CAPITAL AREA BEHAVIORAL
HEALTH COLLABORATIVE, INC.
Established October 1999

CAPITAL AREA BEHAVIORAL HEALTH COLLABORATIVE, INC.

CONTINUOUS QUALITY IMPROVEMENT ANNUAL REPORT

Calendar Year 2019

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 265,857 Members in CY 2019, which was an increase of 344 Members from the previous year. This was the first time that CABHC experienced minimal growth from one calendar year to the next. Cumberland, Dauphin and Perry Counties had positive growth, while Lancaster and Lebanon Counties had negative growth. The 51,953 individuals who utilized behavioral health services was a 1.68% increase from the previous report period. Adults make up 64% of all consumers and there are slightly more female than male consumers. Following the same pattern as membership, Lancaster County has the largest number of consumers and Perry County has the least.

Members had access to over 700 In-Network providers, the majority being individual practitioners. There were 212 clinics or facilities in the network. Mental health outpatient services have the highest number of providers, followed by mental health inpatient and then substance abuse outpatient services.

In CY 2019, there were over 19,000 children/adolescents who utilized one or more community-based ambulatory or an acute mental health service. CABHC provides a continuum of services such as Targeted Case-management, treatment options that include outpatient, behavioral health rehabilitation, partial hospitalization programs and family based mental health and Inpatient psychiatric services. Residential options include CRR-Host Homes and Residential Treatment facilities.

Throughout CY 2019, the CABHC Clinical Committee monitored Behavioral Health Rehabilitation Services (BHRS) and Family Based Mental Health (FBMH) services monthly to evaluate access performance. As a result of the new Intensive Behavioral Health Services (IBHS) regulations that went into effect in January, 2020, CABHC began discussions with Community Data Roundtable on how to sustain the work that has been accomplished through the use of the Child and Adolescent Needs Summary. A workgroup comprised of CABHC, the Counties and PerformCare continued its work on the Residential Treatment facility work plan.

There were 26,262 adults who accessed one or more mental health services in CY 2019. There were slight decreases seen in utilization across all the major levels of care. Although less people were engaged with Targeted Case Management, length of service increased for adults engaged with Intensive and Blended case management. Mental Health outpatient services was utilized by 22,299 adults which makes it the most utilized of all the behavioral health services. An increase of 31% was seen in the number of individuals who accessed outpatient services in a Federally Qualified Health Center.

Peer Support services experienced a 16% decline in utilization which prompted focused efforts on how to increase the number of qualified Certified Peer Specialists (CPS) who complete their training and certification. CABHC, along with the Peer Support Services Steering Committee, worked together to revise the Peer Support Scholarship process that will promote and enhance the opportunities that are available to people in recovery who are interested in pursuing

employment as a Certified Peer Specialist. Assertive Community Treatment maintained their average case-loads from the year before, and saw improvement in their readmission and inpatient length of stay goals. The number of adults to access Partial Hospitalization services decreased by slightly over 100 people and costs remained the same. Mental Health Inpatient services experienced a 4.7% decrease in utilization while average length of stay increased 4.1% and costs increased 3.5%.

In CY 2019, there were 332 children/adolescents who utilized Drug and Alcohol (D&A) services which was an increase of 4.7% along with a cost increase of 8.7%. The number of adults who utilized services remained stable with a slight 0.3% increase and a 3.2% increase in costs. The service used most frequently by both C/A and adults is licensed D&A outpatient. Short and long-term non-hospital residential rehab is the second most utilized service, almost solely by adults. Although there are less individuals who utilize residential rehab, the service is the predominant D&A cost driver.

Over the past year, CABHC was able to use reinvestment funds to develop the utilization of Certified Recovery Specialists in licensed D&A outpatient clinics. An additional project was initiated to develop the capacity to offer medication assisted treatment in D&A outpatient clinics. These two projects will help to enhance the options that are available for individuals seeking treatment in a community setting.

The annual provider satisfaction survey that was distributed to providers in October 2019, showed an increase in satisfaction in eight sections and a slight decrease in four sections from the CY 2018 survey. The Provider Relations Committee monitored access standards which saw improvement with six levels of care and reviewed Provider Profiling reports prepared by PerformCare. The Consumer/Family Focus committee sponsored a County-wide training on Pain Management, presented by the Pittsburgh UPMC Pain Management Clinic that was attended by over 70 people.

Behavioral and physical health integration is a priority for the Department of Human Services, which CABHC embraces. Over the past year, CABHC and PerformCare have worked together on the objectives of the Appendix E requirements. The methodology was developed to be able to document an Individual Care Plan in the Member's electronic health record, that can be shared with the team. A workgroup was formed to problem solve and develop interventions that will lead to improvements with the five performance measures.

Consumer Satisfaction Services, Inc. completed 3,415 surveys, of which 94.3% were done in-person. Thirteen different levels of care were surveyed from 56 treatment facilities. The average satisfaction score indicates that the majority of consumers are satisfied with their services. Adults had slightly higher satisfaction scores than children/adolescents.

The financial oversight of CABHC is shared by CABHC staff, the Fiscal Committee and the Board of Directors. During FY 18/19 the administrative financial performance of CABHC was steady despite a decrease in revenue due to a 0.71% decrease in membership. Excess administrative capitation helped to support an ongoing reinvestment program and replenish risk reserve funds. The annual corporate audit completed by The Binkley Kanavy Group resulted in

no reportable findings. The CABHC Fiscal Committee is responsible to monitor the financial solvency of PerformCare and report its findings to the Board of Directors. In FY 18/19 there were two areas that resulted in further monitoring. The first was a growing variance in salaries, benefits and payroll taxes. It was first thought that vacant positions lead to the variance however, further review revealed other factors contributed to the variance and budgets were adjusted resulting in improved performance. A second concern was the amount of the administrative funds that were being paid to PerformCare's parent company, AmeriHealth Caritas. The new contract with PerformCare required that management and service fees be provided separately and include an explanation of each fee.

During FY 18/19, OMHSAS notified Primary Contractors that beginning July 1, 2019, capitation payments will be paid retrospectively, resulting in a permanent one-month delay in payments. CABHC developed a plan to manage the new payment structure as well as the delay with May and June payments, using risk reserves and securing a line of credit. The financial performance of CABHCs HealthChoices program is monitored through a review of reports prepared by the CABHC contracted actuary.

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 (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 (Program). In calendar year 2019, the County Commissioners from each of the counites entered into a revised Intergovernmental Cooperation Agreement that identified CABHC to be the entity that would enter into a single contract with OMHSAS/Department of Human Services for the collaborative. This also included that CABHC would execute the contract with the selected 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 Program. 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 2019 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) relating to Mental Health (MH) and Drug and Alcohol (D&A) matters and offer input 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.

The majority of work completed by 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.

