



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

**CAPITAL AREA BEHAVIORAL HEALTH  
COLLABORATIVE, INC.**

**CONTINUOUS QUALITY IMPROVEMENT PLAN**  
**2017**

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## **INTRODUCTION**

The Capital Area Behavioral Health Collaborative (CABHC) is a private, not-for-profit company established in 1999 through the collaboration of Cumberland, Dauphin, Lancaster, Lebanon, and Perry Counties Mental Health and Substance Abuse programs in order to provide monitoring and oversight of the Office of Mental Health and Substance Abuse Services' (OMHSAS) HealthChoices Behavioral Health contract. The Counties collectively contract with a Behavioral Health Managed Care Organization (BH-MCO) called PerformCare that carries out the day to day operations of the HealthChoices contract. The goals of the OMHSAS HealthChoices Behavioral Health Program are to enhance Members' access to health care services, to improve the quality of care accessible to Members, and to stabilize Pennsylvania's Medical Assistance spending. In accordance with these goals, 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 actions that are set forth in CABHC policies and procedures that require active monitoring and objectives that were generated by CABHC that complement the action items of the committees.

## **CLINICAL COMMITTEE**

CABHC's Clinical Committee is committed to monitoring the oversight of all treatment related activities. Some areas of focus include monitoring HealthChoices utilization, 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. The following goals have been identified by the Clinical Committee for 2017.

### **Quality Assurance Activities under the direction of the Clinical Committee**

#### **1. Improving Behavioral Health Rehabilitation Services (BHRS)**

In 2013, CABHC, PerformCare, Counties and other stakeholders held a BHRS Summit to identify barriers that effect access to and the quality of BHR services, and developed a work plan to make improvements throughout the network. The BHRS work plan was finalized in early 2014 and work began on actions that were identified in the plan. Since the initial development of the work plan, action items have been completed and removed and new action items added. On a monthly basis, the Clinical Committee will review the progress of each of the action items outlined below and provide input as necessary. In addition, CABHC will participate on the work groups that are actively working to achieve each objective. The most recent update to the PerformCare BHRS Summit Work Plan is attached as Attachment A. The attachment includes all the action steps, responsible party, target dates, completion dates and status.

The following are the action items identified in the BHRS work plan.

### **BHRS Summit II Work Plan**

1. Develop an alternative Initial BHRS (TSS, BSC, MT, FBA) Request Process to improve efficiencies and timeframes in completing MNC review
2. Establish a Clinic Based Integrated OP Therapy/MT model to allow for ongoing clinically driven flexibility for place of service treatment
3. Establish collaborative methods for ongoing school engagement behavioral health treatment when delivered in the school
4. Develop Functional Family Therapy as an evidenced based practice
5. Expand Community Residential Rehabilitation-Intensive Treatment Program (CRR-ITP)
6. Develop Level of Care alternatives to Residential Treatment Facilities

### **2. Reinvestment**

The Clinical Committee will review the CABHC reinvestment programs. 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.

### **3. Review and Analysis of Standing Reports**

The Clinical Committee will review monthly reports that are prepared and presented by CABHC and/or PerformCare to monitor various dimensions of the HealthChoices program. These include but are not limited to Complaint and Grievances, Treatment Record Reviews, Critical Incidents, Restraints, Performance Improvement Projects and ad hoc efficacy studies. The Committee will review and discuss various aspects of HealthChoices performance and make suggestions as necessary.

### **4. Improve the Quality of Treatment and Discharge Preparedness for Children and Adolescents in Residential Treatment Facilities**

- A. CABHC established a workgroup that identified treatment concerns with RTFs. The initial concern was focused on discharge planning, however admission processes and ongoing treatment were also discussed. The list of potential areas for improvement was prioritized. A set of recommendations was developed by the workgroup that could lead to improvement with family involvement. The Clinical Committee will monitor the implementation of the recommendations adopted by PerformCare.
- B. The Clinical Committee recommended that a workgroup be convened to review the quality and performance of Residential Treatment Facilities (RTF) to identify key issues, and develop a list of possible initiatives that could be explored or implemented to improve treatment received in a RTF.

