRS service in Dauphin County in January 2005. The service is designed to increase family functioning through improved parental monitoring, reduced family conflict, and improved communication. In March 2010, Pennsylvania Counseling Services was selected as the second MST provider in Dauphin County. The agency’s MST program began operating in May 2010 and currently has a team consisting of three MST therapists and a supervisor. Dauphin County’s MST capacity increased from 30 to 45 and has increased access to the service.

Pressley Ridge was approved to provide a family-based, in-home service called Intensive Family Services as a BHRS service that includes family therapies and parenting support. While not licensed as a Family-Based Mental Health Service, the medical necessity criteria are more closely linked to FBMHS because a risk of out-of-home placement is a factor in this level of care.

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- Hempfield Behavioral Health implemented a modification to their Multisystemic Therapy Program (MST). Multisystemic Therapy for Youth with Problem Sexual Behaviors (MST-PSB) is a clinical adaptation of Multisystemic Therapy (MST) that has been specifically designed and developed to treat youth (and their families) for problematic sexual behavior. Hempfield has cross trained all MST therapists in both traditional MST and MST-PSB and they will continue to offer both models.
- BH-MCO, along with the Capital Area Five Counties, completed a Root Cause Analysis on the cost drivers related to high utilization and penetration of Mobile Therapy (MT) and Behavior Specialist Consultant (BSC). The contributing factors are: extended length of stays; lack of clear role and defined criteria for BSC and MT; and poor or lack of discharge planning.
- Capacity to meet needs for Mobile Therapists in northern Dauphin County continues due to ineffective communication between the CMU and area providers and the provider’s inability to hire qualified staff that live in the area. CBHNP did approve the area for a rural rate but that has had little impact on the problem.
Other Residential Services

There are additional types of residential services available to adults in Dauphin County. Each offers a uniqueness that has grown and evolved from individualized needs. All are licensed either by OMHSAS (LTSRs) or by the Office of Developmental Programs under the Adult Residential Licensing as Personal Care Homes/Specialized Care Residences.

There are two Long-Term Structured Residences (LTSRs) in Dauphin County: one operated by NHS Capital Region and the other operated by Keystone Community Mental Health Services.

Specialized Care Residences (SCRs) are licensed as Personal Care Homes (PCHs) but are exclusively for adults and older adults with serious mental illnesses. Staff has extensive mental health training, clinical support skills, and meets the unique characteristics of residents who also require PCH level of care. Personal care services include: assistance in completing tasks of daily living, social activities, assistance to use community services, and individualized assistance to enhance daily goals and life quality. Table 9 provides a snapshot of the PCH/SCR programs.

Table 9 – Specialized Care Residence (SCR) Services 2010-2011 and 2011-2012

<table>
<thead>
<tr>
<th>SCR Program</th>
<th>Capacity</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green Street</td>
<td>8</td>
<td>Keystone Community Mental Health Services</td>
</tr>
<tr>
<td>Chambers Street</td>
<td>8</td>
<td>Keystone Community Mental Health Services</td>
</tr>
<tr>
<td>Reynolds Lane</td>
<td>8</td>
<td>Keystone Community Mental Health Services</td>
</tr>
<tr>
<td>Peiffer's Lane</td>
<td>5</td>
<td>NHS Capital Region</td>
</tr>
<tr>
<td>Page Road</td>
<td>8</td>
<td>NHS Capital Region</td>
</tr>
</tbody>
</table>

Persons with serious mental illnesses, including older adults and adults with co-occurring disorders, use PCHs to meet their residential needs and provide a supervised supportive environment for recovery. Contracts are in place with several licensed programs, as illustrated in Table 10, and only a portion has MH service/financial participation.

Table 10 - Personal Care Home Services 2010-2011 and 2011-2012

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Graysonview Harrisburg</td>
<td>92/96</td>
<td>92/91</td>
<td>2/2</td>
</tr>
<tr>
<td>Paxton Street Ministries</td>
<td>85/85</td>
<td>83/82</td>
<td>45/45</td>
</tr>
</tbody>
</table>

Because these programs serve a population in addition to MH consumers, Dauphin County has in place a process to accept referrals for community-based services as well as for persons at PCHs that are private admissions or independent of MH financial housing support. Individual service monitoring is enhanced through the quarterly PCH Risk Management Group.

A PCH policy was developed with stakeholders, providers, and those individuals residing in PCH. This policy was implemented in Dauphin County based in response to the OMHSAS Personal Care Home Policy requirement regarding referrals to PCH with 16 beds or more. This policy addresses the County process for individuals who are eligible for placement in PCH and are being discharged from a state mental hospital or are referred from the
community, as well as the exception process for individuals who select a PCH that has greater than 16 beds. This is evidenced by affirming support for and commitment to development of integrated housing options, established parameters to consider exceptions to the policy, and providing greater community integration. The County program staff will review all PCH exception requests and make an appropriate determination to grant or deny exceptions to the policy.

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- Recovery and Resiliency Training was provided to staff and residents at Paxton Street PCH in December 2011 and January 2012. A monthly “Wellness Luncheon” keeps the recovery message in the forefront of program activities.
- Medication errors are reduced with the implementation of an Electronic Medication Administration Record (E-MAR) tracking system at Paxton Street.
- Paxton Street initiated a “sidekick” volunteer program to train and match up individuals interested in spending one-to-one time with residents who have limited community and/or family social support.
- Personal Care Home Risk Management meetings continue to occur on a six-month basis or as needed to discuss the status of PCHs and indicate any homes that may have received a provisional license or are being investigated due to licensing issues in Dauphin County.
- Graysonview, CMU and County staff worked together to reduce the medical costs to a resident in their care thus preventing a move to another program.

SERVICE CATEGORY: Enrichment

Adult Developmental Training

These services are not available in Dauphin County’s mental health services array.

Facility-Based Vocational Rehabilitation Services

Facility-Based Employment provides work experience for those individuals who require intensive support to be successful in competitive employment. These services are offered at Goodwill, located on Cameron Street (Harrisburg) and Elizabethville (northern Dauphin) locations. Individuals involved in the Facility-Based Workshop are engaged in real work and receive wages commensurate with productivity. The overall goal of the program is to maximize vocational potential to allow individuals to transition to competitive employment. Cumberland/Perry ARC’s S. Wilson Pollock Center for Industrial Training also offers pre-vocational services at their Work Activities Center in a trainee environment structured to provide an opportunity to acquire good work habits, interpersonal relationships and vocational self-confidence. The types of work involve assembly and packaging.

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- Services are extremely limited as the focus has shifted to competitive employment models. This trend will continue to be impacted by funding cuts. There has been limited transition of persons to other more independent, recovery-oriented types of vocational services/supports.
Social Rehabilitation Services

Social rehabilitation services are designed to increase social skills and networks in a positive group environment with individual and group learning experiences in making choices and building healthy relationships. These programs include drop-in centers and a clubhouse program.

Patch-n-Match is a consumer-run organization with a full-time director and two full-time staff. It is a reintegration program that assists people to recapture or gain skills necessary to function independently in the community. Patch-n-Match, Inc., also provides educational, social and recreational opportunities for participants, both at the center and in the community. The program is open one Saturday every month.

The Dauphin Clubhouse is operated by Philhaven. The mission of the Clubhouse is to provide a safe environment where adults with serious mental illnesses can come to strengthen social, educational, and vocational skills and to provide a place where people can participate in a work-ordered day, providing structure and developing meaningful work skills and building satisfying relationships. The Philhaven Clubhouse program serves an average daily attendance of 16-18 persons.

Aurora Social Rehabilitation Services provides social rehabilitation services for adults with severe mental illness at a community-based center in Harrisburg. Aurora is open seven days per week and provides daily hot lunches as well as breakfast. The program employs a certified peer specialist as part of their staff complement, which has had a huge impact on how services are delivered in the program.

Aurora provides the Transitional Life Skills (TLS) designed to help members maintain their independence and well being through the development of life skills and social supports. Aurora’s Hispanic Life Skills Program is designed for members who are Spanish speaking with limited or no English language skills. Activities include daily activities at the drop-in center, weekly individual socialization, bi-weekly group support and team building activities. The program provides additional support for individuals who are experiencing homelessness by providing showers, lockers and laundry facilities at their Harrisburg location.

Aurora also manages a Volunteer Program, providing volunteer opportunities for members. Participation in this program helps foster self-esteem, develops better community awareness, and helps develop marketable job skills. Aurora Social Rehabilitation Services provides individualized social rehabilitation one-on-one through staff visits to authorized and participating members who are homebound or who otherwise have special needs.

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- Medical students from Milton S. Hershey Medical Center educate Patch-n-Match participants on various health issues and concerns.
- Patch-n-Match underwent some administrative and staff changes during the year.
- Aurora Services implemented a psychosocial education Latino Women’s Rehabilitation program two evenings per month. The program was launched in September 2011 for 8-10 persons.
A consumer-run snack bar at Aurora was started in 2011 and they are also offering a mobility training program for individuals interested in using the public transportation system and developed a basic computer training program and resource center for individuals to learn how to use the computer and navigate the internet.

Dauphin County MH Program staff is working with Philhaven on an assessment of their Clubhouse services in relationship to the International Center for Clubhouse Development (ICCD) standards. A work plan for the Clubhouse will be the outcome of the assessment.

Other Enrichment Services

Ethnic rehabilitative services, offered at the International Service Center (ISC), assist Vietnamese-speaking persons with serious mental illnesses, including older persons, develop appropriate social behavior and interpersonal communication skills to enhance daily living. Persons are supported in a learning environment intended to address different cultural experiences and minimize the adjustment to change. Services and activities reinforce an individual’s primary culture while exposing the person to community events, resident benefits and opportunities for English and civic/social integration. The program also provides interpreter and translation services for individuals being referred or served in MH services.

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For some persons the support provided at the ISC is the only service received when coping with a mental illness in a new environment. ISC offers a positive setting where a person’s primary language and culture are respected in a life transition.

SERVICE CATEGORY: Rights Protection

MH/ID Administrator’s Office

The Dauphin County Mental Health/Intellectual Disabilities Program has designated mental health staff to carry out the program’s mission and transform mental health services to a recovery-oriented system. Administrative support and fiscal staff offer the infrastructure to accomplish mental health goals. Guided by the OMHSAS “Call to Action” and the fundamentals of a recovery-oriented system, staff manages a complex system through administrative tasks involving collaboration, data collection/analysis and reporting, provider relations, contracting and service monitoring. The demands of ongoing operations and system change are constantly being balanced in the process.

The protection of consumer rights in the mental health system is integral to daily operations and touches every aspect of our administrative roles. While directed by the MH/ID Administrator and Deputy MH Administrator, most quality activities are carried out by a Mental Health Quality Assurance Specialist. The goal of Quality Management is to guarantee a standard basic level of care and the protection of basic rights in the mental health system. Many persons using mental health services also need assistance with managing their funds and rely on the CMU for their representative payee program. QA activities resolved individual complaints and worked with person-specific teams for resolution on a host of issues. The Payee Workshop was created as a monthly meeting at the CMU where individual concerns regarding money management are reviewed.
Dauphin County has a formal unusual incident reporting system for all County-funded services and consumers, which has been maintained with staff review, follow-up reporting, investigations of unusual incidents and corrective action planning. The County database also includes unusual incidents reported to CBHNP on Dauphin County consumers in HealthChoices-funded services. Debriefing and process reviews of some unusual incidents have been conducted. All CBHNP unusual incidents on Dauphin County members are reviewed by QA staff, and follow-up is made with the lead CBHNP Quality Management staff on consumer and provider issues. Home and Community Services Information System (HCSIS) is also a reporting system used for unusual incidents on persons discharged from State Mental Health Hospitals and residing in residential services.

Mental Health consumer complaints and grievances follow a reporting process, and mental health quality assurance staff engages consumers, families, advocates and service providers in providing resolution. All contracted providers are required to have complaint and grievance policies. Program staff in adult residential and children’s services, as well as the Deputy MH Administrator, has participated in these processes.

All complaints regarding CBHNP and the CBHNP provider network are reviewed weekly. Conflict-free Dauphin County staff participate in Level 2 Grievances for CBHNP members, and other County staff take an active role in consulting with CBHNP clinical staff regarding service delivery issues, service authorizations, and consumer-specific concerns prior to using the grievance or complaint process if communication can readily resolve the issue. Additional information concerning Dauphin County’s quality assurance activities are outlined in Section 6.

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- For FY 2010-2011, the Payee Workshop conducted reviews for 20 individuals as well as working with two residential providers for a total of 57 persons.
- Monthly telephone conferences, with the Guardian’s Office at Danville State Hospital, were established to review any representative payee concerns for 11 residents.
- For FY 2010-2011, there were 215 adult UIR (Unusual Incident Reports) entered and reviewed in to the Dauphin County database. There were 142 UIR entered into the HCSIS database by CRR and LTSR’s serving Dauphin County residents and entries made by the County for CHIPP/Diversion and HSH Closure Group populations.
- The children’s UIR policy was reviewed and updated as well as the role of CBHNP in incident management. For the second fiscal year, Dauphin County reviews the reports in coordination with CABHC.
- There were 880 children’s UIR for a mean of 3.8 per child with a report. Included in this number were 30 UIR for persons with an intellectual disability and/or with a dual diagnosis of MH and ID. UIR from CBHNP with open ID supports coordination are shared with the County ID Program.
- FY 2010-2011, two (2) consumer complaints were received and 15 investigations, including 12 death reviews, two (2) unusual incident reviews and one (1) payee complaint investigation were conducted.

**Other Services**

One’s ability to participate in mental health services can be abridged without bilingual/bicultural staff to communicate with individuals in the language of their preference. Dauphin
County will continue to encourage all providers to meet this fundamental need of our diverse society. Interpreter services offered through the International Service Center address a basic right of persons with a serious mental illness to communicate in a preferred language. This service offers direct, face-to-face or telephone interpreter services provided by culturally competent interpreters to facilitate communication in all informal, professional, social, medical, legal, and academic settings. Languages available include Bosnian, Chinese, Korean, Russian, Spanish, and Vietnamese.

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- Dauphin County continues to work with existing resources to address the preferred language needs of residents seeking public MH services.

**SERVICE CATEGORY: Basic Support**

**Housing Support Services**

The Dauphin County MH/ID Program and the provider network use the term Supportive Living to describe a cluster of supportive services and, based upon individual needs, the services can be highly flexible to focus more on housing support or other types of support necessary for independence and recovery. Keystone Community Mental Health Services and Volunteers of America are the supportive living providers in Dauphin County.

Keystone’s supportive living services have a component that emphasizes transitional housing support. The program meets the needs of persons and assesses their independent living skills. Their plan is to acquire rehabilitative skills to live independently with or without a housing subsidy like Section 8. The goal is to have people transition from this program within 18 months. Leased apartments by Keystone offer the setting for clinical and rehabilitative assessments, social and neighborhood interaction, and individual goal planning.

Other Supportive Living Services provide support to people experiencing mental illness in the environment that best meets their individual needs. In apartments rented through Keystone Community Mental Health Services or in their own homes, people can receive the amount of support they desire. The types and lengths of services are very flexible, according to the person’s needs. Supportive Living provides “transitional housing” to approximately 10 percent of the 200 consumers served by Keystone each year. Supportive living services may continue after independent housing is obtained.

The Volunteers of America (VOA) Supportive Living program focuses on providing whatever supports are needed by each individual to gain their psychiatric rehabilitation goals. The goals, supports, and resources necessary to achieve their goals are determined by the consumer with the guidance and support of the supportive living case worker. Generally, the focus will be developing or relearning skills to be successful and satisfied in the areas of living, learning, working, and socializing in the environment of their choice with the least amount of practitioner intervention.

Support services will promote recovery in the following areas:

- Clinical Care
- Family Support
- Community Involvement
- Access to Resources
The VOA serves persons residing at the Third Street Apartments, individuals at New Song Village and Creekside Village (HUD 811 Projects), and additional persons residing in the community. The VOA’s program provides community-based supportive living services and does not subsidize housing costs.

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- Provider efforts should continue to work with persons working on their own recovery as well as for persons for whom recovery may not be their goal. Housing supports can aid individuals who are soon transitioning to independent living as well as assist others in remaining in their own residence.
- Supports to persons in licensed programming should only be provided as persons are transitioning out of licensed programs.

Family Support Services

NAMI PA, a Dauphin County affiliate, provides education, support, resources, and referral services to persons affected by mental illnesses, both individuals and families. Services include distribution of resource and educational materials, support for new residents seeking services or persons recently diagnosed, sponsored informational meetings, support groups, caller support, newsletter and an extensive on-site library at their staffed office. Extensive support has been provided to families who have family members with serious mental illnesses, including co-occurring disorders and involvement with the criminal justice system.

NAMI’s Family-to-Family Education Program was approved as an evidenced-based program that provides education and skill training with self care, emotional support, empowerment and advocacy. The 12-week sessions are designed for parents, siblings, spouses, significant others and caregivers of individuals experiencing serious mental illnesses.

For the past four years, Dauphin County has received a state allocation for respite services for children and adolescents including transition-age youth. Respite services have been offered by the County for over 15 years. Additionally, CBHN P offers respite services funded through reinvestment dollars. As of September 1, 2010, Youth Advocate Program (YAP) serves as the respite management agency for CBHNP members. YAP has built capacity to continue to serve transition-age youth as well as adults and older adults. Dauphin County has developed more respite options with YAP and better coordinated respite funding with YAP. Adults have also received respite services and respite models using neighbors and extended family resources are in development.

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- Dauphin County contracted with Youth Advocate Program to offer two “Parents Day Off!” group respite events in 2010-2011.
- Fourteen (14) one-week community camp scholarships were also provided in northern Dauphin YMCA Summer Camp or Harrisburg Area YMCA Summer Camp.
Dauphin County has continued to work with Youth Advocate Program and the Case Management Unit in 2011-12, two “Parents Day Off!” events have been held, one in Harrisburg and one in the northern Dauphin County. At least two additional events are planned by the end of the fiscal year.

Youth Advocate Program’s Respite Management Agency through CBHNP, served over 100 children and adolescents and 10 adults during the 2010-11 fiscal year. Youth Advocate’s program began to offer respite services using friends and relatives as the respite provider.

The Mental Health Association (MHA) of the Capital Region was awarded a United Way grant to reduce stigma in the community by producing short commercials under a program called “It’s Okay to Get Help”. In addition, to community-funded spots; some agencies are purchasing commercials in the campaign to be aired through Comcast channels in the Harrisburg area.

The Mental Health Association also submitted a grant proposal to use the MH First Aid curriculum and Wellness Recovery Actions Plans (WRAP) as outreach tools to the aging population and their service network.

Other Support Services

The Indochinese Support Services program, provided by the International Service Center (ISC), assists persons with serious mental illnesses in acquiring the skills needed to perform the necessary activities of daily living, including health maintenance and personal hygiene, consumer education and management of household finances, shopping and public transportation.

The goal of overcoming the barriers of isolation and interest in developing specific social skills will support persons in establishing satisfying interpersonal relationships and community integration. Activities include friendly visiting for homebound persons and/or supportive telephone reassurance. Indochinese Support Services may be provided to small groups or individuals either over the telephone or face-to-face at the ISC office or the person’s home.

All Dauphin County case management entities and supportive living services have access to consumer support and emergency funds, which provide limited and one-time assistance for accessing housing through security deposits, housing applications, purchasing initial household items, minor repairs, as well as concrete goods or services on a discretionary basis using guidelines provided by the County MH/ID Program. Additionally, Federal PATH funds are available to assist persons who are imminently homeless or at risk of homelessness, such as security deposits and first month rent assistance.

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Consumer and family support funds allow case management entities and supportive living services to have flexible funds guided by Dauphin County MH/ID Program parameters to meet one-time assistance in housing, emergency repairs, sudden family crises and extraordinary transportation needed.
SERVICE CATEGORY: Self-Help

Community Services

Peer support has been defined by OMHSAS as “a specialized therapeutic interaction conducted by self-identified current or former consumers of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community integration,” according to a Medical Assistance Bulletin revised effective October 1, 2009, establishing peer support as an MA-funded service in Pennsylvania.

Peer support is a service designed to promote empowerment, self-determination, understanding, coping skills, and resiliency through mentoring and service coordination supports. Peer support allows individuals with severe and persistent mental illnesses and co-occurring disorders to achieve personal wellness and cope with the stressors and barriers encountered when recovering from their illness.

This service is designed on the principles of consumer choice and the active involvement of persons in their own recovery process. Peer support practice is guided by the belief that people with disabilities need opportunities to identify and choose for themselves their desired roles with regard to living, learning, working and social interaction in the community and is a service in which the individual agrees to being involved.

Peer support includes the following recovery-based activities:

- Crisis support
- Development of community roles and natural supports
- Individual advocacy
- Self-help
- Self-improvement
- Social networking

There are three approved CPS providers in Dauphin County: CMU, Philhaven and Keystone Community Mental Health Services. During FY 2009-2010, certified peer specialist providers served 114 individuals and provided nearly 10,500 units of service.

The Capital Area Behavioral Health Collaborative (CABHC) has provided extensive leadership, support and financial assistance through scholarships for training/certification for individuals interested in being a certified peer specialist in the five-county region.

The Office of Vocational Rehabilitation (OVR) provided no scholarships to Dauphin County eligible individuals to pursue certified peer specialist training in FY 2009-2010. In 2011-12, Aurora Social Rehabilitation, NHS Capital Region ACT, NHS’s LTSR, and Partial programs have peer specialists imbedded in their services.

In Dauphin County, individuals are interested in peer support as a recovery-oriented service that supports persons as a component of their plan to move toward more independent living and community integration. Dauphin County is interested in continuing to expand peer support services, as they are truly a catalyst for moving the mental health system toward recovery and resiliency and for supporting individual recovery and resiliency.

Self-help information and referral is offered via telephone through CONTACT Helpline, a 24-hour listening, information and referral service for residents of Dauphin County. CONTACT
Helpline services aid all residents in their use of community health and human services. Information and referral services include:

- Listening actively and sensitively to enable callers to talk through their concerns and identify their needs for listening, problem solving and/or referral.
- Providing the caller with the key information (agency name, address, telephone number, eligibility requirements, fee schedules, program services, service delivery sites, handicapped accessibility and other pertinent information) on agencies that can respond to the caller’s need.
- Verifying that the caller has recorded the information correctly.
- Provides emergency back-up coverage for the Crisis Intervention Program.

CONTACT Helpline is a good resource for information on community service needs, assessment and providing valuable information regarding the services available in Dauphin County.

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- In November 2011, the Aurora Club hired a full-time Certified Peer Specialist to work with individuals and the staff to further promote recovery for individuals that attend the program. Upon completion of the five-day WRAP facilitators’ training, the staff plans to facilitate WRAP groups at the center.
- Philhaven’s Peer Support Program is offering a WRAP group in Dauphin County in 2012 and six (6) persons completed the group.
- CMU hired a CPS who is also trained as a WRAP group facilitator.
- Philhaven indicated they are expanding CPS services.

SERVICE CATEGORY: Wellness/Prevention

Community Services

Dauphin County’s Wellness Initiative began in 2007 and focuses on the system’s efforts to improve the physical health outcomes of consumers by joining with them in promoting healthy lifestyles, health education and collaboration with primary care physicians. The following stakeholders are involved: consumers, family and consumer advocates, service providers and locally-based physical health managed care organization.

The Wellness Initiative began in Dauphin County when review and analysis of unusual incident reports revealed that mental health consumers have above-average physical health issues linked to medications, pre-existing and co-occurring health conditions and lifestyle. The following outcomes are attributed to the Wellness Initiative in Dauphin County:

- “How to guide” in getting a Primary Care Physician
- Information sharing on effective strategies among provider agencies to promote healthy lifestyle choices
- Team building on how to make lifestyle changes in group living arrangements
- Improved communication between primary care physicians and psychiatrists facilitated by outpatient clinics and case managers

As part of the wellness initiative, Dauphin County held a Bed Bug Summit in January 2011 for contracted providers. The Penn State Cooperative Extension provided entomological expertise, and the YWCA of Greater Harrisburg and Ehrlich Pest Control were resource agencies with useful and accurate information regarding how to detect, prevent and eradicate bed bugs. As part of this summit, it was discussed how each agency can best approach bed bug issues, evaluate their current practices, and develop internal policy procedures around addressing pest management issues that reflect an environment of recovery and resiliency. Members of the Community Support Program (CSP) Committee acted as consumer advocates.

The Forte newsletter is the voice of the MH Program’s Wellness Initiative. Seven issues of Forte were published during the 2009-2010.

During 2010-11, CBHNP, CABHC and the five Counties convened a work group to explore possible physical health/behavioral health projects. The following possible projects were identified:
- Wellness Toolkit from Healthy People 2020 to distribute to individuals for better self-management;
- physical health education for certified peer specialists and targeted case managers; and
- use of provider screening and intervention tools such as SBIRT (Screening Brief Intervention Referral and Treatment), the PHQ-9, which is the nine (9)-item depression scale of the Patient Health Questionnaire, smoking cessation, and Metabolic Syndrome screening.

Mobile psychiatric nursing services are available to individuals in their place of residence who have serious mental illnesses and may be diverted from higher levels of care as a Type 80 Supplemental service. Often persons referred are experiencing a combination of medical and psychiatric conditions that can be helped with more intensive individualized care. Mobile Psychiatric Services may include, though are not limited to:
- Initial and ongoing medical and psychiatric assessments
- Medication management and response monitoring
- Care coordination directly with the physician
- Administration of injectable medications
- Phlebotomy services
- Medical and Psychiatric health education
- On-call support for significant changes in condition

An expansion has been proposed that the BH-MCO consider offering this service locally for Dauphin County by adding a service provider based in the tri-county area of Cumberland, Dauphin and Perry Counties.

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- The Wellness Committee has signed the SAMHSA 10 x 10 Pledge to increase the life expectancy of individuals with serious mental illnesses.
A series of wellness events are being planned to provide information and skills to adult and child persons in service, family members and service providers. Topics will include Wellness Dimensions, Physical Care Coordination, Weight Management, Pharmacy Education, Pain Management, COPD/Asthma, Safety and Diabetes.

CBHNP hosted a training event for targeted case managers on Diabetes management for persons with serious mental illnesses, a program from The Lily Foundation.

Three (3) issues of *Forte* were published during 2010-2011, and the topics included: Nicotine, Smoking and Serious Mental Illness (SMI), Children and Nicotine, Cancer and SMI, The lymphatic System, Lymphoma, Lymphoma and Children, Lymphoma and Adults, COPD, Children and Colds, Falls and the Eight (8) Dimensions of Wellness.

**SERVICE CATEGORY: Other**

Consumer and Family Satisfaction Surveys are completed by Consumer Satisfaction Services, Inc., (CSS) for Dauphin County’s HealthChoices/CBHNP members under a contract with Capital Area Behavioral Health Collaborative. The information is reviewed by administrative staff and at the Board committee level to inform and direct management in their quality assurance activities. The MH/ID Program developed a training program for consumers to complete satisfaction surveys with adults and older adults with serious mental illnesses and co-occurring disorders. Surveying is done by trained and supervised staff in face-to-face interviews or via telephone according to HealthChoices standards. The data help the County mental health system know the degree of satisfaction with services, use of best practices, and ensure that problems related to access, delivery and outcomes are identified in a timely manner.

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- Transition-age youth, defined as individuals 16-24 years old, are the target population for the 2012 Consumer Satisfaction Survey Project. The Jeremy Project Coordinator and County MH staff (children and adult) trained and supervised consumer interviewers recommended by the Jeremy Project Coordinator and case management for the project.
- The purpose of the Consumer Satisfaction Survey Project is to collect consumer satisfaction data from a group of transition-age youth that are involved with community-based MH services, to determine their level of satisfaction with Dauphin County mental health services and supports provided during the past year. The Dauphin County Adult Consumer Satisfaction Survey tool was expanded and modified to meet the needs of the transition-aged youth group. A copy of the survey instrument is attached as Appendix III.
- A random sample of the 579 transition-aged individuals that are active with the CMU was selected. The Consumer Satisfaction Project will continue through the end of fiscal year 2011-2012. An analysis of the common satisfaction questions between both groups (adult and transition-aged youth) will be conducted. The data will be included in the 2014-2015 Plan Update.
- Adult MH program staff trained and supervised six CSP individuals in recovery as focus group facilitators for the Consumer Focus Group 2012 Project. The consumers developed two questions as a follow-up to the questions asked in the Recovery-Oriented Systems Indicators (ROSI) Consumer Focus Group 2011 Project to determine the needs of peers that could be met by a peer-run service. The consumers facilitated seven focus groups at various sites in teams of three.
5. **Identification and Analysis of Service System Needs**

A. **Current Resources and Strengths**

**Dauphin County Community Support Program (CSP):** Dauphin County CSP continues to reach out to the community through a variety of events aimed at more participation. Dauphin County CSP received a seed grant in the amount of $500 from the Central Region CSP to purchase marketing tools to be used at community events. This will allow them to educate more individuals in Dauphin County on the purposes of CSP.

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- The Dauphin County Community Support Program (CSP) Committee has developed a speaker’s bureau. The CSP’s Spirituality Subcommittee has spoken at churches and at Paxton Street, a personal care home.
- The CSP $500 grant was used for two projects this year: 1) a recovery banner to be displayed at the annual CSP Recovery Conference and 2) the development of a Dauphin County CSP website for easier access to CSP resources and information. Members of the CSP are pleased to have a presence on the Internet.
- Dauphin County CSP in conjunction with Cumberland/Perry County CSP held their annual Recovery Conference in May 2012, entitled: “Making the Pieces Fit”. The keynote speaker was Matthew Federici from the Copeland Center. Dauphin County MH/ID continues to fund scholarships for Dauphin County consumers to attend the conference.
- A leadership training event was held in March 2012 with 22 persons in attendance. The topic was self-advocacy and building self-worth. A panel of individuals in active leadership roles was part of the agenda.
- Dauphin County CSP held a Holiday Open House in December 2011, at the CMU. It was attended by 27 individuals and yielded two (2) new members for the Committee. Their Annual Open House took place in April 2012, with over 50 people participating and adding eight (8) new members.
- Two scholarships are also offered by the CSP for individuals to attend the PMHCA conference each year.

**Jail Diversion Program:** The program was SAMHSA (Substance Abuse and Mental Health Services Administration) funded as a planning grant in 2006. A Jail Diversion Strategic Plan was approved by SAMHSA in 2007, and jail diversion activities were implemented in June 2007. Basics about jail diversion in Dauphin County include:

- Diversion is defined as avoiding or radically reducing jail time by using community-based treatment as an alternative.
- Dauphin County focuses on Post-Booking strategies and Pre-Sentencing diversion for non-violent offenders. Diversion occurs at key “intercepts” in the legal system.
- Jail diversion is a “process change” in how we assist the consumer and community agencies in engaging the legal system and changing consumer outcomes in the criminal justice system and enhancing community tenure.
The Jail Diversion (JD) Program does not eliminate criminal charges and has no effect on persons serving a sentence in Dauphin County Prison or a State Correctional Institution. The Jail Diversion Program has no specific services attached to it.

Funding for the SAMHSA Jail Diversion Program ended in February 2010. The Jail Diversion Program continues in collaboration with Pretrial Services, MH providers, criminal justice, and law enforcements partners. The MH Jail Diversion Program data is as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Individuals in the Program</td>
<td>169</td>
</tr>
<tr>
<td>Total Number of Days in Jail</td>
<td>7,983</td>
</tr>
<tr>
<td>Average Number of Days in Jail per person</td>
<td>50</td>
</tr>
<tr>
<td>Total Number of Jail Days Saved</td>
<td>39,600</td>
</tr>
<tr>
<td>Average Number of Jail Days Saved per person</td>
<td>249</td>
</tr>
</tbody>
</table>

The Mental Health Jail Diversion Program had a total of 169 individuals enrolled. Arrests for these individuals for the current incident and three years prior were 384, for an average of 2.27 arrests per individual. Forty-one individuals (24 percent) were arrested while participating in the program. Records are also being compiled for those individuals who were arrested within two years after their discharge from the program. To date, 105 (62 percent) individuals remain arrest free.

At the end of February 2011, there are 49 individuals who are two years past their discharge date from the Mental Health Jail Diversion Program. Of these individuals, 34 (70 percent) have not been re-arrested.

A three-part training for mental health professionals and for police officers began in 2008 through February 2011. The police trainings were on mental health issues based on the Critical Incident Team Model. Sixty-four (64) police officers completed Part I, 24 officers completed Part II, 19 officers completed Part III, and three officers completed Part IV. Mental health professionals received training on the criminal justice system.

A Forensic Intensive Case Management (FICM) Unit was implemented at the CMU in May 2009. Currently, there are three FICM case manager positions. These case managers carry a smaller caseload (17-22 individuals) and have more frequent contact with the individuals.

**Mental Health Court:** The Dauphin County MH/ID Program was awarded the 30-month Bureau of Justice Assistance grant in the amount of $250,000 on October 1, 2009. The grant was for development of an MH Court and Re-entry Program and enhancement of the MH Jail Diversion Program. After six months of planning, the MH Court and Re-entry Program began on June 11, 2010. A portion of the grant ($50,000) has been set aside to be used for housing.

MH Court is used only for non-violent misdemeanors and requires the defendant to plead guilty. It leads to either the charges being withdrawn or dismissed with no further penalty or to a straight plea with probation. Enforcement hearings are held weekly for 8-12 weeks, then every other week for 16-22 weeks and monthly for 16-22 weeks. Probation will be terminated on completion and graduation from the MH Court Program.
Individuals in the program receive either a FICM or the Assertive Community Treatment (ACT) Team. If sentenced to probation, a Probation Officer will be assigned. If on Pretrial, individuals receive the MH Specific Bail Supervisor.

Re-entry Program: The Re-entry Program is used when an individual is sentenced to a period of county incarceration. A FICM is assigned two to three months prior to the earliest date of re-entry into the community to assist with a home plan and refer individuals for needed MH or co-occurring treatment/support services. Individuals continue to have a FICM until no longer required.

In Fiscal Year 2010-2011, police and mental health professional training continued. Training for prison personnel was completed in May-June 2011.

As of March 31, 2011, data for the new Bureau of Justice Assistance grant are as follows:

- 174 individuals referred to the Mental Health Court
- 87 individuals denied
- 11 individuals opted out of the Program
- 35 individuals accepted for MH Court
- 26 individuals accepted for MH Jail Diversion Program
- 13 individuals accepted for Re-entry Services

The Mental Health Court began on June 11, 2010. As of March 2011, there were 25 individuals active. Of those 25 individuals, 11 are in Phase 1, nine are in Phase 2 and five are in Phase 3, and nine individuals were discharged before completing the program.

As of March 2011, the Mental Health Jail Diversion Program has seven active individuals, 20 individuals have been discharged from the Program, nine of those discharged were successfully diverted into the community, and five individuals moved to Mental Health Court.

Re-entry services has 13 individuals currently active and two on the wait list. Two individuals were closed due to no contact.

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- While the SAMHSA funded grant ended in February 2010, Jail Diversion tracking continues in Dauphin County for the individuals originally enrolled during the grant period. The data below illustrates the status of persons enrolled in the Program and have been discharged for two (2) years or longer as of August 2011.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>84</td>
<td>Number of individuals enrolled</td>
</tr>
<tr>
<td>219</td>
<td>Number of arrests (3 years prior to enrollment)</td>
</tr>
<tr>
<td>2.61</td>
<td>Average number of arrests per person</td>
</tr>
<tr>
<td>17/20%</td>
<td>Number/percentage of persons arrested while enrolled</td>
</tr>
<tr>
<td>23</td>
<td>Number of arrests while enrolled in the program</td>
</tr>
<tr>
<td>1.35</td>
<td>Average number of arrests while enrolled</td>
</tr>
<tr>
<td>24/28%</td>
<td>Number/percentage of persons arrested 2 years after discharge</td>
</tr>
<tr>
<td>53</td>
<td>Number of arrests 2 years after discharge</td>
</tr>
</tbody>
</table>
2.21 Average number of arrests per person
34/40% Number/percentage of persons arrested
75 Total number of arrests from enrollment to 2 years after discharge
2.2 Average number of arrests per person
50/60% Number of persons not arrested

- As of February 2012 data for the Bureau of Justice Assistance grant for all MH Disposition Programs are as follows:

347 individuals referred
195 individuals denied
22 individuals opted out

68 individuals accepted for MH Court
35 currently active
13 in Phase 1
17 in Phase 2
5 in Phase 3
7 graduated

43 individuals accepted for MH Jail Diversion
6 currently active
25 successfully diverted

19 individuals accepted for Re-entry
5 currently active
7 successfully re-entered

**Transition-Age Youth:** Dauphin County began The JEREMY Project under a competitive grant from OMHSAS in FY 2001-2002. Making Joint Efforts Reach and Energize More Youth (JEREMY) has provided a boost forward for young people ages 14-24 by focusing on person-centered planning and preparation for adult life in four domains: education, employment, community, and independent living. Over the years, more than 300 young persons have been served. The JEREMY Project has the capacity to serve 50 individuals at any given time. There is also a group of transition-age persons being served in northern Dauphin County beginning in 2010. In the program, participants learn to maximize control in their own lives by developing healthy peer relationships, decision-making skills, lawful and drug-free social activities, better self-esteem and acceptance. Reinvestment funding has kept The JEREMY Project a strong resource for young people making a transition to independence to help them understand how to use services and supports, and motivate them to succeed in integrating new roles, expectations, and skills. During FY 2011-2012, the activities of the JEREMY Project will be examined in relationship to needs of participants and outcomes.
The JEREMY Project has begun to shift the program’s focus from one-time groups to offering more individual sessions related to participant’s goals on individualized Person-Centered Plans and multi-session groups using a set curriculum.

For FY 2011-2012, the JEREMY Project is tracking the following outcomes:
- During their involvement with the JEREMY Project, 100% of participants will either remain involved, or become involved with mental health treatment services.
- While enrolled in the JEREMY Project, 75% of participants will advance in grade level, graduate or obtain a GED, or obtain employment.
- 80% of participants who identify mobility as a goal on their person-centered plan will receive mobility services focused on their specific goal and will consequently report progress on their identified goal.
- 80% of participants who identify money management as a goal in their person-centered plan will learn and report progress in effective money management skills.

Table 11 displays the types of other mental health services used by enrolled participants during the first six months of FY 2011-12.

Table 11 – MH Services used by JEREMY Project Participants July-December 2011

<table>
<thead>
<tr>
<th>MH Services accessed by JEREMY Project Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication management: 44 (75%)</td>
</tr>
<tr>
<td>Outpatient therapy: 21 (36%)</td>
</tr>
<tr>
<td>Specialized outpatient therapy: 2 (4%)</td>
</tr>
<tr>
<td>Behavioral Health Rehabilitative Services: 20 (34%)</td>
</tr>
<tr>
<td>Family-Based Mental Health Services: 3 (5%)</td>
</tr>
<tr>
<td>No MH services: 4 (6%)</td>
</tr>
</tbody>
</table>

Out of the 58 participants involved with the JEREMY Project between July 2011 and December 2011, 93% are involved with mental health services. The participation in mental health services is as follows:

- Medication management: 44 (75%)
- Outpatient therapy: 21 (36%)
- Specialized outpatient therapy: 2 (4%)
- Behavioral Health Rehabilitative Services: 20 (34%)
- Family-Based Mental Health Services: 3 (5%)
- No MH services: 4 (6%)

Gate-keeping and Coordination: There have been increasing demands and expectations in regard to system coordination and gate-keeping functions. Ongoing collaboration with Danville State Hospital, the criminal justice system, Area Agency on Aging, State Correctional Institutions and Housing and Employment Initiatives has all placed new emphasis on administrative roles. Maintaining the engagement of the provider network among County and
BH-MCO funded agencies to work in teams and support individuals while looking at the increased costs of service delivery requires a critical balance and closer monitoring.

Some of the gate-keeping and coordination functions have been managed by the CHIPP/Residential Coordinator. The residential process has been improved by the development of a live database to effectively track admissions, discharges, and waiting list in real time. A Residential Policy and Procedure was implemented in 2009 which included an approach to individualizing service planning and use of interagency team meetings in Dauphin County. This process is specifically used when individuals do not have the benefit of the CSP (Community Support Plan) process based upon a State Hospital admission and discharge. It is important that individuals are actively involved in developing their service plans and attending interagency team meetings in keeping with the "no meeting about us without us" philosophy. The process also works well for conflict resolution. Feedback from individuals and team members is positive.

The management of high-risk consumers with the BH-MCO for persons with five or more hospitalizations in a 12-month period is called Enhanced Care Management. In Dauphin County, case management entities collaborate directly with the BH-MCO as a part of consumer’s team to assist in developing new strategies and approaches that are effective to reduce frequent rehospitalizations and to assure adequate support services are available. This “enhanced care management” could be improved through communication with the case management entities’ supervisor staff. Case management entities are sometimes reluctant to remove individuals who are no longer at risk from this administrative monitoring system.

During the past two years, Dauphin County has increased transitioning persons from more criminal justice system involvement to more mental health services and supports. In the community, Pretrial Services, adult probation and mental health work together. Transitioning individuals from prison settings into residential treatment, community residential rehabilitation or short-term housing has improved the likelihood for less ongoing criminal justice involvement and positive individual outcomes. While requests for forensic competency evaluations continue from the court or prison system, Dauphin County has increased the number of competency evaluations being done on an outpatient basis. This trend is expected to continue. Coordination with the courts occurs through tracking individuals’ status and monthly meetings with the Public Defender’s office.

Individuals convicted as sex offenders, as well as other major offenses, continue to be discharged increasingly from the state prison system into regional programs, such as correctional centers, D&A programs, and other community settings. Dauphin County has urged that these persons get qualified for Medical Assistance to access appropriate treatment services. The provider network has been responsive to working with persons in re-entry originally from Dauphin County. This has created a strain on the community resources when Medical Assistance is not a benefit. Due to the volume of regional correctional centers in our county, we are unable to assist persons who are being released to the regional programs and not their county of residence. Access to treatment is the priority, not other related services such as housing and employment. We will work within the limits of our resources to support Dauphin County residents in diversion from jail, with involvement in the MH Court, and with re-entry into the community from County prison and State correctional programs.

Through mental health’s Memorandum of Understanding with the Dauphin County Area Agency on Aging, the ability of both systems to respond to individual need is enhanced and
timely. Opportunities for shared learning, case consultation, and service planning are addressed with ease, mutual respect, and support. Families and service providers benefit from the collaboration between the mental health and aging systems. This relationship has helped many persons get the best level of care according to their needs, especially when their psychiatric symptoms are a primary concern.

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- CMU and Keystone ICM have in place a process with CBHNP regarding communication when members or previously active members are being referred for and discharged from inpatient care or as a diversion from inpatient care which includes release of information, aftercare follow-up and county involvement as needed. Persons with five (5) inpatient stays or a combination of inpatient and D&A rehabilitation within a 12 month period are reviewed among CMU and Keystone ICM management and CBHNP on a monthly basis.
- Dauphin County staff meets quarterly with individual residential providers on discharge planning, outcomes, incidents and performance factors.
- AAA/MH Coordination Committee continues to meet on a quarterly basis to review the Memorandum of Understanding (MOU) and conduct case reviews. Consideration should be made for combining the MH/AAA group with the ID/AAA group in the coming year.

Recovery and Resiliency: Dauphin County makes a concerted effort to infuse recovery and resiliency principles into everything. To promote recovery and resiliency in all services, educational events have built the provider network’s awareness. From these experiences, many providers have adopted programs and practices that demonstrate their commitment to recovery-oriented transformation. The Community Support Program (CSP) Committee has been the lead vehicle for individual and family education about recovery and resiliency. Strong and positive leaders have found their voice about recovery in large part due to the CSP Committee in Dauphin County and in their own journeys, which are powerful evidence. Sharing their journeys in public and taking their own routes of empowerment make it real to all the stakeholders and participants. Art has also been a mechanism to share with others and the greater community on how persons with mental illness are valuable and productive residents of Dauphin County. The Magnificent Minds Project, operated by a former employee of the Crisis Intervention Program, showcases the individual adult and student artwork for direct purchase from the artists and eliminates costly commissions by galleries. Art and other creative arts will continue to be used as a mechanism for transformation.

The Dauphin County CSP Committee has grown tremendously over the past few years and continues to be instrumental in taking an active role in the development of the Dauphin County MH plan process. Individuals are taking on new roles in system transformation, as well as encouraging and preparing providers toward engaging consumers in greater agency participation on committees, advisory boards, and ongoing evaluation of available services. Over the past years, CSP gained new leadership and increased the number of individuals who attend CSP meetings on a monthly basis. Leadership training sessions have been sponsored by CSP and provided to consumers interested in learning and developing their individual leadership skills. Open house activities encourage and welcome new members to join the local CSP, which inspires and empowers individuals.

Dauphin County CSP and Cumberland/Perry Counties CSP committees collaborate in sponsoring an annual recovery conference for consumers, providers, family members,
friends, and community stakeholders. This event celebrates Recovery and Resiliency and empowers individuals to take the lead in experiencing their personal recovery journey.

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- County MH staff continues to offer training to providers in Recovery and Resiliency. A training was conducted at Paxton Street (PCH) and one is scheduled for Pennsylvania Mentor. The County ID system has also requested more information on Recovery and Resiliency.
- The Collaboration Team which works annually on the County Plan Update convened several meeting and specifically focused upon implementing the County’s Transformation Priorities. Section 6 outlines their efforts in detail.
- Dauphin County continues to encourage providers to work with consumers to develop consumer/peer-run services in their agencies as a way of transforming the system within the existing financial resources already contracted with providers either by the County or with the BH-MCO.

**Recovery-Oriented Systems Indicators (ROSI) Panel:** Dauphin County, in collaboration with CSP, began working on the ROSI Administrative Data Profile in 2008 in order to implement a quality improvement process involving stakeholders in the review of recovery transformation efforts. Dauphin County formed the ROSI Panel, comprised of consumers/survivors, family members, professionals, providers, a BH-MCO representative, and County MH staff. In 2009, 2010, and 2011, OMHSAS required counties to survey its adult MH providers in order to complete three County Indicators on the ROSI Administrative Data Profile. The Panel selected Indicator 2, “Peer/Consumer Delivered Service Funding,” for change/improvement and a strategy for change over a three-year period. Creating a recovery-oriented array of services is a challenge, especially in the current economic climate.

Consumers are transforming the mental health service system in Dauphin County. In January 2011, County staff trained CSP consumers, including CSP Co-Chairs, on the ROSI Panel to be interviewers for the ROSI survey. The six trained and supervised consumers conducted the ROSI telephone survey with the Chief Executive Officers (CEOs) of Dauphin County’s adult mental health contracted providers with an exemplary response rate of 100 percent. A copy of the ROSI Administrative Data Profile and Quality Improvement Plan for 2011 was attached as an appendix in the May 2011 Plan submission.

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- OMHSAS notified the County that they had completed their work on the ROSI Indicators and no information was needed in 2012.
- County MH staff trained and supervised six (6) CSP members/persons using MH services as focus group facilitators to gather information as a follow-up to the questions asked in the ROSI Consumer Focus Group 2011 Project. OMHSAS had ended their requirements with the ROSI, but Dauphin County felt that the process would contribute to the plan and aid in systemic transformation.
- The focus group questions related to the current needs of peers that could be met by peer-run services.
- Three (3) half-day training took place in January 2012. Facilitators received a stipend for attending training, meetings and actual facilitation of the consumer focus groups.
Focus groups occurred at the following sites: Aurora social Rehabilitation Services, CMU, Philhaven’s Dauphin Clubhouse, Gaudenzia’s New View (CRR for persons with dual disorders) and Gibson House (CRR for persons forensically-involved), Paxton Street (PCH) and Patch-n-Match.

Teams of three facilitated the seven (7) focus groups which were scheduled from the second week in January to the first week in February 2012. Each team consisted of a facilitator, recorder and room coordinator. Each focus group ran for about one hour.

Consumer-developed questions at each focus groups were:
1. Can you share an example during the past few weeks when you asked a peer for support/help?
2. Which of these items could be provided by a peer/consumer-run service?

Survey results were integrated throughout the Plan Update for FY 2013-2014.

Consumer/peer involvement facilitated ongoing change in the system transformation process. See Appendix II for the Consumer Focus Group 2012 Project results.

Cultural Competence Task Force: Cultural Competence is fundamental to a recovery-oriented mental health system. In Dauphin County, building competence needs to be deliberate and overt. The purpose of the Cultural Competency Task Force is to promote, enhance, and integrate cultural competence throughout the mental health service delivery system in Dauphin County. The Task Force seeks to achieve its purpose by engaging in the following activities:

- Appreciating and acknowledging our own diversity and the diversity of the mental health service delivery system.
- Seeking to develop consensus on cultural competency definitions and principles.
- Assessing current levels of cultural competency among service providers.
- Identifying needs and barriers to cultural competencies.
- Recommending changes to county systems and processes that allow everyone access to services and supports for recovery that are compatible to their cultural needs and culturally relevant.

In addition to defining itself with a purpose that reflects the principles of a culturally competent system, work assumed by the Task Force has been careful and methodical in order to ensure that everyone’s voice is heard – a hallmark of culturally competent groups. The action taken by the Task Force since May 2007 has been critical to solidifying the MH/ID Program’s foundation for cultural competence.

The Cultural Competency Task Force’s purpose was completed through the following activities: 1) Completion of the Cultural Competency Project, which provided activities to educate the community and promote a culturally competent MH service delivery system; 2) Art exhibit and reception held featuring the artwork of adults and transition-age youth in recovery; 3) Cultural Competence Assessment Guide Survey Results Report; 4) Event celebrating the success of Cultural Competence in Dauphin County; and 5) Highlights of the Cultural Competency celebration submitted to Dauphin County.

Providers of mental health services continue to advance the cause of cultural competency in Dauphin County. One provider, Keystone Community Mental Health Services, has been supporting the Cultural Competence Committee of Keystone Human Services, which seeks to promote cultural awareness, knowledge and skills across the organization and the human services network.
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- Dauphin County MH Providers continue to pursue cultural competence in each of their respective agencies by utilizing their own diverse staff to conduct training as well as using outside sources to further develop the agencies overall cultural competency.
- Diversity training at the CMU titled: “The Lost Boys of Sudan” was held in 2011. Experts say these persons, now adults, are the most-war traumatized children ever examined. The training expanded the participant’s understanding of that which is unfamiliar, increased participant’s ability to relate to others from different cultures and to understand the dynamics of trauma on individuals or groups of individuals.
- Philhaven and the Foundation for Enhancing Communities sponsored a seminar titled: “Cultural Competency in the Workplace and Community” during the past year.
- Dauphin County MH continues to disseminate cultural competency information system wide.

**Provider Network:** The Dauphin County provider network is both resourceful and engaged. Many organizations are mission-driven with a strong commitment to the populations served. Providers have adopted new ways of thinking about their role in a transforming system that is emerging as follows:

- new way of engaging consumers
- responsiveness to what consumers identify as a need
- collaborating with others
- exploring the flexibility of their organizations to offer what persons need

There is a commitment by the provider network in making recovery real and developing innovative ways of changing practices to better engage and support individuals. The challenges providers continue to face are as follows:

- complexities of maintaining a qualified and trained staff
- offering competitive wages and benefits
- increasing costs for staff travel, utilities and healthcare.

This translates to high personnel costs to maintaining service standards and increased waiting period for services. Many providers have incorporated Certified Peer Specialists into their staffing pattern. We are fortunate to have also maintained three Medicaid/BH-MCO approved peer specialist providers in Dauphin County.

In previous planning cycles, Dauphin County experienced providers leaving the County, which produces significant turmoil to individuals and families. The appearance of financial stability among our provider network is marginally offset by the ability of the BH-MCO to adjust rates to better meet costs. The county/state-funded base system has little flexibility to adjust rates. However, OMHSAS has an opportunity to look at regulatory relief in outpatient services and how the system can uphold quality while expanding the scope of services without the use of BHRS, particularly Mobile Therapy outside the structure and expertise of the clinic setting.
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- Pressley Ridge began to provide one day per month of psychiatric time at the Halifax school-based outpatient site. Psychiatric services are available to children and adolescents from any of the three (3) northern Dauphin County School Districts. This is the first time in three (3) years that there are new psychiatric resources for children and adolescents located in northern Dauphin County.
- Dauphin County and CBHNP have been discussing the needs and issues with FBMHS. Discussions include the need to assess and resolve concerns about high utilization, extensions, poor treatment planning, lack of individualization, repetitive use of FBMHS for the same goals with different children in the same family, limited use of family support funds, and lack of documentation of clinical supervision in changing treatment approaches. CBHNP has to take a comprehensive approach to problem-solving which includes process and clinical issues.
- The Fast Track Protocol was fully implemented. This process is successful in ensuring that no child/adolescent is admitted to out-of-home treatment without MH case management involvement. Targeted MH Case Management involvement assists in diverting children/adolescents from out-of-home treatment and/or assists with discharge planning when out-of-home treatment occurs.
- Community Residential Rehabilitation-Intensive Treatment Program (CRR-ITP) service description was approved by OMHSAS in June 2011. CRR-ITP will provide a more clinically intensive program than the current CRR-HH model. The Bair Foundation and Northwestern Human Services are both in the process of finalizing their service descriptions to submit to OMHSAS for review. The County, CBHNP and CABHC anticipate success in negotiating approval and licensing with the providers.
- Hempfield Behavioral Health implemented a modification to their Multisystemic Therapy Program (MST). Multisystemic Therapy for Youth with Problem Sexual Behaviors (MST-PSB) is a clinical adaptation of Multisystemic Therapy (MST) that has been specifically designed and developed to treat youth (and their families) for problematic sexual behavior.
- A new administration should be in place at PPI in July 2012. They will be looking at the MH/ID partial hospitalization program, improving Harrisburg Hospital ER, and collaborating with Crisis Intervention on initial admissions/readmissions, and the needs of persons with serious mental illness and substance use disorders.

Housing and Employment Resources: The development of housing resources in Dauphin County for persons with serious mental illnesses has moved the system beyond the array of mental health residential options toward “Concepts of Housing with Care,” a service philosophy that has made valuable use of housing assistance vouchers and long-term housing development. Dauphin County has developed positive partnerships with Dauphin County Housing Authority as well as improved working relationships with landlords and rental agencies, which provides more opportunities for individuals to access safe and affordable housing. Shelter Plus Care, including some vouchers for persons considered chronically homeless, reflects the positive outcomes of our recovery efforts and teamwork in resolving complex needs across several systems.

The YWCA of Greater Harrisburg Supported Employment Program grant from SAMHSA has been a tremendous boost to promoting competitive employment in Dauphin County. Created last year, the Transformation Committee on Employment, which has nearly 50 percent of
individuals in recovery involvement, reinforces the potential of using the supported employment model. This committee focuses on employment as a goal for any interested individual in the mental health system.

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- The Capital Area Coalition on Homelessness (CACH) was recently designated as the Local Lead Agency (LLA) in Dauphin County. LLA’s serve as single point of contact for property managers in tax credit and other developments that represent the local service system.
- The Local Housing Options Team (LHOT) has been reestablished among only MH agencies in Dauphin County, and the LHOT meets on a monthly basis. The team has been working with updating the Landlord/Tenant Protocol and setting up a master directory of all landlords that agencies are aware of or have developed a landlord/tenant relationship. Future plans are to develop training for private landlords to review the protocol and orient a new group of case managers among the agencies on housing resources as well as the expectations of the Landlord/Tenant Protocol.
- The Housing Authority of Dauphin County was recently awarded three (3) additional Shelter Plus Care vouchers for persons experiencing chronic homelessness. These will likely be available in Federal FY 2013.
- In December 2011, Downtown Daily Bread hired an Outreach Specialist for street outreach and engagement of persons using their lunch program who may benefit from mental health or co-occurring services through a PATH grant.
- YWCA is in their third year of a SAMHSA-funded Supported Employment grant. More information is available in the Employment Plan, Attachment N.

**B. Unmet Needs and Service Gaps**

Unmet needs and service gaps have been categorized into some general areas based upon the Annual Plan process and input from a broad array of stakeholders.

**System Transformation**

Adults, older adults and transition-age individuals (16-26 years) with serious mental illnesses, including persons with co-occurring disorders, are learning about recovery and what it means to them. Recovery is happening in Dauphin County. We see clear signs that many persons are recovery oriented and working on their personal recovery journey. Their expressions and testimonials exemplify a new era in the mental health system. This transformation process is still continuing to permeate the current delivery of services and the traditional use of services.

Illness Management and Recovery (IMR) was introduced to many individuals and staff in Dauphin County as an evidenced-based program. In 2011, Gaudenzia, Aurora Social Rehabilitation Services, and Keystone Community Mental Health Services were all using the curriculum in their programming.

Implementation of certified peer specialist positions throughout Dauphin County has proven to be the most effective way to move toward recovery and the transformation of the mental health system. Peer specialists have made a tremendous contribution to individual recovery. Aided by a sound training program, certified peer specialists are helping professionals transform practices into genuine recovery-oriented services. Peer specialists are changing
the organizations they work by helping them look at how they engage individuals in the system. Expansion of peer support specialist positions is supported in Dauphin County. Persons in the service system frequently are requesting more access to certified peer specialist training. As a system, the County and the BH-MCO must continue to examine what the benefits and issues are surrounding certified peer specialists. The request for more available and less expensive training is very clear both at the individual and provider level. Yet there have consistently been more trained certified peer specialists than there are openings in agencies. We continue to examine several areas of concern:

- Whether the CPS has a higher rate of turnover than other mental health staff.
- Whether the CPS positions are better suited to full, part-time or a combination.
- Analysis of how the service impacts the person receiving CPS.
- Career counseling for persons interested in CPS.

CPS training is a significant boost for persons in their own recovery journey, but for several factors may not lead to employment as a CPS. This suggests that other types of training are needed for persons in recovery in order for them to independently pursue their long-term goals.

County staff continues to offer the following opportunities to add to individual provider's understanding of the use of recovery and resiliency principles in their own organizations:

- County staff conducted recovery and resiliency training to provides’ staff at their request.
- MH First Aid training was held in 2011 for first responders to persons in crisis.
- Psycho-educational training was conducted in April 2011.
- A training was held in June 2011, entitled “Trauma-Informed Treatment for Adults and Children with Co-occurring Disorders.”
- Staff weekly respond to persons, families, and advocates.
- Representative Payee workshops continue to assist individuals learn more about the management of their funds.
- Complaints and grievance activities are included in the Quality Management Plan.

While staff training may address recovery and system change, organizations may not necessarily change through training approaches. It appears that when agencies employ peer specialist staff, the agency naturally moves toward a clearer understanding of what Recovery and Resiliency looks like in their agency, and what areas they need to take action on to develop a Recovery culture. Farkas, Ashcroft, and Anthony discuss the need for agencies to examine their culture, commitment and capacity for change in their article titled: The 3Cs for Recovery Services (Behavioral Healthcare, February 2008). An organization’s readiness to implement recovery-oriented practices requires the critical steps of assessing the 3Cs.

Dauphin County providers are at various stages in the implementation of Recovery across their organizations. Staff training is being provided across the board by providers in orientation programs that they have developed and are beginning to work with staff to increase their overall knowledge of recovery principles and practices indicated in “Call to Change.” This includes provider agencies offering cross-training, providers becoming more trained in trauma-informed care, providers creating Psychiatric Rehabilitation workgroups and offering more trainings to consumers so that staff can learn together. While these trainings are only beginning to touch the surface of what is possible in a recovery-oriented system, it is
anticipated that providers will continue to grow and explore what Recovery culture means in their organization and agencies.

Education, training and quality assurance activities that mark transformation continue to be needed at every level of the system. Dauphin County will continue to work collaboratively with the CSP in maintaining current services and developing needed services without new financial resources or through more creative funding strategies. The County continues to challenge providers to partner with the CSP in developing more consumer-operated services. Feedback from the CSP states that “moving forward with more consumer-operated services in a time of fiscal constraint has been a limiting factor in Dauphin County”. Future growth in the area of consumer-operated services will require a joint commitment to collaboration from the county and providers and CSP to create a system that is more responsive to this identified need."

Dauphin County has added and/or increased family representation on committees including the Children’s MH Committee, a subcommittee of the MH/ID Advisory Board, and the RTF Reform Group. The family voice as part of these groups is a valuable asset. Families are also involved with The JEREMY Project and support young persons in the transition to adult living and independence.

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- Dauphin County child serving systems have multiple cross systems groups in place. Over the years, two groups in particular, Supervisors Group and RTF Reform Group, have developed policies and procedures, checklists, and standards that all aim to improve outcomes for multi-systems involved with children and families through improving communication and collaboration of all team members.
- In March 2012, the Cross-Systems Team Collaboration protocol was launched by the Human Services administrators with an expected implementation of July 1, 2012, for adults and children in MH, ID and EI systems. The policy states: Teams will work with individuals and families to determine the service needs and connect individuals and families to other agencies and service systems in a coordinated way fostering cross-systems communication, planning and collaboration.
- Mental Health, Intellectual Disabilities and Early Intervention Systems will develop one implementation plan for the policy. This policy will serve as the overarching guidelines for cross-systems work with individuals, including adults and families.
- A five-day WRAP facilitator’s training was held in Dauphin County in March 2012 sponsored by the Mental Health Association and the Institute for Recovery and Community Integration.
- A two-day WRAP training was held at the Dauphin Clubhouse for six (6) individuals also in 2012. This was funded by an Education Empowerment Training (EET) grant from the state CRCSP.
- A three-day Forensic Peer Support Training was held for Certified Peer Specialists in December 2011. It was sponsored by the Pennsylvania Mental Health Consumers Association in partnership with Drexel University, through a grant from the Pennsylvania Commission on Crime and Delinquency and OMHSAS.
- A satisfaction survey among transition-age persons is being conducted by transition-age persons in the spring of 2012.
Capacity to Meet Demand

The focus groups conducted to inform our planning process and engage consumers yielded valuable information about what they feel contributes to their personal recovery and what are the barriers. Recovery is supported by the flexibility of the system to meet individual service needs and demands on a real-time basis.

The information gained through our experiences and planning process continues to underscore the need for responsiveness to prevent and divert crises in the community rather than at the time of emergency room contact. In addition, there is a need to manage inpatient use with limited resources, increase the use of outpatient services and improve the frequency of contact with support personnel. Meeting these needs should not be tied to regulations or agency policy but individualized to perceived need. All of the efforts in the areas of jail diversion, MH court and re-entry will rely upon the direct and supervisory staff to act on what they have learned. Intervention by the system means taking action at intervals when the mental health system can intervene to prevent incarceration/arrest and inpatient care. Inaction has proved to result in unnecessary arrests and overuse of inpatient psychiatric services without the benefit of any drug and alcohol interventions or support for pursuing drug and alcohol interventions.

Dauphin County has looked at how resources are used and not used by persons experiencing homelessness with serious mental illnesses and co-occurring disorders. We have diligently created capacity for psychiatric services and mental health supports through targeted case management over many years, but we believe we have missed opportunities to better engage individuals using substances including alcohol who also may benefit from psychiatric services. This population of persons is continuously at risk of serious medical and criminal consequences.

Factors related to unmet needs and service gaps but typically not identified by individuals and family members are staff vacancies, recruitment issues, salaries and the administrative infrastructure to support service delivery. The costs of these issues can lead to less capacity rather than more in a system which relies upon human interaction and contact and extremely limited financial resources to maintain levels of service.

Outpatient mental health services continue to be the primary contact of the majority of persons with the MH system. Yet their management is extremely costly to operate and changes are needed. More effort system wide is needed on consumer education and preparation for treatment. Clinic administrators should be data driven in designing psychiatric and medication visits. Open clinics, which offer more flexibility and fewer no shows, should be established. Consumer education and preparation for treatment could be a focus of case management and care management at administrative and targeted levels. Much more emphasis is needed with persons who are learning about recovery and their mental health disorders and who want more self-control of their illness. Clinic management even in the best administrative environment will be impacted by psychiatrists and their willingness to use non-traditional strategies and methods that produce better engagement and present no risk to the individual and physician.

Co-occurring trainings have been an annual event in Dauphin County but cuts in funding through Maximize Participation Project (MPP) may curtail training options. Ongoing collaboration with the County Drug and Alcohol providers, especially those with expertise in
engagement and support are being developed. Forced into trying to make parallel systems work, creates a community of persons with a high degree of risky behaviors, and a mental health system that does not have the most appropriate or best service models to address their needs.

