



DEPARTMENT OF MENTAL HEALTH / AUTISM / DEVELOPMENTAL PROGRAMS
100 CHESTNUT STREET, HARRISBURG, PA 17101
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BOARD OF COMMISSIONERS
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MHADP ADMINISTRATOR
ANDREA KEPLER

DAUPHIN COUNTY DEPARTMENT OF MH/A/DP BOARD MEETING MINUTES

MEETING DATE: July 23, 2024, 8:30AM

MEETING PLACE: Virtual

ATTENDANCE:

Board Members present:

Wendy Johnson, Travis Waters and Robert Jenkins

Board Members absent:

Marge Chapman, Cheryl Tierney, Brandy Fox, Amy McPhilemy, Glenn Bartlett, Nancy Sajeski, Diane Bates-Sier and

Providers: None

MHADP Staff: Andrea Kepler, Paul Geffert, Rachael Clifton and Mary DeCoen

- A. **Welcome and Introductions.** Our newest Board member, Robert Jenkins was introduced.
- B. **Approval of the 1/23/24 and 3/26/24 and 5/28/24 MHADP Advisory Board Meeting Minutes-** Meeting minutes were not approved due to the lack of a quorum and will be tabled until the next meeting.
- C. **Approval of the Draft FY 22-23 MHADP Annual Plan-** The draft was not approved due to the lack of a quorum.
- D. **Administrator's Report**

Autism/Developmental Program Services:

Incident Management continues to be a high priority in terms of ensuring consumers' health and safety and ensuring investigations and other related activities are completed in a timely manner. Dauphin AE and CMU continue to make progress with finalizing overdue incident reports and implementing an incident fidelity process to compare ER and hospitalization claim data with incidents entered to EIM to identify potential concerns of abuse or neglect as well as to ensure that critical incidents are being reported. We had 120 reportable incidents and 55 required a Certified Investigator to investigate the nature of the incident. There were no suicide attempts.

ADP continues to participate in monthly **Provider Applicant Orientation Training** in collaboration with the Office of Developmental Programs (ODP) and assist new providers with activities related to ODP provider qualification. We have 1 new provider (community based) who submitted all of their paperwork and we issued their DP1059. We did have 3 providers who have passed the initial test, and we are waiting for them to submit their paperwork.

Requalification. 2 providers have been removed from HCSIS. 1 provider no longer is in business and the other provider did not submit the necessary paperwork to retain their qualification. Next Spring/2025 will be the next period for requalification.

Annual Independent Monitoring for Quality (IM4Q) The end of the fiscal year through June 30, 2024. Dauphin County is required to have a total of 102 interviews completed this year.

A.	Total number of individuals to be monitored for this contract year:	102
a.	Number of individuals to be interviewed for the Core Indicators:	30
b.	Number of individuals to be interviewed for the IM subset:	69
c.	Number of individuals to be interviewed for the AAW subset, if applicable:	3
d.	Number of individuals to be interviewed for the State Center subset, if applicable:	-
B.	Total number of individuals monitored in this month's reporting period:	46
a.	Number of Core Indicator interviews this month:	19
b.	Number of IM interviews this month:	25
c.	Number of individuals interviewed for the AAW subset, if applicable:	2
d.	Number of State Center interviews this month, if applicable:	-
e.	Number of individuals interviewed in person	3
f.	Number of individuals interviewed via Zoom	43
C.	Total number of individuals monitored so far this contract year:	102
a.	Number of interviews that were Core Indicators:	30
b.	Number of interviews that were IM:	69
c.	Number of individuals that were AAW, if applicable:	3
d.	Number of interviews that were State Center surveys, if applicable:	-
e.	Number of individuals interviewed in person	21
f.	Number of individuals interviewed via Zoom	81
D.	Number of consumers refusing to be interviewed this month:	0
a.	When contacted before the actual interview:	0
b.	At the time of the actual interview	0
E.	Number of individuals who could not be interviewed for reasons other than refusal (death, not meeting residency or other requirements, etc.) this month:	0
F.	Number of legal guardians, including parents of minor children, refusing on behalf of the person to be interviewed this month:	0
G.	Number of individuals who were unable to be contacted or who did not respond to requests this month:	0
H.	Are there a disproportionate number of refusals from a specific agency, program, or setting? If so, please explain: Click or tap here to enter text.	
I.	Total number of surveys data-entered into ODESA in this month's reporting period:	67
a.	Number of Core Indicator surveys entered:	24
b.	Number of IM surveys entered:	41
c.	Number of AAW surveys entered (if applicable):	2
d.	Number of State Center surveys entered, if applicable:	0
J.	Total number of surveys data-entered into ODESA so far this contract year:	102
a.	Number of Core Indicator surveys entered:	30
b.	Number of IM surveys entered (include AAW surveys, if applicable):	69
c.	Number of AAW surveys entered (if applicable):	3
d.	Number of State Center surveys data-entered, if applicable:	
K.	Total number of pre-surveys entered into HCSIS in this month's reporting period:	67
L.	Total number of pre-surveys entered into HCSIS so far this contract year:	99
M.	Number of postcard evaluations received this month:	
N.	Number of postcard evaluations received so far this contract year:	8
O.		

Annual QA&I On April 5th we reviewed 5 providers who we need to redo with ODP team and go out to interview individuals from each of these providers. 5 providers were reviewed, and they did complete the necessary paperwork/updates that were recommended by AE and ODP. A Pre-training session with the 12 QA&I providers took place in June. This session went over the process, expectations, and highlighted areas of concern that need to be addressed. We hope this will reduce the confusion and issues identified in previous reviews.

