



**CAPITAL AREA BEHAVIORAL
HEALTH COLLABORATIVE, INC.**
Established October 1999

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COLLABORATIVE, INC.**

CONTINUOUS QUALITY IMPROVEMENT PLAN
2014

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INTRODUCTION

Capital Area Behavioral Health Collaborative, Inc. (CABHC) is a private, not for profit company formed out of the collaboration among Cumberland, Dauphin, Lancaster, Lebanon, and Perry Counties' Mental Health and Drug and Alcohol offices. The result of the collaboration was the formation of CABHC, which was incorporated in October 1999. CABHC directs the behavioral healthcare contract with the Counties' managed care partner, PerformCare, a subsidiary of AmeriHealth/Caritas, Inc.

CABHC's mission is: *To ensure access to and delivery of a coordinated, effectively managed, comprehensive array of quality mental health and substance abuse services that reflect the holistic needs of eligible residents throughout the five County area.*

The Continuous Quality Improvement Plan (CQIP) incorporates actions that have been identified by the various standing CABHC Committees in which essential areas will be monitored and analyzed by CABHC. The CQIP also includes objectives that were generated by CABHC that complement the action items of the committees and will be implemented during Calendar Year (CY) 2014.

CLINICAL COMMITTEE

CABHC's Clinical Committee is committed to monitoring the oversight of all treatment related activities. Some areas of focus include monitoring HealthChoices follow-up and access standards to treatment, overseeing coordination of treatment services for all ages, reviewing continuity of care issues across all levels of care, overseeing the activity of Reinvestment Services, monitoring Behavioral Health Rehabilitation Services (BHRS), analyzing best practices as well as assessing evidenced based practices and promising practices. The following activities have been identified by the Clinical Committee for 2014.

Quality Assurance Activities under the direction of the Clinical Committee

1. Improving Behavioral Health Rehabilitation Services (BHRS)

Throughout 2013, there were many activities with BHRS. Some of the activities were put on hold and no further development was taken. However, some activities will continue into 2014. To further assess all the various activities involving the transformation of BHR Services, the Counties and CABHC held a BHRS Summit with PerformCare. The result of this summit was the development of a task list that will be used as the roadmap for all children/adolescent projects, including their objectives, who is responsible and continuous monitoring of the projects through the use of the Base Camp management tool. One of the key initiatives is the development of the "PerformCare's Proposed BHRS Process Changes", which has been renamed to "Initial BHRS (TSS, BSC, MT and FBA) Request Process Change". CABHC's Clinical Committee will review and provide feedback to this document, which will then be submitted to OMHSAS. The Clinical Committee will oversee PerformCare when they present their new process to stakeholders prior to implementation.

CABHC's CANS Algorithm Project will continue its development and piloting under the leadership of Community Data Roundtable and PerformCare. The implementation of the CABHC Child and Adolescent Needs and Strengths (CANS) tool along with a web based clinical algorithm will provide a tool for the evaluator to best match the most appropriate service, frequency and duration based on the findings of the CANS. CABHC will monitor the implementation process in 2014 and will analyze the performance of evaluators who are using the tool and compare them to evaluators who are not using the tool.

Another project that will support the transformation of how services are delivered to children and families is the proposed Integrated Mental Health Therapy for Children and Adolescents that combines Mobile Therapy with MH OP Clinic services. Development of an implementation plan will be worked on for 2014.

A steering committee will be developed during 2014 to assess the excessive use of BHRS in the school setting and to recommend the development of evidenced based and promising practice services that support the educational system's support of children and adolescents with a serious emotional disturbance. One educationally based program that will be explored is the Positive Behavioral Interventions and Supports. Participants will include PerformCare, CABHC, Counties, families, schools and the IU. The steering committee will evaluate the effectiveness of school based outpatient facilities in meeting outcomes identified in treatment plans by conducting research on the current distribution and quality of the service. Potential areas of research include: how many school based OP sites are active; what are the services being provided at these sites; how many Consumers are being served at each site and how many units are being delivered; what are the credentials of staff at each site; and what is the breakdown between individual, group and family services.