In January 2011, OMHSAS issued a bulletin to address the complex service delivery needs of the growing community of lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI) individuals. The goal of this bulletin is to provide quality work environments and service delivery to LGBTQI consumers, ensuring that all families and consumers receive competent professional therapy and psychiatric services to address their needs of this growing community.

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- Training was offered in January 2012 by Keystone Pride Recovery Initiative, Pennsylvania Mental Health Association and Persad Center entitled: “Welcoming and Affirming Practice LGBTQI and Cultural Competence Training” which was held in Mars, PA.
- Training was provided at CABHC with the Consumer Family Focus Committee by PMHCA on the importance of mental health agencies providing affirmative environments and clinically appropriate services to meet the needs of the LGBTQI community.
- A presentation was also provided to the Dauphin County Mental Health Committee by PMHCA regarding the needs of the LGBTQI community.
- CABHC issued a Request for Proposal to providers interested in developing and providing Drug & Alcohol Recovery Specialists' positions to work in the Drug & Alcohol System. These D&A positions would operate similarly to the function of the Certified Peer Specialist in the MH System. The RASE Project will be developing this service.
- Current wait time for an initial psychiatric evaluation appointment within our outpatient network is many months – but typically six (6) months or more. There is a lack of emergency psychiatric evaluations for children and adolescents as well as at any given time for adults. The only populations of children/adolescents that have quick access to psychiatric services are youth that are sheltered or detained. A multi-system group continues to meet to triage resources for detained/sheltered youth.
- Double Trouble Steering Committee meetings continue on a quarterly basis, and individuals in MH services now attend. The Committee provides two social events per year for individuals currently involved in Double Trouble and for those who may be interested in learning more about the purpose of Double Trouble.
- The lack of attention to the need for integrated treatment for person with MH and D&A disorders continues to increase costs due to the over use of 1) emergency rooms, 2) use of inappropriate inpatient care, 3) transportation costs to multiple appointments within one agency or two agencies and 4) poor clinical coordination between programs in one agency and between different agencies.

**Morbidity and Mortality in People with Serious Mental Illness and Co-occurring Disorders**

Many persons in our system are acquiring physical health problems at an earlier age, and many of these medical problems are preventable conditions. The report issued in 2006 by NASMHPD (National Association of State Mental Health Program Directors) Medical Directors Council has been a source of study and concern for a variety of reasons. The physical health problems for persons with serious mental illnesses examined from a multi-
state study suggest that persons with serious mental illnesses die 25 years earlier than the general population. The preventable conditions include smoking, obesity, diabetes, and associated somatic illnesses, and suicide.

Factors contributing to these conditions include lack of care coordination between mental health and physical health, inactivity, medications, diet, and natural and pre-mature aging. Access to medical care, recovery and wellness go hand in hand. While county-funded mental health can address access to mental health services among persons without medical insurance or without funds for co-pays, physical conditions may go unaddressed at a risk-prevention stage, undiagnosed/untreated or rely upon costly emergency interventions. The loss of the AdultBasic program is just one example of the high risks that the Commonwealth takes with vulnerable adults in Pennsylvania. Prevention and health screenings need to be in place early for persons with serious mental illnesses. Prescription monitoring between mental health and physical health tied to skilled case management and self-management of illness should also be in place.

Since 2008, Dauphin County Mental Health has worked on the following goals in physical health and wellness with a small group of dedicated providers to:

1. Engage PH-MCOs and local health systems for wellness training and education.
2. Organize health topics in a readable format for individuals, families and providers.
3. Support efforts to increase provider responsiveness to health issues.

Wellness activities included publication of Forte, a newsletter about wellness and health issues published every two months, provider improvement on communication between primary care physicians and psychiatrists, and increased health education within day programming by some providers. With the exception of Ameri-Health Mercy, the PH-MCOs were not good partners for health education and wellness.

Dauphin County, in conjunction with the other HealthChoices counties in our behavioral health territory, has worked recently with CBHNP and CABHC to identify areas of improvement for behavioral and physical health integration. Consensus was reached on the following activities:

- Increasing the knowledge of peer specialists and targeted case managers on health education topics to use with individuals and families; considering role of health navigators.
- Developing and/or distributing tools for individuals and families to assist with physician/psychiatrist communication.
- Distributing wellness toolkits, such as Healthy People 2020.
- Engaging physical health settings in several MH/SA screen toolkits such as SBIRT (Screening, Brief Intervention and Referral to Treatment), PHQ-9, Smoking Cessation and Metabolic Disorder Screening.

Dauphin County’s MH Wellness Committee began meeting on a monthly basis in January 2011. The Committee has taken the SAMHSA 10 By 10 Pledge to decrease the mortality rates of individuals with serious mental illnesses by 10 percent in 10 years. The group will function as the lead for carrying out with CBHNP and CABHC the above-mentioned activities over the next several years.
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- Dauphin County’s MH Wellness Committee is planning a Wellness Year which will begin in April 2012. The Committee selected various health and wellness topics that are relevant to individuals with serious mental illness and families of children/adolescents with a serious emotional disturbance or mental illness. Topics include, but not limited to: asthma, diabetes, and smoking cessation/smoking prevention (for teens and their families). MH providers will pick a topic that they will take the lead on organizing and holding an event/activity for MH providers, consumers, and families.
- CBHNP hosted a training event for targeted case managers on diabetes management for persons with serious mental illnesses, a program from The Lily Foundation.
- Three (3) issues of Forte were published during 2010-2011, and the topics included: Nicotine, Smoking and Serious Mental Illness (SMI), Children and Nicotine, Cancer and SMI, The lymphatic System, Lymphoma, Lymphoma and Children, Lymphoma and Adults, COPD, Children and Colds, Falls and the Eight (8) Dimensions of Wellness.

Older Adults

As persons age within the mental health system, they will look for support from the mental health system to address their needs in physical health areas. Providers serving populations in licensed personal care homes under the designation of Specialized Care Residences (SCRs) are consistently challenged to rethink and reorganize their programs to better address individual needs. Modifications are frequently related to the need for staffing over and above licensing requirements without the addition of new or expanded funding. Unfortunately, demand outweighs capacity and therefore, many more persons are identified for nursing home level of care. These are particularly challenging issues because persons with serious mental illnesses are often times younger than the general population assessed for this level of care and their physical health issues may be more complex than their same-age peers. The AAA agency is a helpful support for MH case managers in these situations but identifying placements within a reasonable geographical area is difficult.

According to SAMHSA’s published reports in 2007 on a six-year study of Primary Care Research in Substance Abuse and Mental Health in the Elderly (PRISM-E) completed in 1998 by the University of Pennsylvania, fear and stigma associated with mental illness are primary factors in the number of low referrals and treatment response rates of older persons in mental health services. The study findings include:

- Engagement: Older persons preferred their mental health needs be addressed by their primary care physician.
- Depression: Whether treated in an integrated setting (combination of mental and physical health care) or in a “specialty” mental health setting, depression is highly treatable with significant rates of symptom reduction and remission. The exception was for persons with severe depression who responded better to treatment in mental health settings rather than in primary care integrated settings.
- Alcohol use: Alcohol consumption and binge drinking was reduced at both types of sites when alcohol education/counseling sessions were used proactively. Information impacted behavior change.
Dauphin County can benefit from these findings and apply them to future efforts with older persons' outreach in the following ways: 1) make better use of data, publications and technical assistance from SAMHSA and OMHSAS initiatives; 2) explore peer specialist's services focused on older adult needs and issues; 3) continue to review and revise the Area Agency on Aging/Mental Health's Memorandum of Understanding (MOU) for outreach opportunities; 4) continue advocacy for Medicare reform; and 5) provide better assessment of underlying drug and alcohol issues and need for treatment.

The AAA/MH coordination meetings occur on a quarterly basis. This committee meets to review and discuss the current MOU as well as proving suggestions and input into future MOU's. The Crisis Intervention Program and case management entities collaborate with AAA to conduct case consultations and joint outreaches for assessments in coordinating access to available mental health and co-occurring services as needed. This group is collaborating with the County’s Intellectual Disabilities Department as part of a grant to provide ongoing monthly lunch and learn with various educational topics identified by the group.

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- AAA/MH Coordination Committee has reviewed several questionnaires that providers use to screen for possible drug and alcohol issues. AAA will be exploring the potential to incorporate the use of these screening tools into their intake process.
- MHA of the Capital Region submitted a proposal to UWCR to conduct MH First Aid Training in senior centers and among nursing home staff as well as conduct WRAP groups for older persons using senior centers in Dauphin County.

Transition-Age Youth and Use of Residential Treatment Facilities

Research and professional literature, such as Mercer's 2008 DPW/OMHSAS White Paper, point to the ineffectiveness of residential care in alleviating the behaviors that presented at RTF admission for children and teens, including transition-age persons (18-21 years), and the lack of evidence that positive outcomes are achieved in residential treatment and subsequent transition back to the community. Unfortunately, there are growing numbers of persons in adolescence that are spending large amounts of time cycling in and out of RTFs, detention, and shelter programs. Mercer’s report suggests that, despite questionable outcomes, residential service beds exploded in Pennsylvania. During the past few years, there has been a decline in the number of RTFs operating with 1-2 programs closings. Providers are now examining short-term residential models.

Three evidence-based and non-residential services have been developed in Dauphin County in collaboration with Children and Youth, Juvenile Probation and CBHNP: Multi-Systemic Treatment (MST), Functional Family Therapy (FFT), and Multi-Dimensional Therapeutic Foster Care (MTFC). As the previous section on existing services described, the services have had interesting outcomes in terms of service development, provider factors, and implementation issues. MST has had the most success, and there are two established providers. FFT had a relative success in development but the grant funding from Pennsylvania Commission on Crime and Delinquency (PCCD) was inadequate to support a full FFT team in Dauphin County. MTFC has had serious problems recruiting homes, but the
service is accepting referrals and has met the minimum trained homes’ requirements. Our
experiences are similar to other parts of the Commonwealth.

In 2008, Dauphin County also developed a comprehensive, cross-system plan to monitor and
manage the County’s use of RTF. This was primarily due to the extraordinary overuse of
RTFs during the FY 2006-2007, when the Commonwealth reorganized all residential
programs maximizing the use of medical assistance. During that period, Dauphin County had
136 children and teens in RTFs and they demographically reflected some of the following
characteristics:

- Over 70% were males
- Over 50% were African-American
- Youngest age at admission was seven years
- Oldest age at admission was 20 years
- 41% were active with MH, CYS and JPO at admission
- Less than 17% were discharged within one year
- Almost 15% were transferred to another RTF within 100 days of their initial
admission

We were confident that Dauphin County could do better! The following is an outline of the
plan Dauphin County Mental Health developed to stop the overuse of residential treatment
and it is the ongoing blueprint for our work.

I. CONCERN – MANAGING RTF ADMISSIONS

A. GOALS

1. Continuous monitoring of the RTF referral process
2. Review RTF referral data regarding prior use of community-based care
3. Define role of the Mental Health Case Manager in the RTF admission process
4. Change the culture on the use, need and effectiveness of RTFs among all
stakeholders

- The RTF Reform Group meets regularly with full stakeholder participation. All
admissions are tracked including data about prior service use, length of stay and
discharge recommendations. Mental Health case managers have been trained,
supervised and coached in relationship to their role in the service planning process.
New tools for case managers have been developed. Family guidelines developed by
families with youth in RTFs are disseminated to other families. Misinformation to
families about RTFs has been addressed as well as better information about the
benefits of RTFs. Family involvement is continuously stressed at all levels by all team
members. Resource materials are being organized into useful formats. Practice is the
priority.

II. CONCERN – MAXIMIZE USE OF ALTERNATIVES TO RTF

A. GOALS

1. Increase the use of MST as an alternative to out-of-home placement
2. Increase the intensity of FBMHS
3. Improve the use of FFT
4. Improve the use of Respite Services
5. Redefine partial, intensive outpatient and crisis stabilization programs as a
diversion for youth-at-risk of RTF placement

- Intensive support at interagency team meetings by County staff is transitioning to pre-
  meeting consultation, coaching, and support by County staff. County staff directly
  meets with RTF providers to address concerns and problems. The County met with
  VisionQuest keeping the door open for future opportunities to re-start FFT in Dauphin
  County. County staff studied 14 cases of youth in FBMHS transitioning to RTFs
  immediately following FBMHS services which has resulted in some concern about the
  fidelity of FBMHS and its effectiveness for youth-at-risk of RTF. Respite services have
  been re-organized as a reinvestment-funded management service and as county
  respite services. Two (2) cross-system policies and procedures have been written and
  approved by all Human Services Administrators, including Juvenile Probation on team
  meetings following a denial of recommended services by the BH-MCO and a policy
  and procedure on team meetings to prepare for court. A third cross-systems policy on
  team collaboration was completed in 2012.

III. CONCERN – LENGTH OF STAY IN RTF

A. GOALS

1. Reduce average length of stay to six months
2. Explore other ideas related to length of stay
3. Engage residential providers in workgroup.
4. Ensure continuity of care, inclusive of school districts
5. Improve family engagement

- School districts are more fully engaged in discharge planning since the failure to have
  an immediate and appropriate school placement is a factor in RTF readmissions. Two
  residential providers continue to be involved in the RTF reforms. More RTFs have
  completed certification as Sanctuary model facilities. Each agency has policies and
  procedures for therapeutic leaves which are also complimentary. A Resource Booklet
  was published so RTFs know and use Dauphin County’s alternative resources. All
  cross-system administrators participated as observers to five (5) children who had
  spent more than two (2) years in RTFs. The result is a rigorous work plan focused on
  strengthening the way in which the “local” interagency team functions. The local team
  is defined as the County CYS, JPO, MH, ID, D&A and ID case workers, officers, and
  case managers working with the families. Existing committees such as the
  Supervisors Group and RTF Reform Group have lead responsibility for many aspects
  of the local team development.

IV. CONCERN – PROCESS IMPROVEMENT

A. GOALS

1. Triage team will continue its role in reviewing suggested psychiatric evaluations for
   sheltered/detained youth.
2. Residential Reform Workgroup convenes to share strategies across all child-
   serving systems and maintains momentum for change.
3. CBHNP Quality Improvement and Provider Relations staff will participate in RTF Reform Workgroup.

- Training and education are offered to the Courts, including Judges. The Triage Team manages requests for psychiatric services to detained and sheltered youth. Changes in the Schaffner Youth Center, from a shelter and detention facility to only a shelter program, resulted in some re-working of psychiatric and psychological services to detained and sheltered youth but the process works. The Length of Stay Group monitors youth who are waiting services or out-of-home treatment every other week in a cross-system team. CBHNP and CABHC participate in the RTF Reform Group meetings as well as Drug and Alcohol and Intellectual Disabilities systems. Minutes of the RTF Reform Group are shared with all child-serving administrators.

As a result of local efforts from the mental health system as well as the National Governors Association’s initiative CYS and JPO participated in, Dauphin County has seen a dramatic decrease in the number of individuals in RTFs over the past few years. Work will continue to maintain youth successfully in the community, improve discharge planning, and reduce lengths of stay.

CABHC has noted that a strong example of the County contract in HealthChoices is the ability to fully integrate a system of care for children involved with Children and Youth and Juvenile Probation. Dauphin County has demonstrated this in our efforts to reduce the number of Children in Substitute Care (CISC) placed in residential treatment facilities. As of January 2010, Dauphin County reduced the number of CYS and JPO involved children from 70 in January 2008 to 34 in December 2009. This represents a 57% reduction. There is also an increase in the number of CYS and JPO children using all levels of care in the MH system.

Table 12 illustrates information about the use of RTFs in Dauphin County and sets the stage for how the children’s behavioral health system will be negatively impacting the transformation of the adult system to a recovery and resiliency-oriented system unless the use of RTFs continues to be addressed at a local level.

<table>
<thead>
<tr>
<th>Table 12 - Dauphin County RTF Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Youth</td>
</tr>
<tr>
<td>Length of Stay</td>
</tr>
<tr>
<td>Average current LOS (days)</td>
</tr>
<tr>
<td>Shortest</td>
</tr>
<tr>
<td>Longest</td>
</tr>
<tr>
<td>Median</td>
</tr>
<tr>
<td>Most Frequently Used Facilities (3 or more youth)</td>
</tr>
<tr>
<td>CHOR</td>
</tr>
<tr>
<td>Foundations</td>
</tr>
<tr>
<td>Hoffman Homes</td>
</tr>
<tr>
<td>KidsPeace</td>
</tr>
<tr>
<td>Wordsworth</td>
</tr>
</tbody>
</table>

In the preceding Table, 55 children and adolescents, including transition-age youth from Dauphin County are currently in a RTF. Twenty-one (21) RTF facilities are being utilized with
five (5) facilities serving 62% of the youth. The average length of stay at **247 days** of the current census exceeds the target length of stay goal of 180 days.

By comparison in fiscal year 2009-10, 58 youth were discharged from a RTF. The average length of stay for this group was **400 days**, with a range of 61 days to 2011 days. Dauphin County has made significant gains in monitoring the use of RTFs and this data reinforces the need to continue to develop strategies to shorten lengths of stay.

Residential Outcomes Quality Initiatives (ROQI) was a joint initiative between OMHSAS and Office of Children, Youth, and Families (OCYF) aimed at gathering information about the experience of youth during a stay in a residential treatment facility and post-discharge. The goal was to gather information about youth entering RTF, where change was occurring during the course of RTF intervention, and whether the youth were able to maintain gains once they were back in the community. Beginning in February 2009, an admission survey was conducted on youth 10 years of age and older within 10-14 days of admission to an RTF, again 7-10 days prior to discharge, and approximately three months post-discharge.

In Dauphin County there were approximately 52 youth who completed the admission survey during the time this project was active and six (6) youth completed the post discharge survey. Dauphin County was notified by OMHSAS that this initiative was discontinued in December 2010.

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- Dauphin County has surpassed the goal of reducing the use of RTF’s by 50%. During the past six months, Dauphin County’s RTF census has been maintained at approximately 45-50 youth and actually dipped to 39 at one point.

**TABLE 13 – RTF MONTHLY MEAN FREQUENCY**

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH</td>
<td>23.50</td>
<td>24.08</td>
<td>30.50</td>
<td>28.33</td>
<td>22.17</td>
<td>26.44</td>
</tr>
<tr>
<td>CYF/JPO</td>
<td>38.58</td>
<td>61.50</td>
<td>68.92</td>
<td>44.33</td>
<td>32.58</td>
<td>25.11</td>
</tr>
<tr>
<td>Total</td>
<td>62.00</td>
<td>85.58</td>
<td>99.42</td>
<td>72.58</td>
<td>54.75</td>
<td>51.56</td>
</tr>
</tbody>
</table>

2006 through 3rd Quarter of 2011
51 out of the 52 youth discharged from RTF in 2010-2011 were active with MH case management services. One youth was active only with the Intellectual Disabilities System. The chart and data displayed above illustrates that a majority of youth in RTFs are involved in multiple systems. 74% of youth discharged were involved in Mental Health and at least one other system. Juvenile Justice and Mental Health involvement comprises 44% of the total discharges.

The average Length of Stay for youth discharged was 415 days with a range of 76 days to 1787 days and a median of 288 days. The bar graph illustrates the average length of stay broken out by system involvement. Youth with ID involvement are few in number (3 out of 52) but have significantly longer length of stays. Over the past year, Dauphin County MH and ID have collaborated along with family members, CBHNP, JPO and CYS on developing strategies to prevent RTF admissions for children/adolescents with ID. Dauphin County has a goal of reducing length of stay for RTF to approximately 180 days and we recognize that there is still some work to do in this area.

25% or 13 of the 52 youth discharged during the last fiscal year, had had at least one prior RTF stay. Also, 17% or nine (9) of the 52 youth are currently in RTF again. Both of these statistics indicate another area of concern, a group of youth that are going back and forth from the community to RTF. The pie charts below show by system involvement percentage of previous RTF stays and RTF readmissions. JPO has the highest percentage of youth with previous RTF stays and the highest percentage of RTF readmissions.
Most discussions on parity relate to private insurance, but parity in public mental health is about Medicare reform. Counties are struggling with Medicare issues for persons with primary Medicare only coverage and those who are dual eligible. OMHSAS has offered little support and a poor understanding of the impact Medicare has on the public system. It is not just another funding stream. Counties are not able to ignore it because it is a factor in unreimbursed costs in outpatient clinics and inpatient units as well as high overhead and claim processing costs for providers. The disparities between the systems (Medicare and Medicaid) for the provision of mental health services involve outpatient co-pays, lifetime inpatient coverage limits, staff qualifications and practice standards for non-medical personnel related to reimbursement provisions. Medicare is not limited to older persons; adults of all ages may be Medicare recipients, even transition-age persons. As the number of Medicare recipients and dual eligible increase, service provision is dictated by Medicare, the primary insurance. Medicare is a system driven by outdated service models, which favors inpatient care and does not recognize an evidence-based intervention or practice model as it is currently mandated. Persons with Medicare do not have equal access to mental health services even among persons with public support and often have to travel out of their service area to receive adequate care.

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- Individuals with primary Medicare coverage continue to struggle with locating providers for mental health treatment. Due to the lack of providers that accept Medicare and due to long waiting list for psychiatric appointments, individuals are seeking mental health services in counties other than Dauphin and are reaching out to their primary care physicians to provide mental health treatment as well as medications and monitoring until they are able to secure a provider.
- Telepsychiatry has no impact on the resources available for persons with Medicare.
C. Data and Stakeholder Input

The Dauphin County MH/ID Program analyzed and reviewed reports produced by OMHSAS; our managed care partners, CBHNP and CABHC; Crisis Intervention and the Base Service Unit, CMU. A summary of the data from 2009-2010 characterizes many aspects of the mental health system, and there is some comparative data with 2008-2009. Follow up will be conducted with the BSU regarding non-reporting of Priority Group designation.

**Table 17 – Number served by priority population groups FY 08-09, 09-10 and 10-11**

<table>
<thead>
<tr>
<th>Priority Group</th>
<th>2008-2009</th>
<th>% of Total 2008-09</th>
<th>2009-2010</th>
<th>% of Total 2009-2010</th>
<th>2010-2011</th>
<th>% of Total 2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult incomplete Intake</td>
<td>264</td>
<td>5%</td>
<td>194</td>
<td>4%</td>
<td>360</td>
<td>8%</td>
</tr>
<tr>
<td>Adult Target Population #1</td>
<td>1893</td>
<td>39%</td>
<td>1625</td>
<td>34%</td>
<td>1427</td>
<td>30%</td>
</tr>
<tr>
<td>Adult Target Population #2</td>
<td>1061</td>
<td>22%</td>
<td>1124</td>
<td>24%</td>
<td>1057</td>
<td>22%</td>
</tr>
<tr>
<td>Adult Target Population #3</td>
<td>510</td>
<td>11%</td>
<td>760</td>
<td>16%</td>
<td>1092</td>
<td>23%</td>
</tr>
<tr>
<td><strong>Total Adults</strong></td>
<td>3728</td>
<td>77%</td>
<td>3703</td>
<td>78%</td>
<td>3936</td>
<td>83%</td>
</tr>
<tr>
<td>Child &amp;Adol. Incomplete Intake</td>
<td>1</td>
<td>&lt;1%</td>
<td>1</td>
<td>1%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Child &amp;Adol. Target Pop #1</td>
<td>397</td>
<td>8%</td>
<td>294</td>
<td>6%</td>
<td>210</td>
<td>4%</td>
</tr>
<tr>
<td>Child &amp;Adol. Target Pop #2</td>
<td>337</td>
<td>7%</td>
<td>327</td>
<td>7%</td>
<td>242</td>
<td>5%</td>
</tr>
<tr>
<td>Child &amp;Adol. Target Pop #3</td>
<td>185</td>
<td>4%</td>
<td>255</td>
<td>5%</td>
<td>286</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Total Children &amp;Adol.</strong></td>
<td>920</td>
<td>19%</td>
<td>877</td>
<td>18%</td>
<td>738</td>
<td>15%</td>
</tr>
<tr>
<td>No Priority Group but receiving</td>
<td>138</td>
<td>3%</td>
<td>136</td>
<td>3%</td>
<td>57</td>
<td>1%</td>
</tr>
<tr>
<td>Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not receiving services</td>
<td>22</td>
<td>1%</td>
<td>20</td>
<td>&lt;1%</td>
<td>37</td>
<td>51%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>4808</td>
<td>100%</td>
<td>4736</td>
<td>100%</td>
<td>4768</td>
<td>100%</td>
</tr>
</tbody>
</table>

The summary of Performance Outcome Measures (POMS) shows the identification of priority populations typically at the time of intake. Dauphin County’s mental health system is serving priority populations among children and adults. We continue to work with the Base Service Unit on data accuracy and procedures to assure ongoing updates. The incomplete intakes improved in 2009-2010 with decreases in the actual number of adults from 264 in 08/09 to 194 in 09/10. Among children and adolescents incomplete intakes stayed the same. However, the volume is insignificant. The data for adults is most relevant at the time of intake into the system. Overall children and adolescents’ actual numbers went down.

In Table 17, the mix of adults to children is basically the same in both 2008-2009 and 2009-2010. Outreach is done for persons at Dauphin County Prison to facilitate intake into the community-based system under the forensic initiatives with Jail Diversion and the new Mental Health Court which began June 2010. Outreach has also been done for youth at shelter/detention centers and children/teens in out-of-home treatment funded by CBHNP. The number of walk-in intakes grows each year. We work with referral sources on making the most appropriate referrals.

Children tend to be referred for case management at three basic points:

- Family and/or school report a concern about behavioral changes and poor progress in school setting, traditional outpatient has not been provided or outpatient interventions have not been successful;
- Child and family have used CBHNP-funded services without success and need added assistance in navigating system and identifying specialized services; and

- Child is on an inpatient admission with discharge recommendation for out-of-home treatment. The MH system has started using a fast Track system which offers a rapid entry into targeted case management for children. CBHNP has been a positive partner in this evolving process.

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- Table 17 reflects an increase in the number of adults overall by 6% from 3703 to 3936 in 2010-2011.
- The number of children decreased 15.8% from 877 to 738 persons receiving intakes and active with the BSU. This decrease might reflect that intakes for the last two years have been flat for children and adolescents; and/or that the CMU has improved their intake screening process by referring individuals seeking other assistance and not opening the child for MH case management. This practice increases the number of appropriate intakes while decreasing the number of completed intakes. Currently, there is not a waiting list for Children’s Targeted Case Management services. Gradually, the number of Children’s Targeted Case Managers has decreased from 27 to 23.
- In 2008-2009 to 2009-2010, the number of incomplete adult intakes decreased one percent (1%). In 2010-2011 compared to 2009-2010, incomplete adult intakes increased 86% from 194 to 360. Our analysis of this information was done with the CMU and we believe that incomplete intakes increased because of improved screening as we are no longer opening persons who are in temporary corrections settings, are residents of other counties, and who are seeking housing only or employment only services, and we will not address long-term drug & alcohol use. A future review of the data should reveal any discrepancies in the data.
- The CMU is looking at frequency of data updates and the accuracy of using the priority group definitions. Target group designation is not routinely updated to reflect the use of inpatient care.

**Table 18 - Race & Ethnicity Demographics 2008-2009, 2009-2010 and 2010-2011**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>1640</td>
<td>1714</td>
<td>1716</td>
</tr>
<tr>
<td>White</td>
<td>2509</td>
<td>2373</td>
<td>2190</td>
</tr>
<tr>
<td>Hispanic</td>
<td>514</td>
<td>488</td>
<td>542</td>
</tr>
<tr>
<td>Asian</td>
<td>61</td>
<td>46</td>
<td>30</td>
</tr>
<tr>
<td>American Indian</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>173</td>
<td>403</td>
<td>276</td>
</tr>
</tbody>
</table>

| Not an unduplicated count   |           |           |           |

Table 18 shows that Dauphin County’s commitment to cultural diversity is a genuine reflection of the persons in service. From 2008-2009 to 2009-2010, the number of African-Americans in service increased by 4.5 percent from 1640 to 1714. This is commensurate with Dauphin County’s ranking as the fifth largest County in the number of African-America residents. Almost 133 percent of individuals did not report their race and ethnicity at the point of intake.
The Cultural Competency Task Force outlined efforts for mental health providers to carry out diversity training in their organizations and to prepare the workforce for recognizing and respecting differences. With the completion of the Cultural Competency Task Force in December 2010, providers of mental health services are continuing to advance the cause of cultural competency in Dauphin County.

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- Table 18 shows for 2010-2011 Dauphin County’s commitment to diversity as a reflection of persons in service.
- The number of persons self-identified as Caucasian decreased by 8% from 2009-2010.
- Persons identified as Hispanic increased by 11%.
- Persons reporting “Other” as a racial category decreased 32% from 2009-2010 to the 2010-2011 fiscal year.

Table 19 - Independence of Living 2008-2009, 2009-2010 and 2010-2011

<table>
<thead>
<tr>
<th>Setting</th>
<th>2008-2009</th>
<th>2009-2010</th>
<th>2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living Independently</td>
<td>1217</td>
<td>1166</td>
<td>1258</td>
</tr>
<tr>
<td>Family Setting</td>
<td>1621</td>
<td>1639</td>
<td>1594</td>
</tr>
<tr>
<td>Living Dependently</td>
<td>465</td>
<td>481</td>
<td>468</td>
</tr>
<tr>
<td>Supervised Setting</td>
<td>454</td>
<td>408</td>
<td>347</td>
</tr>
<tr>
<td>Restrictive Setting</td>
<td>385</td>
<td>462</td>
<td>379</td>
</tr>
<tr>
<td>Homeless</td>
<td>330</td>
<td>316</td>
<td>305</td>
</tr>
<tr>
<td>No response</td>
<td>336</td>
<td>264</td>
<td>417</td>
</tr>
</tbody>
</table>

Information on registered persons’ living situations in Table 19 reflects a decrease of 4 percent in persons living independently and an increase of 1 percent of individuals living in a family setting. Family information would include children and youth as well as adults. There continues to be a number of adults who reside with family members, including their parents. There is no consistency noted among persons living in supervised setting versus a restrictive setting.

Persons self-identified as homeless reflects a decrease by 4 percent. There is no correlation to the Point-in-Time Homelessness survey conducted in January 2011 and discussed in the Dauphin County Housing Plan (Attachment L). Most persons active with the MH system are at-risk of homelessness, and a few are literally homeless at the time of intake into the system. Person-centered teams, in combination with agencies that meet basic needs, work to alleviate the conditions of homelessness.

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- Table 19 for FY 2010-2011 reflects an increase of 8% persons living independently.
- Persons reported living in family settings decreased by 3%. Living independently and in family setting categories would include information from children and adolescents as well as adults.
- Living dependently decreased by 3% and might reflect the increase in persons living independently.
- Decreases occurred in the remaining living settings – supervised setting, restrictive settings and homeless – and may also reflect an increase in persons living independently.
- The number of “no response” has substantially increased. This may be a reflection of person’s interest in privacy and reluctance in being subjected to data collection.
Table 20 - Service Type by Numbers of Registered Persons in FY 2008-2009, 2009-2010 and 2010-2011

<table>
<thead>
<tr>
<th>Service Type</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Management</td>
<td>2929</td>
<td>3389</td>
<td>3500</td>
</tr>
<tr>
<td>Resource Coordination</td>
<td>577</td>
<td>475</td>
<td>477</td>
</tr>
<tr>
<td>Intensive Case Management</td>
<td>628</td>
<td>595</td>
<td>575</td>
</tr>
<tr>
<td>Outpatient</td>
<td>912</td>
<td>993</td>
<td>970</td>
</tr>
<tr>
<td>Inpatient</td>
<td>9</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>78</td>
<td>70</td>
<td>74</td>
</tr>
<tr>
<td>Community Residential</td>
<td>410</td>
<td>403</td>
<td>436</td>
</tr>
<tr>
<td>Community Employment &amp; Employment-Related Svs.</td>
<td>73</td>
<td>28</td>
<td>22</td>
</tr>
<tr>
<td>Facility-Based Vocational Rehabilitation</td>
<td>65</td>
<td>36</td>
<td>35</td>
</tr>
<tr>
<td>Social Rehabilitation</td>
<td>553</td>
<td>504</td>
<td>483</td>
</tr>
<tr>
<td>Family Support</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Family-Based Mental Health Services</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>2180</td>
<td>2344</td>
<td>2394</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>934</td>
<td>1005</td>
<td>1026</td>
</tr>
</tbody>
</table>

The preceding table illustrates the number of persons in various types of service according to cost centers. This is a slightly different configuration than the recovery crosswalk used in Section 4, which was a narrative overview of each service in the mental health system. Adjusted Data summarized from 2009-2010 Annual Report of County-funded Services found that 4,736 unduplicated consumers were served. This is a 1.7% decrease compared to FY 2008-2009.

Five cost centers increased and nine (9) decreased from 2008-2009 to 2009-2010. The decrease is significant, namely more than one-third in four (4) of the cost centers. Family-Based Mental Health Services decreased 100% from 2008-2009 in the number of individuals served in 2009-2010. This service was entirely funded by the Health Choices Managed Care Organization in 2009-2010. Significant decreases in the number of individuals (45 or 61.6% and 29 or 44.6%) were served in Community Employment and Employment-Related Services and Facility-Based Vocational Rehabilitation Services respectively. In 2009-2010, the YWCA received a five-year SAMHSA Supported Employment grant and approximately 77 individuals with serious mental illnesses and/or co-occurring disorders were served.

A secure electronic method for closing and transferring persons from one level of MH case management to another has improved the BSU functions. Emphasis on active mental health case management services also creates a dynamic population group. System transformation and recovery are evidenced among persons determining their best level of involvement with MH services and supports.

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- Table 20 shows increases in Administrative Management cost center by 111 persons or 3%.
- There are relatively no changes in the other cost centers from the previous fiscal year. The cost of service delivery increases each year due to utilities, transportation and healthcare costs in provider agencies.

Person Level Encounter Data from Dauphin County HealthChoices/BH-MCO Members: In 2009-2010, the data reflect 5,357 persons receiving MH outpatient clinic services, 61% were adults and 39% were children/adolescents. For partial hospitalization services 454 persons were in service and 56% were adults. Crisis intervention services to BH-MCO members...
toted 971 persons; among those served 747 or 77% were adults. Community Residential Rehabilitation-Host Home services have been previously mentioned as needing a programmatic review served 63 persons in 2009-2010 among which there were five persons identified as adults. Behavioral Health Rehabilitation Services (BHRS) totaled almost 15.2 million dollars in services to Dauphin County children/adolescents and adults and served 4,176 persons. Overall Medicaid expenditures including drug and alcohol services totaled slightly over $50.2 million dollars in 2009-2010 and assisted nearly 8,451 individuals. From 2008-2009 to 2009-2010, BHRS decreased 7.9% from 16.5 million dollars to 15.2 million dollars. The number of people served decreased 2.6% from 4,286 to 4,176. And the overall Medicaid expenditures decreased 2.1% from 51.3 million dollars to 50.2 million dollars. In 2009-2010, additional resources were not required. Although overall resources decreased 2.1%, the 2.2% decrease in the number of persons served is consistent with the level of resources (15.2%).

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- In FY 2010-2011 the data reflects 5,665 persons receiving outpatient services, 61% were adults and 39% were children.
- The BH-MCO served 12,843 persons and 74% were children.
- Crisis intervention services to CBHNP members totaled 976 persons and 79% were adults.
- There were 59 persons served in CRR-Host Homes in FY 2010-2011 and three (3) persons were over the age of 18 years.
- BHRS totaled almost 15.8 million dollars in services and 4,438 persons were served. From 2009-2010 to 2010-2011, BHRS increased 3.9% from 15.2 million dollars to 15.8 million dollars.
- Inpatient costs were more than 8.8 million dollars for 860 persons and 20% were children.

**Adolescence and Multiple Residential Treatment Stays:** One important aspect of preparing transition-age adolescents for adulthood in a recovery and resiliency-oriented system is looking at why some teens spend a significant amount of time in residential treatment, which has no research-based positive outcomes or benefits. Residential Treatment is not a normal environment in which to address the needs of transition-age youth with serious emotional disturbances nor does it offer the skills teens need to transition to adulthood. Anecdotally, experiences reflect an arrest in adolescent development while in RTF settings not related to a serious emotional disturbance or emerging mental illness.

The following data was compiled in December 2010 and relates to youth that were in a Residential Treatment Facility (RTF) at the time and had at least one previous stay in an RTF. Of the total number of Dauphin County youth in an RTF approximately 25-30% of youth in RTF have been previously in that level of care.
Table 21 - Dauphin County Youth with Multiple Stays in RTF

<table>
<thead>
<tr>
<th>Total Youth in RTF with a Previous Stay in RTF in 12/2010</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>8</td>
</tr>
<tr>
<td>Females</td>
<td>8</td>
</tr>
<tr>
<td>Age Range</td>
<td>9 - 19 years old</td>
</tr>
<tr>
<td>Average Age</td>
<td>15 years old</td>
</tr>
</tbody>
</table>

Table 22 - Current Residential Programs of the 16 Youth

<table>
<thead>
<tr>
<th>RTF Providers</th>
<th># youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridgeview</td>
<td>1</td>
</tr>
<tr>
<td>CHOR</td>
<td>1</td>
</tr>
<tr>
<td>Kidspeace</td>
<td>3</td>
</tr>
<tr>
<td>Wordsworth</td>
<td>2</td>
</tr>
<tr>
<td>Cove Forge</td>
<td>1</td>
</tr>
<tr>
<td>Hoffman Homes</td>
<td>2</td>
</tr>
<tr>
<td>Devereux</td>
<td>3</td>
</tr>
<tr>
<td>Adelphi Village</td>
<td>1</td>
</tr>
<tr>
<td>Perseus House</td>
<td>1</td>
</tr>
<tr>
<td>Southwood</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 23 - Previous Dauphin County RTF Placements

<table>
<thead>
<tr>
<th>Previous RTF Provider</th>
<th># youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoffman Homes</td>
<td>4</td>
</tr>
<tr>
<td>Bradley Center</td>
<td>4</td>
</tr>
<tr>
<td>Devereux</td>
<td>2</td>
</tr>
<tr>
<td>Southwood</td>
<td>2</td>
</tr>
<tr>
<td>Children's Home of Reading</td>
<td>1</td>
</tr>
<tr>
<td>Kidspeace</td>
<td>1</td>
</tr>
<tr>
<td>Perseus House</td>
<td>1</td>
</tr>
<tr>
<td>Philhaven</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 24 - System Involvement While in RTF
(All Active in MH System)

<table>
<thead>
<tr>
<th>MH only</th>
<th>ID</th>
<th>JPO</th>
<th>CYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>1</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>31%</td>
<td>6%</td>
<td>50%</td>
<td>38%</td>
</tr>
</tbody>
</table>

Table 25 - Prior to Second RTF Admission

<table>
<thead>
<tr>
<th>MH Services prior to Readmission to RTF</th>
<th># youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family-based</td>
<td>9</td>
</tr>
<tr>
<td>BHRS</td>
<td>2</td>
</tr>
<tr>
<td>CRR-Host Home</td>
<td>1</td>
</tr>
<tr>
<td>MST</td>
<td>1</td>
</tr>
<tr>
<td>Diakon SPIN</td>
<td>1</td>
</tr>
<tr>
<td>No MH Services</td>
<td>1</td>
</tr>
<tr>
<td>Not Known</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 26 - Barriers Noted to RTF Discharge

<table>
<thead>
<tr>
<th>Noted Barriers to RTF Discharge (multiple responses)</th>
<th># youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>No discharge resource</td>
<td>4</td>
</tr>
<tr>
<td>Family issues/engagement</td>
<td>5</td>
</tr>
<tr>
<td>Attachment issues</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty stabilizing behavior</td>
<td>3</td>
</tr>
<tr>
<td>Program development (ID)</td>
<td>1</td>
</tr>
<tr>
<td>None noted</td>
<td>1</td>
</tr>
</tbody>
</table>

Dauphin County is working with CBHNP and CMU Children’s MH Supervisors to develop strategies to reduce the number of youth that have repeat stays in RTFs. One strategy that has been implemented recently is that CBHNP RTF Clinical Care Managers (CCM) instituted weekly calls to assigned Blended Case Managers for the first four (4) to eight (8) weeks following discharge. Additionally, the RTF Clinical Care Managers (CCM) will remain the assigned CCM following discharge for an authorization period of approximately six (6) to eight (8) weeks of community-based mental health services. Both of these strategies are intended to improve continuity of care for the youth and their family.

Coordination efforts among the County Mental Health system, Children and Youth, and Juvenile Probation are unprecedented. Weekly contact to review referrals for mental health evaluations and examine lengths of stay in detention and shelters are held among system managers. The philosophical differences in the systems are intensified as Children and Youth and Juvenile Probation feel forced to use mental health criteria to determine level of care and adapt to new processes.

A work group to reduce the use of RTFs for children with intellectual disabilities (ID) and persons with ID and Autism Spectrum Disorders (ASD) formed in 2010-2011. The strategies discussed have been focused on education of the community provider network that has been working for many years with children with ASD and their families.

Efforts at every system level and across systems over the next several years must explore continued use of community-based alternatives to residential services and consider the need for crisis stabilization/short-term treatment programs that are located within the county to increase parent/family involvement and build the skills needed for community living.

The transformational years of adolescence spent in and out of placements, distances from their family and community with peers will not improve their acceptance and understanding of their mental illness, recovery or their capacity to acquire community living skills. Dauphin County’s application of McArthur Foundation Aftercare and Annie E. Casey Foundation Diversion from Detention efforts also need to focus more on what is happening to youth with serious mental illnesses in alternatives to detention, community-based treatment, and aftercare services. Dauphin County exceeded the National Governors Association (NGA) goals in placement reduction, and the case review process was considered to be helpful in real-time child planning. There were also cross-system lessons from the exercise, but the NGA process stopped in the Fall 2010.
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- Dauphin County has surpassed the goal of reducing the use of RTF's by 50%. During the past six months, Dauphin County’s RTF census has been maintained at approximately 45-50 youth and actually dipped to 39 at one point.
- The cross system RTF Reform Group is in the process of shifting gears to the development and implementation of strategies to address children/adolescents that have multiple stays in RTFs. At any given time, approximately 25-30% of Dauphin County children/adolescents in RTFs have been an RTF level of care at least one time before.
- 51 out of the 52 youth discharged from RTF in 2010-2011 were active with MH case management services. One youth was active only with the Intellectual Disabilities System. The chart and data displayed above illustrates that a majority of youth in RTFs are involved in multiple systems. 74% of youth discharged were involved in Mental Health and at least one other system. Juvenile Justice and Mental Health involvement comprises 44% of the total discharges.
- The average Length of Stay for youth discharged was 415 days with a range of 76 days to 1787 days and a median of 288 days. The bar graph illustrates the average length of stay broken out by system involvement. Youth with ID involvement are few in number (3 out of 52) but have significantly longer length of stays. Over the past year, Dauphin County MH and ID have collaborated along with family members, CBHNP, JPO and CYS on developing strategies to prevent RTF admissions for children/adolescents with ID. Dauphin County has a goal of reducing length of stay for RTF to approximately 180 days and we recognize that there is still some work to do in this area.
- 25% or 13 of the 52 youth discharged during the last fiscal year, had had at least one prior RTF stay. Also, 17% or nine (9) of the 52 youth are currently in RTF again. Both of these statistics indicate another area of concern, a group of youth that are going back and forth from the community to RTF.

Crisis Intervention Data and Inpatient Level of Care: The Crisis Intervention Program is the only County-operated mental health service. All other services are contracted. The program is licensed by OMHSAS and credentialed by CBHNP. The CI program has two clinical consultants. Dr. Luciano Picchio conducts quality assurance activities through chart audits, policy and procedure reviews, and staff training. Dr. Fazia Sheik conducts trainings and also serves as the program’s on-call psychiatrist for consultation in complex cases.

During FY 2009-2010, the following service activities occurred:

- The program again achieved a full operations license from OMHSAS and continues to be the designated CBHNP/MA Crisis provider for Dauphin County. The program was also deemed in compliance with civil rights requirements by DPW’s Equal Employment Opportunity Commission.
- Provided 4,429 interventions to 3,346 consumers, which is a six percent increase from last year. Services vary from a telephone call to a complex combination of mobile, telephone, and/or walk-in interventions that can span several hours or even days.
- Hospitalization for 1,850 persons (42%) resulted in the inpatient treatment due to the risk presented by their condition or situation. The number of persons admitted to inpatient level of care represents a 14 percent increase over last year.
Thirty-six percent of all inpatient admissions were for persons with both mental health and substance abuse issues; 12 percent of admissions were for homeless persons; 12 percent were for persons under the age of 18; and five percent were for persons readmitted within 30 days of discharge.

Data from the Dauphin County Crisis Intervention Program, which facilitates the majority of psychiatric inpatient admissions for Dauphin County residents for all payer sources, highlights the capacity concerns. In FY 2009-2010, Crisis Intervention facilitated 1,850 inpatient admissions and 57 percent of those admissions were to the Pennsylvania Psychiatric Institute (PPI). But of the total admissions, 13 percent were to inpatient facilities outside of the five-county CBHNP HealthChoices territory. Also in FY 2009-2010, 15% of Dauphin County CBHNP members hospitalized were admitted to facilities outside the five-county territory. In the first quarter of FY 2009-2010, 14.7 percent of the 461 inpatient psychiatric admissions facilitated by Crisis Intervention were to facilities outside of the five-county territory. Having one in two, or the current trend of nearly one in seven for Dauphin County residents admitted to inpatient facilities by Crisis and for Dauphin County CBHNP members admitted to inpatient facilities at such a distance from their home, creates numerous challenges in arranging transportation, coordinating care, and providing opportunities for family involvement in treatment and discharge planning.

The County MH Program staff is continuing to work collaboratively with Crisis Intervention Program, Case management entities and primarily with PPI staff to improve the admission and discharge planning process. We also continue to work with emergency room departments, law enforcement, and ambulance provider staff in seeking improvements to the current triage, assessment, and bed search processes. Processes to facilitate more timely transfers from emergency rooms to inpatient psychiatric care facilities are monitored. Dauphin County has participated in NAMI’s Community Connections initiative to both learn how other larger communities have addressed these issues and explore local options and opportunities.

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- Services increased by 3.5% from 2009-2010 to 2010-2011, as 4,581 contacts were made.
- Inpatient psychiatric care was provided to 1,881 persons or a 41% of all contacts resulted in inpatient treatment. The number of persons admitted represents at 1.5% increase over 2009-2010. Efforts to engage persons in outpatient care are reflected in the small increase.
- Thirty-five percent (35%) of all persons admitted for inpatient psychiatric care were individuals with mental illness and a substance use disorder; 11% were homeless persons; 12% were under the age of 18.
- Nineteen percent (19%) of inpatient admissions were admitted more than once during FY 2010-2011.
- PPI admits 57% of the persons referred by Crisis for inpatient psychiatric care. Crisis has participated in the Bridge Program to help reduce the incidence of readmissions. Full review of the Bridge data will aid the stakeholders in determining its effectiveness.
- Coordination with case management entities (CMU, Keystone ICM and ACT) and the County Department of Drugs and Alcohol with Crisis Intervention occurs daily for active individuals and families in crisis. During 2010-2011, 30% of persons assisted by crisis
were active with MH case management and 32% of those had dual disorders (MH and D&A).

- Crisis received 1,912 referrals from local emergency departments located in Dauphin County – PinnacleHealth’s Harrisburg and Osteopathic Hospitals and Milton S. Hershey Medical Center. The number of referrals increased 8% over the previous fiscal year. Frequent communication continues to improve services.
- The HELP Program and Crisis have a long collaboration with persons seeking basic material needs and support. During 2010-2011, Crisis served 456 person with or at risk of homelessness.
- Efforts are well-underway for an electronic records system at Crisis Intervention Program.
- A Program Compliance Committee has been established and audits conducted.
Table 27 – Crisis Intervention Program Services in FY 2010-2011

| Total Number of Contacts*: 4,581** | MA/CBHNP: 2,109 |
| Gender: | Medicare: 263 |
| Male: 2,283 | Private: 823 |
| Female: 2,298 | None/Unknown: 1,386 |
| Age: | Major Referral Sources: |
| ≤17: 631 | Emergency Room: 1,912 |
| 18-64: 3,619 | Police: 341 |
| >65: 238 | CMU: 301 |
| Unknown: 93 | Self: 572 |
| Race: | Family/Friend: 569 |
| Caucasian: 2,534 | Forensic/JDP: 25 |
| African American: 1,429 | School: 121 |
| Other: 156 | MH Prof./Agencies/Other: 740 |
| Unknown: 462 | Ethniciy: |
| Hispanic: 306 | Number of First Contacts: 2,025 |
| Non-Hispanic: 4,275 | Target Group: |
| Target Group: Mental Health: 2,774 | Number of Homeless: 456 |
| Intellectual Disability: 9 | Active/Inactive: |
| Drug & Alcohol: 26 | Active: 1,370 |
| Non MH/ID: 170 | Inactive: 3,211 |
| MH/ID: 144 | Types of Commitments: |
| ID/D&A: 1,458 | 201: 1,253 |
| MH/D&A: 1,458 | 302: 622 |
| MH/ID/D&A | 303: 1 |
| Veterans: 159 | 304: 5 |
| Presenting Problem: Acting Out/Assultive: 519 | Final Disposition of Cases: ** |
| Depression: 545 | Hospitalization: 1,881 |
| Upset/Anxiety: 449 | Referral to Case Management: 748 |
| Suicidal: 1,421 | Other Referral or Resolution: 947 |
| Thought & Affect: 665 | Forensic/JDP: 68 |
| D&A: 233 | Crisis Resolved/Private Treatment: 665 |
| Basic Material Needs: 220 | MH Diversion: 29 |
| Other: 529 | D&A Referral/Admissions 112 |

*Contact = A single contact may include some combination of telephone, walk-in, and mobile services.

**Duplicated count Insurance:
Use of Extended Acute Care: The Philhaven Extended Acute Care (EAC) program has been in operation since July 1, 2005. Initially, only two beds were made available for Dauphin County referred residents. In May 2006, Dauphin County’s use was increased to 12 beds due to the completion of an EAC in York. In 2010, one bed was added for a total of 13 beds. The EAC has been an important service since the Harrisburg State Hospital closure and State Mental Hospital (SMH) capacity reduction.

Any Dauphin County resident can be referred to the EAC from an inpatient psychiatric facility. Persons must be active with the Dauphin County Base Service Unit (BSU). The EAC level of care is equivalent to that of the SMH in many aspects, with the key differences in funding sources, maximum length of stay, and integration with community resources. There is limited funding available for EAC treatment from the MH program, which is mainly used when referred individuals do not have MA/HealthChoices coverage. Most Medicare plans will not cover EAC. All individuals should apply for MA in order to continue to receive treatment. MA-ineligible persons cannot be referred to EAC and will be referred to SMH. Persons are referred to the EAC with expected length of stay of up to six (6) months prior to being considered for SMH placement. Considerations for transfers to Danville State Hospital are solely based on the treatment team’s periodic re-evaluation of any patient’s treatment progress at the EAC.

Tracking data for EAC operations was officially requested by OMHSAS in November 2006, and the tracking mechanism was developed and implemented in January 2007. In 2011, the tracking function was taken over by the EAC staff. During FY 2009-2010, EAC referrals and discharges are compared to Dauphin County’s Danville State Hospital use:

- Thirty-five (35) individuals were referred to the EAC from inpatient acute care units. During the same period, 13 persons were referred to Danville State Hospital.
- Twenty (20) individuals were admitted to the EAC. Danville admissions for the same period were 11 Dauphin County residents.
- Nineteen (19) individuals were discharged to the community from the EAC; 14 persons were discharged to the community settings from Danville.
- There were no readmissions at Danville.
- Four people were transferred from the EAC to Danville; none represented the HSH Closure population.

The throughput of the system to transition persons to the appropriate level of care has been an important factor in assessing system capacity in acute inpatient settings. Housing options in CRR level of care and community living services are also incorporated in this process. Table 28A and Table 28B display data to illustrate throughput from acute inpatient care programs to the EAC during FY 2009-2010 and FY 2010-2011.
TABLE 28 – Fiscal Year 2009-2010 EAC Referrals from Inpatient Acute Care Programs

<table>
<thead>
<tr>
<th></th>
<th>Average wait time prior to admission to EAC (days)</th>
<th>Admissions Since July 2009</th>
<th>Maximum Wait (days)</th>
<th>Minimum Wait (days)</th>
<th>Length of Stay (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2009</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>192</td>
</tr>
<tr>
<td>August 2009</td>
<td>9</td>
<td>1</td>
<td>9</td>
<td>9</td>
<td>161.5</td>
</tr>
<tr>
<td>September 2009</td>
<td>14</td>
<td>2</td>
<td>23</td>
<td>5</td>
<td>84</td>
</tr>
<tr>
<td>October 2009</td>
<td>23</td>
<td>1</td>
<td>23</td>
<td>23</td>
<td>602</td>
</tr>
<tr>
<td>November 2009</td>
<td>38.6</td>
<td>3</td>
<td>40</td>
<td>37</td>
<td>189</td>
</tr>
<tr>
<td>December 2009</td>
<td>56</td>
<td>1</td>
<td>56</td>
<td>56</td>
<td>328</td>
</tr>
<tr>
<td>January 2010</td>
<td>36.3</td>
<td>3</td>
<td>59</td>
<td>20</td>
<td>108.5</td>
</tr>
<tr>
<td>February 2010</td>
<td>41</td>
<td>1</td>
<td>41</td>
<td>41</td>
<td>535</td>
</tr>
<tr>
<td>March 2010</td>
<td>65.5</td>
<td>2</td>
<td>66</td>
<td>65</td>
<td>120.5</td>
</tr>
<tr>
<td>April 2010</td>
<td>30.3</td>
<td>3</td>
<td>50</td>
<td>9</td>
<td>193</td>
</tr>
<tr>
<td>May 2010</td>
<td>25</td>
<td>1</td>
<td>25</td>
<td>25</td>
<td>370</td>
</tr>
<tr>
<td>June 2010</td>
<td>45</td>
<td>1</td>
<td>45</td>
<td>45</td>
<td>89</td>
</tr>
<tr>
<td>Averages</td>
<td>32.14</td>
<td>20 Total Admissions</td>
<td>36.58</td>
<td>28.1</td>
<td>247.7 Average Length of Stay</td>
</tr>
</tbody>
</table>

*Data based on discharged individuals only; several individuals are still in treatment

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- Table 28B below illustrates the throughput data from acute inpatient psychiatric care to EAC during FY 2010-2011.
- The table reflects an increase in the number of total admissions by 20% from 20 to 24 in 2010-2011. This could reflect an increase in demand for EAC services due to an increase in the number of complex admissions to inpatient units and the overall increase in hospitalizations.
- In 2010-2011 compared to 2009-2010, maximum wait time for admission at the EAC increased by 44% from 36.58 days to 52.7 days, the minimum wait time increased 3.6% from 28.1 to 29.1 days, and the average wait time increased 27% from 32.14 to 40.9 days. Increase in wait time might be contributed to the total capacity staying the same while demand increased.
- The average length of stay for individuals at the EAC decreased 38% from 247.7 days to 153.8 days in 2010-2011. This might be a reflection of an increase in residential services that are available, an increase in discharges to family/personal residences, and to better individual responses to medication and therapy. Historically, individuals who respond poorly to treatment, lack family supports, financial resources, and are physically frail, tend to stay longer at the EAC than other persons.
### TABLE 28B – Fiscal Year 2010-2011 EAC Referrals from Inpatient Acute Care Programs

<table>
<thead>
<tr>
<th>Month</th>
<th>Average wait time prior to admission to EAC (days)</th>
<th>Admissions Since July 2010</th>
<th>Maximum Wait (days)</th>
<th>Minimum Wait (days)</th>
<th>Length of Stay (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2010</td>
<td>4</td>
<td>1</td>
<td>41</td>
<td>4</td>
<td>161</td>
</tr>
<tr>
<td>August 2010</td>
<td>26.5</td>
<td>4</td>
<td>36</td>
<td>17</td>
<td>171</td>
</tr>
<tr>
<td>September 2010</td>
<td>41.5</td>
<td>3</td>
<td>53</td>
<td>30</td>
<td>142</td>
</tr>
<tr>
<td>October 2010</td>
<td>46</td>
<td>2</td>
<td>58</td>
<td>34</td>
<td>104</td>
</tr>
<tr>
<td>November 2010</td>
<td>38.5</td>
<td>3</td>
<td>55</td>
<td>22</td>
<td>243.5</td>
</tr>
<tr>
<td>December 2010</td>
<td>32</td>
<td>2</td>
<td>42</td>
<td>22</td>
<td>104</td>
</tr>
<tr>
<td>January 2011</td>
<td>81</td>
<td>1</td>
<td>81</td>
<td>81</td>
<td>137</td>
</tr>
<tr>
<td>February 2011</td>
<td>19</td>
<td>1</td>
<td>19</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td>March 2011</td>
<td>101</td>
<td>2</td>
<td>128</td>
<td>74</td>
<td>388.5</td>
</tr>
<tr>
<td>April 2011</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>May 2011</td>
<td>48.5</td>
<td>3</td>
<td>94</td>
<td>3</td>
<td>163.3</td>
</tr>
<tr>
<td>June 2011</td>
<td>15.5</td>
<td>2</td>
<td>25</td>
<td>6</td>
<td>231</td>
</tr>
<tr>
<td>Averages</td>
<td>40.9</td>
<td>24 Total Admissions</td>
<td>52.7</td>
<td>29.1</td>
<td>153.8 Average Length of Stay</td>
</tr>
</tbody>
</table>

*Data based on discharged individuals only; several individuals are still in treatment.

- In FY 2010-2011, 51 individuals were referred to the EAC from inpatient acute care programs. During the same period, 14 Dauphin County residents were referred to Danville State Hospital.
- Twenty-four (24) persons were admitted to Philhaven’s Extended Acute Care program.; 19 persons were discharged to the community into various settings from Danville State Hospital.
- During FY 2010-2011 there was one (1) readmission to Danville.
- Three (3) individuals were transferred from the EAC to Danville State Hospital; one (1) person was in the Harrisburg State Hospital CHIPP closure group.

### D. Danville State Hospital and Service Area Plan (SAP)

While no new opportunities have been presented for Community Hospital Integration Program Projects (CHIPPP) between Dauphin County and Danville State Hospital, we will eagerly embrace such planning through the Olmstead/Service Area Planning (SAP) process during the next year. We will stress the need to have SAP goals which directly relate to the persons most at risk for state hospital admission. The Comprehensive Service Area Plan developed by June 30, 2012, will identify a variety of treatment and support options as well as address any reliance on congregate settings of more than 16 beds for persons with mental illnesses as an immediate discharge from a State Mental Health Hospital.

The current CSP process is comprehensive and inclusive of all aspects of care based upon the individuals expressed interests and choices and representative of the philosophy and beliefs that drive recovery and resiliency. For a person that has never had a state hospital experience, Dauphin County has in place an interagency process which serves to function as an individualized recovery team to support persons in their transition to integrated community living. This has the potential to redefine the team process in Dauphin County in order that individuals are empowered to determine their own path toward recovery. Individuals pursuing their goals and dreams while being
supported by a team have defined the effective ways to further recovery and resiliency journeys.

Danville SAP Goal #1 – Reduction in the number of people in state hospitals beyond two years.

Dauphin County residents have benefited from the relationship between the Mental Health Program and Danville State Hospital (DSH). Dauphin County’s bed capacity at DSH is 35 persons. On December 31, 2010, the total Dauphin County census was 29 individuals; 10 Dauphin County residents (34%) accounted for those with a Length Of Stay (LOS) greater than two years. This number of individuals is representative of 34% of the former HSH Closure population. The average LOS for these individuals from the date of their original admission is 9.59 years.

Case management participation in monthly team meetings at Danville has increased and the Community Support Plan process is up-to-date for every individual with goals for full community integration. The types of supports in the community to meet the level of care needs for this population upon discharge were identified from their Community Support Plans (CSPs) as follows:

- Non-residential full-day structured programs
- Community Residential Rehabilitation Setting – with 24/7 on site support
- Highly structured secure setting for specialized populations such as persons with serious forensic issues
- Specialized Care Residences (SCRs)
- Assertive Community Teams (ACT, formerly CTT)
- Family Education
- Peer Support Services
- Sexual Offender Treatment Services
- Competitive Employment
- Establish Psychiatric Rehabilitation Services
- Transition-Age Independent Living Services and Supports
- Trauma-Informed Treatment and Improved access to Psychiatric Services

Some of the barriers presented by the needs of the specialized population include history of sexual offense, arson, murder or brain injury; diagnoses of mild/borderline Intellectual disability and polydipsia; unwillingness to leave the State Hospital; nursing facilities’ hesitancy to admit individuals with MH diagnoses (poor case mix index).

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- As of December 31, 2011, the census of Dauphin County residents at Danville State Hospital was 26 individuals; 74% of beds allocated to Dauphin County.
- Fifteen (15) of those residents accounted for persons with a Length of Stay greater than two years.
County MH staff are in the process of reviewing Community Support Plan (CSP) to determine any service planning need since the previous review last year.

Danville SAP Goal #2 – Reduction in the frequency of recidivism for people involuntarily committed to community inpatient care.

A hallmark of a recovery-oriented system should be a reduction in the numbers of persons who are involuntarily committed to community inpatient care and recidivism among persons involuntarily hospitalized. There are several incremental factors worth examination. Data from the Crisis Intervention Program compared types of hospitalizations for Fiscal Years 2008-2009, 2009-2010 and 2010-2011.

**Table 29 – CRISIS INTERVENTION PROGRAM DATA**

<table>
<thead>
<tr>
<th>Types of Program Data</th>
<th>FY 2008-2009</th>
<th>FY 2009-2010</th>
<th>FY 2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of Commitments:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>201</td>
<td>1,162</td>
<td>1,380</td>
<td>1,253</td>
</tr>
<tr>
<td>302</td>
<td>430</td>
<td>507</td>
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<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>304</td>
<td>9</td>
<td>6</td>
<td>5</td>
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<tr>
<td>Total # of Hospitalizations:</td>
<td>1,601</td>
<td>1,850*</td>
<td>1,881</td>
</tr>
<tr>
<td>% of Involuntary Hospitalizations:</td>
<td>27%</td>
<td>27.7%</td>
<td>33%</td>
</tr>
</tbody>
</table>

*Total adjusted for denied commitments and medical admissions. All categories increased and the percentage of involuntary commitments of the total hospitalizations in Fiscal Year 2010-2011 increased.

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- Most categories increased and the percentage of involuntary commitments of the total hospitalizations in Fiscal Year 2010-2011 increased.
- Voluntary hospitalizations decreased by 9% and 302s increased by 23%.
- The total number of hospitalizations increased by 17%.

In Attachment H, titled “Service Area Plan Chart” for the 2013-2017 Plan, Dauphin County reported data on number of individuals admitted to a community hospital by type of admissions (voluntary/involuntary). Data reported is for fiscal years 2008-2009 and 2009-2010.

Of the 1,601 hospitalizations in adjusted figures for Fiscal Year 2008-2009, 33 individuals were hospitalized more than twice. Twelve individuals were involuntary admissions and 21 were voluntary admissions.
Of the 1,850 hospitalizations in Fiscal Year 2009-2010, 13 persons were hospitalized involuntarily, and 56 were voluntary admissions.

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- Of the 1,881 hospitalizations in FY 2010-2011, 59 persons were hospitalized more than twice by Crisis Intervention. Sixteen individuals were involuntary admissions and 43 were voluntary.

CBHNP has analyzed readmission data in the five-county area and learned the following about why readmissions occur:
- Decline in psychiatric availability—when follow-up is scheduled with PCP (Primary Care Physician), CBHNP cannot track follow-up.
- Discharge planning did not include members input.
- Member does not understand their medication or follow-up; the member left the unit confused.
- Limited resources/natural supports.

HealthChoices data may be a duplication of Crisis Intervention data and may be information independent of Crisis Intervention data. Because of multiple entry points for HealthChoices’ members for access, the role of treatment providers and targeted case management agencies, and primary care physicians in arranging inpatient psychiatric care, representation of information from 2008-2009 is worthy of general analysis rather than definitive analysis. Medicare and other primary insurance are also excluded from this information.

Dauphin County HealthChoices members use of inpatient psychiatric care numbered 685 persons in Fiscal Year 2008-2009. Among those persons, 24.1% were children and teens, and 75.9% were adults. In Fiscal Year 2009-2010, Dauphin County HealthChoices members using inpatient care numbered 791. Among those, 22% were children and teens and 78% were adults.