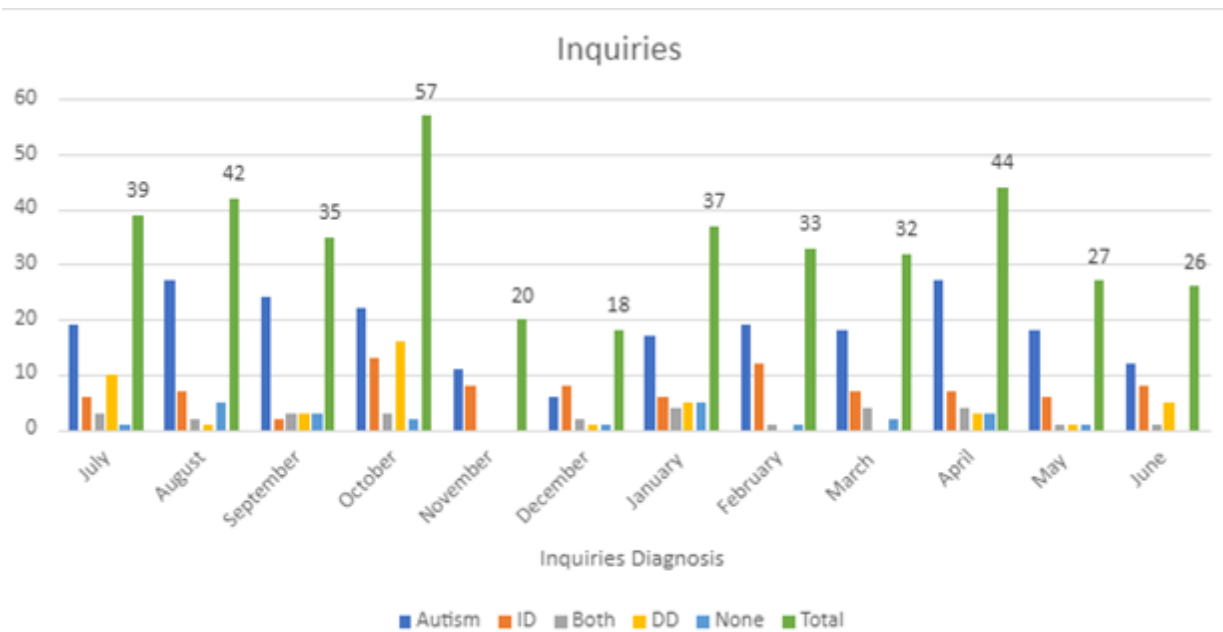
Additionally, ODP has mandated that we complete 25% of Cycle 1 providers, who also faced issues. Therefore, we will select three providers to begin this work in the new fiscal year.

ID Committee: Meeting took place on 6/4/24 At Maxim Health Care, in Harrisburg. It was well attended, and discussion took place on the other 2 SCO's who they are and that they will be joining us at our next meeting. Positive responses and feedback from a local provider took place and the information was welcomed by the group. Maxim gave us a tour of their office, and what they are doing to train staff and overall operations. We will most likely be on zoom, due to the lack of meeting space and the fact that CMU is still under construction. Public meeting spaces like the library now have a cost associated with it. Next meeting is on Aug 6th.

Community Outreach – Julie has been meeting with providers and had the chance to visit with a new provider in Philadelphia with a SC. Gaining an understanding for new providers are important as we gain an understanding of what they are able to provide

Intake

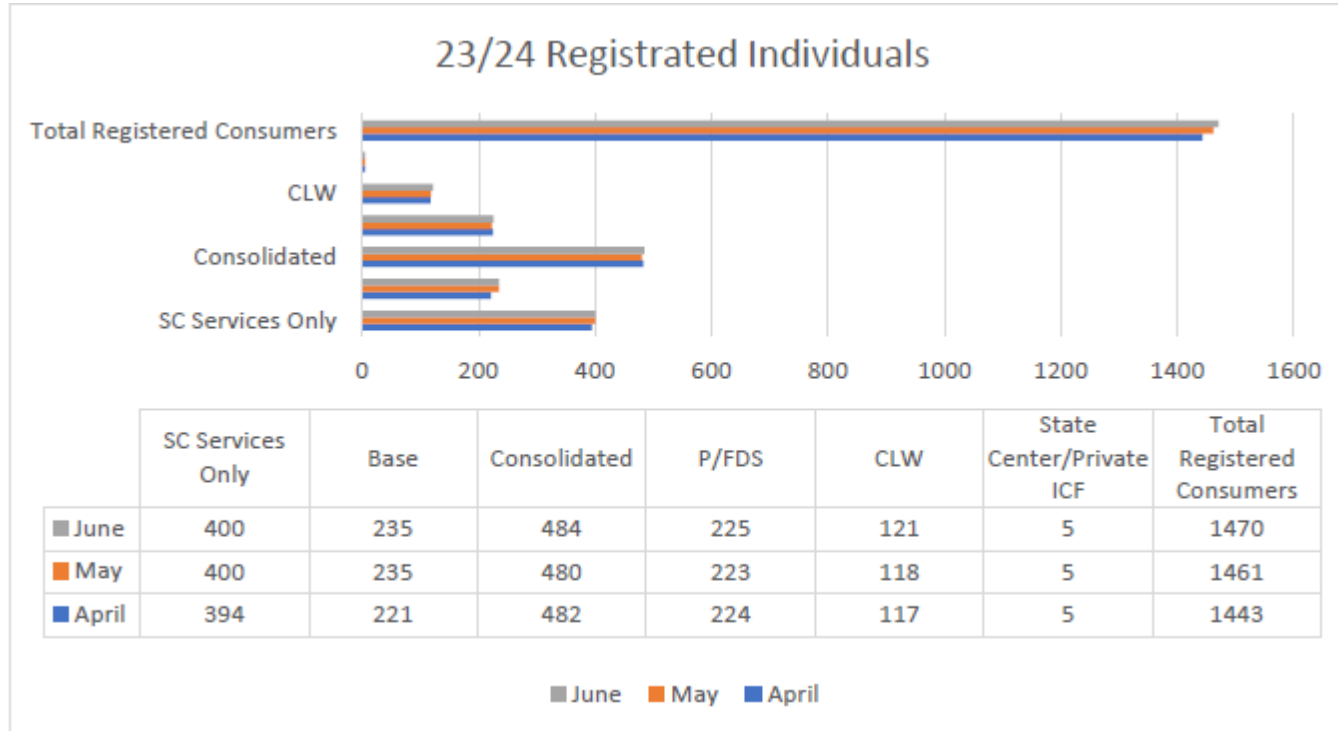
- For the month of June, CMU received 25 calls or walk-ins from individuals/families inquiring about services. They completed 13 intakes.