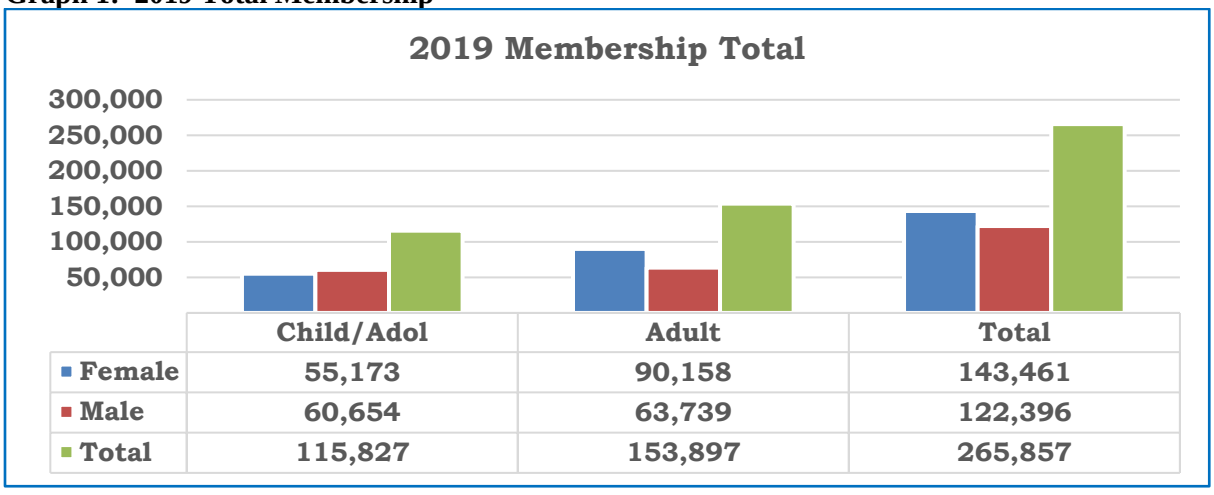
Fiscal Committee
The financial operations of CABHC and the Program is monitored by the Fiscal Committee which is responsible for providing oversight regarding the financial matters associated with the HealthChoices program, it's BHMCO and the Corporation. The Fiscal Committee also functions as the Audit Committee.

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 new or additional existing 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 a file from the Department of Human Services (DHS) on a daily basis 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. to verify that the eligibility information is accurate, and once verified the list of eligible HealthChoices enrolled Medicaid participants becomes the member count and who we are responsible to provide services to as medically needed. In order for a Member to be counted, they must be Medicaid HealthChoices eligible for one day in the calendar year. Chart 1 highlights the number of Members that were eligible for HealthChoices in CY 2019. Total membership increased by 344 (0.1%) from CY 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 265,857 is an unduplicated count of Members, and only counts each Member once for the calendar year.

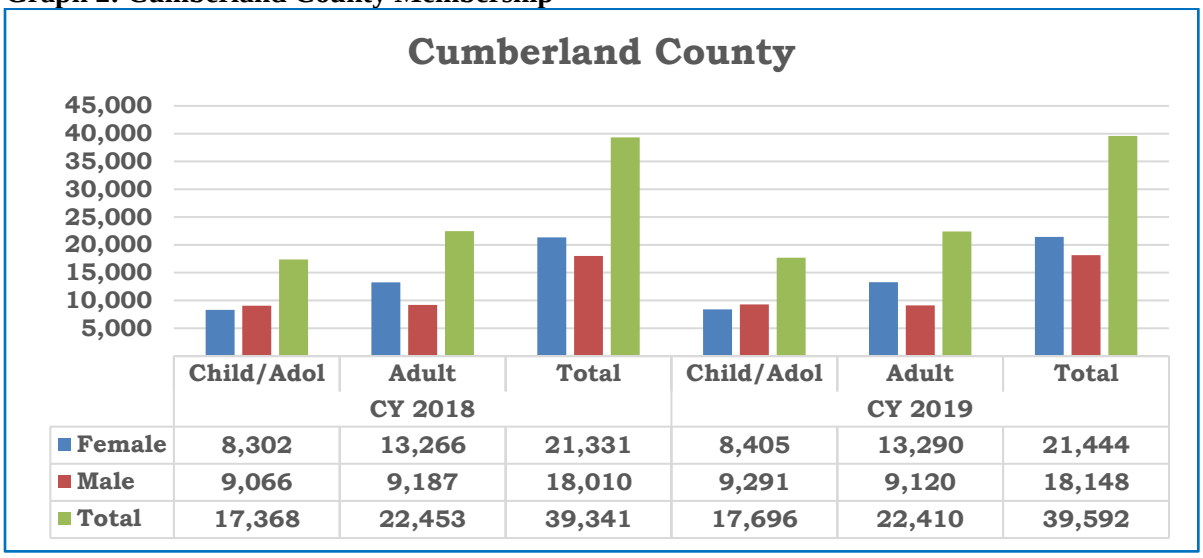
Graph 1: 2019 Total Membership



	Child/Adol	Adult	Total
Female	55,173	90,158	143,461
Male	60,654	63,739	122,396
Total	115,827	153,897	265,857

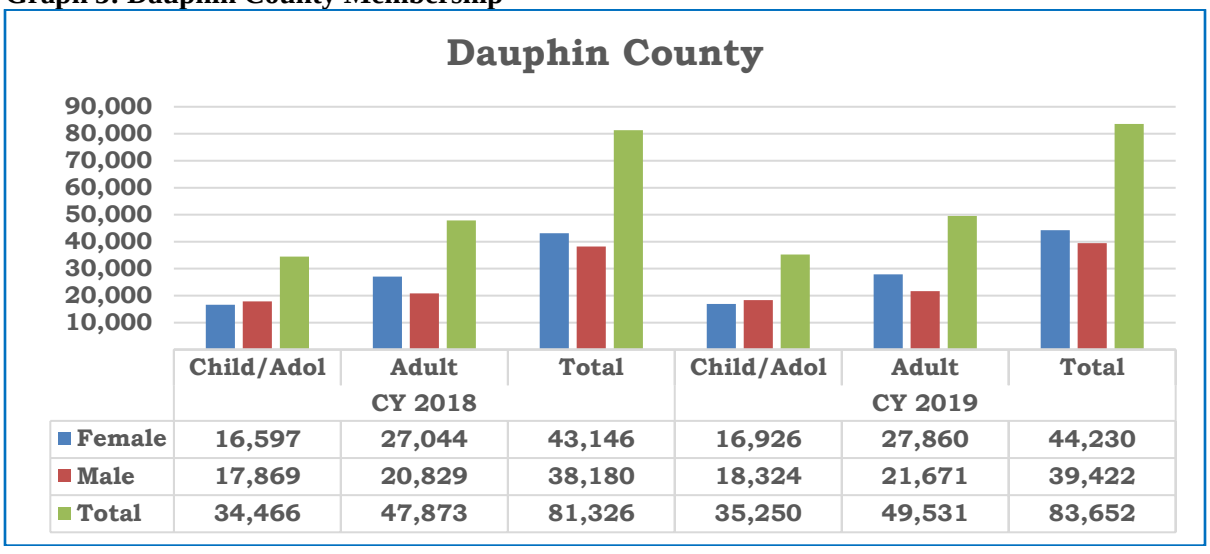
As the totals in Graph 1 illustrate, children/adolescents make up approximately 44% of the membership and adults comprise 58% of the membership. Females make up 54% and males make up 46% of total membership. The following five graphs display the difference between CY2018 and CY2019 in total membership for each of the five Counties.

Graph 2: Cumberland County Membership



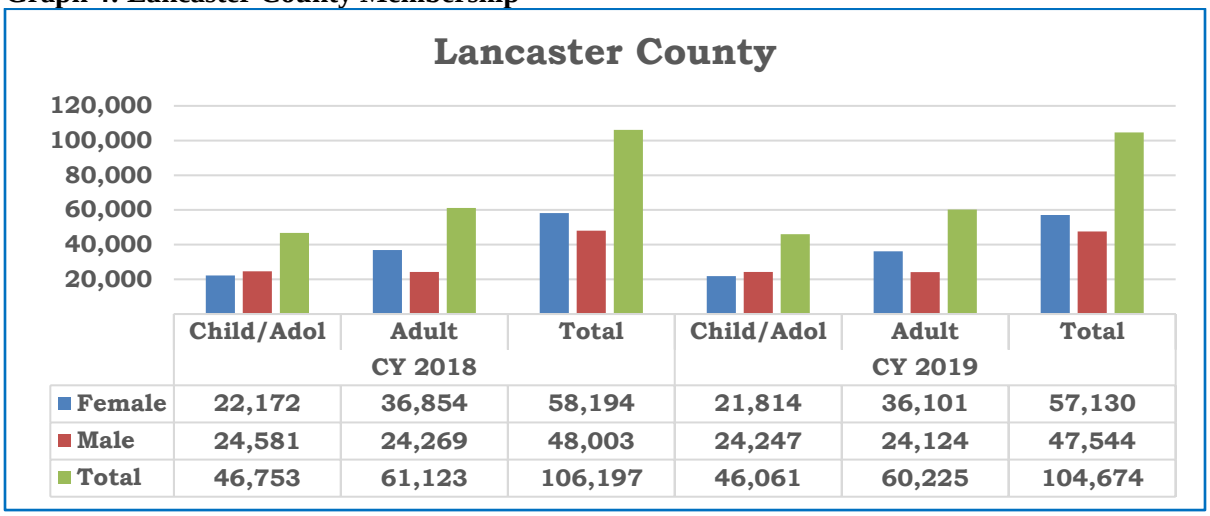
	CY 2018			CY 2019		
	Child/Adol	Adult	Total	Child/Adol	Adult	Total
Female	8,302	13,266	21,331	8,405	13,290	21,444
Male	9,066	9,187	18,010	9,291	9,120	18,148
Total	17,368	22,453	39,341	17,696	22,410	39,592