The BHRS Redesign Workgroup composed of representatives from PerformCare, CABHC, Providers, and Counties developed "*Facilitating Positive Change*", which was made final in early 2013. With the completion of this document, the following process improvement will be implemented:

1. *Functional Enhancement of Interagency Service Planning Team (ISPT) meetings.*

The process redesign's focus is to obtain adequate information from persons involved in the member's life and community before an evaluator makes a recommendation for out of home treatment. In the past there have been evaluators who have made decisions in isolation without any feedback from the Member's treatment team. The implementation of the process redesign should improve collaboration between the team and the evaluator, thus improving services to Members. CABHC will monitor ISPT re-design efforts in 2014.

2. *Monitoring Community Residential Rehabilitation Intensive Treatment Program (CRR-ITP)*

CRR-ITP is a comprehensive community based service design that is licensed as a CRR-HH with added elements and treatment standards. Throughout the treatment, CRR-ITP parents serve as mentors to the biological or adoptive parents by working to transfer a set of skills and family system structure that has been effective with the child in the host home to the natural home

environment. Prior to discharge from CRR-ITP, the Provider has a six (6) week structured re-integration period, during which the CRR-ITP family mentors the natural family. The CRR-ITP will utilize the Child and Adolescent Needs and Strengths (CANS) at admission and at 90-day intervals during the CRR-ITP stay, and three months and six months post-discharge to measure treatment outcomes. The CRR-ITP program will also conduct a three-month satisfaction survey and a six-month post-discharge contact. In 2013, two Providers were selected (The Bair Foundation and NHS) to develop CRR-ITP services. NHS will provide services to Members up to age 12, and The Bair Foundation will work with Members 12 years of age and up. Both organizations will work with Members in each of the five Counties. The program developed slowly in 2013 and by the end of the calendar year there were five Members receiving services. In 2014, CABHC will continue to evaluate the implementation and efficacy of the program.

3. Summer Therapeutic Activity Program (STAP)

In 2013, OMHSAS required all STAP Providers to write new service descriptions that were focused on offering programs that provided services to children/adolescents with distinct behavioral health treatment that was clinically appropriate for the identified characteristics of the participants. In 2014 there are four providers that will offer a combined 10 different STAP camps. CABHC will monitor the operations of the camps through site visits and conduct a post camp analysis to determine if the programs provided clinically appropriate and targeted treatment as outlined in their service descriptions.

4. Reinvestment

The Clinical Committee will review the County specific CABHC reinvestment programs as identified in Appendix A in 2014. Monitoring will be conducted quarterly with the committee via data reports and summary updates based on a review schedule that will be established by the Clinical Committee.

5. Treatment Record Reviews (TRR)

The Clinical Committee will review semi-annually the status of all PerformCare conducted TRR's and quality improvement plans that are required as result of Providers scoring below 75% of their TRR's. The Counties will be kept up to date on any ongoing issues with Providers.

CABHC Generated Goal

Improve the Quality of Treatment and Discharge Preparedness for Children and Adolescents in Residential Treatment Facilities

Residential Treatment Facilities (RTF) provides services for children/adolescents with serious mental, emotional and/or behavioral problems who require coordinated, intensive and comprehensive treatment within a structured, residential setting. RTF services provide the child with community linkages and the real world competency necessary for his/her successful return to the community. Parents are encouraged to be actively involved in treatment and discharge planning.

CABHC through the RTF workgroup will research the level of active care management when a consumer is in a RTF to evaluate the degree of engagement of Care Managers in 30 day reviews that help to assure that consumers are receiving clinically appropriate treatment and achieving their stated objectives. The discharge planning process will also be reviewed to explore potential problems that lead to barriers to successful reintegration with the family or into the community.

PHYSICAL HEALTH/BEHAVIORAL HEALTH (PH/BH) INTEGRATION

CABHC has been active with the objective to facilitate projects that will support the integration of physical health and behavioral health care that will improve the overall quality of Member's lives. By improving collaboration and integration, we would expect enhanced improvements of physical well-being and overall recovery of these Members. CABHC and PerformCare, along with the Counties have actively participated and supported the development of projects that achieve this objective. In collaboration with the Clinical Committee, a PH/BH Workgroup comprised of the Counties, CABHC, Consumers and PerformCare has functioned to develop projects which improved the integration of Physical and Behavioral Health systems of care. The PH/BH Workgroup reconvened in early 2014 to begin the process of brainstorming new PH/BH projects that can be researched with action steps that will be developed throughout 2014.