Inquiries	June
Autism	12
ID	8
Both	1
DD	5
None	0
Total	25
Intake Diagnosis	
Autism	5
ID	6
DD	2
Both	0
Total	13

ID Individuals Registered

- As of, 2024; June 30 there are 1470 individuals registered with the Dauphin County ID/A system. Of those individuals, 5 reside in state centers or private intermediate care facilities, 225 are enrolled in Person/Family Directed Supports Waiver, (capacity 281).121 are enrolled in Community Living Waiver (capacity is 131). 484 are enrolled in Consolidated Wavier (capacity 494). 235 are receiving base-funded services, and 400 are Supports Coordination services only.

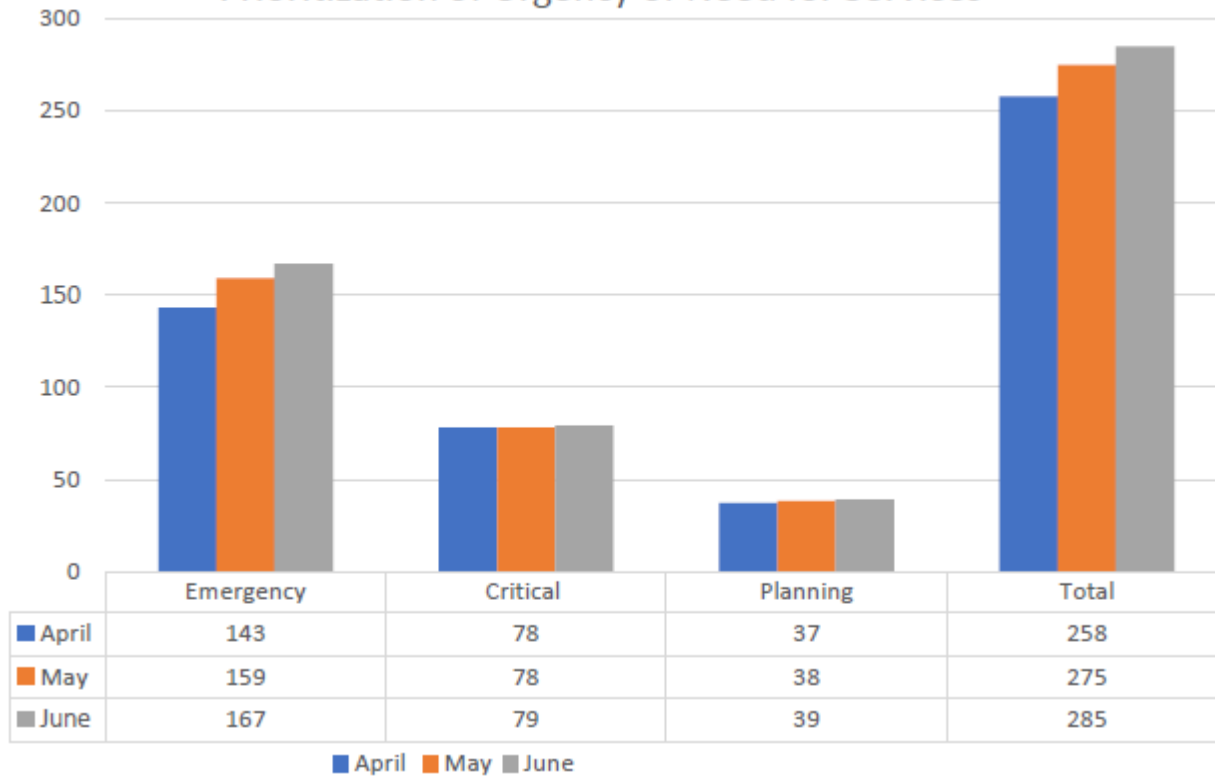


PUNS

- As of May 31, 2024, there are 159 individuals in the Emergency category of the Prioritization of Urgency of Need for Services (PUNS), 78 individuals in the Critical category, 38 individuals in the Planning category, and a total of 275 individuals on the PUNS.

