

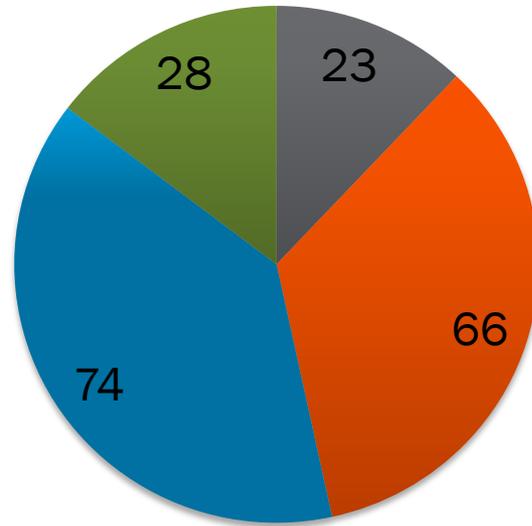
**DAUPHIN COUNTY ADULT MH  
RESIDENTIAL PROGRAM  
HIGHLIGHTS**

# ADULT MH RESIDENTIAL LEVELS OF CARE

- **Long-Term Structured Residence (LTSR)**, is a highest level of non-hospital psychiatric care and is a structured therapeutic treatment program, which is conducive to growth by assisting individuals in accomplishing recovery goals. As a diversion program, some individuals are admitted to this program involuntarily under the Mental Health Procedures Act. Staff includes clinical components, such as a psychiatrist and licensed nurses.
  - **Community Residential Rehabilitation (CRR)**, is a structured transitional program in a group home setting or apartment settings designed to assist individuals in developing independent living skills and reaching their goals in preparing for living independently in the community.
  - **Personal Care Homes (PCH)** provides 24/7 supervision and daily personal assistance services with the completion of daily living tasks and promotes improving skills to become successful in the community.
  - **Short Term Community Residential Rehabilitation (CRR) Program** is staffed 24/7 and provides individuals a short term structured residential setting for 5 days in Crisis beds and up to 45 days in longer term CRR beds, and assists individuals in reaching their goals in preparing for independent living in the community.
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# ADULT MH RESIDENTIAL PROGRAM CAPACITY

Bed Capacity = 191



- LTSR 23
- CRR 66
- Personal Care 74
- Short Term CRR 28

# STRATEGIES IMPLEMENTED

- Residential database to track admissions, discharges and waiting list for all programs electronically .
  - New Residential Programming Policy emphasizing individual interagency meetings.
  - Quarterly Meeting with Each Residential Provider assures effective collaboration is occurring for discharge planning and offers each agency technical assistance in reducing barriers to increasing recovery oriented discharges.
  - Admissions/Discharge Checklist focuses on recovery principles, such as encouraging individuals to take an active role in all aspects of their services.
  - Evidence Based Programs such as Illness Management & Recovery (IMR) and Wellness Recovery Action Plans (WRAP) used in residential programming.
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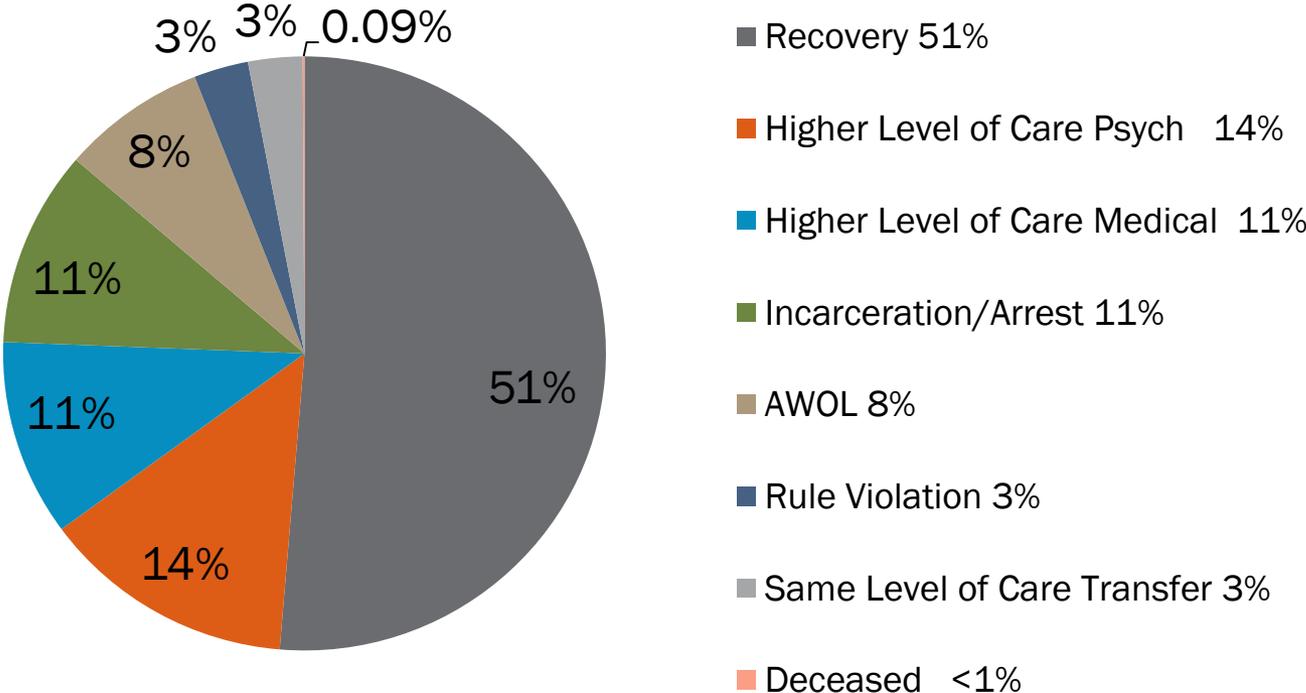
# Adult Residential Discharge Data in FY 2011-2012

- Adult Residential discharge data for 2011-12 is still under review and analysis by program staff.
  - There were a total of 348 person served in residential services, excluding crisis residential services, during the fiscal year.
  - Among those persons, 104 were discharged.
  - The information reflects that the majority of discharges from residential services are positive and recovery-oriented as individuals make choices and experience gains in their daily living and use of mental health treatment and supports.
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# Adult Residential Outcomes By Type of Discharge FY 2011-2012

Type	#	%	Examples
Recovery	53	50.9	Independent housing, appropriate use of treatment/support resources
Higher Level of Care - Psychiatric	14	13.5	Referred to acute inpatient care and other IP care such as Danville State Hospital or Extended Acute Care
Higher Level of Care – Medical	11	10.6	Referred to inpatient medical care and/or skilled nursing care
Incarceration/Arrest	11	10.6	Arrested and/or sentenced in pending court matter to incarceration
AWOL	8	7.7	Left with notice or plan
Rule Violation	3	2.9	Repeated program rule violation such as drinking on premises, aggression towards staff
Same Level of Care - Transfer	3	2.9	Choice
Deceased	1	.9	
Total	104	100.0	

# DISCHARGES BY PERCENTAGES



# Length of Stay in Years by Type of Residential Discharge

Note: .01 refers to LOS of 1 or 2 days at that level of care.

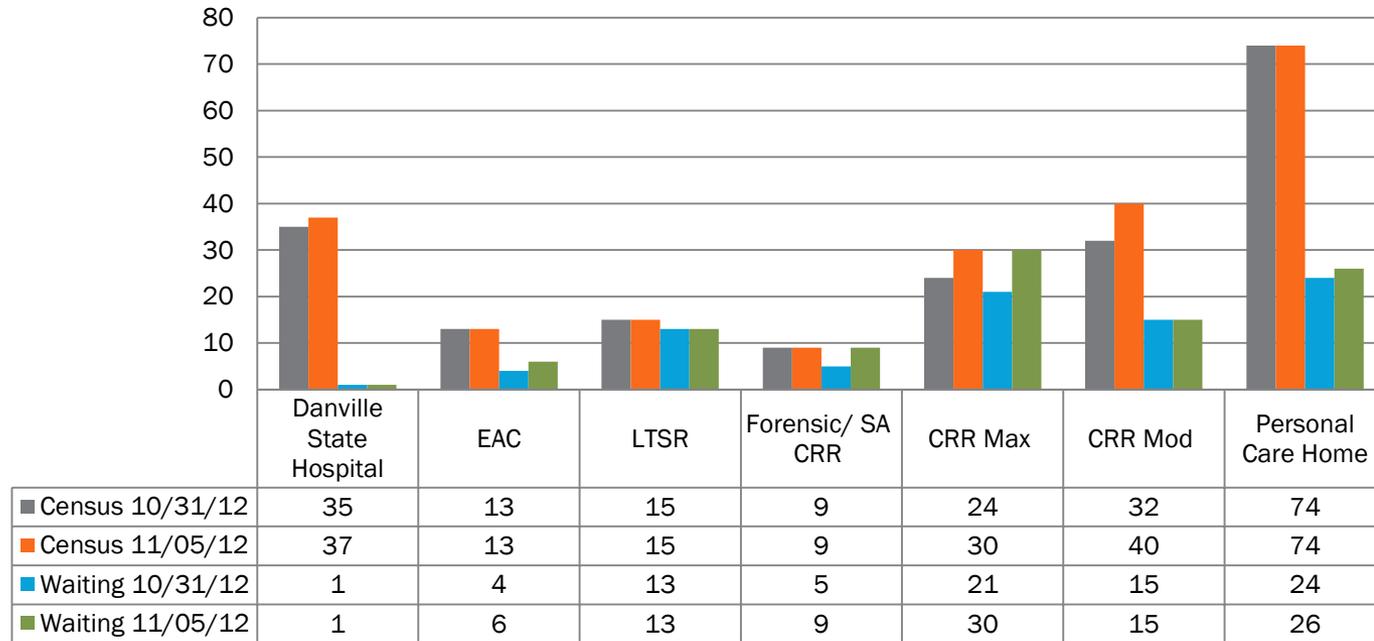
Type of Residential Service & Capacity	Number of Persons Discharged	Mean Length of Stay (LOS)	Minimum LOS	Maximum LOS
LTSR (23)	8	5.2	.7	10.1
CRR (66)	69	1.6	.01	12.8
PCH/SCR (74)	27	4.2	.1	20.3
Total	104	2.5	.01	20.3

- The length of stay information suggests that persons can achieve their goals in a reasonable period of time,
- Recovery is individualized and not dependent upon the number of years in service.

# IMPACT OF BUDGET CUTS FY 2011-2012

Provider	Service	Impact	# of consumers
NHS Capital Region	Convert LTSR to CRR Reduce staffing at CDA Reduce staffing at PCH Move high need consumers to other placements	Restructure residential programs, and convert LTSR to Maximum Care CRR	Estimated 10
Keystone Community Mental Health Services	Residential and Supportive Living Programs	Reduce staff in SL, CRR, and PCH, eliminate apartment program by attrition	Estimated 15- 30
Philhaven	Clubhouse	Close Clubhouse Program 9/14/12	12- 15 average daily attendance
Keystone Children and Family Services	Student Assistance Program	Reduce # of SAP evaluations at schools	N/A
Community Services Group	Reduce CRR Contract Amount	Staffing and operations	N/A
Elwyn	Reduce CRR Contract Amount	Staffing and operations	N/A

## Point in Time Census and Waiting by Level of Care



- ❖ Census is the number of people in the hospital or residential setting.
- ❖ Waiting refers to adults accepted for admission to a specific level of care who must wait in a hospital, the Prison, a State facility, Diversion Housing, community settings, or who are homeless, in a Shelter, or in any of the levels of care above.

# COMMENTS & QUESTIONS

Thank You

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