2014 CABHC PH/BH Monitoring Activity

- 1) CABHC will support and monitor the implementation of the Lancaster General Hospital Care Transformation Model that focuses on targeting heavy users of PH services who have a mental health diagnosis.
- 2) Northwest Human Services (NHS) is developing a Behavioral Health Home model that will integrate primary and behavioral healthcare in collaboration with Gateway Health Plan. CABHC will assist with this project by providing data to identify consumers who utilize high levels of PH and BH services in an effort to be more pro-active with care management and will partner with PerformCare, Dauphin County, NHS and Gateway to support the development of the Behavioral Health Home model.
- 3) CABHC will monitor the operations of the four Federally Qualified Health Centers that have integrated or are working towards integration of behavioral health services into the clinics. Services include brief interventions or individual therapy as well as referrals for outpatient or psychiatric services. In 2014 CABHC will: track utilization from encounter data by the place of service (POS) code; conduct longitudinal studies to assess the efficacy of integrated care on behavioral health service utilization; work with FQHC's to develop studies that look at the physical health care and wellness to assess the efficacy of the model.

PEER SUPPORT SERVICES (PSS)

Certified Peer Specialists (CPS) are individuals who have self-identified as having received or currently receive mental health or co-occurring disorder services in their personal recovery process and have completed the certification training. These individuals assist Members with skill building, recovery/life goal setting, problem solving, self-advocacy, and utilizing and building self-help recovery skills. CPS's assist individuals who have a serious mental illness in achieving their personal recovery goals. They do this by promoting personal responsibility, self-

determination, and the empowerment vital in self-directed recovery. This service has demonstrated to be extraordinarily significant toward assisting Members in their recovery.

The Peer Support Services Steering Committee (PSSSC), which is supported by CABHC, provides a forum for CPS's, PSS Providers, the Counties, CABHC and PerformCare to assess the program and develop ways to improve the delivery of PSS. Identified goals of the Steering Committee for 2014 include the following:

1. CPS Training/Appreciation Meeting

PSSSC participants have expressed concerns that there is not an adequate pool of qualified CPS's available to providers. Over the past year there have been multiple CPS trainings offered in order to develop the necessary capacity to meet the demand for CPSs. In 2014, CABHC will monitor the demand for and capacity of CPSs and provide sponsorships as trainings become available to individuals who wish to become a CPS. CABHC will also evaluate the need for a CPS Supervisor training and if it is determined that one is needed, will work with the PSSSC to coordinate and sponsor the training.

In addition, PSSSC has supported a CPS appreciation meeting and hopes this will develop into a yearly gathering. They felt it would be a good forum for CPS's to meet with each other and discuss peer services stories and dilemmas, as well as give praise for their work, in a more informal-type format. A workgroup will be developed with some of the PSSSC participants to begin development of a recognition event in 2014.

2. Wellness Recovery Action Plan (WRAP) Efficacy Research and Training

WRAP has become integrated into recovery based services and is utilized regularly in assisting individuals in maintaining their recovery and formulating a personal plan to cope with a crisis situation. WRAP offers tools for empowerment that can assist an individual coping with mental health issues in order to improve their quality of life and achieve their own life goals. In 2013, PSSSC expressed an interest in supporting a WRAP training for the Capital Area and contracted with Kathyann Corl, an advanced level WRAP Facilitator, to conduct the training in December 2013. Twelve participants attended the training from the Counties. In 2014, CABHC will survey participants who have attended WRAP trainings to obtain feedback regarding the quality of the course, and how often they have utilized the lessons taught within the training.

3. Listserv for the Exchange of Peer-Related Information

PSSSC began work on creating a Listserv to assist in sharing information relevant to the peer service field. The Listserv was completed in February 2013 and is maintained by CABHC. It is being used by peers, Providers, County representatives, and other peer related groups and organizations. This serves as a means to increase communication and sharing of information on topics such as peer supported employment, training opportunities, and news relevant to peers and peer organizations. CABHC plans to assist the PSSSC with improving the Listserv and will monitor the activity of the Listserv in 2014, ensuring information that is shared is appropriate to the Listserv's purpose. CABHC also plans to follow up with Listserv participants in order to obtain feedback on its use and discuss suggestions for its improved functionality, as necessary.