Graph 3: Dauphin County Membership



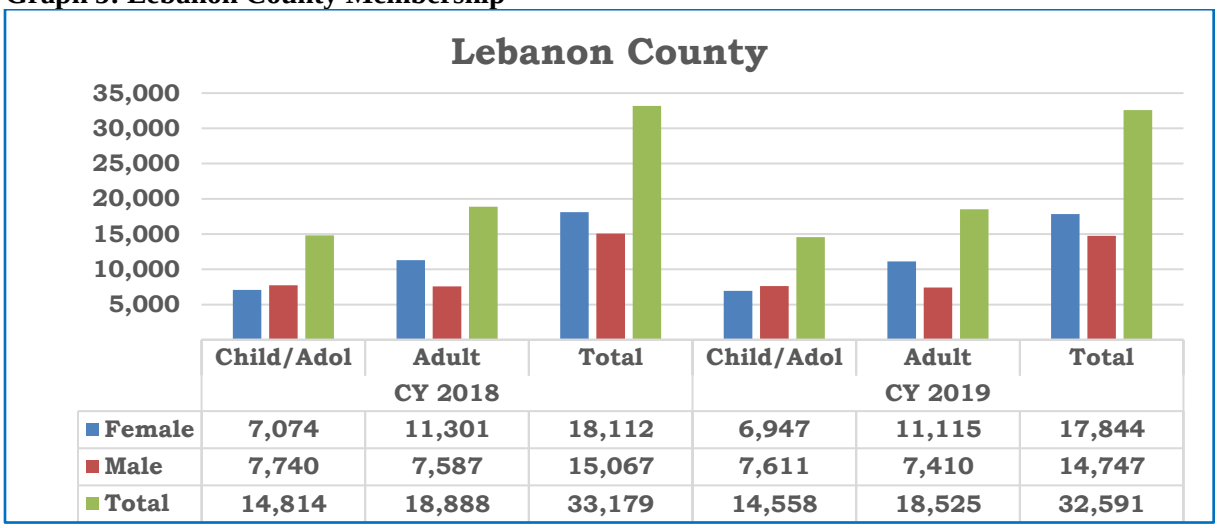
	CY 2018			CY 2019		
	Child/Adol	Adult	Total	Child/Adol	Adult	Total
Female	16,597	27,044	43,146	16,926	27,860	44,230
Male	17,869	20,829	38,180	18,324	21,671	39,422
Total	34,466	47,873	81,326	35,250	49,531	83,652

Graph 4: Lancaster County Membership



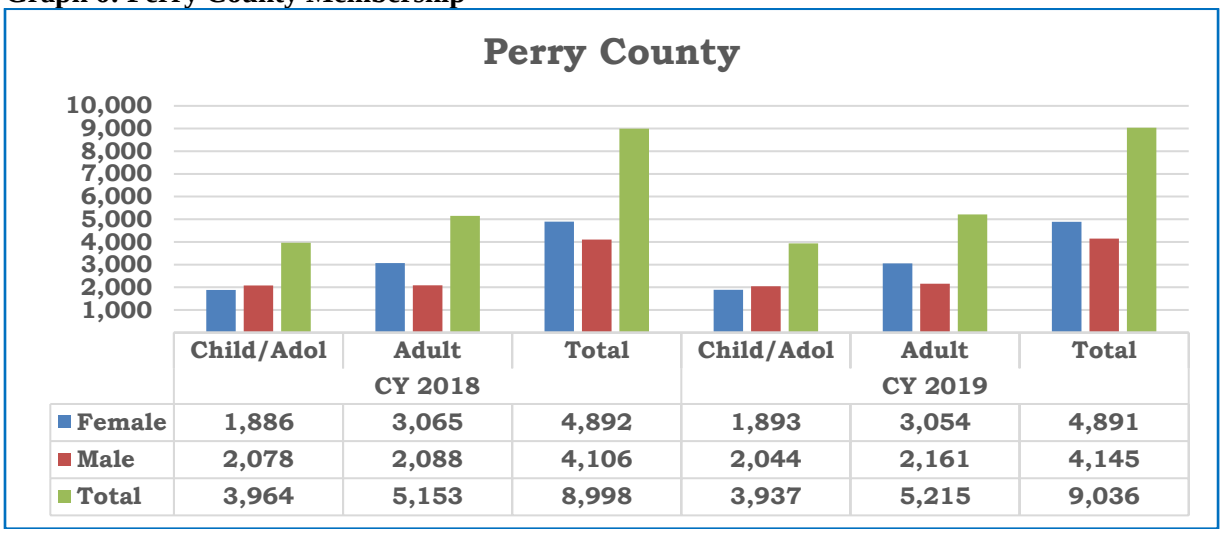
	Child/Adol	Adult	Total	Child/Adol	Adult	Total
		CY 2018			CY 2019	
Female	22,172	36,854	58,194	21,814	36,101	57,130
Male	24,581	24,269	48,003	24,247	24,124	47,544
Total	46,753	61,123	106,197	46,061	60,225	104,674

Graph 5: Lebanon County Membership



	Child/Adol	Adult	Total	Child/Adol	Adult	Total
		CY 2018			CY 2019	
Female	7,074	11,301	18,112	6,947	11,115	17,844
Male	7,740	7,587	15,067	7,611	7,410	14,747
Total	14,814	18,888	33,179	14,558	18,525	32,591