PerformCare has agreed to pursue seven recommendations that include:

- Schedule RTF Provider meetings to discuss current trends, strengths, opportunities and barriers
- PC will outreach/discuss with Philhaven modifications to their Short-Term RTF program to be able to accept more challenging members
- Explore RTF medical necessity criteria Revisions
- Outreach/Educate MH IP psychiatrists on RTF level of care: expectations, setting, type of treatment, limitations and significance of RTF admission goals, discharge planning and resource
- PC will provide RTF utilization data to the workgroup that includes: Length of service for current members; and Non-ASD/ASD, Non, CY-JPO/CY-JPO, Non-TCM/TCM and number of MH IP stays during RTF
- PC will develop strategy/protocols on expectations/roles when barriers to progress is identified as a result of family/guardian/discharge resources not being engaged in treatment
- PC will exam the use of external consultants and develop internal protocols on when they will be utilized with C/A in RTF treatment

The Clinical Committee will monitor the progress of each of the recommendations through 2017.

#### **5. New Children Services Regulations**

In 2016, OMHSAS initiated workgroups to review existing bulletins and guidelines for existing BHR children services, and provide recommendations for the development of new regulations. It is anticipated that the proposed draft regulations will be published and made available for comments before the end of 2017. When the regulations are published, the Clinical Committee will review the regulations and provide feedback to OMHSAS.

#### **6. Increase Drug and Alcohol Collaboration**

There has been an increase in the utilization of Drug and Alcohol (D&A) services over the last two years. The Clinical Committee has recognized the need to increase the level of review and develop goals for D&A services. Although there are members of the Clinical Committee from D&A services, regular discussions and concerns do not occur. The Clinical Committee wants to increase the amount of activity and discussion during meetings. In 2017, the Clinical Committee will engage with the CABHC D&A Workgroup to be better informed and collaborate on shared objectives.

### **PHYSICAL HEALTH/BEHAVIORAL HEALTH (PH/BH) INTEGRATION**

CABHC has collaborated extensively with PerformCare 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 met in 2014 to discuss and brainstorm PH/BH projects that resulted in the selection of five new initiatives. CABHC will monitor the following initiatives throughout 2017 that include:

- 1. Support Caregiver Toolkit** - Provide support to family members through educational materials which address how physical and behavioral health issues are interrelated and how one can affect another. PerformCare has researched available materials including utilization of the National Association of Mental Illness curriculum.
- 2. Cardiovascular Disease (CVD) Training** – Develop and provide face to face trainings and place on the PerformCare website a series of educational materials on the correlation between CVD, Depression and Anxiety.
- 3. Medical History Toolkit** – The goal of this project is to complete a useful tool for members and family members to utilize at medical and psychiatric appointments. The tools will consist of medications, diagnoses, recent blood work and tests, emergency contacts, allergies and the names of their physicians.

In addition to the activities outlined above, CABHC will be involved in the following approved reinvestment activities:

**1. Community Health Worker (CHW)**

Lancaster General Hospital has implemented the Community Health Worker (CHW) program focused on interventions with high utilizers of emergency department services who have a mental illness. The CHW program is modeled after the Penn Medicine IMPaCT model of CHW care. The objective is to determine if CHW interventions will improve post emergency room outcomes among low socio economic individuals with corresponding mental illness.

**2. Nurse Navigator Program**

CABHC, Dauphin County MH/ID, PerformCare, Northwestern Human Services and Gateway Health have been meeting to discuss the development of an integrated BH and PH model that would establish the NHS Capital Region (NHSCR) MH Outpatient Clinic located in Harrisburg as a Health Home program for Gateway members who receive their mental health treatment at NHSCR. The Nurse Navigator program will assist the person in their overall health care, including but not limited to outreach and engagement, extended health and BH screening to identify and stratify BH and PH risk factors, referral, care coordination, follow up, education, health promotion and coaching, and outcomes monitoring. CABHC will assist with this project by working with all parties to develop a web based data exchange that will support the project.

