

**Pennsylvania Olmstead Plan  
Dauphin County  
FY 2016-2017**

**Original Submission Date: October 31, 2016  
Final Submission Date: March 1, 2017**

- I. Olmstead Planning Process:** Dauphin County is committed to community integration for individuals with serious mental illness and co-occurring disorders (Mental Health (MH), Drugs and Alcohol (D&A) and MH & Intellectual Disabilities (ID)), especially persons who are in a State Mental Hospital (SMH) and those at risk for hospitalization at a State psychiatric institution. Dauphin County Mental Health /Intellectual Disabilities (MH/ID) Program promotes recovery and resiliency in all programs and services. We strive to assure all programs and services are high quality, accessible, and flexible to meet the needs of individuals experiencing mental illness. Dauphin County has been involved in many Community Hospital Integration Program Projects (CHIPP) throughout the 1990's and with the closing of Harrisburg State Hospital in 2006. Community Hospital Integration Program Projects (CHIPP) were established in the early 1990's as a mechanism to reduce Pennsylvania's State Mental hospital census by reducing long-term inpatient beds and expanding services in the county-operated community-based system. It has been over twenty years since Dauphin County began reducing their SMH bed use by creating community based services and supports. From 2006 through 2008, we engaged in the closing of Harrisburg State Hospital and reduced the county's assigned bed capacity to 35 beds at Danville State Hospital. In that process, involving careful planning and preparation, over 100 persons left an inpatient setting to reside in communities and neighborhoods throughout Dauphin County. The CHIPP funding stream has enabled Dauphin County to develop many programs to support individual's leaving the state hospital and returning to the community and divert a significant number of other persons from SMH admissions. In 2012, CHIPP funds were cut by the then State administration and almost \$2 million dollars were cut for programming in Dauphin County. This resulted in a program closure and staffing reductions. Medicaid expansion in FY14-15 has helped ease county costs for Medicaid funded services.

In FY 2014-2015 Dauphin County was awarded CHIPP funds to establish a Licensed Community Residential Rehabilitation (CRR) program for three (3) persons. The program opened in December 2015 and has a minimum of Bachelor-level trained staff in Dialectical Behavioral Therapy (DBT). The program design uses DBT as a programmatic focus for participants. The transitional residential setting reinforces the DBT evidence-based treatment model. The current bed capacity for Dauphin County at Danville State Hospital is 32 for FY16-17.

Seeking input from individuals in service and identifying their needs has been critical in developing and maintaining adequate services and supports for individuals. Dauphin County feels strongly that individuals with mental illness can and do recover. Individuals need to be a part of and feel connected to their community in the least restrictive setting, receiving services and supports rather than relying on state psychiatric hospitals. Each individual’s needs are assessed through the Community Support Planning (CSP) process, which serves as the foundation for successful implementation of the Olmstead Plan. Incorporating the community mental health values of the Community Support Program from the 1970s, Pennsylvania modeled the CSP process on bringing together clinical, family and self-reported needs and desires into one document to guide a discharge process to transition individuals successfully to their expressed “home” communities. The CSP planning process is monitored and developed in partnership with the individual and their support system to identify and use their specific strengths as well as addressing any special needs. For persons being diverted from long term psychiatric care, an interagency team process is the mechanism for service planning, review and monitoring. A local Chapter of NAMI is involved in the Community Support Program, fields concerns from consumers and families, and initiates peer-to-peer and family-to-family education routinely which yields important information for Olmstead planning purposes.

Several new programs are in development using reinvestment funds through the HealthChoices waiver to meet the needs of the individuals we serve. The identified programs are listed in subsequent sections of this report. An array of services is required for the system to meet the variety of individual needs.

**II. Services to be Developed: Treatment, Supports and Infrastructure**  
**a. Prevention and Early Intervention Services and Supports**

<b>Current Types of Services</b>	<b>Number to be served</b>	<b>Timeline</b>	<b>Resources needed/to be used</b>
Crisis Intervention Services includes mobile, phone, walk-in, bilingual/bicultural Hispanic, including Emergency services for all ages  Disaster Coordination Outreach Services (DCORT) Dauphin County Critical Incident Stress Management (CISM) for all ages  MH screening/informal assessments at Dauphin County Judicial Center for diversion from County jail for adults  Illness Management Recovery (IMR) for all adults  DSH Community Support Planning (CSP) process and Interagency team meetings for adults			