Graph 6: Perry County Membership

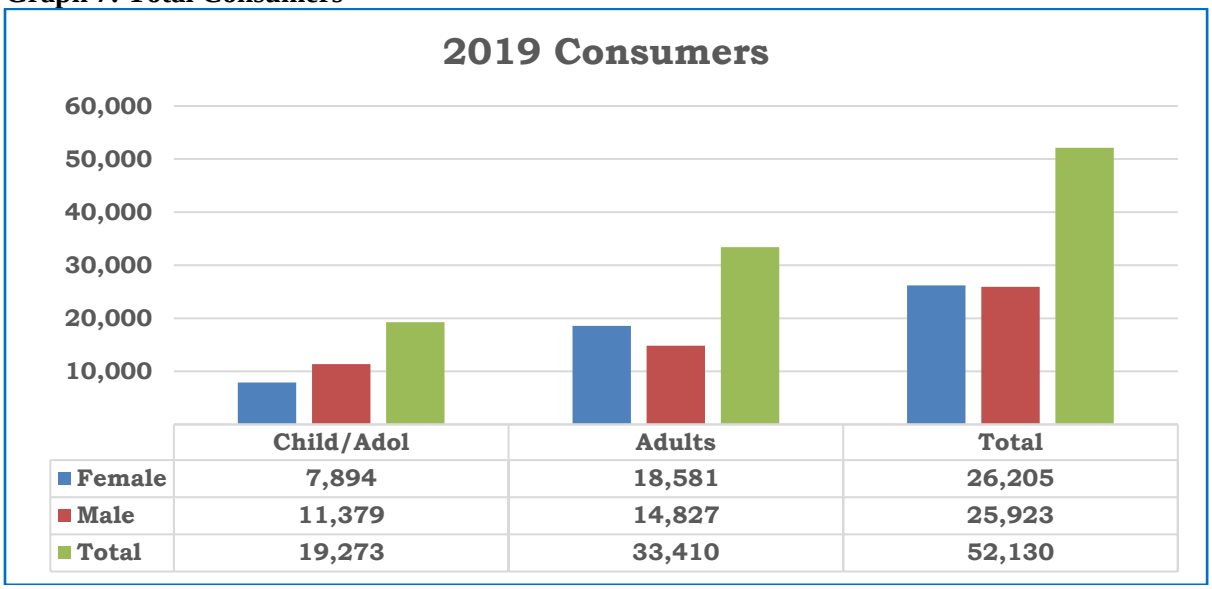


	Child/Adol	Adult	Total	Child/Adol	Adult	Total
		CY 2018			CY 2019	
Female	1,886	3,065	4,892	1,893	3,054	4,891
Male	2,078	2,088	4,106	2,044	2,161	4,145
Total	3,964	5,153	8,998	3,937	5,215	9,036

CONSUMERS

In CY 2019, the number of consumers who received services increased 2.24 % from CY 2018. Any Member who accessed a Behavioral Health Service, which includes both mental health and drug and alcohol services, is referred to as a consumer. Males comprise 59% of all Children and Adolescent (C/A) consumers and females make up 56% of adult consumers, however, there is only a slight difference between the total number of female and male consumers (See Graph 7). There was an increase in penetration from 19.19% in CY 2018 to 19.59% in CY 2019. Penetration is the ratio of consumers to eligible Members for any given time period.

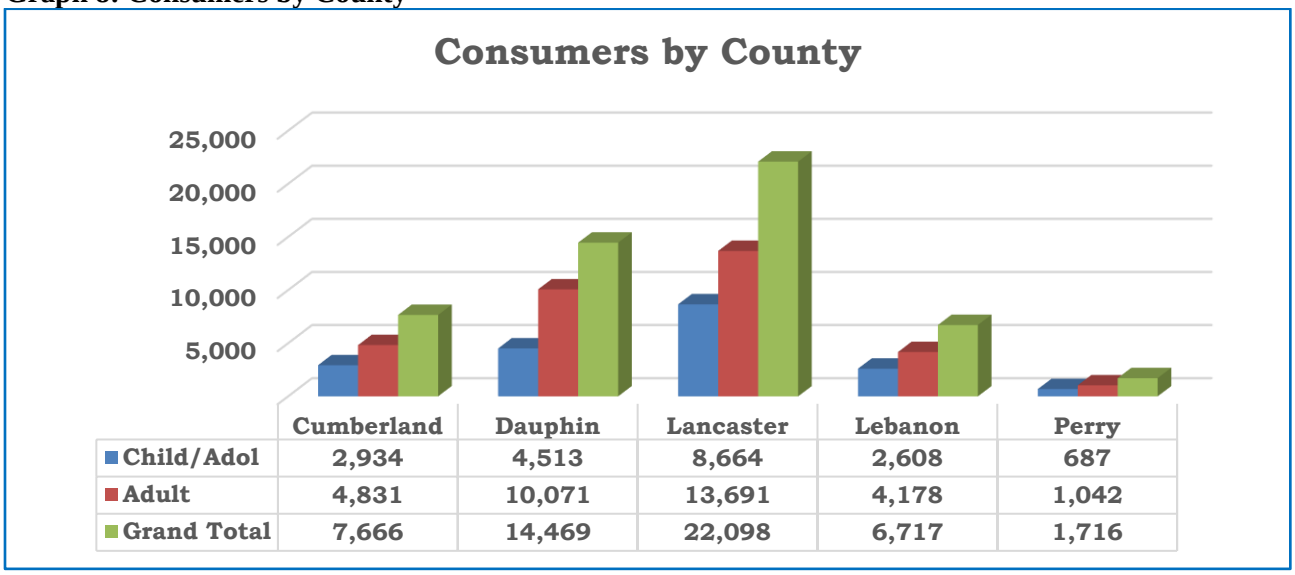
Graph 7: Total Consumers



	Child/Adol	Adults	Total
Female	7,894	18,581	26,205
Male	11,379	14,827	25,923
Total	19,273	33,410	52,130

Graph 8 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 52,130 consumers who received services in CY 2019, 16,142 are individuals who are eligible for HealthChoices through Medicaid expansion.

Graph 8: Consumers by County



The data in Table 1 reflects the diversity of consumers throughout the Counties.

Table 1: Race

Race	Cumb	%	Dauphin	%	Lanc	%	Leb	%	Perry	%	Total	%
Am. Indian	36	0.5%	51	0.4%	69	0.3%	10	0.1%	3	0.2%	165	0.3%
Asian	102	1.3%	247	1.7%	229	1.0%	40	0.6%	6	0.3%	618	1.2%
Black	650	8.5%	4,567	31.6%	1,908	8.6%	263	3.9%	41	2.4%	7,367	14.1%
Hispanic	490	6.4%	2,514	17.4%	5,524	25.0%	2,049	30.5%	43	2.5%	10,551	20.2%
Other	558	7.3%	869	6.0%	1,452	6.6%	211	3.1%	32	1.9%	3,095	5.9%
White	5,830	76.1%	6,221	43.0%	12,916	58.4%	4,144	61.7%	1,591	92.7%	30,334	58.2%
Total	**7,666**	100%	**14,469**	100%	**22,098**	100%	**6,717**	100%	**1,716**	100%	**52,130**	100%

In CY 2019, the total cost of behavioral health services for CABHC was $237,530,569, or a 2.7% increase from CY 2018 (see Table 2). Children/adolescents make up 37% of all consumers, and account for 47% of all expenses. Dauphin County had a slight decrease in costs while the other four counties each had increases.

Table 2: Consumers/Age/Cost by County

		CY 2018		CY 2019	
County	**Age**	**Consumers**	**Dollars**	**Consumers**	**Dollars**
Cumberland	C/A	2,759	$16,153,959	2,934	$17,879,162
	Adult	4,856	$15,542,156	4,831	$15,603,129
	Total	**7,538**	**$31,696,115**	**7,666**	**$33,482,291**
Dauphin	C/A	4,457	$26,546,593	4,513	$26,073,602
	Adult	9,850	$41,400,757	10,071	$40,025,326
	Total	**14,197**	**$67,947,350**	**14,469**	**$66,098,928**
Lancaster	C/A	8,500	$47,505,382	8,664	$48,914,781
	Adult	13,354	$45,986,121	13,691	$50,485,363
	Total	**21,589**	**$93,491,503**	**22,098**	**$99,400,144**
Lebanon	C/A	2,542	$16,407,865	2,608	$15,745,910
	Adult	4,102	$15,898,646	4,178	$16,674,490
	Total	**6,563**	**$32,306,510**	**6,717**	**$32,420,400**
Perry	C/A	660	$3,058,079	687	$3,398,846
	Adult	995	$2,683,793	1,042	$2,729,959
	Total	**1,636**	**$5,741,872**	**1,716**	**$6,128,805**
Grand Total	C/A	18,785	$109,671,877	19,273	$112,012,301
	Adult	32,757	$121,511,473	33,410	$125,518,268
	Total	**50,989**	**$231,183,350**	**52,130**	**$237,530,569**

CHILDREN/ADOLESCENT MENTAL HEALTH SERVICES

CABHC is committed to promoting the emotional wellbeing of Children/Adolescents and ensuring that C/A with emotional and behavioral health 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 principles that services should be child centered, family focused, community based, multi-system, culturally competent and the least intrusive.