4. Peer Services Conference

The PSSSC has expressed their interest in supporting the Peer Support Coalition in sponsoring a Peer Support conference. The PSSSC will contact Coalition Members to determine what assistance the Coalition will need to plan and sponsor the conference.

CONSUMER, FAMILY and ADVOCATE INVOLVEMENT

CABHC values the participation of Members in the HealthChoices oversight, and supports their involvement in all CABHC Committees, Board Meetings, and Workgroups. The Consumer Family Focus Committee (CFFC) is the center of this principle and operates as the main venue to increasing and ensuring Member participation. The CFFC met at the end of 2013 and decided on the following goal for 2014.

1. Educational Presentations

CFFC hosted presentations in 2013 on Science of Addiction, and how to Navigate Medical Assistance. This group also plans on securing more educational presentations for 2014. Topics agreed upon by the Committee include Suicide Prevention, Transition Aged Programs for Adolescents, and New Street Drugs. CABHC will support and assist in scheduling these presentations. The Committee also voted to host a full or half day training on Healthy Aging and How to Build a Support System. CABHC will be researching these topics in 2014 to acquire presenters.

CABHC Generated Goal

A goal for 2014 that will be facilitated by CABHC's Member Relations Specialist is to research ways to improve the knowledge of Members and case managers of public transportation and transportation options in order to increase Members access to services. Lack of knowledge of available transportation resources can negatively impact a Member's ability to reliably engage in their treatment. It is hypothesized that many Members are not aware of the transportation services that are available or are reluctant to use them due to lack of familiarity. Feedback from several CSP Members has indicated that this is an ongoing concern.

Research will be conducted to learn what transportation services are readily available and their limitations via contacting local public transportation providers throughout the Counties. A workgroup will be created of stakeholders that may include Consumers within the particular County of focus, County MH and D&A professionals, CABHC staff and PerformCare staff as well as Members from local mass transit organizations in the relevant County. The focus of the workgroup will be to collect and analyze information relevant to transportation resources and to develop approaches on how to educate Members regarding transportation services. The

workgroup will also develop measures that will be used to evaluate the effectiveness of any new approach implemented.

CONSUMER SATISFACTION SERVICES

Consumer Satisfaction Services, Inc. (CSS) is a non-profit, consumer driven and consumer operated organization whose mission includes measuring Member satisfaction with mental health and substance abuse services for HealthChoices Members residing in Cumberland, Dauphin, Lancaster, Lebanon, and Perry Counties. CSS's goals include obtaining feedback on behavioral health services to determine if these services are meeting the standards set for quality, culturally sensitive and effective treatment. Additionally, CSS seeks to ensure consumers of these services have a strong voice in evaluating the services that are being provided both from an individual provider review as well as from a HealthChoices Behavioral Health system review.

CSS facilitates the System Improvement Committee (SIC), which is comprised of representatives from CABHC, PerformCare, CSS, Counties, family members, surveyors and individuals in recovery. The SIC is focused on system and global issues that are identified by Members as part of their responses to satisfaction surveys. The committee analyzes the data, identifies appropriate issues and goals, and develops action plans to improve these issues. The following goal has been identified by the SIC to be completed in 2014.

Focused Surveys

During a System Improvement Committee meeting this past year, the topic of Recidivism and follow up after hospitalization was discussed, with a focus on the lack of involvement of natural supports in a consumer's life. The SIC, in collaboration with CSS, would like to increase their understanding of natural support involvement by implementing a survey that will seek to identify barriers to access and utilization of natural supports that may have an impact on readmission to inpatient mental health treatment. Developing a better understanding of natural support involvement is necessary in order to formulate actions that can be taken to improve the recidivism rate.

In addition, CSS plans to work in collaboration with CABHC to identify additional areas where focused surveys would be useful in identifying potential system and delivery improvements for individuals.

PROVIDER RELATIONS

Effective management of behavioral health services through the HealthChoices Program requires PerformCare to create positive relationships with Providers throughout the network. These relationships permit PerformCare to support Providers while maintaining compliance with HealthChoices standards.