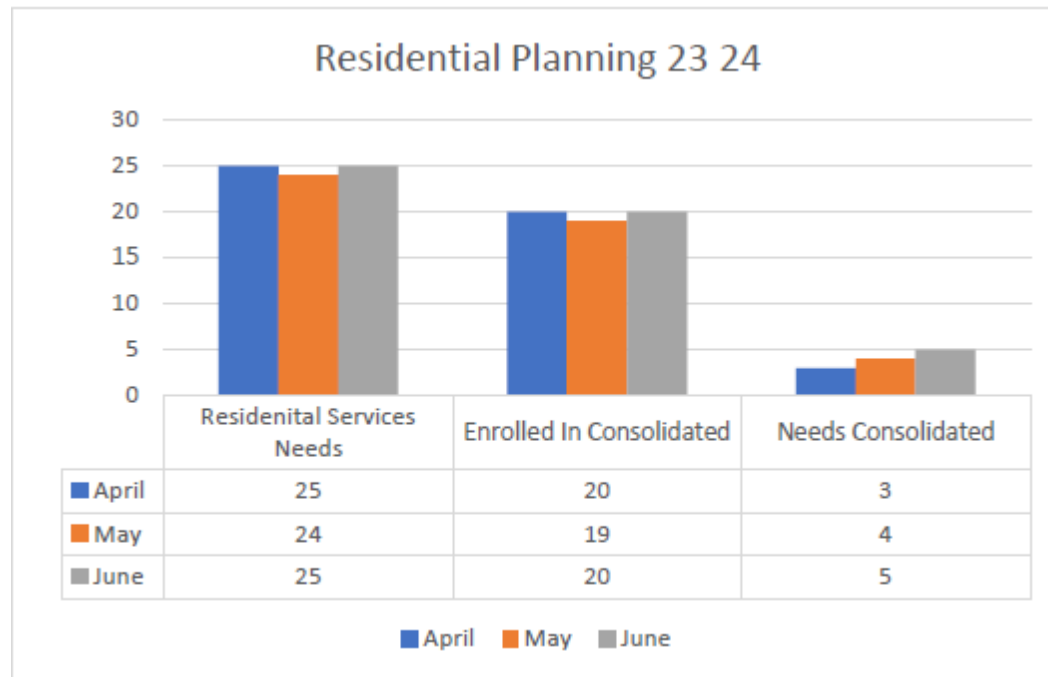
23/24

Prioritization of Urgency of Need for Services



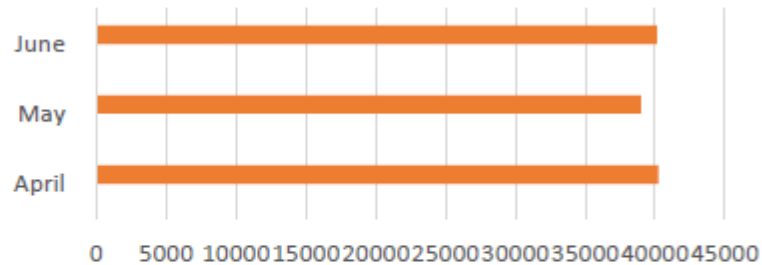
Residential Planning

- ADP is currently actively searching for residential placements for 25 individuals in need of residential services. Of these 25 individuals, 20 are currently enrolled in Consolidated waiver and 5 require a Consolidated Waiver to meet their needs. Julie continues to work with CMU staff and to reach out to providers, to establish openings/locations, develop a process of open communication to streamline needs with providers and supports coordinators.



ADP continues to struggle with finding safe, affordable housing options for individuals in need. In the month of December, ADP had 17 individuals experiencing homelessness, 14 received county base funding for hotel costs, 3 are in respite services via the waiver. The graph below shows individuals living in hotels in and the associated monthly costs to ADP. Referrals have been made to the 811 program, Dauphin County Housing Authority, and HELP Ministries for resources and training.

23/24 Hotel Costs



	April	May	June
Cost	40,222.40	39,006.60	40,126.24
Number of Individuals Living in Hotels	12	14	14

Cost Number of Individuals Living in Hotels

Early Intervention Services

Committees:

- Lead the Supporting Professional's Social-Emotional Subcommittee
- EI Family Carnival Committee-Carnival for birth-five Head Start, CAIU, Cumberland/Perry EI and Dauphin Co EI was on 6/4/24. 300 families partook in the events at the resource fair.
- Core Leadership Team- This is a team that was created as an OCDEL mandatory team for each cohort for the Family Guided Routines Based Intervention (FGRBI) initiative. - Tammy is the main lead.

Meetings:

- OCDEL's State Interagency Coordination Counsel met to discuss updates on the Family Survey, opportunities for EI families and information updates from OCDEL
- Met with CMU and UCP to discuss a survey for providers relating to the OCDEL initiative of Family Guided Routines Based Intervention. This will be presented to the Core Leadership Team and surrounding counties.

- Attended an all-day Regional Meeting for Early Intervention leaders. This focused on MOUs and coordinating with local community partners.
- Monthly Meeting with C/P EIC-discussed transition concerns and needs, Core Leadership, new therapists and on-going coordination of trainings
- SPOC (Safe Plans of Care) meeting with Dauphin County CYS and other early childhood agencies to discuss ways to assist drug dependent mothers and their newborns.
- Quarterly Provider Meeting for DC EI providers went over and reviewed procedures, reassessed programs and had a presentation by ELECT

Training:

- Coordinated and attended Lunch and Learn for QPR presented by Debra Bizzard, MH Prg Specialist 2
- Rick Fiene from RIKI Institute discussed data collection and analysis
- Participated as a presenter for EI during the Human Resource Orientation
- Virtual Therapy presentation by Olivia Rice

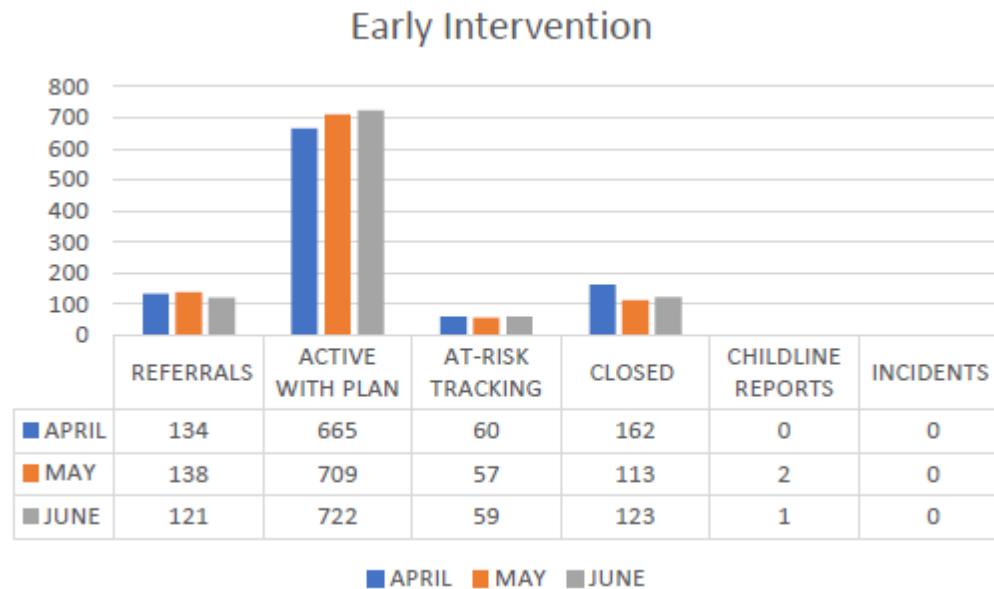
Annual Provider Monitoring:

- Communications Beginnings- met virtually. No improvement plan issued.
- Potentiality-met at local Panera Bread restaurant. No improvement plan issued.
- Therapy Resource Center-met virtually. Discussed therapy needs in DC and requested that they have more of a presence here since they are already established in neighboring counties. No improvement plan issued.
- Clear Path Pediatrics and I met virtually. We discussed current procedures since they are a new provider. No improvement plan issued.