**3. Pay for Performance/Integrated Care Plan**

OMHSAS issued Appendix E in 2015 that outlined activities that physical and behavioral health MCOs must develop to improve the integration of services. The activities include identifying (stratifying) high risk or users of services. Once the stratification is complete,

physical health and behavioral health MCOs must develop an integrated care plan that will be used to better coordinate services. The MCOs must also notify each other whenever there is an admission into a hospital setting. OMHSAS is also interested in collecting Social Determinant information that looks at socio-economic factors. The information will be used to explore the correlation between individual's use of behavioral and physical health services and their social determinants. CABHC will monitor the development and implementation by PerformCare of the Appendix E requirements, and will assist in the monitoring and reporting of outcome measures to assess the efficacy of the program.

### **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 can 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 can be very effective 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 2017 include the following:

#### **1. Coordinate and Sponsor a Motivational Interviewing Training**

CABHC will be sponsoring a one-day training for certified peer specialists to be conducted by Marilyn Stein who describes Motivational Interviewing (MI) as "a way of being with a client" that may promote and enhance the opportunity for change. MI employs a collaborative and supportive communication style that can be effective in bringing about pro social, behavioral modifications. The training will be offered to Certified Peer Specialists on June 14<sup>th</sup>, 2017.

### **CONSUMER FAMILY FOCUS COMMITTEE**

The Consumer Family Focus Committee (CFFC) brings together individuals who are HealthChoices members using Behavioral Health services, family members, interested Stakeholders, and county staff from the five-county collaborative. CFFC members serve as liaisons by providing pertinent information regarding HealthChoices, CABHC, State/County activities and updates to their respective home counties. CABHC values the participation of Members in the oversight of Behavioral Health HealthChoices and supports their involvement in all CABHC Committees, Board Meetings, and Workgroups. The CFFC meets every other month to discuss current activities and propose additional goals. The following goals have been identified by the committee for 2017:

## **1. Educational Presentations/Trainings:**

CFFC determines and plans educational presentations for the committee to expand the knowledge of committee members regarding current issues impacting communities. In addition, CFFC determines and plans training needs for the five-county collaborative by selecting training topics for stakeholders and Members to be provided throughout the five counties. The committee voted on the following topics to be presented during the 2017 committee meetings:

- 1) Student Assistance Program (SAP)
- 2) Medication Assisted Treatment
- 3) Recovery Specialists

The committee selected, “Trauma Informed Care” and “Evidence Based Therapy Options,” as topics for the five-county trainings that CABHC will be sponsoring in 2017-2018. A sub-committee of CFFC will be formed to further define the objectives of the trainings.

## **2. Member Involvement:**

The CFFC will elect six Members to represent the committee by serving on the Reinvestment Selection Committee, where they will help develop recommendations and hold voting privileges for future reinvestment plans. In addition, the committee will elect two members of the CFFC to attend all CABHC Board meetings. Committee members will provide Stakeholder/Member voice to CABHC as needed.

## **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, cultural sensitivity 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. CSS, in collaboration with CABHC, has identified the following goal for 2017.

### **1. Increase Provider participation with Consumer Satisfaction Surveys**

The current confidentiality laws for D&A services limit the ability of CABHC to provide Consumer information to CSS Inc. In order for CSS to complete surveys for people who

receive D&A surveys, they must go directly to a D&A facility and offer to conduct satisfaction surveys with Consumers who volunteer to participate in the survey. CABHC has been collaborating with CSS to explore ways to increase the number of Consumers who participate in the surveys. The preferred option is that CSS request that the provider obtain a Release of Information for the Consumer's contact information, which will allow surveys to be conducted outside of the Drug and Alcohol facility. A draft policy and procedure for this process is under development and is expected to be piloted with two Providers in 2017. It is anticipated that the ability to conduct surveys in alternative settings will result in increased participation and improve the quantity and quality of information related to Drug and Alcohol services.