The Provider Network Committee concentrates on monitoring PerformCare's Provider Network to assure HealthChoices access standards are being met and specialty needs are extended to Members. Each quarter, the Committee reviews the Out-of-Network report which identifies providers who are currently being used outside of the current network and will monitor

PerformCare's process of bringing these Providers into the network if needed. The Committee reviews satisfaction surveys that are completed by Providers. The Committee monitors and reviews the Provider Profiling reports prepared by PerformCare as well as the Credentialing committee activities, which includes the review of Providers who are currently on Corrective Action Plans and Quality Improvement Plans.

Goals for 2014

1. Provider Performance

CABHC monitors performance through an ongoing review and analysis of dashboard information provided by PerformCare, completion and analysis of routine reports and ad hoc audits as necessary. Quality indicators such as readmission rates, access standards, claims denials for non-administrative reasons, complaints and grievances, the assessment of co-occurring disorder competency, appropriate aftercare planning and coordination of care and timely submission of treatment information are considered. The continuous review of data results in identifying capacity and network needs along with educating and providing feedback to Providers. In addition to this ongoing monitoring, CABHC will conduct the following activities in 2014:

- 1) CABHC will develop and distribute a Provider Satisfaction Survey that explores the relationship between Providers and PerformCare. Results from the survey will be analyzed and reviewed by the Committee, presented to the Board and shared with PerformCare.
- 2) Assertive Community Treatment (ACT) program fidelity reviews that adhere to the TMACT standards will be conducted throughout 2014 to ensure the programs are adhering to the model set forth by State policies and evidenced based research practices.
- 3) The CABHC Provider Network Committee will utilize the PerformCare Provider Performance report data, looking specifically at all Corrective Action Plans by Provider, to evaluate the effectiveness of the profiling measures used by PerformCare.

2. Network Development

When the Counties and/or PerformCare establish a need for additional services, identify a gap in network composition and services, or are aware of another service that would be suitable, current services may be expanded or new services may be brought into the network. CABHC monitors the utilization and effectiveness of new and expanded Medical Assistance (MA) services. Currently, CABHC is monitoring the utilization of Telepsychiatry. This service is offered in Dauphin, Cumberland, and Lancaster Counties. It is a service delivery option offering individuals the opportunity to communicate with a psychiatrist via secure video conferencing. The service includes medication management and psychiatric evaluations for both adults and children/adolescents. The effectiveness of Telepsychiatry services will be monitored by CABHC through the Provider Network Committee, which reviews Member satisfaction surveys distributed by the Provider, as well as access standards, and utilization data throughout 2014. Expanding Telepsychiatry services into Lebanon County is being pursued, as well as adding a second provider in Dauphin or Cumberland County. Additionally, CABHC is considering

expanding Telepsychiatry into specialty populations which could benefit from additional psychiatric time for 2014.

3. Provider Corrective Action Plans and Quality Improvement Plans

The Provider Network Committee will monitor Corrective Action Plans (CAP's) issued to Providers by the PerformCare Credentialing Committee that are issued based on referrals regarding Provider performance from various PerformCare processes. These include the Quality of Care Committee, Provider Performance System monitoring, Clinical Care Managers, and Provider Relations Account Executives. The Provider Network Committee monitors the CAP by reviewing requirements of the process and the Provider's response to the CAP, and PerformCare's ongoing monitoring of the Provider. CABHC ensures that appropriate steps are taken by PerformCare based on the Provider's completion of or failure to satisfy the CAP requirements. Non-routine site visits are completed by PerformCare and CABHC to ensure the provider is adhering to all steps outlined in the CAP.