Important Projects:

- OCDEL's Family Survey ended June 30th and we did meet the set expectation percentage from OCDEL
- Coordinate and participated in the Early Intervention Annual Family Carnival. This is held jointly with Cumberland/Perry EI, HeadStart and CAIU. It was very successful and loved by the families and vendors.
- Annual ELECT (Education Leading to Employment and Career Training) for pregnant or parenting teens. D.C. was a vendor and networked with community partners

For the month of June 30, 2024, Early Intervention received 121 referrals, served 722 children - active with plan, served 59 children – at risk tracking, and closed 123 children. There was 1 report made to ChildLine.



- ID/A continues to expand the FDSS program and offer increased opportunities for physical fitness, recreation/socialization, and mental/emotional well-being for all registered individuals.
- ADP continues to collaborate with other service systems within Dauphin County including CYS and Mental Health to meet the needs of individuals with complex needs and enroll them in waiver programs as capacity to do so is available.
- ADP has continued outreach efforts to residential providers for several children and young adults that are soon transitioning out of the children’s system.
- ADP also continues to offer base funding to help support children whenever possible until waiver capacity is available.

Children's Mental Health Data – All Funded by PerformCare

****Note- two of the FBMHS providers serves multiple counties**

Children's UIRs

Number of Incidents By Month												
Incident type	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Restraint						1			1		1	1
Seclusion												
AWOL/Elopement	1			2	1	3	5	4	2	3	2	1
Illness/Injury			2	1	1	1				1		2
Abuse allegation		1		3		2	1	2	1	2	6	3
Abuse/Neglect allegation	1		2									
Abuse allegation by staff		1	1		1		1		1			
Assault victim		1									1	
Self Injurious Behavior							1	3	2		1	1
Serious Physical Aggression				3		1		4	2		1	
Verbal aggression												1
Sexual Acting Out		1	1				1	2		1		2
Police/Fire Event			4	2	2	2	1	1	1	4	2	
Suicide Attempt	1								1	1	1	1
Death						1						
Homicidal Ideation								1				
Other									1			
Total Incidents	3	4	10	11	5	11	10	17	12	12	15	12

Adult MH Residential Data FY 23-24– Funding sources -EAC - County & Perform Care, MH Residential – HSBG MH all locations.

Danville State Hospital	Extended Acute Care (2 sites/1 provider)	LTSR (1 provider)	Forensic Full-Care CRR (1 provider)	CRR Full-Care 4 sites (3 providers); 5 sites/4 providers as of 10/23/23	CRR Moderate Care (2 sites/1 provider)	Personal Care Home (6 sites/ 3 providers)
Capacity	Capacity	Capacity	Capacity	Capacity	Capacity	Capacity
29	20	14	16	44; 58 as of 10/23	40/34 as of April 2024	79
Census	Census	Census	Census	Census	Census	Census
July 34	July 19	July 11	July 15	July 40	July 35	July 74
August 35	August 20	August 11	August 15	August 37	August 30	August 75
September 36	September 20	September 11	September 14	September 38	September 32	September 76
October	October 20	October 12	October 15	October CSG Max opened 10/23; 5 beds remain occupied with C&D individuals) 40	October 31	October 78
November 37	November 20	November 13	November 16	November 46	November 31	November 75
December 37	December 19	December 13	December 16	December 46	December 30	December 75
January 38	January 20	January 14	January 16	January 45	January 29	January 76
February 36	February 20	February 11	February 15	February 45	February 28	February 75
March	March	March	March	March	March	March

35	20	11	16	48	27	75
April 35	April 20	April 12	April 16	April 49	April 28	April 78
May 34	May 20	May 12	May 15	May 51	May 27	May 77
June 34	June 20	June 13	June 14	June 51	June 27	June 77
Wait List	Wait List	Wait List	Wait List	Wait List	Wait List	Wait List
July 8	July 8	July 12	July 7	July 43	July 13	July 27
August 10	August 1	August 12	August 9	August 36	August 14	August 27
September 5	September 3	September 17	September 9	September 37	September 14	September 28
October 6	October 7	October 16	October 10	October 31	October 9	October 23
November 8	November 10	November 15	November 11	November 37	November 9	November 24
December 5	December 7	December 16	December 5	December 38	December 9	December 13
January 6	January 9	January 14	January 6	January 31	January 11	January 14
February 6	February 6	February 15	February 7	February 28	February 11	February 16

March 6	March 6	March 16	March 3	March 25	March 12	March 15
April 6	April 5	April 16	April 5	April 29	April 6	April 16
May 8	May 5	May 14	May 6	May 28	May 0 (discontin- ed referrals)	May 19
June 8	June 11	June 14	June 6	June 28	June 0	June 21

Adult Non-Residential Data FY 23-24– County funded HSBG

Live Up! Recovery (COD MH/D&A Forensic Intensive Outpatient and Recovery Center)

Month/Year	Census end of month	Waiting List
July 2023	8	Openings
August 2023	14	Openings
September 2023	15	Openings
October 2023	11	Openings
November 2023	10	Openings
December 2023	10	Openings
January 2024	5	Openings
February 2024	6	Openings
March 2024	8	Openings
April 2024	7	Openings
May 2024	6	Openings
June 2024	10	Openings

Patch-n-Match Drop-in Center

Month/Year	Current Census	Current Waiting List
July 2023	33	Openings
August 2023	33	Openings
September 2023	32	Openings
October 2023	42	Openings
November 2023	37	Openings
December 2023	37	Openings
January 2024	37	Openings
February 2024	36	Openings
March 2024	38	Openings
April 2024	36	Openings
May 2024	39	Openings
June 2024	37	Openings

Keystone Supportive Living Services

Month/Year	Current Census	Current Waiting List
July 2023	68	Openings
August 2023	68	Openings
September 2023	68	1
October 2023	68	Openings
November 2023	63	Openings
December 2023	65	4
January 2024	67	1- Admission in Feb
February 2024	65	3- in process
March 2024	66	2-in process
April 2024	47	7-in process
May 2024	50	5-in process
June 2024	49	2-in process