The CBHNP Utilization Management Committee, which includes Dauphin County representation, reviews monthly the use of inpatient care based on average length of inpatient stay and discharge counts. Average length of stay is monitored by facility and population, not County of residence. Data regarding inpatient commitments for 2008-2009, 2009-2010 and 2010-2011 indicate the following information about Dauphin County’s types of commitments among children and adults and number of commitments 302/201 for one individual more than once during the fiscal years.
In Table 30 of Dauphin County’s Inpatient use funded by the BH-MCO, the Total Commitments decreased from 918 to 815, or 11%. Territory Total Commitments decreased from 2,982 to 2,493 or 16%. The most significant decrease occurred in voluntary commitments. Adult commitments in Dauphin County decreased 12% and Child/Adolescent commitments decreased 7%. Territory Adult commitments decreased by 17% and Child/Adolescent commitments decreased 14%.

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- Table 30 data for FY 2010-2011 illustrates a dramatic increase in the number of total hospitalizations or an increase of 54% among CBHNP members.
- However, the percentage of 302s remain relatively the same.

In the preceding Table 31, the number of persons with more than one 302 commitment increased 100% and the number of persons with more than one 201 commitment increased by 12% in 2010. The adult 302s commitments increased by 100% and the 201s increased by 10%. Although 302s for the adults increased 100%, the numbers are low. The child/adolescent 201s increased by 19%.

In summary, 29% of Dauphin County’s hospitalizations funded by the BH-MCO are involuntary adult commitments compared to 11% in the entire five-county territory. Table 30 reflects the number of persons in calendar year 2010 with more than one involuntary commitment.
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- Among persons with CBHNP and more than one hospitalization, the number of involuntary commitments remained the same at 16.
- Persons having more than one voluntary inpatient stay had an insignificant drop.
- Only adults were involved in involuntary care in FY 2011 among Dauphin County CBHNP members.
- Forty-three (43) children or teens were provided inpatient care as CBHNP members.

Dauphin County is also involved in monitoring the high use of inpatient care through the High-Risk Monitoring for members who experience five or more episodes of inpatient care within 12 consecutive months. CBHNP staff consults with County management staff representing adult and children services on a monthly basis. More attention and coordination focuses on persons with co-occurring disorders and linkages to post-discharge follow-up.

Danville SAP Goal #3 – Reduction in the number of people in prison who have serious mental illness and who are being treated there with psychotropic medications.

A full description of the mental health system’s efforts to address Goal #3 is highlighted in Section 5 under Current Resources and Strengths about our Jail Diversion Program, Mental Health Court, and Re-entry Program with the Dauphin County legal and criminal justice systems. Dauphin County is a partner with State Correctional Institutions and State Probation and Parole in discharge planning and re-entry to community living. A tracking system of Dauphin County court orders from the Court of Common Pleas for mental health services is a quality measure between MH system and the local criminal justice system. Dauphin County’s Forensic Service Plan can be reviewed in Attachment M.

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- Dauphin County Commissioners have an independent contract with PrimeCare for institutional health care services and mental health services. They also maintain a formulary for medications. The MH/ID Program has no involvement in monitoring this contact.
- All forensic initiatives work closely with PrimeCare and the Dauphin County Prison staff to transition individuals into MH Jail Diversion, MH Court and Re-entry services. This frequently has involved the pharmacological services and issues in transition from institutional care to community settings.
- Taking advantage of opportunities to communicate with State correctional programs has been a challenge but participation in NAMI’s Forensic Task Force, periodic meetings hosted by OMHSAS and the local Ex-Offender Support Network helps the mental health system understand re-entry issues from the Department of Corrections perspective. Unfortunately too many Community Corrections Centers (CCC) are located in Dauphin County and our local system is over burdened by residents being discharged/transitioned to our area as opposed to their county of residence.
- Dauphin County Mental Health advocates for a continuation of health and behavioral health care in CCC for the best possible outcome of their re-entry programs.
- Too often the lack of consistency in their own classification system and their policies about medications at time of discharge do not fit the communities in which CCCs are located.

E. Underserved Persons in the Target Group

People Having Special Service Issues Due to Factors of Culture and Language
Persons in need of linguistic support due to limited English proficiency, due to residency status, primary language, and language preferences or physical challenges such as deafness/hard of hearing and visual impairments, are, except in limited situations, the least supported to use the public mental health system.

The Program has a culture-specific outpatient clinic for persons with Hispanic cultural and Spanish language needs through PPI. The demand for treatment is so great that delays between referrals and initial treatment takes many months. We support the hiring of bilingual and bicultural therapists, but in reality services are very limited particularly beyond Hispanic cultures and Spanish language needs.

The lack of bilingual/bicultural treatment and support staff for African-American, Latino and Asian-American individuals and families across multi-levels of care and with choice of service provider is a significant human resource and cultural access problem in Dauphin County.

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- No new consumer, family or provider issues have been raised regarding our ability to meet these needs.

Rural Populations

All persons in Upper Dauphin County are a special population who continuously request that services be located within their geographical area due to distance and cultural identification as a rural community. Incentives through the behavioral health managed care organization have had no impact in addressing access or availability. During the past year, MH case management staff have expanded and especially in children's services have been trained to solicit assistance from CBHNP’s Clinical Care Managers when services are not accessed or delayed. Strategies to counter the acceptance of the status quo with the provider network and managed care behavioral health organization have had marginal successes. Dauphin County staff coordinated the expansion of outpatient services for children during the past year by adding psychiatric resources.
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- Children and adolescents from northern Dauphin continue to wait long periods of time for BHRS services in particular Behavior Specialist Consultant (BSC) and Mobile Therapy (MT). Dauphin County worked with CBHNP to create a rural rate for BSC and MT, which was implemented in December 2011. Additionally, the CMU's northern Dauphin office has instituted monthly calls to the BHRS providers with pending cases to track the case from time of recommendation to date of staffing. The loop back to CBHNP needs closed with the CMU for strategies to work.

People who are Homeless or at Imminent Risk of Losing Habitation

Dauphin County continues to have a significant homeless population. We are working in cooperation with homeless and housing agencies. More information is available in Attachment L, Dauphin County’s Housing Plan, and in Attachment C, PATH Intended Use Plan.

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- Downtown Daily Bread hired an Outreach Specialist in December 2011 and the provider must continue to work on knowledge of the system and street outreach functions.
- Dauphin County, CMU and the YWCA of Greater Harrisburg are working to establish a SOAR (SSI/SSDI Outreach, Access and Recovery) case manager position for persons with serious mental illnesses and homelessness at the CMU as a part-time position.

People who are Deaf or Hard of Hearing

A special process for identifying and responding to unique service needs confronting people with special communication issues has been developed with the Base Service Unit. There is limited capacity to address needs, and outreach strategies are inappropriate given capacity. There is still a need to cultivate new system competencies in serving people who are deaf and hard of hearing. The Office for the Deaf and Hard of Hearing participated in the Annual Plan process. They indicated a first step needed is establishing a task force to identify the needs of persons who are deaf and hard of hearing in order to build a service system for this population.

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- County MH staff participated in a webinar in May 2012 regarding the behavioral health services for individuals who are deaf, deaf-blind, and hard of hearing with a focus on promising practices related to housing, mobile outpatient services, and telepsychiatry. The goal of the webinar was to raise awareness of needs, highlight promising practices and promote dialogue to support problem-solving at the local, regional, and state levels.
Brain Injury

A Brain Injury Panel met in Dauphin County for several years but was discontinued in light of the state’s efforts to meet the needs of this unique population. Diagnostic assessments for persons with possible traumatic brain injury continue to be difficult to arrange and coordinate between neurologist, neuropsychologists, psychiatrists and rehabilitation agencies. This is typically true for adults and children. Efforts to link persons with brain injury to existing resources through the COMCARE Waiver continue. Individualizing care and receiving an allocation of funds for brain injury are the most crucial issues. Persons being served in the community with serious mental illnesses and a brain injury also require coordination of care between the physical health MCOs and the behavioral health MCOs. Children and teens have been known to have highly individualized local services or receive services in specialized RTFs out-of-state. During the past year, the BH-MCO attempted to work within State RTFs to design specialized services with less success. For transition-age young people, there are more barriers due to the gaps between BHRS services, completion of high school, and eligibility for the COMCARE waiver. Older individuals with traumatic brain injury are more frequently identified and served through the COMCARE waiver process. The COMCARE waiver has not addressed the long period of time in service identification and development.

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- The only person from Dauphin County in an out-of-state program is an adult under MA-FFS that we continue providing targeted case management to while DPW works with a PA provider to develop an appropriate program.
- A personal care home was established through the Harrisburg State Hospital closure and since then no new services for this population have been developed.

People Living with HIV/AIDS

Many individuals are living with HIV/AIDS and have serious mental illnesses, including persons with co-occurring disorders. Integrated approaches to mental and physical health care improve the health status of individuals. Risk reduction behavior is an ongoing component of all programming. An outpatient clinic satellite was established at Adler Health care, formerly the AIDS Community Alliance in Harrisburg by Northwestern Human Services.

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- Alder Health Services has hired a therapist to provide counseling services.
Persons with Forensic Involvement

This population is considered to be a strength and a resource in Dauphin County. Our efforts for this population are well documented in the beginning of Section 5. A full outline of our plans is captured in Attachment M, Dauphin County’s Forensic Plan.

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- Several other sections of the Annual Plan Update describe issues related to this population as well as many successes.

People Aged 60 and Older

Dauphin County MH/ID and the Area Agency on Aging have a comprehensive Memorandum of Understanding that outlines roles, responsibilities and opportunities. Concerns regarding the MH system’s ability to meet the needs of older persons in the mental health system and outreach to unidentified older residents are discussed under Section 5: B. Unmet Needs and Service Gaps. Attachment I documents that a current, dated, and signed MOU is in place between the Area Agency on Aging and the MH/ID office.

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- As mentioned several times throughout the Annual Plan Update, this population is well-represented within the existing MH system.
- MH consults with AAA on a variety of issues related to placement, referrals, case consultation and legal issues.
- New referrals into the MH system are limited as most persons select to receive any behavioral health services through their primary care health system.
- The Mental Health Association of the Capital Region participated in the Plan process and wrote a grant proposal to conduct Mental Health First Aid training among senior centers and nursing home/PCH staff as well as use WRAP for persons receiving services in those programs.

People with Mental Illness and Major Physical Illness or Disability

Persons of any age with a mental illness and major physical illness or disability are persons of interest in our system. Our Wellness Initiative has brought awareness to some conditions that can be preventable. The resources to address the needs cannot be found solely within the MH system and will rely upon Medicare reform. Activities to improve coordination of care between physical and behavioral health are outlined in Section 4 and Section 5.
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- The County's Wellness Year will kick off in April 2012 and efforts with CBHNP to improve collaboration between physical and behavioral health systems continue.
- Physical illnesses and disabilities are a major concern for persons also with a serious mental illness and co-occurring (MH/D&A) disorders.

Lesbian, Gay, Bisexual, Transgendered, Questioning and Intersex individuals

Persons of any age with serious mental illnesses, including persons with co-occurring disorders who identify themselves as lesbian, gay, transgendered, questioning and intersex are an underserved group in the community mental health system. Staff expertise has been improved due to local education and training through Gay, Lesbian and Transgendered Community service agencies. Capacity can expand with continued education and training on population needs, anti-stigma education, and monitoring of access and inclusion by the County and Behavioral Health Managed Care Organization.

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- County MH staff participated in a webinar in January 2012 regarding cultural issues and needs of the LGBTQI community sponsored by the Office on Long-term Living.
- PCMHCA presented to the Adult MH Committee of the MH/ID Board in February 2012 on Service Delivery Needs of LGBTQI Individuals.

Veterans/Persons who have Served

Our primary goal is to accurately and consistently assess persons and family needs with maximizing the Veterans Administration (VA) benefits and then use other existing resources to fill in the gaps to address needs. Unfortunately for many persons who have served our country, understanding benefits and accessing them are a nightmare experience for persons and families in crisis or with mental health needs.

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- Our provider network continues to work with the VA Counseling services, the VA Medical Center and support organizations in our area.
- Temple University Harrisburg was exploring the need for services to families of active service members, particularly children.
F. Memorandum of Understanding between MH and AAA

A current, dated, and signed comprehensive Memorandum of Understanding between Dauphin County MH/ID and the Area Agency on Aging is in place, affirming this collaborative relationship, and is in Attachment I.

G. Identified Barriers/Problems Beyond the Control of the Planning Process

The current economic climate, including the possibility of the reduction of substantial funds, hampers the Dauphin County MH/ID Program to provide needed services to adults, older adults, and transition-age youth with serious mental illnesses and co-occurring disorders. The proposal to cut MH funds and establish a human services block grant will potentially result in a loss of needed services and impact the advances Dauphin County has made in the following areas:

- Reduction of State Hospital use
- Reduction of RTF use
- Initiation of strategies to improve services
- Reasonable management of waiting lists as demand exceeds capacity in most all service areas.
- Addressing the needs of inmates (County and State corrections) from Dauphin County prior to incarceration.
- Having services and supports available to working parents whose children with serious emotional disturbances/mental illnesses have hampered access to services because of a) lack of insurance or b) their current private insurance does not provide access to appropriate behavioral health care.

The proposal to have providers responsible for collection of co-payments for children’s services will increase unfunded administrative costs. Premium sharing payments at the County Assistance Office level of eligibility determination is a responsible option or a mechanism to reconcile costs with both physical and behavioral other than at the service provider level during a six-month period tied to eligibility determinations/redeterminations is more reasonable and less burdensome for providers. The safety net will fail at-risk children. Our preliminary analysis of children served currently under the “loophole” will have a tremendous impact on non-ASD children and their families. Medical Assistance Transportation policies need to be stigma free and not hurt children and families any more than they may adults also on limited incomes. The proposed elimination of cash assistance in Pennsylvania and a proposal to increase Medical Assistance for Workers with Disabilities (MAWD) contributions will increase the need for services and supports among many vulnerable populations and is counter to recovery.
6. Identification of the Recovery-Oriented Systems Transformation Priorities

Priorities for Transformation to a Recovery-Oriented System

The recovery-oriented system transformation priorities represent a description and timeline for moving toward and sustaining a system of care to support the priority populations in the mental health service system. This work is the product of Dauphin County’s Annual Mental Health Plan FY 2013-2017 process and reflects the goals and directives of the Office of Mental Health and Substance Abuse Services without any new state funding. Those involved in this effort are: the County administration; CBHNP, the behavioral health managed care organization; CABHC, the Cap 5 county oversight agency; provider network; persons in services with serious mental illnesses and/or co-occurring disorders, advocates, families and other child and adult service systems.

1. Strategic planning on evidence-based programs and promising practices informs the system on how to continue the transformation process.
2. Staff and consumer training infused in recovery and resiliency principles improve practices and outcomes.
3. Persons and families receiving services in advisory and evaluation roles will lead to development and implementation of consumer-run services.
4. Creation of housing supports and sustaining recovery-oriented services will transform system.
5. Expansion of network beyond the traditional MH system will improve community integration and promote independence.

The original Plan was written in May 2011 with activities outlined in subsequent plan years. The FY 2013-2014 update is listed at the end of each priority plan outlined in 2011.

Priority #1: Strategic planning on evidence-based programs and promising practices informs the system on how to continue the transformation process.

Dauphin County has the responsibility to provide leadership with the BH-MCO, HealthChoices oversight administrative agency, and with the provider network by directing and facilitating the attainment and use of evidence-based programming and promising practices with the assistance and support of persons in recovery and their families/support system. This is necessary to provide a more recovery and resiliency-oriented context for the provision of services. Areas to be addressed during this planning cycle include but are not limited to: Wellness activities integrating physical health and behavioral health; improving access to health resources; development of a consumer-run Warmline; increasing the number of individuals trained to assist persons in services with completing a Wellness Recovery Action Plan (WRAP); increasing the number of persons in services with a WRAP; increasing provider knowledge of how to work with persons with a completed WRAP; continuing to evaluate the effectiveness of certified peer support services; expanding availability of CPS; improving access to CPS training; learning about CPS models for non-adults; continuing with co-occurring training
of mental health providers; and continuing competitive employment initiative. Dauphin County acknowledges that not all evidence-based and promising practices can be implemented without funding resources and not all may be implemented in Dauphin County.

Relationship of Priority to Service System Needs

In order to achieve system transformation, service providers must have the knowledge and skills to implement evidence-based programming and promising practices. The County administration, BH-MCO and oversight administrative agency have the resources and staffing through strategic planning to support systems change, which is reflected in programming, policies and practices.

Timeline to Accomplish Priority 1

Year 2012-2013: The inventory of evidence-based and promising practices for adults, children, older adults, and transition-age persons with serious mental illnesses, serious emotional disturbance and co-occurring disorders will be reviewed with persons using mental health services in Dauphin County, the BH-MCO, oversight administrative agency, provider network, other adult and child systems and with administrative staff in Dauphin County to initially identify one to three areas (first round) to focus on education about the programming and practices. Key leaders in children and adult mental health services among persons using services will be supported by the County, BH-MCO, and CABHC to work with the provider network on development of one of the above identified evidence-based programming or promising practices. By January 2013, the first round will include one to three projects being worked on in Dauphin County with established work groups and strategic plans will be developed.

Year 2013-2014: For the first round of evidence-based or promising practices, the strategic plan will be finalized that will include: a timetable of implementation and use of fidelity measures; system understanding of the desired outcomes; and identification of resources to support the implementation, including a change in programming, to address needs for evidence-based and promising practices. Implementation of one to three projects using an evidence-based program or promising practice will occur in the Plan year.

There is an expectation that one to three new areas (second round) will be identified by additional/other providers or group of providers working collaboratively with each other and the stakeholder groups. Each round will have a level of support provided by the County administration, CBHNP, and/or CABHC.

Year 2014-2015: For the first round of implementers, a review of the program or practice will be conducted to learn how persons in service perceive the service by consumer surveyors. Peers will review policies and practices for evidence of using recovery and resiliency in implementation. Information gathered from the fidelity measures will also be gathered and reviewed. A review of resources committed to the
process and what resources are still needed will be incorporated into the review. Modifications and new learning will be incorporated into any changes that are made to the model implementation.

For the second round of evidence-based or promising practices, the strategic plan will be finalized that will include: a timetable of implementation for that fiscal year and use of fidelity measures; system understanding of the desired outcomes; and identification of resources to support the implementation, including a change in programming, to address needs for evidence-based and promising practices. Implementation of one to three projects using an evidence-based programming or promising practices will occur in the Plan year.

There is an expectation that one to three new areas (third round) will be identified by additional/other providers or group of providers working collaboratively with each other and the stakeholder groups.

Year 2015-2016: For the first round of implementers, a second review of the program or practice will be conducted to learn how persons in service perceive the service by consumer surveyors. Peers will review any new or changed policies and practices for evidence of using recovery and resiliency in implementation. Information gathered from the fidelity measures will also be gathered and reviewed. A review of resources committed to the process and what resources are still needed will be incorporated into the review. Modifications and new learning will be incorporated into any changes that are made to the model implementation.

For the second round of implementers, a review of the program or practice will be conducted to learn how persons in service perceive the service by consumer surveyors. Peers will review policies and practices for evidence of using recovery and resiliency in implementation. Information gathered from the fidelity measures will also be gathered and reviewed. A review of resources committed to the process and what resources are still needed will be incorporated into the review. Modifications and new learning will be incorporated into any changes that are made to the model implementation.

In the third round of evidence-based or promising practices, the strategic plan will be finalized that will include: a timetable of implementation that fiscal year and use of fidelity measures; system understanding of the desired outcomes; and identification of resources to support the implementation, including a change in programming, to address needs for evidence-based and promising practices. Implementation of one to three projects using an evidence-based programming or promising practices will occur in the Plan year.

Year 2016-2017: No new activities will occur for the first round of implementers. Evidenced-based and promising practices after two reviews will be referred to the MH/ID Advisory Board’s Adult and Children’s MH Committees for system surveys using the Recovery Self-Assessment – Revised (RSA-R) and a modified Child and Adolescent Service System Program (CASSP) Checklist for evaluation purposes, as
well as existing fidelity measures that may be used by the behavioral health managed care organization in conjunction with the HealthChoices administrative oversight agency, CABHC.

For the second round of implementers, a second review of the program or practices will be conducted to learn how persons in service perceive the service by consumer surveyors. Peers will review any new or changed policies and practices for evidence of using recovery and resiliency in implementation. Information gathered from the fidelity measures will also be gathered and reviewed. A review of resources committed to the process and what resources are still needed will be incorporated into the review. Modifications and new learning will be incorporated into any changes that are made to the model implementation.

For the third round of implementers, a review of the program or practices will be conducted to learn how persons in service perceive the service by consumer surveyors. Peers will review policies and practices for evidence of using recovery and resiliency in implementation. Information gathered from the fidelity measures will also be gathered and reviewed. A review of resources committed to the process and what resources are still needed will be incorporated into the review. Modifications and new learning will be incorporated into any changes that are made to the model implementation.

Resources Needed

- Identification and assignment of County, CBHNP and CABHC staff to guide initial education and programming/practices selection process by providers, consumers and other stakeholders and staff to work with individual providers or group of providers on one to three projects for evidence-based programming or promising practices each year in the County.
- Access for individuals in services and families, providers, and other stakeholders to information and experts on evidence-based and promising practices.
- Training resources for County, individuals in services and families, provider staff, and other stakeholders on evidence-based and promising practices.

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- For Priority 1, three projects have been identified by the Collaboration Team to work on for Year 2012-2013 in Dauphin County. They are WRAP, MH First Aid Training/Peer Support, and Peer Respite. Work groups have been established with identified coordinators to organize the groups with members. The WRAP group has met on several occasions and submitted a report with recommendations to address the following training needs:
  - Develop a WRAP Facilitators’ Group to drive the WRAP process forward and to create a vision to grow and to develop strategies that allow the group facilitators to coordinate the resources to get there.
  - Have a pool of ALF (Advanced Level Facilitators) WRAP Facilitators.
Offer five-day WRAP training for all interested staff and peers in Dauphin County on a rotating basis (about twice a year to start) with reimbursement for individuals’ time.

Develop one-page Marketing tools for Direct Care and Supervisors on the usage of WRAP.

Develop a series of WRAP training that can be used with CONTACT and Crisis staff. Training could start with the Network of Care video on WRAP and then include both facilitators and graduates of WRAP programs.

Offer three-day trainings on a quarterly basis with reimbursement for the WRAP Facilitators’ time.

Collaborate on advertising existing eight-week WRAP classes so that utilization can be maximized.

Keep WRAP as an ongoing agenda item for residential meeting discussions.

Spotlight the usage of WRAP in Forte Wellness Newsletter.

Increase environments where WRAP graduates can share their personal stories (start with CSP).

- The MH First Aid Training/Peer Support work group will do the following at senior centers, nursing homes, and the Presbyterian Apartments:
  - Provide training to providers and caretakers to recognize the potential risk factors of mental illness in seniors.
  - Connect the individual senior with appropriate professional help.
  - Provide classes for seniors to create a WRAP.
- The Peer Respite work group is established and referred to CABHC and to the Youth Advocate’s Respite Management Services.

**Priority #2: Staff and consumer training infused in recovery and resiliency principles improve practices and outcomes.**

All individuals possess a degree of resiliency, and all individuals have the capacity for recovery. The mental health system needs to develop and further our flexibility and creativity to promote resiliency in all individuals with serious mental illnesses and support their unique recovery plan. Staff, consumers, and family support for training on recovery and resiliency increases knowledge and skills for greater participation in their own lives, in career development, and in assisting the system in development and evaluating treatment and supports.

**Relationship of Priority to System Needs**

Knowledge and skills are needed to move recovery and resiliency forward as well as reach new, underserved, and unserved populations. Individual knowledge and skills at both the persons in service and family level, as well as among provider staff, are a basic requirement in system transformation. The ability to sustain recovery and resiliency programming and practices will be a key to how the system evolves in a values-oriented way for the future. Individuals in services and families demonstrate a great capacity for change and leadership in showing professionals where and how the system may
change. Behavioral health will always focus on persons supporting other persons. Both groups can benefit from sharing new knowledge and skills.

Timeline to Accomplish Priority 2

Year 2012-2013: 1) Contracted providers will be asked to provide documentation of training for new employees in provider agencies. 2) The Annual Report submitted by contracted providers every year in September will include a section from each contracted agency on the types of employee training offered throughout the previous fiscal year. Contracted provider employee training will be an area of provider contract monitoring for County staff. 3) Documentation of training for potential psychiatric rehabilitation staff in provider network will be maintained by provider and County staff on an annual basis. This was started in FY 2010-2011. 4) County staff with stakeholder input from individuals in service and families, providers and other adult/child service systems will host one training per month, which may include but is not limited to: training for consumers and professionals by consumers; training for families and professionals by families; cross-system “bring your lunch and learn” sessions; or other types of formal training to increase knowledge and skills.

Year 2013-2014: Activities in areas one through four will continue. A fifth area will also be added. 5) Dauphin County will host training for providers on developing services for the deaf and hard of hearing and will sponsor a work group to gather data on the population needs and resources to develop service capacity, engaging persons from the deaf and hard of hearing community, the BH-MCO, and the administrative oversight agency.

Year 2014-2015: Activities in areas one to four will continue, and a review will occur to identify gaps in training at a system, cross-system, and consumer/family level. 5) Provider will be identified to work toward service development and capacity to serve individuals and families from the deaf and hard of hearing community.

Year 2015-2016: Activities in areas one through five above will continue.

Year 2016-2017: Activities in areas one through five above will continue.

Resources Needed

- County MH Program will add a supporting document to providers’ annual contracting requirements.
- The County MH Program staff will identify and disseminate training information to provider network and consumer organizations.
- County MH staff will be designated to provide leadership and facilitation to a work group on the needs for persons with serious mental illnesses and co-occurring disorders who are also deaf and hard of hearing.
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- For Priority 2, the Collaboration Team identified two projects to work on in Dauphin County for Year 2012-2013. One project is the 10 X 10 Wellness Year to increase life expectancy. The work group is established with an identified coordinator, meeting dates are established. The Wellness Committee has taken the national pledge (see www.promoteacceptance.samhsa.gov) to increase the mean life expectancy of individuals with serious mental illness by ten years (from a mean of 50.1 to 60.1) within ten years (2020). As part of this pledge, a Wellness Year will be implemented. It will consist of a series of wellness events starting in April 2012. The events will provide education on care management, disease prevention, and the Dimensions of Wellness (SAMHSA) for children, teens, and adults. The events will be presented by providers, medical care staff, and mental health consumers for a variety of pertinent physical care and wellness topics.

- The second project is Family Education: WRAP for Children/Teens. The Recovery and Resiliency work group is for children, adults, professionals, persons in recovery, and families. The group is established and coordinators identified.

Priority #3: Persons and families receiving services in advisory and evaluation roles will lead to development and implementation of consumer-run services.

Dauphin County has developed and improved opportunities for persons in services to serve in advisory and evaluation roles. The Dauphin County CSP Committee has also prioritized this need among persons in recovery. Comparable activities and resources need to be developed among teens in transition and for families in the children’s mental health system. These steps in the right direction could be intensified and expanded to other parts of the mental health system. Existing funds are used for service agreements with our provider network. Providers may see a new role in helping consumers develop consumer-run services as a needed step in our system’s transformation. Sharing resources and developing new ones that are consumer operated is an area of growth the mental health system can support through shared funding. The JEREMY Project could be a group in which leadership roles are developed as a path to independence.

Relationship of Priority to System Needs

Service system environments play a critical role in supporting or impeding a consumer’s growth towards self-recovery. The development of consumer-run services will allow a greater participation of consumers in recovery and provide a wider array of service options. Preparation of transition-age persons and their families for fuller participation in system improvements needs to be addressed.

Timeline to Accomplish Priority 3

Year 2012-2013: Dauphin County will continue its efforts to assess and support the Dauphin Clubhouse in developing a certified clubhouse model. The clubhouse may
need to explore new ways of developing employment and/or housing services for members that are not based upon additional county-funded staffing. The clubhouse and other programs will research peer-to-peer education and support models for groups. Existing peer support groups will be catalogued and information disseminated. Children’s Mental Health will develop a framework for youth and family participation using web-based applications or other models as well as establishing a greater role in surveying other youth and families about the service system. Inventory of peer specialist involvement with persons in the forensic system will be identified and efforts made to link certified forensic peer specialists with peers.

Year 2013-2014: Depending upon whether or not expansion of certified peer specialists (CPS) in the BH-MCO provider network has previously occurred, support groups for peers will be developed and increased in order to assist individuals with their recovery plans and goals, particularly to engage persons waiting for CPS availability. The Mobility Training curriculum developed in 2011-2012 through the Employment Committee will be reviewed and modifications made for improving it in coordination with the Capital Area Transit system. The assessment of The JEREMY Project conducted in 2011 and changes implemented in 2011-2012 will be used as a springboard for greater involvement from transition-age youth in advisory and evaluation roles. The changes will be guided by the Transition to Independence (TIP) system, which was the model for the original program, that has experienced some shift in how individual goals and plans are implemented and the value of group activities to the individuals enrolled in the program.

Year 2014-2015: Dauphin County’s CSP Committee will plan for a consumer-operated Warmline with a sponsoring or hosting contracted service provider and explore with the County’s support other types of funding for this service, as well as potential contracts for the service with the BH-MCO, CBHNP, and the administrative oversight agency CABHC. Leadership training for persons in services will continue in order to gain additional skills, and family members will have opportunities for training. Dauphin County will reach out to the contracted Consumer Satisfaction Services, Inc., (CSS) to gain a better working relationship with their activities in consumer satisfaction information gathering, reporting, and analysis.

Year 2015-2016: Evaluation and planning for any modification to activities in FY 2012-2015 will occur. Efforts with CSS, Inc., will complement the efforts of CABHC to loop member dissatisfaction to new policies, practices and programming.

Year 2016-2017: Implementation of changes to this original priority is completed and preparation for the next MH Annual Plan cycle will begin.

Resources Needed

- Outreach by the CSP Committee will continuously refresh and expand the membership. New consumer co-chairs were elected in 2010, and other new officers will be elected in 2011. Strategic multi-year planning should occur in
2011-2012. Dauphin County Adult MH Program Specialist 2 will serve as ex-officio member of CSP Executive Committee.

- County staff in adult and children’s services will support activities of Priority #2.
- Resources at CONTACT Helpline will be used to identify existing community resources for consumer and families skills: food banks, utility assistance, furniture, economical/nutritional cooking on a limited budget, etc.
- Day programming sites will continue to offer evening and weekend activities for independent skill acquisition.
- Lead County MH staff is identified to work with CABHC and CSS, Inc.

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- For Priority 3, the Collaboration Team identified the evaluation and advisory roles on boards and committees for individuals and families receiving services as projects to be worked on in 2012-2013. The work group is established. The following projects have been identified:
  - Catalog existing peer support resources.
  - Family participation via web-based strategies/Children’s Initiative.
  - Peer specialist involvement with forensic.
  - Peers conducting training at provider sites.
  - Professional development in certified peer support.
  - Experiment to try new ways to grow.

Priority #4: Creation of housing supports and sustaining recovery-oriented services such as competitive employment resources will transform system.

The voices of persons with serious mental illnesses and their families should be heard, and their expressed needs should continue to drive decisions in our system. Working in partnerships will yield improvements at a person and system level. Reinvestment plans pending and future planning will address system needs to improve individual and family outcomes.

Relationship of Priority to System Needs

The involvement of individuals and families in the development and implementation of services is essential for the success of a recovery and resiliency-oriented system. This includes not only providing feedback on the outcome of services but involvement at all levels in the design, development, implementation, and evaluation of services.

Timeline to Accomplish Priority 4

Year 2012-2013: Implementation begins on approved County reinvestment plan. Implementation begins on approved Housing, PATH, and Supported Employment Plans. Implementation continues on County’s Forensic Plan and Area Agency on Aging Memorandum of Understanding (MOU), which do not require OMHSAS approval. A
review of reinvestment and County-funded respite care will be designed and implemented with County Children’s staff as lead with stakeholder involvement. CBHNP’s plan to enhance clinical skills and outcomes in family-based mental health services is implemented based upon assessment conducted in 2011-2012 with County and provider involvement. Outreach specialists to promote drugs and alcohol treatment among persons with co-occurring disorders will be undertaken.

Year 2013-2014: Clinical skills with be improved with completion of clinical skills training in adult and child areas using an evidence-based curriculum. Recovery support services and outreach specialists in the D&A system will be reviewed to determine if these services support individuals to accept D&A services, recognizing that research shows it may take multiple interventions to get a person to accept treatment. Continuous planning with community-based housing and homeless service provider network, including Capital Area Coalition on Homelessness, will maximize opportunities for new housing options in Dauphin County for persons with serious mental illnesses and/or co-occurring disorders.

Year 2014-2015: Assess work outputs from previous years and continue with multiple plans and their timelines for outcomes, making modifications as needed based upon State programmatic and fiscal changes.

Year 2015-2016: Assess work outputs from previous years and continue with multiple Plans and their timelines for outcomes, making modifications as needed based upon State programmatic and fiscal changes.

Year 2016-2017: Assess work outputs from previous years and continue with multiple Plans and their timelines for outcomes, making modifications as needed based upon State programmatic and fiscal changes.

Resources Needed

- County MH staff functions in a clearinghouse capacity, initiating, monitoring, and assessing multiple plan requirements, activities, reviews, and modifications.
- Examine with the Community Support Program (CSP) Committee the coordination of activities between the County MH/ID Program and CSP Committee.

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- For Priority 4, the Collaboration Team identified two projects to work on for the Year 2012-2013. They are Collaboration on Work – One Message to All and an Employment Resource Guide. The Transformation Committee on Employment is established, with an identified coordinator, and meeting dates are established.
Priority #5: Expansion of network beyond the traditional MH system will improve community integration and promote independence.

Many services and supports exist through other community-based networks. Outreach to other service networks will expand the resources for individuals and families with serious mental illnesses or serious emotional disturbances and/or co-occurring disorders. These same networks may offer new methods of providing supports and new financial opportunities for the traditional mental health provider network.

Relationship of Priority to System Needs

Many services and supports exist through other community-based networks. Outreach to other service networks will expand the resources for individuals and families with serious mental illnesses or serious emotional disturbances and/or co-occurring disorders. These same networks may offer new methods of providing supports and new financial opportunities for the traditional mental health provider network.

Timeline to Accomplish Priority 5

Year 2012-2013: Learning from the Spirituality Committee of the CSP to gain knowledge about the role of the faith-based community and how they can address the needs of persons in priority populations. Invite community leaders to learn more about mental illnesses in adults and serious emotional disturbances in children and teens. Link as needed these resources with consumer groups and the provider network.

Year 2013-2014: Work with the Adult and Children’s MH Committees of the MH/ID Advisory Board to identify at least one well-planned and implemented anti-stigma education project for the community at-large or selected sub-groups such as potential employers. Continue support for the arts through networking, hosting art shows, and activities in the community.

Year 2014-2015: Identify one to three colleges or universities located in Dauphin County to catalog the resources to support persons with serious mental illnesses or serious emotional disturbances to successfully pursue higher education goals. Work with local colleges and universities to better train college graduates with the skills needed in entry-level mental health professions. Partner with other community, but non-mental health, agencies on alternative funding proposals that address community education, stigma reduction, fair housing, and employment.

Year 2015-2016: As a member of the Dauphin County CSP Committee, work as an active member to expand membership and their activities in support of a wide range of persons and interests. Provide support as requested or needed to other consumers and family advisory organizations. Assess and review efforts toward meeting this transformation priority and prepare for new planning cycle.

Year 2016-2017: Apply review results and accomplishments in developing the plan for the next Annual Plan multi-year cycle, in relationship to new and emerging system
changes and challenges, including fiscal realities. Continue to look for opportunities for providers to collaborate in a consumer and family-driven environment.

Resources Needed

- Continued active and successful CSP Committee in Dauphin County.
- County staff assignments to support priority #5 activities.
- Engagement of other community-based human service agencies such as, but not limited to, the United Way of the Capital Region, YWCA of Greater Harrisburg, CareerLink, faith-based community, Mental Health Association of Capital Region, area colleges and universities, and NAMI-PA.

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- For Priority 5, the Collaboration Team identified “How Dauphin County MH works with other systems” as a venture to work on in 2012-2013. Several projects have been identified that are related to Dauphin County Mental Health’s mission. One project is “It’s Okay to Get Help” that the Mental Health Association conducts in order to help the larger community understand mental illness. The second project is NAMI of Dauphin County’s anti-stigma program. NAMI reaches out to families and consumers at PPI twice a month. Information is provided on education programs offered by NAMI and the monthly support group conducted by NAMI for families. NAMI also shares information on mental health services available in Dauphin County.
- The CSP Committee is studying the Great Religions of the World Course (DVD Series); doing outreach to different groups through the CSP’s speaker’s bureau; and getting involved with CSP through Boards and Committees.

Quality Management Plan

Quality management will monitor the activities identified in the Transformational Priorities at bi-monthly County MH staff meetings since all County MH staff will have assignments and responsibilities for carrying out the Plan. There is a timeline established for the Transformation Priorities in this Section.

Quarterly updates on the Transformation Priorities will be provided at Community Support Program (CSP) Committee meetings. Based upon the CSP Committee’s feedback, we will also initiate a meeting with the new CSP leadership group elected in 2010 and 2011 and outline how to improve communication and collaboration with the County MH Program and all stakeholders using their feedback to guide the discussion and future planning.

Unusual incident reporting using HCSIS, a web-based data management system, was implemented in FY 2006-2007. Reporting is limited to unusual incident reporting for persons leaving a State facility using CHIPP funds and persons served in MH-funded residential programs. The County office is managing three types of unusual incident
reporting, county registered/county funded, CBHNP funded and HCSIS. The HCSIS system works relatively well and requires constant communication with OMHSAS related to working with the system more so than the reporting and incident investigations conducted by Dauphin County. The CBHNP system and the County’s role has evolved over several years through a CBHNP Quality Improvement Committee, the County and CBHNP quarterly meetings, and direct follow-up with Quality Improvement staff at CBHNP. The County continues to work with CBHNP on the management of Unusual Incident Reports (UIR) on children being restrained primarily in RTFs. This past year we have focused on the integration of provider relations, quality and clinical operations at the provider and individual level of concern. We have also initiated a discussion about the timeliness of provider follow-up reporting on UIRs and the role of the CBHNP Quality of Care Council (QOCC).

Dauphin County has a role in reviewing proposals for new or expanded services in the provider network. Program descriptions and a rigorous review of policies and procedures at pre-licensing allow the County’s input before OMHSAS licensing and BH-MCO credentialing. An excellent example of this activity is a position on the use of Master’s level staff only in satellite school-based outpatient clinic, a position believed to demonstrate a difference between the minimal licensing standards and quality of care or best practice. The MH Services Coordinator, Adult MH Program Specialist, Children’s MH Specialist and CHIPP/Residential Coordinator have all attended OMHSAS licensing visits or the closing summary of findings by OMHSAS licensing staff. In the area of BHRS with the OMHSAS Children’s Bureau, we would request better communication about their service review schedule as they request new service descriptions from providers without communication with Counties or the BH-MCO and when changes are made without the input and timely review of Dauphin County.

Quarterly reporting on Danville State Hospital admissions and discharges is completed and reviewed at Continuity of Care/Service Area Plan meetings. Annual reporting on all CHIPP consumers is also provided to OMHSAS. Dauphin County has implemented HCSIS reporting of unusual incidents for all current CHIPP consumers, as well as unusual incidents in mental health licensed residential services. Service providers licensed under the Office of Developmental Programs, Adult Residential Licensing, provide copies of unusual incident reports to Dauphin County Mental Health concerning registered consumers.

Dauphin County also participates in several managed care committees and activities that monitor and review quality data, processes, policies, and procedures. These include participation in the following: CABHC Board of Directors (MH/ID Administrator as the current Board Chair), CABHC Clinical Committee, RTF Sub-committee, Respite Care Sub-committee, CABHC Fiscal Committee, CABHC Consumer and Family Focused Committee, CABHC Provider Relations Committee and the Quarterly OMHSAS Monitoring Meeting. CBHNP committees attended by County MH staff include Quality Improvement Committee, BHRS Committee, Physical Health/Behavioral Health Ad Hoc Group, and BHRS Re-design Group.
Dauphin County quality management activities to promote continuous quality improvement include:

- Consumer satisfaction surveying for the Annual Plan cycle has been identified by population groups:
  - Transition-age persons (2011) in process
  - Older adults (60+) (2012)
  - Adults (27-59) (2014)
  - CHIPP/Closure (2015)
  - Children and teens (2016)

- Outcome measurement in service areas were standardized in 2005-2006. During the past, the MH Quality Assurance staff have been reviewing the individual outcome reporting, which has been done for County-funded individuals, and working with providers to incorporate more recovery-oriented measures into outcomes. This process will continue during FY 2011-2012.

- The Adult MH Committee continues to use the RSA-R, a tool developed by Yale University, to measure recovery in a different service area each year among program directors and managers.

- Provider-level quality assurance activities are a measurement of the system’s formal commitment to quality assurance. Each County contract has program performance measures determined by the provider’s quality assurance program and reported on an annual basis following the contract year.

Other quality assurance activities accomplished during FY 2009-2010 include:

- Many persons using mental health services also need assistance with managing their funds and rely on the CMU for their representative payee program. QA activities resolved individual complaints and worked with person-specific teams for resolution on a host of issues. The Payee Workshop was created as a monthly meeting at the CMU, where individuals’ concerns regarding their money management are reviewed. During the fiscal year, reviews were conducted for five individuals and, a Provider review was conducted for 16 persons registered for MH services and eight persons using ID services.

- The MH Transportation Committee sorts out authorization, scheduling and coordination issues with the Capital Area Transit (CAT) Authority. The MH program meets with the Medical Assistance Transportation Program (MATP) coordinator and CAT to review all transportation services for persons using MH services quarterly. This has improved problem solving, and efforts have substantially reduced unreimbursed costs for CAT.

- The Forte newsletter is the voice of the MH Program’s Wellness Initiative. Seven issues of Forte were published during the 2009-2010. Topics included: WRAP Plans; The Heart and Coronary Artery Disease; The Lungs; Polypharmacy; The Kidneys; Cholesterol; Spirituality; The Liver and Liver Disease; Research Result
Investigations during the FY 09-10 included seven consumer complaints, and 12 incident investigations/reviews were conducted. Areas of concern in the 12 formal investigations were: Death Review (5), Unusual Incident Reviews (5), Exploitation (1), and Infestation (1).

Unusual Incident Reporting (UIR) by providers totaled 187 reports. A streamlined database system was implemented for data collection and reporting purposes. HCSIS is also used to report unusual incidents for CHIPP Diversion and the HSH Closure Group. There were 78 UIRs entered into the HCSIS database by CRR and LTSR providers.

The Mental Health Program uses surveys to inform our progress in measurable areas. Surveys included: 1) the Student Assistance Program survey to school districts on the quality of MH consultation to secondary schools; 2) Child MH Committee’s Providers Self-Assessment evaluates how children’s providers are improving their services based upon the children’s system of care principles; 3) Adult Provider Cultural Competence Survey helps us understand cultural competence in our adult MH provider network; 4) Adult MH Committee’s Provider RSA-R Survey measures growth toward a recovery-oriented system; and 5) the Dauphin County Adult Consumer Satisfaction Survey measures individual’s satisfaction with County-funded adult services.

A review of individual outcome data among contracted service providers began with an inventory of data submissions from providers, the development of a System Logic Model for Outcome Development, and the redesign of outcome requirements for Residential Care Providers. These activities will continue into FY 2010-2011.

Quality assurance activities include participation in the following added committees that assist the program in planning, evaluation, and collaboration responsibilities: Health Education Advisory Committee of AmeriHealth Mercy; Lehigh/Capital Region Physical Health and Behavioral Health Best Practices Group; Dauphin County Child Death Review Team; CBHNP QA/UM Committee; Dauphin County ROSI Panel and OMHSAS Housing Committee.

Efforts to improve service delivery between Mental Health and Drugs and Alcohol are a continuous point of concern and frustration. The mental health system continues to focus on training MH providers in skills to serve persons with co-occurring disorders (mental illness and substance abuse disorders). A three-day training on Motivational Interviewing was sponsored. The County MH and D&A agencies instituted a screening and referral tracking system for persons in need of assessments from either MH or Drugs and Alcohol. Input into reinvestment planning and homelessness services have attempted to improve the quality and types of outreach to the co-occurring population who refuse D&A services and tend to overuse inpatient care. Other COD training is planned in Spring 2011.
Dauphin County MH/ID Program will use its quality assurance resources and activities to safeguard the well-being of persons in service and promote resiliency and recovery oriented practices system wide.

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- New Transformational activities identified in FY 2011-2012 will be charted, tracked and monitored during FY 2012-2013.
- Quarterly updates will be disseminated at Program Committee and CSP Committee meetings.
- Unusual Incident Reporting (UIR) management will continue internally and collaboratively with OMHSAS (HCSIS) and CBHNP.
- County staff will continue to work on the implementation of a new CRR Host Home service which is anticipated to improve the quality of out-of-home care. Monitoring of the MTFC program will also continue.
- An RFP for Mobile Psychiatric Nursing may be issued by CBHNP/CABHC to address needs in Dauphin County, along with Cumberland and Perry Counties.
- Representation at OMHSAS licensing will aid county staff in their monitoring role and relationship with BH-MCO.
- Dauphin County will request a comprehensive approach by CBHNP in improvements with FBMHS services and improvements with BHRS services which have a huge fiscal impact on cost efficiencies in the system.
- Dauphin County continues to be an active participant in the Danville Service Area Plan now focused on an Olmstead Plan for the region.
- Committees and task force will be reassessed for productivity and outputs.
- A consumer satisfaction survey is underway for transition-age persons.
- Three (3) fiscal year reports were compiled from outcome data provided by service providers and changes in the annual reporting system are being addressed.
- The Representative Payee Workshops convened monthly are a resource for persons in services and the CMU’s rep payee program. Improved resolution of concerns and timeliness have been important results of the process.
- A series of wellness events are being planned to provide information and skills to adult and child persons in service, family members and service providers. Topics will include Wellness Dimensions, Physical Care Coordination, Weight Management, Pharmacy Education, Pain Management, COPD/Asthma, Safety and Diabetes.
- CBHNP hosted a training event for targeted case managers on diabetes management for persons with serious mental illnesses, a program from The Lily Foundation.
- Three (3) issues of *Forte* were published during 2010-2011, and the topics included: Nicotine, Smoking and Serious Mental Illness (SMI), Children and Nicotine, Cancer and SMI, The lymphatic System, Lymphoma, Lymphoma and Children, Lymphoma and Adults, COPD, Children and Colds, Falls and the Eight (8) Dimensions of Wellness.
- For FY 2010-2011, the Payee Workshop conducted reviews for 20 individuals as well as working with two residential providers for a total of 57 persons.
• Monthly telephone conferences, with the Guardian’s Office at Danville State Hospital, were established to review any representative payee concerns for 11 residents.

• There were 215 adult UIR (Unusual Incident Reports) entered and reviewed in to the Dauphin County database. There were 142 UIR entered into the HCSIS database by CRR and LTSR’s serving Dauphin County residents and entries made by the County for CHIPP/Diversion and HSH Closure Group populations.

• There were 880 children’s UIR for a mean of 3.8 per child with a report. Included in this number were 30 UIR for persons with an intellectual disability and/or with a dual diagnosis of MH and ID. UIR from CBHNP with open ID supports coordination are shared with the County ID Program.

• FY 2010-2011, two (2) consumer complaints were received and 15 investigations, including 12 death reviews, two (2) unusual incident reviews and one (1) payee complaint investigation were conducted.

• Four proposals are being submitting for considerations for reinvestment funding: Behavioral interventions for adults with MH and ID issues, teleconferencing to address the lack of family therapy in RTFs as a length of stay and improved discharge strategy, child and parent skill building using an evidenced-based model and an integrated treatment model for person with MH and D&A issues.

7. Fiscal Information

Using OMHSAS guidelines, the funds allocated to Dauphin County, HealthChoices funds and reinvestment funds are categorized based upon the recovery Model Crosswalk from William Anthony’s article previously cited. Attachment K depicts the projected expenditures in 2010-2011 and other fiscal years in each funding source. Projected expenditures for FY 2010-2011 of all funds in Dauphin County are approximately $69 million.

Rehabilitation services, including costs associated with home, school, and community-based services to children and teens account for over $15 million of HealthChoices funds. In the same category for County funds, there is an additional $11 million, which primarily is expended on licensed residential services and supported employment services for adults. The combined costs are over $26 million.

Treatment costs, including outpatient, partial, inpatient, family-based mental health services and ACT ( Assertive Community Treatment) team total nearly $26 million. HealthChoices-funded services total 58.9 percent and 41.1 percent are County funded.

Case management services include Base Service Unit (BSU) functions, administrative case management and three types of targeted case management services. Case management costs are projected at $8.8 million. HealthChoices costs are 72.7 percent of the projected expenses and county funds cover approximately 27.3 percent of the total costs. Modernization of the office practices at the Dauphin County Assistance Office, in combination with increased use of COMPASS, have improved timely processing of completed applications for benefits at the BSU intake level.
Enrichment is an area solely funded through the County system. Within these costs and services, the County strives to transform use of facility-based vocational services to supported employment and increase or maintain social rehabilitation services. No County MH funds are used for adult developmental training services. There are $2.7 million used for social rehabilitation services, including housing support services. While the psychiatric rehabilitation regulations and MA waiver request are on hold due to budgetary and operational issues at OMHSAS, providers have and will continue to have staff trained for certification in psychiatric rehabilitation. Dauphin County’s projections remain modest for MA participation of psychiatric rehabilitation funding in years to come.

Peer support is categorized as Self-Help. These are primarily HealthChoices funded. The County projects costs in FY 2010-2011 in County-funded peer support to be around $90,000. Dauphin County’s HealthChoices CPS services are projected at $190,000 in FY 2010-2011.

Reinvestment funds have been used to provide Substance Abuse Recovery House scholarships, respite services and transition-age support. A new plan for reinvestment fund use for the period 2009-2010 was submitted to OMHSAS and is pending approval. The requests include: D&A Recovery and Outreach Specialists and MH provider training on evidence-based treatment models for adults and children. The existing reinvestment-funded services are expected to have continued reinvestment funding.

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- Dauphin County continues to be responsible in its fiscal oversight of funds. Combined funding of County services, BH-MCO and Reinvestment services without proposed cuts could reach $72 million in federal, state, and county dollars.
- Rehabilitation services will address needs of children for primarily BHRS services and in the County system for adults needing residential supports.
- Treatment costs are higher on the HealthChoices side and efforts to better manage eligibility issues have improved. Adults continue to have periods of ineligibility and the State efforts to address the MA “loophole” may place greater costs on provider system for managing and leave many children without a marginal safety net.
- Case management will be a priority service in Dauphin County.
- Enrichment services are a primary County-funded service, since the psychiatric rehabilitation regulations may never be implemented. Proposals to cut County services may impact these types of services.
- The County continues to support the BH-MCO to expand peer support services.

**8. Supplemental Planning Guidelines**

The three supplemental plans are attached to the MH Plan: Housing (Attachment L), Forensics (Attachment M), and Employment (Attachment N).
LOCAL AUTHORITY SIGNATURES: COUNTIES

I/we assure that I/we have reviewed and approved the attached FY 2013–2014 County Mental Health Plan Update.

COUNTY 1 DAUPHIN

Chairperson/County Commissioner:
Name Jeffrey T. Haste Signature Date 5-24-12

County Commissioner:
Name Mike Pries Signature Date 5-23-12

County Commissioner:
Name George P. Hartwick III Signature Date 5-23-12

Chief Clerk:
Name Laura E. Evans, Esq. Signature Date 5-23-12
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PUBLIC HEARING NOTICE

Please list here the name(s) of the publications and other media, and the date(s) when the notice(s) was/were published. Copy of the actual public notice must be submitted with the hard copy of the County Plan.

1. The Patriot News — (Friday, March 23, 2012)
2. The Press and Journal — (Wednesday, March 28, 2012)
3. The Upper Dauphin Sentinel — (Tuesday, March 27, 2012)
4. The Sun/Hershey Chronicle — (Thursday, March 29, 2012)
"I think it is important to have benchmarks and to increase efficiencies into the MH plan regarding the allocation of monies, but I don’t understand why the Budget Office won’t negotiate with the counties. This is about people’s lives.” Anthony Watson

“I am a member of the Dauphin Clubhouse. The Clubhouse is my family and so is the CMU. I think it is a travesty that the State does not understand individuals with mental illnesses. We absolutely need a Warm Line for people to have someone to talk to. We are going to have far-reaching problems with the proposed cuts. I think we will have more people on the streets and in prison.” Kim Pry

“I see mental health services as my lifeline. I have been in the state hospital. People are going to be in the prison systems. We are in crisis now and if this proposed budget goes through we will be devastated. I encourage people to contact their senators and representatives so we can go back to full mental health funding. I was very happy to see that some of the peer supports’ concerns were in the plan, especially the peer respite.” John Hartley

“I think a consumer-run Warm Line is needed for people with mental illness in Dauphin County to have someone to talk to and it would be free. If I was not in the mental health system, I would not be able to have psychiatric services because I made too much money for medical assistance.” I also think that a support group for parents is needed for children who are dually diagnosed (mental health and substance abuse). When my daughter was diagnosed, I was at a loss. I did not know what to do or what to expect.” Michele Printup.

“During the Recovery-Oriented Systems Indicators (ROSI) Focus Group Interviews and Training in 2012 my skills were enhanced once again. The skills enhanced were: communications, accountability, punctuality, respect, and my personal good grooming.” Kim Pry

“The ROSI Focus Group Project was an educational experience for me. We were like the ‘A TEAM’ working on the project together. I amazed myself on the great job that I did on the Project. My self-esteem increased immensely.” April Schaeffer

“It is so good to do the ROSI Focus Groups for 2012. I felt like I was making a contribution to the cause of improving and transforming mental health services in Dauphin County.” Anthony Watson

I really enjoyed my experience on the ROSI Focus Group Project, just as I did last year. I am always learning something different and building my skills. Tonya Long
LOCAL PROVIDER DESCRIPTION

The Dauphin County Mental Health/Intellectual Disabilities Program is the local PATH provider and is a department of the County of Dauphin. The Dauphin County MH/ID Program has the statutory responsibility for the administration and provision of services and supports to adults and children experiencing serious mental illness and co-occurring disorders under the Mental Health/Mental Retardation Act of 1966.

The Dauphin County Crisis Intervention Program (CIP) is a department within the Dauphin County MH/ID Program and is one point of contact for PATH services. The Crisis Intervention Program (CIP) is the only direct service offered at Dauphin County MH/ID. CIP provides 24-hour, seven days per week telephone, walk-in and mobile outreach to persons experiencing a crisis. Outreach, assessment of presenting problems, service and support planning, referral and information, brief counseling, and crisis stabilization are the core services. Letters of Agreement with case management entities — CMU, Keystone Service Systems’ Keystone Community MH Services Intensive Case Management, and NHS Capital Region’s ACT – establish roles and responsibilities for 24-hour response to individual needs. The use of Language Line services is in place when staff cannot meet linguistic needs of callers and individuals seeking services. CIP assists individuals who are PATH eligible by linking them with needed services and supports that are available in the community.

Downtown Daily Bread, a program of the Pine Street Presbyterian Church, is another point of contact for PATH services beginning in FY 2011-2012. Downtown Daily Bread has a soup kitchen which serve persons a daily hot meal, as well as a case management/support program for 30 individuals which includes mail service and showers several days per week. As a community-based meal program, they are developing outreach, including in-reach services and supports to persons who are street homeless and unsheltered in Dauphin County. Dauphin County MH/ID Program contracts with additional agencies for PATH services to the homeless population. Information regarding these providers are included in their respective Intended Use Plans.

Dauphin County is located in the South Central Pennsylvania and it is comprised of 40 municipalities and is a mix of rural, urban and suburban areas. Dauphin County has an estimated population of 253,300 persons. There are 525 square miles, and the Susquehanna River is one of its borders. Dauphin County includes the City of Harrisburg, a small urban center and is also the State Capitol.
The amount of PATH funds allocated to Dauphin County MH/ID by the Department of Public Welfare, Office of Mental Health and Substance Abuse Services (OMHSAS) in FY 2012-2013 is a total of $114,835 which consists of State Funds of $39,046 and Federal Funds of $75,789.

Based upon the data presented in Dauphin County’s PATH Annual Report for 2010-2011, it is projected that outreach efforts will be made with approximately 500 persons and 250 unduplicated persons will be enrolled in PATH services during the next Fiscal Year 2012-2013. It is expected that approximately 130 individuals will be literally homeless or in short-term shelter at the time of enrollment and the remaining 120 individuals will be at imminent risk of homelessness. A PATH Eligibility and Support Plan form screens individuals eligibility for PATH funding and is also used to document the supports and services that are planned with the individual to address their specific needs.

COLLABORATION WITH HUD CONTINUUM OF CARE

The Dauphin County MH/ID Program is an active participant in the local HUD Continuum of Care organization at both the administration and direct service level. CACH (Capital Area Coalition on Homelessness) is a committed volunteer effort in Dauphin County based on an active membership and strong leadership. Funding for CACH’s activities include: County of Dauphin, City of Harrisburg, United Way, and The Foundation for Enhancing Communities. CACH coordinates and develops partnerships with Housing Services, Homeless Services, and Human Services through Resource Development, Service Delivery, Public Awareness, Data Collection, and Coordinating Committees. CACH is responsible for submitting the Annual HUD Continuum of Care Application. In 2007, CACH developed and submitted to HUD’s Interagency Council on Homelessness, the County of Dauphin and City of Harrisburg’s Blueprint to End Homelessness, a ten-year Strategic Plan. The strategic plan is currently undergoing a mid-stage review.

MH/ID is especially active on the CACH Service Delivery Committee which has a lead role in conducting training, education, the Point-in-Time survey, HMIS, networking, and systemic problem resolution. A CACH project is Safe Harbor and operated by Christian Churches United. It is a HUD model Safe Haven facility, located at Cameron and Kelker Streets. Safe Harbor houses 25 chronically homeless men with serious mental illness and/or co-occurring disorders working towards permanent housing. A Safe Haven for women is near implementation.

COLLABORATION WITH LOCAL COMMUNITY ORGANIZATIONS

Dauphin County MH/ID Program contracts with a network of private, non-profit agencies in collaboration with staff at the Crisis Intervention Program, as well as with the homeless provider network. Other resources are available from agencies not contracted with by the Dauphin County MH/ID Program. The behavioral health managed care company for Medicaid eligible individuals is Community Behavioral Healthcare Network of Pennsylvania (CBHNP). All of the resources listed will be available to persons served as needed and eligible within the limitations of available
funding. Dauphin County intends to develop a SOAR case manager position (not funded with PATH funds) in 2012 to improve the provision of income and health/behavioral health benefits to the targeted population.

The County Department of Drugs & Alcohol Services functions as the Single County Authority for substance abuse services, including prevention. Individuals can access drug and alcohol services directly with providers of their choice in Dauphin County. The drug and alcohol system developed a Recovery Specialist position funded by HealthChoices as a peer support. The RASE Project is implementing the position in Dauphin County, and collaboration has begun through shared staff in-services between RASE Project and the CMU. Collaboration should expand in the next fiscal year.

In Dauphin County, the CMU (Case Management Unit) is the agency that provides the initial registration and psychosocial/financial intake interview for individuals to access the array of MH services available. They also provide several levels of case management such as, three types of targeted case management and administrative case management. A Homeless/SOAR administrative case manager position is located at the CMU. A division of Keystone Service Systems – Keystone Community Mental Health Services also provides intensive case management services.

CMU, Philhaven and Keystone offer Certified Peer Specialist services that are licensed and approved by OMHSAS (state regulatory agency) and CBHNP (BH-MCO). Various agencies have Peer Specialists imbedded in their programs, providing an ongoing focus on recovery within the programs.

Dauphin County has 10 (ten) licensed outpatient psychiatric clinic providers that offer medication management, outpatient therapies and psychiatric evaluations to adults, older adults, transition-age youth and children with serious mental illness or serious emotional disturbance and/or adults and children with co-occurring disorders. Some outpatient providers have unique characteristics or serve specific populations of Dauphin County residents.

Two of ten psychiatric outpatient clinics, Pennsylvania Counseling Services and T.W. Ponessa, also operate licensed drug & alcohol outpatient clinics. Mazzitti & Sullivan and Gaudenzia also operate D & A outpatient clinics in Dauphin County.

NHS Human Services – Capital Region provides psychiatric outpatient, telepsychiatry, residential and Assertive Community Treatment Team (ACT) services. NHS and Philhaven offer partial hospitalization services. Dauphin County also has a Clubhouse operated by Philhaven and a consumer-run drop-in center.

Community Residential Rehabilitation (CRR) services offer many choices to individuals to support independence in their recovery journey. Licensed programs offer varying degrees of support and are in both a group model, as well as scattered apartment settings. Dauphin County contracted residential providers are Elwyn, KSS’ Keystone Community Mental Health Services and Gaudenzia. Supportive living services, including supportive housing, are provided by two agencies, Volunteers of America (VOA) and Keystone. CPSS is a smaller provider of supportive living services and a PATH contracted agency.
Short-term temporary residential services are available to PATH eligible individuals until a more permanent housing solution is identified. There are two providers contracted with Dauphin County MH/ID Program for specialized CRR services: Northwestern Human Services' Windows Program in downtown Harrisburg and Community Services Group (CSG) in the Steelton community. These programs provide short-term 45-day housing, 5-day crisis beds with 24-hour, 7-day per week staff oversight. Both CSG and NHS programs have a psychiatrist available for evaluations, as well as a medication management until an individual can be successfully connected to community mental health outpatient services. Keystone also provides a short term transitional supportive living housing program for individuals.

Dauphin County contracts with NHS and Keystone for Specialized Care Residences (SCRs) that are licensed as Personal Care Homes (PCHs) but are exclusively for adults and older adults with serious mental illnesses. Staff has extensive mental health training, clinical support skills, and meets the unique characteristics of residents who also require PCH level of care. Personal care services include: assistance in completing tasks of daily living, social activities, assistance to use community services, and individualized assistance to enhance daily goals and life quality. Dauphin County also contracts with Paxton Ministries and Graysonview Harrisburg to provide personal care services.

Ongoing collaboration with many of the Dauphin County contracted providers and the homeless provider network, assist in ideally providing the right combination of supportive services to individuals in securing permanent housing for PATH eligible individuals to live successfully in the community.

Dauphin County MH/ID Program has developed a strong collaborative working relationship with the County of Dauphin Housing Authority and jointly link individuals to approved landlords that accept HUD-funded Shelter + Care and Project Access vouchers. Additionally, many providers have developed ongoing relationships with local private landlords and public housing. Through collaboration and support the landlord/tenant relationships have been strengthened, and there is stability in permanent housing options.

Dauphin County has re-established the Local Housing Options Team (LHOT) and has revamped the landlord/tenant protocol. This group is currently developing a master list of landlords renting to individuals in service. A landlord training will be scheduled to introduce the revised landlord/tenant protocol and to further develop relationships with private landlords.

Employment services in Dauphin County are comprised of varying degrees of support and independence. Employment is viewed as a measure of personal success and recovery because of the value society as a whole places upon employment as an indicator of independence and personal accomplishment. There are a few vocational agencies contracted with the County Mental Health Program: Goodwill, AHEDD, and Cumberland-Perry ARC (CPARC). These agencies provide pre-vocational, job placement and job coaching services to individuals at times in their transition into more
stable housing. The YWCA is in year three of a five-year SAMHSA grant to provide evidence based Supported Employment services to individuals in Dauphin County. Most programs also have contracts with the PA Office of Vocational Rehabilitation. A Transformation Committee on Employment hosted by MH/ID completed train-the-trainer mobility training for professionals and persons in recovery and is working on a guide to employment services for persons using mental health services.

Susquehanna Safe Harbor Project is the local version of a HUD approved Safe Haven program. The program is a "low demand," housing first model designed to offer transitional housing for up to 25 men with serious mental illness for up to two years. The second floor of the program is designed for transitional housing for individuals who are able to obtain steady income and pay monthly rent. Agencies can refer and individuals are screened by Crisis Intervention or CMU staff to verify homelessness and the diagnosis of serious mental illness. Most individuals in the program benefit from accessing targeted mental health case management services and other services when they are ready. A safe haven program will soon be implemented for women in Dauphin County.