## **PROVIDER RELATIONS**

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

The Provider Relations Committee concentrates on monitoring PerformCare's Provider Network to assure HealthChoices access standards are being met and specialty needs are extended to Members. The Committee monitors PerformCare's process of bringing Providers into the network when needed. Additional actions of the Committee include: A review of satisfaction surveys that are completed by Providers; Monitoring the activities of the PerformCare Credentialing Committee with special attention given to any Provider required to be placed on a Corrective Action Plan (CAP); Reviewing routine access data.

The Provider Relations Committee identified the following goals for 2017.

### **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 assists in identifying provider capacity and network needs, along with educating and providing feedback to Providers. In addition to the ongoing monitoring that CABHC conducts, the following activities will occur in 2017:

- 1) CABHC will distribute the annual 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. If necessary, a response from PerformCare may be requested by the Committee to address any questions or concerns identified in the results of the survey.

2) The CABHC Provider Relations Committee will collaborate with the PerformCare QI Department to further develop accurate and effective performance measurements which can be utilized by the network of Providers to improve service quality to our Members. In 2017, PerformCare will continue to report and consult with the Provider Relations Committee on their development of Provider profiling reports which look at comparing the quality of services using measurable outcomes by service type. It is expected that by the end of CY 2017, PerformCare will complete development of the provider profiling system to include Family Based Mental Health and Partial Hospitalization Program services.

## **2. Provider Corrective Action Plans and Quality Improvement Plans**

The Provider Relations Committee will monitor Corrective Action Plans (CAP's) issued by the PerformCare Credentialing Committee to Providers based on referrals regarding Provider performance. The Provider Relations Committee will monitor CAPs by reviewing the updates provided by PerformCare on how the provider is meeting the requirements of the CAP. CABHC will ensure 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.

## **3. Routine Access Service Monitoring**

To ensure the provider network is meeting Routine Access standards (7 days) for medically indicated treatment, CABHC receives monthly dashboard reports from PerformCare containing data which reflects the performance of Providers in meeting the Routine Access standard. Each report reflects the performance of the network for the corresponding Level of Care (LOC). The reports will be reviewed by the Provider Relations Committee during each of their bi-monthly meetings.

In 2017, the Provider Relations Committee will identify one LOC which is consistently not meeting access expectations based upon the Routine Access standard. PerformCare will be requested to conduct a Root Cause Analysis to identify barriers that can be addressed to improve access in the identified Level of Care. The RCA will include stakeholders from all effected parties. CABHC will monitor the progression of all action plans that are developed and implemented by PerformCare. PerformCare will provide regular updates to CABHC's Provider Network Specialist based on the timeliness established in the action plan, along with data to confirm improvement with meeting access standards.

## **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, 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 receives and evaluates monthly performance information to determine if stated objectives are occurring for each project. The information is reviewed for frequency, quantity, location of services and alignment with the objectives as outlined in each respective service description to assure that the needs of the individuals 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. Youth Advocate Program is under contract with CABHC to provide day to day management services for the Respite program. CABHC monitors the expenditures of the program on a monthly basis, and meets bi-monthly with the respite management workgroup to review utilization, problem solve operational issues and discuss ways to expand services.

**2. Specialized Transitional Support for Adolescents (STSA)**

This program provides transitional support to adolescents ranging from 16 to 24 years of age and concentrates 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, Northwestern 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. Service utilization will be reviewed monthly and outcomes for the programs will be reviewed on a quarterly basis.

**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 is 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 a scholarship that can be applied to the rental cost of the first two months in a Recovery House. Service utilization will be reviewed on a monthly basis. CABHC will provide an annual outcomes report on the efficacy and impact of the 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. 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 2017, CABHC will collect and analyze RSP data, review outcome reports and Program expenditures, conduct a program evaluation and present and discuss its findings to the respective workgroups and committees. This work will be completed to determine if 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 25 approved projects that are in various stages of development or operation. CABHC will take the lead in moving the Collaborative projects forward and will work closely with each County on their respective projects.