Volunteers of America Supportive Living Services

Month/Year	Current Census	Current Waiting List
July 2023	62	Openings
August 2023	64	Openings
September 2023	63	Openings
October 2023	67	Openings
November 2023	75	Openings
December 2023	76	Openings
January 2024	80	3
February 2024	80	9
March 2024	80	7
April 2024	75	12
May 2024	80	8
June 2024	81	7

Aurora Social Rehabilitation- Center-based Services

Month/Year	Current Census	Current Waiting List
July 2023	65	Openings
August 2023	67	Openings
September 2023	75	Openings
October 2023	83	Openings
November 2023	85	Openings
December 2023	87	Openings
January 2024	79	Openings
February 2024	81	Openings
March 2024	85	Openings
April 2024	90	Openings
May 2024	93	Openings
June 2024	96	Openings

Aurora Social Rehabilitation- Individualized Mental Health Rehabilitation

Month/Year	Current Census	Current Waiting List
July 2023	42	Openings
August 2023	42	Openings
September 2023	47	Openings
October 2023	49	Openings
November 2023	51	Openings
December 2023	53	Openings
January 2024	48	Openings
February 2024	49	Openings
March 2024	51	Openings
April 2024	52	Openings
May 2024	54	Openings
June 2024	57	Openings

Adult UIR'S July 2023

Incident Type	Number of Incidents	Comments
Death	3	2 for medical reasons, 1 possible homicide
Criminal event Involving Police	4	
Serious Illness Requiring Hospitalization	28	
Incarceration	15	
Serious Acts of Violence or Sexual Exploitation	1	
Suicide Attempt	1	Consumer went inpatient
Medication Error	2	

Misuse of Consumer's Funds	2	
Total Number of Incidents	56	

Adult UIR's August 2023

Incident Type	Number of Incidents	Comments
Death	4	1 Medical, 2 Overdose, 1 struck by vehicle
Criminal event Involving Police	7	
Serious Illness Requiring Hospitalization	46	
Incarceration	10	
Serious Acts of Violence or Sexual Exploitation	1	
Medication Error	3	
Unexplained Absence	3	All returned
Total Number of Incidents	74	

Adult UIR'S September 2023

Incident Type	Number of Incidents	Comments
Death	2	1 Medical, 1 Unknown, waiting for the coroner's results
Criminal event Involving Police	2	
Serious Illness Requiring Hospitalization	47	
Incarceration	6	
Serious Acts of Violence or Sexual Exploitation	3	

Medication Error	7	
Unexplained Absence	2	All returned
Self-Neglect	2	
Fire or other Disasters	3	
Misuse of Consumer's Funds	1	
Total Number of Incidents	75	

Adult UIR's October 2023

Incident Type	Number of Incidents	Comments
Death	4	All medical
Serious Illness Requiring Hospitalization	37	
Incarceration	22	
Serious Acts of Violence or Sexual Exploitation	6	
Medication Error	3	
Unexplained Absence	3	All returned
Self-Neglect	4	
Misuse of Consumer's Funds	2	
Resident to Resident	3	
Total Number of Incidents	84	

Adult UIR'S November 2023

Incident Type	Number of Incidents	Comments
Death	1	Medical
Serious Illness Requiring Hospitalization	34	
Incarceration	13	

Criminal Event Involving the Police	1	
Medication Error	8	
Unexplained Absence	1	Found safely
Fire or other Disaster	1	Lost heat for a day
Serious Acts of Violence or Sexual Exploitation	3	
Total Number of Incidents	62	

Adult UIR'S December 2023

Incident Type	Number of Incidents	Comments
Death	3	2 Medical, 1 Pending Toxicology report
Serious Illness Requiring Hospitalization	42	
Incarceration	7	
Criminal Event Involving the Police	2	
Unexplained Absence	1	Found safely
Serious Acts of Violence or Sexual Exploitation	1	
Total Number of Incidents	56	

Adult UIR's January 2024

Incident Type	Number of Incidents	Comments
Death	2	2 Medical
Serious Illness Requiring Hospitalization	46	

Incarceration	18	
Criminal Event Involving the Police	2	
Unexplained Absence	2	Found safely
Misue of Funds	1	
Resident to Resident	1	
Medication Error	2	
Total Number of Incidents	74	

Adult UIR's February 2024

Incident Type	Number of Incidents	Comments
Death	1	Medical
Serious Illness Requiring Hospitalization	43	
Incarceration	6	
Criminal Event Involving the Police	1	
Inpatient Psychology Care	14	
Misue of Funds	2	
Resident to Resident	1	
Fire or other Disaster	1	
Total Number of Incidents	69	

Adult UIR'S March 2024

Incident Type	Number of Incidents	Comments
Death	4	2 Medical, 1 suicide, 1 Unknown (waiting for the coroner's report)

Death by drug overdose MH	1	
Death by drug overdose-ID	0	
Serious Illness Requiring Hospitalization	35	
Incarceration	32	
Criminal Event Involving the Police	4	
Inpatient Psychology Care	5	
Unexplained Abuse	1	Found
Misuse of Funds	2	
Medication Error	1	Consumer was unharmed
Total Number of Incidents	85	

Adult UIR'S April 2024

Incident Type	Number of Incidents	Comments
Death	3	All Medical
Death by drug overdose MH	0	
Death by drug overdose-ID	0	
Serious Illness Requiring Hospitalization	48	
Incarceration	17	
Criminal Event Involving the Police	8	
Inpatient Psychology Care	4	
Unexplained Absent	1	Still Missing
Serious Acts of Violence	1	
Misuse of Funds	1	
Self-Neglect	1	
Total Number of Incidents	84	

Adult UIR'S May 2024

Incident Type	Number of Incidents	Comments
Death by drug overdose MH	0	
Death by drug overdose-ID	0	
Attempted Suicide by overdose	2	
Serious Illness Requiring Hospitalization	22	
Incarceration	17	
Criminal Event Involving the Police	1	
Inpatient Psychology Care	22	
Unexplained Absent	2	Found
Serious Acts of Violence	1	
Misuse of Funds	2	
Self-Neglect	1	
Medication Error	2	No harm to consumer
Total Number of Incidents	72	