There are several HUD 811 projects in Dauphin County. The most recently developed 811s are: Creekside Village located in Lower Paxton Township, New Song Village located in Swatara Township, operated by Volunteers of America (VOA) and Baldwin Village located in Steelton are permanent affordable housing projects for individuals with serious mental illness and one is for persons with physical disabilities. Paxton Ministries supports a Fairweather-type Community Lodge program in Dauphin County for up to five individuals, and Paxton is in the process of developing a second Lodge.

Hamilton Health Center is a federally qualified health center and offers comprehensive medical services, including dental services. Dauphin County MH/ID Program has been working collaboratively with Hamilton Health Center to develop an integrated physical/behavioral health model of service delivery. A behavioral health partner has been identified and the partnership agreement is being developed. The plan includes a Partners in Integrated Care (PIC) model. Approximately 33% of the individuals served at Hamilton Health Center are uninsured.

Mission of Mercy provides mobile medical outreach and care to homeless individuals and those who are uninsured or underinsured to obtain appropriate medical care. Catholic Charities continues to provide outpatient therapy services to individuals served by Mission of Mercy. Several other local church organizations run soup kitchens and food pantries to assist individuals in need of food.

The primary program for assistance with basic needs and emergency housing is the HELP Office operated by Christian Churches United. Emergency shelters include: Bethesda Mission, Salvation Army, Shalom House, Interfaith Shelter and the YWCA Domestic Violence services. In addition to the HELP office, MH case management entities and the Crisis Intervention Program have consumer and housing support funds available to assist individuals as needed, in which a portion of these funds are in Dauphin County’s existing PATH funding.

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Dauphin County Mental Health continues to work on the following goals in physical health and wellness with a small group of dedicated providers:

1. Engage PH-MCOs and local health systems for wellness training and education,
2. Organize health topics in a readable format for individuals, families and providers, and
3. Support efforts to increase provider responsiveness to health issues.

Dauphin County in conjunction with the other HealthChoices counties in our behavioral health territory worked with CBHNP and CABHC (Capital Area Behavioral Health Collaborative) to identify areas of improvement for behavioral and physical health integration. Training from the Lilly Foundation was offered to targeted case managers regarding managing diabetes. Training was also offered to individuals in services by the Pennsylvania Mental Health Consumers Association (PMHCA) entitled: “How to talk to your Psychiatrist”. CBHNP is developing a “Wellness Toolkit” that is in draft form, and it will be a self-guide for persons in mental health services to take action on physical care needs and issues.

Dauphin County MH’s Wellness Committee has taken SAMHSA’s 10 by 10 Pledge to decrease the mortality rates of individuals with serious mental illness by ten percent in 10 years. Over the next year, the MH Wellness Committee will be conducting monthly educational wellness events for individuals in service and professionals, including children and their families, on health topics and actions to prevent chronic health issues. A monthly newsletter on wellness is also published by Dauphin County MH/ID Program.

SERVICE PROVISION

List and Description of PATH Services

A list and description of services to be provided using PATH funds in Dauphin County during Fiscal Year 2012-2013 include:

1. Outreach services (partially funded, focused on street outreach)
2. Screening and assessment for treatment services (partially funded)
3. Habilitation and rehabilitation (partially funded)
4. Staff training (partially funded)
5. Case management (partially funded, focused on street/literally homeless PATH eligible persons)
6. Housing services
   - Housing-technical assistance in applying for housing (partially funded)
   - Housing-improving coordination of housing services (partially funded)
   - Housing-security deposits (partially funded)
   - Housing-matching individuals with appropriate housing (partially funded)
   - Housing-rental payments to prevent eviction (partially funded)

A detailed description of each PATH service in Dauphin County follows:
Outreach Services

Outreach services were expanded in FY 2011-2012 through contract with Pine Street Presbyterian Church’s Downtown Daily Bread to provide street outreach and in-reach services. Specifically, in-reach at existing lunch and lunch plus programs, free meal sites, churches, shopping centers, food pantries, public government buildings and other sites yet to be identified where persons who are homeless, including chronically homeless, seek assistance with their basic needs and weather related issues. This will be a PATH-funded service.

The Crisis Intervention Program (CIP) also continues to provide outreach to the targeted population of persons experiencing homelessness with a serious mental illness and/or co-occurring disorders. PATH eligible individuals may be identified by providers, community hospitals, businesses or residents. Individuals may be self-referred or referred by others, including law enforcement, healthcare personnel, and concerned individuals. CIP determines PATH eligibility and provides outreach, initial screening, service planning, information and referrals.

CMU (Case Management Unit) provides some outreach to PATH eligible individuals to assist in registering those with a serious mental illness and those with co-occurring disorders into the community mental health system. The CMU services are not PATH funded.

Dauphin County projects added benefit from outreach services, particularly in-reach when outreach staff are placed at service sites frequented by homeless people. There also would be a benefit from case management services aimed at engaging persons in planning for services, including drug and alcohol screening & assessment, mental health evaluation and treatment, housing, and supports such as assistance with entitlements and other basic supports.

Screening for diagnostic treatment services

Crisis Intervention Program performs initial assessments of individuals when conducting an outreach. The information provided to CIP is documented in a case progress note, and the PATH Eligibility and Support Plan form for individuals in need of and willing to accept mental health services and supports. Following an outreach, many individuals are referred to the CMU to be registered in the MH system and referred for additional services as needed. Individuals needing emergency psychiatric treatment will be assessed by CIP and referred to appropriate settings as needed.

Outreach staff at Downtown Daily Bread has been trained to screen for mental health services and supports and has extensive drug & alcohol experience. The goal will be to engage literally homeless individuals, without regard to whether or not the person is a member of a family, into treatment and supports by using engagement and relationship building strategies to identify persons in need of mental health and/or co-occurring treatment and supports, support for meeting immediate needs and referrals to appropriate housing resources. Direct face-to-face interactions in locations that homeless persons are comfortable with allow for sustained contact for rapport and trust building. These are key factors in working with a population of individuals who often
experience or have experienced fear and distrust of formal community institutions and services.

Habilitation and Rehabilitation
The Independent Living Resource (ILR) for PATH eligible individuals assists by developing and enhancing life skills based on individual need. The skill sets that are offered include budgeting, homemaking, self-care, interpersonal skills, pre-vocational guidance, as well as mobility training. ILR services are provided by two contracted providers: Keystone Community Mental Health Services and the Central Pennsylvania Supportive Services (CPSS) on a fee-for-service basis.

Staff Training
A PATH Training Committee consisting of representatives from Crisis Intervention Program (CIP), Dauphin County’s Department of Drug & Alcohol Services, YWCA, and Brethren Housing convenes to assist with selecting training topics. The training may also address cross-system co-occurring training needs. Training topics may also be proposed by input from the Capital Area Coalition for Homelessness (CACH)’s Service Delivery Committee where there is cross-representation. All trainings maintain a commitment to the fundamentals of recovery and resiliency in the mental health system. In 2012, training is scheduled for SOAR implementation and partners taking on SOAR implementation and coordination responsibilities in Dauphin County.

Case Management
Case management services provided at Downtown Daily Bread are intended to sustain the relationship built through outreach/in reach efforts through the assessment, planning and implementation of services and treatment in coordination with the behavioral health system and utilizing housing resources. Case management services are located at the areas where homeless individuals frequent. Activities will be provided to assist the individual with meeting basic needs including access to showers, mail service, clothing, applications for entitlements and housing, and representative payee services. Case management will develop rapport and build relationships with individuals in working toward engaging them in mental health and drug & alcohol treatment supports with being sensitive to the fears and anxieties in using formal services, stigma associated with mental illness, recovery, and illness management. The Outreach Specialist at Downtown Daily Bread works with the CMU to assure a connection is made with the mental health system for treatment and supports for individuals.

The CMU’s administrative mental health homeless case management position, not funded through PATH funds, has been redesigned and will maintain a small caseload of homeless individuals as well as the responsibilities of SOAR case manager for Dauphin County. The SOAR case manager will work closely with individuals assisting in processing SSI/SSDI applications.

Housing Services
Dauphin County continues to offer a way to individualize our responses to the housing challenges faced by PATH-eligible persons.

- Planning of Housing: The development of housing resources in Dauphin County for individuals with serious mental illness has moved toward
“Concepts of Housing with Care”, a service philosophy that has made valuable use of housing assistance vouchers and long-term housing development such as Shelter Plus Care and Project Access programs. The Dauphin County Housing Plan to carry out the OMHSAS Housing Initiative is a component of the Annual Mental Health Plan for 2013-2017.

- Technical Assistance in Applying for Housing Services: Knowledge and understanding of the complex application process and the documents required to apply for subsidized housing, can be difficult for individuals. Assistance is available to PATH eligible individuals in identifying available housing resources, completing applications and accessing the documentation necessary to successfully secure affordable housing subsidies. Dauphin County, including the Crisis Intervention Program, Downtown Daily Bread, and other mental health agencies continue to participate in the ongoing Project CONNECT events that are planned.

- Improving the Coordination of Housing Services: Ongoing coordination and collaboration within the homeless service network and mental health providers for PATH enrolled individuals continue to be developed. Relationships continue to be developed with landlords, shelters, other housing programs, churches and community agencies are essential in meeting the needs of individuals or families who are literally homeless or at imminent risk of homelessness.

Security Deposits: Dauphin County can assist PATH-eligible individuals with funds for security deposits or first/last month rents. CIP and case management entities provide this assistance. This service can provide quicker access to more permanent housing options for individuals, rather than relying on limited shelter space.

Costs Associated with Matching Eligible Homeless Individuals with Appropriate Housing Situations: When individuals secure appropriate housing, there are additional costs associated with that housing other than security deposit or first/last month rent. Some costs may involve rental application fees, furnishings, moving expenses and establishing good credit/reducing or eliminating bad debts. CIP and all case management entities have access to limited funds for transition purposes that result in more stable housing.

One-time Rental Payments to Prevent Eviction: PATH enrolled individuals can receive a one-time rental assistance to prevent eviction. CIP and all case management entities have access to limited funds for preventing eviction on a one-time basis.

Service Gaps

There are service gaps where capacity does not meet demand. The needs of homeless individuals for psychiatric services are prioritized along with several additional target groups such as persons with forensic involvement and acute inpatient discharges in order to prevent readmissions. Several providers such as Catholic Charities, TW Ponessa and NHS Human Services have attempted to provide access to appointments for individuals with urgent need to access psychiatric services.
PATH-funded services need to continue to be flexible and address the unique needs of the homeless individuals served in Dauphin County.

- High demand for individuals seeking assistance from the community mental health system due to homelessness or the imminent risk of homelessness.
- Limited availability of emergency shelter space.
- Limited existing resources and long waiting lists for transitional, as well as permanent housing resources.
- Programs are challenged with lack of trained staff equipped to meet the special needs of consumers with co-occurring disorders.
- The Homeless Outpatient Clinic operated by Catholic Charities continues its efforts in conjunction with CMU in assuring homeless consumers continue to follow through with attending consecutive appointments. There are a total of four psychiatric appointments available per month at this clinic. However over the last year there has been a reduction in the amount of available appointments at the homeless clinic. Due to the high amount of no shows being a challenge, the provider is now using several appointments for their internal homeless housing programs.
- PATH-eligible young individuals often have limited skills sets and resources to successfully transition to independent living in the community. Unfortunately these individuals are often frustrated in their search for more natural conventional, secure, and permanent housing that does not require services to be attached.
- Individuals being released from the criminal justice settings sometimes are not a good fit in shelter settings or are not eligible for subsidized housing due to past criminal charges. The Homeless Prevention and Rapid Re-housing Program (HPRP) funds used to assist some eligible individuals in securing independent apartments in the community have been exhausted. A small grant from County funds will be utilized to assist individuals being released from state and federal correctional facilities, but is based on availability of funds and eligibility criteria.

Needs of the Co-Occurring Population

Addressing the complex needs of the co-occurring population in Dauphin County has been challenging. In order for this population to be served effectively, outpatient mental health providers should offer integrated treatment approaches with this population. But instead, due to the Commonwealth’s organization two different State departments oversee mental health and drug & alcohol services. One department was just established from a former bureau in the State Department of Health. A bureaucratic nightmare at State and County, even provider’s levels of care makes service provision extremely unlikely for vulnerable and disenfranchised persons.

Dauphin County is charged with assuring there are established services and contracts for services to meet the needs of individuals with serious mental illness and who also have substance use disorders. While the regulatory authority of services lies with both the Department of Public Welfare (mental health) and the newly formed Department of
Drugs and Alcohol, County administered programs plan for, but cannot implement, integrated treatment model services to meet the needs of persons with co-occurring disorders. Among persons who are medical assistance eligible, services are administered through the same behavioral health managed care organization (CBHNP).

The services described in this section on Collaboration with Local Organizations provide a thorough outline of services available which are County funded and Medical Assistance-funded for individuals with co-occurring disorders. Briefly, the co-occurring population has access to outpatient services, partial day programs, residential services, and support services such as targeted case management, supportive living, social rehabilitation, as well as inpatient care. Unfortunately, most services are delivered in a parallel or sequential method between mental health and drug and alcohol agencies.

Evidenced-Based and Promising Practices

In order to receive and have access to most mental health services in Dauphin County, registration with the Base Service Unit (BSU) is an essential first step in providing the individual access to the array of services that are available. Once registered with the BSU, an individual will have access to evidence-based and promising practices that operate with fidelity. These services can benefit literally homeless, including chronically homeless individuals, and those at imminent risk of homelessness who we are seeking to engage in mental health and co-occurring services. The following are evidence-based and promising practices that are currently available in Dauphin County:

**ACT Assertive Community Treatment** – There are limited County-funds available for persons to receive these services until other benefits and entitlements are secured.

**Supported Employment** – YWCA has a SAMHSA grant to implement supported employment model for individuals with a serious mental illness and/or co-occurring disorder, including homeless persons interested in competitive employment. Dauphin County also contracts with AHEDD for supported employment services.

**Family Psycho-Education** – Dauphin County NAMI offers several classes per year for family members in the Family-to-Family Program. This resource may be valuable for family members to better understand their relative, spouse, parent or child.

**Integrated Treatment for Co-occurring Disorders** – PATH-funded training under the existing PATH grant continues to support the co-occurring training needs of the homeless network in Dauphin County. Two outpatient psychiatric clinics have D&A outpatient clinic licenses and efforts will be made to engage them in serving literally homeless individuals. Integrated treatment does not exist in Dauphin County due to antiquated bureaucratic licensing and regulations at State government levels. Most persons must seek services from two providers and/or two separate clinicians. Dauphin County MH/ID program funds two residential programs based upon a Therapeutic Community model and many persons are also forensically involved as well. A proposal is under review to establish a partial hospitalization program using the IDDT (Integrated Dual Disorder Treatment) program supported by SAMHSA.
Illness Management and Recovery – Several agencies use this program in small groups and individually in social rehabilitation and residential services.

Additional recovery-oriented and promising practices such as Wellness Recovery Action Planning, Advanced Directives, certified peer specialists and Fairweather Lodge have been described in other sections of the PATH Intended Use Plan. Peer-led Double Trouble meetings are available five days/week, including the rural Dauphin County area, to provide additional support to individuals dealing with co-occurring disorders. Forensic Intensive Case Management, Mental Health and Drug Courts are also available to individuals that qualify for alternative sentencing and treatment options as an alternative to incarceration. Two of Dauphin County’s mental health outpatient clinics and the NHS ACT team have been trained in the Seeking Safety model. A certificate for therapists in some outpatient clinics is being arranged for Cognitive Behavioral Therapy and Dialectical Behavioral Therapy.

Dauphin County relies upon State and County Base MH funds to support the use of evidenced based and promising practices, as well as Medicaid managed care under HealthChoices and some programs benefit from grants.

Strategic Initiative #3 Military Families

PATH services are available for non service connected veterans who may also be homeless and their families by accessing the same array of services available to any individual that seeks services and meet PATH eligibility. For persons and their families who are service connected, veterans assistance is provided through information and referral in applying for and accessing benefits and services that they are entitled to receive through the Office of Veterans Affairs administrative office. In some cases, due to gaps in services, veterans and their families are served by both the MH and VA systems based on their need and eligibility for services. The County’s Veteran Affairs Office annually coordinates a Stand Down program, and veterans and their families are part of the Project CONNECT outreach and follow-up.

Strategic Initiative #4 Recovery Support

As indicated throughout the Intended Use Plan, Dauphin County embraces the Principles of Recovery and Resiliency. An Annual Plan submitted to the Commonwealth’s Department of Public Welfare/Office of Mental Health and Substance Abuse Services details all the transformation activities undertaken to move our system toward a recovery and resiliency orientation. Most activities include all stakeholders and all individualized teams supporting persons have a common message to be recovery/resiliency oriented, work with a person’s strengths, consumer-driven, and emphasize the use of natural, peer, and family support. In Dauphin County, a Community Support Program (CSP) Committee is actively involved in the system planning as well as improving person involvement in leadership roles and evaluation.
activities. Dauphin County’s MH/ID Program staff create opportunities and support recovery at all levels of the system.

DATA

The Dauphin County Mental Health administration and CIP staff have completed training on the use of the Federal Homeless Management Information System (HMIS). Downtown Daily Bread and various agencies in the homeless provider network are already using HMIS to collect data under the CACH umbrella. Currently a Microsoft ACCESS database captures the PATH data outlined in the Annual PATH Report. There is an ongoing concern about the frequency of system level issues and access issues in HMIS. Dauphin County does not pay for HMIS training or HMIS activities with MH and/or PATH funds. The Capital Area Coalition on Homelessness (CACH) is the local planning group in Dauphin County and the CACH funds the HMIS training and activities around data collection. Dauphin County MH/ID Program and its homeless contractors will implement HMIS as an expectation with OMHSAS by 2013.

ACCESS TO HOUSING

PATH funds continue to assist individuals who are literally homeless and at imminent risk of homelessness in securing permanent housing. PATH services continue to remain flexible and sensitive to the unique needs of individuals. Downtown Daily Bread and CIP continue to provide outreach to build rapport and engage individuals in appropriate mental health treatment and support services and available housing. Several temporary options are considered first in addressing immediate housing needs and once established can lead to a permanent housing situation, which include the following options:

General shelter/housing programs:

- Bethesda Mission, supplying emergency shelter services for men in some extended stay options, in the city.
- Shalom House, a shelter site available to single women and to women with children in the city.
- YWCA, providing transitional housing services for women, in the city. Provides overnight shelter for homeless women during the winter months
- Delta Housing, operated by Gaudenzia, provides transitional services in small apartment settings for women and women with children.
- Interfaith Shelter, a facility for intact families operated by Catholic Charities is moving to the Colonial Park area of Harrisburg.

Private and public resources outside the conventional human service agency framework:

- Harrisburg Housing Authority, in Harrisburg city.
- Dauphin County Housing Authority, with units outside the boundaries of Harrisburg city and the balance of Dauphin County.
- Hotel and motel proprietorships, allowing short-term stays with sponsorship for people, both in the city and in the suburbs.
- YMCA SRO for men not limited to city residents.
- Susquehanna Safe Harbor, a housing first program for 25 homeless men with serious mental illness.
- Overnight Shelter is being staffed by church volunteers for men and for women at the YWCA. This is offered from November to March each year.
- A Safe Haven model for women is in the process of being implemented.

Structured community residential rehabilitation programs are available and are operated by Northwestern Human Services and the Community Services Group, which provide short-term residential placement for homeless individuals also needing structure and support in order to address their psychiatric needs. These two programs represent a crisis diversion capacity of four (4) combined and are located in the City of Harrisburg and the Borough of Steelton respectively. Over 60 additional residential beds are in varied locations and settings throughout the County and are provider lease-held. Dauphin County also contracts with licensed personal care homes and specialized personal care homes for individuals in need of a higher level of service.

Housing Partnerships: The Dauphin County MH/ID Program has been working collaboratively with the following partners in developing affordable housing options for individuals with serious mental illness. They consist of: CACH, County of Dauphin Housing Authority, Volunteers of America, and Paxton Ministries, as well as new developers being established in the County.

The MH/ID Program continues to further develop potential partners with whom we need to improve our relationships with such as, Dauphin County’s Department of Community and Economic Development and the Harrisburg City Housing Authority.

Recently, the Capital Area Coalition on Homelessness (CACH) became the Local Lead Agency (LLA) organization to work in collaboration with PHFA, and the County Department of Community and Economic Development. This newly established relationship (LLA) will serve as a clearing house for referrals to new housing projects such as tax-credit properties and HUD 811. They will also act as a liaison between area service providers and building or property management.

Volunteers of America is a longstanding provider of mental health services and a housing provider. The organization has developed two HUD 202s for low-income elderly and two HUD 811s for low-income individuals with mental health diagnoses. VOA's projects located in Dauphin County provide safe and affordable housing and are routinely fully occupied.
The YWCA of Greater Harrisburg, also a CACH member agency, has been a great partner and catalyst for housing in Dauphin County. The Vice-President for Program Development at the YWCA is committed and actively involved in expanding the homeless services network and addressing the needs of this target population.

Paxton Ministries developed a Fairweather-type Community Lodge in the Penbrook area for up to five individuals with plans to expand to one additional Community Lodge. The Paxton Lodge is run and managed by the individuals living in the home. All expenses are paid for by the individuals living there and any decisions made regarding the Lodge are made by its members. Paxton Ministries is currently in the process of searching for potential properties for a second Lodge. The business model the Lodge developed is a cleaning company named Paxton Cleaning Solutions and have developed contracts with several area businesses to clean offices.

STAFF INFORMATION

Cultural Competence is fundamental to a recovery-oriented mental health system in Dauphin County; building competence needs to be deliberate and overt. The purpose of the Cultural Competency Task Force is to promote, enhance, and integrate cultural competence throughout the mental health service delivery system in Dauphin County. The Task Force seeks to achieve its purpose by engaging in the following activities:

- Appreciating and acknowledging our own diversity and the diversity of the mental health service delivery system.
- Seeking to develop consensus on cultural competency definitions and principles.
- Assessing current levels of cultural competency among service providers.
- Identifying needs and barriers to cultural competencies.
- Recommending changes to county systems and processes that allows everyone access to services and supports for recovery that are compatible to their cultural needs and culturally relevant.

The Cultural Competency Task Force’s purpose was completed through the following activities:

- Completion of the Cultural Competency Project, which provided activities to educate the community and promote a culturally competent MH service delivery system
- Art exhibit and reception held featuring the artwork of adults and transition-age youth in recovery
- Cultural Competence Assessment Guide Survey Results Report
- Event celebrating the success of Cultural Competence in Dauphin County
- Highlights of the Cultural Competency celebration submitted to Dauphin County

Dauphin County MH Providers continue to pursue cultural competence in each of their respective agencies by utilizing their own diverse staff to conduct training as well as using outside sources to further develop the agencies overall cultural competency.
The Crisis Intervention Program has one staff member that is bilingual in Spanish and English. Crisis has an agreement with the Language Line service; through which providers and individuals may have telephone access to interpreter services in many languages. The Crisis Intervention Program’s agency brochure is available in Spanish and in English. Crisis Intervention staff including the lead homeless caseworker, have many years of experience with understanding and responding to the sensitive needs of individuals with diverse backgrounds.

Downtown Daily Bread has a diverse staff working in their soup kitchen and support program. The Outreach Specialist position hired in late 2011 has experience working in community and professional setting with very diverse populations, including persons in rural and highly urban areas. Sensitivity to age, gender, and cultural differences is highly valued in the Downtown Daily Bread environment because the ability to successfully engaged individuals is a foremost goal of the program. Training needs in the area of cultural diversity/competence will be assessed and addressed through monthly meetings and periodic administrative reviews.

Keystone Community Mental Health Services and the CMU are two examples of agencies that continue to cultivate staff sensitivity to cultural and ethnic differences and have many language competencies at particular programs they operate. Mental health agencies may also use contracted interpreter services when needed. Several agencies also periodically offer staff and individuals in service training on cultural topics and skills.

We do not traditionally include a survey of the demographics of the staff hired in programs that are partially funded by PATH dollars. Service providers, and the County-operated Crisis Intervention Program are encouraged to hire staff representative of the population they serve demographically by age, race/ethnicity and gender while hiring the best qualified candidate for the position. The CIP is also part of the Civil Service system and County Human Resources Department who reviews and monitors staff composition and equal employment opportunity criteria. We will continue to explore further surveying agencies partially funded with PATH to better understand staff demographics in relationships and how it relates to the population served.

CONSUMER INFORMATION

Dauphin County is a third class county located in south central Pennsylvania with a population estimated at 253,000 persons. There are 525 square miles and 40 municipalities bordered by the mile-wide Susquehanna River. Dauphin County includes the City of Harrisburg, a small urban center, and also the State Capitol. Many suburban communities and townships have their own unique characteristics. One geographical area known as Upper Dauphin is primarily rural. In 2002, Dauphin County was designated as an urban county and receives over $1 million annually in Community Development Block Grants (CDBG) from HUD to fund projects that stimulate economic growth and serve the underprivileged.

The Capital Area Coalition on Homelessness conducted a 2011 Point-in-Time Survey of individuals and families who experience homelessness and the services they request.
The purpose was to study the number of individuals and families seeking homeless related services. A total of 791 survey responses were collected with an unduplicated count of 567 adults and 224 children. Most respondents were male (51%). Unduplicated responses, 276 or 49 percent were from females. The majority of the respondents were either Caucasian (39 %) or African-American (48.5%). The next largest group was Hispanic with slightly over 8 percent. Sixty-seven persons (12%) identified themselves as veterans. Most survey participants stated that they were single adults (70.3%) living alone. In the period of three months prior to the survey, large percentage of the respondents (65.82%) stated that they had been living in the City of Harrisburg. Over 15 percent (15.9%) stated that they had lived elsewhere in Dauphin County.

Project CONNECT continues to offer and focus on having the homeless provider network available as well as other needed services that would assist individuals in addressing their specific housing, mental health, physical, financial and medical needs. Preliminary data is not yet available.

The Dauphin County MH/ID Program anticipates the demographic profile of persons served to be similar to the previous year annual data. 93% of the persons served in 2010-2011 were ages 18-64. 52% were males and 48% were females. Among persons reporting race/ethnicity 40% were African-American; 45% were Caucasian and 11% identified Hispanic or Latino. 69% were identified with a primary diagnosis of an affective disorder; 25% were identified with a diagnosis of schizophrenia and related psychotic disorders, and 62% were identified with a co-occurring substance abuse disorders. Non-veterans were 85.5% of the persons served. 53.6% reported their housing status as living outdoors (e.g. street, abandoned or public buildings, and automobiles) and 24.7% were living in short-term shelter and less than 10% were staying with a friend or someone’s place.

CONSUMER INVOLVEMENT

The Dauphin County MH/ID Program recruits and trains volunteers on an ongoing basis to conduct surveys and utilizes the expertise of the County Quality Assurance staff to compile and analyze the information received and explore next steps or recommendations that can be pursued. The survey data outcomes and reports are shared internally with program staff, the Adult MH Committee of the MH/ID Board, and the Dauphin County Community Support Program (CSP) Committee. Volunteers are trained and supported by County staff in their roles and receive a stipend for their services. This process has been used to complete (Recovery-Oriented Service Inventory (ROSI) surveys and requirements (ROSI Panel) and annual consumer satisfaction surveys on county-funded services as well as focus groups conducted at various location in the County. The Dauphin County MH/ID Program has not taken any steps in the past to evaluate the specific PATH funded services by the persons benefiting from them. Concerns about their privacy and guardedness are perceived to interfere with service delivery. The County’s Quality Assurance staff have handled complaints by person’s receiving PATH services and act as mediators to resolve to the individual’s satisfaction their concerns.
The three (3) contracted agencies that provide certified peer specialist services conduct their own recruiting and hiring of individuals and search for the best suited candidate. Dauphin County has worked with Office of Vocational Rehabilitation (OVR) and the Capital Area Behavioral Health Collaborative (CABHC) to assure that funds for training of peer specialists is readily available to individuals. Many agencies have peer specialists positions imbedded into their program staffing in programs such as social rehabilitation, residential services and ACT. Dauphin County continues to support the expansion of peer specialists under HealthChoices and has communicated with CBHNPA about this interest. PRO-A has several recovery specialists to support individuals with drug and alcohol issues with a focus being to prevent re-lapse. The RASE Project is implementing a Recovery Specialist position. Project CONNECT has persons who are literally homeless involved in the planning process for Project CONNECT events in Dauphin County. Individuals in service or that have been homeless are encouraged and attend our local CACH coordination meetings on a regular basis to provide insight and input into the direction of service needs.

BUDGET NARRATIVE

Personnel ($59,000): $27,000 approximates one-half the salary of the Full-Time Equivalent (FTE) position within the PATH local provider's Crisis Intervention Program. The salary amount is 50% of the actual costs for the Crisis Intervention Program's Lead PATH Worker's position. $32,000 is the full-time salary of the Downtown Daily Bread Outreach Specialist position.

Fringe Benefits ($22,909): Conforming to methodology for ascertaining personnel costs, or $11,014 or 41% references the benefits attending one position within the Crisis Intervention Program, with the amount assigned to benefits based on actual costs for the lead PATH Crisis Intervention Worker's position. $11,895 or 37.17 % are the fringe benefit costs for the Outreach Specialist position at Downtown Daily Bread.

Travel ($2,180): Local Travel at $.51 cents per mile X 52 miles/month X 12 months for the DDB Outreach Specialist position. Parking at $155/month for the DDB Outreach Specialist position.

Supplies ($1,100): Costs of supplies to be applied to this PATH grant are solely those related to the basic and rehabilitative needs of PATH eligible consumers. Among supplies anticipated are small stocks of non-perishable food items, clothing and blankets, as well as for accessories important to improve prospects for safe and conventional independent living. Costs for bus passes to assist clients to get to housing related services such as supported employment programs, county assistance offices, benefits counseling.

Other ($25,053): Staff Training ($7,053): This budget line represents costs of speakers, room arrangements, presentation aids, and dining for the PATH training sponsored for the personnel of emergency shelters and other agencies that serve PATH eligible people. Staff conference costs for specialized training.
Resource ($8,000): This budget line represents the purchased services for life skills, pre-employment service and housing supports for PATH eligible consumers in transition from homelessness or at risk status to more stable independent living. One-time Rental Assistance ($5,000): This budget line represents costs incurred on behalf of PATH eligible people for whom one-time expenditures can relieve the risk of possible eviction and homelessness. Security Deposits (5,000): This budget line represents a special cost in securing stable housing to prevent or resolve conditions of homelessness. Assistance in obtaining housing – client travel expenses ($0): No costs. Maintenance of Equipment ($0): No costs related to maintaining equipment.

Indirect Costs/Administrative Cost 4% @ $4,593: Four (4) percent of the PATH grant is allocated to cover administrative expenses at MH/ID and Downtown Daily Bread

Total PATH Request…………………………………………………………………………………………..$114,835
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**Dauphin County MH/ID Program**

**PATH Intended Use Plan with Downtown Daily Bread**

**FY 2012-2013**

**LOCAL PROVIDER DESCRIPTION**

Attachment C - Page 20 of 64
Downtown Daily Bread (DDB) is an emergency food kitchen which provides a nourishing, hot meal for poor and homeless individuals. There is no cost to the recipient. The simple but nutritious food is served from 12:30 to 1:30 p.m. in the Hospitality House of the Boyd Memorial Building of the Pine Street Presbyterian Church at 310 N. Third Street in Harrisburg. Lunch is served daily, including weekends and holidays. Downtown Daily Bread is a program of the Pine Street Presbyterian Church and began in March 1983 out of concern for local hunger needs.

Downtown Daily Bread estimates that 25% of all the individuals they serve are homeless. The DDB definition of “homeless” describes an individual who has no permanent address and no permanent place of residence. Of these persons, some live on the streets, under bridges, in cars or in abandoned buildings. Others live temporarily with a relative, friend, or at a temporary shelter until their allotted time is over.

Downtown Daily Bread assists individuals with homeless needs in accessing many services including food, clothing, health care, and mental health counseling. The DDB “Lunch Plus” program provides a phone, lockers, and mail service. Individuals increase their self-esteem by presenting as appearing to be homeless when applying for jobs or looking for housing. Should they reveal to a perspective employer or landlord their homeless situation, they present an image of being able to maintain a clean, neat appearance even in the most difficult circumstances. No other agency in Dauphin County provides this type of service. It is crucial for individuals who experience homelessness issues.

Downtown Daily Bread collaborates with and is member of CACH (Capital Area Coalition on Homelessness). Downtown Daily Bread is a central location for collaboration with other human service agencies. Some of their partners include: MH/ID, YWCA, and the Veterans Administration. There is a partnership also with the Dauphin County Bar Association for Homeless Outreach Services. Attorneys volunteer their time once a week to answer legal questions and assist individuals frequenting DDB with concerns related to their homeless experience oftentimes related to the causes of homelessness.

Dauphin County MH/ID Program will contract with Downtown Daily Bread using $48,568 in PATH funds for the Homeless Outreach Worker position and related costs. Outreach is expected to include 300 persons of which 100 will be PATH enrolled and eligible. 75% of the persons enrolled in PATH by Downtown Daily Bread will be literally homeless and 25% will be at risk of homelessness.

COLLABORATION WITH HUD CONTINUUM OF CARE

The Dauphin County MH/ID Program and Downtown Daily Bread are active participants in the local HUD Continuum of Care organization at the direct service level. CACH (Capital Area Coalition on Homelessness) is a committed volunteer effort in Dauphin County based on an active membership and strong leadership. Funding for CACH's
activities include: County of Dauphin, City of Harrisburg, United Way, and The Foundation for Enhancing Communities. CACH coordinates and develops partnerships with Housing Services, Homeless Services, and Human Services through Resource Development, Service Delivery, Public Awareness, Data Collection, and Coordinating Committees. CACH is responsible for submitting the Annual HUD Continuum of Care Application. In 2007, CACH developed and submitted to HUD’s Interagency Council on Homelessness, the County of Dauphin and City of Harrisburg’s Blueprint to End Homelessness, a ten-year Strategic Plan. The strategic plan is currently undergoing a mid-stage review.

MH/ID and Downtown Daily Bread are especially active on the CACH Service Delivery Committee which has a lead role in conducting training, education, the Point-in-Time survey, HMIS, networking, and systemic problem resolution. A CACH project is Safe Harbor, operated by Christian Churches United is a HUD model Safe Haven facility located at Cameron and Kelker Streets and houses 25 chronically homeless men with serious mental illness and/or co-occurring disorders working towards permanent housing. A Safe Haven for women is near implementation.

COLLABORATION WITH LOCAL COMMUNITY ORGANIZATIONS

Dauphin County MH/ID Program contracts with a network of private, non-profit agencies in collaboration with staff at the Crisis Intervention Program, as well as with the homeless provider network. There has been activities focused on orienting the Downtown Daily Bread new Outreach Specialists to their roles and responsibilities as well as understanding the homeless and mental health service delivery system. These efforts are ongoing. Detailed plan for collaboration will emerge in June 2012 with the Outreach Specialist.

Other resources are available from agencies not contracted with by the Dauphin County MH/ID Program. The behavioral health managed care company for Medicaid eligible individuals is Community Behavioral Healthcare Network of Pennsylvania (CBHNP). All of the resources listed will be available to persons served as needed and eligible within the limitations of available funding. Dauphin County intends to develop a SOAR case manager position (not funded with PATH funds) in 2012 to improve the provision of income and health/behavioral health benefits to the targeted population.

The County Department of Drugs & Alcohol Services functions as the Single County Authority for substance abuse services, including prevention. Individuals can access drug and alcohol services directly with providers of their choice in Dauphin County. The drug and alcohol system developed a Recovery Specialist position funded by HealthChoices as a peer support. The RASE Project is implementing the position in Dauphin County, and collaboration has begun through shared staff in-services between RASE Project and the CMU. Collaboration should expand in the next fiscal year.

In Dauphin County, the CMU (Case Management Unit) is the agency that provides the initial registration and psychosocial/financial intake interview for individuals to access the array of MH service available. They also provide several levels of case management such as, three types of targeted case management and administrative case
management. A Homeless/SOAR administrative case manager position is located at the CMU. A division of Keystone Service Systems: Keystone Community Mental Health Services also provides intensive case management services. The DDB Outreach staff has gotten to know and understand the CMU’s role in the system the best, as frequent referrals are made to the CMU as a result of outreach and engagement.

CMU, Philhaven and Keystone offer Certified Peer Specialist services that are licensed and approved by OMHSAS (state regulatory agency) and CBHNP (BH-MCO). Various agencies have Peer Specialist imbedded in their programs, providing an ongoing focus on recovery within the programs.

Dauphin County has ten (10) licensed outpatient psychiatric clinic providers that offer medication management, outpatient therapies and psychiatric evaluations to adults, older adults, transition-age youth and children with serious mental illness or serious emotional disturbance and/or adults and children with co-occurring disorders. Some outpatient providers have unique characteristics or serve specific populations of Dauphin County residents.

Two of ten psychiatric outpatient clinics, Pennsylvania Counseling Services and T.W. Ponessa, also operate licensed drug & alcohol outpatient clinics. Mazzitti & Sullivan and Gaudenzia also operate D & A outpatient clinics in Dauphin County.

NHS Human Services – Capital Region provides psychiatric outpatient, telepsychiatry, residential and Assertive Community Treatment Team (ACT) services. NHS and Philhaven offer partial hospitalization services. Dauphin County also has a Clubhouse operated by Philhaven and a consumer-run drop-in center.

Community Residential Rehabilitation (CRR) services offer many choices to individuals to support independence in their recovery journey. Licensed programs offer varying degrees of support and are in both a group model, as well as scattered apartment settings. The Dauphin County contracted residential providers are Elwyn, KSS’ Keystone Community Mental Health Services and Gaudenzia. Supportive living services, including supportive housing, are provided by two agencies, Volunteers of America (VOA) and Keystone.

Short-term temporary residential services are available to PATH-eligible individuals until a more permanent housing solution is identified. There are two providers contracted with Dauphin County MH/ID Program for specialized CRR services: Northwestern Human Services’ Windows Program in downtown Harrisburg, and Community Services Group (CSG) in the Steelton community. These programs provide short-term 45-day housing, 5-day crisis beds with 24-hour, 7-day per week staff oversight. Both CSG and NHS programs have a psychiatrist available for evaluations as well as a medication management until an individual can be successfully connected to community mental health outpatient services. Keystone also provides a short term transitional supportive living housing program for individuals.

Dauphin County contracts with NHS and Keystone for Specialized Care Residences (SCRs) that are licensed as Personal Care Homes (PCHs) but are exclusively for adults and older adults with serious mental illnesses. Staff has extensive mental health
training, clinical support skills, and meets the unique characteristics of residents who also require PCH level of care. Personal care services include: assistance in completing tasks of daily living, social activities, assistance to use community services, and individualized assistance to enhance daily goals and life quality. Dauphin County also contracts with Paxton Ministries and Graysonview Harrisburg to provide personal care services.

Ongoing collaboration with many of the Dauphin County contracted providers and the homeless provider network, assist in ideally providing the right combination of supportive services to individuals in securing permanent housing for PATH eligible individuals to live successfully in the community.

Dauphin County MH/ID Program has developed a strong collaborative working relationship with the County of Dauphin Housing Authority and jointly link individuals to approved landlords that accept HUD funded Shelter + Care and Project Access vouchers. Additionally, many providers have developed ongoing relationships with local private landlords and public housing. Through collaboration and support the landlord/tenant relationships have been strengthened, and there is stability in permanent housing options.

Dauphin County has re-established the Local Housing Options Team (LHOT) and has revamped the landlord/tenant protocol. This group is currently developing a master list of landlords renting to individuals in service. A landlord training will be scheduled to introduce the revised landlord/tenant protocol and to further develop relationships with private landlords.

Employment services in Dauphin County are comprised of varying degrees of support and independence. Employment is viewed as a measure of personal success and recovery because of the value society as a whole places upon employment as an indicator of independence and personal accomplishment. There are a few vocational agencies contracted with the County Mental Health Program; Goodwill, AHEDD, and Cumberland-Perry ARC (CPARC). Central Pennsylvania Supportive Services (CPSS) is also a County contracted provider. These agencies provide pre-vocational, job placement and job coaching services to individuals at times in their transition into more stable housing. The YWCA is in year three of a five-year SAMHSA grant to provide evidence-based Supported Employment services to individuals in Dauphin County. Most programs also have contracts with the PA Office of Vocational Rehabilitation. A Transformation Committee on Employment hosted by MH/ID completed train-the-trainer mobility training for professionals and persons in recovery and is working on a guide to employment services for persons using mental health services.

Susquehanna Safe Harbor Project is the local version of a HUD approved Safe Haven program. The program is a "low demand," housing first model designed to offer transitional housing for up to 25 men with serious mental illness for up to two years. The second floor of the program is designed for transitional housing for individuals who are able to obtain steady income and pay monthly rent. Any agency can refer and all individuals are screened by Crisis Intervention or CMU staff to verify homelessness and the diagnosis of serious mental illness. Most individuals in the program benefit from
accessing targeted mental health case management services and other services when they are ready. A safe haven program will soon be implemented for women in Dauphin County.

There are several HUD 811 projects in Dauphin County. The most recently developed 811s are: Creekside Village located in Lower Paxton Township, New Song Village located in Swatara Township, operated by Volunteers of America (VOA) and Baldwin Village, located in Steelton, are permanent affordable housing projects for individuals with serious mental illness and one is for persons with physical disabilities. Paxton Ministries supports a Fairweather-type Community Lodge program in Dauphin County for five individuals, and Paxton is in the process of developing a second Lodge.

Hamilton Health Center is a federally qualified health center and offers comprehensive medical services, including dental services. Dauphin County MH/ID Program has been working collaboratively with Hamilton Health Center to develop an integrated physical/behavioral health model of service delivery. A behavioral health partner has been identified and the partnership agreement is being developed. The plan includes a Partners in Integrated Care (PIC) model. Approximately 33% of the individuals served at Hamilton Health Center are uninsured.

Mission of Mercy provides mobile medical outreach and care to homeless individuals and those who are uninsured or underinsured to obtain appropriate medical care. Catholic Charities continues to provide outpatient therapy services to individuals served by Mission of Mercy. Several other local church organizations run soup kitchens and food pantries to assist individuals in need of food.

The primary program for assistance with basic needs and emergency housing is the HELP Office operated by Christian Churches United. Emergency shelters include: Bethesda Mission, Salvation Army, Shalom House, Interfaith Shelter, and the YWCA Domestic Violence Services. In addition to the HELP office, MH case management entities and the Crisis Intervention Program have consumer and housing support funds available to assist individuals as needed, in which a portion of these funds are in Dauphin County’s existing PATH funding.

Dauphin County Mental Health continues to work on the following goals in physical health and wellness with a small group of dedicated providers:

1) engage PH-MCOs and local health systems for wellness training and education;
2) organize health topics in a readable format for individuals, families, and providers; and,
3) support efforts to increase provider responsiveness to health issues.

Dauphin County in conjunction with the other HealthChoices counties in our behavioral health territory worked with CBHNP and CABHC (Capital Area Behavioral Health Collaborative) to identify areas of improvement for behavioral and physical health integration. Training from the Lilly Foundation was offered to targeted case managers regarding managing diabetes. Training was also offered to individuals in services by
the Pennsylvania Mental Health Consumers Association (PMHCA) entitled: “How to talk to your Psychiatrist”. CBHNP is developing a “Wellness Toolkit” that is in draft form, and it will be a self-guide for persons in mental health services to take action on physical care needs and issues.

Dauphin County’s MH Wellness Committee has taken SAMHSA’s 10 by 10 Pledge to decrease the mortality rates of individuals with serious mental illness by ten percent in ten years. Over the next year, the MH Wellness Committee will be conducting monthly educational wellness events for individuals in service and professionals, including children and their families, on health topics and actions to prevent chronic health issues. A monthly newsletter on wellness is also published by Dauphin County MH/ID Program.

SERVICE PROVISION

Description of Downtown Daily Bread PATH Program

Outreach services, specifically in-reach at existing lunch and lunch plus programs, free meal sites, churches, shopping centers, food pantries, public government buildings and other sites yet to be identified where homeless persons frequent for basic needs, including weather related issues will be a PATH-funded service. The goal will be to engage literally homeless individuals, without regard to whether or not the person is a member of a family, into treatment and supports by using engagement and relationship building strategies to identify persons in need of mental health and/or co-occurring treatment and supports, support for meeting immediate needs and referrals to appropriate housing resources. Direct face-to-face interactions in locations persons are comfortable with allow for sustained contact for rapport and trust building – key factors in working with a population of individuals who often experience or have experienced fear and distrust of formal community institutions and services.

Screening for diagnostic treatment services may be conducted by Outreach staff at Downtown Daily Bread who have been trained to screen for mental health services and supports and has extensive drug & alcohol experience. The goal will be to engage literally homeless individuals, without regard to whether or not the person is a member of a family, into treatment and supports by using engagement and relationship building strategies to identify persons in need of mental health and/or co-occurring treatment and supports, support for meeting immediate needs and referrals to appropriate housing resources. Direct face-to-face interactions in locations that homeless persons are comfortable with allow for sustained contact for rapport and trust building. These are key factors in working with a population of individuals who often experience or have experienced fear and distrust of formal community institutions and services.

Case management services are intended to sustain the relationship built through in-reach efforts by the assessment, planning and implementation of services and treatment in coordination with the behavioral health system and use of housing resources. Case management would be located at the areas where homeless persons frequent. Activities will be provided to assist the individual with meeting basic needs including access to showers, mail service, clothing, applications for entitlements and
housing, and representative payee services. Case management will also incrementally address steps toward full use of mental health and drug & alcohol treatment and supports with extended time for processing fears and anxieties in using formal services, stigma associated with mental illness, recovery, and illness management. Additional case management services are needed to support individuals who may drop out of contact or services when scheduled appointments are the norm. Experience suggests that over 90% of emergency (initial) psychiatric appointments used by literally homeless persons are kept through supportive case management interventions. However, subsequent outpatient appointments fall into the 40-50% no show range.

These services are consistent with the priorities and recommendations outlined by the Ad Hoc Shelter Committee of the Capital Area Coalition on Homelessness (CACH) and CACH's Blueprint to End Homelessness. Both services will be undertaken by one full-time position, Outreach Specialist, and work with the efforts of the Dauphin County Crisis Intervention Program (currently PATH-funded). An administrative mental health case manager (not PATH-funded) has been redesigned with a small homeless caseload and SOAR case coordination responsibilities. The staff person has extensive co-occurring experience and training to function in an outreach capacity with a reluctant and guarded population.

The homeless outreach position will address the volume of requests for planned outreaches experienced by Crisis Intervention Program. Aspects of the service address problems and gaps such as: 1) the location of in-reach and case management services at sites where homeless persons frequent, including outreaches to unsheltered individuals, 2) increased opportunities for rapport and relationship building important factors in post-crisis interventions, and 3) additional staff resources for case management services to conduct the needed follow-up and follow-along as individuals use housing, mental health, and co-occurring resources.

Service Gaps

There are service gaps where capacity does not meet demand. The needs of homeless individuals for psychiatric services are prioritized along with several additional target groups, such as persons with forensic involvement and acute inpatient discharges in order to prevent readmissions. Several providers such as Catholic Charities, TW Ponessa and NHS Human Services have attempted to provide access to appointments for individuals with urgent need to access psychiatric services. Service gaps will impact the efforts of Downtown Daily Bread. Collaboration with mental health agencies and ongoing outreach support will help to minimize them.

Needs of the Co-Occurring Population

Addressing the complex needs of the co-occurring population in Dauphin County has been challenging. In order for this population to be served effectively, outpatient mental health providers should offer integrated treatment approaches with this population. Dauphin County is charged with assuring there are established services and contracts for services to meet the needs individuals with serious mental illness who also have
substance use disorders. While the regulatory authority of services lies with both the Department of Public Welfare (mental health) and the newly-formed Department of Drugs and Alcohol, County administered programs plan for, but cannot implement, integrated treatment model services to meet the needs of persons with co-occurring disorders. Among persons who are medical assistance-eligible, services are administered through the same behavioral health managed care organization (CBHNP).

The services described previously provide a thorough outline of services available which are County-funded and Medical Assistance-funded for individuals with co-occurring disorders. Briefly, the co-occurring population has access to outpatient services, partial day programs, residential services, and support services such as targeted case management, supportive living, social rehabilitation as well as inpatient care. All the services described also in Section 3 are also available to individuals with co-occurring disorders. Unfortunately, most services are delivered in a parallel or sequential method between mental health and drug and alcohol agencies.

Evidenced-based and promising practices

The Downtown Daily Bread position has been oriented to street outreach methods promoted by PATH as well as the philosophy of “Housing First”. Further work on recovery and resiliency is planned, as well as more understanding and exposure to existing evidenced-based and promising practices used in Dauphin County such as:

ACT (Assertive Community Treatment)
Supported Employment
Family Psycho-education
Illness Management and Recovery
WRAP
Peer specialists/recovery specialists
MH and Drug Courts

Downtown Daily Bread will be offered the opportunity to learn more about the formal mental health and substance abuse service system and will be encouraged to participate in training or information sessions about evidenced-based practices, recovery and resiliency, and promising practices which support recovery.

In order to receive and have access to most mental health services in Dauphin County, registration with the Base Service Unit (BSU) is an essential first step in providing the individual access to the array of services that are available. Once open with the BSU, an individual will have access to evidence-based and promising practices that have a proven track record of success. These services which may be utilized and can benefit literally homeless individuals and those at imminent risk of homelessness who we are seeking to engage in mental health and co-occurring services.

Strategic Initiative #3 Military Families
Downtown Daily Bread is devoted to working with anyone seeking assistance and PATH services are available for non service connected veterans who may also be homeless and their families by accessing the same array of services available to any individual that seeks services and meet PATH eligibility. For persons and their families who are service connected veterans, assistance is provided through information and referral in applying for and accessing benefits and services that they are entitled to receive through the Office of Veterans Affairs administrative office. In some cases, due to gaps in services, veterans are served by both the MH and VA systems based on their need and eligibility for services. The County’s Veteran Affairs Office annually coordinates a Stand Down program, and veterans and their families are part of the Project CONNECT outreach and follow-up.

Strategic Initiative #4 Recovery Support

As indicated in the Comprehensive Intended Use Plan, Dauphin County embraces the Principles of Recovery and Resiliency. An Annual Plan submitted to the Commonwealth’s Department of Public Welfare/Office of Mental Health and Substance Abuse Services details all the transformation activities undertaken to move our system toward a recovery and resiliency orientation. Most activities include all stakeholders and all individualized teams supporting persons have a common message to be recovery/resiliency oriented, work with a person’s strengths, consumer-driven, and emphasize the use of natural, peer, and family support. In Dauphin County, a Community Support Program (CSP) Committee is actively involved in the system planning, as well as improving persons’ involvement in leadership roles and evaluation activities. Dauphin County’s MH/ID Program staff creates opportunities and support recovery at all levels of the system.

DATA

Downtown Daily Bread uses the HMIS system. Downtown Daily Bread and various agencies in the homeless provider network are already using HMIS to collect data. The County is currently using an Microsoft ACCESS database to capture the PATH data outlined in the Annual PATH Report. The plan is to use this system until we are able to accurately enter and extract all PATH data elements needed from the HMIS system. There is a concern about the frequency of system level issues and access issues in HMIS. Dauphin County does not pay for HMIS training or HMIS activities. PATH funds are not used for this purpose. Capital Area Coalition on Homelessness (CACH) is the local planning group in Dauphin County and CACH funds the HMIS training and activities around data collection.

The Dauphin County Mental Health administration and CIP staff have completed training on the use of the Federal Homeless Management Information System (HMIS). Downtown Daily Bread and various agencies in the homeless provider network are already using HMIS to collect data under the CACH umbrella. Dauphin County MH/ID Program and its homeless contractors will implement HMIS as an expectation with OMHSAS by 2013.
ACCESS TO HOUSING

PATH funds continue to assist individuals who are literally homeless and at imminent risk of homelessness in securing permanent housing. PATH services continue to remain flexible and sensitive to the unique needs of individuals. Downtown Daily Bread and CIP continue to provide outreach to build rapport and engage individuals in appropriate mental health treatment and support services and available housing. Several temporary options are considered first in addressing immediate housing needs and once established can lead to a permanent housing situation, which include the following options:

General shelter/housing programs:

- Bethesda Mission, supplying emergency shelter services for men in some extended stay options, in the city.
- Shalom House, a shelter site available to single women and to women with children in the city.
- YWCA, providing transitional housing services for women, in the city. Provides overnight shelter for homeless women during the winter months.
- Delta Housing, operated by Gaudenzia, provides transitional services in small apartment settings for women and women with children.
- Interfaith Shelter, a facility for intact families operated by Catholic Charities is moving to the Colonial Park area of Harrisburg.

Private and public resources outside the conventional human service agency framework:

- Harrisburg Housing Authority, in Harrisburg city.
- Dauphin County Housing Authority, with units outside the boundaries of Harrisburg city and the balance of Dauphin County.
- Hotel and motel proprietorships, allowing short-term stays with sponsorship for people, both in the city and in the suburbs.
- YMCA SRO for men not limited to city residents.
- Susquehanna Safe Harbor, a housing first program for 25 homeless men with serious mental illness.
- Overnight Shelter is being staffed by church volunteers for men and for women at the YWCA. This is offered from November to March each year.
- A Safe Haven model for women is in the process of being implemented.

Structured community residential rehabilitation programs are available and are operated by Northwestern Human Services and the Community Services Group, which provide short-term residential placement for homeless individuals also needing structure and
support in order to address their psychiatric needs. These two programs represent a crisis diversion capacity of four (4) combined and are located in the City of Harrisburg and the Borough of Steelton respectively. Over 60 additional residential beds are in varied locations and settings throughout the County and are provider lease-held. Dauphin County also contracts with licensed personal care homes and specialized personal care homes for individuals in need of a higher level of service.

Housing Partnerships: The Dauphin County MH/ID Program has been working collaboratively with the following partners in developing affordable housing options for individuals with serious mental illness. They consist of: CACH, County of Dauphin Housing Authority, Volunteers of America, and Paxton Ministries, as well as new developers being established in the County.

The MH/ID Program continues to further develop potential partners with whom we need to improve our relationship with, such as Dauphin County’s Department of Community and Economic Development and the Harrisburg City Housing Authority.

Recently, the Capital Area Coalition on Homelessness (CACH) became the Local Lead Agency (LLA) organization to work in collaboration with PHFA, and the County Department of Community and Economic Development. This newly established relationship (LLA) will serve as a clearinghouse for referrals to new housing projects such as tax-credit properties and HUD 811. They will also act as a liaison between area service providers and building or property management.

Volunteers of America is a longstanding provider of mental health services and a housing provider. The organization has developed two HUD 202s for low-income elderly and two HUD 811s for low-income individuals with mental health diagnoses. VOA’s projects, located in Dauphin County, provide safe and affordable housing and are routinely fully occupied.

Paxton Ministries developed a Fairweather-type Lodge in the Penbrook area for five individuals with plans to expand to one additional Community Lodge. The Paxton Lodge is run and managed by the individuals living in the home. All expenses are paid for by the individuals living there and any decisions made regarding the Lodge are made by its members. Paxton Ministries is currently in the process of searching for potential properties for a second Lodge. The business model the Lodge developed is a cleaning company named Paxton Cleaning Solutions and has developed contracts with several area businesses to clean offices.

STAFF INFORMATION

Downtown Daily Bread has a diverse staff working in their soup kitchen and support program. The Outreach Specialist position hired in late 2011 has experience working in community and professional settings with very diverse populations, including persons in
rural and highly urban areas. Sensitivity to age, gender, and cultural differences is highly valued in the Downtown Daily Bread environment because the ability to successfully engaged individuals is a foremost goal of the program. Training needs in the area of cultural diversity/competence will be assessed and addressed through monthly meetings and periodic administrative reviews.

We do not traditionally include a survey of the demographics of the staff hired in programs that are partially-funded by PATH dollars. Service providers, and the County-operated Crisis Intervention Program are encouraged to hire staff representative of the population they serve demographically by age, race/ethnicity and gender while hiring the best qualified candidate for the position. We will continue to explore further surveying agencies partially-funded with PATH to better understand staff demographics in relationships and how it relates to the population served.

**CONSUMER INFORMATION**

Dauphin County is a third class county located in south central Pennsylvania with a population estimated at 253,000 persons. There are 525 square miles and 40 municipalities bordered by the mile-wide Susquehanna River. Dauphin County includes the City of Harrisburg, a small urban center, and also the State Capitol. Many suburban communities and townships have their own unique characteristics. One geographical area known as Upper Dauphin is primarily rural.

The Capital Area Coalition on Homelessness conducted a 2011 Point-in-Time Survey of individuals and families who experience homelessness and the services they request. The purpose was to study the number of individuals and families seeking homeless related services. A total of 791 survey responses were collected with an unduplicated count of 567 adults and 224 children. Most respondents were male (51%). Unduplicated responses, 276 or 49 percent were from females. The majority of the respondents were either Caucasian (39%) or African-American (48.5%). The next largest group was Hispanic with slightly over 8 percent. Sixty-seven persons (12%) identified themselves as veterans. Most survey participants stated that they were single adults (70.3%) living alone. In the period of three months prior to the survey, large percentage of the respondents (65.82%) stated that they had been living in the City of Harrisburg. Over 15 percent (15.9%) stated that they had lived elsewhere in Dauphin County.

Project CONNECT continues to offer and focus on having the homeless provider network available as well as other needed services that would assist individuals in addressing their specific housing, mental health, physical, financial and medical needs. Preliminary data is not yet available.

The current fiscal year is Downtown Daily Bread’s first year of operation and it is anticipated the demographic profile of persons served to be similar to the previous year annual PATH data. 93% of the persons served in 2010-2011 were ages 18-64. 52% were males and 48% were females. Among persons reporting race/ethnicity 40% were African-American; 45% were Caucasian and 11% identified Hispanic or Latino. 69%
were identified with a primary diagnosis of an affective disorder; 25% were identified with a diagnosis of schizophrenia and related psychotic disorders, and 62% were identified with a co-occurring substance abuse disorders. Non-veterans were 85.5% of the persons served. 53.6% reported their housing status as living outdoors (e.g., street, abandoned or public buildings, and automobiles) and 24.7% were living in short-term shelter and less than 10% were staying with a friend or someone’s place.

CONSUMER INVOLVEMENT

The Dauphin County MH/ID Program recruits and trains volunteers on an ongoing basis to conduct surveys and utilizes the expertise of the County Quality Assurance staff to compile and analyze the information received and explore next steps or recommendations that can be pursued. The survey data outcomes and reports are shared internally with program staff, the Adult MH Committee of the MH/ID Board, and the Dauphin County Community Support Program (CSP) Committee. Volunteers are trained and supported by County staff in their roles and receive a stipend for their services. This process has been used to complete Recovery-Oriented Service Inventory (ROSI) surveys and requirements (ROSI Panel) and annual consumer satisfaction surveys on county-funded services, as well as focus groups conducted at various location in the County. The Dauphin County MH/ID Program has not taken any steps in the past to evaluate the specific PATH-funded services by the persons benefiting from them. Concerns about their privacy and guardedness are perceived to interfere with service delivery. The County’s Quality Assurance staff has handled complaints by persons receiving PATH services and act as mediators to resolve to the individuals’ satisfaction their concerns.

The three (3) contracted agencies that provide certified peer specialist services conduct their own recruiting and hiring of individuals and search for the best suited candidate. Dauphin County has worked with Office of Vocational Rehabilitation (OVR) and the Capital Area Behavioral Health Collaborative (CABHC) to assure that funds for training of peer specialists is readily available to individuals. Many agencies have peer specialists positions imbedded into their program staffing in programs such as social rehabilitation, residential services and ACT. Dauphin County continues to support the expansion of peer specialists under HealthChoices and has communicated with CBHNP about this interest. PRO-A has several recovery specialists to support individuals with drug and alcohol issues with a focus being to prevent re-lapse. The RASE Project is implementing a Recovery Specialist position.

Project CONNECT has persons who are literally homeless involved in the planning process for Project CONNECT events in Dauphin County. Individuals in service or that have been homeless are encouraged and attend our local CACH coordination meetings on a regular basis to provide insight and input into the direction of service needs.

BUDGET NARRATIVE

Personnel: ($32,000): Salary of the Full-Time Equivalent (FTE) position as an Outreach Specialist for a twelve-month period.
Fringe Benefits (37.17% percent of salary or $11,895): FICA tax, Health insurance, retirement/pension costs are included in the fringe benefit costs for the Downtown Daily Bread position.

Travel ($2,180): Travel costs for the Outreach Specialist are factored at 51 cents per mile for 52 miles per month for a total of three hundred and twenty dollars. Parking costs per month in Harrisburg at $155.00 is provided to DDB employees.

Equipment ($0): Equipment totals include the purchase of a laptop computer, notebook and software. Office furniture and a locked file cabinet. Office furniture will be all located in a setting where literally homeless persons frequent.

Supplies ($550): Costs of supplies to be applied to this PATH grant are solely those related to the basic and re(habilitative) needs of PATH-eligible consumers. Among supplies anticipated are small stocks of non-perishable food items, clothing and blankets, as well as public transportation bus passes.

Other ($1,943): Staff Training and Homeless Provider Network Training ($0): This proposal is a dramatic change in the way we are providing outreach and case management to the target population. As such, certified peer specialist training and co-occurring training may be needed for the Outreach Specialist. The Homeless Provider Network will also benefit from understanding new approaches and methods of engagement and case management for the population. One-time Rental Assistance ($0): This budget line represents costs incurred on behalf of PATH-eligible people for whom one-time expenditures can address literal homelessness. Security Deposits ($0): This budget line represents a special cost in securing stable housing to resolve conditions of homelessness.

Indirect Costs/Administrative Cost 4% @ $1,943: Four (4) percent of the PATH grant is allocated to cover administrative expenses at Downtown Daily Bread.

Total Downtown Daily Bread PATH Request.........................................................$48,568

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Dauphin County MH[ID Program
FY 2012-2013 PATH Downtown Daily Bread IUP Budget
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LOCAL PROVIDER DESCRIPTION

Central Pennsylvania Supportive Services, Inc. (CPSS) is a private, not-for-profit organization that adheres to a recovery philosophy which enhances and will continue to improve the Rehabilitation Programs at CPSS. The ways in which the Recovery Model is implemented, and how the outcomes are measured in each program, are stated in the Promoting Recovery document. A planned program of goal setting, functional assessment, identification of individuals strengths, their needs and preferred skills and supports, skill teaching and incorporating supports and resources are used to produce the desired outcomes consistent with a person’s cultural environment.

Recovery is implemented by (1) the consumer taking an active role in goal setting and (2) taking more personal responsibility in the recovery process. CPSS provides the needed tools of formal and informal structure assisting the consumers in identifying their individual strengths, and how to build on them, which empowered the consumer. Empowerment enables them to better utilize their strengths and have the hope needed as they move toward recovery and independence.

CPSS is located at 3612 Centerfield Road, P.O. Box 62126, Harrisburg, PA 17106. While the Program has an office site, most services are provided on location in the person’s or in public facilities such as libraries, mental health programs or where persons with homelessness frequent. Hours of service are arranged at the individual's convenience.

Dauphin County MH/ID Program will contract with Central Pennsylvania Supportive Services using $4,000 in PATH funds. Dauphin County MH/ID Program and Central Pennsylvania Supportive Services will focus on the needs of literally homeless and imminently homeless individuals per the PATH definition. CPSS is expected to serve 3-5 persons in FY 2012-2013.

COLLABORATION WITH HUD CONTINUUM OF CARE

The Dauphin County MH/ID Program is an active participant in the local HUD Continuum of Care organization at the direct service level. CACH, Capital Area Coalition on Homelessness, is a committed volunteer effort in Dauphin County based on an active membership and strong leadership. Funding for CACH’s activities include: County of Dauphin, City of Harrisburg, United Way, and The Foundation for Enhancing Communities. CACH coordinates and develops partnerships with Housing Services, Homeless Services, and Human Services through Resource Development, Service Delivery, Public Awareness, Data Collection, and Coordinating Committees. CACH is responsible for submitting the Annual HUD Continuum of Care Application. In 2007, CACH developed and submitted to HUD’s Interagency Council on Homelessness, the County of Dauphin and City of Harrisburg’s Blueprint to End Homelessness, a ten-year Strategic Plan. The strategic plan is currently undergoing a mid-stage review.

