CAPITAL AREA BEHAVIORAL
HEALTH COLLABORATIVE, INC.
Established October 1999

CAPITAL AREA BEHAVIORAL HEALTH COLLABORATIVE, INC.

CONTINUOUS QUALITY IMPROVEMENT ANNUAL REPORT

Calendar Year 2018

Contents

EXECUTIVE SUMMARY

CABHC manages the HealthChoices Behavioral Health contract for Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties (Counties). Through our partnership with PerformCare, the Counties, Providers and other stakeholder groups, we provided services to a total of 50,639 individuals out of a membership of 265,512. Adults comprise 64% of the people who accessed treatment compared to 36% for children/adolescents (C/A), with Lancaster County maintaining the greatest number of individuals who received treatment out of the Counties.

CABHC is committed to providing accessible behavioral health services to C/A that are consistent with the Child and Adolescent Service System Program (CASSP) principles. Services are provided through a network of providers that includes individual practitioners, community-based providers and residential facilities. The behavioral health services utilized the most by C/A is Mental Health Outpatient services followed by Behavioral Health Rehabilitation Services (BHRS). The number of C/A who accessed Outpatient services increased over the past year and BHRS utilization decreased. Children/adolescents without an Autism Spectrum Diagnosis (ASD) increased slightly and the number of C/A with an ASD remained relatively unchanged.

In 2018, the use of the Children and Adolescent Needs and Strength evaluation tool for BHRS, Family Based MH Services and Community Residential Rehabilitation-Intensive Treatment Program was expanded to include discharge evaluations in order to be able to measure change in behavior from admission through discharge. Analysis of the CANS data by Community Data Roundtable noted improvement in identified needs.

PerformCare continued their efforts to complete action items that were included in the BHRS Summit Work Plan. The BHRS Access project was fully implemented, and new policies were developed. Functional Family Therapy had a successful implementation with 113 children/adolescents receiving service in 2018. Work continued on CRR Intensive Treatment Program expansion, and improvement of Residential Treatment Facility services.

The number of adults who accessed mental health services in 2018 increased 1.3% from 2017, to 26,077. The majority of the adults accessed outpatient services. In 2018, there was a 1.1% decrease in the number of adults who utilized outpatient services.

Targeted Case Management utilization increased in 2018. Assertive Community Treatment services remained stable. The total number of adults who accessed a mental health inpatient program in 2018 increased 2.4% to 2,605.

Throughout the Counties there are many treatment options for individuals who have a Substance Use Disorder (SUD) which include but are not limited to inpatient and non-hospital detox, residential rehabilitation services, halfway houses, outpatient and medication assisted treatment. In 2018, there was a 21.6% decrease in the number of adolescents who accessed a Drug & Alcohol (D&A) service, while the number of adults who accessed a D&A service increased 5.2% with costs increasing by 3.8%.

The CABHC provider network consists of 730 providers. The availability of providers is fairly consistent among the Counties. There are a smaller number of providers located in Perry County, however Members have access to the full array of services both in County as well as in adjoining counties.

In 2018, CABHC distributed a provider satisfaction survey that yielded a return rate of 34%. The survey produced a similar score to 2017 with three sections increasing and seven sections decreasing in satisfaction score. The Provider Relations Committee requested a written response from PerformCare to the 2017 survey, related to comments received from providers about PerformCare staff attendance and follow-up from provider meetings.

PerformCare completed the process to implement the Provider Profiling program that is used to compare providers using a variety of information and data sets. Providers received a mid-year and annual report. In 2018, 13 different levels of care were completed and all providers received a copy of their report.

In coordination with a provider's credentialing, PerformCare completes Treatment Record Reviews (TRR) 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 2018, PerformCare completed 42 TRRs that resulted in 11 quality improvement plans developed by providers who scored below the 80% required threshold.

The Consumer Family Focus Committee (CFFC) was active with scheduling presentations during committee meetings in order to increase committee member awareness and understanding of various resources and services throughout the community. A county-wide training on the topic of pain management was developed, with the presentation scheduled for early 2019.

There was a continued focus on Physical Health (PH) and Behavioral Health (BH) activities that included updates to the articles posted to the PerformCare website. In 2018, PerformCare conducted Member case rounds with the PH-MCOs to share relevant information and identify PH/BH care gaps. PerformCare demonstrated improvement in meeting the benchmarks established by OMHSAS in Appendix E for the five performance goals. CABHC supported the Community Health Worker in collaboration with Lancaster General Health, and the Merakey Nurse Navigator project through reinvestment funds.

Over the past several years, CABHC has been able to sustain the operation of four reinvestment programs that include Respite, Recovery House Scholarship Program, Specialized Transitional Support for Adolescents and the Recovery Specialist Program (RSP). The RSP's contract with CABHC ended in June, 2018, and the program transitioned to a Medicaid supplemental program. In addition to the four previously mentioned reinvestment projects, CABHC monitored the development and operations of 21 additional projects that benefit all the Counties collectively, or specific County projects.

CABHC's financial performance remained strong during FY 17/18. As a result of positive growth in membership, administrative revenue increased. The administrative surplus for FY2018 was positive which was used to pay for additional reinvestment projects. An audit of

CABHC and the HealthChoices contract was conducted by the Binkley Kanavy Group that yielded no reportable findings.

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 management 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), PerformCare, that carries out the day to day operations of the HealthChoices contract as an Administrative Service Organization. CABHC secures and maintains all of the risk coverage for the Counties. 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 2018 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 Providers and 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/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 Programs. They are each supervised by a member of the Management Team. The Management team is supervised by the Chief Executive Officer, who is responsible to the Board of Directors.

The Administrative area is comprised of the Receptionist/Administrative Assistant, who is supervised by the Executive Assistant. The Financial area includes the staff Accountant,

supervised by the Chief Financial Officer (CFO). Lastly, the Program area includes professional specialist positions in Children's Services, Drug and Alcohol Services, Member Relations, Provider Relations, and Quality Assurance. These positions are supervised by the Director of Program Management.

CABHC has a contract with Allan Collautt Associates, Inc. (ACA) which provides IT and Data Management services. In this capacity, ACA is responsible for all IT functions, HIPAA compliance, data management, data analytics and support, and security.

A preponderance of the efforts of CABHC is facilitated by the Board's committee structure, with the support of CABHC staff positions outlined above. By design, each of the committees are co-chaired by Board members, 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 treatment standards, reviews provider outcome reports, monitors access to BHRS, monitors activity of Reinvestment Services and establishes subcommittees/workgroups as needed to conduct additional studies of matters related to providing services to Members.

Consumer/Family Focus Committee
Consumers and family members comprise the majority of the Consumer/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 Relations Committee
The Provider Relations 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. The workgroups include the Peer Support Services Steering Committee (PSSSC), Drug & Alcohol Workgroup, and the Respite

Workgroup. These workgroups include consumers and representatives from each of the Counties.

MEMBERSHIP

CABHC receives on a daily basis a file from the Department of Human Services (DHS) that identifies individuals who are determined to be Medicaid eligible, enrolled in the HealthChoices program and any changes in their eligibility. The file is audited by 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. In order for a Member to be counted, they must be Medicaid HealthChoices eligible for one day in the calendar year. The following membership Table 1 highlights the number of Members that were eligible for HealthChoices in 2017 and 2018. Membership increased 0.7% from 2017 to 2018. A member who turns 18 during the calendar year can be counted as a C/A and as an adult. The grand total membership of 265,512 is an unduplicated count of Members, and only counts each Member once for the calendar year.

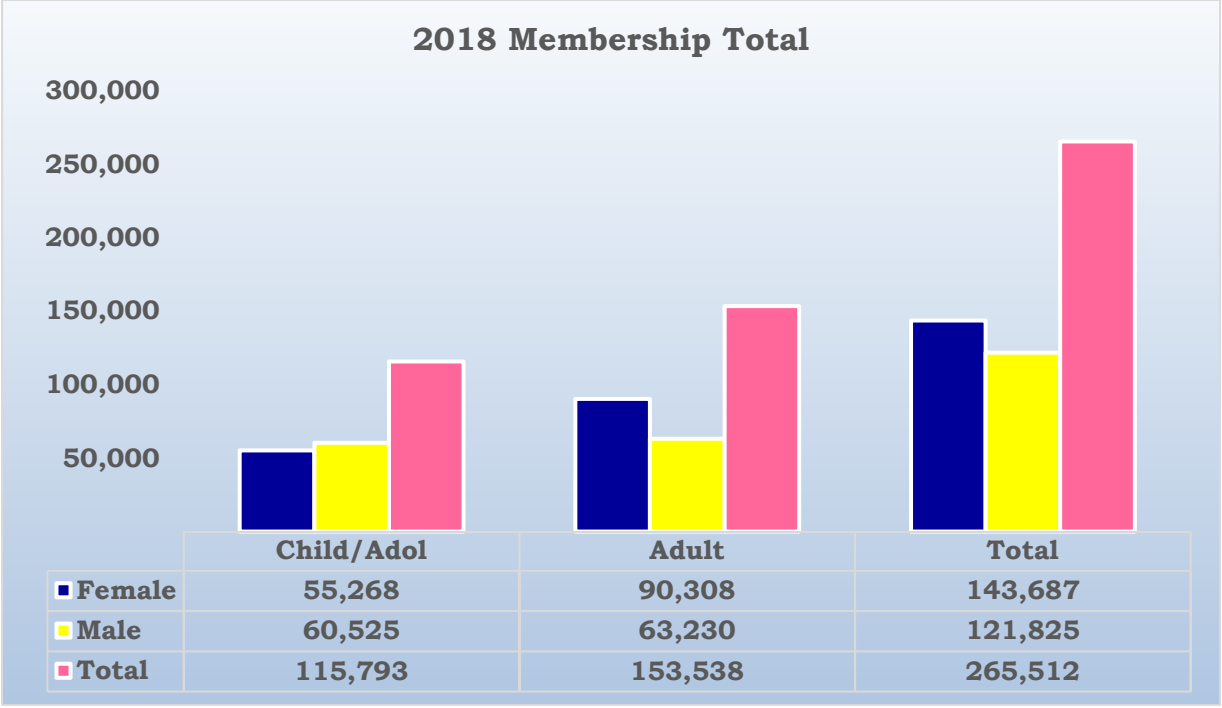
Table 1: Membership

		CY 2017			CY 2018			
County		**C/A**	**Adult**	**Total**	**C/A**	**Adult**	**Total**	**Total % Change**
Cumberland	Female	8,105	12,850	20,715	8,306	13,265	21,334	3.0%
	Male	8,757	9,081	17,569	9,062	9,188	18,007	2.5%
Total		**16,862**	**21,931**	**38,284**	**17,368**	**22,453**	**39,341**	**2.8%**
Dauphin	Female	16,406	26,784	42,677	16,599	27,048	43,151	1.1%
	Male	17,450	20,524	37,453	17,868	20,830	38,181	1.9%
Total		**33,856**	**47,308**	**80,130**	**34,467**	**47,878**	**81,332**	**1.5%**
Lancaster	Female	22,365	36,939	58,522	22,171	36,860	58,199	-0.6%
	Male	24,652	24,348	48,165	24,578	24,259	47,991	-0.4%
Total		**47,017**	**61,287**	**106,687**	**46,749**	**61,119**	**106,190**	**-0.5%**
Lebanon	Female	6,990	11,206	17,993	7,074	11,302	18,113	0.7%
	Male	7,706	7,498	14,961	7,740	7,586	15,066	0.7%
Total		**14,696**	**18,704**	**32,954**	**14,814**	**18,888**	**33,179**	**0.7%**
Perry	Female	1,892	3,044	4,871	1,887	3,063	4,891	0.4%
	Male	2,080	2,125	4,142	2,078	2,089	4,107	-0.8%
Total		**3,972**	**5,169**	**9,013**	**3,965**	**5,152**	**8,998**	**-0.2%**
Grand Total	Female	55,041	89,642	142,878	55,268	90,308	143,687	**0.6%**
	Male	59,866	62,875	120,808	60,525	63,230	121,825	**0.8%**
	Total	**114,907**	**152,517**	**263,686**	**115,793**	**153,538**	**265,512**	**0.7%**

C/A = Children and Adolescents
CY = Calendar Year

As the totals in Graph 1 illustrate, children/adolescents make up 43.6% of the membership and adults comprise 57.8% of the membership. There are more female adult members which leads to females making up 54.1% of the total membership and males 45.9%.