Adult UIR'S June 2024

Incident Type	Number of Incidents	Comments
Death by drug overdose MH	0	
Death by drug overdose-ID	0	
Attempted Suicide by overdose	0	
Serious Illness Requiring Hospitalization	27	
Incarceration	21	
Criminal Event Involving the Police	1	
Inpatient Psychology Care	18	
Unexplained Absent	1	Found
Serious Acts of Violence	1	

Misuse of Funds	2	
Allegations of Abuse by Staff	3	
Medication Error	2	No harm to consumer
Evictions	2	Found places
Fire or other Disasters	1	No harm done
Total Number of Incidents	79	

Targeted Case Management

	August	September	October	November	December	January	February	March	April	May
June										
2024	2023	2023	2023	2023	2023	2024	2024	2024	2024	2024

CMU Blended Case Management (BCM)	Census 600	Census 595	Census 608	Census 607	Census 595	Census 604	Census 607	Census 632	Census 643	Census 667	Census 664
(BCM)	Waiting List 278	Waiting List 275	Waiting List 293	Waiting List 175	Waiting List 305	Waiting List 324	Waiting List 301	Waiting List 278	Waiting List 277	Waiting List 299	Waiting List 276
Keystone Intensive Case Management (ICM)	Census 178	Census 146	Census 125	Census 117	Census 111	Census 108	Census 105	Census 105	Census 105	Census 102	Census 111

(ICM)	Waiting list 0	Waiting List 0	Waiting List 0	Waiting List 0	Waiting List 0	Waiting List 0	Waiting List 0	Waiting List 0	Waiting List 0	Waiting List 0	Waiting List 0
Assertive Community Treatment (ACT)	Census 69	Census 61	Census 61	Census 61	Census 62	Census 61	Census 60	Census 62	Census 58	Census 58	Census 59
(ACT)	Waiting List 12	Waiting List 6	Waiting List 0	Waiting List 7	Waiting List 6	Waiting List 0	Waiting List 4 pending	Waiting List 1 pending	Waiting List 2 pending	Waiting List 1 pending	Waiting List 6 pending

YWCA 1st Quarter FY 23-24

Supported Employment

Supported Employment/Education Capstone

1	80% program participation rate in employment or occupational goals	16/16= 100%	80% program participation rate in employment or educational	11/11 = 100%
2	60% employment placement rate	12/16 =75%	60% employment/education placement rate	9/11 82%
3	60% retention in employment for 3 months	6/12 = 50%	60% retention in employment for 3 months	8/9 = 89%

4	75% non-recidivism rate of ex-offenders served	16/16= 100%	75% non-recidivism rate of ex-offenders served	11/11 = 100%
5	70% no less than minimum competitive employment wage	12/12= 100%	70% no less than minimum competitive employment wage	9/9 = 100%
6	All consumers will receive employer contact within the first 60 days of enrollment	16/16 = 100%	All consumers will receive employer/academic contact within the first 60 days of enrollment	11/11 = 100%
7	60% employed within the first 90days of service	12/12= 100%	60% employed within the first 90days of service	9/11 = 82%
8	33% rate their income higher than fair (good to excellent)	12/16 = 75%	33% rate their income higher than fair (good to excellent)	9/11= 82%
9	60% rate their involvement with work high than fair (good to excellent)	12/12= 100%	60% rate their involvement with work higher than fair (good to excellent)	9/9 = 100%
10	33% rate their mental health recovery higher than fair (good to excellent)	12/16 = 75 %	33% rate their mental health recovery higher than fair (good to excellent)	NA

11	40% rate their substance abuse recovery higher than fair (good to excellent)	14/16= 86 %	40% rate their substance abuse recovery higher than fair (good to excellent)	11/11 = 100%
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YWCA 2nd Quarter FY 23-24

Supported Employment			Supported Employment/Education Capstone	
1	80% program participation rate in employment or occupational goals	18/20=90%	80% program participation rate in employment or educational	11/14 =79%
2	60% employment placement rate	16/20= 80%	60% employment/education placement rate	13/13= 100% 1/1= 100%
3	60% retention in employment for 3 months	10/16=63%	60% retention in employment for 3 months	9/14 =64%
4	75% non-recidivism rate of ex-offenders served	20/20=100%	75% non-recidivism rate of ex-offenders served	14/14 = 100%
5	70% no less than minimum competitive employment wage	16/16=100%	70% no less than minimum competitive employment wage	13/13 =100%
6	All consumers will receive employer contact within the first 60 days of enrollment	20/20=100%	All consumers will receive employer/academic contact	13/13= 100% 1/1= 100%

			within the first 60 days of enrollment	
7	60% employed within the first 90days of service	14/16=88%	60% employed within the first 90days of service	13/14 =93%
8	33% rate their income higher than fair (good to excellent)	17/20=85%	33% rate their income higher than fair (good to excellent)	13/14=93%
9	60% rate their involvement with work high than fair (good to excellent)	14/16=88%	60% rate their involvement with work higher than fair (good to excellent)	12/13 =92%
10	33% rate their mental health recovery higher than fair (good to excellent)	16/20=80%	33% rate their mental health recovery higher than fair (good to excellent)	1/1=100%
11	40% rate their substance abuse recovery higher than fair (good to excellent)	18/20=90%	40% rate their substance abuse recovery higher than fair (good to excellent)	14/14=100%

YWCA 3rd Quarter FY 23-24

Supported Employment		Supported Employment/Education Capstone		
1	80% program participation rate in employment or occupational goals	21/26=81%	80% program participation rate in employment or educational	15/18 =83%

2	60% employment placement rate	21/26= 81%	60% employment/education placement rate	15/18=83 % 1/1= 100%
3	60% retention in employment for 3 months	14/21=67%	60% retention in employment for 3 months	13/15 =87%
4	75% non-recidivism rate of ex-offenders served	26/26=100%	75% non-recidivism rate of ex-offenders served	18/18 = 100%
5	70% no less than minimum competitive employment wage	21/21=100%	70% no less than minimum competitive employment wage	15/15 =100%
6	All consumers will receive employer contact within the first 60 days of enrollment	26/26=100%	All consumers will receive employer/academic contact within the first 60 days of enrollment	18/18= 100% 1/1= 100%
7	60% employed within the first 90days of service	19/26=73%	60% employed within the first 90days of service	15/18 =83%
8	33% rate their income higher than fair (good to excellent)	23/26=88%	33% rate their income higher than fair (good to excellent)	16/18=89%
9	60% rate their involvement with work high than fair (good to excellent)	20/21=95%	60% rate their involvement with work higher than fair (good to excellent)	17/17 =100%