Central Pennsylvania Supportive Services is a small organization and has not been involved with CACH activities, except to participate in Project CONNECT and with mental health agencies that work with homeless persons with mental illness. Their
referral source is usually the mental health case management agency which is the
gateway to county-funded MH services, since persons generally do not have benefits
through the County assistance office or are established with Social Security
benefits/disability.

COLLABORATION WITH LOCAL COMMUNITY ORGANIZATIONS

Dauphin County MH/ID contracts with a network of private, non-profit agencies in
collaboration with staff at the Crisis Intervention Program, as well as with the homeless
provider network. Other resources are available from agencies not contracted with by
the Dauphin County MH/ID Program. Central Pennsylvania Supportive Services has a
contract with Dauphin County MH/ID program to service persons, in addition to
individuals who are homeless with a mental illness.

Other resources are also available from agencies not contracted with by the Dauphin
County MH/ID Program. The behavioral health managed care company for Medicaid
eligible individuals is Community Behavioral Healthcare Network of Pennsylvania
(CBHNP). All of the resources listed will be available to persons served as needed and
eligible within the limitations of available funding. Dauphin County intends to develop a
SOAR case manager position (not funded with PATH funds) in 2012 to improve the
provision of income and health/behavioral health benefits to the targeted population.

The County Department of Drugs & Alcohol Services functions as the Single County
Authority for substance abuse services, including prevention. Individuals can access
drug and alcohol services directly with providers of their choice in Dauphin County. The
drug and alcohol system developed a Recovery Specialist position funded by
HealthChoices as a peer support. The RASE Project is implementing the position in
Dauphin County, and collaboration has begun through shared staff in-services between
RASE Project and the CMU. Collaboration should expand in the next fiscal year.

In Dauphin County, the CMU (Case Management Unit) is the agency that provides the
initial registration and psychosocial/financial intake interview for individuals to access
the array of MH services available. They also provide several levels of case
management such as, three types of targeted case management and administrative
case management. A Homeless/SOAR administrative case manager position is located
at the CMU. Keystone Service Systems’ Community Mental Health Services also
provides intensive case management services. The DDB Outreach staff has gotten to
know and understand the CMU’s role in the system the best, as frequent referrals are
made to the CMU as a result of outreach and engagement.

CMU, Philhav and Keystone Service Systems offer Certified Peer Specialist services
that are licensed and approved by OMHSAS (state regulatory agency) and CBHNP
(BH-MCO). Various agencies have Peer Specialists imbedded in their programs,
providing an ongoing focus on recovery within the programs.

Dauphin County has ten (10) licensed outpatient psychiatric clinic providers that offer
medication management, outpatient therapies and psychiatric evaluations to adults,
older adults, transition-age youth and children with serious mental illness or serious
emotional disturbance and/or adults and children with co-occurring disorders. Some
outpatient providers have unique characteristics or serve specific populations of Dauphin County residents.

Two of ten psychiatric outpatient clinics, Pennsylvania Counseling Services and T.W. Ponessa, also operate licensed drug & alcohol outpatient clinics. Mazzitti & Sullivan and Gaudenzia also operate D & A outpatient clinics in Dauphin County.

NHS Human Services – Capital Region provides psychiatric outpatient, telepsychiatry, residential and Assertive Community Treatment Team (ACT) services. NHS and Philhaven offer partial hospitalization services. Dauphin County also has a Clubhouse operated by Philhaven and a consumer-run drop-in center.

Community Residential Rehabilitation (CRR) services offer many choices to individuals to support independence in their recovery journey. Licensed programs offer varying degrees of support and are in both a group model, as well as scattered apartment settings. The Dauphin County contracted residential providers are Elwyn, a division of Keystone Human Services: Keystone Community Mental Health Services and Gaudenzia. Supportive living services, including supportive housing, are provided by two agencies, Volunteers of America (VOA) and Keystone.

Short-term temporary residential services are available to PATH-eligible individuals until a more permanent housing solution is identified. There are two providers contracted with Dauphin County MH/ID Program for specialized CRR services: Northwestern Human Services’ Windows Program in downtown Harrisburg, and Community Services Group (CSG) in the Steelton community. These programs provide short-term 45-day housing, 5-day crisis beds with 24-hour, 7-day per week staff oversight. Both CSG and NHS programs have a psychiatrist available for evaluations as well as a medication management until an individual can be successfully connected to community mental health outpatient services. Keystone also provides a short-term transitional supportive living housing program for individuals.

Dauphin County contracts with NHS and Keystone Service Systems for Specialized Care Residences (SCRs) that are licensed as Personal Care Homes (PCHs) but are exclusively for adults and older adults with serious mental illnesses. Staff has extensive mental health training, clinical support skills, and meets the unique characteristics of residents who also require PCH level of care. Personal care services include: assistance in completing tasks of daily living, social activities, assistance to use community services, and individualized assistance to enhance daily goals and life quality. Dauphin County also contracts with Paxton Ministries and Graysonview Harrisburg to provide personal care services.

Ongoing collaboration with many of the Dauphin County contracted providers and the homeless provider network, assist in ideally providing the right combination of supportive services to individuals in securing permanent housing for PATH-eligible individuals to live successfully in the community.

Dauphin County MH/ID Program has developed a strong collaborative working relationship with the County of Dauphin Housing Authority and jointly link individuals to
approved landlords that accept HUD funded Shelter + Care and Project Access vouchers. Additionally, many providers have developed ongoing relationships with local private landlords and public housing. Through collaboration and support the landlord/tenant relationships have been strengthened, and there is stability in permanent housing options.

Dauphin County has re-established the Local Housing Options Team (LHOT) and has revamped the landlord/tenant protocol. This group is currently developing a master list of landlords renting to individuals in service. A landlord training will be scheduled to introduce the revised landlord/tenant protocol and to further develop relationships with private landlords.

Employment services in Dauphin County are comprised of varying degrees of support and independence. Employment is viewed as a measure of personal success and recovery because of the value society as a whole places upon employment as an indicator of independence and personal accomplishment. There are a few vocational agencies contracted with the County Mental Health Program; Goodwill, AHEDD, and Cumberland-Perry ARC (CPARC). These agencies provide pre-vocational, job placement and job coaching services to individuals at times in their transition into more stable housing. The YWCA is in year three of a five-year SAMHSA grant to provide evidence-based Supported Employment services to individuals in Dauphin County. Most programs also have contracts with the PA Office of Vocational Rehabilitation. A Transformation Committee on Employment hosted by MH/ID completed train-the-trainer mobility training for professionals and person in recovery and is working on a guide to employment services for persons using mental health services.

Susquehanna Safe Harbor Project is the local version of a HUD approved Safe Haven program. The program is a "low demand," housing first model designed to offer transitional housing for up to 25 men with serious mental illness for up to two years. The second floor of the program is designed for transitional housing for individuals who are able to obtain steady income and pay monthly rent. Any agency can refer and all individuals are screened by Crisis Intervention or CMU staff to verify homelessness and the diagnosis of serious mental illness. Most individuals in the program benefit from accessing targeted mental health case management services and other services when they are ready. A safe haven program will soon be implemented for women in Dauphin County.

There are several HUD 811 projects in Dauphin County. The most recently developed 811s are: Creekside Village located in Lower Paxton Township, New Song Village located in Swatara Township, operated by Volunteers of America (VOA) and Baldwin Village, located in Steelton, are permanent affordable housing projects for individuals with serious mental illness and one is for persons with physical disabilities. Paxton Ministries supports a Fairweather-type Community Lodge program in Dauphin County for up to five individuals, and Paxton is in the process of developing a second Lodge.

Hamilton Health Center is a federally qualified health center and offers comprehensive medical services, including dental services. Dauphin County MH/ID Program has been working collaboratively with Hamilton Health Center to develop an integrated
physical/behavioral health model of service delivery. A behavioral health partner has been identified and the partnership agreement is being developed. The plan includes a Partners in Integrated Care (PIC) model. Approximately 33% of the individuals served at Hamilton Health Center are uninsured.

Mission of Mercy provides mobile medical outreach and care to homeless individuals and those who are uninsured or underinsured to obtain appropriate medical care. Catholic Charities continues to provide outpatient therapy services to individuals served by Mission of Mercy. Several other local church organizations run soup kitchens and food pantries to assist individuals in need of food.

The primary program for assistance with basic needs and emergency housing is the HELP Office operated by Christian Churches United. Emergency shelters include: Bethesda Mission, Salvation Army, Shalom House, Interfaith Shelter and the YWCA Domestic Violence services. In addition to the HELP office, MH case management entities and the Crisis Intervention Program have consumer and housing support funds available to assist individuals as needed, in which a portion of these funds are in Dauphin County’s existing PATH funding.

Dauphin County Mental Health continues to work on the following goals in physical health and wellness with a small group of dedicated providers:

1) engage PH-MCOs and local health systems for wellness training and education;
2) organize health topics in a readable format for individuals, families, and providers; and,
3) support efforts to increase provider responsiveness to health issues.

Dauphin County in conjunction with the other HealthChoices counties in our behavioral health territory worked with CBHNP and CABHC (Capital Area Behavioral Health Collaborative) to identify areas of improvement for behavioral and physical health integration. Training from the Lilly Foundation was offered to targeted case managers regarding managing diabetes. Training was also offered to individuals in services by the Pennsylvania Mental Health Consumers Association (PMHCA) entitled: “How to talk to your Psychiatrist”. CBHNP is developing a “Wellness Toolkit” that is in draft form, and it will be a self-guide for persons in mental health services to take action on physical care needs and issues.

Dauphin County’s MH Wellness Committee has taken SAMHSA’s 10 by 10 Pledge to decrease the mortality rates of individuals with serious mental illness by ten percent in ten years. Over the next year, the MH Wellness Committee will be conducting monthly educational wellness events for individuals in service and professionals, including children and their families, on health topics and actions to prevent chronic health issues. A monthly newsletter on wellness is also published by Dauphin County MH/ID Program.

SERVICE PROVISION

Description of Central Pennsylvania Supportive Services PATH Services
Habilitation and rehabilitation services with individuals referred by the Dauphin County MH system who meet PATH-eligibility criteria. A goal of the PATH Independent Living Resource (ILR) is that consumers with mental illness who are literally homeless or at imminently risk of homeless move toward life-style decisions that promote personal safety, recovery, independence and satisfying lives. The Independent Living Resource is intended to provide a range of rehabilitation supports and personalizing services based on the individual needs in order to strengthen specific skill sets that will assist individuals in maintaining independent living arrangements in the community.

In addition to life skills training, Central Pennsylvania Supportive Services (CPSS) is dedicated to the employment of people who are displaced due to homelessness and experiencing mental illness. CPSS has a desire is to increase the level of independence and to improve the quality of life for individuals in the community. The goal is to instruct and support by providing job coaching and guidance through the development of employment related independent living skills. Each individual is treated with respect and dignity and are seen as a unique with special needs and considerations.

A goal of service through CPSS is that individuals pursue employment in a field that makes use of their skills, interests and abilities. Life skills education and assistance with daily life activities also may be pursued outside the framework of promoting vocational readiness. The experience in service is geared to promoting recovery and assisting in the re-establishment of normal roles in the community. CPSS’s particular contribution to the PATH initiative is in Life Skills Education, which may or may not have a vocational focus for PATH-eligible consumers who may not be ready for or embrace work.

Services are intended for consumers with unconventional lifestyles and fragile tolerance for traditional and site-based mental health services. High premium will be placed on the staff spending time in the community working person-to-person with identified consumers, moving step by step to strengthen or acquire needed skills in living and successfully housing.

Communication occurs regularly among the PATH-eligible consumer, CPSS and the involved case management or crisis intervention team. Meetings for review of progress will occur at intervals, with changes in the service plan proposed and made, if indicated. Family support is encouraged as much as possible.

Operationally, an initial intake is completed for the person, during which a needs assessment is completed. Documentation of PATH eligibility is required prior to service delivery. Services commence once needs are determined and a specific plan is developed for the consumer. Evaluations are completed within the first 30 days of service and every 60 days thereafter. The Case management entity is informed if progress is determined to be unsatisfactory. The service plan is reviewed and revised if necessary.
The consumer who becomes a candidate for job coaching will meet with a job coach to complete a skills and values assessment. The job coach and consumer discuss job opportunities that would support the consumer’s values and skills. Competitive employment is sought with support. Once employment is in place, coaching is provided to ensure supports necessary to increase independence and self-sufficiency. Follow-along services occur at the pace of no less than two visits monthly. The follow-along phase is succeeded by one of monitoring, at a frequency of one monthly visit for an indefinite period, as agreed upon by the consumer, the agency, and the case management entity.

Life Skills introduced or reinforced through CPSS for PATH consumers will include those applicable to several life domains:

- Personal finances
- Housing
- Transportation
- Self-esteem
- Discrete job readiness
- Self-assessment
- Health care
- Academic activity
- Life training
- Communication

After initial support sessions, follow-along and monitoring are provided as deemed necessary by the person, the referring case management or crisis team, and the CPSS staff person. Community contacts are made for the purpose of continued education and support.

Transportation is a goal of independent living and mobility training is offered. People may remain in service for several months beyond the acquisition of new skills and stable living circumstances, but support is always individualized.

Admission Criteria

Referrals will originate with the Case Management Unit or with other formally designated case management entities associated with the Dauphin County MH/ID Program, the latter of which currently include the Intensive Case Management Unit of Keystone Community Mental Health Services and Northwestern Human Services ACT.

Candidates for the service must meet Federal PATH service eligibility criteria for homelessness or imminent homeless and for mental illness (according to federal PATH eligibility definitions), and be aged 16 or older. It is not that consumers be actively enrolled with the County MH/ID Program as PATH programming is initiated.

The candidate for CPSS services must be willing to work towards service goals to 1) attend work as scheduled; 2) be on time for work; 3) cooperate and listen to the instructions of the counselor and/or employer/supervisor on the job; 4) complete the assigned projects given by the instructor; and 5) miss no more than three appointments with agency staff.
Candidates for assistance toward improved life skills outside the context of vocational readiness may need (re)motivational interventions to engender interest and commitment in the services to be supplied.

Discharge Criteria:

- When it is determined by the consumer, CPSS, and the Case management entity that the goals have been reached or potential has been maximized.
- If the person of his/her own free will chooses to end treatment for any reason;
- If CPSS decides that the consumer is not taking an active role in his/her treatment/service plan. In this event and prior to termination, a meeting first is held with the consumer and a family member, CPSS and the Case management entity and other interagency team members to determine the level of progress. Specific needs are discussed, services are evaluated and adjusted and made, is necessary. If, after modifications, the consumer remains inactive in the process, termination may result.
- Funding exceeds the contract specifications.

Other supportive services involved with the person are notified by telephone and letter of such terminations within 24 hours of the action.

Steps toward termination from this service will be tempered in recognition of the characteristic difficulty in relating to conventional system services that many people in this target group exhibit.

Service Gaps

There are service gaps where capacity does not meet demand. The needs of homeless individuals for psychiatric services are prioritized along with several additional target groups such as persons with forensic involvement and acute inpatient discharges in order to prevent readmissions. Several providers such as Catholic Charities, TW Ponessa and NHS Human Services have attempted to provide access to appointments for individuals with urgent need to access psychiatric services. Service gaps will impact the efforts of Central Pennsylvania Supportive Services. Collaboration with mental health agencies and the opportunity to integrate supportive living with treatment will help to minimize them.

Needs of the Co-Occurring Population

Addressing the complex needs of the co-occurring population in Dauphin County has been challenging. In order for this population to be served effectively, outpatient mental health providers should offer integrated treatment approaches with this population. Dauphin County is charged with assuring there are established services and contracts for services to meet the needs of individuals with serious mental illness and who also have substance use disorders. While the regulatory authority of services lies with both the Department of Public Welfare (mental health) and the newly-formed Department of Drugs and Alcohol, County administered programs plan for but cannot implement
integrated treatment model services to meet the needs of persons with co-occurring disorders. Among persons who are medical assistance-eligible, services are administered through the same behavioral health managed care organization (CBHNP).

The services described in the section on Collaboration with Local Community Organizations provides a thorough outline of services available which are County-funded and Medical Assistance-funded for individuals with co-occurring disorders. Briefly, the co-occurring population has access to outpatient services, partial day programs, residential services, and support services, such as targeted case management, supportive living, social rehabilitation, as well as inpatient care. All the services described previously are also available to individuals with co-occurring disorders. Unfortunately, most services are delivered in a parallel or sequential method between mental health and drug and alcohol agencies.

Evidenced-based and promising practices

Central Pennsylvania Supportive Services is knowledgeable about PATH and homelessness. The program has a well established foundation on recovery and resiliency and more understanding and exposure to existing evidenced-based and promising practices used in Dauphin County is planned such as:

ACT (Assertive Community Treatment)
Family Psycho-education
Illness Management and Recovery
WRAP
Peer specialists/recovery specialists
MH and Drug Courts

Central Pennsylvania Supportive Services is very familiar with SAMHSA’s model for supportive employment.

In order to receive and have access to most mental health services in Dauphin County, registration with the Base Service Unit (BSU) is an essential first step in providing the individual access to the array of services that are available. Once open with the BSU, an individual will have access to evidence based and promising practices that have a proven track record of success. These services which may be utilized and can benefit literally homeless individuals and those at imminent risk of homelessness who we are seeking to engage in mental health and co-occurring services.

Strategic Initiative #3 Military Families

Central Pennsylvania Supportive Services is readily available to working with anyone seeking assistance via PATH services who are eligible and may be non service connected veterans who may also be homeless and their families by accessing the
same array of services available to any individual that seeks services and meet PATH eligibility. For persons and their families who are service connected, veterans assistance is provided through information and referral in applying for and accessing benefits and services that they are entitled to receive through the Office of Veterans Affairs administrative office. In some cases, due to gaps in services, veterans and/or their families are served by both the MH and VA systems based on their need and eligibility for services. The County’s Veteran Affairs Office annually coordinates a Stand Down program, and veterans and their families are part of the Project CONNECT outreach and follow-up.

Strategic Initiative #4 Recovery Support

As indicated in section titled Service Provision of the Comprehensive Intended Use Plan, Dauphin County embraces the Principles of Recovery and Resiliency. An Annual Plan submitted to the Commonwealth’s Department of Public Welfare/Office of Mental Health and Substance Abuse Services details all the transformation activities undertaken to move our system toward a recovery and resiliency orientation. Most activities include all stakeholders and all individualized teams supporting persons have a common message to be recovery/resiliency oriented, work with a person’s strengths, consumer-driven, and emphasize the use of natural, peer, and family support. In Dauphin County, a Community Support Program (CSP) Committee is actively involved in the system planning as well as improving person involvement in leadership roles and evaluation activities. Dauphin County’s MH/ID Program staff creates opportunities and support recovery at all levels of the system.

DATA

The County is currently using a Microsoft ACCESS database to capture the PATH data outlined in the Annual PATH Report. Central Pennsylvania Supportive Services uses that same database to report consumer information to the County. The plan is to use this system until we are able to accurately enter and extract all PATH data elements needed from the HMIS system. There is a concern about the frequency of system level issues and access issues in HMIS. Dauphin County does not pay for HMIS training or HMIS activities. PATH funds are not used for this purpose. Capital Area Coalition on Homelessness (CACH) is the local planning group in Dauphin County and CACH funds the HMIS training and activities around data collection.

ACCESS TO HOUSING

PATH funds continue to assist individuals who are literally homeless and at imminent risk of homelessness by securing permanent housing. PATH services continue to remain flexible and sensitive to the unique needs of individuals. CIP continues to provide outreach to build rapport and engage individuals in appropriate mental health treatment and support services and available housing. Several temporary options are considered first in addressing immediate housing needs and once established can lead to a permanent housing situation, which include the following options:
General shelter/housing programs

- Bethesda Mission, supplying emergency shelter services for men in some extended stay options, in the city.
- Shalom House, a shelter site available to single women and to women with children in the city.
- YWCA, providing transitional housing services for women, in the city. Provides overnight shelter for homeless women during the winter months.
- Delta Housing, operated by Gaudenzia, provides transitional services in small apartment settings for women and women with children.
- Interfaith Shelter, a facility for intact families operated by Catholic Charities and soon moving to the Colonial Park area of Harrisburg.

Private and public resources outside the conventional human service agency framework

- Harrisburg Housing Authority, in Harrisburg city.
- Dauphin County Housing Authority, with units outside the boundaries of Harrisburg city and the balance of Dauphin County.
- Hotel and motel proprietorships, allowing short-term stays with sponsorship for people, both in the city and in the suburbs.
- YMCA SRO for men not limited to city residents.
- Susquehanna Safe Harbor, a housing first program for 25 homeless men with serious mental illness.
- Overnight Shelter is being staffed by church volunteers for men and for women at the YWCA. This is offered from November to March each year.
- A Safe Haven program for women is in the process of being implemented.

Structured community residential rehabilitation programs are available and are operated by Edgewater Psychiatric Center and the Community Services Group, which provide short-term residential placement for homeless individuals also needing structure and support in order to address their psychiatric needs. These two programs represent a crisis diversion capacity of four (4) combined and are located in the City of Harrisburg and the Borough of Steelton respectively. Over 60 additional residential beds are in varied locations and settings throughout the County and are provider lease-held. Dauphin County also contracts with licensed personal care homes and specialized personal care homes for individuals in need of a higher level of service.

Housing Partnerships also exist in Dauphin County. The Dauphin County MH/ID Program has been working collaboratively with the following partners in developing affordable housing options for individuals with serious mental illness. They consist of: CACH, various member agencies, County of Dauphin Housing Authority, Volunteers of America, and Paxton Ministries as well as new developers being established in the County.
The MH/ID Program continues to further develop potential partners with whom we need to improve our relationships, such as Dauphin County’s Department of Community and Economic Development, and the Harrisburg City Housing Authority.

Recently, the Capital Area Coalition on Homelessness (CACH) was recently chosen as the Local Lead Agency (LLA) organization to work in collaboration with PHFA, and the County Department of Community and Economic Development. This newly-established relationship (LLA) will serve as a clearing house for referrals to new housing projects, such as tax-credit properties and HUD 811. They will also act as a liaison between area service providers and building or property management.

Volunteers of America is a longstanding provider of mental health services and a housing provider. VOA’s projects in Dauphin County for persons with mental illness provide safe and affordable housing and are routinely fully occupied.

Paxton Ministries developed a Fairweather-type Community Lodge in the Penbrook area for five individuals. The Lodge is run and managed by the individuals living in the home. All expenses are paid for by the individuals living there and any decisions made regarding the Lodge are made by it members. Paxton Ministries is currently in the process of searching properties for a second Lodge. The business model the Lodge developed is a cleaning company named Paxton Cleaning Solutions, and PCS has developed contracts with several area businesses to clean offices.

**STAFF INFORMATION**

Dauphin County MH providers, such as Central Pennsylvania Supportive Services pursue cultural competency continually in each of their respective agencies by utilizing their own diverse staff to conduct training, as well as using outside sources to further develop the agencies overall cultural competency.

We do not traditionally include a survey of the demographics of the staff hired in programs that are partially-funded by PATH dollars. Service providers, and the County-operated Crisis Intervention Program are encouraged to hire staff representative of the population they serve demographically by age, race/ethnicity and gender while hiring the best qualified candidate for the position. The CIP is also part of the Civil Service system and County Human Resources Department who reviews and monitors staff composition and equal employment opportunity criteria. We will continue to explore further surveying agencies partially-funded with PATH to better understand staff demographics in relationships and how it relates to the population served.

**CONSUMER INFORMATION**

Dauphin County is a third class county located in south central Pennsylvania with a population estimated at 253,000 persons. There are 525 square miles and 40 municipalities bordered by the mile-wide Susquehanna River. Dauphin County includes
the City of Harrisburg, a small urban center, and also the State Capitol. Many suburban communities and townships have their own unique characteristics. One geographical area known as Upper Dauphin is primarily rural. In 2002, Dauphin County was designated as an urban county and receives over $1 million annually in Community Development Block Grants (CDBG) from HUD to fund projects that stimulate economic growth and serve the underprivileged.

The Capital Area Coalition on Homelessness conducted a 2011 Point-in-Time Survey of individuals and families who experience homelessness and the services they request. The purpose was to study the number of individuals and families seeking homeless related services. A total of 791 survey responses were collected with an unduplicated count of 567 adults and 224 children. Most respondents were male (51%). Unduplicated responses, 276 or 49 percent were from females. The majority of the respondents were either Caucasian (39%) or African-American (48.5%). The next largest group was Hispanic with slightly over 8 percent. Sixty-seven persons (12%) identified themselves as veterans. Most survey participants stated that they were single adults (70.3%) living alone. In the period of three months prior to the survey, large percentage of the respondents (65.82%) stated that they had been living in the City of Harrisburg. Over 15 percent (15.9%) stated that they had lived elsewhere in Dauphin County.

Project CONNECT continues to offer and focus on having the homeless provider network available as well as other needed services that would assist individuals in addressing their specific housing, mental health, physical, financial and medical needs. Preliminary data is not yet available.

The Dauphin County MH/ID Program anticipates the demographic profile of persons served with Central Pennsylvania Supportive Services, while very small, to be similar to the previous year annual data. 93% of the persons served in 2010-2011 were ages 18-64. 52% were males and 48% were females. Among persons reporting race/ethnicity 40% were African-American; 45% were Caucasian and 11% identified Hispanic or Latino. 69% were identified with a primary diagnosis of an affective disorder; 25% were identified with a diagnosis of schizophrenia and related psychotic disorders, and 62% were identified with a co-occurring substance abuse disorders. Non-veterans were 85.5% of the persons served. 53.6% reported their housing status as living outdoors (e.g. street, abandoned or public buildings, and automobiles) and 24.7% were living in short-term shelter and less than 10% were staying with a friend or someone’s place.

CONSUMER INVOLVEMENT

The Dauphin County MH/ID Program recruits and trains volunteers on an ongoing basis to conduct surveys and utilizes the expertise of the County Quality Assurance staff to compile and analyze the information received and explore next steps or recommendations that can be pursued. The survey data outcomes and reports are shared internally with program staff, the Adult MH Committee of the MH/ID Board, and the Dauphin County Community Support Program (CSP) Committee. Volunteers are trained and supported by County staff in their roles and receive a stipend for their
services. This process has been used to complete Recovery-Oriented Service Inventory (ROSI) surveys and requirements (ROSI Panel) and annual consumer satisfaction surveys on county-funded services, as well as focus groups conducted at various locations in the County. The Dauphin County MH/ID Program has not taken any steps in the past to evaluate the specific PATH-funded services by the persons benefiting from them. Concerns about their privacy and guardedness are perceived to interfere with service delivery. The County's Quality Assurance staff have handled complaints by persons receiving PATH services and act as mediators to resolve to the individuals' satisfaction their concerns.

Project CONNECT has persons who are literally homeless routinely involved in the planning process for Project CONNECT events being planned in Dauphin County. Individuals in service or that have been homeless are encouraged and attend local CACH coordination meetings on a regular basis to provide insight and input into the direction of service needs.

BUDGET NARRATIVE

CPSS has a rate for ILR set by the PA Office of Vocational Rehabilitation. The rate was set in FY 2003-2004. The fee-for-service rate is $48.00 per hour. Dauphin County MH/ID Program has accepted this rate and will modify the rate, if and when the OVR approves a rate change.
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Dauphin County MH/ID Program
PATH Intended Use Plan with Keystone Service Systems/Keystone Community Mental Health Services  FY 2012-2013

LOCAL PROVIDER DESCRIPTION

Attachment C - Page 50 of 64
In a cooperative venture with the Dauphin County MH/ID Program on behalf of the Federal PATH initiative (Projects for Assistance in Transition from Homelessness), Keystone Service Systems can make supportive living and employment services available to people who have mental illness and who are literally homeless or at imminent risk of the homelessness.

Keystone Service System is a private, not-for-profit organization that provides services throughout Central Pennsylvania and Maryland for persons with serious mental illness, intellectual disabilities and children with developmental delays and serious emotional disturbances. The division for adult mental health services in Dauphin County is Keystone Community Mental Health Services and the office is located at 3609 Derry Street in Harrisburg, PA 17111.

KCMHS will work with persons referred by the Dauphin County MH system who meet PATH eligibility definitions. A goal of the PATH - Independent Living Resource is that consumers with mental illness who are literally homeless or at imminent risk of homeless move toward lifestyle decisions that promote personal safety, recovery, independence and satisfying lives. The Independent Living Resource is intended to provide a range of re(habilitative) supports, personalizing services to the needs of each referred person in order to improve prospects for genuinely autonomous living. Life skills imparted through the project will vary from person-to-person, but will include those of budgeting, homemaking, self-care and grooming, interpersonal relations, pre-employment guidance, and mobility training.

Dauphin County MH/ID Program will contract with Keystone Service Systems division of Keystone Community Mental Health Services using $4,000 in PATH funds. Dauphin County MH/ID Program and Keystone Community Mental Health Services (KCMHS) will focus on the needs of literally homeless and imminently homeless individuals per the PATH definition. KCMHS is expected to serve 3-5 persons in FY 2012-2013.

COLLABORATION WITH HUD CONTINUUM OF CARE

The Dauphin County MH/ID Program is an active participant in the local HUD Continuum of Care organization at the direct service level. CACH, Capital Area Coalition on Homelessness, is a committed volunteer effort in Dauphin County based on an active membership and strong leadership. Funding for CACH’s activities include: County of Dauphin, City of Harrisburg, United Way, and The Foundation for Enhancing Communities. CACH coordinates and develops partnerships with Housing Services, Homeless Services, and Human Services through Resource Development, Service Delivery, Public Awareness, Data Collection, and Coordinating Committees. CACH is responsible for submitting the Annual HUD Continuum of Care Application. In 2007, CACH developed and submitted to HUD’s Interagency Council on Homelessness, the County of Dauphin and City of Harrisburg’s Blueprint to End Homelessness, a ten-year Strategic Plan. The strategic plan is currently undergoing a mid-stage review.
Keystone Service Systems’ Keystone Community Mental Health Services (KCMHS) division operates many different types of mental health programs in Dauphin County and accepts referrals for services, particularly for case management and supportive living on persons who are literally homeless or at imminent risk of homelessness. KCMHS has been very involved with reestablishing the Local Housing Options Team (LHOT), revising the Landlord/Tenant protocol and revamping a directory of private landlords that rent to persons with mental illness.

COLLABORATION WITH LOCAL COMMUNITY ORGANIZATIONS

Dauphin County MH/ID contracts with a network of private, non-profit agencies in collaboration with staff at the Crisis Intervention Program, as well as with the homeless provider network. Other resources are available from agencies not contracted with by the Dauphin County MH/ID Program. Central Pennsylvania Supportive Services has a contract with Dauphin County MH/ID program to service persons in addition to individuals who are homeless with a mental illness.

Other resources are also available from agencies not contracted with by the Dauphin County MH/ID Program. The behavioral health managed care company for Medicaid-eligible individuals is Community Behavioral Healthcare Network of Pennsylvania (CBHNP). All of the resources listed will be available to persons served as needed and eligible within the limitations of available funding. Dauphin County intends to develop a SOAR case manager position (not funded with PATH funds) in 2012 to improve the provision of income and health/behavioral health benefits to the targeted population.

The County Department of Drugs & Alcohol Services functions as the Single County Authority for substance abuse services, including prevention. Individuals can access drug and alcohol services directly with providers of their choice in Dauphin County. The drug and alcohol system developed a Recovery Specialist position funded by HealthChoices as a peer support. The RASE Project is implementing the position in Dauphin County, and collaboration has begun through shared staff in-services between RASE Project and the CMU. Collaboration should expand in the next fiscal year.

In Dauphin County, the CMU (Case Management Unit) is the agency that provides the initial registration and psychosocial/financial intake interview for individuals to access the array of MH services available. They also provide several levels of case management such as, three types of targeted case management and administrative case management. A Homeless/SOAR administrative case manager position is located at the CMU. Keystone Service Systems’ Community Mental Health Services also provides intensive case management services. The DDB Outreach staff has gotten to know and understand the CMU’s role in the system the best, as frequent referrals are made to the CMU as a result of outreach and engagement.

CMU, Philhaven and Keystone Service Systems offer Certified Peer Specialist services that are licensed and approved by OMHSAS (state regulatory agency) and CBHNP (BH-MCO). Various agencies have Peer Specialist imbedded in their programs,
providing an ongoing focus on recovery within the programs.

Dauphin County has ten (10) licensed outpatient psychiatric clinic providers that offer medication management, outpatient therapies and psychiatric evaluations to adults, older adults, transition-age youth and children with serious mental illness or serious emotional disturbance and/or adults and children with co-occurring disorders. Some outpatient providers have unique characteristics or serve specific populations of Dauphin County residents.

Two of ten psychiatric outpatient clinics, Pennsylvania Counseling Services and T.W. Ponessa, also operate licensed drug & alcohol outpatient clinics. Mazzitti & Sullivan and Gaudenzia also operate D & A outpatient clinics in Dauphin County.

NHS Human Services – Capital Region provides psychiatric outpatient, telepsychiatry, residential and Assertive Community Treatment Team (ACT) services. NHS and Philhaven offer partial hospitalization services. Dauphin County also has a Clubhouse operated by Philhaven and a consumer-run drop-in center.

Community Residential Rehabilitation (CRR) services offer many choices to individuals to support independence in their recovery journey. Licensed programs offer varying degrees of support and are in both a group model, as well as scattered apartment settings. The Dauphin County contracted residential providers are Elwyn, a division of Keystone Human Services: Keystone Community Mental Health Services and Gaudenzia. Supportive living services, including supportive housing, are provided by two agencies, Volunteers of America (VOA) and Keystone.

Short-term temporary residential services are available to PATH-eligible individuals until a more permanent housing solution is identified. There are two providers contracted with Dauphin County MH/ID Program for specialized CRR services: Northwestern Human Services’ Windows Program in downtown Harrisburg, and Community Services Group (CSG) in the Steelton community. These programs provide short-term 45-day housing, 5-day crisis beds with 24-hour, 7-day per week staff oversight. Both CSG and NHS programs have a psychiatrist available for evaluations as well as a medication management until an individual can be successfully connected to community mental health outpatient services. Keystone also provides a short-term transitional supportive living housing program for individuals.

Dauphin County contracts with NHS and Keystone Service Systems for Specialized Care Residences (SCRs) that are licensed as Personal Care Homes (PCHs) but are exclusively for adults and older adults with serious mental illnesses. Staff has extensive mental health training, clinical support skills, and meets the unique characteristics of residents who also require PCH level of care. Personal care services include: assistance in completing tasks of daily living, social activities, assistance to use community services, and individualized assistance to enhance daily goals and life quality. Dauphin County also contracts with Paxton Ministries and Graysonview Harrisburg to provide personal care services. Ongoing collaboration with many of the Dauphin County contracted providers and the homeless provider network, assist in ideally providing the right combination of supportive services to individuals in securing permanent housing for PATH-eligible
individuals to live successfully in the community.

Dauphin County MH/ID Program has developed a strong collaborative working relationship with the County of Dauphin Housing Authority and jointly link individuals to approved landlords that accept HUD funded Shelter + Care and Project Access vouchers. Additionally, many providers have developed ongoing relationships with local private landlords and public housing. Through collaboration and support the landlord/tenant relationships have been strengthened, and there is stability in permanent housing options.

Dauphin County has re-established the Local Housing Options Team (LHOT) and has revamped the landlord/tenant protocol. This group is currently developing a master list of landlords are renting to individuals in service. A landlord training will be scheduled to introduce the revised landlord/tenant protocol and to further develop relationships with private landlords.

Employment services in Dauphin County are comprised of varying degrees of support and independence. Employment is viewed as a measure of personal success and recovery because of the value society as a whole places upon employment as an indicator of independence and personal accomplishment. There are a few vocational agencies contracted with the County Mental Health Program; Goodwill, AHEDD, and Cumberland-Perry ARC (CPARC). These agencies provide pre-vocational, job placement and job coaching services to individuals at times in their transition into more stable housing. The YWCA is in year three of a five-year SAMHSA grant to provide evidence-based Supported Employment services to individuals in Dauphin County. Most programs also have contracts with the PA Office of Vocational Rehabilitation. A Transformation Committee on Employment hosted by MH/ID completed train-the-trainer mobility training for professionals and persons in recovery and is working on a guide to employment services for persons using mental health services.

Susquehanna Safe Harbor Project is the local version of a HUD-approved Safe Haven program. The program is a "low demand," housing first model designed to offer transitional housing for up to 25 men with serious mental illness for up to two years. The second floor of the program is designed for transitional housing for individuals who are able to obtain steady income and pay monthly rent. Any agency can refer and all individuals are screened by Crisis Intervention or CMU staff to verify homelessness and the diagnosis of serious mental illness. Most individuals in the program benefit from accessing targeted mental health case management services and other services when they are ready. A safe haven program will soon be implemented for women in Dauphin County.

There are several HUD 811 projects in Dauphin County. The most recently developed 811s are: Creekside Village located in Lower Paxton Township, New Song Village located in Swatara Township, operated by Volunteers of America (VOA) and Baldwin Village, located in Steelton, are permanent affordable housing projects for individuals with serious mental illness and one is for persons with physical disabilities. Paxton Ministries supports a Fairweather-type Community Lodge program in Dauphin County for up to five individuals, and Paxton is in the process of developing a second Lodge.
Hamilton Health Center is a federally qualified health center and offers comprehensive medical services, including dental services. Dauphin County MH/ID Program has been working collaboratively with Hamilton Health Center to develop an integrated physical/behavioral health model of service delivery. A behavioral health partner has been identified and the partnership agreement is being developed. The plan includes a Partners in Integrated Care (PIC) model. Approximately 33% of the individuals served at Hamilton Health Center are uninsured.

Mission of Mercy provides mobile medical outreach and care to homeless individuals and those who are uninsured or underinsured to obtain appropriate medical care. Catholic Charities continues to provide outpatient therapy services to individuals served by Mission of Mercy. Several other local church organizations run soup kitchens and food pantries to assist individuals in need of food.

The primary program for assistance with basic needs and emergency housing is the HELP Office operated by Christian Churches United. Emergency shelters include Bethesda Mission, Salvation Army, Shalom House, Interfaith Shelter and the YWCA Domestic Violence services. In addition to the HELP office, MH case management entities and the Crisis Intervention Program have consumer and housing support funds available to assist individuals as needed, in which a portion of these funds are in Dauphin County’s existing PATH funding.

Dauphin County Mental Health continues to work on the following goals in physical health and wellness with a small group of dedicated providers:

1) engage PH-MCOs and local health systems for wellness training and education;
2) organize health topics in a readable format for individuals, families and providers; and,
3) support efforts to increase provider responsiveness to health issues.

Dauphin County in conjunction with the other HealthChoices counties in our behavioral health territory worked with CBHNP and CABHC (Capital Area Behavioral Health Collaborative) to identify areas of improvement for behavioral and physical health integration. Training from the Lilly Foundation was offered to targeted case managers regarding managing diabetes. Training was also offered to individuals in services by the Pennsylvania Mental Health Consumers Association (PMHCA) entitled: “How to talk to your Psychiatrist”. CBHNP is developing a “Wellness Toolkit” that is in draft form, and it will be a self-guide for persons in mental health services to take action on physical care needs and issues.

Dauphin County MH’s Wellness Committee has taken SAMHSA’s 10 by 10 Pledge to decrease the mortality rates of individuals with serious mental illness by ten percent in ten years. Over the next year, the MH Wellness Committee will be conducting monthly educational wellness events for individuals in service and professionals, including children and their families, on health topics and actions to prevent chronic health issues. A monthly newsletter on wellness is also published by Dauphin County MH/ID Program.
SERVICE PROVISION

Description of KSS’ Keystone Community Mental Health Services PATH Services

Habilitation and rehabilitation services with individuals referred by the Dauphin County MH system who meet PATH-eligibility criteria. A goal of the PATH Independent Living Resource (ILR) is that consumers with mental illness who are literally homeless or at imminently risk of homeless move toward lifestyle decisions that promote personal safety, recovery, independence and satisfying lives. The Independent Living Resource is intended to provide a range of rehabilitation supports and personalizing services based on the individual needs in order to strengthen specific skill sets that will assist individuals in maintaining independent living arrangements in the community.

Persons may be referred to Keystone for PATH ILR services either through system case managers or through the Dauphin County Crisis Intervention Program. Preparation for services will include the completion of a needs assessment, usually through an interview conducted either by the referring source or by Keystone Personnel. Results of this needs assessment will inform the content of individualized service plans for each consumer. Services are intended for consumers with unconventional lifestyles and fragile tolerance for traditional and site-based mental health services. High premium will be placed on being where the consumer is, in which Keystone staff spends time in the community working person-to-person with identified consumers, moving step-by-step to strengthen or acquire needed skills in living.

Keystone Service Systems may draw upon the staff of its Mental Health Supportive Living Program and/or its Gateway Employment Group, where expertise may be identified for support in the pursuit life skills goals, on-location and individually for people in transition.

PATH-eligible candidates must be over age 18 and in Dauphin County at the time of their enrollment for ILR support. People in service must meet Federal PATH-eligibility criteria. Duration of services is open-ended, but it is intended largely for the first few months of effort to impart skills needed to restore an individual to safe and functional living circumstances. Candidates for service who speak languages other than English, will be served through the assistance of available interpreters.

The offices at 3609 Derry Street will serve as the primary location but staff are highly mobile, able to respond to consumers in a broad range of community venues. Some services may be made available, if indicated, on Saturdays and Sundays, as well as on weekdays.

Admission Criteria: Persons will be referred by the Case Management Unit or other case management entities. People in service must meet Federal PATH eligibility criteria, which include a condition of mental illness coupled with the state of homelessness or imminent risk of homelessness. Candidates also must have a demonstrated need for expedited rehabilitative service of the types available through Keystone and adaptable to this population's special need.
Discharge Criteria: Case closure occurs as the consumer and provider agree that maximum benefits from the program have been reached. People may remain in service for a trial period beyond the acquisition of new skills and stable living circumstances, after which they must be referred to mainstream mental health programming, should their needs extend beyond the time of homelessness or imminent risk for an interval of stabilization in some conventional residential setting.

Communication occurs regularly among the PATH-eligible consumers, Keystone and the involved case management or crisis intervention team. Meetings for review of progress will occur at intervals, with changes in the service plan proposed and made, if indicated. Family support is encouraged as much as possible.

Service Gaps

There are service gaps where capacity does not meet demand. The needs of homeless individuals for psychiatric services are prioritized along with several additional target groups such as persons with forensic involvement and acute inpatient discharges in order to prevent readmissions. Several providers such as Catholic Charities, TW Ponessa and NHS Human Services have attempted to provide access to appointments for individuals with urgent need to access psychiatric services. Service gaps will impact the efforts of Central Pennsylvania Supportive Services. Collaboration with mental health agencies and the opportunity to integrate supportive living with treatment will help to minimize them. There are no specific service gaps related to rehabilitative services.

Needs of the Co-Occurring Population

Addressing the complex needs of the co-occurring population in Dauphin County has been challenging. In order for this population to be served effectively, outpatient mental health providers should offer integrated treatment approaches with this population. Dauphin County is charged with assuring there are established services and contracts for services to meet the needs of individuals with serious mental illness and who also have substance use disorders. While the regulatory authority of services lies with both the Department of Public Welfare (mental health) and the newly-formed Department of Drugs and Alcohol, County administered programs plan for but cannot implement integrated treatment model services to meet the needs of persons with co-occurring disorders. Among persons who are medical-assistance eligible, services are administered through the same behavioral health managed care organization (CBHNP).

The services described in the section on Collaboration with Local Community Organizations provides a thorough outline of services available which are County-funded and Medical Assistance-funded for individuals with co-occurring disorders. Briefly, the co-occurring population has access to outpatient services, partial day programs, residential services, and support services such as targeted case management, supportive living, social rehabilitation as well as inpatient care. All the services described previously are also available to individuals with co-occurring disorders. Unfortunately, most services are delivered in a parallel or sequential method between mental health and drug and alcohol agencies.
Evidenced-based and promising practices

Keystone Community Mental Health Services is knowledgeable about PATH and homelessness. The program has a well established foundation on recovery and resiliency and the organization has demonstrated leadership in the area of psychiatric rehabilitation and applied it to many services areas, including PATH services. Other types of evidenced-based and promising practices KCMHS works with are:

- ACT (Assertive Community Treatment)
- Family Psycho-education
- Illness Management and Recovery
- WRAP
- Peer specialists/recovery specialists
- MH and Drug Courts

Keystone is very familiar with SAMHSA’s model for supportive employment. Keystone Service Systems is an established contracted provider in the MH/ID system. Staff are working towards certification in Psychiatric Rehabilitation and that training is monitored by MH/ID as a part of the County MH contracting process beginning in FY 2011-2012. Keystone has participated in all PATH Training over the years and is well-informed on recovery-oriented services. Keystone staff attended and utilized trainings that are made available through our PATH training funds.

Keystone Service Systems provides ongoing Illness Management and Recovery training classes. Several agencies use this program in small groups and individually in intensive case management and residential services. Keystone Human Services provides initial training and consultation with agencies that are interested in using this curriculum in Dauphin County. Additional trainers will be identified and developed to train providers and other homeless services network providers in applying this evidenced-based practice to their work with this target population.

Additional recovery-oriented and promising practices such as WRAP, Advanced Directives, certified peer specialists are being developed or already in place at Keystone.

In order to receive and have access to most mental health services in Dauphin County, registration with the Base Service Unit (BSU) is an essential first step in providing the individual access to the array of services that are available. Once open with the BSU, an individual will have access to evidence based and promising practices that have a proven track record of success. These services which may be utilized and can benefit literally homeless individuals and those at imminent risk of homelessness who we are seeking to engage in mental health and co-occurring services.

Strategic Initiative #3 Military Families
Keystone Community Mental Health Services is readily available to working with anyone seeking assistance via PATH services that are eligible and may be non service connected veterans who may also be homeless and their families by accessing the same array of services available to any individual that seeks services and meet PATH eligibility. For persons and their families who are service connected veterans, assistance is provided through information and referral in applying for and accessing benefits and services that they are entitled to receive through the Office of Veterans Affairs administrative office. In some cases, due to gaps in services, veterans and/or their families are served by both the MH and VA systems based on their need and eligibility for services. The County’s Veteran Affairs Office annually coordinates a Stand Down program, and veterans and their families are part of the Project CONNECT outreach and follow-up.

Strategic Initiative #4 Recovery Support

As indicated in section titled Service Provision of the Comprehensive Intended Use Plan, Dauphin County embraces the Principles of Recovery and Resiliency. An Annual Plan submitted to the Commonwealth’s Department of Public Welfare/Office of Mental Health and Substance Abuse Services details all the transformation activities undertaken to move our system toward a recovery and resiliency orientation. Most activities include all stakeholders and all individualized teams supporting persons have a common message to be recovery/resiliency oriented, work with a person’s strengths, consumer-driven, and emphasize the use of natural, peer, and family support. In Dauphin County, a Community Support Program (CSP) Committee is actively involved in the system planning, as well as improving persons’ involvement in leadership roles and evaluation activities. Dauphin County’s MH/ID Program staff creates opportunities and support recovery at all levels of the system.

DATA

The County is currently using a Microsoft ACCESS database to capture the PATH data outlined in the Annual PATH Report. Keystone Community MH Services uses that same database to report consumer information to the County. The plan is to use this system until we are able to accurately enter and extract all PATH data elements needed from the HMIS system. There is a concern about the frequency of system level issues and access issues in HMIS. Dauphin County does not pay for HMIS training or HMIS activities. PATH funds are not used for this purpose. Capital Area Coalition on Homelessness (CACH) is the local planning group in Dauphin County and CACH funds the HMIS training and activities around data collection.

ACCESS TO HOUSING

PATH funds continue to assist individuals who are literally homeless and at imminent risk of homelessness by securing permanent housing. PATH services continue to remain flexible and sensitive to the unique needs of individuals. CIP continues to provide outreach to build rapport and engage individuals in appropriate mental health treatment and support services and available housing. Several temporary options
are considered first in addressing immediate housing needs and once established can lead to a permanent housing situation, which include the following options:

General shelter/housing programs:

- Bethesda Mission, supplying emergency shelter services for men in some extended stay options, in the city.
- Shalom House, a shelter site available to single women and to women with children in the city.
- YWCA, providing transitional housing services for women, in the city. Provides overnight shelter for homeless women during the winter months.
- Delta Housing, operated by Gaudenzia, provides transitional services in small apartment settings for women and women with children.
- Interfaith Shelter, a facility for intact families operated by Catholic Charities and soon moving to the Colonial Park area of Harrisburg.

Private and public resources outside the conventional human services agency framework:

- Harrisburg Housing Authority, in Harrisburg city.
- Dauphin County Housing Authority, with units outside the boundaries of Harrisburg city and the balance of Dauphin County.
- Hotel and motel proprietorships, allowing short-term stays with sponsorship for people, both in the city and in the suburbs.
- YMCA SRO for men not limited to city residents.
- Susquehanna Safe Harbor, a housing first program for 25 homeless men with serious mental illness.
- Overnight Shelter is being staffed by church volunteers for men and for women at the YWCA. This is offered from November to March each year.
- A Safe Haven program for women is in the process of being implemented.

Structured community residential rehabilitation programs are available and are operated by Edgewater Psychiatric Center and the Community Services Group, which provide short-term residential placement for homeless individuals also needing structure and support in order to address their psychiatric needs. These two programs represent a crisis diversion capacity of four (4) combined and are located in the City of Harrisburg and the Borough of Steelton respectively. Over 60 additional residential beds are in varied locations and settings throughout the County and are provider lease-held. Dauphin County also contracts with licensed personal care homes and specialized personal care homes for individuals in need of a higher level of service.

Housing Partnerships also exist in Dauphin County. The Dauphin County MH/ID Program has been working collaboratively with the following partners in developing affordable housing options for individuals with serious mental illness. They consist of: CACH, various member agencies, County of Dauphin Housing Authority, Volunteers of
America, and Paxton Ministries as well as new developers being established in the County.

The MH/ID Program continues to further develop potential partners with whom we need to improve our relationship with such as Dauphin County’s Department of Community and Economic Development, and the Harrisburg City Housing Authority.

Recently, the Capital Area Coalition on Homelessness (CACH) was chosen as the Local Lead Agency (LLA) organization to work in collaboration with PHFA, and the County Department of Community and Economic Development. This newly-established relationship (LLA) will serve as a clearinghouse for referrals to new housing projects, such as tax-credit properties and HUD 811. They will also act as a liaison among area service providers and building or property management.

Volunteers of America is a longstanding provider of mental health services and a housing provider. VOA’s projects in Dauphin County for persons with mental illness provide safe and affordable housing and are routinely fully occupied.

Paxton Ministries developed a Fairweather-type Community Lodge in the Penbrook area for five individuals. The Lodge is run and managed by the individuals living in the home. All expenses are paid for by the individuals living there and any decisions made regarding the Lodge are made by its members. Paxton Ministries is currently in the process of searching properties for a second Lodge. The business model the Lodge developed is a cleaning company named Paxton Cleaning Solutions, and PCS has developed contracts with several area businesses to clean offices.

STAFF INFORMATION

Dauphin County MH providers, such as Keystone Community Mental Health Services, pursue cultural competency continually in each of their respective agencies by utilizing their own diverse staff to conduct training, as well as using outside sources to further develop the agencies overall cultural competency.

We do not traditionally include a survey of the demographics of the staff hired in programs that are partially-funded by PATH dollars. Service providers, including KCMHS and the County-operated Crisis Intervention Program are encouraged to hire staff representative of the population they serve demographically by age, race/ethnicity and gender while hiring the best qualified candidate for the position. The CIP is also part of the Civil Service system and County Human Resources Department who reviews and monitors staff composition and equal employment opportunity criteria. We will continue to explore further surveying agencies partially-funded with PATH to better understand staff demographics in relationships and how it relates to the population served.

CONSUMER INFORMATION
Dauphin County is a third class county located in south central Pennsylvania with a population estimated at 253,000 persons. There are 525 square miles and 40 municipalities bordered by the mile-wide Susquehanna River. Dauphin County includes the City of Harrisburg, a small urban center, and also the State Capitol. Many suburban communities and townships have their own unique characteristics. One geographical area known as Upper Dauphin is primarily rural.

The Capital Area Coalition on Homelessness conducted a 2011 Point-in-Time Survey of individuals and families who experience homelessness and the services they request. The purpose was to study the number of individuals and families seeking homeless related services. A total of 791 survey responses were collected with an unduplicated count of 567 adults and 224 children. Most respondents were male (51%). Unduplicated responses, 276 or 49% were from females. The majority of the respondents were either Caucasian (39%) or African-American (48.5%). The next largest group was Hispanic with slightly over 8 percent. Sixty-seven persons (12%) identified themselves as veterans. Most survey participants stated that they were single adults (70.3%) living alone. In the period of three months prior to the survey, large percentage of the respondents (65.82%) stated that they had been living in the City of Harrisburg. Over 15 percent (15.9%) stated that they had lived elsewhere in Dauphin County.

Project CONNECT continues to offer and focus on having the homeless provider network available as well as other needed services that would assist individuals in addressing their specific housing, mental health, physical, financial and medical needs. Preliminary data is not yet available.

The Dauphin County MH/ID Program anticipates the demographic profile of persons served by Keystone Community Mental Health Services, while very small in PATH services, to be similar to the previous year annual data. 93% of the persons served in 2010-2011 were ages 18-64. 52% were males and 48% were females. Among persons reporting race/ethnicity 40% were African-American; 45% were Caucasian and 11% identified Hispanic or Latino. 69% were identified with a primary diagnosis of an affective disorder; 25% were identified with a diagnosis of schizophrenia and related psychotic disorders, and 62% were identified with a co-occurring substance abuse disorders. Non-veterans were 85.5% of the persons served. 53.6% reported their housing status as living outdoors (e.g. street, abandoned or public buildings, and automobiles) and 24.7% were living in short-term shelter and less than 10% were staying with a friend or someone’s place.

Keystone Community Mental Health Services continues to cultivate staff sensitivity to cultural and ethnic differences and has many language competencies at their particular agencies and utilizes contracted interpreter services when needed. Several of our contracted agencies frequently offer staff and individuals in service training on cultural topics and skills.

CONSUMER INVOLVEMENT
The Dauphin County MH/ID Program recruits and trains volunteers on an ongoing basis to conduct surveys and utilizes the expertise of the County Quality Assurance staff to compile and analyze the information received and explore next steps or recommendations that can be pursued. The survey data outcomes and reports are shared internally with program staff, the Adult MH Committee of the MH/ID Board, and the Dauphin County Community Support Program (CSP) Committee. Volunteers are trained and supported by County staff in their roles and receive a stipend for their services. This process has been used to complete Recovery-Oriented Services Inventory (ROSI) surveys and requirements (ROSI Panel) and annual consumer satisfaction surveys on county-funded services, as well as focus groups conducted at various locations in the County. The Dauphin County MH/ID Program has not taken any steps in the past to evaluate the specific PATH-funded services by the persons benefiting from them. Concerns about their privacy and guardedness are perceived to interfere with service delivery. The County’s Quality Assurance staff have handled complaints by persons receiving PATH services and act as mediators to resolve to the individuals’ satisfaction their concerns.

Project CONNECT has persons who are literally homeless routinely involved in the planning process for Project CONNECT events being planned in Dauphin County. Individuals in service or that have been homeless are encouraged and attend local CACH coordination meetings on a regular basis to provide insight and input into the direction of service needs.

**BUDGET NARRATIVE**

Keystone has accepted the rate of $48.00 per hour. The rate was set in FY 2003-2004. It is a fee-for-service rate. Dauphin County MH/ID Program has accepted this rate and will modify the rate, if and when, Keystone can no longer cover costs to provide the service.
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<tr>
<td>One-time rental assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security deposits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Living Resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sub-total</td>
<td>4,000</td>
<td>4,000</td>
<td>4,000</td>
<td></td>
</tr>
<tr>
<td>Total PATH Budget</td>
<td></td>
<td></td>
<td></td>
<td>4,000</td>
</tr>
</tbody>
</table>
Instructions: The following checklist should be completed by County CSP Committees to guide and document their input into the development of the County Annual Mental Health Plan. Check the appropriate “Yes” or “No” column to indicate sources of information or completion of each task. Use the “Comments” section to qualify your answers.

YES NO

1. Representatives of what group(s) below provided reports/information to help the CSP develop its recommendations for the County Mental Health Plan?
   - [ ] Consumer Satisfaction Team
   - [ X ] We do not have an official CST in our county. This work is done by consumers who were hired by the County.
   - [ X ] County Office of Mental Health
   - [ X ] Consumer groups
   - [ X ] Family groups
   - [ X ] Provider organizations
   - [ X ] Mental Health Association
   - [ X ] Other (PMHCA Technical Asst)

Comments:

2. The CSP Committee prioritized at least one or more CSP service components and exemplary practices they would like the county to develop.
   - [ X ] The following priorities were identified and continue to be prioritized:
     - Compeer Program
     - Transportation
     - Warmline
     - Psychiatric Rehabilitation
     - Safe and affordable housing
     - Peer Support and WRAP trainings

Comments:
- While we understand the fiscal constraint of upcoming year, there need to be intentional funding for peer delivered services (Peer Support, Peer Respite, Compeer and Warmline). These services have been demonstrated to being an integral part of a system of services that are based on recovery.
- In the midst of economic constraint Dauphin County needs to make a commitment to the ongoing funding of Dauphin CSP including meetings, community education and the ongoing maintenance of the website. Website should continue to promote personal empowerment by updating and including “Opportunities to Share Your Voice” being available to all stakeholders.
- In collaboration with the CSP and the Employment Transformation committee there have been conversations on transportation and utilization of buses. This included dialogue with...
Capital Area Transit. There was discussion about a peer-peer mobility training program being developed.

- Collaborative work is continuing in working with Philhaven to support Dauphin Clubhouse in attaining ICCD status.
- Planning and preparation discussions in term of staff preparation and individuals attaining their CPRP, the county needs to demonstrate a vision of how psych rehab will continue to be practiced across the Dauphin County system of services. Part of this recommendation could include integrating into Orientation the reading and discussion of the Executive Summary of “Call to Change”.
- Ongoing endorsement and coordination of WRAP staff education across the provider network through the implementations of the recommendations of the WRAP workgroup & the support of a WRAP Facilitators group.
- Ongoing utilization of outcome measures to ensure recovery principles are being followed through in practice.
- Dauphin County has made an initial commitment to inclusive training at county trainings (having all stakeholders including family and persons in recovery) invited to trainings and in the future presenting these training. This commitment continues to be rolled out into practice.

3. The CSP Committee held meetings with county Office of Mental Health representatives to discuss CSP recommendations for the mental health plan prior to public hearing sessions.

[ X ] [ ] ROSI Planning meetings and peer led focus groups on peer driven services
- Monthly Adult Mental Health meetings There is a CSP Liaison report included in addition to an average of five CSP members in attendance
- Collaboration Meetings addressing the Five Priority areas which were co-led by a peer CSP co-chair
- Employment Transformation and Wellness Meetings
- Ongoing representation by the county at CSP and CSP Exec meetings
- CSP includes a Policy Evaluation committee that works with the county on specific areas of the county plan

4. The CSP Committee received written notification of when and where the public hearings on the mental health plan will be held.

[ x ] [ ]
Comments: YES NO

5. The CSP Committee endorses the County’s Annual Mental Health Plan.

[ X ] [ ] The CSP recommends adoption of the county plan with the recommended revisions requested by the CSP Exec committee to more adequately describe status of psych rehab in Dauphin County.

6. The CSP Committee sees evidence that the CSP Recovery Model Wheel and/or “Call for Change” is used by the County Management Office to guide planning activities.
Dauphin County used the ROSI Panel as a method of collecting information from stakeholders in focus groups and CEOs through individual interviews on the implementation of recovery in their agencies.

a. Dauphin County has used the RSA-R to measure implementation of recovery in outpatient and residential settings. There needs to be continued assessments of these services with funding for appropriate supports and trainings being offered.
b. Dauphin County has increased the numbers of persons in recovery serving on Boards, Management Teams and Advisory Boards. Through these roles stakeholders begin to have an effective voice in demonstrating change in the future.

Comments:

7. The CSP Committee members are invited to attend the OMHSAS review of the County’s Annual Mental Health Plan if the review occurs.

Comments:

a. There is no CSP Committee member at a meeting with OMHSAS to review the Plan. Most feedback from the state has been done by email or in written form. Written results of the review are shared at the Adult MH committee, CSP and Collaboration Meetings.

8. The county office of Mental Health responded to the County CSP Committee outlining how it intends to implement the Committee’s recommendations.

Comments:

Dauphin County has begun to make efforts to include the co-chairs of CSP in the planning and implementation process of creating the plan. Example: Assisting in documenting, collecting and interpreting the data from the Collaboration Meetings.

Comments:

9. The County CSP Committee and the County Office of Mental Health have jointly developed a process to report on progress in implementing the current year’s Plan.

Comments:

The County does actively solicit feedback from stakeholders at CSP, CSP Exec, Adult MH, Employment, Wellness, ROSI and Collaboration Meetings. It does continue to be a short time to complete a full review of the entire plan by all CSP members which has resulted in the CSP Policy Evaluation Committee reading the document of the whole and reporting back to the CSP Executive committee.

Comments:
Name of CSP Committee Dauphin County CSP
CSP Committee Chair Kimberly Pry, Karin Heimel-Heck, Kim Maldonado
Address 2617 Herr Street c/o Dauphin Clubhouse
City, State, Zip Harrisburg PA 17103
Phone 717 221 9610 Fax_717 221 9612
E-Mail dauphincountycsp@gmail.com Date 5/9/12

SIGNATURES:
Member(s) Representing Consumers: Kimberly Ann Pry
Member(s) Representing Families: Kathvann E Corl
Member(s) Representing Professionals: Kim Maldonado

Names of other participants:
1. John Hartley Treasurer
2. Hallie F Rosen Secretary
3. Diana Carpenter Secretary
4. Anthony Watson Consumer
## DAUPHIN County Program

### FY 2013-2014 County Plan Update

### EXISTING COUNTY MENTAL HEALTH SERVICES

<table>
<thead>
<tr>
<th>SERVICE CATEGORY</th>
<th>CATEGORY DESCRIPTION</th>
<th>CONSUMER OUTCOME</th>
<th>SERVICES AVAILABLE IN THE MH/MR</th>
<th>FUNDING SOURCE * (County, HC, or Reinvestment)</th>
<th>PRIORITY POPULATION</th>
</tr>
</thead>
</table>
| Treatment        | Alleviating symptoms and distress | Symptom Relief | 1. Outpatient  
1a. Provider type 08 – 110, 074, 080  
1b. Provider type 11 – 113, 114  
2. Psych Inpatient Hospitalization  
2a. Provider type 01 – 010, 011, 022, 018  
3. Partial Hospitalization  
3a. Provider type 11 - 114  
4. Family-Based MH Services  
4a. Provider type 11 – 115  
5. CTT  
6. JCAHO RTF; Non-JCAHO RTF | 1. County  
1a. HC  
1b. HC | Adult, Older Adult, Transition-Age Youth, and Co-occurring |
| Crisis Intervention | Controlling and resolving critical or dangerous problems | Personal Safety Assured | 1. MH Crisis Intervention  
1a. Provider type 11-118  
2. Emergency Services | 1. County  
1a. HC  
2. County | Adult, Older Adult, Transition Age Youth, and Co-occurring |
| Case Management | Obtaining the services consumer needs and wants | Services Accessed | 1. Intensive Case Management  
1a. Provider type 21 – specialty 222  
2. Blended CM  
2a. Provider type 21-specialty 222  
3. Resource Coordination  
3a. Provider type 21 – specialty 221  
4. Administrative Case Management  
5. Targeted CM, ICM-CTT, provider type 21-specialty 222 | 1. County  
1a. HC  
2. County  
2a. HC  
3. County  
3a. HC  
4. County  
5. HC | Adult, Older Adult, Transition Age Youth, and Co-occurring |
<table>
<thead>
<tr>
<th>SERVICE CATEGORY</th>
<th>CATEGORY DESCRIPTION</th>
<th>CONSUMER OUTCOME</th>
<th>SERVICES AVAILABLE IN THE MH/MR</th>
<th>FUNDING SOURCE * (County, HC, or Reinvestment)</th>
<th>PRIORITY POPULATION</th>
</tr>
</thead>
</table>
| Rehabilitation   | Developing skills and supports related to consumer’s goals | Role Functioning | 1. Community Empl & Empl Related Srvcs  
2. Community Residential Rehab Services  
3. BHRS – All Provider types and Specialties  
4. Other: Residential Srvcs | 1. County  
2. County  
3. HC  
4. County | Adult, Older Adult, Transition Age Youth, and Co-occurring |
| Enrichment       | Engaging consumers in fulfilling and satisfying activities | Self Development | 1. Facility-Based Voc Rehab Srvcs  
2. Social Rehab Srvcs  
3. Other: Ethnic Rehab Srvcs | 1. County  
2. County  
3. County | Adult, Older Adult, Transition Age Youth, and Co-occurring |
| Rights Protection| Advocating to uphold one’s rights | Equal Opportunity | 1. Administrator’s Office  
2. Other: Interpreter Srvcs | 1. County  
2. County | Adult, Older Adult, Transition Age Youth, and Co-occurring |
| Basic Support    | Providing the people, places, and things consumers need to survive (e.g., shelter, meals, healthcare) | Personal Survival Assured | 1. Housing Support Services  
2. Family Support Services  
3. Other: Indochinese Support | 1. County  
2. County  
3. County | Adult, Older Adult, Transition Age Youth, and Co-occurring |
| Self Help        | Exercising a voice and a choice in one’s life | Empowerment | 1. Community Services – (Peer Support) | 1. County, HC | Adult, Older Adult, Transition Age Youth, and Co-occurring |
| Wellness/Prevention| Promoting healthy life styles | Health Status Improved | 1. Community Services – (Wellness Initiative; Mobile psychiatric services) | 1. County, HC | Adult, Older Adult, Transition Age Youth, and Co-occurring |
| Other: Satisfaction Surveys | Providing a vehicle for consumers to have a greater voice and an integral role in evaluating their care | Empowerment | 1. Consumer & Family Satisfaction Surveys | 1. County, HC | Adult, Older Adult, Transition Age Youth, and Co-occurring |

**Note:**
(a) The “Service Category”, “Category Description”, and “Consumer Outcome” described above are based on Table 2 “Essential Services in a Recovery-Oriented System” in the Bill Anthony article “A Recovery-Oriented System: Setting Some System Level Standards” available in the data disk provided.
(b) For information on what “Services Available in the MH/MR” could be grouped under a “Service Category” for County funded services, please refer to the table below.