Graph 1: Total Membership

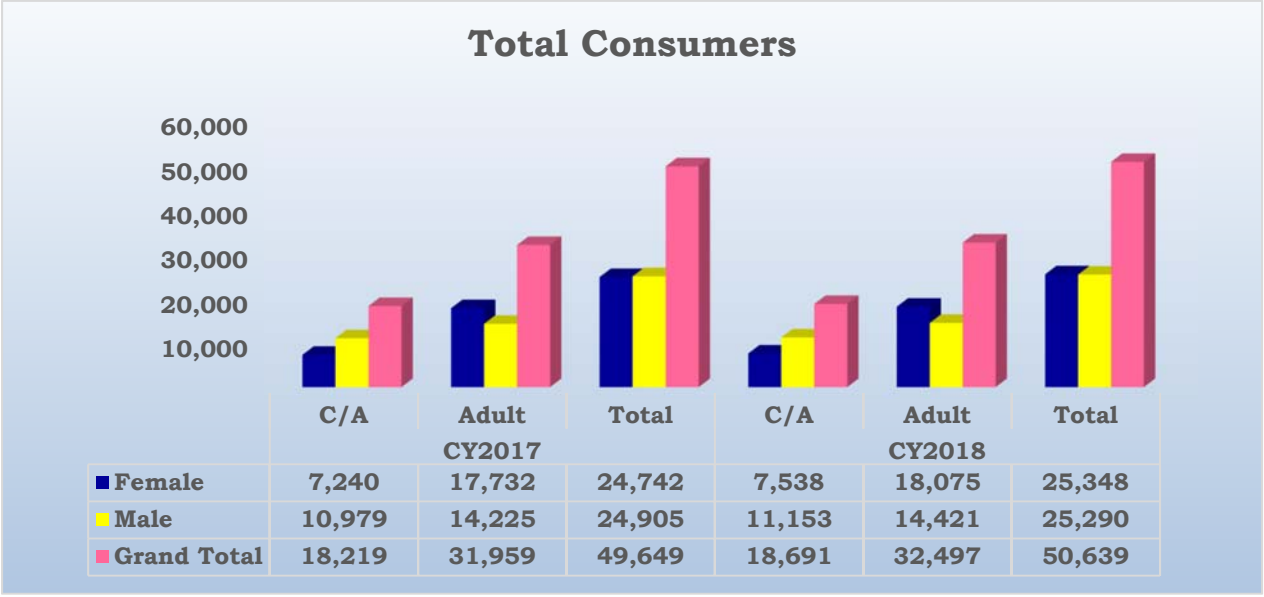


	Child/Adol	Adult	Total
Female	55,268	90,308	143,687
Male	60,525	63,230	121,825
Total	115,793	153,538	265,512

CONSUMERS

In CY 2018, the number of Consumers who accessed services increased 2.0% from CY 2017. Any Member who accessed a Behavioral Health Service, which includes both mental health and drug and alcohol services, is referred to as a Consumer. There are more male than female Children and Adolescent (C/A) consumers and more female than male adult consumers, but collectively there is only a slight difference between the total number of female and male Consumers (see Graph 2). There was an increase in penetration from 18.08% in CY 2017 to 19.06% in CY 2018. Penetration is the ratio of Consumers to eligible Members for any given time period.

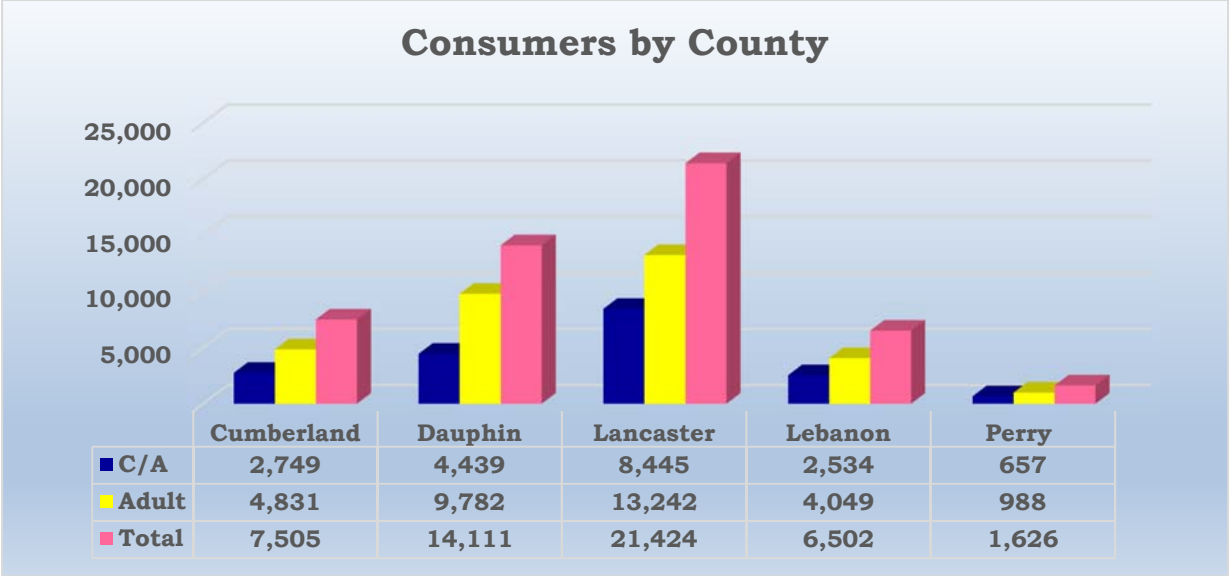
Graph 2: Total Consumers



	C/A	Adult	Total	C/A	Adult	Total
		CY2017			CY2018	
Female	7,240	17,732	24,742	7,538	18,075	25,348
Male	10,979	14,225	24,905	11,153	14,421	25,290
Grand Total	18,219	31,959	49,649	18,691	32,497	50,639

Graph 3 shows the distribution of Consumers by County. Lancaster County has the largest number of people using services at 42%. Dauphin County is 28%, Cumberland County is 15%, Lebanon County is 13% and Perry County has the smallest number of Consumers at 3%. Of the 50,639 consumers who received services in CY 2018, 15,556 are individuals who are eligible for HealthChoices through Medicaid expansion.

Graph 3: Consumers by County



	Cumberland	Dauphin	Lancaster	Lebanon	Perry
C/A	2,749	4,439	8,445	2,534	657
Adult	4,831	9,782	13,242	4,049	988
Total	7,505	14,111	21,424	6,502	1,626

The data in Table 2 reflects the diversity of consumers throughout the Counties.

Table 2: Race

	Cumberland		Dauphin		Lancaster		Lebanon		Perry		Total	
Race	**Cons.**	**%**	**Cons.**	**%**	**Cons.**	**%**	**Cons.**	**%**	**Cons.**	**%**	**Cons.**	**%**
Am. Indian	36	0.5%	41	0.3%	57	0.3%	4	0.1%	4	0.2%	139	0.3%
Asian	85	1.1%	211	1.5%	212	1.0%	38	0.6%	2	0.1%	545	1.1%
Black	614	8.2%	4,470	31.7%	1,917	8.9%	240	3.7%	31	1.9%	7,205	14.2%
Hispanic	441	5.9%	2,369	16.8%	5,397	25.2%	1,878	28.9%	35	2.2%	10,046	19.8%
Other	536	7.1%	813	5.8%	1,326	6.2%	218	3.4%	29	1.8%	2,896	5.7%
White	5,793	77.2%	6,207	44.0%	12,515	58.4%	4,124	63.4%	1,525	93.8%	29,808	58.9%
Total	**7,505**	**100%**	**14,111**	**100%**	**21,424**	**100%**	**6,502**	**100%**	**1,626**	**100%**	**50,639**	**100%**

CHILDREN/ADOLESCENT MENTAL HEALTH SERVICES

CABHC is committed to promoting the emotional wellbeing of Children/Adolescents and ensuring that 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 mental health services utilized by C/A include Mental Health Outpatient (MHOP) services, Behavioral Health Rehabilitation Services (BHRS), After School Programs (ASP), Summer Therapeutic Activity Programs (STAP), Partial Hospitalization Programs (PHP), Family Based Mental Health (FBMH), Crisis Intervention (CI) and Targeted Case Management(TCM). In addition, there are residential services that include Community Residential Rehabilitation Host Homes (CRR-HH) and Residential Treatment Facilities (RTF). Acute hospital-based service includes Inpatient Psychiatric Hospitalization (MHIP). Table 3 identifies the number of C/A who utilized these C/A mental health services in 2018.

Table 3: C/A Mental Health Services

County	CI	TCM	OP	PHP	BHRS	ASP	STAP	FBMH	CRR-HH	RTF	MHIP	Total
Cumberland	324	95	2,210	71	533	30	6	192	11	35	151	2,749
Dauphin	318	633	3,672	168	1,017	159	21	317	13	30	214	4,439
Lancaster	282	333	7,319	461	1,745	83	188	489	24	94	350	8,445
Lebanon	171	187	2,198	152	500	95	18	203	5	37	164	2,534
Perry	60	28	487	4	80	1	0	49	4	8	29	657
Total	**1,155**	**1,272**	**15,788**	**855**	**3,859**	**367**	**233**	**1,243**	**56**	**203**	**905**	**18,691**

In CY 2018, the number of C/A with an Autism Spectrum Diagnosis who utilized behavioral health services decreased 0.1% and costs increased 10.1% from the previous year. From CY 2017 to CY 2018, there was a 2.2% increase in the number of C/A with a BH diagnosis other than ASD and a 3.7% increase in costs. The total number of C/A who received services increased 2.6% and costs increased 5.5%. Table 4 identifies the change from CY 2017 to CY 2018 in the number of C/A who utilized services with ASD compared to those with another diagnosis. Individuals with autism represent 17.7% of the total population of C/A who utilized Behavioral Health services in 2018.

Table 4: ASD and Non-ASD Children/Adolescents

		CY 2017		CY 2018	
County	**ASDx**	**C/A**	**Dollars**	**C/A**	**Dollars**
Cumberland	N	2,279	$9,135,529	2,399	$10,614,505
	Y	630	$5,095,622	619	$5,440,848
Total		**2,645**	**$14,231,150**	**2,749**	**$16,055,353**
Dauphin	N	3,983	$18,758,772	4,007	$18,601,392
	Y	785	$7,063,548	762	$7,899,137
Total		**4,410**	**$25,822,320**	**4,439**	**$26,500,528**
Lancaster	N	7,440	$31,575,422	7,596	$33,126,169
	Y	1,370	$12,650,070	1,414	$14,266,114
Total		**8,176**	**$44,225,492**	**8,445**	**$47,392,282**
Lebanon	N	2,171	$11,142,874	2,261	$11,414,093
	Y	448	$4,709,796	443	$4,937,645
Total		**2,433**	**$15,852,671**	**2,534**	**$16,351,738**
Perry	N	626	$2,931,526	611	$2,501,571
	Y	108	$540,226	100	$548,365
Total		**671**	**$3,471,753**	**657**	**$3,049,936**
Grand Total	N	16,405	$73,544,124	16,761	$76,257,729
	Y	3,317	$30,059,262	3,314	$33,092,109
		18,219	**$103,603,386**	**18,691**	**$109,349,838**

BHRS

Over the past year there have been efforts centered on improving BHRS services which include:

1) **Improving Access Times**

   On a monthly basis, CABHC presented BHRS Access reports to the Clinical Committee and OMHSAS. These reports summarized the number of authorizations for BHRS in which Members had not begun receiving treatment over 50 days from the evaluation date. The information was used by the Committee to better understand what factors effect access.

2) **Implementation of the Child and Adolescent Needs Summary**

   In 2013, CABHC along with PerformCare initiated the use of the Child and Adolescent Needs and Strengths (CANS) that is an evidenced based evaluation tool. Community Data Roundtable (CDR) was engaged to develop a CABHC specific CANS to be used by all evaluators as a means to provide immediate decision support information regarding treatment recommendations. The use of the CANS tool is now fully implemented with all PerformCare BHRS evaluators and FBMHS providers. The CANS process is intended to assist evaluators to ask relevant questions to attain the standards of a high-quality biopsychosocial evaluation, provide a summary Severity Score and a Service Match that runs against algorithms that match a Member's CANS profile to services in the available system of care, with a priority to first identify Evidence Based Programs (EBP). The utilization of the CANS is expected to lead to improved prescription and authorization concurrence and increased utilization of evidence-based programs.

   The BHRS provider network was trained in implementing discharge CANS. All BSCs and MTs began completing discharge CANs at the completion of BHRS services effective January 1, 2018. The collection of CANs discharge data will be instrumental in developing a distinct profile of children that get better and those who get worse with treatment. The data will also be helpful in determining if there is a correlation between the number of hours of service delivered and outcomes. Finally, the data will provide, for the first time, clear evidence of the measured outcomes that FBMHS achieve.