<p>Guiding Good Choices evidence based curriculum for middle school students ages 9-14) and parents with parent facilitators</p> <p>MH consultation to all secondary public schools operating Student Assistance Program (SAP) Teams ages 13-18 or high school graduation.</p> <p>Re-entry planning with State Correctional institutions (SCI) for Dauphin County residents for adults</p>			
<b>Services to be Developed</b>			
<p>Peer support embedded in Crisis Intervention Services for adults and transition-age teens</p> <p>In development FY16-17 First Episode Psychosis (FEP) program using NAVIGATE service delivery model with a three (3) agency collaboration for ages 16-26 at onset</p>	<p>250</p> <p>30-35</p>	<p>2018</p> <p>2017</p>	<p>HealthChoices</p> <p>Continued grant/HC funding</p>

**b. Non-institutional Housing Options**

<b>Current Types of Services</b>	<b>Number to be served</b>	<b>Timeline</b>	<b>Resources needed/to be used</b>
<p>An identified Housing Locator position embedded in a Housing Support service for adults uses a Housing First approach</p> <p>Housing support services, including contingency funds for persons registered in MH system w/o treatment requirement for adults uses a Housing First approach</p> <p>PREP (Prepared Renters Program) available twice per month to any interested registered consumer/family for adults and families uses a housing First approach</p> <p>PRA 811 Demonstration County (Project-based Rental Assistance) for adults uses a Housing First approach</p> <p>Established and functioning Local Lead Agency (LLA) for adults</p> <p>Bridge Rental Subsidy program in partnership with Housing Authority of the County of Dauphin for adults uses a Housing First approach</p> <p>Capital project approved by PHFA for family housing development; 40 units with 5 homes set aside for MH consumers/family for adults uses a Housing First approach</p> <p>Shelter Plus Care with 40+ voucher collaboration with Housing Authority of the County of Dauphin</p>			
<b>Services to be Developed</b>			

Expand bridge rental subsidy program for adults using a housing First approach	50	2018	Reinvestment
Expand Contingency funds for individuals forensically involved for adults using a Housing First approach	50	2018	Reinvestment

**c. Non Residential Treatment Services and Community Supports**

<b>Current Types of Services</b>	<b>Number to be served</b>	<b>Timeline</b>	<b>Resources needed/to be used</b>
<p>Nine (9) contracted and licensed Outpatient clinics offering psychiatric and therapy services; additional clinics and psychological practices in Behavioral Health – Managed Care Organization (BH-MCO) network for all ages</p> <p>Specialty clinics available for persons homeless, sexual offenders, dual diagnosed (MH &amp; D/A) and MH/ID, DBT for adults and teens, Parent –Child Interaction Therapy (PCIT), Cognitive Behavior Therapy (CBT) , Trauma Focused -CBT and The Incredible Years. In many specialty clinics there is more than one provider agency for all ages</p> <p>One licensed Outpatient provider operates an open clinic for walk-ins two days per week, includes intake assessment and psychiatric evaluation for all ages</p> <p>Assertive Community Treatment (ACT) Team – urban model for adults</p> <p>Accessible Blended case management, Intensive case management and Administrative case management for all ages</p> <p>Licensed Psychiatric Rehabilitation services for adults</p> <p>Multi-systemic Therapy for children and teens</p> <p>Mobile Psychiatric Nursing for adults</p> <p>Behavioral Health Rehabilitation services for persons with MH disorder and /or with Autism ages 0-21</p> <p>Family Based MH Services for children and teens</p> <p>Two (2) acute adult partial hospitalization programs for adults; one (1) acute partial program for children and teens and two (2) non-acute partial programs for adults</p> <p>Supported employment (SAMHSA model) for adults</p>			
<b>Services to be Developed</b>			
Expand Supported Employment staffing; add Supported Education for FEP population ages 16-26	30	2016	FEP Grant
Expand Flexible Outpatient for children and teens	75	2017	HealthChoices
Add Functional Family Therapy for children and teens	30	2018	HealthChoices

Psychiatric Rehabilitation added as a Supplemental service for adults	40	2017	HealthChoices
Implement a Behavioral Health Re-engineered Discharge (RED) model	200	2018	2016 HC Reinvestment