<table>
<thead>
<tr>
<th>Service Description/Cost Center (Bulletin OMH-94-10)</th>
<th>Service Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Outpatient (3.6)</td>
<td>Treatment</td>
</tr>
<tr>
<td>2. Psych Inpatient Hospitalization (3.7)</td>
<td></td>
</tr>
<tr>
<td>3. Partial Hospitalization (3.8)</td>
<td></td>
</tr>
<tr>
<td>4. Family-Based MH Services (3.17)</td>
<td></td>
</tr>
<tr>
<td>5. Community Treatment Teams (3.23)*</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1. MH Crisis Intervention Services (3.10)</td>
<td>Crisis Intervention</td>
</tr>
<tr>
<td>2. Emergency Services (3.21)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Intensive Case Management (3.4)</td>
<td>Case Management</td>
</tr>
<tr>
<td>2. Resource Coordination (3.19)</td>
<td></td>
</tr>
<tr>
<td>3. Administrative Management (3.20)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Community Empl. &amp; Empl. Related Services (3.12)</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td>2. Community Residential Services (3.16)</td>
<td></td>
</tr>
<tr>
<td>3. Psych Rehab. (3.24)</td>
<td></td>
</tr>
<tr>
<td>4. Children’s Psychosocial Rehab. (3.25)</td>
<td></td>
</tr>
<tr>
<td>5. Other Services (3.98)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Adult Developmental Training (3.11)</td>
<td>Enrichment</td>
</tr>
<tr>
<td>2. Facility-Based Vocational Rehab. Services (3.13)</td>
<td></td>
</tr>
<tr>
<td>3. Social Rehab. Services (3.14)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Administrator’s Office (3.1)</td>
<td>Rights Protection</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Housing Support Services (3.22)</td>
<td>Basic Support</td>
</tr>
<tr>
<td>2. Family Support Services (3.15)</td>
<td></td>
</tr>
<tr>
<td>Specify if used</td>
<td>Self Help</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Community Services (3.2)</td>
<td>Wellness/Prevention</td>
</tr>
<tr>
<td>Any services not identified above</td>
<td>Other</td>
</tr>
</tbody>
</table>

* Please also report Assertive Community Treatment (ACT) and Programs for Assertive Community Treatment (PACT) under the Community Treatment Team cost center (3.23).
For information on what “Services Available in the MH/MR” could be grouped under a “Service Category” for HealthChoices funded services, please refer to the table below.

<table>
<thead>
<tr>
<th>Service Description/HealthChoices Rate Code Service Grouping</th>
<th>Service Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inpatient Psychiatric (provider type 01 - specialties 010, 011, 022, 018)</td>
<td>Treatment</td>
</tr>
<tr>
<td>2. Outpatient Psychiatric (provider type 08 – specialties 110, 074, 080; provider type 11 – specialties 113, 114; provider type 19 – specialty 190)</td>
<td></td>
</tr>
<tr>
<td>3. RTF – Accredited (provider type 01 – specialties 013, 027)</td>
<td></td>
</tr>
<tr>
<td>4. RTF – Non-Accredited (provider type 56 – specialty 560; provider type 52 – specialty 520)</td>
<td></td>
</tr>
<tr>
<td>5. Family Based Services for Children and Adolescents (provider type 11 – specialty 115)</td>
<td></td>
</tr>
</tbody>
</table>

1. Crisis Intervention (provider type 11 – specialty 118) | Crisis Intervention |

1. Targeted CM, ICM (provider Type 21 – specialties 222) | Case Management |
2. Targeted CM, blended (provider type 21 – specialty 222) |
3. Targeted CM, RC (provider type 21 – specialty 221) |
4. Targeted CM, ICM-CTT (provider type 21 – specialty 222)* |

1. BHRS for Children & Adolescents (all BHRS provider types and specialties under HC Behavioral Health Services Reporting Classification Chart) | Rehabilitation |
2. Rehabilitative Services (provider type 11, specialty 123) |

Specify if used | Enrichment |

Specify if used | Rights Protection |

1. Residential and Housing Support Services (provider type 11 – specialty 110) | Basic Support |
2. Family Support Services (provider type 11 – specialty 110) |

1. Peer Support Services (provider types 08, 11, 21 – specialty 076) | Self Help |
1. Mental Health General (provider type 11 – specialty 111) | Wellness/Prevention |

Any services not identified above | Other |

* Please note that Community Treatment Team (CTT) is grouped under the Service Category “Case Management” in the above HealthChoices table although CTT is not case management, and should ideally be grouped under the “Treatment” category. However, since HealthChoices Service Rate Coding identifies CTT as Targeted Case Management, CTT had to be classified under the category “Case Management”. Due to this reason, until further notice, please report CTT under “Case Management” in this Attachment if it is HealthChoices’ funded. Please also report HealthChoices’ funded Assertive Community Treatment (ACT/PACT) under this category until further notice.

For services provided with reinvestment funds, based on the service description and expected consumer outcomes, please use your best judgment to choose a service category.

In the “Funding Source” column, specify if the funding for the service is through County funds, HealthChoices, or Reinvestment funds [list one or more funding source(s) for each service description as applicable].
<table>
<thead>
<tr>
<th>Provider Name and Provider Type</th>
<th>99 Number (List all providers offering EBP)</th>
<th>List the Evidence-Based Practices provided (please see the list below)</th>
<th>Approximate # of consumers served</th>
<th>Name the Fidelity Measure Used</th>
<th>Who measures Fidelity</th>
<th>How Often is fidelity measured</th>
<th>Is the SAMHSA EBP toolkit used to guide EBP implementation</th>
<th>Have staff been specifically trained to implement the EBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHEDD</td>
<td>MPI: 100003112</td>
<td>Met with AHEDD on 2/26/09 – Provider meets fidelity standards.</td>
<td>50, 7</td>
<td>SAMHSA</td>
<td>Program Specialist &amp; Vice President</td>
<td>Quarterly</td>
<td>It is one tool used along with Agency performance outcomes and customer satisfaction feedback</td>
<td>Not as yet. Agency has drawn on 30 years of experience as a Community Employment Services Provider. Some staff have received training.</td>
</tr>
<tr>
<td>Aurora Social Rehabilitation Services</td>
<td>MPI: 1000000003</td>
<td><strong>Not currently providing (2010-11)</strong></td>
<td>10</td>
<td>SAMHSA</td>
<td>Certified Peer Specialist</td>
<td>Quarterly</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Keystone Community Mental Health</td>
<td>MPI: 100001038</td>
<td>Met with Provider on 12/9/09. Provider meets fidelity standards.</td>
<td>9, 2010/2011: 23</td>
<td>SAMHSA</td>
<td>Director of Professional Development</td>
<td>Quarterly</td>
<td>Yes</td>
<td>Yes, Provider is conducting its 7th course (12 wks each). Added 1 new trainer/facilitator. Yes, Employment Staff Provider is conducting its 2nd course (12 wks each).</td>
</tr>
<tr>
<td>NAMI Pennsylvania, Dauphin County</td>
<td>MPI: N/A</td>
<td></td>
<td>3, 4 consumers 32, 38 families</td>
<td>SAMHSA</td>
<td>Director</td>
<td>2x/Year</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Pressley Ridge (formerly Family &amp; Children Services of Central PA)</td>
<td>MPI: 10003088</td>
<td>Met with Pressley Ridge on 2/2/09 – Provider meets fidelity standards.</td>
<td>325, 403</td>
<td>SAMHSA</td>
<td>Director/Sup; Internal &amp; External Audits</td>
<td>Quarterly</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Provider Name and Provider Type 99 Number (List all providers offering EBP)</td>
<td>List the Evidence-Based Practices provided (please see the list below)</td>
<td>Approximate # of consumers served</td>
<td>Name the Fidelity Measure Used</td>
<td>Who measures Fidelity</td>
<td>How Often is fidelity measured</td>
<td>Is the SAMHSA EBP toolkit used to guide EBP implementation</td>
<td>Have staff been specifically trained to implement the EBP</td>
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<td>---</td>
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<td></td>
</tr>
<tr>
<td>Gaudenzia, Inc. – New View (MH and D&amp;A) MPI: 100228589</td>
<td>6</td>
<td>13</td>
<td>Illness Management/Recovery, New SAMHSA EBP Toolkit ordered SAMHSA</td>
<td>Program Director</td>
<td>Monthly, interagency</td>
<td>Currently utilizing the IMR workbook for service delivery. New toolkit ordered. SAMHSA</td>
<td>Program Director and Counselor. 2 staff trained in IMR by KCMHS; IMR training will also take place at the Gaudenzia site by KCMHS staff. 1 staff trained</td>
<td></td>
</tr>
<tr>
<td>Gaudenzia – Gibson House (MH and Forensic) MPI: 1002285890057</td>
<td>6</td>
<td>32</td>
<td>SAMHSA</td>
<td>Program Director</td>
<td>Monthly, Interagency</td>
<td>YES</td>
<td>11 staff trained in IMR by KCMHS</td>
<td></td>
</tr>
<tr>
<td>Pennsylvania Counseling Services, Inc. MPI: 100775512</td>
<td>5, 7 Provider is not doing EBP Provider is making progress with 5 &amp; 7.</td>
<td>135; 30</td>
<td>For both co-occurring disorders &amp; medication mgmt.: Ind. Tx. based on person’s current state of recovery; &amp; tx. includes education about the illness and development of relationships &amp; social supports SAMHSA</td>
<td>Director of licensed facility</td>
<td>Ongoing thru case discussions in team meetings</td>
<td>It is available for use.</td>
<td>No Some staff have been trained.</td>
<td></td>
</tr>
<tr>
<td>YWCA of Greater Harrisburg MPI: N/A</td>
<td>2, Awarded a SAMHSA 5-yr grant 9/09. 6, For 2 &amp; 6 provider is not funded thru the Co., HC, or reinvestment monies. However, in other non-Co funded services in 2 &amp; 3 they are working.</td>
<td>40, 20 65, 17</td>
<td>SAMHSA</td>
<td>3rd Party Evaluator, Dr. Kay Donegan</td>
<td>Annually Monthly by Dr. Donegan and Weekly by Project Manager</td>
<td>Yes</td>
<td>Trained by Temple University Thru Virginia Commonwealth Univ. all staff is in process for National Certification.</td>
<td></td>
</tr>
<tr>
<td>NHS of PA – Capital Region MPI: 100745792</td>
<td>Community Treatment Team is now ACT</td>
<td>100</td>
<td>TM ACT</td>
<td>ACT Director OMHSAS CABHC</td>
<td>To be determined Annually</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Provider Name and Provider Type 99 Number (List all providers offering EBP)</td>
<td>List the Evidence-Based Practices provided (please see the list below)</td>
<td>Approximate # of consumers served</td>
<td>Name the Fidelity Measure Used</td>
<td>Who measures Fidelity</td>
<td>How Often is fidelity measured</td>
<td>Is the SAMHSA EBP toolkit used to guide EBP implementation</td>
<td>Have staff been specifically trained to implement the EBP</td>
<td></td>
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<tr>
<td>---</td>
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<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>PA Counseling Services MPI: 1669474979</td>
<td></td>
<td>16, 19</td>
<td>Therapist Adherence Measure; Sup. Adherence Measure; Provider Implementation Review</td>
<td>Contract w/ Adelphoi and MST Services of Medical University of South Carolina</td>
<td>2X/year</td>
<td>No, Provider has 5 yrs of experience</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Vision Quest MPI: 1285647263 PROGRAM CLOSED 6/25/10</td>
<td></td>
<td>30</td>
<td>CSS/Client &amp; Therapist Assessment</td>
<td>FFT National, Statewide National Consultant, Clinical Site Consultant</td>
<td>Weekly</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Hempfield Behavioral Health MPI: 0018325120012</td>
<td></td>
<td>100 MST (Problem Sexual Behaviors)</td>
<td>Therapist Adherence Meas; Sup Ad. Measure; Consultation Ad. Measure; Prog Implementation Review; Prog Implementation &amp; Dev Review</td>
<td>Contract w/MST Associates</td>
<td>At a minimum every 4 weeks</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Evidence-Based Practices:
1. Assertive Community Treatment  
2. Supported Employment  
3. Supported Housing  
4. Family Psycho-Education  
5. Integrated Treatment for Co-Occurring Disorder (Mental Health/Substance Abuse)  
6. Illness Management/Recovery  
7. Medication Management  
8. Multisystemic Therapy  
9. Therapeutic Foster Care  
10. Functional Family Therapy  
11. Solutions for Wellness

Note: Provide information pertaining to only the first seven Evidence-based Practices (EBP) listed above.
**COUNTY DEVELOPMENT OF RECOVERY-ORIENTED/PROMISING PRACTICES**

<table>
<thead>
<tr>
<th>Services Exist (Check all appropriate)</th>
<th>Services Planned (Check all appropriate)</th>
<th>#'s Served</th>
<th>$$ Existing</th>
<th>$$ Planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer Satisfaction Team</td>
<td>X (County/HC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Satisfaction Team</td>
<td>X (HC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compeer Self Help / Advocacy (Specify)</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach for Older Adults</td>
<td>X (County)</td>
<td>X proposed new State funds requested</td>
<td>720</td>
<td>$48,773</td>
</tr>
<tr>
<td>Warm Line Mobile Services/In Home Meds</td>
<td>NA</td>
<td>X CSP requested Consumer-operated</td>
<td>Est. 100</td>
<td>To be determined</td>
</tr>
<tr>
<td>Fairweather Lodge Medicaid Funded Peer Specialist Program</td>
<td>X (Reinvestment/private) Completed 2010</td>
<td>1 Community Lodge 2011 Reinvestment proposal</td>
<td>5</td>
<td>To be determined</td>
</tr>
<tr>
<td>Dialectical Behavioral Therapy and other clinical certifications</td>
<td>X (County/HC)</td>
<td>X County identified in Annual Plan as HC expense</td>
<td>To be determined</td>
<td>To be determined</td>
</tr>
<tr>
<td>Other: FICM</td>
<td>X Forensic Intensive CM (County/HC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: Child Parent Skills</td>
<td>X Reinvestment proposal 2011</td>
<td>To be determined</td>
<td>To be determined</td>
<td>To be determined</td>
</tr>
<tr>
<td>Other: IDDT PHP Other: MH/ID behavioral interventions</td>
<td>X Reinvestment proposal 2011</td>
<td>To be determined</td>
<td>To be determined</td>
<td>To be determined</td>
</tr>
<tr>
<td>Other: Child Parent Skills</td>
<td>X Reinvestment proposal 2011</td>
<td>To be determined</td>
<td>To be determined</td>
<td>To be determined</td>
</tr>
</tbody>
</table>

**This form is an effort to identify the existence of or plans for some of the services that traditionally have been under-developed and that adults, older adults, and transition-age youth with serious mental illness and family members would like to see expanded. Current cost centers do not capture this level of detail. Please report on both County & HealthChoices funding.**

Reference: Please see the County Mental Health Plan Outline Section 4.
## FY 2013-2014 County Plan Update

### COUNTY PROGRAM

#### SERVICE AREA PLAN CHART

<table>
<thead>
<tr>
<th>Service Area Plan Goals</th>
<th>Update for County Plan- Request for County specific information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: Within five years no person will be hospitalized at a State Mental Hospital for more than two years.</td>
<td>Please review attached data regarding length of stay prior to answering the following questions <a href="http://www.dpw.state.pa.us/forfamilies/statehospitals/index.htm">http://www.dpw.state.pa.us/forfamilies/statehospitals/index.htm</a> How many of the individuals with length of stay greater than 2 years have gone through Community Support Plan (CSP) process with a peer-to-peer assessment*, clinical assessment, and family assessment* and have had CSP meetings? [11, FY 10-11: 6] How many of those individuals have a targeted discharged date during the current fiscal year? [1, FY 10-11: 2] Next fiscal year? [5, FY 11-12: 2] * If applicable.</td>
</tr>
<tr>
<td>Goal 2: Within five years no person will be committed to a community hospital more than twice in one year.</td>
<td>For Goal 2 different counties have different data points that are being followed. Please be consistent – if the county has selected to report on involuntary admissions- report involuntary admissions, if the county has selected voluntary- report on voluntary. If the data are not available please check no data.</td>
</tr>
<tr>
<td>Goal 3: Within five years the incarceration rate of the target population will be reduced.</td>
<td>How many individuals are currently incarcerated in the county jail in the target population- please select a point in time and report data that is available after working with county jails?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous FY 08-09, 09-10</th>
<th>Current Fiscal Year 2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invol.</td>
<td>Involuntary Admissions-</td>
</tr>
<tr>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>Vol.-</td>
<td>Voluntary Admissions-</td>
</tr>
<tr>
<td>21</td>
<td>43</td>
</tr>
<tr>
<td>All Admiss</td>
<td>All Admissions-</td>
</tr>
<tr>
<td>33</td>
<td>59</td>
</tr>
<tr>
<td>No Data-</td>
<td>No Data-</td>
</tr>
</tbody>
</table>

* If applicable.
OLDER ADULTS PROGRAM DIRECTIVE

The Memorandum of Understanding (MOU)/Letter of Agreement is a collaboration between the County Office of Mental Health and Mental Retardation and the County Office of Aging. The MOU should be revised (and signed) annually and included with County Mental Health Plan.

- Is a dated and signed MOU in place affirming this collaborative relationship between the county office of MH/MR and the county Office of Aging?

  Yes [x] _______  NO ________
  
  ▪ Last Updated (date): July 1, 2011
  
  ▪ Is a copy of the MOU attached (Y/N)? Yes ________
MEMORANDUM OF UNDERSTANDING
BETWEEN
DAUPHIN COUNTY MENTAL HEALTH PROGRAM
AND AREA AGENCY ON AGING

Fiscal Year 2011-2012

I. General Provisions

A. The Legal Base

The legal base for this agreement includes, but is not limited to, the Memorandum of Understanding (MOU) between the Pennsylvania Department of Aging and the Department of Public Welfare, Office of Mental Health and Substance Abuse Services; the Pennsylvania Public Welfare Code of 1967 and its revisions; the Pennsylvania Mental Health/Mental Retardation Act of 1966 as amended; the Mental Health Procedures Act of 1976 as amended; the Federal Public Law 102-321 of 1992 and the Federal Mental Health and Substance Abuse Block Grant Legislation; the Federal Older Americans Act (42 U.S.C.) and the Commonwealth legislation creating the Department of Aging (71 P.S); Mental Health and Substance Abuse Services Bulletins #OMHSAS-06-01 and # OMHSAS-06-02.

B. Non-Discrimination Clause

In the implementation of this Memorandum, parties will adhere strictly to relevant provisions found in Title VI legislation, Section 504, Human Relations Act, and the Department of Public Welfare Executive Order. Departmental values descend from the spirit of landmark Federal statues providing that:

“No person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” (Section 601, Civil Rights Act of 1964); and that

“No otherwise qualified individual with a disability shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” (Section 504, Rehabilitation Act of 1973)

In addressing access to service through this Memorandum of Understanding, parties will reject discrimination against any person on the basis of race, color, religious creed, ancestry, national origin, gender, or handicap.
II. Purpose

A. Agency Descriptions

The Dauphin County Area Agency on Aging (AAA) assists residents, 60 years and older, in living independently. Through many programs such as Meals on Wheels, Senior Centers and advocacy/awareness projects, thousands of seniors in Dauphin County remain in their own homes with a decent standard of living.

The Area Agency on Aging mission is to recognize the inherent dignity of older individuals and their entitlement to health, honor, and self-determination. The Agency is committed to maximizing efficient use of resources to enhance the lives of all seniors residing in Dauphin County.

Dauphin County Area Agency on Aging believes:

- The agency should prioritize services to older persons with the greatest economic and social needs.
- All older persons should have the opportunity for maximum growth and development, health, happiness, well-being and economic self sufficiency.
- Older individuals should have their autonomy respected.
- Services should be coordinated with other County human service administrations and community agencies in order to strengthen its ability to effectively serve older persons in need.

The County’s Mental Health/Intellectual Disabilities Program (MH/ID Program) provides funding and administrative oversight for services in the community that support people and their families living with developmental delays, mental illness and intellectual disabilities. The Program’s mission is to assure that these services are of the highest quality possible, are cost-effective, and are readily available to all who need them. We promote family-centered services in our early intervention program, recovery and resiliency in our mental health program and self determination in our intellectual disabilities program. It is the Program’s vision that every person and family that we serve will have a network of family, friends, advocates, and supportive services to provide assistance in living a full and productive life in the community.

The Dauphin County Mental Health/Intellectual Disabilities Program is committed to developing a system to assure that:

- All persons, including individuals, family members, and treatment providers, are treated with honesty, dignity, and respect.
- Service providers work in partnership with individuals, family members identified by the individual or family, and other providers to assure consistency and coordination of services.
- Service providers share in the responsibility for positive results from services and supports and undertake active measures to facilitate individual and family success.
- Services are developed to meet identified needs of individuals and families and are readily accessible and available.
- Services are delivered in a manner that improves individual’s life satisfaction and promotes independence.
- Individuals maintain control of their lives and exercise choice in the services and supports that they receive.
- Individuals are encouraged to use natural supports in their communities and to exercise their rights to participate fully in their communities.
- The health and safety of individuals is promoted and protected, and individuals’ rights are abridged only to protect the health and safety of the individual or the community.
- Funds are utilized efficiently and equitably.
- Individual, family, and cultural experiences, values, and preferences are respected and are integral to service planning.

B. Service Area Description

The County of Dauphin is located in South Central Pennsylvania and is located within the State Capital. The County is comprised of 40 municipalities and is a mix of rural, urban and suburban areas. Dauphin County is considered a hub for access to transportation arteries – highway, rail, and air – and at the heart of Pennsylvania State government.

Dauphin County’s population in the year 2010 was estimated at 268,100 individuals and was distributed among urban, suburban, and rural districts across a land area of approximately 525 square miles. Dauphin County’s population has increased by 6.1 percent since the Federal Census of 2000.

Some of Dauphin County’s political subdivisions are remote from the County seat in the City of Harrisburg and are demographically homogeneous. Other communities together constitute the County’s urban–suburban center. The City of Harrisburg shares many characteristics of diversity, psychosocial fragmentation and economic rebirth that are common to cities of the Northeastern States. A poverty rate recently reported for the City (33.8 percent) is more than twice that of the State and nation.

Dauphin County is ethnically and culturally diverse. U.S. Census Bureau population estimates for the year 2010 indicate that 78 percent of its people are white; 17.3 percent black; 7.0 percent are people of Hispanic or Latino origin; and 3.2 percent are Asian. The percentage of people who describe themselves as white is lower for Dauphin County than for the State as a whole. Other small and distinctive communities – African, Amish, and East European – have joined the County’s large and internally diverse African American and Caucasian sectors to contribute ethnic variations to an equally varied municipal and geographic landscape.

According to the 2010 Federal Census data, individuals age 65 and older constituted (14.2 percent) of Dauphin County’s population. This population share for older Dauphin County residents was relatively the same as in 2000 (14.2 percent) and marked an increase from that of the 1980 census (12.5 percent). Census figures for the year 2000 also indicate that the
percentage of individuals aged 65 and older was somewhat higher in Pennsylvania’s total population (15.6 percent) than it was in Dauphin County. In real numbers as well as in a relative sense, the community of aging individuals in this State is numerous and growing.

Nationwide, demographers predict that the fastest growing population subset in the next two decades, beginning in the year 2011, will be that of individuals 65 and older.

C. Description of Purpose for the Memorandum

The purpose of this Memorandum of Understanding is to further the commitment of respective parties to collaboration. It is intended to promote personal choice and optimum quality of life, preventing, where possible, institutionalization or further debilitation in older individuals who may be in high-risk living situations, and/or experiencing increased adjustment problems in the aging process. This agreement shall address how to best eliminate barriers that impede joint planning and delivery of services.

III. Scope

A. The Population to be Jointly Served

The population to be jointly served through this understanding will include individuals aged 60 and older having diagnosable mental disorders. Particular emphasis is placed on coordinated arrangements for effective joint support to persons having serious mental illness. Older individuals, whose disorders are solely related to dementia, misuse of substances, or learning disabilities are not included in the target population. Older individuals with such disorders, however, will be actively supported in the context of this understanding, as long as these individuals are also diagnosed with other conditions in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). For example, older individuals with dementia often suffer from co-occurring mental health disorders.

Across all population groups, the National Institute of Mental Health estimates the point-in-time prevalence of mental disorders in this country at 26.2 percent; serious mental illnesses are estimated to affect 6.0 percent at any given time. Increasing numbers of people with long-term mental illnesses are now entering the 60+ age group. While some studies indicate that prevalence of mental disorder is similar in older people to that of the general population, it has been observed that older persons are less likely to receive sufficient treatment for such illnesses.

Depression is the most commonly developed late-life mental illness and its prevalence among the elderly range widely - from 10 to 60 percent - depending on the study. Older adults however have the highest incidence of suicide of any age group, and the highest being that of elderly men.
B. Services Provided by Each Agency

Dauphin County AAA offers, but is not limited to, the following: Options assessment; care management with in-home services such as personal care, personal assistance, or respite (at home or in Adult Day Centers); Pre-Admission assessment; PDA Waiver; Protective Services; Family Caregiver Support Program; Information and Referral; nutrition programs through home delivered meals or congregate meal sites; senior centers; legal services; the Ombudsman program; Apprise; Primetime Health; Domiciliary Care and multiple volunteer opportunities.

MH/ID offers a wide range of services to individuals with mental health concerns that include: Crisis Intervention; Case Management; Outpatient Services; Partial Hospitalization Services; Inpatient Care; Consultation and Education Services; Vocational Rehabilitation; Social Rehabilitation; Community Residential Services; and Information and Referral.

1. Cross-system referrals – Referrals for AAA services are completed by contact with the information and referral unit. Referrals to the MH/ID Program are completed through contact with the intake and assessment department of CMU, the system’s central case management service, or through the 24-hour Crisis Intervention service.

2. Collaboration and case review – Mechanisms shall be provided and maintained to ensure the ability of staff to co-plan and maintain jointly shared cases under joint supervision. Case reviews for difficult, problematic cases shall be held as needed. Aging and Mental Health program leadership (see Section IV) will actively promote co-representation by each system on interagency service teams for all older persons with mental illness served by either system.

A coordination group, known as the AAA/MH Coordination Team, was re-established and continues to meet quarterly and is strengthened by additional members being introduced to the group. This body, meeting regularly and enjoying membership from administrative liaisons as well as from key service agencies of respective systems, will perform these functions:

a) Information exchange on policy, procedure, and programming;
b) Discussion and problem solving on the relationships between policies, procedures and programs of respective systems;
c) Review of individual case situations and outcomes, particularly those that may help in identifying improvements in collaboration and effectiveness of joint intervention;
d) Assessment of need and identification of new or enhanced services that may be indicated in response to assessed needs;
e) Provide avenues for education and training opportunities for the group as well as other stakeholders, such as through sponsored events or Lunch & Learn sessions;
f) Attention to aspects of this Memorandum of Understanding, as requested by the County administrations of the two systems party to the agreement;
g) Propose and implement changes to procedural practices and collaborative approaches in joint support of persons in the subject population for this Memorandum.
This coordination group also will enjoy membership from the consumer community and from family members of older persons with mental illness. Representation will be invited also from among members of Area Agency on Aging and MH/ID Program Boards.

Recommendations for policy and program initiatives emanating from the work of this body will be presented for review and action by the administrators of respective parties to this Memorandum of Understanding.

3. Funding to support the MOU shall be provided from respective budgets. Decisions on lead funding and cost sharing approaches will be taken cooperatively by AAA and MH/ID administrations. Appropriations for special projects may be jointly deliberated between administrators and potential funding sources in the governmental and private sectors.

4. Privacy and Confidentiality Issues

As needed, confidentiality statements shall be signed by any and all agency staff and maintained on record. Staff will be apprised of all responsibilities in maintaining strictest confidence.

Both programs shall adhere to strict standards for confidentiality set forth in Federal HIPAA Guidelines, in Pennsylvania’s Mental Health Procedures Act, and in applicable provisions of Pennsylvania’s Aging Protective Services legislation.

5. Incorporation of Community and Natural Supports

Consistently embracing the principles of Recovery and Resiliency and Community Support models for individuals with behavioral health disorders, it is imperative that, informal and community support systems will be explored, maintained, and, or developed to sufficiently address the needs of each individual. Services provided by these systems shall be incorporated into care plans and team decision making. This practice also reflects a traditional role of parties to this MOU as agents of last resort in the provision of certain direct services.

6. Collaborative Outreach

In the course of direct service, staff of respective systems will actively seek opportunities to conduct joint community outreach to older persons with mental illness:

a) Who would benefit from in-home/on location assessment, service planning and service delivery in times of crisis; or,

b) Whose issues of mobility render their travel to an office setting for assessment and service delivery challenging or impractical?
This outreach protocol will be enforced by respective administrators and their assigned interagency liaisons.

Parties also will collaborate in an additional kind of outreach effort to discover and support older persons with mental illness who have needs but who are not enrolled in services. Approaches to this form of outreach will include:

a) Encouraging awareness of service availability among other human service agencies;

b) Encouraging awareness of available services among those who perform ‘indigenous outreach’ functions in the community - gatekeepers such as primary care physicians, clergy, barbers and beauticians, neighborhood leaders; first responders such as law enforcement officers, ambulance attendants and emergency room personnel; staff and volunteers for information and referral units; as well as other categorical human service agencies;

c) Uses of media in jointly sponsored public education initiatives on aging and mental illness as well as on available sources of community support, with such initiatives to be taken in accordance with County established policies on media communication;

d) Coordinated involvement in community events and other occasions for direct, casual contact with potential beneficiaries of services.

Parties also will explore new models for combined ‘case-finding’ and initial service delivery. Such models will describe strategies for joint home visitation to older individual who are isolated, withdrawn, or reluctant to accept the service they may need for safe and healthy lives.

The Aging and MH/ID programs in Dauphin County will clarify outreach roles for Peer Specialists, functions to be performed by older persons who themselves are in recovery from mental illness and are already familiar with both systems.

Care management staff of both systems shall be alert to the need of cross-referrals for services. Parties will strengthen the practice of providing and distribution of literature relevant to each service network to individuals within the aging population who are not as yet connected to both systems.

C. Cross-Systems Training

The Aging and MH/ID systems will co-sponsor at least two annual training events open to the staff of signatory parties and affiliated agencies. One such event will center on agendas of inter-system orientation; at least one will emphasize clinical and programmatic content of interest to direct service personnel.
IV. Assignment of Coordinative Staff for Cross-Systems Activity

A. Designation of Lead Responsibility

AAA’s Director of Services and the MH/ID Program’s Adult Mental Health Specialist together will take lead responsibility for cross-systems activity. The work of these management personnel is ultimately overseen by respective system administrators, who are signers to this Memorandum.

B. Staff Responsibilities, Authority, Oversight and Supervision

Incumbents of these positions will fill an identified need for key liaison staff from respective systems to ensure the effective use of coordinated mechanisms for joint intervention.

Liaison responsibilities will flow directly from commitments made by signatory parties to this Memorandum of Understanding.
V. Conflict Resolution

Conflicts will be addressed and resolved through system chains of command beginning with collaborating agency care/home managers to their immediate supervisors. If resolution is not reached at this level, the assigned liaison staff for cross-system activity (see IV) will be presented with the conflict for joint resolution. If the conflict is not resolved at this level, each agency’s director/administrator will be consulted and, if further issues remain, state office level shall be offer guidance.

VI. Amendments

This Memorandum of Understanding (MOU) will be reviewed annually by lead staff of respective systems, with input from the members of the coordination team. Proposed changes to the document’s content and language will be presented for consideration and approval by the Administrators of the Dauphin County Area Agency on Aging and the Dauphin County MH/ID Program. The Administrators, who must authorize all amendments, will also be among the signers to each successive edition of the MOU.

VII. Effective Date and Term of Agreement

This agreement shall become effective on July 1, 2011, and shall remain in effect until June 30, 2012. An annual review of this Memorandum of Agreement will be completed with revisions as needed to occur on or before June 15, 2012, prior to the publication of the new edition for the next year.

VIII. Signatures

**Dauphin County Area Agency on Aging**

Robert Burns, AAA Administrator

8/12/11

**Dauphin County Mental Health and Intellectual Disabilities Program**

Daniel E. Eisenhauer, MH/ID Administrator

8/10/11

**Office of Human Services Director**

Peter E. Zens, MSW Human Services Director

8/8/11
**TOP FIVE TRANSFORMATION PRIORITIES**

**SEE NARRATIVE IN SECTION 6 FOR PLAN UPDATE DETAILS**

<table>
<thead>
<tr>
<th>TRANSFORMATION PRIORITY</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Strategic planning on evidence-based programs and promising practices shows system how to continue the transformation process. Dauphin County has the responsibility to provide leadership with the BH-MCO, HealthChoices oversight administrative agency, and the provider network by directing and facilitating the attainment and use of evidence-based programming and promising practices with the assistance and support of persons in recovery and their families/support systems. Working on WRAP, MH First Aid Training/Peer Support, &amp; Peer Respite.</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Staff and consumer training infused in recovery and resiliency principles improves practices and outcomes. All individuals possess a degree of resiliency, and all individuals have the capacity for recovery. The mental health system needs to develop and further its flexibility and creativity to promote resiliency in all individuals with serious mental illnesses and support their unique recovery plans. Staff, consumers, and family support for training on recovery and resiliency increases knowledge and skills for greater participation in their own lives, in career development, and in assisting the system in development and evaluating treatment and supports. Working on 10X10 Wellness Year &amp; Family Education for Children/Teens.</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Persons and families receiving services in advisory and evaluation roles will lead to development and implementation of consumer-run services. Dauphin County has developed and improved opportunities for persons in services to serve in advisory and evaluation roles. The Dauphin County CSP Committee has also prioritized this need among persons in recovery. Comparable activities and resources need to be developed among teens in transition and for families in the children’s mental health system. Working on Advisory &amp; Evaluation Roles.</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Creation of housing supports and sustaining recovery-oriented services, such as competitive employment resources, will transform system. The voices of persons with serious mental illnesses and their families should be heard, and their expressed needs should continue to drive decisions in our system. Working in partnerships will yield improvements at a person and system level. Working on Collaboration and Employment Resource Guide.</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Expansion of the network beyond the traditional MH system will improve community integration and promote independence. Many services and supports exist through other community-based networks. Outreach to other service networks will expand the resources for individuals and families with serious mental illnesses or serious emotional disturbances and/or co-occurring disorders. These same networks may offer new methods of providing supports and new financial opportunities for the traditional mental health provider network. Working on how we work with other systems.</td>
</tr>
</tbody>
</table>

Reference: County Plan Guidelines Section 6 – Identification of Recovery-Oriented Systems Transformation Priorities
# FY 2013-2014 Dauphin County Plan Update

## NEW FUNDING REQUESTS

<table>
<thead>
<tr>
<th>Identify the Request</th>
<th>Target Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Institutionalize an unrestricted COLA on all CHIPP funds – 3% increase on 06-07 allocation</td>
<td>TG1 All cost centers</td>
</tr>
<tr>
<td><strong>2</strong> System Transformation – Development and implementation of education and training for provider network, individuals/families, related families, related systems/services, and general public</td>
<td>TG1 CS</td>
</tr>
<tr>
<td><strong>3</strong> Direct Care Staff Recruitment, Training &amp; Retention – 4% direct care staff salary increase among provider network, including peer specialist and training support funds</td>
<td>TG1 All cost centers</td>
</tr>
<tr>
<td><strong>4</strong> Danville State Hospital Census/CHIPP – Expansion and Implementation of Recovery-Oriented Promising Practices, including individualized services, team planning and nursing consultation to provider network</td>
<td>TG1 SR Housing Support</td>
</tr>
<tr>
<td><strong>5</strong> Outreach to Older Persons – Outreach by peer Specialist, case management, and case review process</td>
<td>All TG CS Self Help</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identify the Request</th>
<th>Target Group</th>
<th>Cost Center **</th>
<th>6 Month Cost</th>
<th>Annualized Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Institutionalize an unrestricted COLA on all CHIPP funds – 3% increase on 06-07 allocation</td>
<td>TG1 All cost centers</td>
<td>$200,000</td>
<td>$400,000</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> System Transformation – Development and implementation of education and training for provider network, individuals/families, related families, related systems/services, and general public</td>
<td>TG1 CS</td>
<td>$75,000</td>
<td>$150,000</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> Direct Care Staff Recruitment, Training &amp; Retention – 4% direct care staff salary increase among provider network, including peer specialist and training support funds</td>
<td>TG1 All cost centers</td>
<td>$325,000</td>
<td>$650,000</td>
<td></td>
</tr>
<tr>
<td><strong>4</strong> Danville State Hospital Census/CHIPP – Expansion and Implementation of Recovery-Oriented Promising Practices, including individualized services, team planning and nursing consultation to provider network</td>
<td>TG1 SR Housing Support</td>
<td>$400,000</td>
<td>$800,000</td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> Outreach to Older Persons – Outreach by peer Specialist, case management, and case review process</td>
<td>All TG CS Self Help</td>
<td>$50,000</td>
<td>$100,000</td>
<td></td>
</tr>
</tbody>
</table>

Reference: Please see the County Mental Health Plan Outline Section 6.

*These requests for new state funds are to be prioritized for Adult Priority Group (adults with serious mental illness who also meet some other requirements as outlined in OMHSAS bulletin OMH-94-04). The counties are strongly encouraged to target one of the top five requests to older adults or transition-age youth (provided the targeted populations meet the Adult Priority Group criteria).

**This column should indicate the cost centers (see below) for the new services (as defined in OMHSAS bulletin OMH-94-10):**

- Administrator’s Office (3.1)
- Community Services (3.2)
- Intensive Case Management (3.4)
- Outpatient (3.6)
- Psych Inpatient Hospitalization (3.7)
- Partial Hospitalization (3.8)
- MH Crisis Intervention Services (3.10)
- Adult Development Training (3.11)
- Community Empl & Empl Related Srvcs (3.12)
- Facility-Based Voc Rehab Srvcs (3.13)
- Social Rehab Services (3.14)
- Family Support Services (3.15)
- Community Residential Services (3.16)
- Family-Based MH Services (3.17)
- Resource Coordination (3.19)
- Administrative Management (3.20)
- Emergency Services (3.21)
- Housing Support Services (3.22)
- Community Treatment Teams (3.23)
- Psych Rehab (3.24)
- Children’s Psychosocial Rehab (3.25)
- Other Services (3.9)
## County Funds Fiscal Year 2011-2012: Expenditure Table 1

<table>
<thead>
<tr>
<th>Service Description/Cost Center (Bulletin OMH-94-10)</th>
<th>Service Category</th>
<th>Expenditure (in 1000s of $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Outpatient (3.6)</td>
<td>Treatment</td>
<td>$1,368</td>
</tr>
<tr>
<td>7. Psych Inpatient Hospitalization (3.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Partial Hospitalization (3.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Family-Based MH Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Community Treatment Teams (3.23)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. MH Crisis Intervention Services (3.10)</td>
<td>Crisis Intervention</td>
<td>$1,801</td>
</tr>
<tr>
<td>4. Emergency Services (3.21)</td>
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<td></td>
</tr>
<tr>
<td>4. Intensive Case Management (3.4)</td>
<td>Case Management</td>
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</tr>
<tr>
<td>5. Resource Coordination (3.19)</td>
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<td></td>
</tr>
<tr>
<td>6. Administrative Management (3.20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Community Empl &amp; Empl Related Srvcs (3.12)</td>
<td>Rehabilitation</td>
<td>$10,711</td>
</tr>
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<td>7. Community Residential Services</td>
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<td></td>
</tr>
<tr>
<td>8. Psych Rehab (3.24)</td>
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</tr>
<tr>
<td>9. Children's Psychosocial Rehab (3.25)</td>
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<td></td>
</tr>
<tr>
<td>10. Other Services (3.98)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Adult Developmental Training (3.11)</td>
<td>Enrichment</td>
<td>$2,814</td>
</tr>
<tr>
<td>5. Facility Based Vocational Rehab Srvcs (3.13)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Social Rehab Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Administrator's Office (3.1)</td>
<td>Rights Protection</td>
<td>$1,136</td>
</tr>
<tr>
<td>3. Housing Support Services (3.22)</td>
<td>Basic Support</td>
<td>$121</td>
</tr>
<tr>
<td>4. Family Support Services (3.15)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Specific if used</td>
<td>Self Help</td>
<td></td>
</tr>
<tr>
<td>2. Community Services (3.2)</td>
<td>Wellness/Prevention</td>
<td>$1,124</td>
</tr>
<tr>
<td>- Any services not identified above</td>
<td>Other</td>
<td>$-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$21,452</td>
</tr>
</tbody>
</table>
EXPENDITURE CHART 1
Dauphin County Funds - 11/12

Values in 1000's of dollars

Service Categories in the order shown in the legend on the right

- Treatment
- Crisis Intervention
- Case Management
- Rehabilitation
- Enrichment
- Rights Protection
- Basic Support
- Self Help
- Wellness/Prevention
- Other
PERCENTAGE CHART 1
Dauphin County Funds - 11/12

Service Categories in the order shown in the legend on the right
## County Funds Fiscal Year 2013-2014: Expenditure Table 2

<table>
<thead>
<tr>
<th>Service Description/Cost Center (Bulletin OMH-94-10)</th>
<th>Service Category</th>
<th>Expenditure (in 1000s of $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Outpatient (3.6)</td>
<td>Treatment</td>
<td>$ 1,486</td>
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<tr>
<td>7. Psych Inpatient Hospitalization (3.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Partial Hospitalization (3.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Family-Based MH Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Community Treatment Teams (3.23)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. MH Crisis Intervention Services (3.10)</td>
<td>Crisis Intervention</td>
<td>$ 1,956</td>
</tr>
<tr>
<td>4. Emergency Services (3.21)</td>
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<td></td>
</tr>
<tr>
<td>4. Intensive Case Management (3.4)</td>
<td>Case Management</td>
<td>$ 2,582</td>
</tr>
<tr>
<td>5. Resource Coordination (3.19)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Administrative Management (3.20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Community Empl &amp; Empl Related Srvcs (3.12)</td>
<td>Rehabilitation</td>
<td>$ 11,635</td>
</tr>
<tr>
<td>7. Community Residential Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Psych Rehab (3.24)</td>
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<td></td>
</tr>
<tr>
<td>9. Children's Psychosocial Rehab (3.25)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Other Services (3.98)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Adult Developmental Training (3.11)</td>
<td>Enrichment</td>
<td>$ 3,057</td>
</tr>
<tr>
<td>5. Facility Based Vocational Rehab Srvcs (3.13)</td>
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</tr>
<tr>
<td>6. Social Rehab Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Administrator's Office (3.1)</td>
<td>Rights Protection</td>
<td>$ 1,234</td>
</tr>
<tr>
<td>3. Housing Support Services (3.22)</td>
<td>Basic Support</td>
<td>$ 131</td>
</tr>
<tr>
<td>4. Family Support Services (3.15)</td>
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<td></td>
</tr>
<tr>
<td>- Specific if used</td>
<td>Self Help</td>
<td>$ -</td>
</tr>
<tr>
<td>2. Community Services (3.2)</td>
<td>Wellness/Prevention</td>
<td>$ 1,471</td>
</tr>
<tr>
<td>- Any services not identified above</td>
<td>Other</td>
<td>$ -</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ 23,552</td>
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</table>
PERCENTAGE CHART 2
Dauphin County Funds - 13/14

Service Categories in the order shown in the legend on the right
<table>
<thead>
<tr>
<th>Service Description/Cost Center (Bulletin OMH-94-10)</th>
<th>Service Category</th>
<th>Expenditure (in 1000s of $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Inpatient Psychiatric (provider type 01 - specialties 010, 011, 022, 018)</td>
<td>Treatment</td>
<td>$28,660</td>
</tr>
<tr>
<td>7. Outpatient Psychiatric (provider type 08 - 110, 074, 080; provider type 11 - specialties 113, 114; provider type 19 - specialty 190)</td>
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<td></td>
</tr>
<tr>
<td>8. RTF - Accredited (provider type 11 - specialty 118)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. RTF - Non-Accredited (provider type 56 - specialty 560; provider type 52 - specialty 520)</td>
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<td></td>
</tr>
<tr>
<td>10. Family Based Services for Children and Adolescents (provider type 11 - specialty 115)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Crisis Intervention (provider type 11 - specialty 118)</td>
<td>Crisis Intervention</td>
<td>$111</td>
</tr>
<tr>
<td>5. Targeted CM, ICM (provider type 21 - specialty 222)</td>
<td>Case Management</td>
<td>$6,075</td>
</tr>
<tr>
<td>6. Targeted CM, Blended (provider type 21 - specialty 222)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Targeted CM, RC (provider type 21 - specialty 221)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Targeted CM, ICM-CTT (provider type 21 - specialty 222)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. BHRS for Children &amp; Adolescents (all BHRS provider types and specialties under HC Behavioral Health Services Reporting Classification Chart)</td>
<td>Rehabilitation</td>
<td>$16,164</td>
</tr>
<tr>
<td>4. Rehabilitative Services (provider type 11 - specialty 123)</td>
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<tr>
<td>- Specific if used</td>
<td>Enrichment</td>
<td>$</td>
</tr>
<tr>
<td>- Specific if used</td>
<td>Rights Protection</td>
<td>$</td>
</tr>
<tr>
<td>3. Residential and Housing Support Services (provider type 11 - specialty 110)</td>
<td>Basic Support</td>
<td>$</td>
</tr>
<tr>
<td>4. Family Support Services (provider type 11 - specialty 110)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Peer Support Services (provider types 08, 11, 21 - specialty 076)</td>
<td>Self Help</td>
<td>$157</td>
</tr>
<tr>
<td>2. Mental Health General (provider type 11 - specialty 111)</td>
<td>Wellness/Prevention</td>
<td>$</td>
</tr>
<tr>
<td>- Any services not identified above</td>
<td>Other</td>
<td>$299</td>
</tr>
</tbody>
</table>

$51,466
EXPENDITURE CHART 3
Healthchoices Funds - 11/12

Service Categories in the order shown in the legend on the right
PERCENTAGE CHART 3
HealthChoices Funds - 11/12

Service Categories in the order shown in the legend on the right
<table>
<thead>
<tr>
<th>Service Description/Cost Center (Bulletin OMH-94-10)</th>
<th>Service Category</th>
<th>Expenditure (in 1000s of $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Inpatient Psychiatric (provider type 01 - specialties 010, 011, 022, 018)</td>
<td>Treatment</td>
<td>$29,818</td>
</tr>
<tr>
<td>7. Outpatient Psychiatric (provider type 08 - 110, 074, 080; provider type 11 - specialties 113, 114; provider type 19 - specialty 190)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. RTF - Accredited (provider type 11 - specialty 118)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. RTF - Non-Accredited (provider type 56 - specialty 560; provider type 52 - specialty 520)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Family Based Services for Children and Adolescents (provider type 11 - specialty 115)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Crisis Intervention (provider type 11 - specialty 118)</td>
<td>Crisis Intervention</td>
<td>$115</td>
</tr>
<tr>
<td>5. Targeted CM, ICM (provider type 21 - specialty 222)</td>
<td>Case Management</td>
<td>$6,320</td>
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<tr>
<td>6. Targeted CM, Blended (provider type 21 - specialty 222)</td>
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<td></td>
</tr>
<tr>
<td>7. Targeted CM, RC (provider type 21 - specialty 221)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Targeted CM, ICM-CTT (provider type 21 - specialty 222)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. BHRS for Children &amp; Adolescents (all BHRS provider types and specialties under HC Behavioral Health Services Reporting Classification Chart)</td>
<td>Rehabilitation</td>
<td>$16,818</td>
</tr>
<tr>
<td>4. Rehabilitative Services (provider type 11 - specialty 123)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Specific if used</td>
<td>Enrichment</td>
<td>$</td>
</tr>
<tr>
<td>- Specific if used</td>
<td>Rights Protection</td>
<td>$</td>
</tr>
<tr>
<td>3. Residential and Housing Support Services (provider type 11 - specialty 110)</td>
<td>Basic Support</td>
<td>$</td>
</tr>
<tr>
<td>4. Family Support Services (provider type 11 - specialty 110)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Peer Support Services (provider type 08, 11, 21 - specialty 076)</td>
<td>Self Help</td>
<td>$163</td>
</tr>
<tr>
<td>2. Mental Health General (provider type 11 - specialty 111)</td>
<td>Wellness/Prevention</td>
<td>$</td>
</tr>
<tr>
<td>- Any services not identified above</td>
<td>Other</td>
<td>$311</td>
</tr>
</tbody>
</table>

**Total Expenditure:** $53,545
EXPENDITURE CHART 4
HealthChoices Funds - 13/14

Service Categories in the order shown in the legend on the right

- Treatment
- Crisis Intervention
- Case Management
- Rehabilitation
- Enrichment
- Rights Protection
- Basic Support
- Self Help
- Wellness/Prevention
- Other
PERCENTAGE CHART 4
HealthChoices Funds - 13/14

Service Categories in the order shown in the legend on the right:
- Treatment
- Crisis Intervention
- Case Management
- Rehabilitation
- Enrichment
- Rights Protection
- Basic Support
- Self Help
- Wellness/Prevention
- Other

31% 12% 0% 0%
0% 0% 0% 0%
56%
## Reinvestment Fiscal Year 2011-2012: Expenditure Table 5

<table>
<thead>
<tr>
<th>Service Description/Cost Center (Bulletin OMH-94-10)</th>
<th>Service Category</th>
<th>Expenditure (in 1000s of $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Outpatient (3.6)</td>
<td>Treatment</td>
<td>$</td>
</tr>
<tr>
<td>7. Psych Inpatient Hospitalization (3.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Partial Hospitalization (3.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Family-Based MH Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Community Treatment Teams (3.23)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. MH Crisis Intervention Services (3.10)</td>
<td>Crisis Intervention</td>
<td>$</td>
</tr>
<tr>
<td>4. Emergency Services (3.21)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Intensive Case Management (3.4)</td>
<td>Case Management</td>
<td>$</td>
</tr>
<tr>
<td>5. Resource Coordination (3.19)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Administrative Management (3.20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Community Empl &amp; Empl Related Srvcs (3.12)</td>
<td>Rehabilitation</td>
<td>$</td>
</tr>
<tr>
<td>7. Community Residential Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Psych Rehab (3.24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Children's Psychosocial Rehab (3.25)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Other Services (3.98)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Adult Developmental Training (3.11)</td>
<td>Enrichment</td>
<td>$</td>
</tr>
<tr>
<td>5. Facility Based Vocational Rehab Srvcs (3.13)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Social Rehab Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Administrator's Office (3.1)</td>
<td>Rights Protection</td>
<td>$</td>
</tr>
<tr>
<td>3. Housing Support Services (3.22)</td>
<td>Basic Support</td>
<td>$</td>
</tr>
<tr>
<td>4. Family Support Services (3.15)</td>
<td></td>
<td>194.00</td>
</tr>
<tr>
<td>- Specific if used</td>
<td>Self Help</td>
<td>$</td>
</tr>
<tr>
<td>2. Community Services (3.2)</td>
<td>Wellness/Prevention</td>
<td>$</td>
</tr>
<tr>
<td>- Any services not identified above</td>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Service Categories in the order shown in the legend on the right
COMMONWEALTH OF PENNSYLVANIA
OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
DEPARTMENT OF PUBLIC WELFARE
COUNTY MENTAL HEALTH/SUBSTANCE ABUSE HOUSING PLAN

County Program: Dauphin
Contact Name: Daniel E. Eisenhauer
Title: Administrator
Address: 100 Chestnut Street Harrisburg, PA 17101
Phone: (717) 780-7050
Email: deisenhauer@dauphinc.org

BACKGROUND: The initial Dauphin County Housing Plan was written in 2008 as an Annual Mental Health Plan requirement for the planning cycle years of 2009-2012. Dauphin County MH/ID Program continues to support housing options beyond the licensed residential programs under the title of Concepts for Housing with Care. At the close of one planning cycle and the beginning of another, we reflect upon our accomplishments over the past several years and the opportunities and challenges ahead. These are exceptionally difficult fiscal times for persons on limited and fixed incomes with an economy slowly headed in the right direction. For persons with serious mental illnesses and/or co-occurring disorders, their desires for safe and affordable housing are genuine; their interest in being competitively employed sincere; and their commitment to their own control in their recovery journey is extraordinary. Dauphin County will continue its role in offering treatment and support services to persons who choose them as well as improve the system with recovery and resiliency-oriented programming, policies and practices.

Dauphin County remains an active participant in the local Continuum of Care consortium, Capital Area Coalition on Homelessness (CACH), and over the past few years worked with a local provider, Volunteers of America, to create new housing options through a Housing and Urban Development (HUD) 811 Project. Paxton Ministries has also established a Community Lodge based upon the Fairweather Lodge model and a Lodge-related business called Paxton Cleaning Solutions. Both of the projects involved reinvestment funds from FY 2005-2006 earmarked for County Housing under the Reinvestment Plan approved by OMHSAS. This funding ($128,696) was fully expended by June 2010. During this period there were no new CHIPP or Base Funding opportunities except for person-specific projects for individuals leaving a nursing home facility and a State Mental Health Hospital following an attempt to use Money Follows the Person (MFP) funding. The Program worked with OMHSAS, Area Agency on Aging and the Office of Long-Term Living but we were unsuccessful in using MFP funds. A recent round of planning for a small amount of reinvestment funds from FY 2009-2010 was completed under the guidance of the HealthChoices administrative oversight agency, Capital Area Behavioral Health Collaborative. The request is under review by OMHSAS. No projects for housing were identified with the funds in any of the Capital 5
counties. There is an expectation that reinvestment funds from FY 2010-2011 will provide the opportunity for additional housing planning during the next year, and the Annual Plan submitted next year for FY 2014-2015 should reflect those anticipated resources.

Dauphin County MH/ID Program continues to administer the Projects for Assistance in Transition from Homelessness (PATH) project ($70,000+) and administers Homeless Assistance Program (HAP) funds and Emergency Shelter Grant (ESG) funds, which allows for greater collaboration, efficiency, and maximizes resources among related goals and common consumers. Recently we responded to the PATH request for proposals and submitted a request for additional PATH dollars. Working with the mental health system and several homeless service providers as well as CACH leadership, we began an analysis of how to extend and improve our outreach effort for literally homeless individuals through in-reach strategies particularly for the co-occurring population. We have recently been informed that the proposal will be funded and it is well detailed in Attachment C.

The Shelter Plus Care Housing Voucher Program serves persons who are homeless and seriously mentally ill. The Program utilizes subsidized housing vouchers matched with the provision of MH services. The Shelter Plus Care group meets monthly to review applicants and monitor persons in the program. Our housing partner is the Housing Authority of Dauphin County. Several Mental Health providers are essential partners as well. During FY 2009-10, 36 individuals were served for an average of 33.2 per month. There was one new lease with an individual in May 2010, the first in over 15 months. There were two discharges. At the close of the fiscal year, there were two new individuals awaiting HUD approval, as well as one applicant for a Chronic Homeless Definition (CHD) Housing Voucher awaiting approval, and three CHD vouchers were available in July 2010.

Summary of Dauphin County’s Housing Plan for FY 2013-2017:

A. All licensed residential programs in the Dauphin County MH/ID Program are considered transitional housing in Dauphin County. Recovery is an ongoing process for most persons who choose a recovery path in addressing their lives with a mental illness, and there are many individuals for whom recovery is elusive. Yet we would not take any action that inhibits an individual’s motivation or determination to live in a certain way or place with or without supports.

B. Program Management and Clearinghouse activities will continue, beginning with re-establishing a Dauphin County Local Housing Options Team (LHOT), assessing the use of the Landlord/Tenant Protocol, working with the YWCA on a Cooperative Agreement to Benefit Homeless Individuals (CABHI) proposal, and participating in a mid-point review of the CACH’s 10-Year Blueprint to End Homelessness.

C. Housing Contingency Funds will be designated for resident persons in re-entry from Dauphin County Prison and State Correctional Institutions. The funds will be primarily used though the Forensic Case Management services.
D. Other Programs may be pursued during the 2013 planning cycle because we project reinvestment funding in 2010-2011, which has not been planned for, and we would be supporting a housing initiative with reinvestment funds. Dauphin County MH/ID program is willing to explore sources of funding to improve housing resources.

Summary Information

Dauphin County is a third class county located in southcentral Pennsylvania with a population estimated at 253,000 persons. There are 525 square miles and 40 municipalities bordered by the mile-wide Susquehanna River. Dauphin County includes the City of Harrisburg, a small urban center, and also the State Capitol. Many suburban communities and townships have their own unique characteristics. One geographical area known as Upper Dauphin is primarily rural. In 2002, Dauphin County was designated as an urban county and receives over $1 million annually in Community Development Block Grants (CDBG) from HUD to fund projects that stimulate economic growth and serve the underprivileged.

Dauphin County has some noteworthy characteristics that impact housing based upon studies done by The Reinvestment Fund (TRF) and paid for by the Pennsylvania Housing Finance Agency (PHFA). Dauphin County has the fifth highest population of African-Americans in the state. The County’s approximate percentage of the population with a disability is 10-12.6 percent. Among persons with a disability ages 21-64 years, 25.4 percent were below the poverty level in 2005. The County hosts concentrations of poverty and homelessness, both related and unrelated to mental health status.

A market study completed by Dauphin County MH/ID Program in cooperation with the Dauphin County Housing Authority found, among the 3,000 persons receiving community-based mental health services, just over 2,000 were considered low income. Approximately 50 percent of adults with serious mental illness pay more than 50 percent of their income for rent. Fifty-three (53) persons were living in substandard and unsafe housing. We conservatively estimate that there are between 1,000-1,250 adults with mental illness who need, but do not have, safe and affordable housing. The number of Medicaid recipients continues to grow in Dauphin County.

The Capital Area Coalition on Homelessness conducts a Point-in-Time Survey annually of individuals and families who experience homelessness and the services they request. In 2011, a network of 29 agencies and 49 programs conducted a 24-hour survey in January 2011. The purpose was to study the number of individuals and families seeking homeless-related services. A total of 791 survey responses were collected with an unduplicated count of 567 adults and 224 children. Most respondents were male (51%). Unduplicated responses, 276 or 49% were from females. The majority of the respondents were either Caucasian (39%) or African-American (48.5%). The next largest group was Hispanic with slightly over eight percent. Sixty-seven (67) persons or (12%) identified themselves as veterans. Most survey participants stated that they were single adults (70.3%) living alone. In the period of three months prior to the survey, large percentage of the respondents (65.82%) stated that they had been living in the

Attachment L – Page 3 of 30
City of Harrisburg. Over 15 percent (15.9%) stated that they had lived elsewhere in Dauphin County. Only 100 persons reported that their income was from employment. Of the 567 respondents, 21.87% reported income from cash assistance, and 140 persons (24.69%) reported incomes from some type of Social Security. Other sources of support came from food stamps 43.39%, and only 31 persons (5.47%) reported income from unemployment benefits. Veteran’s benefits accounted for income among only 14 persons surveyed or 2.47%.

Among the adults surveyed 73 responses or (13%) were living on the streets or a place not meant for habilitation. Persons sheltered for 10-30 days at the time of the survey in an emergency or domestic violence shelter were 137 or (24.49%). The number of persons in transitional housing for homeless was 125 individuals or (22.16%). The surveyors identified 107 persons in permanent Supportive Housing (such as Shelter Plus Care, Single Room Occupancy and permanent housing for disabled persons). This is 18.97 percent of the adult respondents. Twenty-two (22) individuals or (3.9%) were at the Safe Haven, and 52 persons reported assistance with Homeless Prevention Rapid Re-housing (HPRP). Five (5) persons reported being evicted within one week and had no place to go and another nine (9) persons (1.6%) were reported discharged from an institution with no resources for housing.

There were 147 respondents who indicated that they have a disabling condition and have been in emergency shelter or on the street at least four times in three years or several times in the past 12 months. This is 21.17 percent of 541 respondents as defined by the McKinney-Vento Act.

Persons were asked to rank one primary and one secondary cause of their homelessness:

- Drug use – primary 21.63%
- Mental Illness – primary 17.34%
- Job Loss - primary 17.34%
- Temporary Living situation ended - primary 14.13%
- Other - primary 12.63%
- Family Break-up -primary 10.92%
- Alcohol use – primary 10.06%
- Job Loss – secondary 14.13%
- Mental Health – secondary 13.28%
- Temporary Living Situation Ended –secondary 12.63%
- Alcohol Use – secondary 12.21%

Dauphin County boasts a positive history of partnerships and collaboration in housing for persons with serious mental illnesses, including persons with co-occurring disorders through the following initiatives and funding sources:

- HUD Continuum of Care
- LHOT (Local Housing Options Team) Development (2002)
PATH (Projects for Assistance in Transition from Homelessness)
- Concepts for Housing with Care, including Shelter Plus Care and Project Access (2004)
- State Hospital Closure (2006)
- Fairweather Lodge (2009)
- Safe Haven for Men (2009)
- Safe Haven for Women (2011 new)
- PATH Expansion Grant with Downtown Daily Bread (2011 new)

Dauphin County’s Housing Partnerships have included the following agencies/organizations:

- County of Dauphin Housing Authority
- United Way of the Capital Region
- Capital Area Coalition to End Homelessness (CACH)
- YWCA of Greater Harrisburg
- Homeless Service Delivery System
- Faith-Based Organizations
- Mental Health Providers Network
- Commercial Property Owners/Managers

Partnerships to develop and improve upon during the Housing Plan period include:

- County Department of Economic Development
- Harrisburg City Housing Authority
- Commercial Property Owners/Managers

The community residential services inventory for Dauphin County’s Mental Health system has been updated for the new Annual Plan FY 2013-2017 and includes the services identified in the chart at the end of this Housing Plan and funded by base funding, Community-Hospital Integration Projects Program (CHIPP), HSDF, PATH and HUD Section 8 Programs. In FY 2011-2012, we anticipate the end of the Human Services Development Fund, which has supported transitional housing for many years with a grant of about $17,000. The program will continue as we reallocate existing funds to maintain the program.