   In 2018, CDR began analyzing utilization data for Members who have CANS data and developed a parent friendly report that families can review and use with other individuals on the treatment team to help inform treatment decisions. Since CANS was first implemented, 11,473 people have been evaluated that includes 32,988 individual CANS. Initial needs of individuals decreased 1.12 points indicating improvement in behavior. Multi-Systemic Therapy was the most frequently matched and prescribed EBP in 2018, and Functional Family Therapy which was a new service for CY 2018 was matched 73 times.

3) **Clinical Initiatives**

   In 2018, the Clinical Committee agreed on implementing the following children's initiatives:

1. Establish ongoing PerformCare monitoring of Initial BHRS request/access, streamline/improve coordination of processes with providers and increase Clinical Care Manager participation in ISPT meetings

   In 2018, the BHRS pilot was fully implemented, data was summarized and subsequent BHRS policies were developed and submitted to OMHSAS for approval. The final ISPT policy was pending approval with OMHSAS at the end of 2018.
2. Functional Family Therapy (FFT) implementation as an Evidenced Based Program

   TrueNorth Wellness began accepting referrals for FFT in February 2018. By December 2018, TrueNorth had 57 active Members receiving FFT services, had provided FFT services to 113 Members and hired seven (7) therapists to provide this level of care.
3. Expand CRR-Intensive Treatment Program (ITP)

   An efficacy study of CRR-Host Home and ITP was completed and the recommendation was made to expand CRR-ITP. PerformCare reached out to Community Service Group (CSG) to gauge their interest in implementing CRR-ITP. CSG agreed to consider implementing CRR-ITP and began developing a service description to submit for review. In November 2018 a final service description for CRR-HH ITP was submitted to OMHSAS for review. It is anticipated that CSG will be able to initiate services in 2019.
4. RTF Initiatives

   A PerformCare sponsored workgroup identified seven objectives that include: 1-Explore Alternatives to RTF-Attachment Based Family Therapy was identified and will be examined; 2-Decreasing Member Length of Stay-Discussion continues with PerformCare; 3-Improve Quality of Treatment in RTFs – PerformCare identified and is exploring the use of Aggression Replacement Training; 4-Improve MHIP psychiatrists understanding of RTFs- A draft Power Point was developed to be utilized by the medical director for education purposes; 5-RTF Utilization Data-Information is presented as requested; 6-RTF Provider Meetings – One to two meetings will be held per year; 7-Improve Family Engagement – Discussion continues with PerformCare, planned presentation by FREDLA in 2019.

The services that are primarily 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 who has an autism spectrum diagnosis and is in need of ABA services are required to complete and pass trainings and submit qualification documentation to the Department of State to receive their Behavioral Specialist license. Applied Behavior Analysis (ABA) is provided by clinicians who have met the training and certification requirements and is available to C/A with autism.

Table 5 highlights the number of C/A who received BHR service and the corresponding cost of those services for CYs 2017 and 2018. Children/Adolescents are eligible for BHRS up to and including the age of 21.

Table 5: TSS, MT, BSC Utilization by County

		CY 2017		CY 2018	
County	**Service**	**C/A**	**Dollars**	**C/A**	**Dollars**
Cumberland	TSS	273	$2,064,543	245	$1,803,818
	MT	246	$392,971	236	$358,935
	BSC	146	$431,560	167	$507,620
	Autism BSC	269	$752,309	208	$693,124
	Autism ABA	176	$259,108	124	$819,172
Total		**567**	**$3,900,491**	**547**	**$4,182,670**
Dauphin	TSS	474	$3,275,826	400	$2,900,861
	MT	574	$1,060,993	460	$941,267
	BSC	436	$1,240,490	459	$1,492,450
	Autism BSC	303	$581,588	229	$547,744
	Autism ABA	199	$440,710	147	$867,163
Total		**1,102**	**$6,599,607**	**1,031**	**$6,749,485**
Lancaster	TSS	812	$6,469,093	660	$5,218,580
	MT	764	$1,184,852	687	$971,453
	BSC	630	$1,817,956	687	$1,896,118
	Autism BSC	692	$1,624,401	545	$1,770,810
	Autism ABA	594	$3,040,297	453	$4,556,444
Total		**1,755**	**$14,136,598**	**1,780**	**$14,413,406**
Lebanon	TSS	229	$1,743,642	216	$1,539,742
	MT	258	$304,766	184	$244,481
	BSC	211	$473,153	219	$605,943
	Autism BSC	211	$493,977	129	$331,778
	Autism ABA	168	$461,425	133	$877,117
Total		**554**	**$3,476,963**	**504**	**$3,599,062**
Perry	TSS	22	$161,485	16	$91,532
	MT	46	$79,580	46	$59,311
	BSC	24	$94,196	27	$78,986
	Autism BSC	35	$87,618	27	$76,664
	Autism ABA	14	$12,640	12	$31,568
Total		**83**	**$435,520**	**81**	**$338,061**
Grand Total	TSS	1,803	$13,714,589	1,533	$11,554,533
	MT	1,884	$3,023,163	1,610	$2,575,447
	BSC	1,438	$4,057,355	1,553	$4,581,118
	Autism BSC	1,500	$3,539,893	1,134	$3,420,121
	Autism ABA	1,146	$4,214,180	866	$7,151,464
		4,038	**$28,549,179**	**3,927**	**$29,282,683**

*Unduplicated count of C/A

In CY 2018, the total number of C/A who received BHRS decreased 2.7% from CY 2017, and costs increased 2.6%. The number of C/A and the cost of TSS and MT decreased, and the number of C/A receiving BSC and corresponding costs increased. The number of C/A who received Autism ABA services decreased by 24.4% and costs increased 70%, reflecting the increased need for specialized ABA services.

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 relationships, daily living, decision making, problem-solving and coping skills which requires appropriately qualified staff. These services are provided in a group setting for the purpose of furthering individualized therapeutic goals, as described in the individualized treatment plan. In CY 2018, there were two active STAP providers in the network who provided services to 233 children/adolescents, a 35% increase from CY 2017.

Children/Adolescent Outpatient Services

Outpatient treatment is an ambulatory service in which C/A participate in regularly scheduled treatment sessions. Services include individual and family therapy sessions, evaluations and medication checks. In CY 2018, C/A received services through a network of 160 individual and facility-based providers. There was a 0.3% increase in the number of C/A that utilized outpatient services that included individual practitioners, clinics and Federally Qualified Health Centers (FQHC) from CY 2017 to CY 2018 (See Table 6). C/A can receive outpatient services within a school setting as part of licensed MH OP Clinics operating satellite clinics in the schools. In CY 2018, 4,005 C/A received outpatient services in 42 different school districts and over 200 school buildings which represents 25% of the total number of C/A who utilized outpatient services.

Table 6: Children/Adolescent Outpatient Service

	CY 2017		CY 2018	
Level of Care	**C/A**	**Dollars**	**C/A**	**Dollars**
OP Clinic	14,552	$12,341,024	14,617	$12,797,509
Physician/Psychologist	473	$214,485	501	$268,701
FQHC	2,123	$1,595,960	2,079	$1,434,180
Telepsychiatry	418	$166,122	276	$140,319
Total	**15,844**	**$14,317,592**	**15,896**	**$14,640,709**

Partial Hospitalization Service

Partial Hospitalization services are short term where C/A attend up to six hours per day, M-F. Treatment is focused on individual and group therapy, coping, anger management, stress management, relationship skills, self-esteem and problem solving. In CY 2018, the number of C/A who received partial hospitalization services increased 5% to 855 youth.

Family Based Mental Health Services (FBHMS)

FBMHS is a 32-week, 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 CABHC and PerformCare. In CY 2018, the number of C/A in FBMH increased 7% from CY 2017. Dauphin County had the largest increase in the number of C/A who utilized FBMH at 18.5% and Perry County had a 18.3% decrease in utilization. In July 2018, FBMH providers transitioned to value-based funding model that utilizes a case rate payment structure based on the length of time an individual is engaged with the Family Based team. The case rate model has resulted in an overall 14% increase in payment to providers when compared to the FFS payment model.

Table 7: Family Based Mental Health Services

	CY 2017		CY 2018	
County	**C/A**	**Dollars**	**C/A**	**Dollars**
Cumberland	185	$2,000,298	196	$2,229,113
Dauphin	275	$3,784,540	326	$3,955,630
Lancaster	463	$5,575,539	496	$5,910,465
Lebanon	205	$2,666,458	207	$2,562,917
Perry	60	$749,740	49	$664,274
Total	**1,184**	**$14,776,576**	**1,267**	**$15,322,398**

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 this service decreased from 65 in CY 2017 to 57 in CY 2018. The average LOS decreased 8% from 290 to 267 days.

CRR-HH-Intensive Treatment Program (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 must also provide enhanced treatment and therapy while the child/adolescent is in the home. In CY 2018, 18 C/A received CRR-ITP services which is one less than the number of C/A who received services in CY 2017. PerformCare worked with a second provider to bring into the network who is expected to begin services in 2019.

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 for the delivery of psychiatric treatment and care within a 24/7 treatment facility.

There were 23 facilities who served 217 children/adolescents in 2018. The number of C/A who utilized RTFs decreased 4.8% in 2018 and the costs for the services decreased 2.4% (see Table 8). Cumberland and Perry counties had slight increases in the number of C/A who utilized an RTF. Dauphin County had the largest decrease (25.6%) in RTF utilization. The average length of stay decreased 11.5% with Cumberland County experiencing the largest decrease at 31%.

Table 8: Residential Treatment Facilities

	CY 2017				CY 2018			
County	**C/A**	**Dollars**	**Cost/Episode**	**LOS**	**C/A**	**Dollars**	**Cost/Episode**	**LOS**
Cumberland	32	$2,363,414	$ 156,960	446	37	$3,000,308	$104,843	308
Dauphin	43	$3,135,554	$ 124,463	371	32	$2,064,457	$161,949	509
Lancaster	103	$7,029,106	$ 104,829	471	101	$7,362,086	$138,231	341
Lebanon	45	$2,976,325	$ 105,492	367	40	$2,705,988	$165,140	396
Perry	7	$433,349	$ 66,420	255	8	$429,560	$141,868	373
Total	**228**	**$15,937,748**	**$ 114,136**	**422**	**217**	**$15,562,399**	**$141,144**	**374**

Children/Adolescents Inpatient Psychiatric 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. Inpatient hospitalization also introduces the youth to the use of medication and/or makes adjustments to existing medications in a safe setting.

In CY 2018, CABHC utilized a network of 27 providers to meet the acute psychiatric needs of 906 children/adolescents. Table 9 provides information on the number of C/A, LOS and cost of services for calendar years 2017 and 2018. The number of children/adolescents who utilized Inpatient Psych Hospitalization services increased 9% from CY 2017 to CY 2018, LOS increased 15.4% and costs increased 17.8%.

Table 9: Inpatient Psych Hospital

	CY 2017			CY 2018		
County	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Cumberland	130	17	$2,162,959	152	21	$2,415,719
Dauphin	192	20	$3,435,467	214	16	$3,627,198
Lancaster	313	17	$4,645,171	350	21	$5,796,198
Lebanon	150	15	$1,798,260	164	20	$2,607,496
Perry	50	16	$719,032	29	23	$583,357
Total	**832**	**17**	**$12,760,889**	**906**	**20**	**$15,029,967**

ADULT MENTAL HEALTH SERVICES

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

In CY 2018, 26,077adults, eighteen years of age and above, accessed one or more Mental Health (MH) services. This represents a 16.9% penetration rate (the percentage of adult Members that accessed at least one MH service in the calendar year). The majority of adults utilized a community-based service such as an outpatient clinic.

Adult services were provided by a network of 486 providers, many who are individual practitioners. Services follow a continuum of least intrusive such as Targeted Case Management, Peer Support Services, Outpatient, Mobile Psych Nursing and Partial Hospitalization. Individuals with more acute needs have access to Assertive Community Treatment services and when necessary, Inpatient services including Extended Acute Care.

Crisis Intervention Services

Crisis Intervention Services (CIS) is provided directly by Dauphin and Lancaster Counties, or through contractual arrangements with providers in Cumberland, Lebanon and Perry Counties. CIS is an immediate support to a person either by phone, walk-in or mobile services who may be experiencing one or more symptoms that is interfering with their behavioral health stability. CIS workers conduct risk assessments, help to link adults in crisis to services as necessary that will provide the most appropriate, least restrictive support or treatment. Table 10 provides data on the number of adults and corresponding cost of CIS by County. In CY 2018, there was a 2.4% decrease in the number of adults who accessed CIS. The cost of CIS is paid through an alternative payment arrangement and is based on the County approved operating budget and the allocation between HealthChoices Members and the total number of individuals served by Crisis in a year. Cumberland County had a 7% increase in utilization while all the other counties had a decrease. CIS is funded through an Alternative Payment Arrangement (APA) which is a retention model.

Table 10: Crisis Intervention Services

	CY 2017		CY 2018	
County	**Adults**	**Dollars**	**Adults**	**Dollars**
Cumberland	574	$219,507	614	$192,141
Dauphin	1,087	$377,832	1,047	$449,223
Lancaster	899	$337,341	896	$408,899
Lebanon	379	$161,841	308	$161,908
Perry	116	$38,953	113	$37,151
Total	**3,032**	**$1,135,475**	**2,959**	**$1,249,321**

Targeted Case Management

Targeted Case Management (TCM) is a service that is comprised of Intensive Case Management (ICM), Blended Case Management (BCM and Resource Coordination (RC). Table 11 highlights the utilization of TCM throughout the territory for calendar years 2017 and 2018. Of the 26,077 adults who utilized a mental health service in Cy 2018, 11% accessed a form of TCM. The total number of adults who accessed TCM increased 2% and the cost of services increased 4.1. The LOS increased 5.6% for RC and decreased 7% for ICM and 8.3% for BCM services.

Table 11: Targeted Case Management

		CY 2017			CY 2018		
County	**Service**	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	ICM	148	322	$467,710	157	216	$492,402
	BCM	16	99	$17,479	18	20	$12,360
	RC	159	87	$315,527	173	82	$329,749
Total		**308**	**146**	**$800,716**	**321**	**116**	**$834,511**
Dauphin	ICM	193	178	$488,560.08	151	210	$450,518.08
	BCM	1,300	111	$2,761,427	1,456	97	$3,080,501
Total		**1,487**	**119**	**$3,249,987**	**1,586**	**106**	**$3,531,019**
Lancaster	ICM	283	232	$808,765	289	207	$819,527
	BCM	238	131	$703,124	236	158	$752,005
	RC	268	61	$393,063	264	71	$367,666
Total		**744**	**118**	**$1,904,952**	**738**	**126**	**$1,939,198**
Lebanon	ICM	70	412	$218,774	71	352	$241,805
	RC	163	89	$297,326	122	86	$217,744
Total		**228**	**123**	**$516,100**	**191**	**117**	**$459,550**
Perry	ICM	23	124	$72,863	13	239	$54,415
	BCM	3	23	$1,642	3	56	$2,356
	RC	18	87	$26,623	16	113	$21,611
Total		**40**	**99**	**$101,128**	**30**	**147**	**$78,383**
All Counties	ICM	708	236	$2,056,672	670	219	$2,058,668
	BCM	1,550	113	$3,488,706	1,702	104	$3,847,440
	RC	608	75	$1,033,364	576	79	$939,779
	Total	**2,787**		**$6,578,743**	**2,844**		**$6,845,886**

Outpatient Services

Outpatient treatment is an ambulatory service in which the adult 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 were provided in one of 52 outpatient clinics, or by individual practitioners.

In CY 2018, there was a 1.1% decrease from CY 2017 in the number of adults who accessed outpatient services (see Table 12). Females made up 61.5% of the adult population who utilized Outpatient services. The utilization of MHOP in a Federally Qualified Health Center (FQHC) decreased 5.1%. The utilization of Telepsychiatry, which is always delivered in a licensed MHOP clinic, experienced a 1.7% increase in the number of adults who accessed the service.

Table 12: Outpatient Services

		CY 2017		CY 2018	
Service	**Gender**	**Adults**	**Dollars**	**Adults**	**Dollars**
MHOP	Female	11,879	$9,652,275	11,752	$9,447,589
	Male	7,585	$5,574,130	7,454	$5,373,147
Total		**19,466**	**$15,226,405**	**19,207**	**$14,820,736**
FQHC	Female	939	$323,150	889	$356,070
	Male	428	$156,702	408	$182,546
Total		**1,367**	**$479,853**	**1,297**	**$538,616**
Physician/Psychologist	Female	2,666	$1,266,678	2,493	$1,358,107
	Male	1,692	$881,904	1,594	$991,020
Total		**4,358**	**$2,148,583**	**4,087**	**$2,349,128**
Telepsychiatry	Female	417	$217,231	412	$130,927
	Male	219	$100,018	235	$74,202
Total		**636**	**$317,250**	**647**	**$205,129**
Grand Total		**22,844**	**$18,172,090**	**22,575**	**$17,913,607**

Mobile Psych Nursing

Mobile Psychiatric Nursing Services (MPN), which is a supplemental service, provides ongoing psychiatric assessment, medication management, and clinical support by qualified registered nurses with psychiatric training in the 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.

MPN is provided by two organizations; Behavioral Healthcare Corporation (BHC) and Merakey. The majority of BHCs service is provided in Lancaster County and Merakey primarily serves individuals in Dauphin and Cumberland County. CABHC conducted a study of MPN services that spanned calendar years 2013 through 2015. The report concluded that people discharged from MPN did not retain the benefits of the program and that individuals who were in service for longer lengths of stay had minimal utilization of acute services prior to MPN and individuals with shorter lengths of stay had more favorable outcomes. As a result of the report, the providers

revised their service description to better align with the objectives of the service and the population served. The information in Table 13 shows that utilization of MPN declined 11.7% in 2018.

Table 13: Mobile Psychiatric Nursing

	CY 2017				CY 2018			
County	**BHC**	**Merakey**	**Total**	**Dollars**	**BHC**	**Merakey**	**Total**	**Dollars**
Cumberland	10	7	17	$64,159	10	12	22	$96,887
Dauphin	23	72	95	$297,077	18	50	68	$199,943
Lancaster	191	0	191	$633,348	174	0	174	$614,575
Lebanon	17	0	17	$51,936	20	0	20	$57,134
Perry	4	1	5	$16,236	4	0	4	$18,809
Total	**245**	**80**	**325**	**$1,062,756**	**226**	**61**	**287**	**$987,349**

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 through the development of recovery plans. 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.

In CY 2018, CABHC Members had access to five different providers who offer Peer Support Services. The number of individuals who used Peer Support Services in CY 2018 decreased 1.8% from 2017 and costs decreased 6.8%. The average LOS decreased 14.9% which indicates that individuals did not stay engaged in the service as long as they did in 2017 (see Table 14).

Table 14: Peer Support Services

	CY 2017			CY 2018		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	40	108.68	$50,726	33	95.68	$47,168
Dauphin	98	127.39	$185,884	118	77.89	$143,297
Lancaster	196	171.95	$666,668	180	183.54	$608,807
Lebanon	57	192.02	$114,444	54	110.56	$152,691
Perry	5	68.00	$6,399	4	105.33	$2,626
Total	**395**	**151.80**	**$1,024,120**	**388**	**129.16**	**$954,588**

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.

CABHC has a relationship with two different providers who each support ACT teams. Merakey has the largest team in Dauphin County called Merakey Capital that supported 79 HealthChoices Members in 2018. The Merakey Stevens Community Treatment Team (CTT) program was approved by OMHSAS to operate as a modified ACT program due to the difficulty in maintaining a daily census in line with ACT fidelity standards. The Merakey Stevens CTT program supported 24 individuals in Cumberland and Perry County. They continue to follow the majority of TMACT fidelity standards in operating the program, with the only difference being the staffing requirements. The Philhaven Lancaster team supported 63 individuals and the Philhaven Lebanon team supported 55 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 15 is the final CY 2018 ACT outcome data. The table includes the goals that have been established for each outcome. The ACT teams are doing well with community involvement which improved slightly from 2017. The teams struggle with supporting individuals to find competitive employment for a variety of reasons including recovery instability and fear of loss of benefits. Improvement has been seen in the readmission percentage however, it is below the targets established by CABHC. CABHC will continue to provide resources to the teams that can be used to enhance their knowledge and skills.

Table 15: ACT Outcomes

	Goals established by CABHC for each Outcome					
	70 % Adults meeting employment goal	**90% of Adults meet community activity goal**	**85% of Adults maintain stable housing**	**90% of discharges will have no readmissions**	**95% of readmissions will have LOS<12 days**	**90% will have no legal involvement**
Merakey Cap	9.5%	94.9%	96.2%	65.2%	13%	98.1%
Merakey Stevens	13.8%	83%	97%	42.9%	N/A	98.5%
Philhaven-Lanc.	9.8%	99%	96.7%	44%	50%	96%
Philhaven-Leb.	6.3%	100%	99.0%	100.0%	62.5%	100%
Average	**10.2%**	**95.1%**	**97.1%**	**54.4%**	**50.0%**	**98.1%**

Partial Hospitalization Program (PHP)

Adult partial hospitalization is a program designed for the treatment of adults with acute psychiatric illness who require a more intensive and supervised treatment program than that which is afforded by various types of outpatient programs. The goal of partial hospitalization is to increase the level of functioning while reducing the need for more acute services such as inpatient. The number of adults who accessed a PHP in CY 2018 was almost the same as CY 2017, although costs increased by 19% (see Table 16).

Table 16: Partial Hospitalization Program

	CY 2016		CY 2017	
County	**Adults**	**Dollars**	**Adults**	**Dollars**
Cumberland	110	$297,863	107	$345,773
Dauphin	241	$1,013,993	251	$1,056,915
Lancaster	225	$569,005	244	$542,385
Lebanon	91	$285,197	108	$250,695
Perry	21	$76,426	25	$72,552
Total	**682**	**$2,242,484**	**734**	**$2,268,320**

Inpatient Services

In CY 2018, 2,605 adults utilized Inpatient Psychiatric services. Based on the total number of adults who utilized a mental health service (26,077), 10% were admitted into an inpatient unit. Forty-seven providers were utilized in CY 2018 which is up from the 43 providers that were utilized in CY 2017.

Between CY 2017 and CY 2018, there was a 2.4% increase in the utilization of IP services and a 12.8% increase in cost (see Table 17). The length of service increased by one day from CY 2017 to CY 2018. The total number of males that accessed services is slightly larger than females. Cumberland County experienced the largest increase in utilization at 15.3%. Dauphin County accounted for the highest cost of IP services however, this is primarily related to the concentration of Dauphin County adults utilizing Pennsylvania Psychiatric Institute which has one of the highest per diem rates in the network.

Table 17: Adult IP Services

		CY 2017			CY 2018		
County	**Gender**	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	Female	178	13	$1,653,638	196	14	$1,873,841
	Male	149	13	$1,580,782	181	17	$1,625,219
Total		**327**	**13**	**$3,234,420**	**377**	**16**	**$3,499,060**
Dauphin	Female	392	15	$5,253,461	383	15	$4,719,567
	Male	472	14	$6,497,673	456	16	$7,560,187
Total		**864**	**14**	**$11,751,135**	**839**	**16**	**$12,279,754**
Lancaster	Female	473	11	$3,326,303	522	12	$4,864,728
	Male	486	12	$4,394,539	491	14	$4,996,844
Total		**959**	**12**	**$7,720,843**	**1,013**	**13**	**$9,861,572**
Lebanon	Female	184	12	$1,479,389	174	12	$1,693,117
	Male	163	13	$1,774,844	154	14	$2,127,173
Total		**347**	**12**	**$3,254,234**	**328**	**13**	**$3,820,291**
Perry	Female	39	13	$478,902	40	10	$288,279
	Male	32	15	$384,562	28	18	$499,613
Total		**71**	**14**	**$863,464**	**68**	**14**	**$787,892**
Grand Total	Female	1,258	13	$12,191,694	1,305	13	$13,439,533
	Male	1,286	13	$14,632,400	1,300	15	$16,809,036
		2,544	**13**	**$26,824,095**	**2,605**	**14**	**$30,248,568**

DRUG AND ALCOHOL SERVICES

CABHC, in collaboration with the Single County Authorities (SCA) and PerformCare, have developed a comprehensive system of treatment and supports for individuals who experience a substance use disorder. Individuals who are in need of support can access traditional treatment options such as residential rehabilitation and outpatient services as well as community-based resources such as Certified Recovery Specialists and care coordination. This allows a person to address and continue their recovery from substance abuse at a level that fits their need. In an effort to support individuals addicted to opioids, CABHC has expanded detox and Halfway House capacity, supported the use of medication assisted treatment with a local Methadone Clinic provider in the development of a "Hub and Spoke"/Recovery Oriented Methadone Maintenance Service model of treatment, and collaborated with the four Centers of Excellence.

Drug and Alcohol (D&A) services are provided to children/adolescents and adults through an array of treatment options that include Certified Recovery Specialist Support, Outpatient, Intensive Outpatient, Hospital and Non-Hospital Detox and Rehabilitation, Halfway Houses, Partial Hospitalization, the administration of Methadone and Buprenorphine and Vivitrol care coordination. In many instances, individuals also have a co-occurring diagnosis as evidenced by 313 children/adolescents who accessed both a mental health and a D&A service and 7,782 adults who accessed both services. From CY 2017 to CY 2018 there was a 21.6% decrease in the number of C/A who utilized a D&A service along with a 7.8%

decrease in costs (see Table 18). The number of adults who accessed a HealthChoices D&A service in Cy 2018 increased 5.2% from CY 2017 and expenses increased 3.8% (see Table 19).

Table 18: Children/Adolescent D&A Services

	CY 2017			CY 2018		
Service	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Non-Hosp Res - Detox	4	4	$4,545	0	0	$0
Non-Hosp Res - Rehab, Short Term	25	18	$118,758	17	33	$143,511
Non-Hosp Res - Rehab, Long Term	92	102	$1,544,874	68	113	$1,357,355
OP D&A Clinic	306	37	$136,208	261	32	$114,192
OP D&A Level of Care Assessments	4	1	$271	9	1	$676
D&A Partial Hospitalization	0	0	$0	15	26	$24,587
D&A - IOP	56	39	$52,205	65	40	$77,727
D&A - Level of Care Assessment	64	23	$14,935	28	32	$6,875
Total	**402**	**42**	**$1,871,795**	**315**	**42**	**$1,724,923**

Table 19: Adult D&A Services

	CY 2017			CY 2018		
Service	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
IP D&A Hospital - Detox	128	5	$438,927	70	5	$219,743
IP D&A Hospital - Rehab	48	23	$377,130	29	14	$198,151
Non-Hosp Res - Detox	1,479	4	$2,101,220	1,560	4	$2,361,370
Non-Hosp Res - Rehab, Short Term	2,296	20	$11,823,284	2,428	19	$12,306,729
Non-Hosp Res - Rehab, Long Term	856	62	$8,212,583	865	60	$7,828,519
Non-Hosp Res - Halfway	439	67	$2,929,641	411	63	$2,866,744
OP D&A Clinic	7,384	47	$4,713,570	7,837	47	$5,507,361
OP D&A Meth Main	2,004	358	$6,611,490	2,026	403	$6,822,077
OP D&A Level of Care Assessments	694	1	$82,795	915	1	$109,476
D&A Partial Hospitalization	254	26	$578,691	284	24	$909,164
D&A - IOP	1,259	42	$1,267,786	1,329	40	$1,376,296
D&A - Level of Care Assessment	250	19	$54,916	219	36.48	$73,892
Certified Recovery Specialist Support	0	0	$0	145	38.36	$99,570.14
MAT Coordination	452	109.01	$656,304.31	610	81.50	$682,370.63
Total	**10,065**	**53**	**$39,848,337**	**10,590**	**53**	**$41,361,462**

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 CY 2018, no C/A accessed a detox service. There was a 5.5% increase in the number of adults who accessed NH Detox and a 45% decrease in the number of adults who used an IP hospital Detox.

Non-Hospital Residential Rehabilitation (NH Rehab)
NH Rehab is an intensive level of treatment that provides adults and adolescents with short and long-term comprehensive support to overcome chemical dependency and certain co-occurring conditions. NH Rehab includes round-the-clock supervision, structured schedules, a range of treatment 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 39 different facilities in CY 2018. White Deer Run served the largest number of adults (915) and Drug and Alcohol Rehabilitation Service Inc. provided services to the largest number of adolescents (21). When short and long-term NH Rehab is combined, there was an 28% decrease in the utilization of NH Rehab by C/A, and a 5.4% 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 support 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 and connections to post discharge supports. The average length of stay for adults in CY 2018 was 63 days. The utilization of NH-HH decreased 6.4% from CY 2017.

Drug and Alcohol Outpatient (D&A OP)
D&A OP services are provided in the community to help a person with a Substance Abuse Disorder (SUD). Services include assessment, individual and/or group therapy, and psycho/educational programs. 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. Children and adolescent utilization decreased 14.7% and costs decreased 16%, while adult utilization increased 6% and costs increased 17%. There are more individuals who utilize D&A OP services than any other D&A service.

D&A Intensive Outpatient (IOP)
Individuals who participate in D&A IOP treatment usually complete nine hours of therapy per week, typically three-hour sessions spread across three days. 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 CY 2018, there was a 16% increase in the number of C/A who received IOP with a 49% increase in costs. Adults had a 5.6% increase in utilization and experienced an 8.6% increase in costs.

Partial Hospitalization Program (PHP)
PHP is an approved supplemental service which offers 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 CY 2018, there were 284 adults who utilized PHP services, which increased 11.8% from CY 2017.

Methadone Maintenance
Consumers that have an Opioid addiction have access to Methadone which is delivered in a licensed clinic. Methadone services were available through eight providers in CY 2018. The data in Table 19 indicates a 1% increase in the number of adults who accessed Methadone treatment from CY 2017 to CY 2018.

Certified Recovery Specialist (CRS) Program
In July of 2018, the CABHC sponsored Certified Recovery Specialist Reinvestment program, administered by the RASE Project, was transitioned to a Medicaid supplemental service. A CRS will assist individuals who chronically relapse and struggle to complete treatment, to stay in treatment and remain in sustained recovery. Participants are matched with a Recovery Specialist who meets with them regularly, supports persons with the social determinants of health, assists them to handle challenges that occur, and shares the skills necessary to live successfully and remain in sustained recovery. In CY 2018, 145 individuals received CRS services from the RASE Project.

Buprenorphine/Vivitrol Care Coordination Program
For those Members that are being treated with Suboxone (Buprenorphine) or Vivitrol that is prescribed by a certified physician, they can receive support through the MAT Program, a CABHC developed Medicaid supplemental service. The Program is administered by the RASE Project through participating physician groups. The data in Table 19 indicates an increase of 35% in the number of adults who accessed the Program in CY 2018.

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

PROVIDER NETWORK

The Provider Relations Committee (PRC) 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:

- Reviews the Routine Service Access Management reports on a bi-monthly basis. Results are compared to the standards and benchmarks the PRC has developed for each level of care. When necessary, PerformCare is asked to complete a Root Cause Analysis for the level of care when it is determined access standards are consistently not met.
- 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.
- Reviews and approves the Complaint and Grievance audits prepared by the Quality Assurance Specialist prior to their presentation to PerformCare.

Provider Capacity

At the end of CY 2018, there were a total of 730 In-Network Providers for the CABHC contract. During the course of CY 2018 there were 72 individual practitioners who joined the network, 13 of which were new psychiatrists. Twenty facilities and/or professional groups joined the network. Throughout the year, there were a total of 56 Providers terminated from the Network. All of the providers who were terminated from the network were voluntary; either the provider requested the termination or the provider failed to respond to requests for re-credentialing.

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 results of the 2017 Provider Satisfaction Survey were tabulated and reported on in 2018. Included in the follow-up report was a request to PerformCare to provide a written response to comments received regarding Provider meetings. Providers were requesting that PerformCare staff who attend meetings are able to respond to provider questions, that meeting minutes are provided and that information presented at meetings is current. PerformCare provided a response and have worked to address the concerns raised, however, there was one similar comment raised on the 2018 survey.

The 2018 Provider Satisfaction Survey was distributed in October 2018 to 310 network Providers via email and regular mail that resulted in a 34% response rate, which is an increase from the 30% response rate in 2017. As with past surveys, 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.

Overall, the average total score for the survey was 3.7 which was a 0.1 decrease from 2017. There were three sections in the survey that increased in scoring from 2017 to 2018; Claims Processing, Treatment Record Reviews and Member Services. Provider Relations, Clinical Care Management and Member Services were the highest scoring sections, each scoring 3.9. Table 20 is a summary of the Provider Satisfaction scores.

Table 20: Provider Satisfaction Scores

Survey Category	2012	2014	2015	2016	2017	2018
Communication	3.6	3.5	3.6	3.8	3.8	3.6
Provider Relations	4	3.7	3.2	4	4	3.9
Provider Orientation	4	3.3	N/A	N/A	N/A	3.5
Provider Meetings & Trainings	4	3.8	4.5	3.8	3.9	3.7
Claims Processing	3.6	3.5	3.9	3.9	3.6	3.8
Administrative Appeals	3.3	2.9	3.8	3.8	3.6	3.4
Credentialing & Re-credentialing	N/A	3.6	2.8	3.7	3.6	3.5
Complaints	3.5	3.3	N/A	N/A	N/A	3.6
Grievances	3.8	3.2	4.2	3.7	3.9	3.5
Treatment Record Reviews	N/A	N/A	N/A	3.6	3.4	3.8
Clinical Care Management	3.6	3.5	3.2	3.8	4	3.9
Member Services	3.9	3.7	3.9	3.8	3.8	3.9
Average Total Score	**3.7**	**3.4**	**3.8**	**3.8**	**3.8**	**3.7**
Total Number of Respondents	67	66	60	64	82	98
Response Percentage of Total Surveys Sent	21%	33%	25%	26%	30%	34%

Service Access Standards

The OMHSAS Program Standards and Requirements require that the following access requirements are to be met or an access waiver must be requested:

- Ambulatory services – two providers within 30 minutes travel time (urban counties); 60 minutes travel time (rural counties)
- Inpatient and residential services – two 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 the following service exception requests for FY 2019/2020:

- Hospital-based Drug and Alcohol Detoxification (Adult and Child/Adolescent): Access standard of travel time for all five Counties.

- Hospital-based Drug and Alcohol Rehabilitation (Adult and Child/Adolescent): Access standard of travel time for all five Counties.
- Peer Support Services for adolescents: Access standard of two providers in the network not met for all five Counties
- Residential Treatment Facilities: Access standard of travel time for Harrisburg City and Upper Dauphin County

Routine Access Service Monitoring
The OMHSAS Program Standards and Requirements require that routine access services are provided within seven days of request. The routine access dashboard is reviewed by the Provider Relations Committee at their bi-monthly meetings. In CY 2018 the PRC required PerformCare to complete a Root Cause Analysis (RCA) to improve performance for Targeted Case Management in meeting the established access benchmark. The RCA workgroup finished developing action steps that were implemented by the Targeted Case Management providers. The access for Targeted Case Management improved from 60.5% in 2017 to 73.8% at the end of CY 2018, with the final three months of the year at or above the benchmark of 85%.

Provider Profiling
CABHC, through the PRC, monitored the progress of PerformCare in producing and distributing Provider Profiling reports. The PRC reviews each report developed by PerformCare during regular committee meetings. Committee members have the opportunity to ask questions of PerformCare staff and provide feedback on the reports. The Provider Profiling reports are meant to be used to make meaningful comparisons on 11 levels of care based on claims data, authorization data, quality reports, complaints, Consumer/Family Satisfaction Team reports and demographic information. PerformCare developed the metrics for each report and solicited feedback on the presentation of the reports from all key Stakeholders, to include Primary Contractors, Members and Providers. The reports include BHRS, Community Based Services, Mental Health Inpatient Services, Mental Health Outpatient Services, and Substance Use Services. The reports are completed twice per year and include a mid-year and final annual report. All the reports are made available to the provider network and are posted to the PerformCare website.

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

The benchmark for Providers in CY 2018 was 80% for all levels of care. Providers that scored below 80% are required to submit a Quality Improvement Plan (QIP). In the 2018 review cycle, 42 TRRs were conducted either on site or were desk reviews. There were 11 TRRs that resulted in the need for a QIP that included quarterly collaboration between PerformCare and the provider to assess progress on the QIP.

CONSUMER/FAMILY FOCUS COMMITTEE

CABHC values and encourages the participation of Members in the oversight of HealthChoices, 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 CY 2018, CABHC facilitated the following presentations for the CFFC: Latrisha "Lolly" Bentch, from the Pennsylvania Department of Health, Office of Medical Marijuana provided information about Pennsylvania Medical Marijuana; Shaun Mullins from the Pennsylvania Psychiatric Institute (PPI) spoke about the evidence-based Capstone Program and Linda Shumaker from Older Adult Assessment Program at PPI discussed the importance of Physical Health and Behavioral Health Integration.

County-wide Training

Due to scheduling conflicts with the presenters, there was no county-wide training; however, the 2018 training topic, Pain Management, will occur in March 2019.

PEER SUPPORT SERVICES STEERING COMMITTEE

The Peer Support Services Steering Committee (PSSSC), which is supported by CABHC, provides a forum for Certified Peer Supports (CPS), Peer Support Service (PSS) Providers, the Counties, CABHC and PerformCare to assess the program and develop ways to improve the delivery of PSS.

In response to OMHSAS bulletin 16-12 that required the development of Peer Support services for youth 14-18 years of age, CABHC formed a workgroup to develop a best practice document. The workgroup completed the document in 2018. This was submitted to OMHSAS for review and approval. Based on two items that they required changes, the document was approved. Providers used this document to assess their ability to expand to serve this new population and to guide them with their implementation. It is expected that the services for youth will be developed in 2019.

In CY 2018, the committee resumed the regularly scheduled meetings in order to focus on the Peer Support Scholarship process. To help facilitate and better manage the quality of scholarship applicants, the PSSSC discussed ways to better invest resources in supporting individuals in the Peer Support (PS) training program, market Peer Support Services and obtain better qualified individuals to hire within the five counties. The workgroup developed an application and screening process for individuals interested in obtaining a scholarship through CABHC to attend the Peer Support training. The screening process will include a face-to-face panel interview. Final details of the scholarship process will be completed with implementation scheduled for CY 2019.

Maintain CPS Capacity

CABHC continues to respond to people who are requesting financial assistance to complete the Peer Specialist certification training to become a Certified Peer Specialist. In CY 2018, CABHC

provided assistance to three individuals who completed the CPS training. There was no activity related to CPS supervisor training.

PHYSICAL HEALTH/BEHAVIORAL HEALTH (PH/BH) INTEGRATION

CABHC supports 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 to improve the integration of Physical and Behavioral Health systems of care. The following PH/BH integration projects were accomplished in CY 2018.

Member Wellness Initiatives

PerformCare maintains a section on their website of educational materials and self-management tools that are available to assist Members in their recovery. New documents are added throughout the year as new material is reviewed and approved for the website. There is a sub-section of the *Your Health and Wellness* section that is entirely devoted to self-management tools, that Members and providers can access. PerformCare provides educational information on multiple topics and specifically three DHS recommended subjects: domestic violence, smoking cessation, and childhood obesity. The three goals of the educational materials are to reduce and/or prevent further violence, decrease the number of Members who utilize tobacco products, and reduce the number of children diagnosed with obesity in the state of Pennsylvania.

Pay for Performance

In 2015, the DHS approached all Physical Health and Behavioral Health MCOs on a pay for performance project. CABHC, in collaboration with PerformCare, began discussions concerning a Pay for Performance program involving integrated care with PH-MCOs. This program focuses on the stratification and identification of high-risk members, development of Integrated Care plans and improvement to the following five performance measures:

- Improved initiation and engagement of alcohol and other drug dependent treatment
- Improved adherence to antipsychotic medication for individuals with schizophrenia
- Decreased combined BH-PH IP 30-day readmission rates for individuals with SPMI
- Decreased emergency department utilization for individuals with SPMI
- Decreased combined BH-PH IP admission utilization for individuals with SPMI

In CY 2018, PerformCare conducted case rounds with the PH-MCOs in an effort to identify PH/BH care gaps and share relevant information that was used to develop care plans for individuals. PerformCare demonstrated improvement in meeting the benchmarks for the five performance measures. CABHC met with PerformCare on a regular basis throughout 2018 to monitor and provide feedback for the Pay for Performance program. In CY 2017, PerformCare achieved 6% of the available incentive award for meeting one of the goals established for the five performance measures. The incentive awards are established by OMHSAS based on each

Counties' averaged eligible members. In 2018, PerformCare earned 57% of the total available incentive award. Table 21 provides the percentage of incentive award earned by each County for the performance measures.

Table 21: 2018 (MY 2017) Pay for Performance, County Specific Goals

County	ER visits/1000	IP admissions/1000 SPMI	D&A Initiation	D&A Engagement	Medication Adherence	IP PH/BH Readmission
Cumberland	75%	0%	100%	100%	85%	50%
Dauphin	0%	100%	100%	100%	100%	100%
Lancaster	0%	0%	100%	100%	100%	0%
Lebanon	0%	75%	100%	100%	75%	0%
Perry	0%	100%	100%	100%	100%	0%

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 is integrated and co-located in the Centers. Each of the FQHCs offer a combination of assessment, treatment and referrals to other behavioral health providers when treatment needs exceed what can be provided by the FQHC. Services are provided by licensed clinical social workers. FQHCs have transitioned from a fee for service payment structure to a prospective payment model for BH services provided to HealthChoices Members. The Center receives the same amount of payment for each member seen for a BH service. Individuals access one of five FQHCs that include Lancaster Health Center, Hamilton Health Center located in Harrisburg, Sadler Health Center located in Carlisle, Keystone Rural Health Center located in Chambersburg and utilized by Cumberland and Perry County individuals, and Welsh Mountain, located in Lancaster and Lebanon Counties.

The total number of Members who utilized a FQHC for behavioral health services in CY 2018 was 2,208 compared to 2,217 in CY 2017. The majority of individuals who utilized the service were adults with a total count of 1,617.

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 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, Youth Advocate Program (YAP), who is under contract with CABHC. The Respite outcome data is maintained on a fiscal year basis. For FY 17/18, the respite program served a total of 371 Members. A total of 11,519 hours of In-Home respite and 35 days of Out of Home respite were provided (see Table 20). Total expenditures for FY17/18 amounted to $313,561. During the 17/18 fiscal year YAP has continued their marketing and outreach efforts to increase awareness of the service and began discussions on eligibility criteria and authorizations for service. YAP conducts regular surveys throughout the year that yielded 688 responses. There were 661 responses indicating they were satisfied or very satisfied with the service they received, and all of the responses felt the service was making a difference in their child's life.

Table 20: Respite Services FY 17/18

County	# Members Served	In Home Hours	Out of Home Days
Cumberland	56	2,296	0
Dauphin	65	1,838	9
Lancaster	160	4,216	9
Lebanon	89	3,088	0
Perry	8	81	17
Total	371*	11519	35

***Unduplicated**

2. Specialized Transitional Support for Adolescents

This Reinvestment program targets adolescents from 16 up through the age of 24 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 the 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 at the end of the fiscal year indicate successful outcomes for the majority of the program participants, especially those who stay engaged in the program. The programs report quarterly on goal progress in the areas of education, employment, engagement with recommended treatment, independent mobility, stable housing and community life. Although there is some fluctuation throughout the year on goal attainment, the programs demonstrate that between 75 and 95% of youth are making progress on goals that the youth has identified for themselves. The data in Table 21 is based on FY17/18 reports. Through June 30, 2018, a total of 155 youth participated in the four programs.

Table 21: Specialized Transitional Support

County	Program	Members
Cumberland/Perry	NHS Stevens Center	35
Dauphin	The JEREMY Project, through CMU	39
Lancaster	Community Services Group	45
Lebanon	The WARRIOR Project, PA Counseling Services	36

3. Recovery House Scholarship Program (formerly the Substance Abuse Supportive Housing Program)

CABHC's Recovery House Scholarship Program provides scholarships to individuals who require financial assistance to enter a Recovery House as part of their recovery from substance abuse. Since 2007, CABHC has been providing scholarships to those who qualify for 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.

As of June 30, 2018, there were 80 active Recovery House sites provided by 32 participating Recovery House organizations. Three new Recovery House organizations joined the available network in FY 17/18.

In FY 17/18, CABHC issued scholarships to 443 individuals. All participating Recovery Houses are required to submit a follow-up individual questionnaire for each scholarship recipient. Questionnaires are required to be submitted to CABHC upon a recipient's departure or at the end of 90 days of residency. The information collected through these questionnaires is compiled and presented in an annual report that is shared with CABHC's Drug & Alcohol Workgroup and Board of Directors. The information revealed that 38% of people left voluntarily and 55% were asked to leave the recovery house for different reasons. Sixty eight percent of the individuals were employed and 50% were compliant with house rules. There were 310 members that participated in treatment and 61% of the 443 were able to maintain sobriety while living in the recovery house.

In April, 2018, CABHC revised the administrative procedures that are used to approve a RH scholarship. In order to meet ongoing demand and stay within the Board approved budget, the number of scholarships approved each month is a fixed cap that includes the initial first months rent and the projected costs for second month rent costs.

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 Certified 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.

In FY 17/18, 300 individuals received services through this Program. The outcomes for the RSP that were established by RASE are: Engagement in Treatment; Acquisition of Safe and Stable Housing; Reduction of Involvement in the Criminal Justice System; and Acquisition of Employment. RASE's annual outcomes report indicated that 64% of participants were engaged in treatment during their involvement with RSP, 94% acquired or remained in stable housing, 98% had no new incidents of criminal activity and 69% acquired employment.

RASE remained diligent in their efforts to successfully complete the Corrective Action Plan (CAP) they were on since the fall of 2016. Recovery Specialists improved their written skills, documentation and service delivery. Preparations were made during FY 17/18 for RASE to transition to a HealthChoices supplemental service which was successfully completed by July 2, 2018. In the six months from July to December 2018, RASE provided services to 145 individuals

In addition to the four sustained reinvestment projects mentioned above, there are 21 approved projects that are in various stages of development or operation. Please see Appendix A for a list of all reinvestment projects that includes a status update of the various projects as of December, 2018.

CONSUMER SATISFACTION SERVICES

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

The following are highlights from the FY 2017/2018 CSS Annual Report:

CSS surveyed 2,913 respondents from the Counties that represent 1,699 Adults (58.3%) and 1,214 children/adolescents (41.7%). This is an increase compared to the 1,952 surveys conducted in FY16/17 (see Table 22). Of the 1,699 adult consumers, 1,655 (97.4%) responded for themselves, 16 (0.9%) had a parent/guardian respond for them, and 28 (1.6%) responded for themselves with a parent/guardian present. Of the 1,214 child/adolescent consumers, 17 (1.4%) responded for themselves, 1,059 (87.2%) had a parent/guardian respond for them, and 138 (11.4%) responded for themselves with a parent/guardian present.

Table 22: Total Interviews and Face–Face

Fiscal Year	Adult	F-F	%	Child	F-F	%	Total	F-F	%
16/17	901	839	93.1%	1,051	951	90.5%	1,952	1,790	91.7%
17/18	1,699	1,562	92%	1,214	1,084	89.3%	2,913	2,646	90.8%
Change	**798**	**723**	**-1.1%**	**163**	**133**	**-1.2%**	**961**	**856**	**-.9%**

Data was collected by 10 interviewers from 95 treatment facilities. In all, 9 treatment levels of care were accessed by the respondents that include: 1,567 (53.8%) Mental Health Outpatient, 615 (21.1%) Mental Health Inpatient, 257 (8.8%) D&A Non-Hospital Residential Rehabilitation, 231 (7.9%) Family Based, 99 (3.4%) D&A Medication Assisted Treatment, 51 (1.8%) D&A Non-Hospital Residential Halfway House, 39 (1.3%) D&A Buprenorphine Coordination, 35 (1.2%) Residential Treatment Facility, and 19 (4.2%) Extended Acute Care services.

There was a total of 28 items that were included in the calculation of the Total Satisfaction Score (TSS). The responses ranged from 1 (Strongly Disagree) to 5 (Strongly Agree). Higher scores on questions represent higher satisfaction. The scale has a range of 28-140. Scores 113-140 indicate a high level of satisfaction, scores 85-112 indicate some level of satisfaction and scores below 84 indicate some level of dissatisfaction. The overall mean for all respondents for Total Satisfaction Score (TSS) was 109.93.

Overall, the majority of individuals who accessed treatment were satisfied with their services that are reflected in the combined satisfaction score of 109.93, which is a decrease from the FY16/17 score of 111.6 (see Table 23).

Table 23: Satisfaction Score

Fiscal year	Adult	Child	Total
2016/2017	901	1,051	1,952
	112.70	110.65	111.6
2017/2018	1,699	1,214	2,913
	110.79	109.07	109.9

In total, 48.7% to 72% of consumer's responses reflect that services have improved their lives in each outcome area. Additionally, 19.7% to 31.8% of consumer's responses reflect that no change has resulted from involvement in services. Only 5.5% to 9.6% of consumer's responses reflect 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 FY17/18 Consumer Satisfaction report can be viewed on the CABHC web site at www.cabhc.org.

FISCAL OVERVIEW

Financial oversight of 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 Board of Directors. Areas of focus in FY 17/18 include monitoring of corporate finances of CABHC and PerformCare and monitoring the HealthChoices Program solvency.

CABHC Fiscal Year 17/18 Financial Performance

CABHC's financial performance remained steady during FY17/18. CABHC's administrative revenue increased slightly due in part to a 1.9% increase in membership for the fiscal year. CABHC's administrative expenditures remained level resulting in a positive cash flow situation. The excess administrative capitation 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

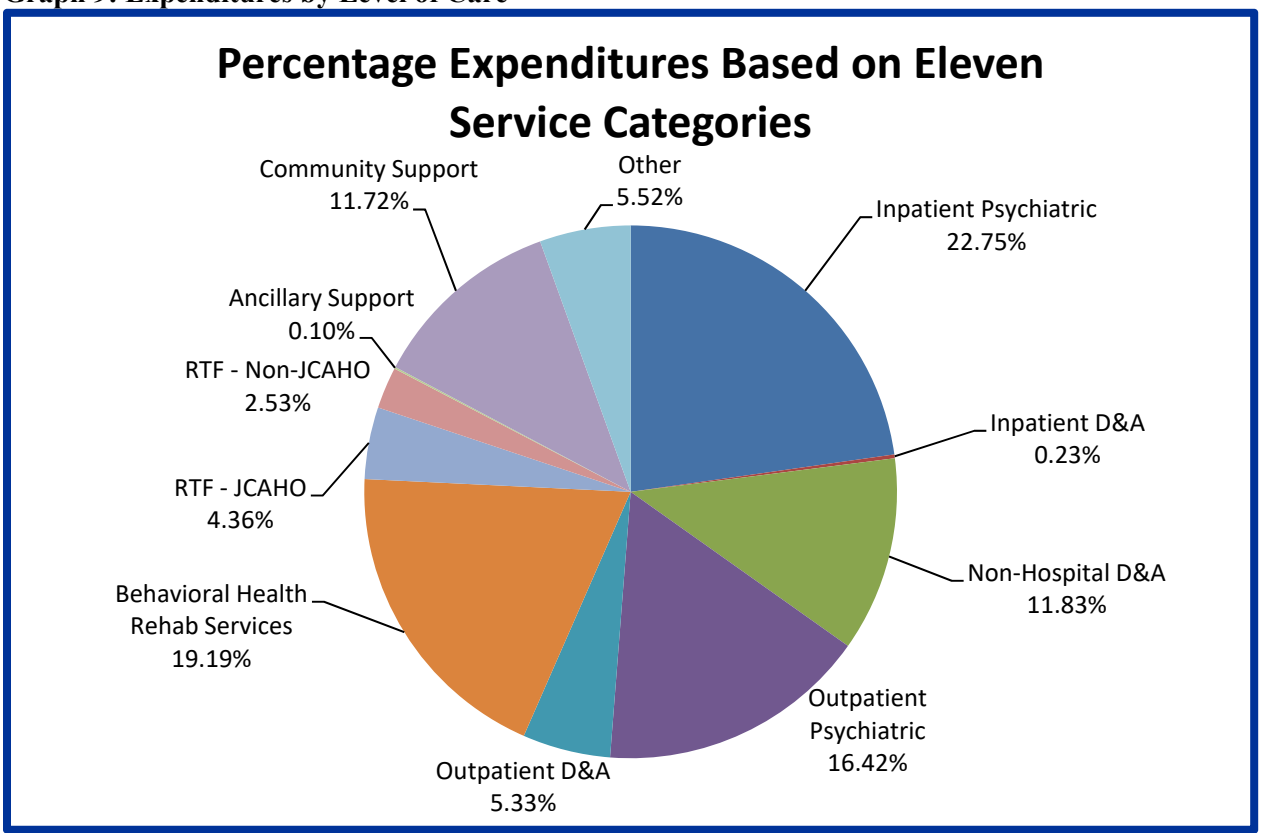
The Fiscal Committee of CABHC monitors PerformCare's financial solvency and reports its findings to the CABHC Board of Directors. The Committee monitors PerformCare by reviewing the following: Capital Area Financial Statements, PerformCare Consolidated Financial Statements and the AmeriHealth Caritas Corporate Audit including the PerformCare Supplemental Statement. During FY17/18 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.

Graph 9 reflects the division of medical expenditures for FY17/18 based on levels of care.

Graph 9: Expenditures by Level of Care



During FY17/18, the HealthChoices medical capitation revenue paid by DHS to the Counties' HealthChoices Program exceeded medical expenses. This allowed the Counties to fund risk reserves and continue to fund existing reinvestment projects for another year

In FY17/18, 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 year-long audit included quarterly claims data testing, an annual trip to Counties and several visits to PerformCare. The Binkley Kanavy Group 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 Human Services

CONCLUSION

The CABHC HealthChoices Behavioral Health program is responsive to the need for both mental health and drug and alcohol services for children/adolescents and adults. The success of CABHC is dependent on Counties, Providers, PerformCare and stakeholders who are committed to providing valuable feedback about the program and contributing their time and resources so that Members have access to high quality services. The network has expanded and community supports have increased to meet the needs of individuals with a substance use disorder. Access to all Behavioral Health services is continually monitored to determine when additional capacity should be added to the network. Providers and new services have been added to the network to address the changing needs of Members.

The strong cooperation between CABHC, County partners, Providers, PerformCare, OMHSAS and Stakeholders helps to provide a forum to come together in efforts to make improvements to the HealthChoices Behavioral Health program that leads to more efficient and high-quality service. Our priorities for the HealthChoices program moving forward have been and will continue to include an emphasis on integration of behavioral and physical health services, expansion of value-based purchasing and preparation for changes that will be occurring with children/adolescent services.

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Melissa Hart, Chief Financial Officer

Michael Powanda, Director of Program Management

Jenna O'Halloran-Lyter, Children's Specialist

Tonya Leed, Member Relations Specialist

LeeAnn Fackler, D&A Specialist

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Appendix A:

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Respite Care	All	YAP	02-03, 04/05 05/06,07/08 08/09,10/11-15/16	12/1/2004	Operational
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: Update 12/18: For October FY17/18, the total amount spent was $22,492. The Respite workgroup continues to meet to increase capacity and improve the quality of respite services.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Specialized Transitional Support for Adolescents	All	Jeremy, NHS, Warrior CSG	C/P-Da. 04/05,05/06, 08/09,09/10/ 10/11 LB/LA 09/10,10/11-15/16	Various	Operational
Description:					
This project was started with the goal of giving support to adolescents from the age of 16-22 years who are HealthChoices 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, Merakey (formerly NHS Stevens Center) in Cumberland and Perry Counties, PCS Warrior in Lebanon County and CSG in Lancaster County.					
Status: Update 12/2018: Since July 1, 2018, the Transitional Support for Adolescents Programs has supported 98 Members and provided 8,257 units of service. In the month of November, the STSA Program at CSG enrolled one new individual and group members participated in their monthly Healthy Cooking event by preparing a Thanksgiving Feast for themselves and their family members, who were invited to come and enjoy the meal with the group. The JEREMY Project enrolled two new individuals and members participated in a money management group. The WARRIOR Project has three individuals awaiting intake. The Transitional Program Coordinator at Merakey Stevens Center is unable to return to the work as previously expected. Merakey quickly filled the position and the new Program Coordinator is starting in January 2019.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Recovery House Scholarship Program	All	Various	04/05,05/06 08/09,10/11-15/16	12/1/2007	Operational
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 providing scholarships in December 2007.
Status: Update 12/2018: The Recovery House Scholarship program awarded 15 new scholarships in November, bringing the FYTD total to 119. Scholarship payments FYTD totals $89,933.68. In order to manage the RH scholarship funds, the number of scholarships that are approved remain capped based on budgeted funds each month. When the threshold of available funds for each month is reached, scholarship approvals will be suspended. The review and approval of scholarships resumes as budgeted funds become available.

Reinvestment Project	**County**	**Provider**	**Plan Year**	**Start Date**	**Status**
Housing Initiative	All	Pending	10/11, 13/14, 15/16	Varied	Under Development
Description					
Each County has its own housing initiative plan as presented to OMHSAS.					
Status: All Counties have received their allocated funds to be utilized towards their approved plans with the exception of Perry County. The Perry County Housing Plan will be reviewed under 14/15 initiatives.					

Reinvestment Project	**County**	**Provider**	**Plan Year**	**Start Date**	**Status**
C/P D&A Recovery Specialist	Cumb/Perry	RASE	10/11	2/16/17	Operational
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 target population will be adults who have cycled in and out of D&A services and are participants in the Cumberland County Children and Youth Services, Specialized Substance Abuse Disorder Case Management program. The purpose of this program is to enhance the delivery of Substance Abuse services to families involved with Cumberland County CYS and Juvenile Court system, with a special emphasis on parents with children under the age of five and who are at risk of losing their children.					
Status: Update 12/18: RASE delivered services to three Cumberland County parents this month.					

Reinvestment Project	**County**	**Provider**	**Plan Year**	**Start Date**	**Status**
CSG Mobile MH-ID Behavioral Intervention	Dauphin, C/P, Lanc./ Leb.	CSG	10/11, 13/14-15/16	2/15	Operational
Description					
The program will fund the creation of three Mental Health and Intellectual Disabilities teams 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 and their families, or other support systems. This service will include 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: Update 12/2018: In the month of November, CSG provided services to 13 individuals for a combined 475 units. There is currently a FT and nursing position and Clinical position open. CSG reports they were able to fill one of the FT nursing positions. CSG submitted revisions to their program description which includes recommending that they utilize a LPN given the difficulty in recruiting RNs for this program. The workgroup met on 12/18/18 to discuss current operations and the revisions to the program description.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A Brief Intervention	All	DA-SCA, PCS	13/14	1/2017	Dauphin-Implemented Lebanon- Implemented
Description					
The primary goal of the D&A Mobile Brief Intervention and Assessment is to create an intercept point for individuals accessing hospital emergency services or are in physical healthcare units of local hospitals that may be in need of substance abuse services. This intercept point would provide identification and linkage services to substance abuse treatment for individuals struggling with addiction and co-occurring mental health problems.					
Status: Update 12/2018: Dauphin County completed 19 assessments (11 were active PerformCare Members) in November. FYTD, they have completed 125 assessments. In Lebanon County, PCS completed 4 assessments in November (2 were active PerformCare Members), for a FYTD total of 31 assessments. Cumberland County is waiting to get their assessor position approved, noting a delay at the County's HR department.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
IP FUH Discharge Support (Project RED)	All	Philhaven, LGH, PPI	13/14	11/2017	Philhaven and PPI-Operational
Description					
This program will work with four local MH IP providers to develop a nursing support service that will assist high risk Members with their discharge and attendance at their follow-up appointment. The four hospitals will develop a discharge nurse position that will follow the member after they have been discharged to support the individual with filling prescriptions, providing onsite medication reconciliation, verifying aftercare appointments, assuring potential barriers to attendance of the appointment are addressed and provide follow up consultation. The support will be short term and intensive, with the nurse beginning contact before the discharge. It is anticipated that the support will not last more than 30 days, and is expected to average 10 days in duration. Mobile Psychiatric Nursing may be an alternative if a MHIP provider is unable to support the discharge nurse position.					
Status: Update 12/2018: Philhaven continues to serve 100% of adult PerformCare Members with RED. Since the last update, they had an additional 23 Members complete a RED discharge with 18 more Members actively involved in the RED program. This is a total of 332 Members to complete a RED discharge since implementation. They continue to show improvement in their follow-up rates compared to their 2017 baseline rates with the most notable improvements seen in the 7-day follow-up rates. Philhaven is now collecting data from voluntary surveys collected from all adult MH IP Consumers to assess satisfaction with discharge planning processes and involvement in treatment decisions. The baseline shows an 84% satisfaction rate while the satisfaction rate for Consumers completing a RED discharge shows a satisfaction rate of 94%. Philhaven will continue to collect and analyze survey outcomes. PPI continues to offer RED and give the RED manual to 100% of their adult Members. Since the last update, there were 68 PerformCare Members to complete a RED discharge for a total of 583 Members to complete a RED discharge to date. PPI continues to show very positive results in their readmission rates for CY2018 with a current readmission rate of 9.6% (January-September 2018). PPI has a good response rate to their post-discharge patient survey and the results are positive. To date, there have been 915 PerformCare Members to complete a RED discharge from one of the three facilities involved in this project.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Behavioral/Physical Health Integration	Lancaster, Dauphin	LGH, NHS,	13/14	LGH-5/2016 NHS-6/2017	Operational
Description					
The BH/PH Integration project consists of two models. The BH/PH model to be developed by Lancaster General Hospital will initiate a Community Health Worker (CHW) program focused on interventions with high utilizers of emergency dept. services. The objective is to determine if CHW interventions will improve post emergency room outcomes among low socio-economic individuals with corresponding mental illness. The CHWs interventions will be modeled after the Penn Medicine IMPaCT					

model of CHW care. The second project is the development of an integrated BH and PH model that would establish the NHS Capital Region (NHSCR) MH Outpatient Clinic located in Harrisburg as a Health Home program for Gateway members who receive their mental health treatment at NHSCR. The program's objective is to support the triple aim of improving the health of individuals with SMI; enhancing the consumer experience of care (including quality, access, and reliability); and reducing/controlling the per capita cost of care."
Status: Update 12/2018: Nurse Navigator –Merakey reported that they worked with 30 different individuals in November, which is an increase from 23 in October, and provided 164 units of service. Merakey has worked to increase the number of people engaged with the NN which includes meeting people in the waiting room while they wait to see their therapist. LGH had four people enrolled in the program and provided 21 units of service. The number of people engaged with the CHWs study remain low due to difficulty in making contact and convincing people to be a part of the study. LGH reports that they work with a much larger population through the ACCT program.

Reinvestment Project	**County**	**Provider**	**Plan Year**	**Start Date**	**Status**
Psychiatric Access	All	PPI, PCS, TWP, NHS, CSG, Philhaven	13/14	NHS-8/1/17	Operational
Description					
Routine access to initial psychiatric evaluations and medication management remains a significant challenge. This program is targeted to award 3 contracts to MH OP providers that can be used in the recruitment and retention of Psychiatrists to our HealthChoices BH program. An RFP establishing the guidelines of the use of the funds and the development of clear and measurable outcomes will be developed by an oversight committee. Each proposal selected must clearly increase the availability of psychiatric time, indicate the targeted HealthChoices population that will be impacted and state the projected improvement to access of psychiatric time. The proposal must include a contractual commitment with the Psychiatrist(s) that will benefit from this contract in how long they will provide their service at the OP Clinic and consequences if they leave before their commitment is up. The expected commitment is three years.					
Status: Update 12/2018: Dr. Faraz Tyeb continues to serve adults at the Merakey Stevens Center/Carlisle and Harrisburg location. Currently, the Carlisle location has no wait time for psychiatric services and the Harrisburg location is booking out no more than two weeks. Dr. David Prado began employment at TWP in November. Dr. Prado is working at the following locations including days & times: Lancaster- M, T, W; 8a-6pm (total 30 hours) and Lebanon- Th; 8a-6pm (10 hours). PCS is working with 13 recruitment companies in an attempt to hire a child Psychiatrist, no leads. Philhaven and CSG did not submit a report. PPI hired Dr. Pathak in their child and adolescent outpatient services department, but no additional information is known at this time.					

Reinvestment Project	**County**	**Provider**	**Plan Year**	**Start Date**	**Status**
Dauphin Recovery Center	Dauphin	SRI	14/15	TBD	Under Development
Description					
This grant project is part of SAMHSA's Center for Substance Abuse Services (CSAT) and has identified that the key focus of this grant is to foster peer-to-peer recovery support services that are designed and delivered by persons in recovery which will network and build strong and mutually supportive relationships with formal systems in their communities. Peer Operated Recovery Centers do not provide treatment and not require to be staffed by paid professionals. This is a peer to peer operated program. The objective of this proposal is to seed the start up or revitalization of one Peer Operated Recovery Center in Dauphin County. This will only one-time funding and a requirement of' the Center is that they have an identified model that defines how it will be peer run and self-sustaining.					
Status: Update 12/2018: Susquehanna Recovery Initiative (SRI) continues to renovate the property on Walnut St. that will become the Recovery Center. The building was evaluated by Dauphin County Probation & Parole and work release this month. On or about December 26, 2018 all issues remaining on the borough's punch list, including installation of a 2nd electrical box,					

were to have been completed allowing for the final occupancy inspection. SRI continues to search for a contractor to complete the rest of the roof repair.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
RTF Teleconferencing	Various	Cumb. & Lebanon Cty. CSG	14/15	8/18	Under Development
Description					
This program allows the family of a child in a Residential Treatment Facility to participate in treatment and team meetings via a telecommunication system. This is utilized in cases where the Residential Treatment Facility their child is placed in makes participation difficult or impossible. The goal of this program is to decrease readmission through the support of increased parental participation in the treatment process. The teleconferencing is secured between two site locations. Lancaster, Lebanon, Cumberland and Perry will designate a county-specific secured site, typically at a case management location. The other secure site would be at the Residential Treatment Facility.					
Status: 12/2018: In Lebanon County, the physical space is complete and staff have been trained on the equipment. The County continues to connect with partner RTFs. Cumberland County purchased and installed their equipment. Silver Springs RTF also purchased and installed their equipment. Cumberland is working on getting connected after their recent move. CSG has acquired and installed their equipment, developed all their protocols, completed initial training and are ready to begin connecting to RTFs.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Common Ground	Various	Merakey, Catholic Charities, BHC	14/15	NHS, 10/30/17	Merakey-Operational CC-Operational
Description					
This service is to implement four (4) CommonGround Decision Support Centers in four of our licensed adult MH OP clinics. There would be a selected Clinic in each of the Counties with CU/PE being a joinder and having one clinic between the two Counties. The CommonGround Decision Support Center is a nationally recognized, recovery-oriented program that assists a person in their preparation to meet with their psychiatrist to discuss their treatment and develop their person-centered plan, including Wellness Goals.					
Status: Update 12/2018: Merakey reported that in November they enrolled six people, have a total of 63 enrolled, provided 19 consults and completed four shared decisions with the psychiatrist. Catholic Charities reported that they have 46 people enrolled and provided 10 consults in November. Behavioral HealthCare Corp. (BHC) reported that in November they had 9 new people enroll, have a total of 79 people enrolled to date, completed 27 consults in the month and had two shared decisions with the psychiatrist.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Perry County Housing	Perry Cty	PHP, RACC	10/11 & 14/15	TBD	Under Development
Description					
The co-developers, the Perry Housing Partnership (PHP) and the Redevelopment Authority of the County of Cumberland (RACC), have identified an underserved community in Perry County for a 6-8 unit, workforce housing site. PHP and RACC have begun searching for appropriate sites. More than half of the six to eight units will be exclusively for MA eligible					

consumers of Behavioral Health Services and will be fully integrated into the development. This housing is permanent, supportive housing. CABHC will provide a total of $360,532 to the project.
Status: Update 8/2018: Tim Whalen from the County Housing Authority reports that they are still working on developing a sustainable program plan and are awaiting word on possible additional funding sources from the Commonwealth.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A Male Halfway House	Various	The Gate House	14/15	TBD	Under Development
Description					
This project is to develop a licensed D&A Rehab Halfway House that will serve the adult male population. There are currently two Halfway Houses in the five Counties that serve males. In CY 2014 and 2015 combined, there were 386 male admissions to the Halfway House level of care. Of these, 178 or 46.1% were placed in programs outside of our Counties. This data clearly shows that the local network of Halfway Houses for men should be enhanced. CABHC, in partnership with the County SCA Directors, PerformCare and the D&A Stakeholders will develop an RFP to solicit the development of this program. The facility's capacity would be targeted to be between 18-24 slots with the potential to serve 100 members per year.					
Status: Update 12/2018: GateHouse reported that their permits were released on December 3rd and renovations have begun at the property in Marietta that will become the women's HWH. They were approved for a temporary sewer tank on that site as well but final occupancy permit cannot be issued until the sewer issue is resolved. The opening of the male HWH, in Mountville, will occur once the women are relocated to the Marietta property.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Psych Rehab	Cumberland, Dauphin, Lancaster, Lebanon	CSG,	14/15	8/28/17	Cumberland, Dauphin, Lancaster -Completed
Description:					
This project will assist the three existing Psych Rehab site-based programs (NHS STAR Program, CSG Tempo Program and Dauphin Keystone Human Services Program) in their submission and approval to become a supplemental service so that HealthChoices can fund this service for members who meet the eligibility criteria. The remaining part of this initiative is to assist Lebanon County to develop the capacity to start-up a site based Psychiatric Rehab program through the procurement of a provider and provide the funding of the start-up using reinvestment funds.					
Status: Update 12/2018: The RFP for the Lebanon County Psych Rehab was distributed by PerformCare to four providers on 8/31/18. PerformCare received the proposals by 10/15/18, and distributed them to the review committee that met on 11/14/18. The review committee selected Community Services Group as the provider to develop Psych Rehab for Lebanon County. The contract between CSG and CABHC has been completed and CSG will begin their implementation phase.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
FFT	All Counties	TrueNorth	14/15	1/2018	Operational
Description:					
An RFP for FFT services was disseminated to providers in the network. After a review process, TNWS was selected as the FFT provider for the Capital Area. The objective of this reinvestment project is to fund the start-up costs of this program.					
Status: Update 12/2018: Monthly meetings are occurring with True North Wellness, CABHC, PC, and the Counties. As of December, there have been 113 Unduplicated Members served by FFT. There are seven therapists. TNWS continues to receive 4-5 new referrals per week. TNWS is pleased with the number of referrals they have received so far.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A Recovery Specialist Expansion	All Counties		15/16		Under Development
Description:					
This project is to foster peer to peer recovery support services designed and delivered by persons in recovery which will network and build strong and mutually supportive relationships with formal systems in the community. The D&A Recovery Specialist service will expand by embedding Certified Recovery Specialists (CRS) into four licensed D&A OP clinics (one in each county with CU/PE being a joinder). An RFP will be developed and sent out to selected licensed OP clinics.					
Status: Update 12/2018: Service delivery has started at each of the selected OP clinics. The Recovery Specialist at PCS in Lancaster saw 49 clients in November; PCS Lebanon saw 13; Genesis House in Dauphin County saw 22 and the CRS in Perry County worked with 3 clients.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Supporting Positive Environments for Children (SPEC)	All Counties	EIS	15/16	TBD	Under Development
Description:					
The SPEC program provides support to selected school districts by building a culture and skills that focuses on prevention and supporting the adults who work with young children and expanding the use of evidenced based programs in the community. The SPEC model consists of the one SPEC facilitator/school providing on-site support to guide the implementation of school wide positive behavior interventions and supports. The support will be provided in 5 selected school districts (one in each county). SPEC will support the shaping and/or reshaping of a positive environment to prevent students from being dismissed from their learning environments. Each County will select a school district for SPEC to work with.					
Status: Update 12-18: Cumberland County has identified Bethel Preschool and Daycare and Rice Elementary, Dauphin County has selected Reid Elementary, and Lancaster County has selected Mom's House of Lancaster and Lancaster Recreation Commission for SPECs. SPECs programs are on hold until the fall for Perry and Lebanon Counties. The SPEC Implementation Agreement has been signed and returned by the program.Bethel has submitted the Letter of Agreement to PAPBS Network; Rice Elementary: In November SPEC reviewed the PBIS implementation blueprint with the Rice School coach. Planned and held 2 Core Leadership meetings. The SPEC COO followed up with the principal regarding signing of SPEC Implementation Agreement. Letter of Commitment was submitted; In November, at Reid Elementary work sessions and a Core Leadership team meeting were conducted; At Mom's House of Lancaster in November, the core leadership team meeting was held and the Letter of Commitment to PAPBS Network was submitted; At the Lancaster Recreation Commission in October, a meeting with Administration was held. The SPEC Implementation Agreement was signed and returned by the program.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Lancaster County Recovery Houses	Lancaster	Gatehouse	13/14	TBD	Under Development
Description:					
This project will consist of start-up funding for two new recovery houses to be located in Lancaster County. This program will expand the number of recovery houses located in Lancaster County that provide supportive housing to addicted individuals in the early stages of recovery. One male and one female house will be opened. Only recovery houses that require individuals to be engaged in outpatient treatment and 12 step support groups are considered for this start-up funding					
Status: Update 12/2018: GateHouse continues their search for suitable properties. They indicated their intent to open a new female recovery house first, followed by the male house.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Extended Acute Care Development	All	Philhaven	16/17	TBD	Pending
Description:					
This program will support the development of a Psychiatric MH IP 12-16 bed adult EAC located in our County territory. The program will allow members to remain engaged in their communities, receive more focused care as a result of recovery-oriented treatment models, divert members from going to a State Hospital, and decrease the length of stay for extended care while still realizing successful discharge through reduced readmission rates. The EAC will be located in a general hospital that also has an Acute MH IP Unit or a free-standing psychiatric hospital located in one of our Counties. The EAC will incorporate Certified Peer Specialists as part of their treatment milieu.					
Status: Update 12/2018: The EAC RFP was sent to Philhaven, PPI and LGH on August 6, 2018. Proposals were due back by September 10, 2018. One proposal was submitted by Philhaven and was reviewed by an EAC review team on 10/4/18. Additional questions were asked of Philhaven which they responded to. Philhaven was notified that they were selected to develop the EAC. The reinvestment contract between Philhaven and CABHC is in process. Philhaven expects to have the EAC open by June, 2019.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
RTF Development	All	TBD	16/17	TBD	Pending
Description:					
This program will support the development of a Residential Treatment Facility (RTF) that will be located in one of our Counties and certified as a JCAHO or other recognized accredited facility. The age of members eligible for the RTF will be between 14-21, with those between the ages of 18-21 must be active in secondary education. The RTF will serve both males and females and will be structured in such a way that the male adolescents and female adolescents do not share or are in direct proximity to each other's bedrooms. The facility will be able to provide treatment to 6-12 members depending on the final model and structural design of the program. It must possess the ability to serve Complex Trauma, which will be served through the use of evidence-based models as well as serve the medical needs of adolescents which does not include skilled nursing or hospital LOC.					
Status: Update 12/2018: This project has received OMHSAS approval. The RTF workgroup met to develop a RFP for dissemination. The RFP is in final edits and a distribution list is being developed.					