#### d. Peer Support and Peer-run Services

Current Types of Services	Number to be served	Timeline	Resources needed/to be used
Three (3) Certified Peer Support (CPS) Programs  WRAP (Wellness Recovery Action Plan) Certified Peer Specialist facilitated  Embedded Peer Support Specialists in Inpatient, Social Rehabilitation, Psychiatric Rehabilitation, ACT, Supported Employment  Peer-operated Drop-in Center  Family-to-Family and Peer-to-Peer psychoeducation (National Alliance for Mental Illness- Dauphin County Chapter)			
<b>Services to be Developed</b>			
Embedded Certified Peer Support in Crisis Intervention Services	250	2018	HealthChoices

### III. Housing in Integrated Settings

#### a. Housing Inventory

Crisis & Diversion Community Residential Rehabilitation	Long Term Structured Residence (LTSR)	Community Residential Rehabilitation (CRR)	Supported Housing	Specialized Personal Care Homes (PCH/SPCH)	Fairweather Lodge
2 providers, 4 Crisis and 24 short-term (45 day) beds	1 Provider, 11 beds	4 CRR providers, 63 maximum care beds and 40 moderate care beds  Specialty CRRs in Forensic, DBT and Transition Age (18-24)	2 providers, capacity 300 persons  1 embedded Housing Locator position	4 MH Specialized Care Residences (licensed as PCH), 37 beds  1 Personal Care Home with 40 beds MH funded.	2 Community Lodges, capacity 8 persons

Shelter Plus Care	Bridge Rental Program	811	Sunflower Fields	PHFA collaboration with HACD re Housing Choice Vouchers
Mature program started in 2003 with HACD collaboration. Number and Types of vouchers: 4 Chronic homeless and 29 regular vouchers. As of 2/2017 30 housed, 2 available and 1 pending.	Full implementation 2016-2017 with Housing Authority of County of Dauphin. As of 2/2017 12 housed. Worked out reinstatement criteria to Section 8 wait list and Bridge preference for future available vouchers. All applicants complete PREP and are issued a certificate.	5 approved 2 bedroom units, two (2) occupied with consumers referred through MH. Lessons learned: updating application information, work with property management.	Capital investment using reinvestment funds under construction. Five (5) homes designated MH. 2/2017 Two (2) approvals on appeals. Lessons learned: application volume, approved property selection criteria review.	PHFA should outreach to HACD re additional Housing Choice vouchers available based upon 811 PRA and administrative Plan amendment.

**b. Progress Toward Integration under Title II under American with Disabilities Act (ADA)**

Dauphin County is committed to increasing safe, affordable and permanent housing opportunities in the community for individuals with serious mental illness and their families. Persons transitioning from acute psychiatric inpatient care, Community Residential Rehabilitation programs, Long Term Structured Residences and licensed Personal Care Homes are given choice in their transition planning and are offered supports voluntarily to improve success. A Landlord-Tenant Protocol is in place to encourage landlords with the tenant’s permission to work with the MH system to maintain integrated housing rather than use an eviction processes. Dauphin County has a robust Representative Payee program at the largest MH case management agency and County staff facilitate a Rep payee workshop with a two-fold purpose: conflict resolution on person’s spending plan and accounts and monitoring persons trying to end their representative payee status. Management of funds is another indicator of recovery and successful community integration. Advocacy by the mental health system with the Housing Authority of the County of Dauphin has led to a method for reinstating persons with serious mental illness to the Section 8 Housing Choice voucher waiting list and the success of the Bridge Rental Subsidy program. The designed Housing Locator position in a Housing Support service contributes to identification of housing opportunities for individuals and families throughout the County. As a PRA 811 Demonstration site, use of [www.socialserve.com](http://www.socialserve.com) , at the system called “Prescreening, Assessment, Intake and Referral “ (PAIR) also will help connect more persons to affordable housing options throughout Pennsylvania. Education and information sharing on the wide range of opportunities is on-going.

Individuals access community resources with assistance from MH case management staff, peer specialists and housing support services staff or independently at their choosing and have choices in

their daily activities. Supports are used to encourage self-determination and self-advocacy, and persons have the right to choose the frequency of supports and when supports are no longer needed. Many of the existing licensed residential programs are located in residential neighborhoods or in integrated apartment complexes allowing for daily activities and opportunities with neighbors of diverse backgrounds and demographics. These opportunities establish a smoother transition when coupled with positive community experiences.