CABHC makes every effort to ensure that services are accessible to a C/A when they are needed and that services 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 and Mental Health providers. The ambulatory mental health services that are primarily utilized by C/A include the following:

- Crisis Intervention (CI)
- Targeted Case-Management (TCM)
- Mental Health Outpatient (MHOP)
- Partial Hospitalization Programs (PHP)
- Behavioral Health Rehabilitation Services (BHRS)
- After School Programs (ASP)
- Summer Therapeutic Activity Programs (STAP)
- Family Based Mental Health (FBMH)

In addition, C/A utilize the following 24/7 services:

- Community Residential Rehabilitation Host Homes (CRR-HH)
- Residential Treatment Facilities (RTF)
- Inpatient Psychiatric Hospitalization (MHIP)

Table 3 identifies the number of C/A who utilized the mental health services listed above in 2019.

Table 3: C/A Mental Health Services

County	CI	TCM	MHOP	PHP	BHRS	ASP	STAP	FBMH	CRR-HH	RTF	MHIP	Total
Cumberland	333	85	2,337	60	543	28	2	178	17	42	132	2,882
Dauphin	393	612	3,672	203	973	125	21	322	11	36	229	4,444
Lancaster	287	345	7,489	369	1,658	93	180	534	21	94	348	8,591
Lebanon	236	175	2,292	152	443	107	11	182	6	31	141	2,576
Perry	75	27	492	16	77	1	1	43	4	12	38	682
Total	**1,323**	**1,239**	**16,183**	**799**	**3,678**	**354**	**215**	**1,251**	**59**	**213**	**884**	**19,043**

Although there are far more C/A who utilize a MHOP service than any other behavioral health service, the annual amount spent on BHRS exceeds each of the other individual levels of care. CABHC, in collaboration with PerformCare and the Counties, have identified BHRS as one of the services to explore ways to improve services and reduce costs. The following listing are those initiatives that have been identified to achieve this goal.

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 and whether to make recommendations on the need for additional providers.

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.

   There is an abundance of data that is being collected through the implementation of the CANS that is now available to assist with understanding the performance of the program.

There is an opportunity to profile the performance of providers, develop a clear understanding of the strengths and needs of members and demonstrate the outcomes that are being achieved through treatment. The utilization of the CANs is embedded into the value-based purchasing models for Multi-Systemic Treatment and Family Based Mental Health services.

In 2018, CDR began to develop a parent friendly report that families can review and use with other individuals on the treatment team to help inform treatment decisions. In 2019, they refined the parenting report and began to present the report to providers and caregivers.

Community Data Roundtable and CABHC began the process to integrate BHRS claims information with CANS data. The integration of this data will be instrumental in developing a distinct profile of children that get better with BHRS treatment and those who do not benefit from treatment. The data will also be utilized to help determine if there is a correlation between the number of hours of service delivered and outcomes.

With the implementation of the new IBHS regulations that went into effect in January 2020, CABHC and CDR began to examine how to integrate CANS into the procedures established by new IBHS regulations.

3) Clinical 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. In 2019, due to the promulgation of the IBHS regulations, a decision was made to suspend seeking approval by OMHSAS of the ISPT Policy. New IBHS policies and procedures will be developed in 2020.

2. Expand CRR-Intensive Treatment Program (ITP)

   Community Services Group (CSG) was selected to expand CRR-ITP and their service description was approved by OMHSAS in CY2019. Implementation meetings with CSG occurred throughout the year, however, due to staffing difficulties, CSG was unable to begin accepting referrals. CSG plans to begin initiation of CRR-HH ITP in 2020.

3. RTF Initiatives

   In 2019 the Clinical Committee identified the following monitoring objectives:

   - Explore Alternatives to RTF
     Attachment Based Family Therapy was identified and a draft program description was developed by the RTF workgroup and presented to CABHC for financial analysis.

- Improve Quality of Treatment in RTFs
  PerformCare identified and is exploring the use of Aggression Replacement Training as an adjunct method to support youth with aggressive behaviors.
- Improve MHIP psychiatrists understanding of RTFs
  A draft Power Point was developed to be utilized by the PerformCare medical director for education purposes. PerformCare scheduled presentations for PPI, Philhaven, and LBHH. A presentation occurred with LBHH in 2019. Presentations with PPI and Philhaven are scheduled for early 2020.
- RTF Utilization Data
  Information is presented as requested
- Improve Family Engagement
  Discussions continue with PerformCare. Jill Santiago from PA Care Partners gave a presentation to the RTF workgroup on the Building Bridges program in February, 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 child and family. Mobile Therapists are master level staff who provide individual and family therapy, develop and revise behavior/treatment plans and assist with crisis stabilization. Therapeutic Staff Support are bachelor level staff who implement the behavior/treatment plan. 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 4 highlights the number of C/A who received a BHR service and the corresponding cost of those services for CYs 2018 and 2019 and Table 5 shows the information by County. Children/Adolescents are eligible for BHRS up to and including the age of 21.

Table 4: TSS, MT, BSC Utilization

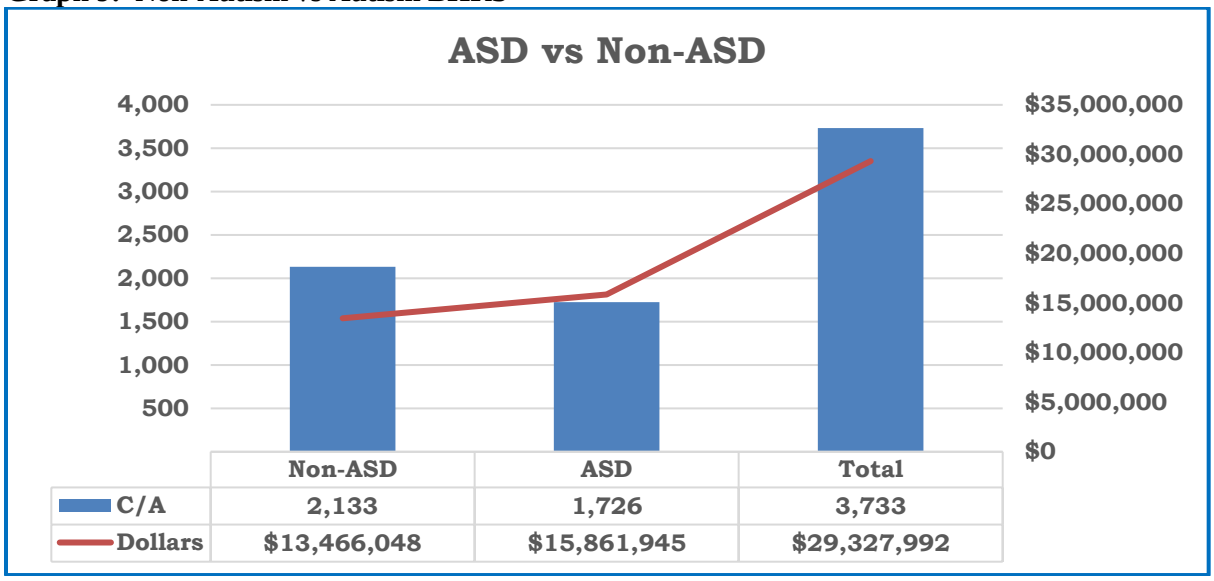
Service	2018 C/A	2018 Dollars	2019 C/A	2019 Dollars
TSS	1,533	$11,582,347	1,249	$10,720,815
MT	1,610	$2,575,447	1,400	$2,243,699
BSC	1,539	$4,473,121	1,502	$4,598,146
BSC-PhD	116	$105,707	117	$150,796
BSC-Autism	1,136	$3,424,532	1,001	$3,052,122
ABA-Autism	866	$7,153,699	893	$8,562,414
Total	**3,927**	**$29,314,853**	**3,733**	**$29,327,992**

Table 5: BHRS Utilization by County

County	2018 C/A	2018 Dollars	2019 C/A	2019 Dollars
Cumberland	547	$4,185,625	551	$4,367,849
Dauphin	1,031	$6,751,805	980	$6,215,668
Lancaster	1,780	$14,443,930	1,694	$14,714,051
Lebanon	504	$3,595,433	447	$3,739,982
Perry	81	$338,061	77	$290,443

In CY 2019, the total number of C/A who received BHRS decreased 5% from CY 2018, and costs remained relatively the same. The number of C/A and the cost of TSS, MT, BSC and BSC-Autism decreased. Costs increased for BSC-PhD and the number of C/A receiving ABA-Autism and corresponding costs increased. Individuals with an autism diagnosis make up a smaller percentage (46%) of the 3,733 C/A who receive BHRS as shown in graph 9 below.