The following Reinvestment Goals are identified for 2017:

#### **1. Develop new Reinvestment Priorities**

CABHC will develop a new list of proposed reinvestment projects that utilizes funds from FY 15/16. A stakeholder workgroup comprised of Counties, PerformCare, Consumers and CABHC will be employed to develop and prioritize the list of projects. Project descriptions and budgets will be developed and submitted to OMHSAS for approval. Upon approval of the proposed reinvestment projects, CABHC will begin the task of pulling together workgroups that will develop work plans that will be used to guide the development of each project.

#### **2. Complete Annual Audit**

CABHC will complete an annual audit of all Reinvestment programs to confirm that the programs are in compliance with the terms of the program description and contract.

### **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 2017**

### **1. Financial Solvency of HealthChoices Program**

CABHC will report on and monitor the financial solvency of the HealthChoices Program. This will be accomplished by reviewing medical claims surplus/deficit summaries prepared by the contracted actuary.

### **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 2017. This will include monitoring 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**

CABHC will monitor the approved Reinvestment Programs fiscal and programmatic compliance throughout the year following CABHC's developed policies and procedures. CABHC will then provide a year-end monitoring report to the Fiscal Committee and auditors for review of reinvestment activities.

### **5. CABHC and PerformCare Financial Position**

Monitoring and reporting on the financial position of CABHC and PerformCare is vital. The Fiscal Committee will review monthly CABHC, PerformCare Capital Region's Financial Statements and quarterly PerformCare Consolidated Financial 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 2017.

### **6. Monitor HealthChoices Program Membership**

CABHC, along with the Fiscal Committee, will monitor the membership monthly. This will be accomplished by looking at two Membership spreadsheets; the first report is Membership with adjustment including growth rates, and the second report is net change in Membership for the months. These reports will 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 2017. 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 2017 Quality Improvement Annual Report.

Attachment A  
PerformCare BHRS Summit (6-6-2017)

#1: Initial BHRS (TSS, BSC, MT,) Request Process Change				Lead: Jack Pizzoli	
	Action	Responsible Party	Target Date	Completion Date	Status
	Establish ongoing PerformCare monitoring of Initial BHRS request/Access, streamline/improve coordination of process with providers and increase CCM participation in ISPT meetings.				
1	Start Project Testing	J. Pizzoli	8/15/2016	8/15/2016	Completed
2	Obtain Provider feedback	J. Pizzoli	10/31/2016	10/20/2016	Minimal feedback no additional changes to process
3	End Project Testing	J. Pizzoli	11/15/2016	11/15/2016	Completed- Providers will follow pilot process until final
4	Revise proposal based on Project Testing	J. Pizzoli	2/15/2017	1/31/2017	Completed
5	Submit revisions	J. Pizzoli	3/15/2017	3/14/2017	Ex Summary and Final BHRS ISPT Protocols completed & submitted to group
6	Implement process change. -All Contracts	J. Pizzoli	6/1/2017	6/1/2017	PC will move forward with DA & LA; Plan to train Provider at next BHRS Providers meeting. Working on confirming for LA 4/27/17 & DA 5/10/17. All BHRS Provider meeting held 4/13/17 <b>[Up Date]: Started in DA and LA Co 6/1/17. PC will collect data for Q3 2017 and review in Q4 2017 with Primary Contractors &amp; OMHSAS re revisions and next steps. PerformCare had call with Primary Contractors and OMHSAS on 5/24/17 to confirm above, as well as process remains in Pilot phase until after Q4 2017 review with Primary Contractors &amp; OMHSAS. Note: data review will be shared with CABHC Clinical as well.</b>
7	P&P revisions	J. Pizzoli	TBD		<b>P&amp;P: On hold with no revisions to be submitted until after Q4 2017 review with Primary Contractors &amp; OMHSAS. Based on 5/24/17 meeting. with Primary Contractors and OMHSAS.</b>
8	Data review w Primary Contractors & OMHSAS + CABHC Clinical	J. Pizzoli	Q4/2017		
9	Submit PPs to Contractor review	J. Pizzoli	TBD		

10	Submit final Process & P&Ps to OMHSAS	J. Pizzoli	TBD		
11	Obtain OMHSAS Approval				
<b>#2: Flexible Outpatient</b>				<b>Leader: Jerri Maroney</b>	
<b>Establish Clinic Based Integrated Therapy/MT model to allow for ongoing clinically driven flexibility for place of service</b>					
1	Complete Project Testing	J. Maroney	11/30/2016	11/30/2016	Completed
2	Next Workgroup meeting	J. Maroney	1/31/2017	1/24/2017	Completed. FLEX to expand to all interested/eligible Providers in CAP5.
3	Revision/Work plan implementation to be developed by PC	J. Maroney	Q1/2017	Q1/2017	Work plan developed for implementation, revision will be sent to group. On Target
4	Meet and train additional Providers	J. Maroney	Q1/2017	2/28/2017	All provider Q&A session held on 2/28/17. Providers will submit program summary to County for feedback, and then submit to PerformCare & Work group for review.
5	Review new Provider proposals	J. Maroney	#REF!		<b>[Update]: Four expansion providers have submitted program summaries in order to begin Flexible Outpatient Therapy. The respective County approved all these. An additional provider submitted a program summary and is currently incorporating PerformCare feedback. After this is completed, the summary will go to identified County for feedback and eventual approval. Technical Assistance training for expansion providers was completed in May 2017. Pilot providers were notified of the opportunity to expand into other County's if interested and qualified. PerformCare is creating a FAQ document that will be reviewed by work group. AEs are providing individualized assistance to expansion providers PerformCare conducted an educational meeting with FFS as this provider is considering implementation of Flexible OPTx. Next workgroup meeting scheduled for 6/12/17 at CABHC.</b>
6	Full implementation	J. Maroney	Q3/2017		
7	Project completion	J. Maroney	Q4/2017		

<b>#3: School Based Behavioral Health</b>				<b>Lead: Jerri Maroney</b>	
<p>Establish collaborative methods for ongoing school engagement in BHRS when delivered in the school.            Form a BHRS Delivery in the Education System steering committee that consists of PerformCare, Oversight, County, Provider, Parent, and School/IU representatives to develop a work plan to address the delivery of BHRS in the school setting. Develop alternative school based services. Initiatives and Interventions will be County/School District specific based on collaborative development.</p>					
1	Workgroup Status Update	J. Maroney	Q2/2017	Q2/2017	<i>[Update] Counties continue to identify and meet school(s) and districts needs by implementing, in partnership with PerformCare, interventions, technical assistance, and education regarding behavioral health. Counties are engaging in data collection and/or gap analysis in order to guide decision-making. PerformCare sent two representatives to the Pennsylvania PBIS Implementers Forum in May 2017. PerformCare is participating in RCPAs SBBH Webinar series. PerformCare has accepted an invitation from RCPA to participate in a SBBH work group that will be starting in July 2017. Dr. Noretta Kime -PerformCare will be joining the work group. Next Work group meeting is scheduled for August 9, 2017.</i>
2	Workgroup Status Update	J. Maroney	Q3/2017		
3	Workgroup Status Update	J. Maroney	Q4/2017		
<b>#4: FFT implementation as EBP</b>				<b>Lead: Jack Pizzoli</b>	
<p><b>PC/CABHC/CAP5 will consider FFT as an additional EBP</b></p>					
1	PerformCare will present FFT Overview to CABHC/CAP5	J Umbrell	7/30/2016	8/2/2016	Completed
2	Review potential data referrals	J. Pizzoli	10/15/2016	9/30/2016	CABHC obtained FFT CANS data from Dan Warner -See attachment. Recommendation for DA/CU/PE & LA/LE FFT Project.
3	PC/CAP5/CABHC make final decision to move forward	J. Pizzoli	11/15/2016	9/24/2016	Agreement to move forward with FFT for CAP5-Confirmed CABHC/PC Steering on 9/24/16.
4	Next Steps	J. Pizzoli/S Daubert	10/31/2016	10/24/2016	CABHC Bd support procurement/RFP.

5	Start FFT Development process	S Daubert	1/31/2017	1/31/2017	Network Development & CABHC started Process. Currently reviewing data to determine sustainability of referral base.
6	FFT Update	J. Pizzoli/S Daubert	4/30/2017	4/24/2017	Updated FFT CANS matching data requested from Dan Warner and received by 4/15/17, reviewed and forwarded to CABHC. CABHC approved to move forward thru reinvestment for startup. <b>[Update] Reinvestment proposal is with OMHSAS. Will use RFP process when reinvestment approved.</b>
7	Release RFP	S Daubert	<b>TBD</b>		<b>TBD based on approval of reinvestment process.</b>

**Develop alternatives to RTF-  
Additional 2017 Initiatives**

<b>#5: Expand CRR-ITP</b>				<b>Lead: Jack Pizzoli</b>	
<b>Establish additional CRR-ITP Provider</b>					
1	PerformCare outreach to CSG re interest	J. Pizzoli	11/31/16	11/21/2016	CSG contacted and will review internally and contact PC.
2	CSG to determine interest as CRR-ITP Provider	J. Pizzoli	1/15/2017	1/23/2017	CSG has indicated interest and will submit CRR-ITP SD to PerformCare in 4-6 weeks.
3	CSG submits SD to PerformCare	J. Pizzoli/AE	3/31/2017	3/31/2017	CSG submitted SD and awaiting Org Chart. Final to be submitted in approx. 2 weeks. Will forward SD to CABHC/CAP5 after receiving Org Chart. <b>Note change in subsequent dates.</b>
4	PerformCare /CABHC/CAP5 review	J. Pizzoli/AE	5/15/2017	<b>5/3/2017</b>	<b>meeting held 5/3/17 to review SD. Feedback sent to CSG</b>
5	PerformCare submits SD feedback to CSG	J. Pizzoli/AE	6/1/2017	<b>5/18/2017</b>	<b>completed</b>
6	CSG submits SD revisions to PerformCare	J. Pizzoli/AE	6/30/2017		<b>CSG target 6/15/17</b>
7	CSG submits SD to OMHSAS	J. Pizzoli/AE	7/15/2017		
8	OMHSAS Completes Review	J. Pizzoli/AE	8/15/2017		
9	CSG CRR-ITP implementation	J. Pizzoli/AE	TBD		
<b>NHS-CRR-ITP Expand Update</b>					
					<b>NHS and PC meet 4/24/17. NHS has 2 teams in place with 7 to 9 admissions at any time, is willing to increase admission however barriers remain as consistent referral base with families willing to agree and engage in Program components, as well as referral base that can be treated safely in community. Face to Face pre-admission</b>

				<p>interviews continue and decision not to accept is based on families stating they will not be involved and do not plan for child to return home. 9 This is different than previous communication with team) Or referrals needs too high with Aggression and /or SIB to be safely treated in ITP. As well as families backing away from involvement when NHS moves forward with setting up in home family work...Families report being too soon and not ready. This is consistent with feedback provided to ITP Monitoring group. Next Steps: PC to review referral base and determine if any changes are needed to match referrals to ITP taking into consideration Aggression and SIB. PC to explore approach to families who indicate not wanting to be involved in treatment or not wanting child to return home as part of face to face referral review by NHS and after admission.</p> <p><b>Completed: will monitor thru CRR-ITP Monitoring meetings and remove from work plan. Verbal updates at Clinical as needed.</b></p>
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