### **c. Plans for CRR Conversion**

Dauphin County decreased full-care CRR beds and converted them to moderate care thus decreasing 24/7 support and using an on-call system if there were overnight emergencies or needs. Close monitoring of lengths of stay and designation of all CRR as transitional housing are the methods in which we use to build recovery skills and offer independent housing options without service requirements. Dauphin County has no immediate plans to conduct a CRR conversion at this time. The Bridge Rental Subsidy program is also an example of resources without service conditions. The short-term CRR programs are also an excellent way to stabilize persons who in a few days or weeks move into independent housing.

The FY2016-2017 Block Grant Plan calls for action in transitioning 13 persons in CRRs with a tenures of over 2 years (a range of 3-12 years). This suggests that the efforts to assist persons to live in unlicensed housing is working considering 103 CRR beds are in Dauphin County. In the past 2-3 years CRR development has been for 3-bed programs with either with a population age or therapeutic focus.

### **d. Other Housing Strategies**

**Local Lead Agency:** The mental health system has a long-term relationship with the homeless services network and housing stakeholders in Dauphin County. The County's Landlord-Tenant Protocol is a product of our Local Housing Options Team (LHOT) and is posted on the [www.parecovery.org](http://www.parecovery.org) website. For many years the local mental health system has collaborated with the Housing Authority of the County of Dauphin with Shelter Plus Care vouchers, including chronic homeless vouchers, Project Access and a Bridge Rental Subsidy program to HUD Section 8 vouchers. The Dauphin County MH system was instrumental in CACH's (Capital Area Coalition on Homelessness) designation as the Local Lead Agency (LLA) for Dauphin County. Dauphin County's Mental Health Program has an active role in assisting CACH in meeting their LLA requirements. The MH/ID Administrator is an officer of CACH and also oversees the Homeless Assistance Program and Emergency Solutions Grant funds in Dauphin County. The LLA has

agreements in place with referral sources and case management agencies that identify service needs, make service referrals and monitor the provision of MH services and supports to individuals.

**Partnerships with other Housing Entities:** Dauphin County has many arrangements and agreements with Housing partners. The County MH Program operates the Local Housing Options Team (LHOT) and participates in the LLA's PRA 811 Demonstration Project. The Regional Housing coordinator also participates in the 811 Local Lead Agency process and conducted a train-the-trainer workshop on PREP (Prepared REnters Program) in FY15-16. Dauphin County has an MOU and a service agreement with the Housing Authority of the County of Dauphin for the Shelter Plus Care program (30+ vouchers), Project Access and the Bridge Rental Subsidy program. An admission preference was completed for Bridge Rental Subsidy participants to Section 8 Housing Choice vouchers. Reinstatement of some persons with a mental illness has been determined and is successfully used. Harrisburg City's Redevelopment Authority is the sponsor of CACH and the relationship is described in the previous section. The Housing Locator position and all MH Case management agencies are trained to assist persons to make public housing and low income housing referrals to the City of Harrisburg Housing Authority, the Housing Authority of the County of Dauphin and low-income housing property management agencies. Periodically, a Property management/owner's breakfast is held to share information and discuss common issues reinforcing conflict-resolution and cooperation.

#### **IV. Special Populations**

- a. Persons with a dual mental health and intellectual disability diagnosis:** There is ongoing collaboration between the MH system and the Intellectual Disabilities system to address the challenges of individuals with co-occurring mental health disorders and intellectual disabilities. Cross-system involvement is between case management and supports coordination, interagency team meetings, consultation with County MH and ID staff, and service provision in outpatient and inpatient are customary. The ACT team serves a limited number of persons with a dual MH and ID diagnosis. A new service, Mobile MH/ID Behavioral Intervention Service was developed using reinvestment funds. The goal is to prevent readmissions to community inpatient care and psychiatric Emergency Room visits. A training is set for 2017 among County, case management and selected MH/ID agencies specifically on establishing a common knowledge and treatment perspective. Dauphin County does not refer persons open with ID supports coordination for long-term inpatient care. Danville State Hospital has been instrumental in documenting an ID diagnosis for some in order to be better served in the community upon discharge. Access to treatment is available for adults and children in case management, outpatient, inpatient and partial hospitalization. Children also benefit from Behavioral Health Rehabilitation Services (BHRS) with dual diagnoses of MH and ID.