10	33% rate their mental health recovery higher than fair (good to excellent)	23/26=88%	33% rate their mental health recovery higher than fair (good to excellent)	1/1=100%
11	40% rate their substance abuse recovery higher than fair (good to excellent)	24/26=92%	40% rate their substance abuse recovery higher than fair (good to excellent)	16/18=89%

Crisis Intervention Services

- Crisis answered 2,331 of 2,605 incoming calls (89.48%).
- Crisis Intervention served a total of 214 individuals. Of those, 84 were first-time consumers of the program, while 130 had at least one previous contact.
- Crisis provided 88 mobile services with each service averaging 1.7 hours.
- Crisis provided 306 telephone services with each service averaging .60 hours.
- Crisis provided 2 walk-in services with each service averaging .60 hours.

Crisis Services

		Start Date	End Date	Insurance Type
Service Date:		6/1/2024	6/30/2024	

		Telephone	Walk-In	Mobile
Age:	Less Than 13:	5	0	0
	13 - 17 Yrs:	25	1	1
	18 - 34 Yrs:	110	1	35
	35 - 49 Yrs:	99	0	26
	50 - 64 Yrs:	47	0	15
	65 - 74 Yrs:	16	0	6
	Greater Than 74:	4	0	5
	Total:	306	2	88

- Crisis also provided an additional 147 hours of collateral contacts which consist of other phone calls and interactions that are not defined by state regulations.
- In addition, a total of 165 hours was collectively spent working on bed searches, insurance authorizations and other activity related to commitments.
- Crisis received 39 referrals from the three emergency departments (UPMC Harrisburg, UPMC Community General, and Penn State Hershey) in Dauphin County.
- Crisis received 34 referrals from police.
- Crisis received 2 referrals from DCP.
- Crisis received 0 referrals from 988/Lifeline.
- **Data regarding commitments during June is still in progress, but the following is being reported for May 2024:
 - 12 voluntary (201) admissions.
 - 83 petitioned 302's:
 - 50 were approved (60% of those petitioned), and 43 were ultimately admitted for treatment (86% of approvals). There were also 4 that required a 303 to be completed prior to transfer to a psychiatric facility.

- 33 were denied (40% of those petitioned). 15 of those resulted in 201's being signed, while 3 resulted in medical admissions.
- Breakdown of 302 petitioners:
 - 28 were petitioned by physicians (includes ER doctors, psychiatrists at PPI and doctors on medical floors).
 - 13 were petitioned by police officers.
 - 5 was petitioned by a co-responder.
 - Of those petitioned by police/co-responders, 12 were denied, and 7 of the denials signed a 201.
 - 19 were petitioned by friends and family members.
 - 16 were petitioned by MH workers (includes Crisis, CMU, Keystone and ACT staff).
 - 1 was petitioned by a Probation Officer.
 - 1 was petitioned by staff at DCP.

E. Extended Administrator Discussion regarding Budget and MHADP activities in FY 24/25

In the state budget the following increases were passed:

Education- \$100 million for mental health and physical safety

Human Services-

\$261 million (11.4%) – Intellectual Disabilities (ID) – Community Waiver program ○ Includes additional spots for the Consolidated and Community Living Waivers

- Increases MA rates paid for home and community-based services

- \$71 million (8.0%) - Mental Health Services ○ Includes an increase of \$20 million over fiscal year 2023/24 for county based mental health services. A passed fiscal code requires this allocation be based on a calculation methodology applied to the last five years of census data in the county of 20% of total MA dependent population; 40% of total population meeting 200% Federal Poverty Guideline and 40% total uninsured population .

\$9.1 million (4.9%) – Early Intervention program

\$5 million (27.0%) – Homeless Assistance ○ Includes funding to prevent evictions, provide rental assistance, and other supportive housing services.

MATP - level funding for MATP at \$69.5 million

We are most certainly grateful for the funding increases resulting in much needed rate increases for direct support professionals the intellectual disability and autism population depends on as well as rate increases for other professionals including supports coordinators. The commitment to eradicate the IDA wait list is applauded. We anticipate being exceptionally busy in FY24-25 implementing these budgetary goals.

The increases in mental health will not restore the cuts that occurred in 2013 or the pace of inflation. Without the receipt of the much appreciated reinvestment funds in support for residential services Dauphin County would need to be implementing service reductions at this time. Despite this influx of support and without additional adjustments in the state allocation we do anticipate not meeting our budget going into FY25/26. We have begun to reduce the county's investment in moderate care residential services as a first step and will be considering other reduction measures with the least amount of impact possible.

F. Committee Reports

Executive Committee- No report

Nominating Committee- No report, review of vacancies (3).

Intellectual Disabilities Committee- Mary DeCoen- Last meeting was held at Maxim due to construction of the CMU building. CMU was able to raise \$3,420 in this year's Highmark Walk. Center for Community Resources (CCR) and Expert Community Care Management (ECCM) are the new SCO's. Performance Based Contracting training has begun to ensure everyone is in compliance.

Mental Health Committee- Rachael Clifton- Last meeting was held June 17th. Tony House from PerformCare spoke on the issue of providers receiving late payments. Back-to-back 302's are no longer allowed. Instead, a 303 would have to be done if placement is not found within the first 5 days of a 302. Abby from CSS participated in Hill Day and marched for more funding.

G. Fiscal Report Briefing- The fiscal report contains only some of June's bills. Providers had until the end of July to get all contracts in for June.

H. Community Input/Other Business/Motions/Adjournment

None

- I. **Next Public Board Meeting: September 24, 2024, at 8:30AM, virtual meeting. Note:** The educational topic will be vocational supports in mental health services.

Respectfully Submitted,

London Crane
Administrative Assistant, MHADP