Graph 9: Non-Autism vs Autism BHRS



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 each person's individualized treatment plan. In CY 2019, there were two active STAP providers in the network; Wellspan-Philhaven and TeamCare Behavioral Health, who provided services to 215 children/adolescents, a 6.4% decrease from CY 2018.

Children/Adolescent Outpatient Services
Mental Health Outpatient is an ambulatory treatment provided through a network of 163 individual and facility-based providers, in which C/A participate in regularly scheduled treatment sessions. Services include individual and family therapy sessions, evaluations and medication management.

There was a 0.9% increase in the number of C/A that utilized outpatient services that included individual practitioners, clinics and Federally Qualified Health Centers (FQHC) from CY 2018 to CY 2019 (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 2019, 4,385 C/A received outpatient services in 42 different school districts and over 230 individual school locations, which represents 27% of the total number of C/A who utilized outpatient services.

Table 6: Children/Adolescent Outpatient Service

	CY 2018		CY 2019	
Level of Care	**C/A**	**Dollars**	**C/A**	**Dollars**
MHOP Clinic	14,623	$12,791,951	14,754	$12,906,243
Physician/Psychologist	501	$275,313	647	$410,805
FQHC	2,079	$1,434,177	2,026	$1,180,933
Telehealth	276	$139,518	434	$121,447
Total	**15,902**	**$14,640,959**	**16,183**	**$14,619,428**

Partial Hospitalization Service
Partial Hospitalization is a short-term, intensive service where C/A participate in treatment Monday through Friday for up to six hours per day. Treatment is focused on individual and group therapy, coping, anger management, stress management, relationship skills, self-esteem and problem solving. In CY 2019, the number of C/A who received partial hospitalization services decreased 6.7% to 799 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 is closely monitored by CABHC and PerformCare on a weekly basis. In CY 2019, the number of C/A in FBMH and cost of service remained relatively unchanged from CY 2018 (See Table 7).

Table 7: Family Based Mental Health Services

	CY 2018		CY 2019	
County	**C/A**	**Dollars**	**C/A**	**Dollars**
Cumberland	196	$2,228,359	181	$2,072,745
Dauphin	326	$3,952,533	325	$4,140,039
Lancaster	496	$5,912,745	542	$6,788,578
Lebanon	207	$2,562,917	185	$2,274,885
Perry	49	$664,274	44	$643,437
Total	**1,267**	**$15,320,828**	**1,269**	**$15,919,684**

In July 2018, FBMH providers transitioned to a 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 was created with the premise that C/A will achieve better results if they stay engaged in service for the preferred amount of time. The following Table demonstrates that C/A have better outcomes (less discharges to a higher level of care) when they stay engaged in treatment based on the evidenced-based model which is the 169-224 days.

Table 8: CY 2019 Family Based Discharges to Higher Level of Care

Length of Stay	Total Discharges	MH Inpatient		RTF		CRR-HH		All Placements	
		Adm*	%	Adm	%	Adm	%	Adm	%
1-84 days	207	17	8.21%	6	2.90%	1	0.48%	24	11.59%
85-168 days	200	14	7.00%	7	3.50%	4	2.00%	25	12.50%
169-224 days	**538**	**22**	**4.09%**	**4**	**0.74%**	**2**	**0.37%**	**28**	**5.20%**
225+ days	37	2	5.41%	1	2.70%	1	2.70%	4	10.81%
Total	982	55	5.60%	18	1.83%	8	0.81%	81	8.25%

*Adm = Admission

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 increased from 57 in CY 2018 to 59 in CY 2019. The average LOS decreased 25% from 282 to 211 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 2019, 21 C/A received CRR-ITP services which is three more than the number of C/A who received services in CY 2018. PerformCare worked with a second provider to bring into the network in 2019. The provider obtained final approval for their service description and began recruiting families and staff. Services will begin in 2020.

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, 24/7 residential setting. Services are provided in an unlocked, safe environment for the delivery of psychiatric treatment.

There were 21 facilities who served 224 children/adolescents in 2019. The number of C/A who utilized RTFs increased 3.2% and the costs for the services decreased 6.3% (see Table 9). Cumberland, Dauphin and Perry had increases and Lancaster and Lebanon counties had decreases in the number of C/A who utilized an RTF. The average length of stay increased 8.7% with Cumberland County experiencing the largest increase at 30%.

Table 9: Residential Treatment Facilities

	CY 2018			CY 2019		
County	**C/A**	**Dollars**	**LOS**	**C/A**	**Dollars**	**LOS**
Cumberland	37	$3,002,558	293	46	$3,005,908	380
Dauphin	32	$2,075,307	512	36	$2,119,586	526
Lancaster	101	$7,391,550	343	99	$7,357,467	389
Lebanon	40	$2,708,868	396	33	$1,486,828	355
Perry	8	$437,060	373	12	$657,685	322
Total	**217**	**$15,615,343**	**371**	**224**	**$14,627,474**	**403**

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.

Table 10 provides information on the number, LOS and cost of services for the C/A who received services at 22 MHIP facilities in calendar years 2018 and 2019. The number of C/A who utilized MHIP services decreased 2.5%, LOS decreased 1.2% and costs increased 11.3%. Starting in CY 2020 a Value Based purchasing model will be implemented that will provide an incentive for providers to reduce readmissions to a MHIP facility.

Table 10: Inpatient Psych Hospital

	CY 2018			CY 2019		
County	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Cumberland	152	20.7	$2,415,719	132	23.3	$2,898,359
Dauphin	215	16.1	$3,636,022	229	18.4	$4,199,713
Lancaster	350	21.3	$5,796,729	348	18.5	$6,340,323
Lebanon	164	20.1	$2,607,496	141	18.7	$2,563,988
Perry	29	23.5	$583,357	38	24.2	$738,684
Total	**907**	**19.7**	**$15,039,323**	**884**	**19.5**	**$16,741,066**

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 2019, 26,462 adults, eighteen years of age and above, accessed one or more Mental Health (MH) services. This represents a 17.2% penetration rate which is the percentage of adult Members that accessed at least one MH service during the calendar year. The majority of adults who utilized mental health services accessed community-based outpatient treatment.

Adult services were provided by a network of 531 providers, many who are individual practitioners. Services follow a continuum of least intrusive options using the following ambulatory services:

Targeted Case Management
Peer Support Services
Outpatient
Mobile Psych Nursing
Partial Hospitalization
Psychiatric Rehabilitation

Individuals with more acute needs have access to:

Assertive Community Treatment
Crisis Intervention
MH Inpatient
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 and help to link adults in crisis to services that will provide the most appropriate, least restrictive support or treatment. Table 11 provides data on the number of adults and corresponding cost of CIS by County. In CY 2019, there was a 0.6% decrease in the number of adults who accessed CIS. The cost of CIS is paid through an alternative payment arrangement which is a retention model, 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.