In 2010, the Dauphin County MH/ID Program modified the Dauphin County Housing survey for use with individualized planning, and it was distributed to all mental health contracted providers with a recommendation to use the survey on at least annual basis in conjunction with service planning activities and at any time requested by the individual.

Dauphin County’s priority populations include:

- Residents of Danville State Hospital
- Residents in Extended Acute Care and Long-Term Structured Residences
- Residents of CRR and PCH Programs
Many of the above identified individuals are also persons with co-occurring disorders and have forensic involvement currently or in their recent past.

In closing, we will work with consumers, families, provider network and housing partners to increase permanent, safe, and affordable housing options while improving recovery-oriented services.

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- From July 1, 2010 through December 31, 2011 there were 43 individuals in leased apartments in the Shelter Plus Care program. There were 7 new admissions and 2 readmissions plus 3 discharges during this time. Two of the discharges were readmitted. All available vouchers are in use.
- The Local Housing Options Team (LHOT) was reestablished and began meeting monthly in September of 2011. At this time the County and MH agencies compose the LHOT. The Landlord/Tenant Protocol is being reviewed and updated. An inventory of private landlords is being compiled.
- Capital Area Coalition on Homelessness (CACH) is now designated as the Local Lead Agency (LLA) and will be the clearing house for referrals to new housing projects such as Tax-credit properties and HUD 811.
- Downtown Daily Bread (DDB) has a Projects for Assistance in Transition from Homelessness (PATH) grant and hired an outreach specialist in December of 2011.

**E.** All licensed residential programs in the Dauphin County MH/ID Program continue to be considered transitional housing in Dauphin County. Recovery is an ongoing process for most persons who choose a recovery path in addressing their lives with a mental illness, and there are many individuals for whom recovery is elusive. Yet we would not take any action that inhibits an individual's motivation or determination to live in a certain way or place with or without supports.

**F.** The YWCA efforts to have approved a Cooperative Agreements to Benefit Homeless Individuals (CABHI) proposal was unsuccessful. However, the proposal information will be useful to future endeavors.

**G.** A draft of the mid-point review of the CACH’s 10-Year Blueprint to End Homelessness is being reviewed by all collaborators.

**H.** Housing Contingency Funds designated for resident persons in re-entry from Dauphin County Prison and State Correctional Institutions have not yet been used for housing until HPRP resources have been exhausted.

**I.** Housing resources have been identified with 2011 reinvestment funds. Planning is ongoing but approved through OMHSAS has just begun.

**I. SUMMARY OF PROPOSED ACTIVITY (TYPE OF ACTIVITY)**

| 1. Capital Funding: |
| Description: There are no planned activities at this time or in process. During the past fiscal year, we have had discussions with Keystone Human Services, |
division of Community Mental Health Services, about the HUD 811 application process. We have also encouraged them to discuss the process with Volunteers of America, a provider with extensive 811 experiences. Since KCMHS has a moderate CRR program that operates as a scattered apartment site, we are interested in continuing to learn about HUD’s new 811 design and monitor funding opportunities. The County had one specific technical assistance session with OMHSAS and TAC for this purpose.

Amount and Sources by type: There are no funding sources for capital funding at this time or in process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources.

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- There are no funding sources for capital funding at this time or in process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources.

☐ 2. Project Based Operating Program
Description: There are no planned activities at this time or in process.
Amount and Sources by type: There are no funding sources for Project-Based Operating Program at this time or in process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources.

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- There are no plans at this time for this type of program.

☒ 3. Tenant Based Rental Program
☒ 3a. Bridge Subsidy Program
Description: There are no planned activities at this time or in process.
Amount and Sources by type: There are no funding sources for a Bridge Subsidy Program at this time or in process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources.

☐ 3b. Master Leasing Program
Description: There are no planned activities at this time or in process.
Amount and Sources by type: There are no funding sources for a Master Leasing Program at this time or in process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources

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- Dauphin County will request technical assistance to develop a rental subsidy options for persons no longer needing CRR level of care as well other individuals with related transitional housing issues.
4. Program Management/ Clearinghouse

Description: The Shelter Plus Care Committee will be working towards operating as a Local Housing Options Team (LHOT) during FY 2011-2012. The LHOT, which was formed in 2002, had been funded by CACH and was organized for years by the Center for Independent Living in Central PA. Meetings became very sparse as CIL headed in other, greater housing directions, which included taking on an 811 project with the Housing Authority of Dauphin County for persons with physical disabilities – Baldwin Village. Dauphin County MH/ID Program has also been working with the YWCA of Greater Harrisburg, and we are preparing a proposal for the SAMHSA RFA on Cooperative Agreements to Benefit Homeless Individuals (CABHI). It is unclear whether or not a proposal will be submitted. This is a mid-way point for the Continuum of Care organization. CACH and a review planning session will be held in the next few weeks/months to reassess accomplishments, plans and modifications for Dauphin County housing issues. We will continue to pursue identification of CACH as the local lead agency (LLA).

Amount and Sources by type: There are no funding sources for additional Program Management/Clearinghouse functions at this time or in process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources.

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- The Local Housing Options Team (LHOT) was reestablished and began meeting monthly in September of 2011. At this time the County and MH agencies compose the LHOT. The Landlord/Tenant Protocol is being reviewed and updated. An inventory of private landlords is being compiled.
- Discussions are also underway to conduct another Housing survey and the LHOT is examining previous surveys done in 2002 and 2008.
- A meeting with Landlords is planned to review the Landlord/Tenant protocol.
- A forum for MH case managers from the three case management entities is set for June 2012. The purpose is to review information and resources about public housing options in Dauphin County.

5. Housing Support/Support Services

Description: There are no planned activities at this time or in process. Dauphin County MH/ID Program has a considerable investment in these activities with existing Base and CHIPP funds, and they are well used by individuals in recovery as well as emerging service groups such as forensic populations being diverted from State Hospital admission in both the local system as well as Dauphin County residents in re-entry from State Correctional Institutions. The Dauphin County MH/ID Program has designated Housing Only support funds for many years in a contract with Keystone Community Mental Health Services. This includes a Housing locator staff position who works with landlords/owners.
Amount and Sources by type: There are no additional funding sources for Housing Support/Support Services at this time or in process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources.

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- Dauphin County has no plans beyond our existing contracts. However, proposed cuts in MH Base funds will require rethinking all base-funded services that currently fund supportive housing services for 300 persons in the County system.

6. Housing Contingency Funds

Description: Dauphin County MH/ID Program has been using HPRP funds over the past few years in this capacity for person who meets the HPRP guidelines. They have been used to support persons with rental assistance, security deposits and utility help that meet eligibility over a period of time toward self-sufficiency. All persons had the benefit of working with a targeted case manager on their independence plan. Since establishing a MH Court through a Bureau of Justice Grant in June 2010, we have also continued with other jail diversion and re-entry enhancements. In FY 2011-2012, we will be managing a small fund from the County Commissioners as “last resort” contingency funds for persons with re-entry needs from the Dauphin County Prison.

Amount and Sources by type: There will be $50,000 of County funds available for housing contingency funds for persons prepared for re-entry from Dauphin County Prison. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources.

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- Dauphin County is completing involvement with HPRP funds and will used the lessons learned from HPRP in using the forensic contingency funds.

7. Enhanced Personal Care Homes

Description: There are no planned activities at this time or in process. Dauphin County MH/ID Program has done extensive enhanced personal care home development and implementation. The Housing Resources Inventory was updated for this Annual Plan cycle, and it reflects the existing programs under contract. The MH/ID Administrator and Deputy MH Administrator met with Paxton Ministries’ new Executive Director and some of their Board members. The primary purpose was to discuss the future status of developing more Community Lodges and to discuss the County Policy and Procedure on Personal Care Homes and its implication for large licensed personal care homes, such as Paxton. There was discussion about the feasibility of converting some of the licensed beds to single room occupancy (SRO) housing. We are interested in
the new Service Area Plan development phase during FY 2011-2012 in light of the proposed new CHIPP funds and Olmstead Plan in OMHSAS. Previously we were not interested in any further residential development but would use this process to look at potential enhanced PCH opportunities.

Amount and Sources by type: There are no funding sources for Enhanced Personal Care Homes at this time or in process. The Service Area Plan (SAP) process may identify funding options. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources.

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- There are no planned activities at this time or in process

8. CRR Development or Conversions

Description: There are no planned activities at this time or in process. Several years ago, Dauphin County, in cooperation with Keystone Human Services’ division of Community MH services, modified the configuration of CRRs. We looked at these both in relationship to persons who seemed unable to move into more independent living arrangements due to their request for support and their lack of potential income to pay more for housing without a Section 8 voucher. CRR programs that have awake overnight staff (maximum care) were reduced and converted to moderate care programs based upon level of support needed. The “conversion” was a cost-neutral shift to have persons in a level of support suited to their needs. The issues are viewed as continuous referrals and modest discharges into permanent housing or in many cases with other family members. The Dauphin County MH/ID Program does want to decrease CRR capacity when Section 8 vouchers are available in the City of Harrisburg; most persons are already on the waiting list. At the County Housing Authority, the lists have been closed for quite some time. We last had available Project Access vouchers set aside for individuals in mental health over two years ago. In 2009-2010, the Volunteers of America Creekside Village was opened and was an opportunity for some persons to transition to permanent independent housing with housing support as needed.

Amount and Sources by type: There are no funding sources for CRR Development or Conversions at this time or in process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources.

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- There are no planned activities at this time or in process.

9. Fairweather Lodge

Description: Efforts to develop a Fairweather Lodge were initiated by Paxton Ministries, and they established a Community Living Program to carry out a plan for three Community Lodges. The existing Hudson Street program was modified to support five residents to live independently while learning about how
Fairweather Lodges are developed and managed. The rent is based upon 30 percent of a person’s income. The original goal was to have a Fairweather Lodge for six to eight individuals with serious mental illnesses by the end of calendar year 2008.

During 2007-2008, work was underway to develop independent living skills in the areas of cooking and computer skills. A job training program was also instituted and the hiring of a Peer Specialist at the PCH licensed program while the first Lodge was being developed, including a capital campaign. Technical assistance was used from the LHOT on financing strategies and from Stairways, a Statewide Lodge consultant. Persons were referred from the two priority groups identified in Section 6. Current interested residents of the licensed personal care home operated by Paxton Ministries will be likely applicants for the Community Lodge and have been participating in activities related to its development.

Paxton Ministries held a formal Open House for the Community Lodge in November 2009. Lodge residents have had many new experiences, including developing a new business venture (Paxton Cleaning Solutions, Inc.). The Lodge provides permanent housing for five persons. Three persons have been at the Lodge for a while; there are frequently openings for one to two persons. This is one factor which has slowed further lodge development at Paxton; another is a change in leadership approximately one year ago. Efforts have been underway to support the employment component, Paxton Cleaning Solutions, Inc., and there is a recent addition of a dog trained to detect bed bugs, which is under development with a consumer dog handler.

Amount and Sources by type: There are no funding sources for a Fairweather Lodge at this time or in process. We are waiting to hear from Paxton Ministries on the outcome of their review and planning process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources.

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- Dauphin County will work with Paxton Ministries to develop a second Lodge program for persons with a serious mental illness.

☐ 10. Other

**Description:** There are no planned activities at this time or in process.

**Amount and Sources by type:** There are no funding sources for Other Programs at this time or in process. Dauphin County MH/ID Program is willing to explore sources of funding to improve housing resources.

**II. EXISTING RESOURCES, RESOURCES BEING DEVELOPED, LOCAL CAPACITY AND PARTNERSHIPS:**

**A. Existing Resources:** Dauphin County MH/ID Program has a chart documenting existing housing resources.
Community Residential Rehabilitation Services

Community Residential Rehabilitation (CRR) services offer many individuals' choices for a stepping stone to independence in their recovery journey. Licensed programs offer varying degrees of support, yet because of licensing, the benefits of a standard of service. The following table illustrates the wide range of programming and settings offered by CRR services in Dauphin County.

### Community Residential Rehabilitation (CRR) Programs 2010-2011

<table>
<thead>
<tr>
<th>CRR Program</th>
<th>Characteristics</th>
<th>Capacity</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis and Diversion CRR - Windows</td>
<td>Crisis stabilization; step-down or diversion from Inpatient care; intensive staffing and psychiatric services started March 2011</td>
<td>12 (two Crisis 10 Diversion)</td>
<td>Northwestern Human Services Capital Region</td>
</tr>
<tr>
<td>Crisis and Diversion CRR- Adams Street</td>
<td>Crisis stabilization; step-down or diversion from Inpatient care; intensive staffing and psychiatric services</td>
<td>14 (two Crisis 12 Diversion)</td>
<td>Community Services Group, Inc.</td>
</tr>
<tr>
<td>New View</td>
<td>Full care Therapeutic Community model; D &amp; A education; 12-Steps; Double Trouble</td>
<td>8 (eight single bedrooms)</td>
<td>Gaudenzia</td>
</tr>
<tr>
<td>Gibson Blvd</td>
<td>Full care Therapeutic Community model; D &amp; A education, 12-Steps, jail diversion/re-entry</td>
<td>16 (two beds are set aside for adjacent County)</td>
<td>Gaudenzia</td>
</tr>
<tr>
<td>Lakepoint Drive</td>
<td>Staff intensive Cluster apartments in suburban area; private bedrooms; individual and small group skill development; continuous staffing and on-call system</td>
<td>10 (five, 2-bedroom cluster apartments)</td>
<td>Keystone Community Mental Health Services</td>
</tr>
<tr>
<td>Taylor Park</td>
<td>Staff supportive scattered apartments in urban area; private bedrooms; individual &amp; transitional; continuous staffing and on-call system</td>
<td>28 (fourteen, 2-bedroom scattered apartments)</td>
<td>Keystone Community Mental Health Services</td>
</tr>
<tr>
<td>Washington Square Program Closed 2011</td>
<td>Staff intensive clustered apartments in urban area; private bedrooms; continuous staffing and on-call</td>
<td>8 (four, 2-bedroom cluster apartments)</td>
<td>Keystone Community Mental Health Services</td>
</tr>
<tr>
<td>The Brook</td>
<td>Staff intensive clustered apartments in suburban area: separate bedrooms</td>
<td>12 (six, 2-person apartments)</td>
<td>Keystone Community Mental Health Services</td>
</tr>
<tr>
<td>Third Street</td>
<td>Staff intensive apartment building in urban setting; private bedrooms</td>
<td>16 (eight, 2-bedroom shared apartments)</td>
<td>Elwyn</td>
</tr>
</tbody>
</table>

Most adult CRR programs located at scattered or clustered apartments or townhouses are lease-held by Keystone Community Mental Health Services. By KCMHS policy, no consumer pays more than 50 percent of their income for rent; their rent is subsidized by MH funds.
NHS Capital Region and Community Services Group (CSG) operate a crisis stabilization and diversion program in Dauphin County. There are a total of 22 diversion beds and four crisis beds, which are accessed through crisis intervention and case management entities.

Elwyn operates a maximum care CRR program which was established as a part of service development for the HSH Closure and provides 24-hour staffing along with assistance in meeting healthcare needs, including support with self-medications, administration, adult daily living skills, educational and therapeutic groups, goal planning, and community integration activities, which may include volunteer work.

Gaudenzia, Inc., operates two 24/7 CRR programs, New View, which is a program that serves individuals with co-occurring disorders and Gibson House, which serves individuals with serious mental illnesses and criminal justice involvement. The combined programs serve a total of 24 individuals. Cumberland County purchases two beds at Gibson House. Both programs incorporate the evidence-based curriculum Illness Management and Recovery (IMR) in their weekly programming schedule.

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- Location changes in the moderate care CRR program operated by Keystone Community Mental Health Services resulted in no change in CRR capacity.
- Paxton Ministries has plans to develop a second Lodge program.

Other Residential Services

There are additional types of residential services available to adults in Dauphin County. Each offers a uniqueness that has grown and evolved from individualized needs. All are licensed either by OMHSAS (LTSRs) or by the Office of Developmental Programs under the Adult Residential Licensing as Personal Care Homes/Specialized Care Residences.

There are two Long-Term Structured Residences (LTSR) in Dauphin County. NHS Capital Region operates Cornerstone LTSR and serves 12 persons in a comprehensive residential program inclusive of psychiatric services and supports, individual and group interventions, skill building, recovery groups and life skills. Individualized care and support is provided through an array of community integration activities.

Keystone Community Mental Health Services’ Progress Avenue LTSR was developed to meet the needs of persons stepping down from long-term inpatient care specifically at State Mental Hospitals. Sixteen (16) persons are residing in the program and include purchased services for residents of Cumberland/Perry (3), Franklin-Fulton (2). Staff in the LTSR have a strong psychiatric rehabilitation orientation, and there have been several successful discharges to more integrated community living.
Specialized Care Residences are licensed as Personal Care Homes (PCH) but are exclusively for adults and older adults with serious mental illnesses. Staff has extensive mental health training, clinical support skills and meets the unique characteristics of residents who also require PCH level of care. Personal care services include: assistance in completing tasks of daily living; social activities; assistance to use community services; and, individualized assistance to enhance daily goals and life quality. The KCMHS SCR will be moving to a new location in FY 2011-2012. The following table provides a snapshot of the PCH/SCR programs:

**Specialized Care Residence (SCR) Services 2010-2011**

<table>
<thead>
<tr>
<th>SCR Program</th>
<th>Capacity</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green Street (formerly Third Street)</td>
<td>8</td>
<td>Keystone Community Mental Health Services</td>
</tr>
<tr>
<td>Chambers Street</td>
<td>8</td>
<td>Keystone Community Mental Health Services</td>
</tr>
<tr>
<td>Reynolds Lane</td>
<td>8</td>
<td>Keystone Community Mental Health Services</td>
</tr>
<tr>
<td>Peiffer’s Lane</td>
<td>5</td>
<td>NHS Capital Region</td>
</tr>
<tr>
<td>Page Road</td>
<td>8</td>
<td>NHS Capital Region</td>
</tr>
</tbody>
</table>

The goals of Specialized Care Residences (SCR), according to Northwestern Human Services Capital Region, are to provide a supportive and therapeutic residential environment for persons to pursue their individualized recovery/rehabilitative goals and maintain wellness in their community and offer stable and comfortable housing with flexible daily support dependent on their level of need. SCRs are a learning environment to practice skills that will enable them to live more independently.

Persons with serious mental illnesses, including older adults and adults with co-occurring disorders, use licensed personal care homes (PCH) to meet their residential needs and provide a supervised supportive environment for recovery. Contracts are in place with several licensed programs as illustrated below and only a portion has MH service/financial participation.

**Personal Care Home Services 2010-2011**

<table>
<thead>
<tr>
<th>PCH Program Provider</th>
<th>Licensed Capacity</th>
<th>MH Contributes to Costs of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graysonview Harrisburg</td>
<td>96</td>
<td>2</td>
</tr>
<tr>
<td>Paxton Street</td>
<td>85</td>
<td>45</td>
</tr>
</tbody>
</table>

Because these programs serve a population in addition to MH consumers, Dauphin County has in place a process to accept referrals for community-based services as well as for persons at PCH that are private admissions or independent of MH financial housing support. Individual service monitoring is enhanced through the quarterly PCH Risk Management Group with representation from the Office of Developmental
Programs’ Adult Residential Licensing, County MH/ID, OMHSAS Harrisburg Field Office, and the Disabilities Rights Network and Case Management Entities. This group is provided with updated provider information such as status with licensing issues, notifications of program out of compliance or closing. Educational information has been shared with the group on licensing policies and procedures and updates on any information that is pertinent.

A Personal Care Home (PCH) policy was developed with stakeholders, providers, and those individuals residing in PCH. This policy was implemented in Dauphin County based in response to the OMHSAS Personal Care Home Policy requirement regarding referrals to PCH with 16 beds or more. This policy addresses the County process for individuals who are eligible for placement in PCH and are being discharged from a state mental hospital or are referred from the community, as well as the exception process for individuals who select a PCH that has greater than 16 beds. This is evidenced by affirming support for and commitment to development of integrated housing options, established parameters to consider exceptions to the policy, and providing greater community integration. County program staff will review all PCH exception requests and make an appropriate determination to grant or deny exception to policy.

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- Third Street SCR was relocated to Green Street in 2011.

**Housing Support Services**

The Dauphin County MH/ID Program and the provider network use the term Supportive Living to describe a cluster of supportive services and, based upon a person’s individual needs, the services can be highly flexible to focus more on housing support or other types of support necessary for independence and recovery. Keystone Community Mental Health Services and Volunteers of America are the supportive living providers in Dauphin County.

Keystone’s supportive living services have a component that emphasizes transitional housing support. The program meets the needs of persons whose independent living skills need assessed, and their plan is to acquire rehabilitative skills to live independently with or without a housing subsidy like Section 8. The goal is to have people transition from this program within 18 months. Leased apartments by Keystone offer the setting for clinical and rehabilitative assessments, social and neighborhood interaction, individual goal planning. Individualized services are designed to address the multiple needs of those involved in this service and may include skill development provided in the following areas:

- Daily Living Skills
- Community Awareness and Education
- Medication Monitoring and Maintenance
- Utilizing Public Transportation
- Healthcare Issues
Other Supportive Living Services provide support to people experiencing mental illness in the environment that best meets their individual needs. In apartments rented through Keystone Community Mental Health Services or in their own homes, people can receive the amount of support they desire. Assistance is available in helping people secure entitlements, housing, and in accomplishing goals to become more self-sufficient. This could include developing domestic skills, budgeting skills, or medication and symptom management skills. The types and lengths of services are very flexible, according to the person's needs. Supportive Living provides "transitional housing" to approximately 10 percent of the 200 consumers served by Keystone each year. The transitional housing is apartments leased by Keystone and sublet to consumers with two individuals sharing an apartment. Persons in this housing support service are expected to complete the processes for obtaining independent housing through application to the Housing Authority and/or other avenues. An average length of stay in transitional housing is about eight months. Supportive living services may continue after independent housing is obtained.

The Volunteers of America (VOA) Supportive Living program focuses on providing whatever supports are needed by each individual to gain their psychiatric rehabilitation goals. The goals, supports, and resources necessary to achieve their goals are determined by the consumer with the guidance and support of the supportive living case worker. Generally, the focus will be developing or relearning skills to be successful and satisfied in the areas of living, learning, working, and socializing in the environment of their choice with the least amount of practitioner intervention.

Support services will promote recovery in the following areas:

- Clinical Care
- Family Support
- Peer Support and Relationships
- Work/meaningful Activity
- Power and Control
- Stigma
- Community Involvement
- Access to Resources
- Education
- Spirituality
- Wellness

The VOA serves persons residing at the Third Street Apartments, individuals at New Song Village and Creekside Village (HUD 811 Projects), and additional persons residing in the community. The VOA’s program provides community-based supportive living services and does not subsidize housing costs.

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- Dauphin County has no plans beyond our existing contracts. However, proposed cuts in MH Base funds will require rethinking all base-funded services that currently fund supportive housing services for 300 persons in the County system.
Fairweather Lodge

Efforts to develop a Fairweather Lodge were initiated by Paxton Ministries and they established a Community Living Program to carry out a plan for three Community Lodges. The existing Hudson Street program was modified to support five residents to live independently while learning about how Fairweather Lodges are developed and managed. The rent is based upon 30 percent of a person’s income. The original goal was to have a Fairweather Lodge for six to eight individuals with a serious mental illness by the end of calendar year 2008. During 2007-2008, work has been underway to develop independent living skills in the areas of cooking and computer skills. A job training program was also instituted and the hiring of a Peer Specialist all based at the PCH licensed program while the first Lodge was being developed, including a capital campaign. Technical assistance was used from the LHOT on financing strategies and from Stairways, a Statewide Lodge consultant. Persons were referred from the two priority groups identified in Section 3. Current interested residents of the licensed personal care home operated by Paxton Ministries have been applicants for the Community Lodge as well as others interested in this type of housing. During Lodge development potential residents have been participating in activities related to its development. Paxton Ministries held a formal Open House for the Community Lodge in November 2009. Lodge residents have had many new experiences, including developing a new business venture (Paxton Cleaning Solutions, Inc.) The Lodge provides permanent housing for five persons. Three persons have been at the Lodge for a while, and there is frequently openings for one or two persons. This is one factor which has slowed further lodge development at Paxton; another is a change in leadership approximately one year ago. Efforts have been under way to support the employment component, Paxton Cleaning Solutions, Inc., and there is a recent addition of a dog trained to detect bed bugs which is under development with a consumer dog handler. Dauphin County MH/ID program hopes to continue support for the Community Living program, specifically the Lodge Coordinator position.

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- Dauphin County will work with Paxton Ministries in a second Lodge development for persons with a serious mental illness.

Occupancy and Point-in-Time Census

The management of residential and housing resources is conducted through the MH/ID Program office with the involvement of several staff, primarily by the CHIPP Residential Coordinator position in cooperation with all the residential providers, case management entities and Supportive Living (housing support) agencies. A team meeting is held monthly to address system issues, barriers, consultation, etc. A password-protected database is used among case management and residential providers to document planned and unplanned discharges, wait lists and referrals. It is very dynamic as only persons ready for discharge are wait listed. We closely monitor the length of time providers fill vacancies. All activities are closely managed with Danville State Hospital
and Philhaven’s Extended Acute Care program. Two years ago, the County inserted a step in the referral process to assure that persons that met the definition of Serious Mental Illness were the priority population group being referred for all types of residential services. A common referral form is used by all providers and must be reviewed by the County before a referral can be made to a residential program. Steps and new forms have since been added regarding referrals to Personal Care Homes larger than 16 beds. A summary of residential programs, capacity, persons served in 2009-2010 and a Point-in-Time Census (May 10, 2011) is also included in the Residential Occupancy chart on the following page.

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- The table below shows the summary of residential programs, capacity, and persons served in 2010-2011, and the Point-in-Time Census (March 14, 2012).

<table>
<thead>
<tr>
<th>Residential Program Name and Type</th>
<th>Capacity</th>
<th>Unduplicated Persons Served 2009-2010</th>
<th>Unduplicated Persons Served 2010-2011</th>
<th>Current Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gaudenzia New View (Dual-Dx CRR)</td>
<td>8</td>
<td>14</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td>Gaudenzia Gibson House Forensic CRR</td>
<td>14</td>
<td>17</td>
<td>20</td>
<td>13</td>
</tr>
<tr>
<td>Lakepoint Drive CRR Max</td>
<td>10</td>
<td>14</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>Taylor Park CRR Mod</td>
<td>28</td>
<td>17</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>Washington Square CRR Mod (Closed)</td>
<td>8</td>
<td>17</td>
<td>23</td>
<td>NA</td>
</tr>
<tr>
<td>The Brook Colonial Park CRR Mod</td>
<td>12</td>
<td>12</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Green Street SCR (formerly Third Street)</td>
<td>8</td>
<td>8</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Chambers Street SCR</td>
<td>8</td>
<td>9</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Reynolds Lane SCR</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Peiffer Lane SCR</td>
<td>5</td>
<td>7</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Page Road SCR</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Elwyn, Inc., CRR Max</td>
<td>16</td>
<td>21</td>
<td>21</td>
<td>16</td>
</tr>
<tr>
<td>Keystone LTSR</td>
<td>11</td>
<td>13</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>NHS LTSR</td>
<td>12</td>
<td>12</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>Paxton Ministries PCH</td>
<td>45</td>
<td>52</td>
<td>53</td>
<td>45</td>
</tr>
<tr>
<td>NHS CRR Crisis &amp; Diversion</td>
<td>14</td>
<td>79</td>
<td>98</td>
<td>9</td>
</tr>
<tr>
<td>Community Services Group CRR Crisis &amp; Diversion</td>
<td>14</td>
<td>80</td>
<td>110</td>
<td>11</td>
</tr>
<tr>
<td>Keystone Supportive Living</td>
<td>NA</td>
<td>215</td>
<td>205</td>
<td>171</td>
</tr>
<tr>
<td>Volunteers of America SL</td>
<td>NA</td>
<td>73</td>
<td>99</td>
<td>76</td>
</tr>
<tr>
<td>Paxton Lodge</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>
B. Resources Being Developed

At this time, there were no new CHIPP or Base Funding opportunities, except for person-specific projects for individuals leaving a nursing home facility and a State Mental Health Hospital using Money Follows the Person (MFP) funding. The MH Program worked with OMHSAS, Area Agency on Aging and the Office of Long-Term Living, but we were unsuccessful in using MFP funds. We remain open to exploring this funding mechanism to assist individuals leaving State-operated programs such as South Mountain Restoration Center or Danville State Hospital. Our present Community Support Plan (CSP) process has not yet identified a person for transition using this funding stream. We are interested in the new Service Area Plan development phase during FY 2011-2012 in light of the proposed new CHIPP funds in the Governor's budget proposal and Olmstead Plan approved by OMHSAS. Previously we were not interested in any further residential development but would use this process to look at potential opportunities.

Reinvestment funds from FY 2005-2006 were earmarked for County Housing under the Reinvestment Plan approved by OMHSAS. This funding ($128,696) was fully expended by June 2010. The funds provided capital for Volunteers of America’s Creekside village HUD 811 and support for a Community Lodge operated by Paxton Ministries. A recent round of planning for a small amount of reinvestment funds from FY 2009-2010 was completed under the guidance of the HealthChoices administrative oversight agency, Capital Area Behavioral Health Collaborative. The request is under review by OMHSAS. No projects for housing were identified with the funds in any of the Capital 5 counties. There is an expectation that reinvestment funds from FY 2010-2011 will provide the opportunity for additional housing planning during the next year and the Annual Plan submitted next year for FY 2014-2015 should reflect those anticipated resources.

FY 2013-2014 MH Plan

- Dauphin County is in the process of planning for Housing reinvestment funds from 2011.

C. Unmet Needs, Successes, and Challenges

Dauphin County MH/ID Program learned a lot about the criminalization of persons with mental illnesses in our SAMHSA Jail Diversion planning grant, and we continue to apply that information to practice. While we have expanded by starting a MH Court in June 2010 and improving re-entry options, housing access is a significant barrier to individual stability and success, and it is further complicated by arrests and criminal behavior. Individuals with co-occurring disorders are further disenfranchised if they are unable or willing to accept co-occurring treatment and supports. Individual issues are complicated by system issues of a non-integrated service system.
Many years ago, the LHOST developed a Landlord/Tenant Protocol to diffuse problems for persons with mental illnesses in permanent housing. It is used as a blueprint for other communities. During the next year, as we strive to restart an LHOST in Dauphin County, we will be assessing the use locally and retraining case managers and other support persons, including peer specialists, on how to use the protocol.

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- Dauphin County has reestablished the Local Housing Options Team (LHOST) and has developed a new draft for the landlord protocol and is developing a draft list of private landlords. Training will be scheduled with area landlords to explain the new protocol and to provide a forum to discuss issues.

D. Housing Resource Management and Services Capacity

The MH/ID Administrator has overall leadership responsibility in Housing activities with Community partners and is supported by the Deputy MH Administrator. Housing Plan responsibilities are distributed among several mental health program staff and come together in a coordinated manner in the Mental Health Department under the direction of the Deputy MH Administrator.

<table>
<thead>
<tr>
<th>Mental Health Quality Assurance Specialist 1</th>
<th>50%</th>
<th>Joseph Whalen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult MH Program Specialist 2</td>
<td>25%</td>
<td>Frank Magel</td>
</tr>
<tr>
<td>Deputy MH Administrator</td>
<td>25%</td>
<td>Rose M. Schultz</td>
</tr>
<tr>
<td>MH/ID Administrator</td>
<td></td>
<td>Daniel E. Eisenhauer</td>
</tr>
</tbody>
</table>

More time will be needed during the Housing Plan period to develop the understanding and experience to carry out the various roles needed to continue and expand upon the housing efforts.

All the housing activities will be integrated with other mental health staff and their respective responsibilities:

<table>
<thead>
<tr>
<th>CHIPP/Residential Services Coordinator PS1</th>
<th></th>
<th>Serge Grigoryan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s MH Specialist 2</td>
<td></td>
<td>Lynn Pascoa</td>
</tr>
<tr>
<td>MH Services Coordination Specialist 2</td>
<td></td>
<td>Michaelene A. Barone</td>
</tr>
</tbody>
</table>

Shelter Plus Care/Project Access Committee is coordinated by the Dauphin County MH/ID Program and the County of Dauphin Housing Authority. Participation includes: MH/ID, Dauphin County Housing Authority, Keystone Supportive Living, three Mental Health case management entities, and Patch-n-Match, a consumer-run drop-in center. This group oversees the delivery of services to persons using Shelter Plus Care vouchers and transitions persons out of Shelter Plus Care to more independent living/Section 8 permanent vouchers with or without support services. In addition to monitoring success and outcomes, the group selects and manages a waiting list for
Shelter Plus Care and Project Access vouchers. This group manages approximately 50+ vouchers that are available for persons with serious mental illnesses.

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- The Housing Authority of Dauphin County was notified of an award of three (3) additional Shelter Plus Care vouchers for persons with chronic homelessness.

**E. Partnerships in Housing**

Over the past several years and currently, Dauphin County MH/ID Program is working with the following agencies to develop affordable housing options for persons with serious mental illnesses.

- CACH and its member agencies
- County of Dauphin Housing Authority
- Volunteers of America
- Paxton Street Ministries

Potential partners with whom we need to build a better relationship with are Dauphin County’s Department of Community and Economic Development, and the City of Harrisburg Housing Authority. We anticipate greater collaboration with PHFA, and the County Department of Community and Economic Development will begin relationship building with other affordable housing developers to include units for persons with serious mental illnesses in an integrated setting.

Capital Area Coalition on Homelessness (CACH) is the local planning process and MH/ID is an active participant. CACH is a volunteer effort based on active membership and strong leadership. CACH’s funding Partners include: County of Dauphin, City of Harrisburg, United Way, and The Foundation for Enhancing Communities. CACH coordinates and develops partnerships with housing services, homeless services, and Human Services through resource development, service delivery, public awareness, data collection, and coordinating committees. CACH is responsible for submitting the Annual HUD Continuum of Care Application. In 2007, CACH developed and submitted to HUD’s Interagency Council on Homelessness, the County of Dauphin and City of Harrisburg’s Blueprint to End Homelessness, a 10-year Strategic Plan. MH/ID is also active on the Service Delivery Committee, which has a lead role in conducting training, education, an annual Point-in-Time survey, the Homeless Management Information Systems (HMIS), networking, and systemic problem resolution. A funded CACH project is Safe Harbor, a HUD model Safe Haven facility located at Cameron and Kelker Streets that houses 25 chronically homeless men with serious mental illnesses and/or co-occurring disorders working towards permanent housing. Christian Churches United is the lead agency concerning service delivery. Mental health services are available to the residents if they want them, including targeted case management. A transitional housing area with a capacity for six to eight individuals has had some admissions in 2011. Fuller use of this type of support needs to be developed through network relationships and better engagement of the homeless population.
The YWCA of Greater Harrisburg, also a CAC member agency, has been a great partner and catalyst for housing in Dauphin County. The Vice-President for Program Development was recently recognized for his contribution to persons in Dauphin County with serious mental illnesses and co-occurring disorders as a recipient of the annual Administrator’s Award. His involvement expands the entire gamut of housing resources, services, and needs: Capital Area Coalition on Homelessness (CACH), Annual Point-in-Time Survey, HUD Continuum of Care, Safe Haven, Project Connect, CACH Service Delivery Committee and Data Collection Committee, the Homelessness Prevention and Rapid Re-Housing Program and HMIS.

Volunteers of America is a longstanding provider of mental health services and an experienced housing provider. The organization has developed two HUD 202s for low-income elderly and two HUD 811s for low-income individuals with mental health diagnoses. Their housing projects in Luzerne and Dauphin County totaling 170 units are safe and affordable and routinely fully occupied.

Our efforts with Keystone are focused from transitional care into permanent housing areas.

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- The Capital Area Coalition on Homelessness (CACH) was recently designated as the Local Lead Agency (LLA) in Dauphin County.

F. Partnerships with Persons in Service and Families

In 2010, Dauphin County MH/ID Program modified the Dauphin County Housing survey to use with individualized planning, and it was distributed to all mental health contracted providers with a recommendation to use the survey on at least an annual basis in conjunction with service planning activities and at any time requested by the individual. During the next fiscal year, we will evaluate the use of the Housing survey at the person level and seek input from individuals, families and other stakeholder about planning toward independent housing.

For purposes of the Housing Plan, we will also be using the Plan in 2011-2012 to initiate a more in-depth discussion with the Dauphin County CSP Committee as well as members of the Dauphin Clubhouse about permanent housing. The Dauphin Clubhouse has been looking at Clubhouse certification and will be needing innovative approaches in housing and employment. Several other existing leadership and/or advisory councils now exist to guide provider planning and evaluation. Their involvement will also be solicited and factored into additional planning.
Persons in services have a role and voice in the Cap 5 county reinvestment process. As additional housing resources are identified, we will rely upon their involvement and participation at the county implementation level.

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- Dauphin County is in the process of discussing the Clubhouse activities with Philhaven as they relate to the International Center for Clubhouse Development (ICCD) Standards, including employment and housing. A work plan will be completed to guide Philhaven’s activities.

G. Partnerships with Providers

Dauphin County MH/ID Program and the provider network use the term Supportive Living to describe a cluster of supportive services. Based upon person’s individual needs, these can be highly flexible to focus more on housing support or other types of support necessary for independence and recovery. Keystone Community Mental Health Services and Volunteers of America are the supportive living providers in Dauphin County.

Keystone’s supportive living service has a component that emphasizes transitional housing support. The program meets the needs of persons whose independent living skills require assessment, and their plan is to acquire rehabilitative skills to live independently with or without a housing subsidy like Section 8. The goal is to have people transition from this program within 18 months. Leased apartments by Keystone offer the setting for clinical and rehabilitative assessments, social and neighborhood interaction, and individual goal planning. Individualized services are designed to address the multiple needs of those involved in this service and may include skill development that is provided in the following areas:

- Daily Living Skills
- Community Awareness and Education
- Medication monitoring and maintenance
- Utilizing public transportation
- Healthcare Issues

Other Supportive Living services provide support to people experiencing mental illnesses in the environment that best meets their individual needs. In apartments rented through Keystone Community Mental Health Services or in their own homes, people can receive the amount of support they desire. Assistance is available in helping people secure entitlements, housing, and in accomplishing goals to become more self-sufficient. This could include developing domestic skills, budgeting skills, or medication and symptom management skills. The types and lengths of services are very flexible, according to the person’s needs. Supportive Living provides “transitional housing” to approximately 10 percent of the 200 consumers served by Keystone each year. The transitional housing is apartments leased by Keystone and sublet to consumers, with two individuals sharing an
apartment. Persons in this housing support service are expected to complete the processes for obtaining independent housing through application to the Housing Authority and/or other avenues. An average length of stay in transitional housing is about eight months. Supportive living services may continue after independent housing is obtained.

The Volunteers of America (VOA) Supportive Living program focuses on providing whatever supports are needed by each individual to gain their psychiatric rehabilitation goals. The goals, supports, and resources necessary to achieve their goals are determined by the consumer with the guidance and support of the supportive living case worker. Generally, the focus will be developing or relearning skills to be successful and satisfied in the areas of living, learning, working, and socializing in the environment of their choice with the least amount of practitioner intervention.

Support services will promote recovery in the following areas:

- Clinical Care
- Family Support
- Peer Support and Relationships
- Work/meaningful Activity
- Power and Control
- Stigma
- Community Involvement
- Access to Resources
- Education
- Spirituality
- Wellness

The VOA serves persons residing at the Third Street Apartments, individuals at New Song Village and Creekside Village (HUD 811 Projects), and additional persons residing in the community. The VOA’s program provides community-based supportive living services and does not subsidize housing costs.

Northwestern Human Services Capital Region has been transforming from a Community Treatment Team (CTT) to an evidence-based Assertive Community Treatment (ACT) team model during 2010-2011. The ACT team uses a multidisciplinary-based approach to the provision of treatment, rehabilitation and support to individuals in a variety of settings in the community. The ACT team serves as the fixed point of responsibility for providing an all-inclusive service. The ACT team provides comprehensive 24/7 access to community-based treatment and consists of the following multidisciplinary staff: team leader, psychiatrist, registered nurses, master’s level mental health professionals, substance abuse specialist, peer specialist, vocational specialist, and mental health workers. The ACT has a recovery and resiliency orientation which allows individuals the greatest opportunity for community integration and support as long as necessary to increase their continued success in the community. Services are targeted to meet the needs of persons who have been unsuccessful in more traditional mental health services. The NHS Capital Region ACT, organized as an urban team model, will serve a capacity of 100-110 persons who meet specific criteria for the service.

Peer support has been defined by OMHSAS as “a specialized therapeutic interaction conducted by self-identified current or former consumers of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community-integration,” according to a Medical Assistance Bulletin revised effective
October 1, 2009, establishing peer support as an MA-funded service in Pennsylvania.

Peer support is a service designed to promote empowerment, self-determination, understanding, coping skills, and resiliency through mentoring and service coordination supports that allow individuals with severe and persistent mental illnesses and co-occurring disorders to achieve personal wellness and cope with the stressors and barriers encountered when recovering from their illness.

This service is designed on the principles of consumer choice and the active involvement of persons in their own recovery process. Peer support practice is guided by the belief that people with disabilities need opportunities to identify and choose for themselves their desired roles with regard to living, learning, working, and social interaction in the community and is a service in which the individual agrees to being involved.

Peer support services include the following therapeutic activities:

- Crisis support
- Development of community roles and natural supports
- Individual advocacy
- Self-help
- Self-improvement
- Social networking

There are three approved CPS providers in Dauphin County: CMU, Philhaven and Keystone Community Mental Health Services. During FY 2009-2010, Certified Peer Specialist Providers served 114 individuals and provided nearly 10,500 units of service.

The Capital Area Behavioral Health Collaborative (CABHC) has provided extensive leadership, support and financial assistance through scholarships for training/certification for individuals interested in being certified peer specialists in the five-county region. The Office of Vocational Rehabilitation (OVR) provided no scholarships to Dauphin County eligible individuals to pursue certified peer specialist training in FY 2009-2010. Aurora Social Rehabilitation, NHS Capital Region ACT, and NHS’s LTSR and Partial program have peer specialists imbedded in their services. Other agencies continue to recruit and employ peer support specialist as part of their staff compliment in their services, which include Community Services Group, Inc., and Elwyn, which are community residential programs.

It is our experience in Dauphin County that peer support services are a recovery-oriented service that individuals are interested in having or continuing to have to support them as a component of their plan to move toward more independent living and community integration. It is an interest in Dauphin County to continue to expand peer support services as they are truly a catalyst for moving the mental health system toward recovery and resiliency and supporting individual recovery and resiliency.

A comprehensive description of the existing services in Dauphin County can be found in Section 4 of the Annual Plan for FY 2013-2017.
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- Proposed cuts in MH Base funds require rethinking all base funded services that currently fund supportive living/housing services for 300 persons in the County system.
- Dauphin County will work with NHS Capital Region on housing issues among persons active with ACT. They were recently invited to participate in the LHOT.

H. Sustainability

In the previous Housing Plan, Dauphin County identified projects that fit the efforts of experienced providers and relied upon additional financial resources in capital funding and development to complete the work. As funds become available through existing CHIPP dollars that can be reallocated for support for the Community Lodge coordination through attrition, we will do that. We will also be involved in reinvestment planning for funds from 2010-2011 during the next year.

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- Reinvestment proposals are being submitted to OMHSAS for approval.

III. IDENTIFICATION OF PRIORITY CONSUMER GROUP

A. OMHSAS Identification of Persons in Personal Care Homes Larger than 16 Beds

Dauphin County MH/ID Program works with individuals and their support system, families and advocates to identify needs, goals, and plans to meet their needs using all the resources available in the mental health system and the community at large, including all potential sources of funding. For many years, we have also worked with all stakeholders to learn about recovery and resiliency and to be good stewards in promoting recovery and resiliency oriented policies and practices.

We have documented past and future efforts in the Annual Plan for FY 2013-2017 in furthering the “Call to Action.” One fundamental aspect of recovery we fully support is the right of an individual to self-determine, particularly when their choices do not in any manner present harm to themselves or others and is what they want. We strongly support the right of an individual to make an informed choice, and we believe the policies and procedures developed by Dauphin County and approved by OMHSAS reflect informed choice when being admitted to a PCH with more than 16 licensed beds. We also believe that the most integrated setting possible is a determination an individual makes based upon an informed choice. OMHSAS’ prioritization of this population group appears to be counter to most people’s understanding of recovery.
An individual should be driving the process to change their living arrangement, not an institution such as OMHSAS. Dauphin County MH/ID Program will take the following actions in relationship to your identification of the need for persons to move:

1. Conduct a review of individual cases where an admission into a PCH of 16 beds or larger was admitted during FY 2010-2011 for the following: documentation of the use of the PCH policy and procedure for admission, with particular attention to persons who were admitted from a State institution.
2. We will request that all case management entities offer to all residents of a PCH larger than 16 beds the opportunity to complete an Individual Housing Survey which will become their service plan to change their living arrangement and/or use of recovery-oriented services.
3. A person’s refusal to participate in an Individual Housing Survey will be documented and accepted.
4. County staff will monitor that there is a current MA51 for all persons in PCH licensed programs.

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- There are no additions or changes to this section.

B. County Priority Groups of Individuals in Service

<table>
<thead>
<tr>
<th>Priority Group 1: Adults with serious mental illnesses and co-occurring disorders currently in mental health licensed CRR/LTSR/PCH/EAC programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale for Priority: Dauphin County has a comprehensive inventory of licensed mental health programs to support individuals with serious mental illnesses and co-occurring disorders transition to community living. Many persons want to leave this level of care and reside independently in the community. Individualized team approaches will provide support as the person chooses to be supported. This priority group has the skills and desire to live independently based upon their motivation and accomplishments in licensed programs. In previous system surveys, among the persons residing in these levels of care (65 respondents), 41 or 63 percent want to move. Based upon person-centered planning, among persons that want to move to more independent housing, we hope the most integrated settings are good choices for individuals in this priority group. We will work with their informed choices and promote self-determination and their own unique recovery journey.</td>
</tr>
</tbody>
</table>

| Priority Group 2: Adults with serious mental illnesses and co-occurring disorders currently at Danville State Hospital |
Rationale for Priority: Someday, all State Hospitals will be closed. Surveys in previous years indicate, among the persons residing in this level of care (23 respondents), 18 or 78 percent want to move. While Dauphin County has an array of residential service options, we also have the resources to support individuals to live in the community without stepping down to licensed programs if there is family and/or a support system for them. Based upon person-centered planning (CSP process) among persons who want to transition to their home community, we hope the most integrated settings are good choices for individuals in this priority group. We will work with their informed choices and promote self-determination and their own unique recovery journey.

**Priority Group 3:**

| Rationale for Priority |

**Priority Group 4:**

| Rationale for Priority |

**FY 2013-2014 Annual Dauphin County Plan Update**

- There are no changes or additions to the Priority group designation at this time in Dauphin County.
### County MH/ID Program Residential Inventory

<table>
<thead>
<tr>
<th>A. Housing Name</th>
<th>B. Type of Housing</th>
<th>C. Owner/Manager of Property</th>
<th>D. Service Provider Name</th>
<th>E. Target Group</th>
<th>F. Capacity: Units; Slots; People</th>
<th>G. Services Funding</th>
<th>H. Housing Funding</th>
<th>I. Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>S+C Vouchers</td>
<td>Shelter Plus Care</td>
<td>Various</td>
<td>Various MH providers and case management entities</td>
<td>HM MH</td>
<td>44 vouchers</td>
<td>MH Base Medicaid</td>
<td>HUD</td>
<td>Dauphin County Housing Authority Shelter Plus Care Committee</td>
</tr>
<tr>
<td>Project Access Vouchers</td>
<td>PA</td>
<td>Various</td>
<td>Various MH providers and case management entities</td>
<td>MH</td>
<td>28 vouchers</td>
<td>MH Base CHIPP Medicaid</td>
<td>HUD</td>
<td>Dauphin County Housing Authority Shelter Plus Care Committee</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>Keystone CMHS leaseholder</td>
<td>Keystone Community Mental Health services</td>
<td>HM MH</td>
<td>2 apartment units</td>
<td>MH Base</td>
<td>HSDF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Windows Short-term CRR</td>
<td>Edgewater/NHS</td>
<td>Edgewater/Northwestern Human Services</td>
<td>MH MISA</td>
<td>2 Crisis beds (5 day) 10 Diversion beds (45 day)</td>
<td>CHIPP Medicare Medicaid</td>
<td>CHIPP</td>
<td>No cost to individual</td>
<td></td>
</tr>
<tr>
<td>Crisis &amp; Diversion Short-term CRR</td>
<td>Community Services Group, Inc.</td>
<td>Community Services Group, Inc.</td>
<td>MH MISA</td>
<td>2 Crisis beds (5 day) 12 Diversion beds (45 day)</td>
<td>CHIPP Medicare Medicaid</td>
<td>CHIPP</td>
<td>No cost to individual</td>
<td></td>
</tr>
<tr>
<td>New View CRR</td>
<td>Gaudenzia</td>
<td>Gaudentzia</td>
<td>MISA</td>
<td>8 beds (eight one-person bedrooms)</td>
<td>CHIPP Medicaid</td>
<td>CHIPP Room &amp; Board</td>
<td>Consumer pays 72 percent of income for rent.</td>
<td></td>
</tr>
<tr>
<td>Gibson Blvd Completion 08/09 CRR</td>
<td>Gaudenzia</td>
<td>Gaudentzia</td>
<td>MISA</td>
<td>16 beds</td>
<td>CHIPP</td>
<td>MH Base Room &amp; Board</td>
<td>Consumer pays 30 percent of income for rent.</td>
<td></td>
</tr>
<tr>
<td>Lakepoint Drive CRR</td>
<td>Keystone Community Mental Health Services (KCMHS)</td>
<td>Keystone Community Mental Health Services (KCMHS)</td>
<td>MH</td>
<td>10 (five clustered apartments)</td>
<td>MH Base Medicaid</td>
<td>MH Base Room &amp; Board</td>
<td>Consumer pays less than 50% of their income for rent</td>
<td></td>
</tr>
<tr>
<td>Taylor Park CRR</td>
<td>KCMHS</td>
<td>KCMHS</td>
<td>MH</td>
<td>14 scattered apartments, increased capacity to 28</td>
<td>MH Base Medicaid</td>
<td>MH Base Room &amp; Board</td>
<td>Consumer pays less than 50% of their income for rent</td>
<td></td>
</tr>
<tr>
<td>Washington Square Program closed 2011 CRR</td>
<td>KCMHS</td>
<td>KCMHS</td>
<td>MH</td>
<td>8 (four clustered apartments)</td>
<td>MH Base Medicaid</td>
<td>MH Base Room &amp; Board</td>
<td>Consumer pays less than 50% of their income for rent</td>
<td></td>
</tr>
<tr>
<td>The Brook CRR</td>
<td>KCMHS</td>
<td>KCMHS</td>
<td>MH</td>
<td>6 apartments, increased capacity to 12</td>
<td>MH Base Medicaid</td>
<td>MH Base Room &amp; Board</td>
<td>Consumer pays less than 50% of their income for rent</td>
<td></td>
</tr>
<tr>
<td>Third Street CRR</td>
<td>Elwyn</td>
<td>Elwyn</td>
<td>MH</td>
<td>16 (eight 2-bedroom apartments)</td>
<td>CHIPP Medicare Medicaid</td>
<td>CHIPP Room &amp; Board</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cornerstone LTSR</td>
<td>Edgewater/NHS</td>
<td>Edgewater/NHS</td>
<td>MH</td>
<td>12</td>
<td>CHIPP Medicare Medicaid</td>
<td>CHIPP Room &amp; Board</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keystone LTSR LTSR</td>
<td>KCMHS</td>
<td>KCMHS</td>
<td>MH</td>
<td>16/11 Dauphin County</td>
<td>CHIPP Medicare Medicaid</td>
<td>CHIPP Room &amp; Board</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Housing Name</td>
<td>B. Type of Housing</td>
<td>C. Owner/Manager of Property</td>
<td>D. Service Provider Name</td>
<td>E. Target Group</td>
<td>F. Capacity: Units; Slots; People</td>
<td>G. Services Funding</td>
<td>H. Housing Funding</td>
<td>I. Additional Information</td>
</tr>
<tr>
<td>----------------</td>
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<td>-----------------------------</td>
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<td>----------------</td>
<td>--------------------------------</td>
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<td>----------------------</td>
</tr>
<tr>
<td>Chambers Street</td>
<td>SCR</td>
<td>KCMHS</td>
<td>KCMHS</td>
<td>MH</td>
<td>8</td>
<td>CHIPP</td>
<td>Medicare Medicaid</td>
<td>CHIPP Room &amp; Board</td>
</tr>
<tr>
<td>Third Street</td>
<td>SCR</td>
<td>KCMHS</td>
<td>KCMHS</td>
<td>MH</td>
<td>8</td>
<td>CHIPP</td>
<td>Medicare Medicaid</td>
<td>CHIPP Room &amp; Board</td>
</tr>
<tr>
<td>Reynolds Lane</td>
<td>SCR</td>
<td>KCMHS</td>
<td>KCMHS</td>
<td>MH</td>
<td>8</td>
<td>CHIPP</td>
<td>Medicare Medicaid</td>
<td>CHIPP Room &amp; Board</td>
</tr>
<tr>
<td>Peiffer’s Lane</td>
<td>SCR</td>
<td>Northwestern Human Services</td>
<td>Northwestern Human Services</td>
<td>MH/TBI</td>
<td>5</td>
<td>CHIPP</td>
<td>Medicare Medicaid</td>
<td>CHIPP Room &amp; Board</td>
</tr>
<tr>
<td>Page Road</td>
<td>SCR</td>
<td>Northwestern Human Services</td>
<td>Northwestern Human Services</td>
<td>MH</td>
<td>8</td>
<td>CHIPP</td>
<td>Medicare Medicaid</td>
<td>CHIPP Room &amp; Board</td>
</tr>
<tr>
<td>Grayson View</td>
<td>PCH</td>
<td>Graysonview Harrisburg</td>
<td>Various MH providers</td>
<td>PhysDis</td>
<td>92/1 MH</td>
<td>CHIPP</td>
<td>CHIPP Room &amp; Board</td>
<td></td>
</tr>
<tr>
<td>Paxton Street</td>
<td>PCH</td>
<td>Paxton Ministries</td>
<td>Various MH providers</td>
<td>PhysDis</td>
<td>85/45 MH</td>
<td>MH Base</td>
<td>MH Base Room &amp; Board</td>
<td></td>
</tr>
<tr>
<td>Community Living</td>
<td></td>
<td>KCMHS</td>
<td>MH MISA</td>
<td>200</td>
<td>MH Base CHIPP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Living</td>
<td></td>
<td>Volunteers of America</td>
<td>MH MISA</td>
<td>20</td>
<td>MH Base CHIPP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creekside Village</td>
<td>811</td>
<td>VOA</td>
<td>VOA</td>
<td>MH</td>
<td>14</td>
<td>Reinvestment</td>
<td>Capital funds</td>
<td>HUD</td>
</tr>
<tr>
<td>Paxton Ministries Fairweather Lodge</td>
<td>FWL</td>
<td>Paxton Ministries</td>
<td>Paxton Ministries</td>
<td>MH</td>
<td>6-8</td>
<td>Reinvestment Community Living</td>
<td>Capital campaign</td>
<td></td>
</tr>
</tbody>
</table>

Codes:

Type of Housing:  PSH, PSH/SRO, S+C, CRR, CRR-Group Home, CRR-APT, LTSR, Fairweather Lodge, Supportive Housing has not been a defined “funding” category by OMHSAS; however, PSH (Permanent Supportive Housing) is defined on page 7.

Target Group: MISA = Mental Illness/Substance Abuse; MH= Mental Health; PwD = People with Disabilities (not targeted to specific disability subpopulation); PhysDis = Physical Disabilities; Youth; Eld = Elders; Fam = Family; DV = Domestic Violence; HM = Homeless (More than one code can be used per property), SA = Substance abuse

Services Funding: Medicaid by type, McKinney, Base funding, CHIPPs

Housing Funding: HUD202; HUD811; HUD McKinney; Section 8 PBA, PHFA; County/ County, CDBG, Section 236, Health Choices Reinvestment
FY 2013-2014 County Plan

FORENSIC PLAN GUIDELINES

Using the Sequential Intercepts for Developing Criminal Justice/Mental Health Partnerships, please provide available services under each Intercept and corresponding subgroup within the Intercept. Please reference the Intercept Model Diagram attached.

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intercept 1: Law Enforcement and Emergency Services; Pre-Arrest Diversion Programs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>911 Training:</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police Training:</td>
<td>X</td>
<td></td>
<td>Provided by Strategic Community Care Solutions</td>
</tr>
<tr>
<td>Documentation of Contact:</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency/Crisis Response:</td>
<td>X</td>
<td></td>
<td>Crisis Intervention</td>
</tr>
<tr>
<td>Follow Up:</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluations of Services:</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact information for Intercept 1: Name, email, and Phone number</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intercept 2: Initial Hearings and Initial Detention; Post-Arrest Diversion Programs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screenings:</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Trial Diversion:</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Linkage:</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>X</td>
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<tr>
<td>Contact information for Intercept 2: Name, email, and Phone number</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intercept 3: Jails and Courts</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening:</td>
<td>X</td>
<td></td>
<td>Provided by Dauphin County Prison</td>
</tr>
<tr>
<td>Court Coordination:</td>
<td>X</td>
<td></td>
<td>Provided by Pretrial, Public Defender</td>
</tr>
<tr>
<td>Service Linkage:</td>
<td>X</td>
<td></td>
<td>Provided by CMU, Keystone, ACT</td>
</tr>
<tr>
<td>Court Feedback:</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jail-Based Services:</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact information for Intercept 3: Name, email, and Phone number</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intercept 4: Re-Entry from Jails, Prisons and Hospitals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess: X Provided by Pretrial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan: X CMU, Keystone ACT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify: X Parole, District Attorney, CMU, ACT, Public Defender, Keystone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinate: X Pretrial, CMU, Keystone, ACT, Parole</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: X Contact information for Intercept 4: Name, email, and Phone number</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intercept 5: Community Corrections and Community Support Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening: X</td>
</tr>
<tr>
<td>Maintain a Community of Care/Service Linkage: X CMU, Keystone, ACT</td>
</tr>
<tr>
<td>Implement a Supervision Strategy: X Parole, CMU, ACT, Keystone</td>
</tr>
<tr>
<td>Graduated Responses and Modification of Conditions of Supervision: X</td>
</tr>
<tr>
<td>Other: X</td>
</tr>
<tr>
<td>Contact information for Intercept 5 Name, email, and Phone number</td>
</tr>
</tbody>
</table>

Please summarize other Cross Systems Initiatives (Forensic Peer Support, Collaborative efforts with CJABS, etc) not included above:

Forensic Peer Support provided at ACT Program

Director of Pretrial Services: Shannon Danley – sits on Criminal Justice Administrative Board
County Program: Dauphin County                         FY 2013-2014 County Plan Update

THE SUPPLEMENTAL PLAN TO PROMOTE COMPETITIVE EMPLOYMENT

1. Inclusiveness of the Planning Process

- Please briefly describe the planning process for this Supplemental Plan, including stakeholder involvement, leadership roles, meeting schedules, the establishment or expansion of a local Employment Transformation Committee, data and information sources, etc.

- The Dauphin County MH/ID Program's initial Employment Plan was submitted in May 2010 as a new attachment for the Plan update year of 2011-2012. Employment planning has occurred throughout FY 2010-2011 with the Transformation Committee on Employment. The Committee began meeting on a regular basis in June 2010. Membership includes persons in service, County contracted agencies, County staff, YWCA of Greater Harrisburg, and Office of Vocational Rehabilitation. The Committee was intentionally small in order to have 50 percent of the participants be individuals receiving services and to facilitate learning about best practices in competitive employment.

- Individuals in service are offered transportation assistance as needed and a stipend for participation. A light lunch is provided. The group meets after the monthly Dauphin County CSP Committee meeting most months.

- The Committee reviewed in detail the Dauphin County Employment Plan, including data contained in the Plan about persons using employment and employment related services and County-funded expenditures in employment services. Fortunately, the YWCA of Greater Harrisburg is the recipient of a five-year SAMHSA grant on supported employment.

- The Committee established the following purpose: to review and refine the Employment Plan and oversee the Plan by carrying out activities, including disseminating information to all parts of the MH system about supported employment.

- The Committee members brainstormed ideas and experiences about employment for persons using MH services. This process yielded ideas about improvements and areas that the Committee wanted to learn more about. Twenty-seven (27) items were identified and include but are not limited to: understanding the “rules of work” in a competitive employment job; changing provider attitudes about employment and what persons are capable of; confidence in getting a job; support groups for persons employed; benefits counseling; characteristics of good employers; staying motivated; disclosing your mental health history. All 27 items were then rank ordered by the group.
The work product as a result of the meetings is the Transformation Grid. The Grid outlines the future work of the Committee along two dimensions: finding a job and keeping a job.

Approximately 22 persons are on the Transformation Committee, and attendance has ranged from 8 to 18 persons at monthly meetings during FY 2010-2011.

The Committee has two main projects they are working on: creating a toolkit about competitive employment for persons in services to use and establish mobility training in conjunction with Capital Area Transit, due to the high correlation between transportation, recovery and independence.

**FY 2013-2014 Annual Dauphin County Plan Update**

- There are no additions or changes to the information presented in May 2011.

- **Please indicate the number of individuals or group representatives who were involved in the Transformation Committee on Employment throughout the year in each category below:**

Some participants cross more than one category of representation. Beginning in July 2011, more Committee members will be added.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumers</td>
<td>10</td>
</tr>
<tr>
<td>Providers</td>
<td>9</td>
</tr>
<tr>
<td>CSP Reps</td>
<td>8</td>
</tr>
<tr>
<td>OVR</td>
<td>1</td>
</tr>
<tr>
<td>NAMI</td>
<td>1</td>
</tr>
<tr>
<td>County staff</td>
<td>2</td>
</tr>
</tbody>
</table>

**FY 2013-2014 Annual Dauphin County Plan Update**

- There are no additions or changes to the information presented in May 2011.

**2. Current Service Delivery Data**

Please review the attached tables compiled from the County Income and Expenditure Reports and CCR POMS data for FY 2008–2009, which identify the numbers served and dollars spent within the two existing vocational cost centers for your county and answer the questions below. (Definitions of these two vocational cost centers are provided with the Expenditure Reports.)

a) Confirm the accuracy of the data. Please adjust any data and explain any corrections made.
Check here if the data is accurate.
☐ Check here if the data should be adjusted, as follows:

- Community Employment and Employment Related Services
  - 73 Number of individuals served
  - $143,866 Funds expended

- Facility-Based Vocational Rehabilitation Services
  - 65 Number of individuals served
  - $325,304 Funds expended

b) Additional Expenditures for Employment Services. If there are additional mental health funds expended by the county for employment services that are captured in other cost centers, please indicate below the cost centers used, the expenditures made, and the number of individuals served:

- Cost center in which expenditures appear: Not applicable to Dauphin County
- Total additional Expenditures for employment services: Not applicable to Dauphin County.
- Numbers of additional individuals served: Not applicable to Dauphin County.
- SAMHSA Employment Grant to YWCA of Greater Harrisburg awarded in 2010.

c) Indicate the percentage of current county funding for employment as a percentage of overall current county funding.

- $21,710,243 Overall county funding
- $469,170 County funding for employment services
- 2.16 Percent of overall county funding for employment services

d) Indicate the percentage of overall employment funding expended on facility-based versus community services.

- $469,170 Total employment funding
- 69.3 Percent of total employment funding for facility-based services
- 30.7 Percent of total funding expended on community services

e) Describe any changes you plan to make in total employment expenditures or percentages allocated to facility-vs. community-based services. Also, please report on other funds (e.g. Health Choices, etc.) spent on employment.