- b. Persons with a mental health and substance use disorder:** To address the increasing number of individuals experiencing co-occurring MH and D&A disorders, Dauphin County has a robust approach to provide several levels of case management support to persons with co-occurring disorders through MH targeted case management. The premise is that targeted case management offer an added approach to coordinating care and motivating persons toward recovery. As strong advocates for integrated treatment, Dauphin County MH supports one therapist and one setting where both disorders can be treated using evidenced based interventions simultaneously providing the best outcomes possible for this adult and transition-age population. Two (2) co-occurring outpatient programs were implemented in 2014-2015 using reinvestment funds. Crisis caseworkers and MH case managers are frequently referral sources for Drug & Alcohol services and supports and they also engage with the BH-MCO D&A provider network very well.
- c. Persons with mental illness and physical health needs:** The relationship between health and mental health are fully understood and prioritized among persons registered with the MH system. Dauphin County continues to be the primary planner and implementer of services, supports and rehabilitation services not funded by Medicaid and Medicare. MH targeted case managers assist caregivers with coordinating mental and physical health issues. The on-going commitment to wellness activities for children and adults in MH system is demonstrated through a Wellness Initiative Committee. PerformCare, the BH-MCO, has multi-year priorities identified on PH/BH integration. Active Quality Assurance Management in the County MH Program is addressing chronic/preventable medical conditions. The dissemination of a Medication Reconciliation Toolkit (2015) from PerformCare is on-going. Future opportunities in 2019 under Community HealthChoices are anticipated.
- d. Persons with Traumatic Brain Injury (TBI):** In 2006 a specialized care residence was established for persons with traumatic brain injury leaving Harrisburg State Hospital. Over the subsequent years, there is a less established need for a segregated program by the choice of persons with TBI. Persons with a TBI access outpatient, partial hospitalization, ACT, case management and social rehabilitation services as they choose and/or meet eligibility. Some experience has been gained working with children with TBI and families also through the provision of BHRS, Family-based MH Services and residential treatment services. Our relationships with physical health care entities has improved the diagnosis of TBI among person being registered for MH services and other programming is used to support them in a community of their choice and living arrangement of their choice. Resources are available to both adults and children and efforts are made to coordinate care with all eligible benefits and services.
- e. Persons with criminal and/or juvenile history/involvement:** All Dauphin County Crisis Intervention Program, Emergency Services and Outreach, including in-reach to persons experiencing homelessness, is accessible for person involved in the juvenile or criminal justice systems. Walk-in Intake access at BSU and community/home/jail intake appointments are available. Intensive Case Management (ICM) & Blended Case Management, including Forensic BCM are available to persons residing in Dauphin

County that meet regulatory eligibility. Community Support Planning (CSP) or an Interagency Team meetings are available for cross-system communication and service planning. Jail diversion may occur as a result of mental health screening at booking and the MDJ/Pre-trial level for adults charged with an offense. Policies and procedures are in place to divert youth into treatment rather than juvenile placement settings. MH assessments and treatment are offered at shelter settings. Licensed residential programming is available for adults, including a CRR program for adults with mental illness and criminal justice involvement. Evidenced-based outpatient clinic services (DBT, CBT, Co-Occurring MH & D/A) for adults and youth are available and an Assertive Community Team (ACT team is accessible. Center-based and individualized social rehabilitation is available for adults. A licensed psychiatric rehabilitation program is accessible, as well as Supported Employment and transitional short term CRR programming for adult stabilization. Sex Offender Outpatient Services are available for adults and youth. Strong collaboration occurs between MH agencies and the Family, Juvenile, and Criminal Courts. Probation services are well coordinated with mental health services.

- f. Persons who are deaf or hearing impaired:** Each contracted agency in Dauphin County makes every effort to recruit and hire staff of qualified individuals representative of the population served. However, no provider has been successful recruiting in this area. Dauphin County providers maintain contracts with interpreter services to address the needs of persons who are deaf or hearing impaired. Dauphin County MH/ID Program and the Medicaid BH-MCO have policies and procedures in place to support agencies in addressing deaf and hearing impairment needs. TTY services are available when Crisis Intervention program staff unable to meet the needs of individuals seeking services. Most other providers use interpreter services and the BH-MCO has a reimbursement rate. Individuals with deaf and hard of hearing issues often need individualized resources and services to meet their needs. Dauphin County also consults with area experts, advocates and OMHSAS. Dauphin County has initiated contracts with service providers in other geographical areas to meet specific individual needs.
- g. Persons who are homeless:** Dauphin County MH is an active participant in the homeless services network. Designated staff are found in the Crisis Intervention Program and at the Base Service Unit. Homeless outreach is an important aspect of their job. A homeless outreach specialist position is located in a homeless soup kitchen operating a Lunch Plus program which includes free showers, a mailing address and casework support. The position is funded through PATH (Projects for Assistance in Transition from Homelessness) Through MH and United Way funding, a homeless outpatient clinic assures access to medication and treatment as needed. A Safe Haven program is operated for men with chronic homelessness and a mental illness. The YWCA's women's transitional housing program links with mental health agencies for the provision of treatment and supports. Persons experiencing homelessness have access to contingency funds, short term transitional CRR programming and any other MH service they meet eligibility criteria for. A SOAR (SSI/SSDI Outreach, Access, and Recovery) process has been used for several years to obtain benefits for persons experiencing homelessness.

Dauphin County and MH agencies are involved with Project Homeless Connect and the Capital Area Coalition on Homelessness (CACH). A Shelter Plus Care program has been fully operational for over 15 years and there are currently over 40 permanent supportive housing voucher available, including some designated for persons experiencing chronic homelessness.

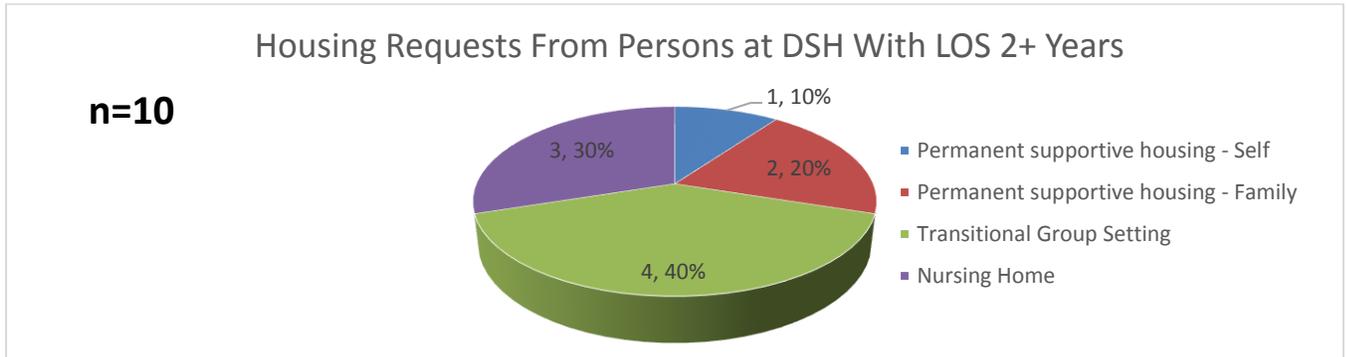
- h. Older adults with mental illness:** Crisis Intervention and emergency services may be accessed. Walk-in Intake/Registration and in community/home intake appointments are available at the Base Service Unit. Person-centered planning may be conducted with the AAA (Area Agency on Aging). Blended/ICM Case management is accessible. Geriatric Psychiatric Inpatient and Outpatient resources and Social Rehabilitation Services are available. A Licensed Psychiatric Rehabilitation Services welcomes older adults and the consumer-operated Drop-in Center is an option of choice for older adults as well. Assertive Community Treatment (ACT) serves older adults. Case management and treatment providers coordinate discharge planning with medical inpatient units, skilled nursing and rehabilitation facilities and primary care physicians as needed. Consumer Support Plans and Interagency team meetings improve collaboration and continuity of care for older adults that have aged while in the MH system or are new enrollees to mental health services. Webinars and training on the Older Adult Protective Services Act are available and referrals are made according to guidelines. Dauphin County has a Memorandum of Agreement with the Area Agency on Aging to work collaboratively with older adults. Coordination of services and case reviews are conducted to assist in providing the best types of care from both systems.
- i. Persons who are medically fragile:** As stated in the previous section, persons with serious mental illness may be well-known to the MH system and age with us or a person may be new to mental health services due to age-related issues such as depression. In either situation, MH case managers engage family members and other supports (with consent) in meeting the individual's needs using community and medical resources, including programs that support the person to fulfill their choices in staying in their own home or maintaining their independence in other ways. Non elderly adults and children also are afforded opportunities to select mental health services in the County and when applicable/eligible may benefit from home based services such as BHRS, FBMHS and ACT.
- j. Persons with limited English proficiency:** Each contracted agency in Dauphin County makes every effort to recruit and hire staff of qualified individuals representative of the population served. Dauphin County providers maintain contracts with interpreter services to address the diverse languages represented in the County when existing staff do not meet linguistic needs for support and communication. Most types of services have bilingual/bicultural staff in at least one provider agency. One provider operates a Hispanic clinic for Spanish only speaking individuals. The International Service Center provides some social rehabilitation services to persons of Asian descent, particularly when cultural assimilation issues are exacerbated by a serious mental illness. Dauphin County MH/ID Program, Crisis Intervention, and the Medicaid BH-MCO have policies and procedures in place to support agencies in addressing the language and linguistic support needs of individuals in

service. A Language Line is available when staff are unable to meet the linguistic needs of individuals seeking services. Services and supports are available regardless of age.

- k. **Transition age persons:** Walk-in intake appointments at the Base Services Unit (BSU), as well as, community/home intake appointments, including shelter/detention/jail intakes are available upon request. Blended Case Management is accessible and for persons completing secondary education intensive case management is also accessible. Interagency Teams & Multi-system Case Reviews help coordinate services across multiple agencies and systems. Evidenced based outpatient clinic services (DBT-Teens, DBT, CBT, Trauma Focused-CBT) are available. Tele-psychiatry is available through the BH-MCO and County funded. A mature Behavioral Health Rehabilitation Services (BHRS) network is also available up to age 22, including services at home, school and community for individuals with Autism. Flexible Outpatient has been piloted with one provider and combines clinic based outpatient therapy and psychiatric services with Mobile Therapy. Dauphin County supports less reliance on out-of-home treatment such as Residential Treatment Facilities and CRR-Host Homes. The new model for CRR-Host Home known as Intensive Treatment Program (ITP) is cost effective and clinically intensive; plans are to expand the service. MH case management has transition planning (strengths and needs assessment annually beginning at age 16) for all persons moving from a child-serving MH system to adult services. The JEREMY Project provides added support to transitioning persons ages 16-24. A transition-age (18-24 years) specific CRR program has been in operation for three years and has 3-beds offering full-care. A goal in the FY16-17 Block Grant Plan is to look at The JEREMY Project persons served over the past three (3) years to determine if Dauphin County is targeting the most vulnerable, high-risk transition age persons for additional community support.

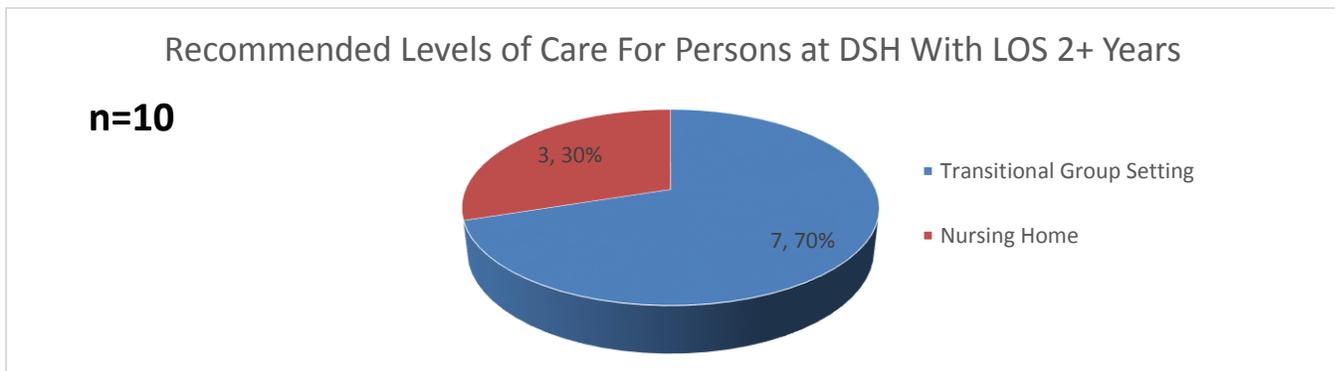
**V. Planning for Housing among Persons at Danville State Hospital**

- a. Housing requests from individuals at *Danville State Hospital* who have been at the state hospital 2 years or more, (participated in the peer assessment process associated with the CSP) as of September 30, 2016. Living arrangements requested at discharge.**



By September 2016, 10 persons had approached the two year length of stay and had started their CSP process. 30% of the persons surveyed indicated a choice for permanent supportive housing. Education about alternatives to nursing home care may also be indicated by this data. Transitional group setting choice could be met by the CRR short-term diversion programs. Permanent supportive housing choices may also be met through the two (2) Community Lodge programs in Dauphin County. Living alone or with family in an apartment/home could be met by 811 PRA units located in federal Low Income Tax Credit properties for individuals who are eligible and/or eligible for other set asides in LIHTC properties, Housing Choice Voucher or other subsidies.

**b. Recommended level of care for individuals receiving treatment at *Danville State Hospital* for 2 years or more and in CSP Planning process as of September 2016 N=10 persons.**



The State hospital Dauphin County census was 36 at the time the data was reviewed. This information suggests at the time of DSH discharge no persons are considered clinically prepared for independent living. Gaps between personal choice and clinical assessments will warrant educational strategies to demonstrate the success of community based rehabilitation and supports. In Section VI. Olmstead Action Plan outlines the initial steps to be taken.

**VI. Olmstead Action Plan using a Comprehensive Funding Strategy to support the development of services.**

- ✓ Support provision of Medicare enrolled outpatient psychiatric clinic providers/physicians.
- ✓ Annually request waiver of rates to match up to the BH-MCO rates for County funded services to uninsured or underinsured individuals.
- ✓ Continue to advocate for final Outpatient regulatory relief which have been delayed for many years at State administrative levels.
- ✓ Implemented with three (3) providers provision of tele-psychiatry under the OMHSAS Bulletin, including availability of County funds for non-Medical Assistance (MA) consumers with more than one (1) existing provider.
- ✓ Support restoration of CHIPP funds cut in 2012 in annual State budget.
- ✓ Develop and implement strategies with Danville State Hospital management and clinical staff on the use of supportive permanent housing in transitioning to the community from an institutional setting and use "Housing First" strategies.

- ✓ Encourage provider service assessment/outcomes on current and future use of existing County funds under the Block Grant.
- ✓ Monitor grant announcements for match between needs and opportunities.
- ✓ Continue to build upon formal relationship with Local Lead Agency (LLA) through County MH staff assignment to provide staffing support including but not limited to: Strategic planning, training, Stakeholder information sharing and management, developer relationships, and data management.
- ✓ Maintain a strong stakeholder relationship with the LLA and all potential developers/property managers in the event of an 811 PRA voucher awards to the Dauphin County LLA, CACH to increase the availability of affordable, safe and quality housing for persons which meet the definition of the PHFA-DHS 811 PRA Priority Target population definitions.
- ✓ Continue relationship with Housing Authority of the County of Dauphin (PHA) in Shelter Plus Care, Project Access through Memorandum of Understanding and continue Bridge Rental Subsidy Program to Housing Choice vouchers. A cross-system partnership has been established to increase availability of affordable, safe and quality housing that is integrated in the community for persons with serious mental illness.
- ✓ Oversee application process for capital investment project “Sunflower Fields” through reinvestment funding. Homes are currently under construction. Two (2) applicants have been approved by property management as of 2/2017.
- ✓ Explore use of future reinvestment funds for capital projects with developers, including the Housing Authority of the County of Dauphin (HACD) to increase the availability of affordable, safe and quality housing for persons which meet the definition of the PHFA-DHS 811 PRA Priority Target population definitions in the public mental health system.
- ✓ Continue to invest in training and expertise of treatment professionals in evidenced-based programming with clinical outcomes for people exiting institutions.
- ✓ Continue investment in SAMHSA model Supported Employment program operated by YWCA of Greater Harrisburg for persons exiting institutions and diverted from institutions.
- ✓ Advocate for BH-MCO participation in licensed psychiatric rehabilitation programming without county funding cuts so funds are available for non-Medicaid populations.

## **VII. Summary**

Dauphin County MH/ID Program is dedicated to providing an array of services and supports for the individuals that currently or historically have been in the state hospital system. The MH system is committed to diversion from long-term institutional care in the mental health system and collaboration with other systems to that end: medical, criminal justice, intellectual disabilities, homeless, and drug & alcohol. Continuing to use mental health resources in fiscally responsible and person-centered ways is our mission. Dauphin County will continue to routinely provide technical assistance and consultation to the behavioral health managed care company and oversight agency.

10/31/2016

Amended 3/1/2017