Table 11: Crisis Intervention Services

	CY 2018		CY 2019	
County	**Adults**	**Dollars**	**Adults**	**Dollars**
Cumberland	614	$192,141	545	$188,311
Dauphin	1,047	$449,223	1,106	$429,056
Lancaster	896	$408,899	808	$379,882
Lebanon	411	$157,914	512	$131,164
Perry	113	$37,151	92	$27,595
Total	**3,062**	**$1,245,327**	**3,045**	**$1,156,007**

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 12 highlights the utilization of TCM throughout the Counties for calendar years 2018 and 2019. Of the 26,462 adults who utilized a mental health service in CY 2019, 10% accessed a form of TCM. The total number of adults who accessed TCM decreased 8.9% and the cost of services decreased 6.4% from CY 2018. The total length of service for each County and the grand total is not included due to the differences between the three TCM services.

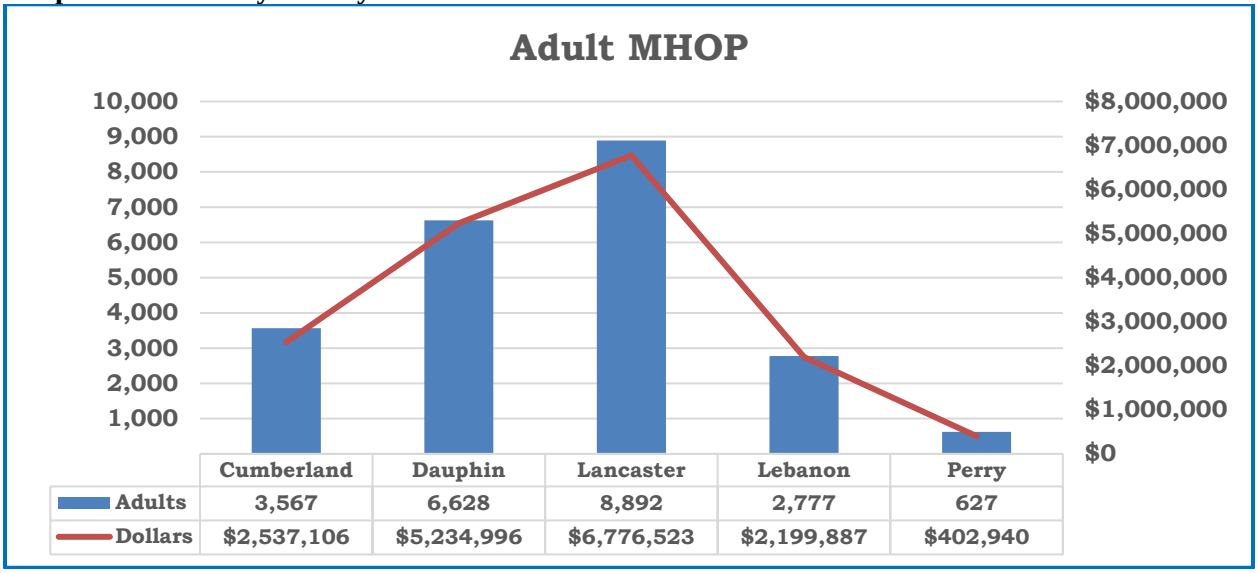
Table 11: Targeted Case Management

		CY 2018			CY 2019		
County	**Service**	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	ICM	157	216.1	$492,402	136	276.3	$478,886
	BCM	18	19.5	$12,360	12	53.8	$3,551
	RC	173	81.7	$329,749	155	72.4	$266,365
Total		**321**		**$834,511**	**295**		**$748,801**
Dauphin	ICM	151	210.0	$450,435	122	205.2	$577,104
	BCM	1,456	98.0	$3,080,501	1,246	106.6	$2,794,443
	RC	3	57.0	$3,008	9	28.3	$7,686
Total		**1,588**		**$3,533,944**	**1,360**		**$3,379,233**
Lancaster	ICM	289	206.6	$819,527	275	232.1	$738,989
	BCM	236	158.1	$752,005	214	200.3	$618,290
	RC	264	71.2	$367,666	268	74.0	$399,681
Total		**738**		**$1,939,198**	**740**		**$1,756,960**
Lebanon	ICM	71	352.1	$241,805	84	472.0	$273,882
	BCM	2	36.5	$217	1	84.0	$4,988
	RC	122	85.9	$217,744	104	74.2	$167,282
Total		**193**		**$459,767**	**184**		**$446,152**
Perry	ICM	13	239.0	$54,415	17	139.3	$58,122
	BCM	3	55.7	$2,356	1	23.0	$220
	RC	16	112.9	$21,611	13	36.6	$16,443
Total		**30**		**$78,383**	**29**		**$74,784**
All Counties	ICM	670	219.4	$2,058,585	630	250.8	$2,126,982
	BCM	1,702	104.5	$3,847,439	1,466	119.7	$3,421,491
	RC	576	79.1	$939,779	546	71.9	$857,456
	Total	**2,844**		**$6,845,803**	**2,591**		**$6,405,930**

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 53 outpatient clinics, or by individual practitioners. Graph 10 shows the distribution of Consumers and cost by County who utilized MHOP services.

Graph 10: MHOP by County



In CY 2019, there was a 1.4% decrease from CY 2018 in the number of adults who accessed outpatient services (see Table 12). Females make up 61.8% of the adult population who utilized an outpatient service. The utilization of MHOP in a Federally Qualified Health Center (FQHC) increased 31%. The utilization of Telehealth, which is always delivered in a licensed MHOP clinic, experienced a 37% decrease in the number of adults who accessed the service.

Table 12: Outpatient Services

		CY 2018		CY 2019	
Service	**Gender**	**Adults**	**Dollars**	**Adults**	**Dollars**
MHOP	Female	11,779	$9,444,700	11,341	$8,849,789
	Male	7,466	$5,374,877	7,170	$5,179,369
Total		**19,246**	**$14,819,577**	**18,512**	**$14,029,158**
FQHC	Female	895	$370,396	1,202	$561,095
	Male	409	$189,247	509	$251,281
Total		**1,304**	**$559,643**	**1,711**	**$812,377**
Physician/Psychologist	Female	2,497	$1,354,234	2,537	$1,307,156
	Male	1,597	$991,419	1,531	$888,295
Total		**4,094**	**$2,345,653**	**4,068**	**$2,195,451**
Telehealth	Female	412	$124,615	250	$73,744
	Male	235	$72,047	156	$40,723
Total		**647**	**$196,662**	**406**	**$114,467**
Grand Total		**22,616**	**$17,921,536**	**22,299**	**$17,151,452**

Mobile Psychiatric 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 offsets 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 BHC's service is provided in Lancaster County and Merakey primarily serves individuals in Dauphin and Cumberland County. The information in Table 13 shows that the number of people who utilized MPN declined 17% in 2019, although length of service increased 44%.

Table 13: Mobile Psychiatric Nursing

	CY 2018			CY 2019		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	22	188	$105,115	28	205	$125,437
Dauphin	69	107	$223,882	65	156	$185,992
Lancaster	175	375	$659,386	124	504	$381,711
Lebanon	20	207	$62,013	18	284	$45,133
Perry	4	417	$20,010	7	411	$23,858
Total	**289**	**252**	**$1,070,406**	**240**	**362**	**$762,131**

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 2019, CABHC Members had access to five different providers who offer Peer Support Services. The number of individuals who used Peer Support Services in CY 2019 decreased 16%, costs decreased 15% and the average LOS increased 25% from CY 2018 (see Table 13). In 2019, Providers developed and submitted service descriptions for approval to support youth from 14-18 years of age that will enable them to begin providing youth CPS services in 2020.