For competitive employment, the Office of Vocational Rehabilitation has been the resource Dauphin County residents have most relied upon. When OVR does not or cannot serve them due to their funding or screen/eligibility issues, County resources are used. We have found from the review of the supported employment model, that OVR’s screening and intake process takes up to 60 days and is not often timely for persons interested in competitive employment. We have been fortunate to have a
SAMHSA-funded employment grant through the YWCA of Greater Harrisburg. This grant, as well as access to the YWCA’s other employment services, has been a tremendous benefit to persons with serious mental illnesses and co-occurring disorders because they are applying all the supported employment principles and practices. This coincides with funding reductions in FY 2010-2011. The SAMHSA grant provides assistance with meeting service demand but not through County contracted providers. Moving forward, changes in total expenditures are dependent upon FY 2011-2012 allocations, which is too soon to be determined. Discussions with the YWCA on sustainability should begin in FY 2011-2012. There is no known plan to use reinvestment funds through HealthChoices on employment services. Dauphin County has already indicated to CBHNP support for expanding certified peer specialists and for improving the capacity of MH and D&A outpatient providers to serve persons with co-occurring disorders using a “no wrong door approach.” The YWCA of Greater Harrisburg will serve as a learning laboratory on supported employment implementation. AHEDD, Keystone’s Gateway Employment, Goodwill, and Central PA Supportive Services are additional resources that also have OVR contracts as well.

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2010-2011 Community Employment and Employment Related Services
Number of individuals served 22
Funds expended $65,840

2010-2011 Facility-Based Vocational Rehabilitation Services
Number of individuals served 35
Funds expended $144,053

- Additional Expenditures for Employment Services. If there are additional mental health funds expended by the county for employment services that are captured in other cost centers, please indicate below the cost centers used, the expenditures made, and the number of individuals served:

- Cost center in which expenditures appear: Not applicable to Dauphin County
- Total additional Expenditures for employment services: Not applicable to Dauphin County.
- Numbers of additional individuals served: Not applicable to Dauphin County.
- SAMHSA Employment Grant to YWCA of Greater Harrisburg using federal funds has been the primary referral resource for persons seeking competitive employment in Dauphin County.

- Indicate the percentage of current county funding for employment as a percentage of overall current county funding.
$21,399,813  Overall county funding  
$209,893  County funding for employment services  
Less than 1%  Percent of overall county funding for employment services

- Indicate the percentage of overall employment funding expended on facility-based versus community services.

- Describe any changes you plan to make in total employment expenditures or percentages allocated to facility-vs. community-based services.

$209,893  Total employment funding  
69%  Percent of total employment funding for facility-based services  
31%  Percent of total funding expended on community services

In the mental health system treatment and support needs will drive expenditures while other resources will be used for employment and vocational training needs. Dauphin County has been extremely fortunate to have a successful SAMHSA funded supported employment program based upon evidenced based model for competitive employment.

3. Funding for Supported Employment

Please indicate the amount of vocational funding that the County anticipates will be spent in the next year, specifically for Supported Employment programming, and whether those funds are currently in the Community Employment Services or Facility-Based Services cost centers, or represent new dollars for Supported Employment. Supported Employment is defined above (background). Figures do not include the YWCA SAMHSA Grant.

Total dollars to be expended on SE services: $500,000 in FY 2010-2011

a) Percentage of those dollars within the cost centers of:
   - Community Employment and Employment Related Services – 50%
   - Facility-Based Vocational Rehabilitation Services – 50%

   a) Percentage of new dollars to be expended on SE services – unknown.

FY 2013-2014 Annual Dauphin County Plan Update

- Total dollars expected to be spent on SE services: $200,000 in FY 2012-2013
- Percentage of dollars spent on the costs centers:
Community employment and employment related services: 30%
Facility-Based Vocational Rehabilitation Services: 70%

- Percentage of new SE dollars: 0%

4. Prior County Activities to Promote Supported Employment - Please indicate the activities undertaken by the County in the past two or three years that have been designed to promote Supported Employment programming.

Employment efforts which have been happening in Dauphin County prior to the February 2010 OMHSAS Supplemental Plan requirements:

2008

- Dauphin County reissues policy and procedures regarding referrals to the Office of Vocational Rehabilitation for persons seeking competitive employment prior to using MH funds/contracts.
- Periodic meetings with employment providers to manage services/referrals.
- Meetings with local OVR staff regarding MH contracts with employment providers to maximize resources.
- Weekly on-site OVR staff at BSU facilitates referral and eligibility process.
- AHEDD identified as using evidence-based supported employment model.
- AHEDD and Keystone Community Mental Health Services Gateway Employment Group provide supported employment services.

2009

- Employment providers are asked to keep within MH contract due to anticipated budget shortfalls and increase demand for treatment costs.
- Closing of Work Advancement Center (WAC) results in transition planning for 25 individuals into other employment services as appropriate. Resources not transferred to other employment providers but lost due to budget cuts/attrition.
- OVR assesses 22 persons among group affected by WAC closure.
- All persons in transitional employment are reviewed with agency staff for readiness for competitive employment.
- Keystone Community Mental Health Services Gateway Employment Group selected for Medicaid Infrastructure Grant/Beacon of Employment Excellence.
- YWCA of Greater Harrisburg awarded SAMHSA Supported Employment grant (five years) for persons with SMI and/or co-occurring disorders who use transitional housing and have a history of homelessness.

2010

- Strategy for integrated vocational rehabilitation and treatment outlined with YWCA by reimbursing treatment providers to attend interagency team meetings with

- Seventy-seven (77) persons known to MH system receive services thorough the YWCA in Year one of YWCA grant through September 2010.
- Transformation Committee on Employment established with consumer involvement.
- MH system is working with YWCA to fund interagency team meetings for providers to better integrate treatment and employment resources when the provider is not reimbursed for team meeting, such as outpatient therapists.

2011

- The YWCA of Greater Harrisburg SAMHSA-funded Supported Employment program is federally funded until FY 2013-2014. They currently employ one (1) full-time peer support specialist, one (1) benefits counselor and one Community Work Incentive Coordinator in their program.
- In FY 2010 37 out of 78 persons or 47% they worked with received social security benefits at the time of enrollment. In FY 2011 35 out of 64 persons or 55% received social security benefits.
- 40% of persons receiving social security benefits went into part-time or full-time employment under the YWCA program.
- The rate of employment for all persons served under the grant is 39% overall.
- The top five (5) barriers to employment person are experiencing when seeking competitive employment are:
  - Lack of workhistory/experience
  - Fear of losing their benefits
  - Lack of high school diploma/GED
  - Limited economy-driven work opportunities
  - Lack of coordinated supports with all the interagency team partners.
- Transformation Committee on Employment hosted Mobility Training for Committee members and other interested persons in recovery.
- Committee continues to develop Resource Guide for persons in recovery.

**Early-Stage Development Activities** - Dauphin County will be incorporating these activities into their planning process as funding and other resource opportunities are available.

- Developed consensus pertaining to both the importance of employment and the use of evidence-based employment interventions.
- Provided basic training and technical assistance to provider agencies on the delivery of evidence-based practices.
- Established a funding framework for the development of new evidence-based employment services.
- Provided supportive information to consumers and families on the effectiveness of evidence-based employment practices.
- Familiarized county and local program staff with the elements of supported employment fidelity measures.
Other activities: Work with YWCA and MH system to maximize use of grant in Dauphin County.

**Middle-Stage Development Activities** - The County has:

- Established new evidence-based employment services in one or more service sites in the county. **SAMHSA funded five-year grant, no County/State funds.**
- Provided information to consumers/families and providers on work incentives.
- Developed evidence-based employment practices to focus on the types of employment in the local job market.
- Provided detailed training and technical assistance to providers on the delivery of evidence-based employment services.
- Developed evaluation mechanisms to ensure a focus on appropriate consumer outcomes in competitive employment.
- Assisted programs in using the supported employment fidelity measures to shape and assess service delivery approaches.
- Other activities: please describe.

**Later-Stage Development Activities** - The County has:

- Further expanded the availability of evidence-based practices to all consumers in the County.
- Developed resources to provide benefits counseling to consumers who are returning to work.
- Supported providers who can serve as a ‘model’ of evidence-based employment practices in other sections of the Commonwealth.
- Improved the quality of jobs (re: income, benefits, tenure, promotion) obtained by graduates of evidence-based programs.
- Integrated supported education opportunities into the delivery of evidence-based employment practices.
- Used the supported employment fidelity measures to assess and improve program delivery.
- Other strategies: please describe.

**5. Proposed County Activities to Expand Evidence-Based Employment Services**

In the Excel chart attached, please list each of the strategies the county plans to use to promote and expand the use of evidence-based employment practices over the next year, using the following seven categories (‘A’ through ‘H’ below). The examples provided in each section are offered only as a starting point for your consideration of those approaches best suited to your county. For each strategy, indicate the anticipated outcome or outcomes over the next Plan year.
<table>
<thead>
<tr>
<th>Area</th>
<th>Strategy 1/Outcome 1</th>
<th>Strategy 2/Outcome 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. System Orientation To Employment Outcomes</td>
<td><strong>Strategy 1:</strong> Establish lead committee: Transformation Committee on Employment 50% individuals in services.</td>
<td><strong>Strategy 2:</strong> Committee manages the work plan and serves as a clearinghouse for supported employment activities.</td>
</tr>
<tr>
<td></td>
<td><strong>Outcome 1:</strong> Committee provides focus and leadership toward transformation in collaborative manner.</td>
<td><strong>Outcome 2:</strong> Transformation Committee on Employment provides oversight over multi-year period.</td>
</tr>
<tr>
<td>Update 2011</td>
<td>Committee meets regularly and will expand membership in FY11-12</td>
<td>Committee has addressed several items on their work plan and continues their efforts in the areas of mobility training and a toolkit.</td>
</tr>
<tr>
<td>Update 2012</td>
<td>Committee meets regularly and consumer membership has expanded</td>
<td>Committee hosted mobility training.</td>
</tr>
<tr>
<td>B. Staff Training and Technical Assistance</td>
<td><strong>Strategy 1:</strong> Identify training resources for MH system, individuals using services, employers and community leaders.</td>
<td><strong>Strategy 2:</strong> County hosted Transformation Committee will develop and host a calendar of events &amp; training aimed to communicate recovery-oriented work initiative system-wide.</td>
</tr>
<tr>
<td></td>
<td><strong>Outcome 1:</strong> New partners will be added and new resources will be shared among stakeholders.</td>
<td><strong>Outcome 2:</strong> Increased knowledge and skills will reduce stigma of mental illness, promote new community roles for person with serious mental illness and move system toward recovery-oriented transformation on the value and benefits of work.</td>
</tr>
<tr>
<td>Update 2011</td>
<td>Committee hosted an information day at CareerLink and providers brought persons in service to CareerLink orientation. Benefits counseling information was shared by AHEDD and Goodwill to aid in understanding when and how to have individuals receive benefits counseling.</td>
<td>Persons in services on the Committee strongly support creating a toolkit that persons with their interagency team can use to move forward with their employment plans. One goal is to make every aspect of MH system feel that they support a person's desire to work competitively.</td>
</tr>
<tr>
<td>Update 2012</td>
<td>Committee hosted mobility training and is preparing information for resource guide for consumers seeking competitive employment.</td>
<td>Discussion began to plan an event for consumers bringing resources to one site.</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>C. Funding for Employment Services</td>
<td>Strategy 1: County and Transformation Committee will work with YWCA on their sustainability plan after the five-year SAMHSA grant. Strategy 2: Continue to work with individuals and their interagency team on transitioning from facility-based employment to competitive employment.</td>
<td></td>
</tr>
<tr>
<td>Outcome 1: Sustaining the YWCA Supported Employment Program will increase SE resources and system capacity.</td>
<td>Outcome 2: Transition funds used for FBVR to CE.</td>
<td></td>
</tr>
<tr>
<td>Update 2011</td>
<td>Action to begin after July 2011</td>
<td>Action to begin after July 2011</td>
</tr>
<tr>
<td>Update 2012</td>
<td>Current YWCA sustainability plan is multifaceted.</td>
<td>New person have not been referred to FBVRS and there have been no transition out of transitional employment.</td>
</tr>
<tr>
<td>D. Responding to Local Workforce Needs</td>
<td>Strategy 1: Learn strategies already used by CE providers YWCA, Keystone’s Gateway Employment Group and AHEDD. Strategy 2: County hosted Transformation Committee will sponsor industry roundtable.</td>
<td></td>
</tr>
<tr>
<td>Outcome 1: Builds upon existing relationships and resources.</td>
<td>Outcome 2: Employers will understand rewards and benefits as well as supports for employment.</td>
<td></td>
</tr>
<tr>
<td>Update 2011</td>
<td>Every meeting of the Committee begins with a reading of the 6 principles of supported employment and a sharing of how it is working or our challenges in Dauphin County.</td>
<td>Action to begin after July 2011</td>
</tr>
<tr>
<td>Update 2012</td>
<td>No changes or additions.</td>
<td>No changes or additions</td>
</tr>
</tbody>
</table>

Attachment N - Page 10 of 12
<p>| E. Educational Opportunities | Strategy 1: Establish relationships with Harrisburg Area Community College and other local universities and trade schools. | Strategy 2: Continue working relationship with OVR in eligibility and placement for educational opportunities, including certified peer specialist training. | Outcome 1: New resources, improved access to skills will improve employability opportunities. | Outcome 2: Expansion of peer specialist will benefit from already certified workforce. |
| Update 2011 | Action to begin after July 2011 | Action to begin after July 2011. We have had no success in 2010 with OVR approving training for CPS. We will meet with OVR to learn more about the issues impeding CPS training access. |
| Update 2012 | No additions or changes. YWCA input suggests emphasis on GED is needed. | Individual seeks OVR participation in CPS training scholarship; no reported support indicated. |
| Update 2011 | Cap 5 County administrative oversight agency, CABHC has examined CPS benefits to persons in service with limited sample. Provider issues have also been reviewed and strategies will be developed to look at how to expand the service. | Although CPS is still a limited service of the BH-MCO, the County will continue to work with the YWCA to support integrated team meeting between employment services and the other services involved. |
| Update 2012 | YWCA has 1 CPS and Clubhouse hosted a WRAP group led by a CPS. | Philhaven reports expanding CPS position with BH-MCO. |
| G. Data Collection | Strategy 1: Learn more about capacity of existing CRR-POMS database at BSU on all registered individuals regarding vocational/employment status. | Strategy 2: Conduct an employment survey among persons to determine needs and barriers to employment. | Outcome 1: Build upon existing data collection systems. | Outcome 2: Use data to drive planning and amend work plan on competitive employment. |</p>
<table>
<thead>
<tr>
<th>Update 2011</th>
<th>Action to begin after July 2011</th>
<th>Update 2012</th>
<th>Action to begin after July 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H. Work Incentive Counseling</strong></td>
<td><strong>Strategy 1:</strong> Learn strategies already used by SE providers: Gateway Employment Group, AHEDD and YWCA with linkages to SSA and County Assistance Office.</td>
<td><strong>Strategy 2:</strong> Implement &quot;how to guides&quot; for individuals and teams.</td>
<td><strong>No additions or changes.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Outcome 1:</strong> Expand knowledge and reduce fears about employment.</td>
<td><strong>Outcome 2:</strong> Individuals will be empowered and employers will have their perceived risks reduced.</td>
<td><strong>No additions or changes.</strong></td>
</tr>
<tr>
<td></td>
<td>All MH providers have received training on how and when persons in services should access benefits counseling.</td>
<td>Transformation Committee on Employment has a toolkit sub-committee to create the Work Toolkit for providers and persons in services to understand resources and supports.</td>
<td><strong>No additions or changes.</strong></td>
</tr>
<tr>
<td>Update 2011</td>
<td><strong>No additions or changes.</strong></td>
<td>Update 2012</td>
<td><strong>No additions or changes.</strong></td>
</tr>
</tbody>
</table>
RECOVERY SELF-ASSESSMENT REVISED (RSA-R)

RESIDENTIAL PROVIDER VERSION SURVEY RESULTS

June 2011

A REPORT OF THE
ADULT MENTAL HEALTH COMMITTEE
OF THE DAUPHIN COUNTY MENTAL HEALTH/
INTELLECTUAL DISABILITIES BOARD

Dauphin County Mental Health/Intellectual Disabilities Program
100 Chestnut Street, 1st Floor
Harrisburg, PA 17101
ACKNOWLEDGEMENTS

The Adult Mental Health Committee acknowledges mental health consumers and survivors in Dauphin County for their courage and commitment to recovery. These dedicated and courageous individuals share their stories and their lives with us, and we are honored to be companions on their journeys.

We are grateful to all participants in this study for their shared teamwork and continued commitment to recovery. Their participation has allowed the necessary review to improve provider operations with respect to recovery of the contracted residential programs in Dauphin County.

Special thanks go to the Dauphin County Mental Health Administration; Dr. Joseph J. Whalen for support in the analysis of survey results, and Bonnie Barton for administrative support with the survey.

Adult Mental Health Committee Members:

Judy Vercher, Committee Chair, Dauphin County MH/ID Board Member
Ben Ahles, Keystone Community Mental Health Services
Michaelene A. Barone, Dauphin County MH/ID Program
Bonnie Barton, Dauphin County MH/ID Program
Eric Brandt, Keystone Community Mental Health Services
Kathyann Corl, Community Support Program & Keystone Community Mental Health Services
Chester Green, Community Support Program
Matt Kopetchny, CMU (Case Management Unit)
Tonya Long, Community Support Program
Frank Magel, Dauphin County MH/ID Program
Ed Mahoney, Community Representative
Kimberly Pry, Community Support Program
Lisa Ratcliff Webb, Community Support Program & Aurora Social Rehabilitation Services
The Adult Mental Health Committee of the Dauphin County MH/ID Board in fulfillment of its responsibility to assess mental health services in the county undertook a survey of Adult Mental Health residential provider operations with respect to recovery.

This study involved the assessment of recovery-oriented practices of adult mental health contracted residential provider program directors and supervisors of the Dauphin County MH/ID program in Harrisburg, Pennsylvania. The RSA-R tool was used with permission of Yale University to assist the Adult Mental Health Committee in assessing how residential programs’ activities, values, policies, and practices promote recovery. The survey was completed anonymously by adult residential program directors and supervisors.

**METHOD**

**Procedure**

- A memo dated January 21, 2011, was sent to Chief Executive Offices of Dauphin County Residential Providers informing them that the Adult Mental Health Committee was undertaking an anonymous survey of Adult Mental Health provider operations with respect to recovery.
  - Requested CEO’s to encourage staff to complete and return the survey.

- The RSA-R Provider Version survey was sent by memo on January 21, 2011, to 18 program directors and supervisors of the residential programs in Dauphin County. The program directors and supervisors completed the survey anonymously.
  - 15 responses from 18 program directors and supervisors (83 percent response rate).

-Anonymous responses are compared to the 2009 overall baseline data of the contracted mental health provider programs (Inpatient, Partial, Outpatient, Residential, Social Rehabilitation, Vocational Rehabilitation, Coordination of Care – Community Services/Family Support [includes: information and referral; respite consumer satisfaction teams; interpreter services; behavior management consultation; family education; case management; transportation; medication monitoring; outreach; crisis services]) in Dauphin County. The 2009 data established an overall baseline for translating the principles of recovery into practices that are “consumer-oriented and focused on promoting recovery,”
Measure


  o Self-report survey, which contains 32 items that reflect how accurately each residential program’s activities, values, policies, and practices promote recovery.
  o Respondents rate the degree to which their programs engaged in recovery-oriented practices on a 5-point Likert scale response format from 1 (strongly disagree) to 5 (strongly agree) or N/A (Not Applicable) or D/K (Don’t Know).
  o Higher scores reflect greater agreement with item.
  o Lower scores reflect less agreement with item.
  o Identifies the five empirically derived RSA-R Subscales:
    - Life Goals
    - Involvement
    - Diversity of Treatment Options
    - Choice
    - Individually-Tailored Services

KEY FINDINGS

Overall Applicable Weighted Mean Scores

- Sections
  - Life Goals (3.9)
  - Involvement (3.3)
  - Diversity of Treatment Options (3.7)
  - Choice (4.1)
  - Individually-Tailored Services (3.9)
HIGHER AGREEMENT RESULTS  
(WITH APPLICABLE WEIGHTED MEAN SCORES)

There were 16 questions in the Recovery Self-Assessment Survey with higher scores that reflect agreement with the item in order to enhance the recovery-oriented mental health residential services in Dauphin County. They are listed by overall category.

**Life Goals**

Staff members encourage program participants to have hope and high expectations about recovery (4.2).

Staff members believe in the ability of program participants to recover (4.2).

Agency staff is diverse in terms of culture, ethnicity, lifestyle and interests (4.1).

Staff members believe that program participants can make their own life choices regarding things such as where to live, when to work, whom to befriend, etc. (4.1).

Staff helps program participants to develop and plan for life goals beyond managing symptoms or staying stable (4.0).

The primary role of agency staff is to assist a person with fulfilling personal goals and aspirations (4.0).

**Involvement**

Persons in recovery are encouraged to be involved in the evaluation of this agency’s programs, services, and service providers (3.9).

**Diversity of Treatment Options**

Staff members talk with program participants about what it takes to complete or exit the program (4.0).

Staff members offer participants opportunities to discuss their spiritual needs and interests when they wish (3.9).
Choice

Staff members do not use threats, bribes, or other forms of pressure to influence the behavior of program participants (4.5).

Progress made towards an individual’s own personal goals is tracked regularly (4.4).

Staff members make a concerted effort to welcome people in recovery and help them to feel comfortable in this program (4.3).

The program/agency offers an inviting and dignified physical environment (4.3).

Staff members listen to and respect the decision that program participants make about their treatment and care (4.0).

Individually-Tailored Services

Staff members regularly ask program participants about their interests and the things they would like to do in the community (4.2).

Staff members work hard to help program participants include people who are important to them in their recovery/treatment planning (4.2).

LOWER AGREEMENT RESULTS
(With Applicable Weighted Mean Scores)

There were 14 questions in the Recovery Self-Assessment Survey with lower scores that reflect less agreement with the items that are being reviewed in order to enhance the recovery-oriented mental health residential services in Dauphin County. They are listed by overall category.

Life Goals

Staff members actively help program participants to get involved in non-mental health/addiction related activities (3.7).

Staff members believe that program participants have the ability to manage their own symptoms (3.6).

Staff routinely assists program participants with getting jobs (3.5).

Staff members are knowledgeable about special interest groups and activities in the community (3.5).
Involvement

Staff members actively help people find ways to give back to their community (3.5).

People in recovery programs are encouraged to help staff with the development of new groups, programs, or services (3.2).

Persons in recovery are involved with facilitating staff trainings and education at this program (3.0).

People in recovery are encouraged to attend advisory boards and management meetings (2.9).

Diversity of Treatment Options

Staff members actively introduce program participants to persons in recovery who can serve as role models or mentors (3.5).

Staff members offer participants opportunities to discuss their sexual needs and interests when they wish (3.3).

Choice

Program participants can change their clinician or case manager if they wish (3.8).

Program participants can easily access their treatment records if they wish (3.6).

Individually-Tailored Services

This program offers specific services that fit each participant’s unique cultural and life experiences (3.7).

Staff members at this program regularly attend trainings on cultural competence (3.4).
The 2011 residential provider survey results are remarkably similar to the 2009 overall baseline survey results (see above chart). This may indicate that residential provider operations with respect to recovery remain relatively strong.

Providers continue to assign their relatively lowest scores to Involvement. In fact, they assigned a slightly lower overall score to Involvement in 2011 (weighted applicable mean = 3.3) than they did in 2009 (weighted applicable mean = 3.39). On the one hand, survey respondents do not necessarily perceive that people in recovery are encouraged to attend advisory boards and management meetings. They do not necessarily perceive that persons in recovery are involved with facilitating staff trainings and education at this program. They do not necessarily perceive that people in recovery are encouraged to help staff with the development of new groups, programs, or services. On the other hand, respondents reflected an agreement (3.9) that people in recovery are encouraged to be involved in the evaluation of this agency’s programs, services, and service providers. The data suggests that there should be a review to determine need or strategies for improvement in this area.

Providers continue to assign their relatively highest scores to Choice. Although residential survey participants assigned a slightly lower score to Choice in 2011 (weighted applicable mean = 4.1) than they did in 2009 (weighted applicable mean = 4.24). However, residential providers assigned the highest score to Choice in 2011. They reflected an agreement (weighted applicable mean = 4.5) to the question that staff members do not use threats, bribes, or other forms of pressure to influence the behavior of program participants. Respondents perceive progress made towards an individual’s own personal goals is tracked regularly. Respondents perceive that staff members make a concerted effort to welcome people in recovery and help them to feel comfortable in this program. In addition, respondents perceive that the program/agency offers an inviting and dignified physical environment.
The other residential provider survey results are slightly lower from 2009 to 2011. Life Goals (4.0 vs. 3.9), Diversity of Treatment Options (3.99 vs. 3.7), and Individually-Tailored Services (4.04 vs. 3.9) have all decreased slightly over the past two years. Although the numbers have dropped, this does not suggest a decline in residential provider operations with respect to recovery because different people completed the survey. For future analysis, this survey becomes the new baseline for residential providers.

Note: See the attached Residential Provider Survey Analysis for a detailed statistical breakdown of each question.

Note: The **weighted mean** is similar to an arithmetic mean [the most common type of average]; where instead of each of the data points contributing equally to the final average, some data points contribute more than others. For example, consider this survey which ask participants to rate their response on a 5-point Likert scale [where 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree]. Each of these responses is not of equal value. The 2 is twice the value of the 1. The value of the 3 is one point more than the value of the 2. A score of 4 is four times the value of a score of 1. A score of 5 is five times the value of a score of 1. And so a weighted mean is necessary to distinguish the value of the value of the responses in the set of responses.

![RSA-R Subscales -- Residential 2011](chart.png)
Overall Life Goals' Responses - Residential
(percentages noted)

Overall Involvement Responses - Residential
(percentages noted)

Overall Diversity of Treatment Options' Responses - Residential (percentages noted)
Overall Choice Responses - Residential (percentages noted)

Overall Individually-Tailored Services Responses - Residential (percentages noted)
IMPLICATIONS

- The primary strengths identified:
  
  o Choice (generally), staff members do not use threats, bribes, or other forms of pressure to influence the behavior of program participants (specifically).
  
  o Choice (generally), progress made towards an individual’s own personal goals is tracked regularly (specifically).
  
  o Choice (generally), staff members make a concerted effort to welcome people in recovery and help them to feel comfortable in this program (specifically).
  
  o Choice (generally), the program/agency offers an inviting and dignified physical environment (specifically).

- The primary areas of improvement to be targeted:
  
  o Involvement (generally), especially people in recovery are encouraged to attend advisory boards and management meetings (specifically).
  
  o Involvement (generally), especially persons in recovery are involved with facilitating staff trainings and education at this program (specifically).
  
  o Involvement (generally), especially people in recovery programs are encouraged to help staff with the development of new groups, programs, or services (specifically).
NEXT STEPS

- Present findings to the Adult Mental Health Committee.

- Present findings with recommendations to the Dauphin County MH/ID Advisory Board.

- Present findings to Chief Executive Officers of Dauphin County’s adult Residential Providers, and adult program directors and supervisors in the implementation of recovery practices.

- Present findings to the Dauphin County Community Support Program (CSP).

- Review the low scoring responses with stakeholders to determine priorities for improvement.

- Collaborate with HealthChoices’ partners and other stakeholders to meet priorities and training needs.

- Continue to follow through on priorities identified by stakeholders.

- Integrate the recovery-oriented practices residential 2011 survey results of the Dauphin County Mental Health Residential contracted provider program directors and supervisors into the Adult Mental Health Plan Update for Fiscal Year 2013-2014.
**RSA-R**  
**Provider Version**

*Please circle the number below which reflects how accurately the following statements describe the activities, values, policies, and practices of this program.*

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tr>
<td></td>
<td>Strongly Disagree</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>N/A= Not Applicable</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

1. Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program.

2. This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.).

3. Staff encourage program participants to have hope and high expectations for their recovery.

4. Program participants can change their clinician or case manager if they wish.

5. Program participants can easily access their treatment records if they wish.

6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.

7. Staff believe in the ability of program participants to recover.

8. Staff believe that program participants have the ability to manage their own symptoms.

9. Staff believe that program participants can make their own life choices regarding things such as where to live, when to work, whom to be friends with, etc.

10. Staff listen to and respect the decisions that program participants make about their treatment and care.

11. Staff regularly ask program participants about their interests and the things they would like to do in the community.

12. Staff encourage program participants to take risks and try new things.

13. This program offers specific services that fit each participant’s unique culture and life experiences.

14. Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.

15. Staff offer participants opportunities to discuss their sexual needs and interests when they wish.
16. Staff help program participants to develop and plan for life goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies).

17. Staff routinely assist program participants with getting jobs.

18. Staff actively help program participants to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies.

19. Staff work hard to help program participants to include people who are important to them in their recovery/treatment planning (such as family, friends, clergy, or an employer).

20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.

21. Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.

22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).

23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.

24. People in recovery are encouraged to be involved in the evaluation of this agency’s programs, services, and service providers.

25. People in recovery are encouraged to attend agency advisory boards and management meetings.

26. Staff talk with program participants about what it takes to complete or exit the program.

27. Progress made towards an individual’s own personal goals is tracked regularly.

28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.

29. Persons in recovery are involved with facilitating staff trainings and education at this program.

30. Staff at this program regularly attend trainings on cultural competency.

31. Staff are knowledgeable about special interest groups and activities in the community.

32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.

O’Connell, Tondora, Kidd, Stayner, Hawkins, and Davidson (2007)
Dauphin County Mental Health/Mental Retardation
Recovery Self-Assessment Survey – Revised
Residential Providers Survey Analysis

Executive Summary

This report presents the results of the Recovery Self-Assessment Survey – Revised (RSA-R) for 15 respondents representing Residential providers for Dauphin County Mental Health Consumers. This survey is a revision of a Yale University survey to assess recovery transformation in Connecticut and was used with permission. The revised survey consisted of 32 questions. For evaluation purposes the results are presented in five topical sections related to recovery: Life Goals; Involvement; Diversity of Treatment Options; Choice; and Individually-Tailored Services. The survey instrument was not divided into sections so respondents were unaware of the topical assortment. For evaluation purposes ‘unknown’ and ‘not applicable’ scores are dropped and evaluation percentage calculations are only for applicable respondents. Weighted values and ranges (see Appendix) are provided for comparison purposes. Overall percentages were presented throughout. Overall the Choice section had the highest mean value (4.1) which was in the agree range. The Involvement section had the lowest mean value (3.3) and was in the neutral range. The Staff members do not use threats, etc. (see page 11) question had the highest mean value (4.5) and was in the strongly agree range. The People in recovery are invited to attend advisory boards, etc. question (see page 6) had the lowest mean value (2.9) and was in the neutral range.

Overall Applicable Percentages

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<th>Disagree</th>
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<th>Agree</th>
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<td>Diversity of Treatment Options</td>
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<tr>
<td>Individually-Tailored Services</td>
<td></td>
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## Overall Applicable Mean Scores

<table>
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<tr>
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<th>Strongly Disagree (1.0 to 1.79)</th>
<th>Disagree (1.8 to 2.79)</th>
<th>Neutral (2.8 to 3.79)</th>
<th>Agree (3.8 to 4.29)</th>
<th>Strongly Agree (4.3 to 5.0)</th>
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<tr>
<td>Life Goals</td>
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<tr>
<td>Involvement</td>
<td></td>
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</table>

### Life Goals

There were eleven survey questions for evaluation of the Life Goals area. The total and applicable percentages are contained in the tables below. In addition, the mean weighted score is included in the text.

*Staff helps program participants to develop and plan for life goals beyond managing symptoms or staying stable.*

<table>
<thead>
<tr>
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<th>1</th>
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<tr>
<td>%</td>
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<td>20.0</td>
<td>40.0</td>
<td>33.3</td>
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<td>-</td>
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</tbody>
</table>

The weighted mean score for this question was 4.0 and in the agree range. Over seventy-three percent (11 of 15, 73.3%) of the respondents gave an agree or strongly agree rating. This suggests that overall the survey respondents agreed that staff help program participants to develop or plan for life.

*Staff routinely assists program participants with getting jobs.*

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</table>

The mean score for this question was 3.5 and in the neutral range. This suggests that overall the respondents had a mixed opinion that staff routinely assist participants with job search. Almost forty-three percent of the applicable respondents (6 of 14, 42.8%) gave an agree or strongly agree rating; just as many were neutral.
The primary role of agency staff is to assist a person with fulfilling personal goals and aspirations.

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<td>13.3</td>
<td>46.7</td>
<td>-</td>
<td>-</td>
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</tbody>
</table>

The mean score for this question was 4.0 and in the agree range. Almost forty-seven percent of the applicable respondents (7 of 15, 46.7%) strongly agreed. This suggests that overall the respondents agreed the primary role of staff was to assist consumer personal goal accomplishment.

Agency staff is diverse in terms of culture, ethnicity, lifestyle and interests.

<table>
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<tr>
<td>%</td>
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<td>6.7</td>
<td>20.0</td>
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<td>46.7</td>
<td>6.7</td>
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<tr>
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</table>

The mean score for this question was 4.1 and in the agree range. Half (7 of 14, 50.0%) gave a strongly agree rating. This suggests that the respondents agreed that agency employees are diverse.

Staff members actively help program participants to get involved in non-mental health/addiction related activities.

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<tr>
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<td>20.0</td>
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<td>-</td>
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</tbody>
</table>

The mean score for this question was 3.7 and in the neutral range. Sixty percent (9 of 15, 60.0%) of the applicable respondents gave an agree or strongly agree rating. This suggests there is agreement that staff help participation in non-mental health activities.

Staff members encourage program participants to have both hope and high expectations about recovery.

<table>
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<tr>
<th></th>
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</tr>
<tr>
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<td>-</td>
<td>-</td>
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</table>

The mean score for this question (see table above) was 4.2 and in the agree range. Eighty-percent of the applicable respondents (12 of 15, 80.0%) gave an agree rating. This suggests that there is agreement that staff encourage hope and high expectations about recovery.

Appendix I - Page 18 of 31
Staff members believe in the ability of program participants to recover.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
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<tr>
<td>%</td>
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<td>6.7</td>
<td>20.0</td>
<td>20.0</td>
<td>53.3</td>
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<td>20.0</td>
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<td>53.3</td>
<td>-</td>
<td>-</td>
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</tbody>
</table>

The mean score for this question was 4.2 and in the agree range. Over fifty-three percent of the applicable participants (8 of 15, 53.3%) gave a strongly agree rating. This suggests that staff believe in the ability of program participants to recover.

Staff members believe that program participants have the ability to manage their own symptoms.

<table>
<thead>
<tr>
<th>1</th>
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<th>3</th>
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<td>46.7</td>
<td>13.3</td>
<td>0.0</td>
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<tr>
<td>Applicable %</td>
<td>0.0</td>
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<td>26.7</td>
<td>46.7</td>
<td>13.3</td>
<td>-</td>
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</tr>
</tbody>
</table>

The mean score for this question was 3.6 and in the neutral range. Almost forty-seven percent (7 of 15, 46.7%) assigned an agree rating. This suggests that staff agree that program participants have the ability to manage their own symptoms. Two respondents (13.3%) disagreed.

Staff members believe that program participants can make their own life choices regarding things such as where to live, when to work, whom to befriend, etc.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
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</tr>
<tr>
<td>%</td>
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<td>13.3</td>
<td>13.3</td>
<td>26.7</td>
<td>46.7</td>
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</tr>
<tr>
<td>Applicable %</td>
<td>0.0</td>
<td>13.3</td>
<td>13.3</td>
<td>26.7</td>
<td>46.7</td>
<td>-</td>
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</tr>
</tbody>
</table>

The mean score for this question was 4.1 and in the agree range. Just over seventy-three (11 of 15, 73.3%) gave a rating of strongly agree or agree. This suggests that the respondents believe program participants can make their own life choices.
Staff members encourage program participants to take risks and try new things.

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<td>Applicable %</td>
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<td>20.0</td>
<td>40.0</td>
<td>-</td>
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</table>

The mean score for this question was 4.0 and in the agree range. Sixty percent (9 of 15, 60.0%) gave an agree or strongly agree rating. This suggests that the respondents encourage participants to take risks and try new things. There were no disagree ratings given.

Staff members are knowledgeable about special interest groups and activities in the community.

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<tr>
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<td>26.7</td>
<td>53.3</td>
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<td>-</td>
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</table>

The mean score for this question was 3.5 and in the neutral range. Just over fifty-three percent of the applicable respondents (8 of 15, 53.3%) gave the agree rating. This suggests the respondents believe that staff members are knowledgeable about special interests and community activities. Two respondents (13.3%) disagreed.

Overall Applicable Percentages

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The overall applicable score for the eleven questions in the Life Goals section was 3.9 and in the agree range. This suggests that there was general agreement among the respondents about the Life Goals questions. Sixty-five percent (106 of 163, 65.0%) of the applicable respondents gave a rating of agree (n = 49) or strongly agree (n = 57).
**Involvement**

There were five survey questions for evaluation in the Involvement section. The data is contained in the tables below.

*People in recovery programs are encouraged to help staff with the development of new groups, programs, or services.*

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<tr>
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<td>50.0</td>
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</table>

The mean score for this question was 3.2 and in the neutral range. Half of the applicable respondents (7 of 14, 50.0%) assigned an agree rating. Almost twenty-nine percent (4 of 14, 28.6%) disagreed. Combined this suggests that there is weak agreement.

*People in recovery are encouraged to attend advisory boards and management meetings.*

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<tr>
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<td>30.7</td>
<td>15.4</td>
<td>15.4</td>
<td>-</td>
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</tbody>
</table>

The mean score for this question was 2.9 and in the neutral range. Over thirty-eight percent (5 of 13, 38.5%) gave a strongly disagree rating or disagree. The data suggests that there is disagreement that people in recovery are encouraged to attend advisory board and management meetings. This was the lowest scoring question in the residential survey.

*Persons in recovery are involved with facilitating staff trainings and education at this program.*

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</tbody>
</table>

The mean score for this question was 3.0 and in the neutral range. Almost forty-three percent (6 of 14, 42.8%) of the applicable respondents gave a strongly disagree or disagree rating. This suggests disagreement that persons in recovery are involved with facilitating training.
People in recovery are encouraged to be involved in the evaluation of this agency’s programs, services, and service providers.

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<td>15</td>
</tr>
<tr>
<td>%</td>
<td>6.7</td>
<td>0.0</td>
<td>20.0</td>
<td>40.0</td>
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</tr>
<tr>
<td>Applicable %</td>
<td>7.1</td>
<td>0.0</td>
<td>21.4</td>
<td>42.9</td>
<td>28.6</td>
<td>-</td>
<td>-</td>
<td>100.0</td>
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</table>

The mean score for this question was 3.9 and in the agree range. Over seventy-one percent of the applicable respondents gave an agree or strongly agree rating (10 of 14, 71.4%). This suggests agreement that people in recovery are encouraged to participate in evaluation.

Staff members actively help people find ways to give back to their community.

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<td>15</td>
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<tr>
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<td>20.0</td>
<td>33.3</td>
<td>26.7</td>
<td>20.0</td>
<td>0.0</td>
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</tr>
<tr>
<td>Applicable %</td>
<td>0.0</td>
<td>20.0</td>
<td>33.3</td>
<td>26.7</td>
<td>20.0</td>
<td>-</td>
<td>-</td>
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</tr>
</tbody>
</table>

The mean score for this question was 3.5 and in the neutral range. Almost forty-seven percent of the applicable respondents (7 of 15, 46.7%) gave an agree or strongly agree rating. This suggests agreement that staff members help people find ways to give back to the community.

Overall Applicable Percentages

<table>
<thead>
<tr>
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<td>19</td>
<td>20</td>
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<td>21.4</td>
<td>27.1</td>
<td>28.6</td>
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</tbody>
</table>

The overall applicable mean score for Involvement was 3.3 and was in the neutral range. This suggests mixed opinion regarding the Involvement section questions. Combined almost forty-six percent of the applicable respondents (32 of 70, 45.7%) gave agree (n = 20) or strongly agree (n = 12) ratings. This was the lowest scoring overall section.
Diversity of Treatment Options

There were five survey questions for evaluation in the Diversity of Treatment Options section. The data is contained in the tables below.

Staff members actively introduce program participants to persons in recovery who can serve as role models or mentors.

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<tr>
<th>1</th>
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<td>6</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>%</td>
<td>0.0</td>
<td>13.2</td>
<td>40.0</td>
<td>20.0</td>
<td>20.0</td>
<td>6.7</td>
<td>0.0</td>
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<tr>
<td>Applicable %</td>
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<td>14.2</td>
<td>42.8</td>
<td>21.4</td>
<td>21.4</td>
<td>-</td>
<td>-</td>
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</tbody>
</table>

The mean score for this question was 3.5 and in the neutral range. The largest group of applicable respondents (6 of 14, 42.8%) gave a neutral rating. This suggests that there is some agreement that the staff introduces program participants to persons in recovery.

Staff members actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.

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<tbody>
<tr>
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<td>2</td>
<td>3</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>%</td>
<td>0.0</td>
<td>13.3</td>
<td>20.0</td>
<td>46.7</td>
<td>20.0</td>
<td>0.0</td>
<td>0.0</td>
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<tr>
<td>Applicable %</td>
<td>0.0</td>
<td>13.3</td>
<td>20.0</td>
<td>46.7</td>
<td>20.0</td>
<td>-</td>
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</tbody>
</table>

The mean score for this question was 3.7 and in the neutral range. Two thirds (10 of 15, 66.7%) gave a strongly agree or agree rating. This suggests that there is agreement that staff connect program participants with self-help opportunities. There were two respondents (13.3%) who disagreed.

Staff members talk with program participants about what it takes to complete or exit the program.

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<tr>
<td>%</td>
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<td>6.7</td>
<td>26.7</td>
<td>26.7</td>
<td>40.0</td>
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<tr>
<td>Applicable %</td>
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<td>26.7</td>
<td>26.7</td>
<td>40.0</td>
<td>-</td>
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</tr>
</tbody>
</table>

The mean score for this question was 4.0 and in the agree range. Two thirds, of the applicable respondents (10 of 15, 66.7%) gave a strongly agree of agree rating. This suggests that there is agreement that staff members discuss discharge requirements.
Staff members offer participants opportunities to discuss their spiritual needs and interests when they wish.

<table>
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<td>-</td>
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</tbody>
</table>

The mean score for this question was 3.9 and in the agree range. Just over seventy-three percent of the applicable respondents (11 of 15, 73.3%) gave a strongly agree or agree rating. This suggests that there is agreement that staff members offer participants opportunities to discuss spiritual needs.

Staff members offer participants opportunities to discuss their sexual needs and interests when they wish.

<table>
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<tbody>
<tr>
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<td>13.3</td>
<td>33.3</td>
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<td>-</td>
<td>-</td>
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</tbody>
</table>

The mean score for this question was 3.3 and in the neutral range. Over forty-seven percent of the applicable respondents (7 of 15, 46.7%) gave a strongly agree or agree rating. Twenty percent (3 of 15, 20.0%) gave a strongly disagree or disagree rating. This suggests mixed opinion that staff members offer participants opportunities to discuss sexual needs and interests.

Overall Applicable Percentages

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<th>5</th>
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<tbody>
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<td>17</td>
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</table>

The overall applicable mean score for Diversity of Treatment Options was 3.7 and in the neutral range. When combining agree (n = 27) and strongly agree (n = 17) scores over fifty-nine percent of the applicable respondents (44 of 74, 59.4%) were in agreement about the diversity of treatment questions.
Choice

There were seven survey questions for evaluation in the Choice section. The data is contained in the tables below.

*Staff members make a concerted effort to welcome people in recovery and help them to feel comfortable in this program.*

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<td>0.0</td>
<td>46.7</td>
<td>46.7</td>
<td>0.0</td>
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<td>100.0</td>
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<tr>
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<td>0.0</td>
<td>46.7</td>
<td>46.7</td>
<td>-</td>
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</tbody>
</table>

The mean score for this question was 4.3 and in the strongly agree range. Almost all of the applicable respondents (14 of 15, 93.3%) gave either an ‘agree’ or a strongly agree rating (see table above). This suggests strong agreement that staff members make a concerted effort to welcome people who are in recovery.

*The program/agency offers an inviting and dignified physical environment.*

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<td>1</td>
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<td>15</td>
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<tr>
<td>%</td>
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<td>6.7</td>
<td>40.0</td>
<td>46.7</td>
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<tr>
<td>Applicable %</td>
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<td>6.7</td>
<td>6.7</td>
<td>40.0</td>
<td>46.7</td>
<td>-</td>
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</tbody>
</table>

The mean score for this question was 4.3 and in the strongly agree range. Almost eighty-seven percent of the applicable respondents (13 of 15, 86.7%) gave a strongly agree of an agree rating. This suggests strong agreement that the specific agency environments are inviting and dignified. There was one disagree rating (1 of 15, 6.7%).

*Program participants can easily access their treatment records if they wish.*

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<tr>
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<tr>
<td>%</td>
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<td>6.7</td>
<td>20.0</td>
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<td>13.3</td>
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<td>6.7</td>
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<td>53.3</td>
<td>13.3</td>
<td>-</td>
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</table>

The mean score for this question was 3.6 and in the neutral range. Over fifty-three percent of applicable respondents (8 of 15, 53.3%) gave an agree rating. This suggests agreement that program participants can easily access records if they wish. There was one strongly disagree (6.7%) and one disagree (6.7%) rating.
Staff members do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.

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</tr>
<tr>
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<td>6.7</td>
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<tr>
<td>Applicable %</td>
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<td>6.7</td>
<td>6.7</td>
<td>20.0</td>
<td>66.7</td>
<td>-</td>
<td>-</td>
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</tbody>
</table>

The mean score for this question was 4.5 and in the strongly agree range. Almost eighty-seven percent of applicable respondents (13 of 15, 86.7%) gave a strongly agree or agree rating. This suggests there was strong agreement that staff members do not use pressure tactics to influence participant behavior. This was the highest scoring question in the survey.

Staff members listen to and respect the decision that program participants make about their treatment and care.

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<td>15</td>
</tr>
<tr>
<td>%</td>
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<td>6.7</td>
<td>13.3</td>
<td>53.3</td>
<td>26.7</td>
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</tr>
<tr>
<td>Applicable %</td>
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<td>13.3</td>
<td>53.3</td>
<td>26.7</td>
<td>-</td>
<td>-</td>
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</tbody>
</table>

The mean score for this question was 4.0 and in the agree range. Eighty percent of the applicable respondents (12 of 15, 80.0%) gave a strongly agree or agree rating. This suggests there is strong agreement that staff members respect participant treatment decisions.

Program participants can change their clinician or case manager if they wish.

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<td>15</td>
</tr>
<tr>
<td>%</td>
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<td>6.7</td>
<td>13.3</td>
<td>33.3</td>
<td>26.7</td>
<td>13.3</td>
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</tr>
<tr>
<td>Applicable %</td>
<td>7.7</td>
<td>7.7</td>
<td>15.3</td>
<td>38.5</td>
<td>30.8</td>
<td>-</td>
<td>-</td>
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</tr>
</tbody>
</table>

The mean score for this question was 3.8 and in the neutral range. Over sixty-nine percent of the applicable respondents (9 of 13, 69.3%) gave a strongly agree or agree rating. This suggests there is agreement that program participants can change clinician or case manager. There was one strongly disagree (7.7%) and one disagree (7.7%) rating.

Progress made towards an individual’s own personal goals is tracked regularly.

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<tr>
<td>%</td>
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<td>0.0</td>
<td>26.7</td>
<td>6.7</td>
<td>60.0</td>
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<td>0.0</td>
<td>28.6</td>
<td>7.1</td>
<td>64.2</td>
<td>-</td>
<td>-</td>
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</tr>
</tbody>
</table>
The mean score for this question was 4.4 and in the strongly agree range (see table above). Over seventy-one percent of the applicable respondents (10 of 14, 71.3%) gave an agree or a strongly agree rating. This suggests there is strong agreement that individual progress is tracked.

**Overall Applicable Percentages**

<table>
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<tr>
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<td>6</td>
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<td>102</td>
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<tr>
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<td>1.9</td>
<td>5.8</td>
<td>12.8</td>
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<td>42.2</td>
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</tr>
</tbody>
</table>

The overall applicable mean score for Choice was 4.1 and in the agree range. When combining agree (n = 38) and strongly agree (n = 43) values, over seventy-nine percent (81 of 102, 79.5%) were in agreement. This was the highest overall sectional mean score and suggests strong agreement about the Choice section questions.

**Individually-Tailored Services**

There were four survey questions for evaluation in the Individually-Tailored Services section. The data is contained in the tables below.

*This program offers specific services that fit each participant’s unique cultural and life experiences.*

<table>
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<tr>
<td>N</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>8</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>%</td>
<td>0.0</td>
<td>13.3</td>
<td>20.0</td>
<td>53.3</td>
<td>13.3</td>
<td>0.0</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Applicable %</td>
<td>0.0</td>
<td>13.3</td>
<td>20.0</td>
<td>53.3</td>
<td>13.3</td>
<td>-</td>
<td>-</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The mean score for this question was 3.7 and was in the agree range. Just over fifty-three percent of the applicable respondents (8 of 15, 53.3%) gave a rating in the agree range. This suggests that there is general agreement that the programs offer services specifically matching the participants.

*Staff members at this program regularly attend trainings on cultural competence.*

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
<th>Don’t Know</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>%</td>
<td>0.0</td>
<td>20.0</td>
<td>26.7</td>
<td>33.3</td>
<td>13.3</td>
<td>0.0</td>
<td>6.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Applicable %</td>
<td>0.0</td>
<td>21.4</td>
<td>28.6</td>
<td>35.7</td>
<td>14.3</td>
<td>-</td>
<td>-</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The mean score for this question was 3.4 and was in the agree range. Half of the applicable respondents (7 of 14, 50.0%) gave a strongly agree or agree rating. This suggests agreement that staff members attend trainings about cultural competence.

*Staff members regularly ask program participants about their interests and the things they would like to do in the community.*

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
<th>Don’t Know</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>15</td>
</tr>
</tbody>
</table>

Appendix I - Page 27 of 31
The mean score for this question was 4.2 and was in the agree range. Almost eighty-seven percent of the applicable respondents (13 of 15, 86.7%) gave an agree or strongly agree rating. This suggests there was strong agreement that staff members regularly ask program participants about personal interests.

Staff members work hard to help program participants to include people who are important to them in their recovery/treatment planning.

The mean score for this question was 4.2 and was in the agree range. Again, almost eighty-seven percent of the applicable respondents (13 of 15, 86.7%) gave an agree or strongly agree rating. This suggests there was strong agreement that staff members work hard to include people important to the participant in the planning process.

Overall Applicable Percentages

The applicable overall mean score for the Individually-Tailored Services Questions was 3.9 and was in the agree range. This suggests overall agreement with the questions. When combining agree (n = 27) and strongly agree (n = 16) almost seventy-three percent of the applicable responses (43 of 59, 72.9%) were in agreement.
### Applicable Mean Scores – Life Goal Questions

<table>
<thead>
<tr>
<th>Slight Disagreement (1.0 to 1.79)</th>
<th>Disagree (1.8 to 2.79)</th>
<th>Neutral (2.8 to 3.79)</th>
<th>Agree (3.8 to 4.29)</th>
<th>Strongly Agree (4.3 to 5.0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff helps program participants to develop and plan for life goals beyond managing symptoms or staying stable.</td>
<td></td>
<td></td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>Staff routinely assists program participants with getting jobs.</td>
<td></td>
<td></td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>The primary role of agency staff is to assist a person with fulfilling personal goals and aspirations.</td>
<td></td>
<td></td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>Agency staff is diverse in terms of culture, ethnicity, lifestyle and interests.</td>
<td></td>
<td></td>
<td>4.1</td>
<td></td>
</tr>
<tr>
<td>Staff members actively help program participants to get involved in non-mental health/addiction related activities.</td>
<td></td>
<td></td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>Staff members encourage program participants to have hope and high expectations about recovery.</td>
<td></td>
<td></td>
<td>4.2</td>
<td></td>
</tr>
<tr>
<td>Staff members believe in the ability of program participants to recover.</td>
<td></td>
<td></td>
<td>4.2</td>
<td></td>
</tr>
<tr>
<td>Staff members believe that program participants have the ability to manage their own symptoms.</td>
<td></td>
<td></td>
<td>3.6</td>
<td></td>
</tr>
<tr>
<td>Staff members believe that program participants can make their own life choices regarding things such as where to live, when to work, whom to befriend, etc.</td>
<td></td>
<td></td>
<td>4.1</td>
<td></td>
</tr>
<tr>
<td>Staff members encourage program participants to take risks and try new things.</td>
<td></td>
<td></td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>Staff members are knowledgeable about special interest groups and activities in the community.</td>
<td></td>
<td></td>
<td>3.5</td>
<td></td>
</tr>
</tbody>
</table>
### Applicable Mean Scores – Involvement Questions

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree (1.0 to 1.79)</th>
<th>Disagree (1.8 to 2.79)</th>
<th>Neutral (2.8 to 3.79)</th>
<th>Agree (3.8 to 4.29)</th>
<th>Strongly Agree (4.3 to 5.0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>People in recovery programs are encouraged to help staff with the development of new groups, programs, or services.</td>
<td></td>
<td></td>
<td></td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>People in recovery are encouraged to attend advisory boards and management meetings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons in recovery are involved with facilitating staff trainings and education at this program.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People in recovery are encouraged to be involved in the evaluation of this agency’s programs, services, and service providers.</td>
<td></td>
<td></td>
<td></td>
<td>3.9</td>
<td></td>
</tr>
<tr>
<td>Staff members actively help people find ways to give back to their community.</td>
<td></td>
<td></td>
<td></td>
<td>3.5</td>
<td></td>
</tr>
</tbody>
</table>

### Applicable Mean Scores – Diversity of Treatment Questions

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree (1.0 to 1.79)</th>
<th>Disagree (1.8 to 2.79)</th>
<th>Neutral (2.8 to 3.79)</th>
<th>Agree (3.8 to 4.29)</th>
<th>Strongly Agree (4.3 to 5.0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff members actively introduce program participants to persons in recovery who can serve as role models or mentors.</td>
<td></td>
<td></td>
<td></td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>Staff members actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff members talk with program participants about what it takes to complete or exit the program.</td>
<td></td>
<td></td>
<td></td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>Staff members offer participants opportunities to discuss their spiritual needs and interests when they wish.</td>
<td></td>
<td></td>
<td></td>
<td>3.9</td>
<td></td>
</tr>
<tr>
<td>Staff members offer participants opportunities to discuss their sexual needs and interests when they wish.</td>
<td></td>
<td></td>
<td></td>
<td>3.3</td>
<td></td>
</tr>
</tbody>
</table>
### Applicable Mean Scores – Choice Questions

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree (1.0 to 1.79)</th>
<th>Disagree (1.8 to 2.79)</th>
<th>Neutral (2.8 to 3.79)</th>
<th>Agree (3.8 to 4.29)</th>
<th>Strongly Agree (4.3 to 5.0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff members make a concerted effort to welcome people in recovery and help them to feel comfortable in this program.</td>
<td></td>
<td></td>
<td></td>
<td>4.3</td>
<td></td>
</tr>
<tr>
<td>The program/agency offers an inviting and dignified physical environment.</td>
<td></td>
<td></td>
<td></td>
<td>4.3</td>
<td></td>
</tr>
<tr>
<td>Program participants can easily access their treatment records if they wish.</td>
<td></td>
<td></td>
<td>3.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff members do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.5</td>
</tr>
<tr>
<td>Staff members listen to and respect the decision that program participants make about their treatment and care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.0</td>
</tr>
<tr>
<td>Program participants can change their clinician or case manager if they wish.</td>
<td></td>
<td></td>
<td></td>
<td>3.8</td>
<td></td>
</tr>
<tr>
<td>Progress made towards an individual’s own personal goals is tracked regularly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.4</td>
</tr>
</tbody>
</table>

### Applicable Mean Scores – Individually-Tailored Services Questions

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree (1.0 to 1.79)</th>
<th>Disagree (1.8 to 2.79)</th>
<th>Neutral (2.8 to 3.79)</th>
<th>Agree (3.8 to 4.29)</th>
<th>Strongly Agree (4.3 to 5.0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>This program offers specific services that fit each participant’s unique cultural and life experiences.</td>
<td></td>
<td></td>
<td></td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>Staff members at this program regularly attend trainings on cultural competence.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.4</td>
</tr>
<tr>
<td>Staff members regularly ask program participants about their interests and the things they would like to do in the community.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.2</td>
</tr>
<tr>
<td>Staff members work hard to help program participants include people who are important to them in their recovery/treatment planning.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.2</td>
</tr>
</tbody>
</table>
APPENDIX II

RECOVERY-ORIENTED SYSTEMS INDICATORS (ROSI)
CONSUMER FOCUS GROUP PROJECT 2012
CONSUMER FOCUS GROUP SURVEY RESULTS

A Report of the Adult Mental Health Department
Of the Dauphin County Mental Health/Intellectual Disabilities Program

March 2012

The purpose of the Consumer Focus Group 2012 Project was to follow-up to the
to the questions asked in the Recovery-Oriented Systems Indicators (ROSI) Consumer Focus
Group 2011 Project and to determine the current needs of peers that could be met by a
peer-run service. The two questions asked in the ROSI focus groups in 2011 were:

- “Are you interested in receiving peer-run services provided by consumer/peers?
- “What recovery-based services would you like to see funded by Dauphin County or CBHNP for
  consumers/peers?” (See Appendix IV in Mental Health Plan 2013-2017).

In January 2012, County staff trained and supervised six (6) Community Support
Program (CSP) individuals in recovery as focus group facilitators to gather data for the
Mental Health Plan Update for 2013-2014. The six individuals are:

- Chester Green
- Tonya Long
- Michele Printup
- Kim Pry
- April Schaffer
- Anthony Watson

The three half-day trainings took place on January 4, 6, and 10, 2012. The consumer facilitators
received a stipend for attending the training sessions, meetings, and facilitating the consumer
focus groups. The consumers facilitated focus groups at the following sites: Aurora Social
Rehabilitation Services, CMU, Dauphin Clubhouse, Gaudenzia New View (MH and Co-occurring),
Gaudenzia – Gibson House (MH and Forensic), Patch-n-Match, and Paxton Ministries.

Consumers conducted the seven focus groups at the various sites in teams of three beginning
the second week in January and were 100% completed by February 3, 2012, and 82 peers
participated in all the groups. Each team consisted of a facilitator, recorder, and room
coordinator. The group was to last no more than one hour. The consumers developed the
following two questions to receive consumer input for the 2013-2014 plan update:

1. In the past few weeks, can you share an example of how you have asked a Peer for
   support/help?
2. Which of these items could be provided by a Peer/Consumer-Run Service?

See Consumer Focus Group Results on pages 2 and 3.
## CONSUMER FOCUS GROUP PROJECT 2012 RESULTS

<table>
<thead>
<tr>
<th>POSSIBLE (Matching) PEER-RUN SERVICE</th>
<th>PEER SUPPORT/HELP REQUESTS (Provider Site)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tutoring</strong></td>
<td><strong>Computer:</strong> Clubhouse, Jeremy, Aurora</td>
</tr>
<tr>
<td></td>
<td><strong>Academics:</strong> Jeremy</td>
</tr>
<tr>
<td></td>
<td><strong>SAT’s:</strong> Jeremy</td>
</tr>
<tr>
<td></td>
<td><strong>Budgeting:</strong> Aurora</td>
</tr>
<tr>
<td></td>
<td><strong>Newsletter:</strong> Aurora</td>
</tr>
<tr>
<td></td>
<td><strong>How to spell:</strong> Aurora</td>
</tr>
<tr>
<td></td>
<td><strong>Education assistance:</strong> Gibson House,</td>
</tr>
<tr>
<td></td>
<td><strong>New View</strong></td>
</tr>
<tr>
<td><strong>Warm Line (Adults)</strong></td>
<td><strong>Symptoms of bipolar:</strong> Paxton Ministries</td>
</tr>
<tr>
<td></td>
<td><strong>Dealing w/schizophrenia:</strong> Paxton</td>
</tr>
<tr>
<td></td>
<td><strong>Ministries</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Getting a senior bus pass:</strong> Aurora</td>
</tr>
<tr>
<td></td>
<td><strong>Directions:</strong> Gibson House</td>
</tr>
<tr>
<td></td>
<td><strong>12 Steps:</strong> Gibson House</td>
</tr>
<tr>
<td></td>
<td><strong>DPW Financial Assistance:</strong> Gibson House</td>
</tr>
<tr>
<td></td>
<td><strong>Help to stop drinking:</strong> New View</td>
</tr>
<tr>
<td></td>
<td><strong>Medications:</strong> New View</td>
</tr>
<tr>
<td></td>
<td><strong>Advice:</strong> Jeremy</td>
</tr>
<tr>
<td></td>
<td><strong>Relationship problems:</strong> Jeremy</td>
</tr>
<tr>
<td></td>
<td><strong>Depression:</strong> Jeremy</td>
</tr>
<tr>
<td><strong>Warm Line/CONTACT Helpline</strong></td>
<td><strong>Phone number for Aging:</strong> Aurora</td>
</tr>
<tr>
<td></td>
<td><strong>Grief Counseling</strong></td>
</tr>
<tr>
<td><strong>Certified Peer Support (CPS)</strong></td>
<td><strong>Menu planning &amp; activities:</strong> Aurora</td>
</tr>
<tr>
<td></td>
<td><strong>Feedback on poems:</strong> Aurora</td>
</tr>
<tr>
<td></td>
<td><strong>Personal feedback:</strong> Gibson House</td>
</tr>
<tr>
<td></td>
<td>**More responsibility in therapeutic</td>
</tr>
<tr>
<td></td>
<td><strong>community:</strong> Gibson House</td>
</tr>
<tr>
<td><strong>Peer to Peer</strong></td>
<td><strong>Bullying:</strong> Jeremy</td>
</tr>
<tr>
<td><strong>Peer to Peer (Teen Central on Web)</strong></td>
<td><strong>Staying out of fights:</strong> Jeremy</td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td><strong>Ride to eye doctor:</strong> Aurora</td>
</tr>
<tr>
<td><strong>Clubhouse</strong></td>
<td><strong>Friendship:</strong> Paxton Ministries</td>
</tr>
</tbody>
</table>
Consumer Focus Group Project 2012 Results, continued

In response to questions 1 and 2, someone mentioned that the current needs of peers could be met by the following peer-run services:

- Tutoring
- Warm line (Adults)
- Warm line (CONTACT Helpline)
- Certified Peer Support (CPS)
- Peer to Peer
- Peer to Peer (Teen Central on Web)
- Transportation
- Clubhouse
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>DK/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I know whom to call if I have questions about my mental health and substance abuse providers.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I was given information on how to get other services that I needed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I had choice in selecting my service provider.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I have the option to change my service provider should I choose to.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I was informed about my rights and responsibilities regarding the treatment I have received.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>6</td>
<td>I feel comfortable in asking questions regarding my treatment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>My provider does not share my personal mental health and/or substance abuse information without my permission.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>My provider respects the role of my ethnic, cultural and religious background in my recovery/treatment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>I trust my service provider.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>My service provider offered me the opportunity to involve my family, significant others or friends into my treatment process.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>I am included in all meetings regarding my treatment plan and goals for recovery.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>I am an equal partner in the treatment process.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>My service provider explained the advantages of my therapy or treatment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>My service provider explained the disadvantages of my therapy or treatment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Question</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
<td>DK/NA</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------</td>
<td>---------</td>
<td>-------</td>
<td>----------------</td>
<td>-------</td>
</tr>
<tr>
<td>15</td>
<td>Overall, I am satisfied with the services I am receiving.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Staff believes that I can recover.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Staff believes that I have the ability to manage my own symptoms.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Services help me develop the skills I need.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Staff helps me to include people who are important to me in my recovery/treatment planning.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Staff talks to me about what it would take to complete or exit this program.</td>
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<tr>
<td>21</td>
<td>Staff helps me build on my strengths.</td>
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<tr>
<td>22</td>
<td>Staff supports my self-care or wellness.</td>
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<tr>
<td>23</td>
<td>Staff respects me as a whole person.</td>
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<tr>
<td>24</td>
<td>What effect has the treatment you received had on the quality of your life?</td>
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<tr>
<td>25</td>
<td>Were you given the chance to make treatment decisions?</td>
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<tr>
<td>26</td>
<td>In the past 12 months were you able to get the help you needed?</td>
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</tr>
</tbody>
</table>

Sources:
