CAPITAL AREA BEHAVIORAL
HEALTH COLLABORATIVE, INC.
Established October 1999

CAPITAL AREA BEHAVIORAL HEALTH COLLABORATIVE, INC.

CONTINUOUS QUALITY IMPROVEMENT ANNUAL REPORT

Calendar Year 2014

Contents

EXECUTIVE SUMMARY

CABHC manages the HealthChoices Behavioral Health contract for Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties. Through our partnership with PerformCare, the Counties and other stakeholder groups, we provided services to a total of 37,857 individuals out of a possible membership of 198,178. Adults comprise 57% of the people who accessed treatment compared to 43% for children/adolescents (C/A), with Lancaster County maintaining the greatest number of individuals who received treatment out of the five Counties.

CABHS is committed to providing accessible Behavioral Health services to children/adolescents that are consistent with the Child and Adolescent Service System Program (CASSP) principles. Services are provided through a network of 287 C/A providers that includes individual practitioners, community based and residential facilities. The behavioral health services utilized the most by C/A is Mental Health Outpatient services followed by Behavioral Health Rehabilitation services. The number of C/A who access services has continued to increase in each successive year over the past three years. Children/adolescents without an Autism Spectrum Diagnosis (ASD) outpaced the growth of C/A with an ASD. Although there are less C/A with an ASD that receive services, the average cost per consumer for a C/A with an ASD is 50% higher than those without an ASD.

During 2014, efforts continued to improve access to and the quality of Behavioral Health Rehabilitation Services (BHRS). Detailed reporting was developed in order to identify access concerns which resulted in working with many of the BHRS providers to develop improvement plans in order to reduce wait times. The problems associated with access to services prevailed throughout 2014 despite the attempts of providers to make improvements. In addition to improving access, PerformCare pursued efforts to complete action items that were included in the BHRS Summit Work Plan that was developed in 2013. Updates are provided to the CABHC Clinical Committee on a monthly basis detailing the progress of each of the 13 goals established in the Work Plan. One item completed in 2014 was a review of the Intensive Family Service Program in Dauphin County that resulted in the program being terminated from the HealthChoices program and transferred entirely to Dauphin County Children and Youth. The Child and Adolescent Needs Summary (CANS) pilot continued throughout 2014 with three providers who reported positive feedback with the use of the tool.

In general, there was a decline in the utilization of many of the different services available to children/adolescents. Most notable were Summer Therapeutic Activity Program, CRR Host Homes and Residential Treatment Facilities. The exception was a 7.8% increase in the number of C/A utilizing outpatient services. There was a significant jump in the utilization of Telepsych services for C/A.

The number of adults who accessed behavioral health services in 2014 increased 5.2% from 2013 to 21,873. The majority of the adults accessed community outpatient programs through a network of 400 providers. There was a 7.7% increase in the number of adults who utilized outpatient services with an increase of 168% for Telepsych. In an effort to increase engagement in services following an inpatient discharge, PerformCare increased outreach to individuals and identified Complex Care Managers who would be more engaged in a person's inpatient stay and

discharge. In 2014 there was also a 15% increase in the number of people who accessed a behavioral health service in a Federally Qualified Health Center.

Mobile Psych Nursing experienced a 28.6% increase in the number of people who utilized the service in 2014. There was a 2.2% decrease in the number of people who utilized Peer Support services however, there was an increase in the number of units billed and the average length of service increased from 125 to 148 days, indicating that people are engaged with the service for longer periods of time. Assertive Community Treatment services remained stable and in an effort to improve outcomes, CABHC sponsored a Supported Employment training that was attended by the four different teams. Out of the total number of adult consumers who accessed a behavioral health service (21,860), 2,057 received services in an inpatient program. Utilization of inpatient services remained relatively unchanged from 2013.

Throughout the CABHC Counties there are many treatment options for C/A and adults who have a Substance Use Disorder (SUD). Services include inpatient and non-hospital detox and residential rehabilitation options, halfway houses, outpatient, medication assisted treatment and case management. In 2014 there was a 4.8% increase in the number of C/A who accessed a service however total costs for C/A decreased 14.9%. The number of adults who accessed a Drug and Alcohol (D&A) service increased 2.9% and costs increased 7.7%. Both non-hospital detox and rehab experienced increases in utilization and costs. The medication assisted treatment options, Methadone Maintenance and the Buprenorphine Coordination program also experienced increases in utilization.

The CABHC provider network consists of 646 providers although not all of them provided services in 2014 as many of them are individual practitioners. The availability of providers is fairly consistent among the Counties with the exception of Perry County due to the rural nature of the county. Services provided to Perry County Members are often done so by providers located in Cumberland County.

In 2014, CABHC distributed a provider satisfaction survey that yielded a return rate of 33% which was an improvement from the previous year of 21%. The survey noted several areas of concern that resulted in PerformCare developing five different quality improvement plans. PerformCare responded quickly in addressing the areas identified in need of improvement and provided progress updates on a regular basis to CABHC.

As a result of a concern raised by a person seeking routine access to service, CABHC along with PerformCare developed improved monitoring of routine access to In-Plan services. The proposal was developed in 2014 and development of the metrics and reports will continue into 2015.

In coordination with a provider's credentialing, PerformCare completes Treatment Record Reviews every three years. The review evaluates a provider's performance in completing assessments, developing treatment plans, executing the treatment plan and adhering to recovery principles. In 2014, the Treatment Record Review audit tools were reviewed and updated and benchmarks were increased in order to improve provider performance.

The Consumer and Family Focus Committee (CFFC) was active with scheduling presentations during committee meetings in order to increase the committee member awareness and understanding of various resources and services throughout the community. The CFFC was also instrumental in sponsoring a Healthy Aging training in each County. Two trainings occurred, one each in Lancaster and Cumberland County and additional dates were secured for 2015 in the remaining Counties. The Committee also chose to explore how to improve Consumer involvement in community life. Research occurred throughout 2014 to explore different program models that could be used for the initiative.

In Collaboration with PerformCare and other stakeholders, CABHC has pursued efforts to improve Physical Health (PH) and Behavioral Health (BH) integration. Some of the projects include a focus on Member Wellness, Perinatal program, development of a Behavioral Health Home model and further coordination with Federally Qualified Health Centers. A PH/BH workgroup also developed a list of five new initiatives that PerformCare will pursue starting in 2015.

Over the past several years, CABHC has been able to sustain the operation of three reinvestment programs. These include Respite, Substance Abuse Supportive Housing and Specialized Transitional Support for Adolescents. A fourth project called the Recovery Specialist Program has also received multi-year funding and it is anticipated that the program will eventually be recommended for HealthChoices Supplemental funding. In addition to the four previously mentioned reinvestment projects, CABHC supported the development of 11 additional projects that benefit all the Counties collectively, or specific County projects.

CABHC's financial performance remained strong during FY 2013/2014. Even though there was a small decrease in the FY 2013/2014 administrative portion of OMHSAS's capitated rates from the previous year, CABHC was still able to retain a strong financial position. Member enrollment continued to increase from FY 2013 to 2014.

CABHC Overview

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.

This report is intended to summarize CABHC's efforts during the 2014 calendar year to continue execution of its mission, and the goals of the HealthChoices program.

CABHC Organizational Structure

CABHC has continually emphasized cooperation and unity between individuals, organizations, and systems for ongoing improvement in the quality and effectiveness of behavioral health services throughout the Counties. This philosophy of partnership continues to be mirrored in the supportive efforts of CABHC's professional staff, the inclusion of persons in recovery, county staff, and family members within each of CABHC's committees and workgroups. It also stems through CABHC's contracts and cooperation with other organizations in the community, including PerformCare, to promote quality and effective service delivery.

The County Commissioners of each of CABHC's member Counties appoint two representatives to the Board of Directors, one representing Mental Health and one representing Substance Abuse. In addition, two non-voting representatives from the Consumer and Family Focus Committee serve as liaisons to the Board. In their role, they keep the Board updated regarding information and concerns expressed by the Consumer Family Focus Committee (CFFC) concerning Mental Health (MH) and Drug and Alcohol (D&A) matters and offer insight to Board decisions. CABHC's staff is structured into three specific areas which are Administrative, Financial, and Clinical. They are each supervised by a member of the Management Team. The Management team is supervised by the Chief Executive Officer (CEO).

The Administrative area is comprised of our Receptionist/Administrative Assistant, who is supervised by the Executive Assistant. The Financial area includes our staff Accountant, supervised by the Chief Financial Officer (CFO). Lastly, the Clinical area includes professional specialist positions in Children's Services, Drug and Alcohol Services, Member Relations, Provider Network, and Quality Assurance. These five positions are supervised by the Director of Program Management.

A preponderance of the efforts of CABHC is accomplished through a committee structure, with the support of the CABHC staff positions outlined above. By design, each of the committees are chaired by a Board member and includes representation from each of the Counties, from individuals receiving mental health services through HealthChoices, families of these individuals, or individuals recovering from substance abuse. As needed, staff members from PerformCare are invited to attend the committee meetings. The CABHC committees include:

Clinical Committee

The Clinical Committee is responsible for providing clinical analysis and to review quality of care issues across all levels of care and oversight of treatment related activities of the HealthChoices program. This committee analyzes best practice guidelines and developments, monitors activity of Reinvestment Services, and as needed conducts additional studies of matters related to providing services to Members.

Consumer and Family Focus Committee

Consumers and family members comprise the majority of the Consumer and Family Focus Committee which is responsible for recruitment and training of Consumers' participation in the CABHC committee structure, providing feedback and recommendations of how the Program is

managed, and education and outreach efforts to Members and stakeholders in the community regarding HealthChoices and recovery.

Fiscal Committee
Financial matters are monitored by the Fiscal Committee which is responsible for providing oversight regarding the financial matters associated with the HealthChoices program and the Corporation.

Provider Network Committee
The Provider Network Committee is responsible for the oversight of the provider network developed by PerformCare. Areas of focus includes monitoring the BH-MCO's provider network to assure access standards are met, choice is provided, specialty needs are available to Members, develop and monitor the need for additional existing service locations and for new services, develop and monitor provider satisfaction surveys, monitor provider profiling reports, and monitor PerformCare credentialing committee activity.

In addition to these standing committees, CABHC also develops workgroups and other committees as needed to address a number of issues (e.g. the Summer Therapeutic Activity Program (STAP) Workgroup, the Peer Support Services Steering Committee (PSSSC), the Drug & Alcohol Reinvestment Steering Committee, and the Respite Workgroup). These workgroups include consumers and representatives from each of the Counties.

MEMBERSHIP
CABHC receives on a weekly basis a file from the Department of Public Welfare of individuals who are determined to be Medicaid eligible. The file is audited by our management information partner Allan Collautt Associates Inc. (ACA) to verify that the eligibility information is accurate, and once verified the list of eligible HealthChoices enrolled Medicaid participants becomes the member count. The data in Table 1 reflects the number of Members for calendar years 2012, 2013 and 2014 by gender, age and County, who were eligible for HealthChoices services. In order for a Member to be counted, they must be Medicaid eligible for one day in the calendar year. From 2012 to 2013 there was a 1.8% increase in the number of eligible members. From 2013 to 2014 membership increased 4.3%. In CY 2014 53.2% of the members were children/adolescents and 48.4% were adults. The distribution of females to males has remained consistent over the last three years.

Table 1: Membership

		CY 2012			CY 2013			CY 2014		
County	**Gender**	**C/A[1]**	**Adult**	**Total**	**C/A**	**Adult**	**Total**	**C/A**	**Adult**	**Total**
Cumberland	Female	6,485	7,726	14,046	6,741	7,966	14,516	7,147	8,185	15,133
	Male	6,976	4,250	11,064	7,129	4,435	11,376	7,623	4,591	12,033
	Total	**13,461**	**11,976**	**25,110**	**13,870**	**12,401**	**25,892**	**14,770**	**12,776**	**27,166**
Dauphin	Female	13,437	16,467	29,480	13,830	16,747	30,200	14,576	17,274	31,452
	Male	14,426	9,626	23,655	14,934	9,970	24,500	15,632	10,303	25,464
	Total	**27,863**	**26,093**	**53,135**	**28,764**	**26,717**	**54,700**	**30,208**	**27,577**	**56,916**
Lancaster	Female	20,057	25,671	45,064	20,295	25,853	45,497	21,322	26,624	47,257
	Male	22,067	14,698	36,076	22,274	14,647	36,278	23,452	15,038	37,799
	Total	**42,124**	**40,369**	**81,140**	**42,569**	**40,500**	**81,775**	**44,774**	**41,662**	**85,056**
Lebanon	Female	5,842	7,100	12,750	5,898	7,215	12,929	6,277	7,458	13,568
	Male	6,368	3,844	10,060	6,627	3,904	10,324	6,984	4,030	10,811
	Total	**12,210**	**10,944**	**22,810**	**12,525**	**11,119**	**23,253**	**13,261**	**11,488**	**24,379**
Perry	Female	1,663	2,023	3,635	1,723	1,997	3,677	1,823	2,071	3,837
	Male	1,778	1,115	2,848	1,818	1,177	2,939	1,919	1,202	3,077
	Total	**3,441**	**3,138**	**6,483**	**3,541**	**3,174**	**6,616**	**3,742**	**3,273**	**6,914**
Grand Total		**97,839**	**91,611**	**186,505**	**99,957**	**92,916**	**189,925**	**105,447**	**95,834**	**198,178**

1) C/A = Child/Adolescent

In 2014 the number of consumers who accessed services increased 5% from 2013. (See Table 2) Female adults increased 10.4% in Dauphin County, while female children/adolescents decreased 6.1% in Perry County. Cumberland and Dauphin Counties both experienced the largest increase at 5.9% increase, compared to Perry County that increased 2.9%. There are more females that received services 55.5%, compared to males at 44.5%.

Table 2: Consumers

		CY 2012			CY 2013			CY 2014		
County	**Gender**	**C/A[1]**	**Adult**	**Total**	**C/A**	**Adult**	**Total**	**C/A**	**Adult**	**Total**
Cumberland	Female	736	1,546	2,256	771	1,602	2,348	782	1,737	2,492
	Male	1,226	1,020	2,221	1,278	1,025	2,274	1,353	1,080	2,401
Total		**1,962**	**2,566**	**4,477**	**2,049**	**2,627**	**4,622**	**2,135**	**2,817**	**4,893**
Dauphin	Female	1,331	3,236	4,525	1,393	3,228	4,582	1,450	3,565	4,972
	Male	2,469	2,405	4,823	2,533	2,538	5,018	2,542	2,715	5,192
Total		**3,800**	**5,641**	**9,348**	**3,926**	**5,766**	**9,600**	**3,992**	**6,280**	**10,164**
Lancaster	Female	2,660	5,182	7,743	2,732	5,387	8,010	2,950	5,576	8,436
	Male	4,316	3,644	7,851	4,432	3,892	8,201	4,668	3,919	8,461
Total		**6,976**	**8,826**	**15,594**	**7,164**	**9,279**	**16,211**	**7,618**	**9,495**	**16,897**
Lebanon	Female	746	1,677	2,395	764	1,678	2,414	828	1,743	2,548
	Male	1,337	1,078	2,389	1,359	1,032	2,343	1,389	1,089	2,444
Total		**2,083**	**2,755**	**4,784**	**2,123**	**2,710**	**4,757**	**2,217**	**2,832**	**4,992**
Perry	Female	237	363	590	247	365	608	232	395	618
	Male	349	189	531	327	215	536	348	220	559
Total		**586**	**552**	**1,121**	**574**	**580**	**1,144**	**580**	**615**	**1,177**
Grand Total		**15,298**	**20,176**	**35,051**	**15,724**	**20,781**	**36,040**	**16,456**	**21,860**	**37,857**

1) C/A = Child/Adolescent

The data in Table 3 reflects the diversity and the distribution of consumers throughout the Counties.

Table 3: Race

County	**American Indian**	**Asian**	**Black**	**Hispanic**	**Other**	**White**	**Total**
Cumberland	24	45	323	207	310	3,986	4,895
Dauphin	28	98	3,521	1,554	489	4,475	10,165
Lancaster	29	138	1,460	4,470	794	10,010	16,901
Lebanon	3	28	177	1,385	124	3,277	4,994
Perry		3	19	23	17	1,116	1,178
Grand Total	**83**	**310**	**5,476**	**7,609**	**1,722**	**22,667**	**37,867**

CHILDREN/ADOLESCENT SERVICES

CABHC is committed to promoting the emotional wellbeing of children and adolescents and ensuring that Children/Adolescents (C/A) with emotional, behavioral and substance use disorder challenges have access to quality services. Making services available at an early age affords the best chance for success as they enter adolescence and adulthood. All services are based on the Child and Adolescent Service System Program (CASSP) that ascribes to the principles that services should be child centered, family focused, community based, multi-system, culturally competent and the least intrusive.

Equally important is the need that services are accessible both in assuring that the service is available when needed and that they are located geographically as close as possible to a child/family home. For this reason, CABHC through PerformCare maintains a network of child/adolescent providers that includes individual practitioners, Mental Health and Drug and Alcohol (D&A) providers. The primary services utilized by C/A include Behavioral Health Rehabilitation Services (BHRS) that are typically provided in the home, school or community, After School Programs (ASP), Summer Therapeutic Activity Programs (STAP), Mental Health Outpatient (MHOP) services that occur predominately in an office/clinic setting, Family Based Mental Health (FBMH), Crisis Intervention (CI) and Targeted Case Management)TCM). In addition, there are residential options that include Community Residential Rehabilitation Host Homes (CRR-HH), Inpatient Psychiatric Hospitalization (MHIP) and Residential Treatment Facilities (RTF). Table 4 identifies the number of children/adolescents who utilized these primary services.

Table 4: C/A Mental Health Services

County	BHRS	ASP	STAP	MHOP	FBMH	CI	TCM	CRR-HH	MHIP	RTF
Cumberland	663	33	17	1,577	125	222	105	18	100	31
Dauphin	1,343	157	84	3,086	188	189	662	12	195	35
Lancaster	1,876	116	134	6,723	366	395	354	32	344	110
Lebanon	578	111	60	1,901	169	213	191	11	127	34
Perry	141	1	2	477	33	49	36	4	31	7
Total	**4,581**	**418**	**297**	**13,708**	**876**	**1,066**	**1,345**	**77**	**795**	**217**

Table 5 displays the number of C/A who accessed a D&A service that may include: Non-Hospital Residential Detox, Non-Hospital Residential Rehabilitation, Outpatient, Outpatient Supplemental and Intensive Outpatient.

Table 5: C/A D&A Services

County	NH Detox	NH Residential Rehab	OP D&A Clinic	OP D&A Supplemental	IOP	Total
Cumberland	1	31	58		1	78
Dauphin		28	163	39	55	211
Lancaster	1	34	113	3	10	128
Lebanon		17	40	1	1	49
Perry		5	11		1	17
Grand Total	**2**	**115**	**385**	**43**	**68**	**482**

Autism Spectrum Disorder(ASD)

Since 2013, the number of C/A members with an ASD increased 2.2%. It should be noted that from 2013 to 2014, there was a 6.9% decrease in the number of C/A with an ASD in Dauphin County. The services used most by C/A with an ASD are Therapeutic Staff Support and Behavioral Specialist Consultant, which are considered BHR services. The average cost for a C/A with an ASD is 50% higher than those without an ASD. Table 6 identifies the number of C/A with or without an ASD, by county, along with the change from 2013 to 2014.

In an effort to promote access to services, PerformCare communicates with providers of autism services on their obligations to provide services outlined in Pennsylvania's Act 62. Act 62 requires private insurance companies to pay up to $36,000 per year for diagnostic assessment and treatment of covered individuals with autism spectrum disorders who are under the age of 21. In 2014, PerformCare closely monitored the process of Behavior Specialist Consultants as they completed the requirements to be licensed to support individuals with an autism spectrum disorder. The C/A providers of autism services were able to maintain their behavior specialists through the licensing process so that services and treatment recommendations were able to continue.

Table 6: Autism Spectrum Diagnosis

County	ASDx	CY 2013	CY 2014	% Change
Cumberland	No	1,719	1,776	3.3%
	Yes	557	585	5.0%
Total		**2,049**	**2,136**	4.2%
Dauphin	No	3,509	3,601	2.6%
	Yes	772	719	-6.9%
Total		**3,926**	**3,993**	1.7%
Lancaster	No	6,518	6,951	6.6%
	Yes	1,248	1,300	4.2%
Total		**7,164**	**7,619**	6.4%
Lebanon	No	1,917	1,995	4.1%
	Yes	396	421	6.3%
Total		**2,123**	**2,218**	4.5%
Perry	No	513	509	-0.8%
	Yes	121	126	4.1%
Total		**574**	**581**	1.2%
Grand Total	No	14,083	14,759	4.8%
	Yes	3,071	3,139	2.2%
		15,724	**16,461**	**4.7%**

BHRS

Over the past year there have been several efforts centered on improving BHRS services. These include:

1) **Improving Access Times**

   In 2014, CABHC along with PerformCare monitored the ability of each BHRS provider to initiate Behavior Specialist Consultant (BSC), Therapeutic Staff Support (TSS) and Mobile Therapy (MT) services, along with performing authorized Functional Behavior Assessments (FBA), within 50 days of the evaluation. Detailed reports were developed and shared with OMHSAS analyzing the length of time necessary to start services by provider, and the reasons for the delay beyond 50 days from evaluation. Providers who were unable to maintain 75% compliance with access standards were required to develop Quality Improvement Plans (QIPs). Fifteen out of 17 providers developed QIPs. Despite

this effort access to BHRS services did not improve. It was determined that the quality of the QIPs was substandard and there were variables influencing Access both within and outside the control of a provider. As a result of the lack of improvement and poor understanding of how to develop a quality improvement plan, the requirement to develop and implement a QIP was temporarily suspended. It was determined that a new QIP Protocol would be developed along with a training curriculum for providers. Implementation will occur in early 2015.

2) **Implement the Child and Adolescent Needs Summary**

In 2013, CABHC along with PerformCare initiated the use of the Child and Adolescent Needs Summary (CANS) that is an evidenced based evaluation tool. Community Data Roundtable was engaged to develop a CABHC specific CANS that will be used by all evaluators as a means to provide immediate decision support information regarding treatment recommendations. The use of the CANS tool was started as a pilot program with TW Ponessa, Philhaven and PA Counseling Service. The CANS process has helped ensure that evaluators are asking all of the relevant questions to attain the standards of a high quality biopsychosocial evaluation. Once a CANS is completed through a web-based interface, the evaluator receives helpful analytic information about the CANS data, including: a list of active needs; a percentile score for all the major domains that include mental health need/problem presentation, functioning, risk, caregiver needs & strengths, and member strengths; a summary Severity Score; and a Service Match that runs against algorithms that match a Member's CANS profile to programs in the available system of care. The utilization of the CANS is expected to lead to improved prescription and authorization concurrence, increased utilization of evidence-based programs and improved matching of place of service to service need. It is projected that all evaluators will begin using the CANS in 2015.

3) **BHRS Summit**

In 2013, CABHC convened a group of stakeholders to discuss the delivery of BHR services and develop a set of actions that could be taken that would improve access, effectiveness and the enhanced utilization of evidence-based treatment. The result was the development of 13 initiatives such as improving the evaluation process including the implementation of CANS, development of alternative outpatient services, reviewing all BHRS service descriptions, and development of policies and guidelines that support the initiatives. PerformCare has the lead with implementing each initiative, and provides an update to the CABHC Clinical Committee on a monthly basis. In addition, updates have been maintained on a web-based application called BaseCamp®, which is a way to communicate and keep all interested stakeholders informed of BHRS Summit activities.

One action item completed in 2014 was reviewing the utilization and efficacy of the Intensive Family Service Program operated by Pressley Ridge in Dauphin County. Once the program review was completed, the decision was made to terminate the service from the HealthChoices program and move it entirely under the purview of Dauphin County Children and Youth services. A similar review was completed on the Lebanon County Family Support program however; the program will remain within HealthChoices.

Within the BHRS array of services, the three services that primarily are considered to represent BHRS are Behavioral Specialist Consultant (BSC), Mobile Therapy (MT) and Therapeutic Staff Support (TSS). Behavioral Specialist Consultant is a master's level or PhD consultant who conducts assessments and observations in order to develop a behavior/treatment plan that addresses the behavioral health needs of the consumer. All BSCs who work with C/A with an ASD are required to complete and pass trainings and submit qualification documentation to the Department of State to receive their Behavioral Specialist license, unless they held a license that was accepted by the State in order to practice as a licensed Behavior Specialist. PerformCare, along with the CABHC Clinical Committee monitored the application process and capacity of BSCs throughout 2014 in order to ensure that there were enough licensed Behavioral Specialists to meet the needs of C/A with autism.

Table 7 highlights the number of C/A up to the age of 21who received BHR service and the corresponding cost for calendar years 2012-2014. In 2014, the total number of C/A who received TSS, MT and BSC decreased 5% from 2013, and costs decreased 15.4%. The notable decrease in the number of C/A who received services lead to the decline in the overall amount of dollars spent on TSS, MT and BSC services in 2014.

Table 7: TSS, MT, BSC Utilization by County

		CY 2012		CY 2013		CY 2014	
County	**Service**	**Consumers**	**Dollars**	**Consumers**	**Dollars**	**Consumers**	**Dollars**
Cumberland	TSS	349	$4,308,471	326	$3,610,658	302	$2,874,220
	MT	366	$607,936	371	$741,286	363	$698,767
	BSC	423	$1,332,407	402	$1,132,405	369	$1,074,527
	Total	**654**	**$6,248,814**	**649**	**$5,484,349**	**633**	**$4,647,514**
Dauphin	TSS	666	$6,720,046	647	$6,386,665	559	$5,191,345
	MT	929	$2,443,434	991	$2,526,676	870	$2,189,652
	BSC	694	$2,288,223	694	$2,075,135	643	$1,771,826
	Total	**1,373**	**$11,451,703**	**1,417**	**$10,988,476**	**1,290**	**$9,152,823**
Lancaster	TSS	1,008	$13,946,258	975	$13,283,928	885	$11,395,765
	MT	1,202	$2,527,415	1,023	$2,261,084	999	$2,032,544
	BSC	1,231	$3,834,048	1,241	$3,935,370	1,263	$3,694,452
	Total	**1,984**	**$20,307,721**	**1,898**	**$19,480,382**	**1,862**	**$17,122,762**
Lebanon	TSS	385	$4,674,066	341	$3,841,004	302	$2,792,519
	MT	452	$1,077,512	371	$811,860	346	$624,895
	BSC	343	$1,013,441	355	$1,102,841	366	$976,214
	Total	**658**	**$6,765,019**	**619**	**$5,755,704**	**582**	**$4,393,629**
Perry	TSS	43	$402,993	46	$301,384	29	$214,935
	MT	113	$253,114	131	$282,146	107	$232,768
	BSC	74	$202,931	72	$192,339	61	$198,441
	Total	**158**	**$859,038**	**168**	**$775,869**	**136**	**$646,144**
Grand Total		**4,797***	**$45,632,294**	**4,720***	**$42,484,780**	**4,485***	**$35,962,871**

*Unduplicated count of C/A

Although the total dollar amount that was spent on BHRS decreased, the amount of money spent per episode of service increased by 7%. An episode is the total amount of time (days) that a person spent in service. As you can see in Table 8, the amount of money spent for TSS per episode continues to increase. In order to address this increase, CABHC has set a performance measure for PerformCare to focus on decreasing the average length of stay of TSS service and percentage of services provided in a school setting.

Table 8: BHRS Cost/Episode

Service	CY 2012	CY 2013	CY 2014	Change
TSS	$ 16,590	$ 17,823	$ 20,244	**14%**
MT	$ 3,080	$ 3,535	$ 3,401	**-4%**
BSC	$ 4,553	$ 5,334	$ 5,246	**-2%**
Grand Total	**$ 7,501**	**$ 8,349**	**$ 8,907**	**7%**

CRR Host Homes (CRR-HH)

CRR-HH is a service provided by caregivers that are under contract with Providers to offer a therapeutic and stable home life for C/A who are unable to live in their natural home. PerformCare has closely managed the utilization of CRR-HH to assure each child or adolescent who meets criteria receives their prescribed treatment and Length of Stay (LOS) is monitored to reduce extended stays. The number of C/A who received service decreased from 101 in 2013 to 79 in 2014. The LOS decreased from 300 days to 246 days and costs decreased from $2,796,368 to $2,113,413.

In 2013, the CABHC Clinical Committee decided to take a closer look at the quality of CRR-HH services. A CRR-HH Workgroup was established and a work plan implemented. In 2014, PerformCare, CABHC, and the Counties met with CRR-HH providers to discuss strengths and barriers within each provider program. In June, an audit was conducted on each program and the results were presented to the CABHC Clinical Committee. It is anticipated that in 2015 the workgroup will reconvene to discuss action steps that will move traditional CRR-HHs to be more treatment focused.

During 2014, PerformCare continued to work with the Bair Foundation and Northwestern Human Services (NHS) to expand the utilization of CRR-HH Intensive Treatment Program (CRR-HH-ITP) services. CRR-HH-ITP is a comprehensive program licensed as a CRR-HH that utilizes caregivers who go through an extensive training program in order to be able to 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. The program also must provide active treatment and therapy while the child/adolescent is in the home. The Bair Foundation struggled to develop and maintain a qualified pool of host home providers that limited their ability to accept referrals. NHS increased the number of C/A who received CRR-HH-ITP services from five at the end of 2013 to 16 in 2014.

Summer Therapeutic Activity Program (STAP)
STAP is a six week summer program that provides a range of age appropriate specialized therapies designed to aid in the development of interpersonal relationship, daily living, decision making, problem-solving and coping skills which requires appropriately qualified staff. These services are provided for the purpose of furthering individualized therapeutic goals as described in the individualized treatment plan. In 2013 OMHSAS issued a bulletin to clarify programmatic expectations for STAPs, provide direction to providers for developing and operating STAPs, reiterate the services that are allowable for payment by the Medical Assistance Program, update the format for STAP service descriptions and clarify roles and staffing requirements.

In 2014, there were three active STAP providers in the network. In addition, the number of children/adolescents who utilized STAP decreased from 324 in 2013 to 297 in 2014, and the cost of STAP decreased from $814,089 in 2013 to $739,814 in 2014.

Family Based Mental Health Services (FBHMS)
FBMHS is an intensive community based service that is authorized for an initial 180 days and utilizes a two person therapist team to address the behavioral health needs of the C/A and provide parenting skills to the family. The team is on-call 24 hours a day in order to meet the needs of the family.

The utilization of FBMHS has been closely monitored by PerformCare after it was identified as an outlier in comparison to the rest of PA. PerformCare implemented several Performance Improvement Plans (PIPs) in an effort to address the utilization and LOS of FBMH. After a high of 1,291 C/A who received FBMH services in 2011, the number has declined to 899 in 2014. The cost of FBMH is also decreasing. (See Table 9) In 2014, PerformCare continued to pursue the development of best practice guidelines for Family Based services. Discussion with OMHSAS will continue into 2015 until the document is completed.

Table 9: Family Based Mental Health Services

	CY 2013		CY 2014	
County	**Consumers**	**Dollars**	**Consumers**	**Dollars**
Cumberland	113	$1,519,119	129	$1,514,261
Dauphin	202	$2,357,087	192	$2,146,501
Lancaster	383	$4,663,279	374	$4,243,691
Lebanon	160	$1,925,291	175	$1,840,133
Perry	57	$952,280	34	$580,596
Grand Total	**909**	**$11,417,057**	**899**	**$10,325,182**

Children/Adolescent Outpatient Services
In 2014 there was a 7.8% increase in the utilization of outpatient services from 2013 that included clinics, rural clinics and telepsychiatry. Telepsych allows a psychiatrist to use two-way interactive audio-video transmission for the purpose of consultation, outpatient visits, individual psychotherapy, psychiatric diagnostic interview examinations or pharmacologic management. The service improves access for Members who have difficulty traveling to an outpatient clinic where a psychiatrist is physically located. Three providers began offering Telehealth services in

2014 which brings the total number of providers to five. Table 10 highlights the change in the utilization of outpatient services from 2013 to 2014.

Table 10: Children/Adolescent Outpatient Service

	CY 2013		CY 2014		Change	
Service	**Consumers**	**Dollars**	**Consumers**	**Dollars**	**Consumers**	**Dollars**
Outpatient Clinic	11,701	$8,384,860	12,557	$10,534,873	7.3%	25.6%
Rural Health Clinic	60	$18,975	108	$25,133	80.0%	32.5%
Physician or Psychologist	1,310	$1,212,507	1,427	$1,534,851	8.9%	26.6%
Telepsych	128	$56,349	459	$246,003	258.6%	336.6%
Grand Total	**12,423**	**$9,672,691**	**13,398**	**$12,340,859**	**7.8%**	**27.6%**

Children/Adolescents Inpatient Psych Hospital Services

Inpatient hospitalization provides a secure setting for the delivery of acute care for the purpose of stabilizing the presenting mental illness and behaviors. The service seeks to establish within the child the self-control and/or capacity for constructive expression and more adaptive interpersonal skills necessary to continue treatment in a more natural and less restrictive setting.

In 2014, CABHC utilized a network of 24 providers to meet the acute psychiatric needs of 798 children/adolescents. Table 11 provides information on the number of consumers, LOS and cost of services for calendar years 2013 and 2014. Although the number of children/adolescents who utilized Inpatient Psych Hospitalization services only increased 1.1% from 2013 to 2014, the cost increased by 14.7%. The cost increase can be attributed in part to the 9.8% increase in the average LOS.

Table 11: Inpatient Psych Hospital

	CY 2013			CY 2014		
County	**Consumers**	**LOS**	**Dollars**	**Consumers**	**LOS**	**Dollars**
Cumberland	101	11.64	$1,006,830	101	14.06	$1,132,758
Dauphin	188	12.77	$2,447,893	196	13.24	$2,648,098
Lancaster	346	12.52	$3,359,017	345	12.80	$3,637,714
Lebanon	123	11.63	$1,320,996	127	14.88	$1,957,098
Perry	32	11.70	$391,471	31	14.43	$401,423
Total	**789**	**12.29**	**$8,526,207**	**798**	**13.50**	**$9,777,092**

Residential Treatment Facility (RTF)

Residential Treatment Facilities provide services for children/adolescents with serious mental, emotional and/or behavioral problems who require the coordinated, intensive and comprehensive treatment available from a multi-disciplinary team within a structured, residential setting. The service is provided in an unlocked, safe environment within a restrictive setting for the delivery of psychiatric treatment and care.

There were 22 facilities who served 213 children/adolescents in 2014. The number of consumers who utilized RTFs and the subsequent costs for the services each decreased by 9% in 2014 compared to 2013; however the average LOS increased 3%. (See Table 12) Dauphin and Perry

Counties had the highest percentage decrease in the number of C/A who received services among the Counties.

Table 12: Residential Treatment Facilities

	CY 2013			CY 2014		
County	**Consumers**	**LOS**	**Dollars**	**Consumers**	**LOS**	**Dollars**
Cumberland	30	335.6	$ 1,863,011	30	243.6	$ 1,669,943
Dauphin	40	333.8	$ 1,932,707	33	250.6	$ 2,125,940
Lancaster	120	287.6	$ 7,128,250	109	315.5	$ 6,010,201
Lebanon	34	148.7	$ 1,577,956	34	252.5	$ 1,721,432
Perry	11	230.4	$ 590,691	7	235.3	$ 395,124
Total	**233**	**276.6**	**$ 13,092,615**	**213**	**285.9**	**$ 11,922,641**

ADULT SERVICES

CABHC is committed to developing and maintaining the highest quality services to support adults with mental health and their recovery. This requires working collaboratively with all our partners that include the Counties, PerformCare, persons in recovery and families, OMHSAS and other stakeholders. Services for adults follow the Community Support Program and Recovery principles that guide providers and individuals in developing treatment plans and strategies that address each person's mental illness.

In 2014, 21,873 adult accessed one or more mental health service. The majority of utilized a community based service such as an outpatient clinic and 2,057 people accessed an inpatient service.

Adult services were provided by a network of 400 providers, many who are individual practitioners. Services follow a continuum of least intrusive such as Targeted Case Management, Outpatient, Mobile Psych Nursing and Peer Support Services. Individuals with more acute needs have access to Assertive Community Treatment services and when necessary, Inpatient services including Extended Acute Care.

Targeted Case Management

Targeted Case Management (TCM) is a service that is comprised of Intensive Case Management (ICM), Blended Case Management and Resource Coordination (RC) and is located in the County Case Management Units and/or delivered by private providers in Dauphin, Lancaster, Cumberland and Perry Counties. Table 13 highlights the utilization of TCM throughout the territory for calendar years 2013 and 2014. Of the 21,860 adults who utilized behavioral health services in 2014, 12.8% accessed a form of TCM. The total number of adults who accessed TCM decreased 4%; LOS decreased 13% and the number of consumers/1000 members decreased 7% from 2013 to 2014. The Dauphin County CMU transitioned from a traditional model of providing distinct ICM and RC to primarily a Blended Case management model that is indicated in the type of TCM utilized between 2013 and 2014.

Table 13: Targeted Case Management

		CY 2013			CY 2014		
County	**Service**	**Consumers**	**LOS**	**Cons/1000**	**Consumers**	**LOS**	**Cons/1000**
Cumberland	ICM	141	332.2	11.4	152	268.9	11.9
	BCM	2	21.5	.2	4	45.0	.3
	RC	166	85.7	13.4	156	75.0	12.2
Total		**297**	**143.6**	**23.9**	**290**	**131.3**	**22.7**
Dauphin	ICM	532	216.6	19.9	479	160.1	17.4
	BCM	286	133.9	10.7	988	65.8	35.8
	RC	914	72.1	34.2	638	77.1	23.1
Total		**1,645**	**115.9**	**61.6**	**1,496**	**90.5**	**54.3**
Lancaster	ICM	247	267.9	6.1	283	192.9	6.8
	BCM	225	91.4	5.6	202	150.3	4.8
	RC	315	80.2	7.8	298	80.6	7.2
Total		**707**	**120.7**	**17.5**	**740**	**120.6**	**17.8**
Lebanon	ICM	72	410.9	6.5	74	352.8	6.4
	BCM	1	63.0	.1	1		.1
	RC	188	64.9	16.9	165	70.1	14.4
Total		**253**	**93.6**	**22.8**	**233**	**101.0**	**20.3**
Perry	ICM	22	245.5	6.9	29	130.1	8.9
	BCM	1	30.0	.3			
	RC	29	84.2	9.1	28	58.5	8.6
Total		**51**	**124.8**	**16.1**	**54**	**81.0**	**16.5**
Grand Total		**2,923**	**117.2**	**31.5**	**2,793**	**102.5**	**29.1**

Outpatient Services

Outpatient treatment is an ambulatory treatment service providing psychotherapy in which the client participates in regularly scheduled treatment sessions. Across the Counties adult Outpatient services include individual, group and family therapy, evaluations, medication checks and specialized assessments. Services are typically provided in an outpatient clinic.

In 2014 there was a 7.7% increase in the number of adults who accessed outpatient services from 2013. (See Table 14) Telepsych experienced a 168% increase in utilization as a result of three new providers getting approved to provide the service. PerformCare implemented two initiatives in an effort to improve engagement in aftercare services following an Inpatient discharge. The PerformCare member services department conducted outreach calls to Members to remind them of their appointments and to address potential barriers such as a lack of transportation. PerformCare also identified a new role called Complex Care managers who would be more involved during a Members inpatient stay and discharge planning, with the intention to improve the connection with services post discharge. There was also a 15% increase in the number of adults who received outpatient services in a Federally Qualified Health Center (FQHC). CABHC along with PerformCare promoted the development of behavioral health services that can be accessed at a FQHC throughout 2014.

Table 14: Outpatient Services

	CY 2013			CY 2014		
Service	**Consumers**	**LOS**	**Dollars**	**Consumers**	**LOS**	**Dollars**
Outpatient Clinic	13,557	38.80	$9,735,630	14,694	38.04	$11,521,486
Rural Health Clinic	209	13.57	$21,760	344	10.23	$29,841
Physician or Psychologist	3,535	20.27	$1,587,940	3,392	19.38	$1,604,037
Telepsych	288	18.43	$117,734	773	14.73	$260,114
Grand Total	**15,742**	**34.60**	**$11,463,064**	**16,953**	**33.67**	**$13,415,478**

Mobile Psych Nursing

Mobile Psychiatric Nursing Services (MPN) provides ongoing psychiatric assessment, medication management, and clinical support by qualified registered nurses with psychiatric training in home or community settings. It is expected that the use of MPN services will offset the use of more restrictive and costly services such as IP Psychiatric services by diverting persons who might have been admitted/readmitted or stepped down sooner from an inpatient psychiatric placement.

Behavioral Healthcare Corporation provides MPN services throughout the Counties; however their service footprint is primarily located in Lancaster County. NHS began providing MPN services in 2014, with a primary service area in Cumberland and Perry Counties. See Table 15 for information on MPN utilization in 2014. With the addition of NHS in 2014, the number of individuals who utilized MPN increased by 28.6%.

Table 15: Mobile Psychiatric Nursing

	CY 2013			CY 2014		
County	**Consumers**	**Units**	**Dollars**	**Consumers**	**Units**	**Dollars**
Cumberland	16	1,031	$33,218	15	1,008	$35,430
Dauphin	28	2,414	$77,976	49	3,816	$136,353
Lancaster	137	15,371	$495,960	165	18,475	$606,900
Lebanon	7	1,013	$32,667	11	1,185	$38,927
Perry	4	199	$6,388	3	143	$4,698
Total	**189**	**20,028**	**$646,209**	**243**	**24,627**	**$822,307**

Peer Support Services:

Peer Support Services (PSS) are specialized therapeutic interactions for individuals 18 years of age or older that are conducted by self-identified current or former recipients of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community-integration process. The service is designed to promote empowerment, self-determination, understanding, coping skills, and resilience through mentoring and service coordination supports that allow individuals with severe and persistent mental illness and co-occurring disorders to achieve personal wellness.

CABHC Members have access to six different providers who offer Peer Support Services. (See Table 16) In 2014, the number of individuals who used Peer Support Services decreased by

2.2% while costs increased by 6%. The average LOS also increased by 18% which demonstrates that individuals are staying engaged with Peer Support for longer periods of time.

Table 16: Peer Support Services

	CY 2013				CY 2014			
County	**Consumers**	**LOS**	**Units**	**Dollars**	**Consumers**	**LOS**	**Units**	**Dollars**
Cumberland	36	185.9	4,320	$74,532	34	159.1	2,949	$51,643
Dauphin	99	109.5	17,813	$306,113	107	128.0	14,153	$248,397
Lancaster	169	139.2	35,048	$607,186	148	176.8	36,572	$646,231
Lebanon	51	79.5	7,038	$121,946	60	134.7	12,952	$228,992
Perry	5	34.8	159	$2,746	3	82.2	186	$3,274
Total	**359**	**125.6**	**64,378**	**$1,112,522**	**351**	**148.2**	**66,812**	**$1,178,536**

Assertive Community Treatment (ACT)

ACT is a service delivery model for providing comprehensive, community-based treatment to persons with serious mental illness. It is a self-contained mental health program made up of multidisciplinary mental health professionals who work as a team to provide the majority of treatment, rehabilitation, and support services individuals need to achieve their goals. ACT services are targeted to individuals with serious mental illnesses that cause symptoms and impairments in basic mental and behavioral processes.

CABHC has a relationship with two different providers who each support two ACT teams. Northwestern Human Services (NHS) has the largest team in Dauphin County called NHS Capital that supported an average of 90 people. The NHS Stevens ACT program supported an average of 32 individuals in Cumberland County. The NHS Stevens ACT program was converted back to a Community Treatment Team due to the difficulty in maintaining a daily census in line with ACT fidelity standards. They will still follow the TMACT fidelity standards in operating the program. The Philhaven Lancaster team supported an average 45 individuals and the Philhaven Lebanon team supported an average 46 people. Bi-annually the ACT teams report outcome data to CABHC for analysis and consolidation so that it can be shared with all the ACT teams. Table 17 is the final CY2014 ACT outcome data. The data indicates that the ACT teams are doing well with community involvement; however they are struggling to assist individuals in acquiring competitive employment and meeting readmission targets. In November, 2014, CABHC sponsored training for all ACT teams on supported employment presented by Drexel University. CABHC will continue to provide resources to the teams that can be used to enhance their knowledge and skills with supported employment.

Table 17: ACT Outcomes

	70 % Cons. meeting employment goal	90% of cons. meet community activity goal	85% of cons. maintain stable housing	90% of discharges will have no readmissions	95% of readmissions will have LOS<12 days	90% will have no legal involvement
NHS Cap	7%	98%	99%	83%	0%	100%
NHS Stevens	26%	90%	93%	17%	17%	97%
Philhaven-Lanc.	7%	100%	88%	33%	87%	100%
Philhaven-Leb.	9%	98%	90%	40%	60%	98%
Average	**12%**	**98%**	**94%**	**40%**	**62%**	**99%**

Inpatient Services

In 2014, 2057 adults utilized Inpatient Psychiatric services. Based on the total number of adults who utilized behavioral health services (21,860), 9.4% were admitted into an inpatient unit. Forty providers were utilized in 2014 which is down from the 53 providers that were utilized in 2013. Three inpatient facilities; Brooke Glen Behavioral Hospital, Haven Behavioral Hospital of Eastern PA and Fairmount Behavioral Health Systems, all experienced marked increases in the number of adults who received services.

Between 2013 and 2014 there was a slight decrease in the number of individuals served and the number of individual episodes in Inpatient settings however, the LOS increased by 6.2% and costs increased 9.4%. (See Table 18) The readmission rate also increased in spite of efforts made by PerformCare and the Counties to reduce recidivism. In 2015 PerformCare will increase their efforts to propose and implement quality improvement plans aimed at reducing readmissions.

Table 18: Inpatient Services

	CY 2013					**CY 2014**				
County	**Cons[1]**	**Eps[2]**	**LOS**	**RA[3] Rate**	**Dollars**	**Cons**	**Eps**	**LOS**	**RA Rate**	**Dollars**
Cumberland	252	338	10.6	12.6%	$1,613,662	280	400	13.1	13.3%	$2,760,814
Dauphin	647	985	12.6	17.8%	$7,429,832	653	1,005	12.2	18.1%	$7,554,590
Lancaster	876	1,267	10.1	14.8%	$5,395,645	820	1,180	11.5	15.4%	$5,874,376
Lebanon	233	347	13.2	16.4%	$2,514,929	253	355	11.7	14.8%	$2,297,646
Perry	77	107	9.3	14.0%	$494,901	62	89	12.8	17.2%	$605,677
Total	**2,069**	**3,044**	**11.3**	**15.7%**	**$17,448,970**	**2,057**	**3,029**	**12.0**	**16.0%**	**$19,093,102**

[1] Consumers
[2] Episodes
[3] Readmission

DRUG AND ALCOHOL SERVICES

Drug and Alcohol (D&A) services are provided to children/adolescents and adults through an array of treatment options that include Outpatient, Intensive Outpatient, Non-Hospital Detox, Rehabilitation, Partial Hospitalization, Halfway Houses, the administration of Methadone and the Buprenorphine Coordination program. In many instances, individuals also have a co-occurring diagnosis as evidenced by 457 children/adolescents who accessed both a mental health and a D&A service and 5,432 adults who accessed both services. From 2013 to 2014 there was a 4.8% increase in the number of C/A who utilized a D&A service, although the overall cost decreased 14.9%. (See Table 19) This was primarily related to the decrease in utilization of Non-Hospital Residential Rehabilitation and Detox services. The number of adults who accessed a HealthChoices D&A service in 2014 increased 2.9% over 2013 and expenses increased 7.7%. (See Table 20)

Table 19: Children/Adolescent D&A Services

	CY 2013		CY2014	
Service	**C/A**	**Dollars**	**C/A**	**Dollars**
NH Res. Detox	4	$2,346	2	$1,736
NH Res. Rehab	120	$1,554,160	115	$1,240,194
OP D&A Clinic	361	$134,488	385	$153,453
OP D&A Assessment	50	$3,344	43	$2,980
OP D&A - IOP	60	$54,218	68	$77,561
Buprenorphine Coordination	34	$7,073	45	$17,670
Total	**482**	**$1,755,629**	**505**	**$1,493,594**

Table 20: Adult D&A Services

	CY 2013		CY 2014	
Service	**Adults**	**Dollars**	**Adults**	**Dollars**
IP Detox - General Hosp.	20	$52,154	24	$93,052
IP Detox - Rehab, D&A Unit	23	$44,817	29	$56,459
IP D&A Rehab - General Hosp.	9	$128,639	13	$160,530
IP D&A Rehab - Rehab, D&A Unit	10	$57,102	16	$97,265
Non-Hosp. Residential - Detox	851	$934,920	959	$1,093,982
Non-Hosp. Residential - Rehab	1,572	$10,747,984	1,678	$11,470,942
Non-Hosp. Residential - Halfway	298	$1,711,421	304	$1,651,467
OP D&A Clinic	3,346	$2,163,428	3,431	$2,445,177
Methadone Maintenance	955	$3,048,989	980	$3,258,026
OP D&A Assessment	24	$2,196	20	$1,708
OP D&A Partial	151	$287,941	151	$295,717
OP D&A - IOP	558	$435,965	544	$483,334
Buprenorphine Coordination	474	$448,252	513	$504,868
Total	**5,230**	**$20,063,808**	**5,380**	**$21,612,527**

Non-Hospital Detox (NH Detox)
Once a person becomes dependent on the presence of a substance, adjusting to the lack of that substance can be extremely difficult and uncomfortable. The process of withdrawal can be so uncomfortable that, in many cases, it can be the predominant reason that individuals return to using their substances of choice. Detox is primarily a medically monitored process to keep a person safe and comfortable as they rid themselves of harmful substances, that takes place before a person engages in other types of treatment. In 2014, there was a 50% decrease in the number of C/A who utilized NH Detox services. There was a 12.7% increase in the number of adults who accessed NH Detox along with a 17% increase in costs.

Non-Hospital Residential Rehabilitation (NH Rehab)
NH Rehab is an intensive level of treatment that provides adults and adolescents with comprehensive support to overcome chemical dependency and certain co-occurring conditions. NH Rehab includes round-the-clock supervision, structured schedules, a range of therapeutic opportunities provided by experienced professionals that includes individual, group and family therapy, medication management and discharge plans for continuing treatment post discharge. C/A and adults received services from 27 different facilities in 2014. White Deer Run/Cove Forge served the largest number of adults (696) and Drug and Alcohol Rehabilitation Services Inc. provided services to the largest number of children and adolescents (38). There was a 4.2% decrease in utilization of NH Rehab by C/A, and a 6.7% increase in adult utilization.

Non-Hospital Halfway House (NH-HH)
Individuals who complete treatment in a NH Rehab may not always be prepared to make an immediate successful transition out of 24/7 treatment. NH-HH provides additional assistance to free people who are in early recovery from substance abuse and chemical dependency and will benefit from structured residential step-down treatment. NH-HH includes individual, group and family therapy, access to medication management and connections to post discharge supports. The average length of stay for adults in 2014 was 55 days. The utilization of NH-HH increased 2% from 2013. (See Table 20)

Drug and Alcohol Outpatient (D&A OP)
D&A OP services are provided in the community to help a person with alcohol or other drug problems. Services include evaluation, individual and/or group therapy. Individuals in outpatient treatment participate in group therapy sessions once or twice every week, and individual sessions when indicated. The groups which are led by experienced counselors address a range of topics, and the specific content in any one group is influenced by the contributions of participants. The following are among the common topics that may be addressed in OP group therapy sessions: the disease concept of addiction, relapse prevention, life stressors, coping strategies, relationships and boundaries, the 12-step recovery process, and symptoms of anxiety and depression. Children and adolescent utilization increased 6.6% and costs increased 14%, while adult utilization increased 2.5% and costs increased 14%. There are more individuals who utilize D&A OP services than any other D&A service.

D&A Intensive Outpatient (IOP)
IOP participants typically complete nine hours of therapy per week, divided into three, three-hour sessions. As is the case with D&A OP, programs may offer IOP sessions at a variety of

times, such as mornings and evenings, so that individuals can receive treatment while still meeting essential work, school, personal, or other responsibilities. Individual and family therapy sessions may be scheduled on an as-needed basis, but the core of IOP is an intensive curriculum that is addressed via group therapy sessions. In 2014, there was a 13% increase in the number of C/A who received IOP with a 43% increase in costs. Adults had a slight 2.5% decrease in utilization but experienced an 11% increase in costs.

Partial Hospitalization Program (PHP)
PHP is an intensive D&A treatment where participants attend therapy sessions six hours per day, four days a week, for a total of 24 hours each week. Group therapy is the primary treatment however, unlike OP and IOP, which provide individual therapy only on an as-needed basis, the PHP schedule includes individual therapy sessions each week. The PHP must also make available psychiatric services if determined to be clinically appropriate. Family therapy sessions may be scheduled on an as-needed basis. In 2014, there were 151 adults who utilized PHP services, which remained the same as in 2013. (See Table 20)

Methadone/Buprenorphine Coordination Program Consumers that have an Opioid addiction have access to two different medication assisted treatment; Methadone delivered in a licensed clinic or Suboxone (aka Buprenorphine) that is prescribed by a certified physician. For those Members that are being treated with Suboxone, they can also receive additional support through the Buprenorphine Coordination Program, a CABHC developed Medicaid supplemental service. Methadone services were available through seven providers in 2014 and the BUP Program is administered by the RASE Project through participating physician groups. The data in Table 20 indicates an increase in the number of adults accessing both Methadone treatment (2.6%) and the BUP Program (8.2%).

Recovery Oriented Methadone Maintenance Services (ROMMS) Pilot Work Group
The Methadone best practice standards were developed through a collaboration of six counties; Chester, Cumberland, Dauphin, Lancaster, Lebanon and Perry and the Behavioral Health managed care organizations serving those counties, Community Care Behavioral Health Organization and PerformCare. These standards were significantly informed by the work commissioned by Southwest Behavioral Health Management, Inc. (SBHM). This latter work included support from the Institute for Research, Education, and Training in Addictions (IRETA) to arrive at scientifically/clinically-based and recovery-oriented recommendations regarding clinical services in opioid treatment programs using methadone. The ROMMS workgroup, along with the selected pilot provider (CRC Health) met in 2014 to come to an agreement on terms of the pilot project and implementation. Due to organization changes that occurred with CRC Health in 2014, a delay occurred with the implementation of the pilot. Discussions regarding the terms of the pilot will continue and it is anticipated that implementation will occur by the conclusion of CY 2015.

Additional D&A services will be reviewed under the Reinvestment Section.

PROVIDER NETWORK

The Provider Network Committee (PNC) is responsible for monitoring PerformCare's Provider Network to assure HealthChoices access standards are being met and specialty needs are extended to Members. In addition to the overall monitoring of the Provider Network, the Committee performs the following functions:

- Participates in the development and selection with PerformCare's RFP/Invitation for Service Expansion process
- Reviews the Out-of-Network report on a quarterly basis which identifies providers who are currently being used outside of the network and monitors PerformCare's process of bringing Out of Network Providers into the network
- Develops, distributes and analyzes a Provider satisfaction survey
- Reviews and monitors Provider Profiling reports prepared by PerformCare and Credentialing Committee activities, which includes the review of Providers who are currently on Corrective Action Plans and Quality Improvement Plans

Provider Capacity

At the end of 2014, there were a total of 646 In-Network Providers for the CABHC contract. During the course of 2014 there were 39 individual practitioners who joined the network, 11 of whom were new psychiatrists. Six new providers and four professional groups also joined the network. Throughout the year, there were a total of 29 Providers terminated from the Network. All of these terminations were voluntary. Reasons for termination included retirement or the practitioner or facility was no longer serving CABHC Members. This represents a turnover rate of 4.5%.

There were three providers who were declined by the Credentialing Committee in 2014; one individual initial credentialing request and two facility re-credentialing requests. Of the two facilities whose request for re-credentialing were declined by the committee, one facility appealed the Credentialing Committee's decision and was granted continued network enrollment for one year.

The number of Providers and the variety of services offered are similar throughout each of the Counties. The exception to this is Perry County, where due to population and the rural nature of the County, there is a smaller number of Providers offering services. It should be noted that Perry County Members are served by Providers from Cumberland County as well.

The three levels of care with the highest number of Providers are Mental Health Outpatient, followed by Mental Health Inpatient, and Substance Abuse Outpatient Services.

Provider Satisfaction Survey

The CABHC Provider Satisfaction Survey is distributed to providers in order to determine the level of provider satisfaction with PerformCare and the HealthChoices program, and to identify areas of strength and opportunities for improvement. The 2014 Provider Satisfaction Survey was distributed to 215 Providers in the Capital Area provider network in April via email and regular mail. The survey could be completed using the web-based survey program QuestionPro, or by completing the paper version of the survey and returning it to CABHC. Twelve surveys were

returned as undeliverable. Consequently, out of the 203 delivered surveys, 66 were returned for a 33% response rate. This is an increase from the 21% response rate in 2012.

Results from the survey identified five areas in which PerformCare scored lower in 2014 than they did in 2012. The five areas identified were: Provider Orientation, Claims Processing, Administrative Appeals, Grievances and Account Executives. The CABHC Board, as recommended by the Provider Network Committee, requested a Quality Improvement Plan (QIP) from PerformCare which addressed the five areas identified for improvement.

The formal response and QIP was received from PerformCare in November, 2014. After careful review by the PNC, it was decided that the QIP would not be accepted as it was written. CABHC requested that PerformCare revise the QIP, which PerformCare completed, resulting in the acceptance of the QIP by the PNC. PerformCare provides monthly updates on the action steps identified in the QIP.

Service Access Standards
Pennsylvania HealthChoices standards require that the following access requirements are to be met or an access waiver must be requested:

- Ambulatory services – 2 providers within 30 minutes travel time (urban counties); 60 minutes travel time (rural counties)
- Inpatient and residential services – 2 providers, one of which must be within 30 minutes travel time (urban counties); 60 minutes travel time (rural counties)

On an annual basis PerformCare completes a GeoAccess analysis to determine if access requirements have been met for all service categories. CABHC requested and received five in-plan service access exceptions from OMHSAS for the 2014/2015 fiscal year that include:

- Inpatient Psychiatric Hospitalization (Child): Access standard of distance for the Southwest (SW) quadrant of Lancaster County.
- Hospital-based Drug and Alcohol Detoxification (Adult and Child/Adolescent): Access standard of distance for all five Counties.
- Hospital-based Drug and Alcohol Rehabilitation (Adult and Child/Adolescent): Access standard of distance for all five Counties.
- Methadone Maintenance (Adult): Access standard of distance for SW quadrant of Lancaster County; Northwest (NW) and Northeast (NE) quadrants of Dauphin County; NW quadrant of Cumberland County; and NW quadrant of Perry County.
- Residential Treatment Facility (Child/Adolescent): Access standard of distance for the NW quadrant of Dauphin County; and the SW quadrant of Lancaster County

Routine Access Service Monitoring
The OMHSAS Program Standards and Requirements require that routine access services are provided with seven days of request. It was discovered that services were not being offered and/or provided within the required time frame, which resulted in CABHC submitting a corrective action plan to OMHSAS. To ensure the provider network is meeting routine access standards for medically indicated treatment, CABHC required that PerformCare provide monthly dashboard reports containing data which reflects the performance of providers in meeting the

Routine Access standard. The reports will be reviewed by the Provider Network Committee (PNC) during each of their bi-monthly meetings. PerformCare completed preliminary work on establishing the metrics that will be used to capture the access information for nine levels of care in 2014, and will complete developing the access reports in 2015.

Provider Profiling

CABHC, through the Provider Network Committee, monitored the progress PerformCare made in developing a Provider Profiling process, which was identified as a goal in the 2014 PerformCare work plan. The Provider Profiles are meant to be used to make meaningful comparisons on 11 levels of care based on a varied data set including claims data, authorization data, quality reports, complaints, Consumer/Family Satisfaction Team reports and demographic information. There was minimal progress made by PerformCare in 2014 in developing meaningful reports and they will be refocusing their efforts in developing a comprehensive provider profile in 2015.

Provider Performance

Treatment Record Reviews (TRR's) are conducted by PerformCare on Providers in-sync with their credentialing cycle, which is every three years. They can also occur more frequently if qualities of care concerns are brought to the attention of CABHC or PerformCare. PerformCare utilizes the results of TRR's as a tool to ensure compliance with all applicable HealthChoices and PerformCare policies and regulations. If a Provider scores below the benchmark, follow-up TRR's will be completed on a yearly basis until they score above the benchmark.

The benchmark for Providers was increased in 2014 to 80% from the previous benchmark of 75% for all levels of care except Family Based Mental Health, which remained at 90%. Providers that scored below 80% are required to submit a Quality Improvement Plan (QIP). In the 2014 review cycle, 90 TRR's were conducted on site and 11 were desk reviews and 17 TRR's resulted in the need for a QIP. If the Provider fails to submit a QIP, or the QIP they submitted was inadequate in addressing the concerns identified in the TRR, they can be required to submit a Corrective Action Plan (CAP).

CAP's can only be requested through the Credentialing Committee and 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.

STAKEHOLDER INVOLVEMENT

Consumer and Family Focus Committee

CABHC values and encourages 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.

In 2014 CABHC facilitated the following presentations for the CFFC. Abby Robinson from Consumer Satisfaction Services, Inc. reviewed findings from their 2013/2014 annual report. Govan Martin presented information on the Pennsylvania Adult and Older Adult Suicide

Prevention Coalition. He discussed the goals of the Coalition and presented statistics on suicide in Pennsylvania. Meredith Little, Transitional Coordinator from NHS Stevens Center discussed the Cumberland/Perry County Specialized Transitional Support for Adolescent program funded by CABHC reinvestment dollars. This program assists individuals from the age of 16-21 years old who have a mental health diagnosis and have Medical Assistance. The program focuses on providing skills to individuals in such areas as education, employment, living situations and community life functioning based on the needs of the individual. The program is designed to assist young adults in obtaining the skills they need as they transition to adulthood. Kristin Noecker from the RASE Project presented information on who they are, current projects and ongoing programs dealing with substance abuse treatment and education. The presentation also discussed substance abuse classifications and effects as well as more recent drugs of abuse in these categories.

County-wide Trainings

CFFC offered training on Healthy Aging to providers and Members within the Collaborative. The trainings were presented by Linda Shumaker, PA Behavioral Health and Aging Coalition, with the first two trainings taking place in both Lancaster and Cumberland/Perry Counties in October 2014. Feedback on the training was very positive. Additional Healthy Aging trainings will be scheduled for 2015.

The Committee also had an interest to explore how to help Members in the community learn about various organizations, hobbies, or interests available to them of which they may not have been previously aware. The initial effort centered on developing a presentation called; *How to Build a Support System* which transitioned into a concept called; *Community Connections Initiative.* After research and discussion, it was determined that offering trainings would not be an effective format for this particular project. The change in the project aimed at inviting community members to share their interests with Members in their community. During 2014, research was initiated by the Member Relations Specialist to determine if there were similar successful program models in existence that could be used for the initiative as well as any research on the subject of connecting those with behavioral health issues to activities within their community. Any relevant information that is obtained through the research will be added to the final *Community Connections* report that will be submitted to CFFC in 2015.

Recruitment of Committee Members

In 2014, recruitment of committee members was placed on hold. Current attendance at CFFC meetings has averaged approximately 20 participants throughout the year due to an aggressive recruitment campaign in 2013. Three family Members and one teenaged participant joined the CFFC in 2014.

Peer Support Services Steering Committee

The PSSSC Committee began discussion and coordination of a CPS Appreciation Event to celebrate the work of all Certified Peer Specialists within the Collaborative and recognize them individually for their hard work. The event itself is scheduled for March 2015. The Committee began discussing the idea of creating a series of short videos that follow peers throughout their daily life as well as recording interviews about their thoughts on their role as CPSs. This project will be carried over to 2015.

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 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 collaborated to develop projects which could improve the integration of Physical and Behavioral Health systems of care. The following PH/BH integration projects were accomplished in 2014.

Member Wellness Initiatives

PerformCare has maintained a website section of updated materials related to Domestic Violence, Childhood Obesity and Smoking Cessation. Additionally, online resources such as **Health Education Answers™** and **Self-Management Tools** are offered for a comprehensive approach to multiple health topics from sleep to stress. New educational pieces that were added to the website in 2014 included: Two articles on physical activity; Several articles on depression; Mood charts for adults and children; An article dealing with antidepressant side effects; Two recovery tools; three domestic violence articles; Two substance abuse articles. Consumer input was obtained in 2014 on the website formatting and topics of interest and their input will be incorporated in to the **Self-Management Tools** section throughout 2015.

Perinatal Program

Specialized case management is offered to any women who are currently pregnant or Members who have recently delivered and are experiencing postpartum depression. Members are able to self-identify or are referred through utilization review care management or by community providers. Members are provided with referrals and assistance with connecting to a behavioral health or substance abuse provider if needed. Additionally, Members are encouraged to connect with their physical health plan and assisted with a warm transfer or a phone number depending on the Member's wishes. An assessment is completed upon admission to the program which identifies the Member's needs. Dates of obstetrical appointments are obtained to ensure the Member is receiving adequate medical care, and community resources are suggested if needed. In 2014 there were 50 referrals for Members who received services.

Federally Qualified Health Centers (FQHC)

FQHCs provide comprehensive health care for uninsured and underinsured persons throughout the Counties. To improve the holistic approach to care in the FQHCs, behavioral health treatment has been integrated and co-located in three of the Centers. South East Lancaster Health Clinic has partnered with a MHOP provider that embedded a licensed psychologist into the center who works with the providers (doctors) by providing warm handoffs for assessment and brief treatment. A second MHOP provider is also located in the center's satellite office and offers a similar service utilizing a CRNP and a LCSW. The CRNP can also provide medication management services. In Harrisburg, Hamilton Health Center has two LCSWs to provide assessment and brief treatment after members are screened by the provider and a determination is

made that they might benefit from behavioral health treatment. Hamilton Health Center has also partnered with a licensed MHOP provider, Philhaven, who has created a satellite MHOP clinic at the Center. Assessment, brief intervention and psychiatric services are being offered to persons who are also receiving their healthcare at the center. Finally, Sadler Health Center, located in Carlisle, has a LCSW who provides assessment and brief treatment that follows the Primary Care Behavioral Health model developed by Dr. Neftali Serrano, PSYD.

The total number of Members who utilized a FQHC for behavioral health services in 2014 was 551. The majority of individuals who utilized the service were adults age 18 and older with a total count of 443.

Development of New PH/BH Initiatives
In 2014, in collaboration with the Clinical Committee, a workgroup comprised of PerformCare, Stakeholders, Counties and CABHC developed a list of potential new PH/BH initiatives and selected five new projects. PerformCare will take the lead with researching and developing the plans for each initiative. The following are the five initiatives selected by the workgroup.

1. **Medication Reconciliation** - Improve communication between PH and BH inpatient and outpatient providers on the medications that a Member is prescribed.
2. **Support Caregiver Toolkit** - Provide support to family members and significant others through educational materials which address how physical and behavioral health issues are interrelated and how one can affect another.
3. **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.
4. **Targeted Case Management Trainings** – Develop and provide training materials on the following suggested topics; D&A effect on the brain, dementia, immigrant issues, cultural differences and nutrition.
5. **PHQ-9 in PCP Offices** – PerformCare will encourage the use of the PHQ-9 screening tool by partnering with larger volume primary care clinics and offering tools and resources to increase the utilization of the PHQ-9. (The PHG-9 is a depression screening tool)

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 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 stated objectives to assure that the needs of the individuals enrolled in each service are being

met. The financial status of each project is monitored to verify that reinvestment funds are expended appropriately and the projects stay within budget. The four projects include:

1. Respite

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. The Respite outcome data is maintained on a fiscal year. For FY 2013/2014 the respite program served a total of 358 members which is a 17% increase from 2013. There were a total of 337 children/adolescents and 21 adults who received service. A total of 6,925 hours of in-home respite and 123 out of home respite days were provided. (See Table 21) Total expenditures for FY2014 amounted to $199,531. During the 2014 calendar year, there was a change in the YAP respite coordinator position that resulted in a temporary transition period for the new coordinator to learn the responsibilities of the position. With the assistance from the Respite Steering committee, the new coordinator quickly acquired the knowledge necessary to maintain and improve the respite services.

Table 21: Respite Services

County	# Members Served	In Home Hours	Out of Home Days
Cumberland	**48**	**883**	**16**
Dauphin	**106**	**1,910**	**47**
Lancaster	**123**	**2,556**	**38**
Lebanon	**66**	**1,471**	**6**
Perry	**15**	**106**	**16**
Totals:	**358**	**6,925**	**123**

2. Specialized Transitional Support for Adolescent

This Reinvestment service targets adolescents up through the age of 22 who have a mental health diagnosis and need support in the areas of employment, education, independent living and community involvement and socialization. Transition Coordinators working with these youth conduct educational groups and/or individual sessions in order to work on the steps needed to reach individualized goals. The outcome of this program is to foster and encourage success in adulthood. The annual reports submitted by each program indicate successful outcomes for the majority of the program participants, especially those who stay engaged in the program. Each program submits an annual report at the end of the fiscal year. The data for this report is based on FY 2014 reports. Through June 30, 2014, 145 Members received services from the four programs that include:

County	Program	Members
Cumberland/Perry	NHS Stevens Center	10
Dauphin	The JEREMY Project, through CMU	41
Lancaster	Community Services Group	60
Lebanon	The WARRIOR Project, PA Counseling Services	34

3. Substance Abuse Supportive Housing Program

CABHC's Substance Abuse (SA) Supportive Housing Program provides scholarships to individuals from Cumberland, Dauphin, Lancaster, Lebanon, and Perry Counties who require financial assistance to enter a Recovery House as part of their recovery from substance abuse. Recovery from substance abuse can be extraordinarily difficult, requiring dedication and persistence to make changes in every aspect of one's life. Making these changes can be particularly difficult for those stepping down from inpatient rehabilitation or halfway house services. All too often, these individuals find themselves returning to homes and neighborhoods overflowing with old triggers and memories of substance abuse. CABHC can provide scholarships to fund up to two (2) months' rent (not to exceed $300/month) for qualified people to move into a Recovery House that participates with the program. To assure certain standards of quality, Recovery Houses interested in serving individuals receiving scholarships from this program must submit a written application and complete a site visit conducted by CABHC staff.

In FY 2013-2014, CABHC issued scholarships to 181 individuals, which represents an increase of 53 individuals compared to FY 2012-2013. Throughout the fiscal year, the scholarship Program approved two (2) new Recovery House agencies (Catholic Charities and Haven Sober Living), which added three (3) Recovery House sites to the directory of participating houses. As of June 30, 2014 there were 63 active Recovery House sites provided by 24 participating Recovery House organizations. All participating Recovery Houses are required to submit a follow-up individual questionnaire for each scholarship recipient upon their departure or at a minimum at the end of six months of residency. Recovery Houses submitted 123 questionnaires to CABHC which was a 76.4% return rate. The information from the questionnaires indicated that 51% of consumers left the recovery house within 60 days, 33% left between 60 days and six months and 15% were still there after six months. Of the 68 questionnaires that were returned with information related to employment, 36 consumers were employed and 10 were unemployed but looking for work. Of the 107 responses to the question related to sobriety, 73 individuals (68%) were able to maintain sobriety for the period under which they were observed. This is an increase of 11.48% over the previous year.

4. Recovery Specialist Program (RSP)

The D&A Recovery Specialist Program provided by the RASE Project is non-clinical in nature and focuses on life and recovery skill development that is vital to the success of an individual’s sustained recovery from their addiction. Supports are identified and recovery plans are developed by the member with the assistance and support of a Recovery Specialist. These include but are not limited to recovery education, identification and engagement with community resources that encourage recovery, support systems to remain engaged in formal treatment, and identification and access to stable housing and employment as a cornerstone to assist in an individual’s recovery. Services are primarily delivered face-to-face in the community.

The outcomes that have been established by RASE are: Engagement in and completion of Treatment; Acquisition of Safe and Stable Housing; Reduction of Involvement in the Criminal Justice System; and Acquisition of Employment. In FY 2014 there were 419 adults served compared to 188 who were served in FY 2013. Of the 419 adults who participate in the

program, 90% were engaged in a treatment program, and 32% completed their treatment program while engaged with the RSP. 82% of the individuals acquired or remained in stable housing during their program involvement, 96% had no incidents of criminal activity, and 67% acquired employment during their involvement with the RSP.

During 2014, RASE hired a new RSP coordinator who focused on developing new policies and procedures and processes in order to improve the overall functioning and efficacy of the program. RASE revised their intake process that resulted in improved screening and selection of participants for the program. CABHC conducted an evaluation of the RSP to determine the level of compliance in adhering to the original program description. Feedback from the evaluation was provided to RASE and they will be following through with improvement plans in 2015.

In addition to the four sustained reinvestment projects mentioned above, there are 13 approved projects that are in various stages of development or operation. Six of the projects benefit all the Counties and the remaining seven are County specific. Please see Appendix A for a list of all reinvestment projects that includes a status update of the various projects.

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.

The following are highlights from the FY 2013/2014 CSS Annual Report.

CSS surveyed 1,768 respondents from the five Counties that represent 1,233 adults (69.7%) and 535 children (30.3%). This is a decrease of 765 (30.2%) surveys that were conducted from FY2012/2013. (See Table 23) Of the 1,233 adults 1,215 (98.5%) responded for themselves. Parents and guardians responded for the remaining 18 adults (1.5%). Parents and guardians responded for 488 of the 535 C/A (91.2%). The remaining 47 C/A (8.8%) responded for themselves.

Table 23: Total Interviews and Face–Face

Fiscal Year	Adult	F-F	%	Child	F-F	%	Total	F-F	%
12/13	593	588	99.2%	1940	1912	98.6%	2533	2500	98.7%
13/14	1233	1203	97.6%	535	520	97.2%	1768	1723	97.5%
Change	**640**	**615**	**-1.6%**	**-1405**	**-1392**	**-1.4%**	**-765**	**-777**	**-1.2%**

Data was collected by seven interviewers from 45 providers. The 1,233 adults received treatment at 41 of the 45 providers. The 535 C/A received services from 20 of the 45 providers.

In all, nine types of treatment were accessed by the respondents. The 1,233 recipients of adult services received eight types of treatment including Mental Health Outpatient (24.2%), Mental Health Inpatient (20.4%), D&A Residential Rehab (16.8%), Crisis Intervention (16.2%), Resource Coordination (9.5%), TCM Intensive Case Management (8.3%), Buprenorphine Coordination (2.5%) and Blended Case Management (2.0%). The 535 recipients of child services received eight types of treatment including Mental Health Outpatient (51.4%), Resource Coordination (13.1%), Blended Case Management (9.0%), Crisis Intervention (7.3%), Intensive Case Management (6.2%), RTF (5.0%), Mental Health Inpatient (4.7%), and D&A Residential Rehab (3.4%).

There were a total of 29 items that were included in the calculation of the Total Satisfaction Score (TSS). Each item could be marked 1 (Strongly Disagree) to 5 (Strongly Agree). Higher scores on questions represented higher satisfaction. The TSS had a possible range of 29 - 145. Scores 117 -145 indicate a high level of satisfaction, scores 87-116 indicate some level of satisfaction and scores below 87 indicate some level of dissatisfaction. The overall mean for all respondents for Total Satisfaction Score (TSS) was 115.44.

Overall, the majority of individuals who accessed treatment were satisfied with their services that are reflected in the combined satisfaction score of 115.44, which is a slight increase from the FY12/13 score of 115.37. (See Table 22)

Table 22: Satisfaction Score

Fiscal Year	Adult	Child	Total
2012/2013	593	1940	2533
	114.02	115.79	115.37
2013/2014	1233	535	1768
	114.41	117.82	115.44

The majority of people perceive that services have made their lives better in handling personal and social issues**.** Overall, approximately 38.2% to 71.2% believe services have improved their lives in each outcome area. Approximately 20.1% to 36.6% of individuals believe that no change has resulted from their services. Only 6.7% to 10.4% believes that things are worse as a result of services. The full CSS Inc. report provides detailed information on the satisfaction scores by age, county, race, Implementation, Outcomes and analysis of each question. The complete CSS FY13/14 Consumer Satisfaction report can be viewed on the CABHC web site at www.cabhc.org.

FISCAL OVERVIEW

Financial oversight of the Corporation (CABHC), the HealthChoices Program and monitoring of PerformCare's financial statements remains an ongoing, shared endeavor between CABHC staff, CABHC's Fiscal Committee and the Counties. Areas of focus in 2014 include monitoring of corporate finances of CABHC and PerformCare, and monitoring the HealthChoices Program solvency.

CABHC 13-14 Financial Performance

CABHC's financial performance remained strong during FY 2013/2014. Even though there was a small decrease in the FY 2013/2014 administrative portion of OMHSAS's capitated rates from the previous year, CABHC was still able to retain a strong financial position. Member enrollment continued to increase from FY 2013 to 2014 which provided for an increase in capitation payments, offsetting the loss from the administrative portion of the rates. CABHC's administrative expenditures remained level therefore resulting in a positive cash flow situation. The management fees received from both the Counties and CABHC in excess of related expenses was used to pay for reinvestment services approved by OMHSAS and developed in collaboration with CABHC and the Counties.

CABHC's Fiscal Committee is responsible for monitoring and reporting on the financial position of CABHC, reviewing financial statements and presenting the information to the Board of Directors on a monthly basis. CABHC's contracted auditors, The Binkley Kanavy Group, conducted a corporate audit at the close of the fiscal year resulting in no reportable findings and issued the opinion that the financial statements were presented fairly, in material respects, to the financial position of CABHC and the changes in its net position and cash flow for the year ended in accordance with generally accepted accounting principles.

CABHC Monitoring of PerformCare Financials

The Fiscal Committee of CABHC monitors PerformCare's financial solvency and reports its findings to the CABHC Board of Directors. The committee monitors PerformCare by reviewing the following: Capital Region Financial Statements, PerformCare Corporate Financial Statements and the AmeriHealth Caritas Corporate Audit including the PerformCare Supplemental Statement. During FY 2013/2014 when questions or concerns were raised, PerformCare was active in providing clarification so that the Committee could fully understand the financial position of PerformCare and its parent company.

HealthChoices Program Performance

The financial solvency of the HealthChoices Program is closely monitored through a review of the CABHC medical expenses via the Surplus/Deficit Report prepared by the CABHC contracted actuary. Along with the monitoring of this report, CABHC's contracted actuary provides quarterly risk reports and certifies incurred but not reported (IBNR) estimates that are reported to OMHSAS on the quarterly financial reports.

In Tables 24 and 25 are figures which reflect the division of medical expenditures for FY13-14 based on rating groups and categories of service.

Table 24: Expenditures by Rating Group

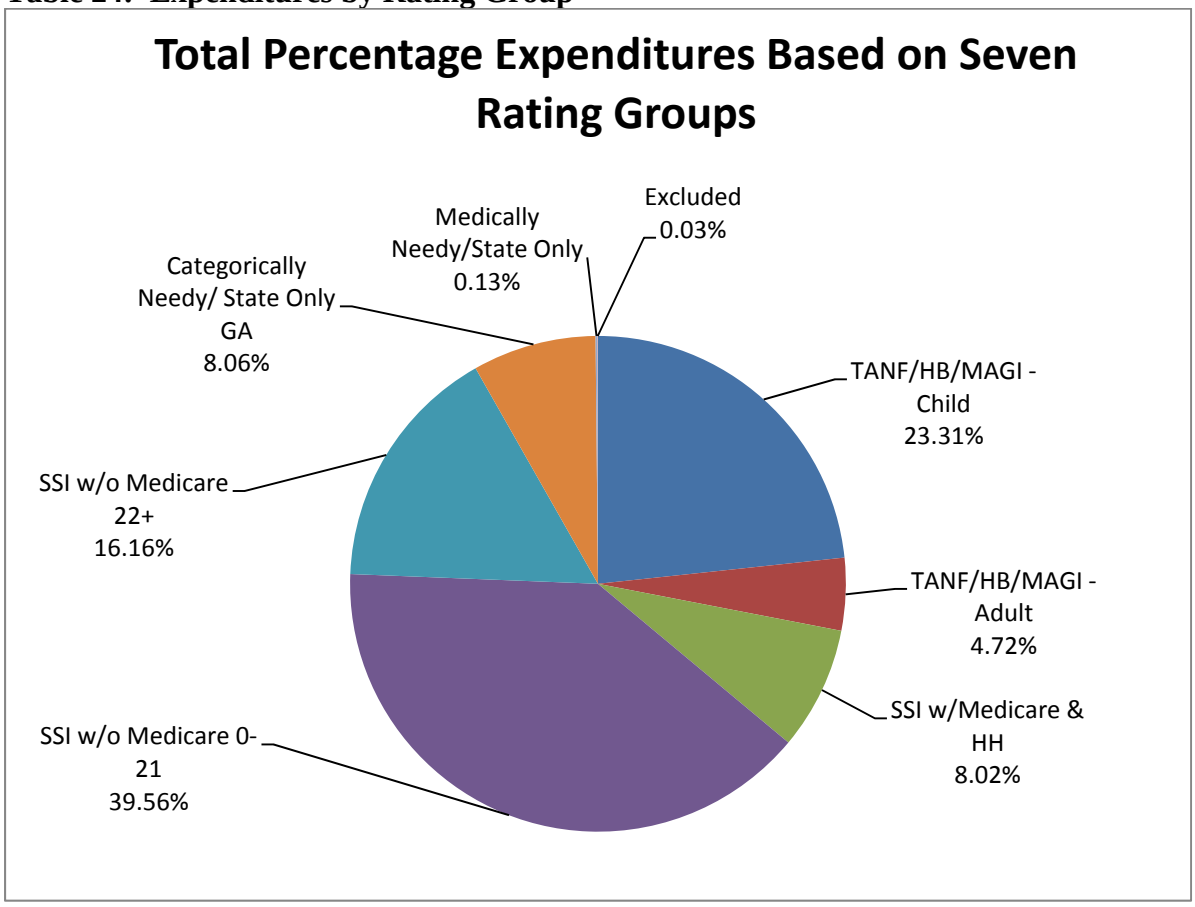
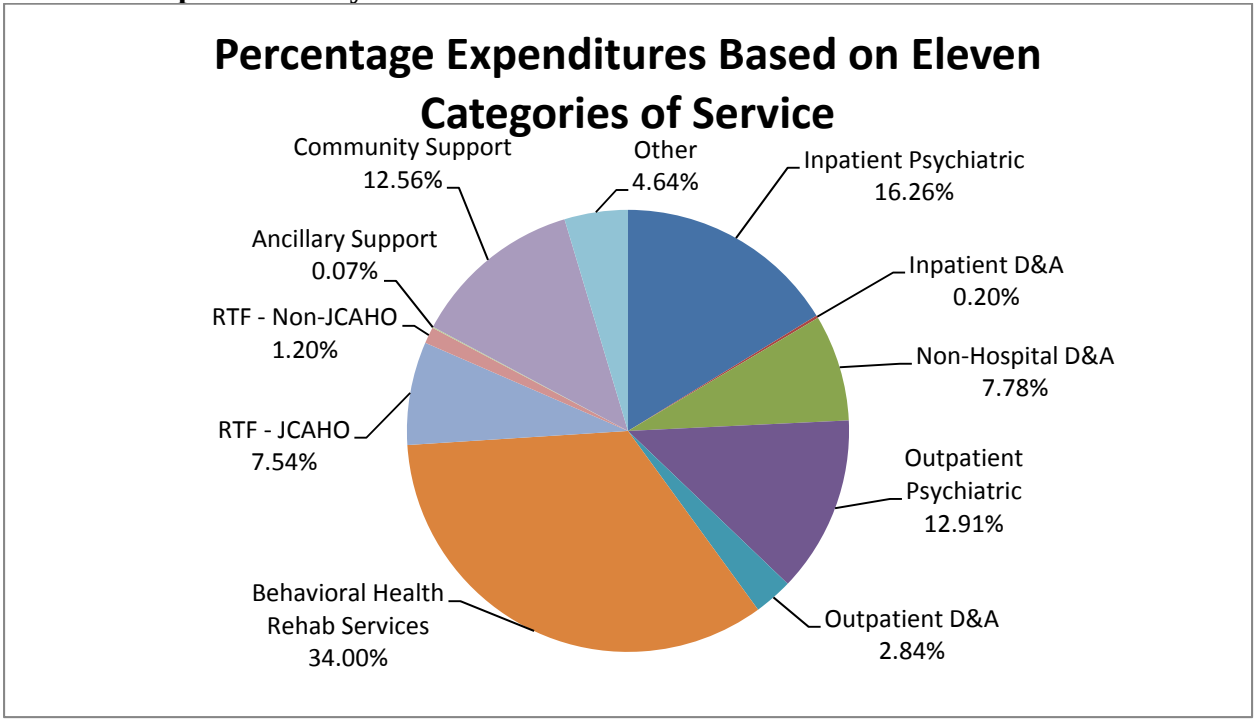


Table 25: Expenditures by Level of Care



During FY 2013/2014, the HealthChoices medical capitation revenue paid by DHS to the Counties' HealthChoices Program exceeded medical expenses. This allowed the Counties to develop and get approved additional reinvestment projects.

In FY 2013/14, the Binkley-Kanavy Group also conducted an audit of various aspects of the HealthChoices program which included claims processing, MIS/Encounter data reporting, MCO subcontractor incentive arrangements, and financial management and reporting for the fiscal year. The yearlong audit included quarterly claims data testing, an annual trip to Counties and several visits to PerformCare. The Binkley Kanavy Group found no reportable findings and issued the opinion that the financial schedules were presented fairly, in material respects and in conformity with accounting principles prescribed by the Commonwealth of PA, Department of Public Welfare.

CONCLUSION

Each year discovers diverse challenges and opportunities for the future of the HealthChoices Program. There have been many occasions to celebrate over the past year as members have moved along their path of recovery. As noted throughout this Annual Report, the structure that supports people along their journey is the result of a strong partnership starting with OMHSAS, County partners, PerformCare, Stakeholders and the many providers who are the front line in developing and providing vital services.

Even though there has been considerable improvement over the past year to be more efficient and provide the highest quality service, there is still more that can be accomplished. Our priorities for the upcoming year emphasize innovation in service delivery based on utilizing best

practice and evidenced based programs. The success of CABHC is dependent on Providers, PerformCare and stakeholders to be vested in providing efficient and high quality service to our Members.

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Chris Bilger, Certified Peer Specialist
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Appendix A

CABHC Reinvestment Activity

Projects inclusive of ALL Counties

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
Respite Care	All	YAP	02-03, 04/05 05/06,07/08 08/09,10/11,	13/14
Description: Respite services offer short-term respite services to children, adolescents, and adults. The services provide temporary relief for caregivers by giving them a rest or break from caring for a child and/or adult with severe behavioral and/or emotional health concerns. Respite is offered as either In-Home or in the community. Respite workers supervise and interact with the individual family member while caretakers are able to take a break. Youth Advocate Program is the Respite Management Agency (RMA) for this program and has been able to contract with a number of additional providers to provide additional staff, as well as a few individuals who also provide these services.				
Status: YAP hired a new Respite Coordinator. In September, the Respite workgroup changed the billable units for in home respite to 15 minutes and agreed to increase the amount of authorized units to 6 nights out of home and 20 hours per 3 months for in home.				

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
Specialized Transitional Support for Adolescents	All	Jeremy, NHS, CSG, Warrior	C/P-Da. 04/05,05/06, 08/09,09/10/ 10/11 LB/LA 09/10,10/11	13/14
Description: This project was started with the goal of giving support to adolescents from the age of 14-22 years who are PerformCare Members. These Members all are at a point where there is a need to begin planning their transition from children to adult services. The transitional program is designed to focus on four basic target domains to assist these individuals in becoming successful adults, including: Education, Employment, Independent Living, and Community Involvement. There are currently four providers for transitional services, The Jeremy Project in Dauphin County and NHS, Inc., The Stevens Center in Cumberland and Perry County, the Warrior project in Lebanon County and CSG in Lancaster County.				
Status: Operational, The Member Relations Specialist began meeting with the Transition Coordinators to outline unified outcome measures for all programs.				

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
SA Supportive Housing	All	Various	04/05,05/06 08,09,10,11	13/14
Description There are a number of individuals who, when completing non-hospital rehabilitation or halfway house services for the treatment of substance abuse issues, require some form of transitional housing to support their recovery. This may include individuals who are homeless or whose prior living situation would have undermined their recovery efforts. A local network of Recovery Houses has been developed to provide a living environment that reinforces recovery. In order to assist individuals who qualify, CABHC can provide scholarships to fund up to two months' rent for a person to move into a Recovery House. CABHC began receiving scholarship applications in December 2007.				
Status: Operational				

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
D&A Recovery Specialist Services	All	RASE Project	09/10,10/11	13/14
Description Targets individuals in the five county area who are in need of one-on-one recovery coaching to assist them with overcoming the obstacles that otherwise may keep them from succeeding in the process of recovering from substance abuse. Recovery Specialists serve individuals who chronically relapse into abuse of substances and struggle to stay engaged in treatment and/or remain in sustained recovery. Program participants are matched with a Recovery Specialist who meets with them regularly and assists them in learning the skills necessary to live successfully and maintain their sobriety.				
Status: There was a change in the number of individuals receiving service as a result of improvements with their intake processes. An evaluation of RASE's program was completed in late September and a report highlighting the findings was shared with RASE and the D&A Reinvestment Workgroup.				

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
Housing Initiative	All	Pending	10/11	12/13,013/14, 14/15, 15/16
Description Each County has its own housing initiative plan as presented to OMHSAS.				
Status: All in the process of implementing their approved plans. Reporting on Housing may be separate from this table, due to its complexity. Perry County's Housing Plan has been submitted and is approved.				

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
Peer Operated D&A Recovery Centers	All	Various	10/11	12/13, 13/14
Description				
The goal of this project is to establish drug and alcohol recovery centers in the five counties. Services will target MA eligible adults (18 years or older) who are experiencing a substance abuse disorder. Peer Operated recovery Centers may have many attributes and services, but each will be developed based on geographical need and resource capacity and will be self-directed by its members. These recovery centers do not typically provide treatment and are not staffed by paid professionals. They are peer operated programs. It is intended to be a local consumer driven center that will provide peer support services, sober recreation activities, and/or community education. These programs are places where an individual working on their recovery from substance abuse can find a sympathetic ear, information about recovery and substance abuse services, and enjoy a safe and drug and alcohol free environment.				
Status: Dauphin County's Recovery Center, run by The Miracle Group, has completed the renovations to Hope Station. Just for Today Inc. purchased a property in Lemoyne borough (the former Triple R guitar shop) to establish a Recovery Center for Cumberland and Perry Counties and renovations are underway. The RASE Project continues to move forward with pursuing a property they located on East Orange Street in Lancaster City. The Lebanon County Recovery Center development is pending at this time.				

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
D&A Adolescent OP Clinic	All	Pending	10/11	12/13, 13/14
Description				
Under this initiative, each County will develop an Adolescent D&A OP Clinic, either embedded in an existing clinic or through the development of a new satellite site to an existing clinic. This in-plan service will enhance access to D&A services for our counties and includes the addition of contingency management (CM) to the menu of treatment services provided to adolescents (ages 12-17) at the clinic. Contingency Management is an evidence- based treatment approach grounded in the principles of behavior management and cognitive-behavioral therapy that provides incentives for abstaining from drug abuse.				
Status: All Counties selected their providers and contracts are signed. Each provider is in various stages of the implementation process and it is expected each clinic will be fully operational by the conclusion of FY 2014-2015. CABHC continues to work with Dr. Jaime Houston from TSS Arena regarding the incorporation of Contingency Management with this project.				

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
MH-IP Integrated Peer Specialist Services	All	Philhaven, PPI, LRMC, HSH	10/11	13/14

Description

It is the goal of this program to implement the development of Certified Peer Specialist (CPS) services that will be imbedded into four of our local MH IP units, including Philhaven, Pennsylvania Psychiatric Institute, Lancaster General Hospital, and Holy Spirit Hospital. The CPS will be active with the inpatient unit staff team to bringing their recovery oriented perspective to the culture of the program. The CPS will also support and educate persons in treatment about the recovery philosophy as experienced through their own recovery, assure that the person has a strong partner in their treatment choices and most important, to assist in the discharge planning process, including limited follow up in the community after discharge.

Status: CABHC and County representatives met with each of the 4 hospitals to discuss the CPS program and provided an orientation manual to assist them in their implementation plan development. Contracts were signed with all hospitals except LA Regional. Holy Spirit Hospital, Philhaven and PPI all moved forward with recruiting and hiring Peer Specialist. HSH and PPI initiated the collection of outcome data to better understand how the utilization of Peer services influences treatment and discharge planning.

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
Recovery House Development	All	Various	10/11	12/13, 13/14

Description

This project will fund eight new substance abuse recovery houses in the Counties through the purchase and/or renovation of selected homes. At least one of the homes will serve women and children. CABHC is facilitating a selection committee that will set the standards these programs will need to meet to be eligible for start-up funds.

Status: All eight of the new Recovery Houses that were selected through the procurement process are in various stages of implementation. Catholic Charities opened two female recovery houses, one in Dauphin and one in Lancaster Counties. Recovery Environments Inc. located a property for their male recovery house on E. New St. in Lancaster. Just for Today Inc. purchased a property in Lemoyne borough to establish a Recovery House for Cumberland and Perry Counties. The RASE Project continued to move forward with pursuing a property located on East Orange Street in Lancaster City. Gaudenzia continued with renovations to the women & children's recovery house, which will be located in Dauphin County.

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
Evidenced Based Practices	All/Various	Various	09/10	13/14

Description

Mental Health and Drug and Alcohol Outpatient Clinics are the primary treatment locations that members access services. This project seeks to enhance the quality of treatment by encouraging and expecting that Evidence Based Practices are embraced and delivered in these settings. To help reach this objective, this program was started to fund the certification of selected Outpatient Providers to gain the capacity to provide Dialectic Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT), Parent-Child and Interaction Therapy (PCIT). DBT is a form of psychotherapy that was originally developed to treat people with Borderline Personality Disorder. It has also been used to treat patients with various mood disorders, including self-injury. Cognitive Behavioral Therapy is a therapeutic approach that aims to address maladaptive thinking that can result in such things as anxiety or phobias. Parent-Child Interactional Therapy aims to teach parents more effective means of changing their child's negative behaviors while working on developing the bond between parent and child through a form of play therapy. Early in 2012, CABHC finalized the selection process of providers for these services. An action plan was also outlined for the development of an EBT expansion.

Status: All Providers participating in the CBT program submitted their final reports. General feedback from the therapists was very positive. The DBT program was completed in June 2014. All providers participating in this program completed their final quarterly reports for this project.

County Specific Projects

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
D&A Treatment Court RSS	Cumb/Perry	RASE	10/11	13/14

Description

The goal of this project is to employ two part-time D&A Recovery Specialists to provide substance abuse recovery support services to participants in Cumberland County Specialty Courts. All D&A Recovery Specialists hired under this program will be expected to become certified as a Recovery Specialist through the PA Certification Board. The adults served will be individuals who have cycled in and out of D&A services and have demonstrated difficulty in engaging in their recovery through traditional treatment and supports. The target population may also include support for persons as a step down from inpatient treatment. Services provided will focus on life and recovery skills development that will be vital to the success of the individual in their recovery process.

Status: This project is on hold since the implementation of the treatment court is not fully operational and it is not clear if the inclusion of the RSS will be fiscally viable. Further assessment is being completed to determine the viability of this program.

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
Adult Acute Partial Hospitalizations	Dauphin	PPI	10/11	14/15

Description

This project is targeted to serve Medical Assistance eligible adults (18 years or older) who are in need partial hospitalization treatment for mental health disorders. This program (to be provided by a licensed acute partial hospitalization program) will provide services for individuals who are not in need of inpatient care, but whose needs are greater than can be provided by outpatient services. This project is expected to reduce inpatient mental health readmissions, improve psychiatric stability, and increase personal satisfaction for the individual members who participate in the program.

Status: The Acute PHP began operating in November 2013. Recent data shows that 60% of admissions had a start date within 1 business day of referral from outpatient or discharge from inpatient (Goal 75%) This is higher than the October data showing 50% having a referral within 1 business day. The percentage of clients referred back to inpatient or PHP within 30 days of completion of the PHP program was less than 1% (Goal 5% or less). Staff were sent to Princeton NJ to receive training in DBT for one week in November 2014. A follow up training will occur in May 2015.

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
Adult Co-Occurring OP Services	Dauphin	Pending	10/11	13/14

Description

This project is targeted towards Medical Assistance eligible adults (18 years or older) who are experiencing mental health and substance abuse disorders. These individuals would enter services either through a drug and alcohol intake or an assessment completed at a mental health outpatient clinic. Those who are being evaluated for drug and alcohol related issues will also be screened for mental health issues, and those coming into mental health outpatient facilities will answer questions related to drug and alcohol use. Based on these results, the individual may be a candidate for a co-occurring group (8 weeks long). These groups will run twice per week for 1.5 hours. The provider of these groups will need to have a dual license as both an outpatient mental health and drug and alcohol clinic. The individual may also be involved in individual treatment and psychiatric support during this time.

Status: DA's Co-Occurring MH and D&A Outpatient selection committee conducted their procurement process and identified two providers that had the capacity to implement the program (PA Counseling Services and TW Ponessa). The proposal selection committee reconvened in late December and decided to award the contract to TW Ponessa and PCS due to additional reinvestment funds being available.

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
MH-OP The Incredible Years	Dauphin	Pressley Ridge	10/11	14/15

Description

This evidence based practice is being implemented in Dauphin county in outpatient settings, particularly school based outpatient clinic settings and focuses on promoting resiliency in families and children (ages 2 to 12 years). The Incredible Years program consists of three components: A Parent Training Series, Teacher Training Series, and Dinosaur Child Training program which can be used in small groups or classrooms. The Parent Program will work on strengthening parental monitoring skills, teaching and strengthening positive discipline techniques, increasing parental confidence while encouraging increased parental involvement in school. The Teacher Training focuses on classroom management, encouraging positive social skills while reducing oppositional, aggression, or conduct based issues. The Dinosaur Training program helps children showing aggression or conduct issues to develop positive relationships with their peers. Dauphin County plans to implement the parent and child trainings, identifying other funds to cover the parent training portion of the program, which is not Medicaid eligible service.

Status: Dauphin County selected Pressley Ridge to implement this program. They began implementation and have a strong plan in place to work with the selected school district. Data tracking issues are being worked on. 50% of parents are actively involved in parenting part of the program with efforts being made to increase the low parent participation. One class was completed and a second class was started. 14 children were served in FY13/14. Pressley Ridge also ran a summer program at Downey Elementary. Pressley Ridge reported difficulty with attendance during the summer session. Pressley Ridge will look to partner with outside agencies when planning future summer sessions. CABHC along with PerformCare and Dauphin County conducted a chart review of the program in September 2014. Results were positive. The contract ended September 30, 2014.

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
Mobile MH-ID Behavioral Intervention	Dauphin	Pending	10/11	13/14

Description

The program will fund the creation of a Mental Health and Intellectual Disabilities team consisting of two professionals that will assist adults 21 years and older with a serious mental illness or intellectual disability. The team will include a Behavioral Specialist and a Registered Nurse who will work with individuals, their families, or other support systems. The service will include the utilization of a Functional Behavioral Assessment which will be used to develop a treatment plan for the individual, focusing on their behavioral issues/needs, interventions, and other related needs. All direct services conducted by this team are considered mobile because they are most often delivered in settings outside of an office (often in the home or community).

Status: Dauphin Co. completed its RFP process and selected CSG as the provider. Implementation meetings occurred monthly with CSG. Two staff were hired with a tentative start date in November 2014. The two staff that were hired by CSG participated in trainings to prepare them for the work they will be conducting as well as developing referral, assessment and treatment materials. It is expected that services will begin early 2015.

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
Acute Crisis Diversion Program	Lancaster	Holcomb BHS	10/11	13/14

Description

The goal of the Acute Crisis Diversion (ACD) program is to create a licensed residential program that will support people stabilizing their mental health symptoms through medication management, individual and group therapy, community service connections and other treatment supports. While the ACD will not serve those persons who are presenting with solely a substance related disorder, it is also recognized that persons will present with co-occurring disorders. Because of this, the ACD will offer educational programming at the site and refer individuals to community based programs that addresses substance abuse disorders. The benefits to Lancaster County Health Choices members will be to decrease the number of people who require out of county placement for inpatient services, provide a community based service that has more flexibility in linking aftercare services with the person and reduce readmission rates for people who are experiencing mental health crisis.

Status: The RFP was issued and LA received five responses. The selection committee reviewed the proposals and selected Holcomb Behavioral Services. A site was selected at 800 New Holland Avenue. Renovations were started and it is anticipated that the site will be ready by mid-January, 2015, with occupancy to begin in early February, 2015.

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
Mobile CIS Expansion	Lebanon	Philhaven	10/11	12/13, 13/14, 14/15

Description

This project will fund the addition of a full time employee to the Crisis Intervention Program of Philhaven. This employee will offer crisis intervention services in the community for high risk Members in order to support them within the community setting and reduce inpatient admissions.

Status: Philhaven signed the contract and is in the implementation phase of the project. Extended into 13/14. The program averaged between 25 to 44 mobile crisis calls a month, with 49% to 84% of episodes able to be diverted (depending on the month). From March-October 61% of episodes were diverted. The program was relocated to Good Samaritan Hospital and Philhaven is working with Good Samaritan Hospital to obtain the paperwork necessary to transfer the crisis license to the new location. Philhaven submitted their final report for the program.