DRUG AND ALCOHOL

CABHC is supported by a Drug and Alcohol (D&A) steering workgroup that meets on a regular basis to review substance abuse focused service development provided through HealthChoices as well as those services made possible through reinvestment funds. In an effort to support consumers in their recovery, the following goals have been established for 2014;

1. Recovery Oriented Methadone Maintenance Services Best Practice Pilot

There have been ongoing discussions regarding recovery-oriented best practice strategies in the delivery of methadone treatment services within the HealthChoices program. CABHC, PerformCare, and the County SCA directors have partnered with Chester County SCA, their HealthChoices oversight department and their BHMCO, Community Care Behavioral Health, to develop a Recovery Oriented Methadone Service (ROMS) best practice model. The document that was developed used as a basis the ROMS model that was researched and developed by the Southwest Six counties, led by their oversight entity Southwest Behavioral Health Management, Inc. This document reflects the standards all parties wish to see implemented by the selected shared methadone provider. In 2014, the workgroup will work with the Provider so that the pilot may commence that will enhance outcomes as part of a comprehensive recovery-oriented methadone treatment program.

2. Substance Abuse Housing Support Measurement Tool

CABHC will implement a revised outcomes measurement tool (follow up questionnaire) for the Substance Abuse Housing Support program that offers scholarships to persons to reside in a Recovery House, using better defined questions so that data collected can more accurately evaluate the efficacy of the program. Information that will assist CABHC in determining the efficacy of Recovery House funding includes stability in housing, abstinence, employment seeking, attendance at outpatient services and avoidance of problematic behaviors. CABHC will review the existing outcomes measurement tool to determine what changes will be required to

improve the layout/presentation. A sample group of Recovery House owners were polled to assess their impression of the current survey. Overall their assessment was the questionnaire captured quality information however two questions related to consumer behavior post discharge was difficult to collect. Research conducted indicated it is difficult to collect valid consumer information post discharge due to losing contact with the individuals. Based on the research, owner and D&A Reinvestment workgroup feedback, the decision was made to eliminate the last question related to an individual's sobriety after leaving the house. Additionally, CABHC will be taking steps to improve the return rate of the required outcome surveys which includes further engagement with owners who have a low return rate percentage, and drafting a progressive corrective action process that will be used to remind providers of their contractual obligations in order to continue their participation in the program. This will be implemented along with the revised survey and is expected to take effect on July 1, 2014.

REINVESTMENT

Reinvestment Projects are developed from available HealthChoices treatment funds that are not expended during a given fiscal year, as well as any County or CABHC surplus administrative funds. If these funds are not designated to secure risk and contingency reserves, or administrative costs, then they can be designated for reinvestment. Reinvestment funds can be used as start-up costs for In-Plan Services, development and purchase of Supplemental Services (in lieu of or in addition to in plan services) or non-medical services that support Members' behavioral health.

There are four reinvestment projects that were approved through OMHSAS and have been maintained with reinvestment funds for multiple years. CABHC will receive and evaluate monthly performance information to determine if stated objectives are occurring for each project. The information will be reviewed for frequency, quantity, location of services and alignment with the stated objectives to assure that the needs of the consumers enrolled in each service are being met. The financial status of each project will be monitored to verify that reinvestment funds are expended appropriately and the projects stay within budget. The four projects include:

1. Respite Care

CABHC provides Reinvestment funding to support the provision of Respite services to children/adolescents and adults. Respite services have been provided to Capital Area HealthChoices Members since 2004. The service is utilized primarily by children and adolescents and is typically provided in the member's home. Management of the service is provided by a respite management agency (RMA), Youth Advocate Program (YAP), who is under contract with CABHC.

2. Specialized Transitional Support for Adolescents (STSA)

These programs provide transitional support to adolescents ranging from 16 to 24 years of age and concentrate on areas such as employment, independent living skills, education, housing, and community life. There are currently four STSA programs that include the Dauphin County CMU's Jeremy Project, Northwest Human Services, Stevens Center in Cumberland/Perry

Counties, the Warrior Project run by Pennsylvania Counseling Services in Lebanon County, and Community Services Group in Lancaster County.

3. The Substance Abuse Housing Support Program

Upon completion of D&A non-hospital rehabilitation or halfway house treatment services some individuals require transitional housing services in the form of a Recovery House that are designed to assist in their recovery. CABHC's Substance Abuse Housing Support Program provides scholarships to individuals who require financial assistance to use a Recovery House as part of their recovery from substance abuse. CABHC provides scholarships to fund the first sixty days of housing (not to exceed \$300 per 30 day period) for individuals who qualify for this program.

4. Drug & Alcohol Recovery Specialist Services

The Recovery Specialist Program (RSP) is designed to assist individuals who are in need of one-on-one recovery coaching to assist them to overcome the obstacles that keep them from succeeding in the D&A recovery process. The RSP serves individuals who chronically relapse and struggle to stay and complete treatment and remain in sustained recovery. Participants in the RSP are matched with Recovery Specialists (RS) who meet with them regularly, accompany them in their environments, assist them to navigate through life's difficulties and share the skills necessary to live successfully and remain in sustained recovery. All services offered through the RSP are directed at improving and increasing participants' recovery capital, level of life functioning and ability to sustain recovery.

In 2014, CABHC will collect and analyze RSP data, review outcome reports and grant expenditures, and present and discuss its findings to the respective committee and to the CABHC Clinical Committee. The objective is to determine that the service is a cost saving, effective support service that the Board would approve to be submitted to OMHSAS as a Medicaid eligible supplemental service.

Additional Reinvestment Activity

In addition to the four sustained reinvestment projects mentioned above, there are 17 approved projects that are in various stages of development or operation. Six of the projects benefit all the Counties and the remaining 13 are County specific. Please see Appendix A for a list of all reinvestment projects. CABHC will take the lead in moving the Collaborative projects forward and will work closely with each County on their respective projects.

FISCAL STABILITY

Financial oversight continues as an ongoing, collaborative effort between CABHC staff and CABHC's Fiscal Committee, who reports monthly to the Board. CABHC monitors the financial performance of the HealthChoices Program and PerformCare, as well as CABHC's own financial operations to ensure there is sustained solvency and success of HealthChoices for the Counties.

CABHC verifies the financial data and reporting to OMHSAS by completing the monthly OMHSAS accuracy review check list.

Priorities for Fiscal Operations for 2014

1. Financial Solvency

CABHC will report on and monitor the financial solvency of the HealthChoices Program and PerformCare. This will be accomplished by reviewing medical claims surplus/deficit and PerformCare Financial Statements throughout 2014.

2. Financial Reporting to OMHSAS

CABHC will ensure accuracy and timeliness of financial data/reporting to OMHSAS by reviewing monthly, quarterly and yearly submissions to OMHSAS. CABHC will also respond to quarterly OMHSAS financial report reviews conducted by OMHSAS.

3. Monitoring of Behavioral Healthcare Expenses

CABHC will monitor the Behavioral Healthcare expenses for the HealthChoices Program to determine actions that may need to be taken in a surplus or deficit situation. This will be ongoing throughout 2014. This will include the need to shift risk reserve funds to pay claims, assuring that the equity reserve meets minimum standards, that all reporting required by the surety company for the Performance Bond are maintained and designation of potential claims surplus is tracked for Board action.

4. Monitoring of Reinvestment Programs

A plan to monitor the fiscal and programmatic accountability of the Reinvestment Programs was developed, and policies and procedures are being finalized. This monitoring was recommended by the HealthChoices auditors. These procedures will be implemented in 2014 and all reports will be presented to the Fiscal Committee and the Board.

5. CABHC and PerformCare Financial Position

Monitoring and reporting on the financial position of CABHC and PerformCare is vital. The Fiscal Committee will review CABHC, PerformCare Capital Region's Financial Statements and quarterly PerformCare Consolidated statements to determine solvency and compare administrative budget to actual expenses and revenues. All findings will be reviewed and presented at the Board's monthly meetings throughout 2014.

6. Monitor HealthChoices Program Membership

CABHC, along with the Fiscal Committee, will monitor the membership monthly. This will be accomplished by looking at three different Membership spreadsheets; Membership with adjustment, Membership without adjustment, and the net change in Membership for the month. These reports will assist in determining if the administrative revenue received will continue to be adequate for the year and to look for any Membership trending that could impact the program

CONCLUSION

Every year represents a collection of challenges in the management and delivery of behavioral health services to Members. These challenges can be embraced to further enhance the quality of our Program and meeting the behavioral needs of our members. The Annual Plan will direct and guide CABHC in the best course for our goals, priorities and objectives for 2014. The *Annual Report* will follow providing an in-depth view of the successes of these objectives and the program. The results of the priorities stated in this Annual Plan will be revisited and reported as part of the 2014 Quality Improvement Annual Report.