Table 13: Peer Support Services

	CY 2018			CY 2019		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	33	96	$47,247	23	217	$40,002
Dauphin	119	77	$162,561	79	138	$100,194
Lancaster	180	184	$608,807	181	157	$528,127
Lebanon	54	111	$152,691	43	182	$157,340
Perry	4	105	$2,626	2	120	$1,918
Total	**389**	**129**	**$973,932**	**326**	**161**	**$827,581**

Psychiatric Rehabilitation (Psych Rehab)

Psychiatric Rehabilitation Services are designed to serve adults, ages 18 and over, diagnosed with schizophrenia, major mood disorders, psychotic disorders NOS, schizoaffective disorders, and borderline personality disorders. Services are designed to assist an individual to develop, enhance and retain skills and competencies in living, learning, working and socializing so that they can live in the environment of choice and participate in the community. Individuals may be seen at the program site, in their home or in the community depending on their individual need as identified in the individual rehabilitation plan.

In 2018, CABHC initiated the process to transition three existing Psych Rehab programs over to the HealthChoices, Behavioral Health program, using reinvestment funds. An Alternative Payment Arrangement (APA) model was utilized for their first full year of operation under HealthChoices. Additionally, Lebanon County along with CABHC and PerformCare began the process to develop a new Psych Rehab program in the County. A request for proposal was distributed and Community Services Group was selected to develop the new program, which opened in July, 2019. Likewise, an APA was used for this program. The data in Table 14 shows that utilization has been consistent with an increase in length of stay.

Table 14: Psychiatric Rehabilitation

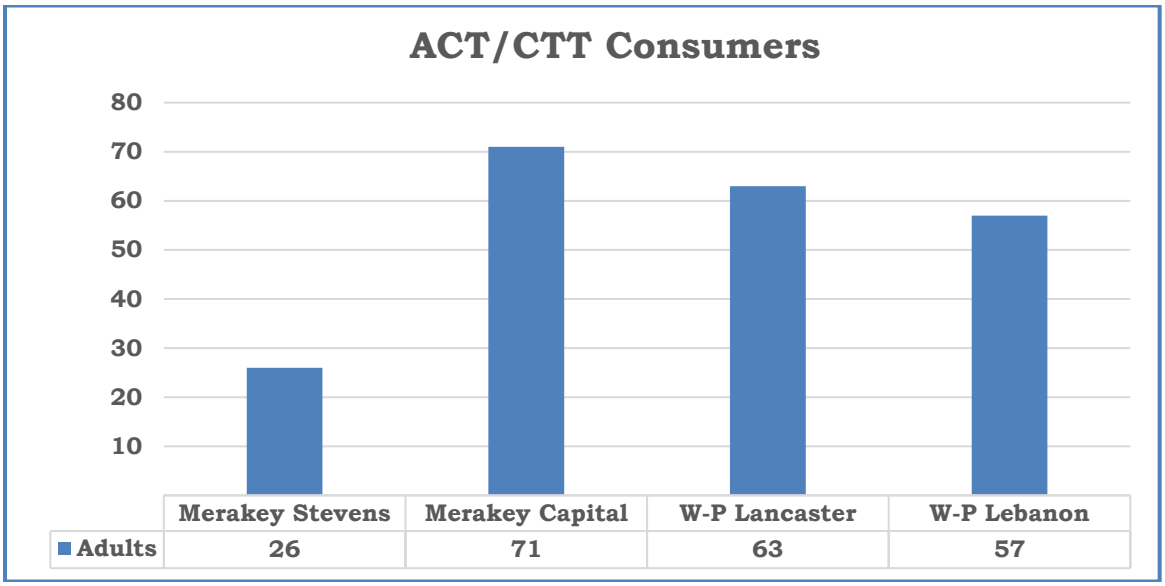
	CY 2018			CY 2019		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	74	105	$269,392	73	137	$274,873
Dauphin	36	90	$422,185	36	65	$403,565
Lancaster	21	87	$78,561	23	140	$79,709
Lebanon	0	0	$0	22	60	$87,317
Perry	5	119	$20,533	5	113	$10,268
Total	**136**	**98**	**$790,671**	**159**	**114**	**$855,731**

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; Merakey and WellSpan-Philhaven, who each support two teams. The following chart displays the total number of individuals who received services through the HealthChoices program. 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.

ACT/CTT Consumers



Bi-annually the teams report outcome data to CABHC for analysis and consolidation so that it can be shared with all the teams. Table 15 is the CY 2019 ACT outcome data. The table includes the goals that have been established for each outcome. The teams are doing well with most of the goals however, they struggle with supporting individuals to find competitive employment for a variety of reasons including recovery instability and fear of loss of benefits. Although the readmission and length of service scores both improved by as much as 15 percentage points over last year, they are below the targets established by CABHC. CABHC meets regularly with the teams to review outcomes, discuss challenges and consider additional training or resources that will lead to improved services.

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	7.7%	98.6%	97.9%	80.0%	0.0%	97.9%
Merakey Stevens	14.1%	71.9%	98.4%	100.0%	100%	98.4%
Philhaven-Lanc.	12.8%	100.0%	93.0%	64.3%	60.0%	98.8%
Philhaven-Leb.	6.5%	96.8%	98.9%	52.2%	75.0%	97.8%
Average	**9.6%**	**94.0%**	**97.2%**	**64.8%**	**65.2%**	**98.2%**

Partial Hospitalization Program (PHP)

Adult partial hospitalization is a service 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 2019 decreased 13.7% compared to CY 2018 while the length of service increased. Costs remained the same (see Table 16).

Table 16: Partial Hospitalization Program

	CY 2018			CY 2019		
County	**Adult**	**LOS**	**Dollars**	**Adult**	**LOS**	**Dollars**
Cumberland	122	72.2	$502,569	115	126.4	$472,175
Dauphin	253	104.3	$1,313,585	219	134.3	$1,427,207
Lancaster	256	45.8	$634,567	222	54.0	$601,775
Lebanon	95	46.5	$219,452	76	42.3	$168,856
Perry	20	142.3	$56,642	13	25.4	$57,593
Total	**739**	**70.9**	**$2,726,815**	**638**	**88.3**	**$2,727,606**

Inpatient Services

In CY 2019, 2,487 adults utilized Inpatient Psychiatric services. Of the 26,462 adults who accessed one or more mental health services, 9.4% had at least one admission into a MHIP facility. Forty-nine providers were utilized in CY 2019 which is up from the 47 providers that were utilized in CY 2018.

Between CY 2018 and CY 2019, there was a 4.7% decrease in the utilization of IP services and a 3.5% increase in cost (see Table 17). The average length of service increased by almost one day from CY 2018 to CY 2019. There are slightly more females than males that accessed services. With the exception of Lancaster County, all the other counites experienced a decrease in utilization. PerformCare and CABHC has closely monitored utilization of MHIP services as costs have increased over the last two years.

Table 17: Adult IP Services

		CY 2018			CY 2019		
County	**Gender**	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	Female	197	14.8	$1,889,864	151	12.9	$1,320,984
	Male	181	16.8	$1,657,595	119	13.9	$1,025,179
Total		**378**	**15.7**	**$3,547,459**	**270**	**13.3**	**$2,346,163**
Dauphin	Female	385	15.0	$4,792,565	397	14.1	$4,723,805
	Male	455	16.5	$7,540,866	415	14.8	$5,688,671
Total		**840**	**15.8**	**$12,333,431**	**812**	**14.5**	**$10,412,476**
Lancaster	Female	525	12.5	$4,891,610	555	14.3	$6,610,756
	Male	492	13.7	$5,102,633	525	15.5	$7,549,551
Total		**1,017**	**13.1**	**$9,994,243**	**1,080**	**14.9**	**$14,160,307**
Lebanon	Female	174	12.0	$1,693,117	156	15.7	$1,817,957
	Male	154	14.4	$2,103,085	156	19.3	$2,386,625
Total		**328**	**13.2**	**$3,796,202**	**312**	**17.6**	**$4,204,582**
Perry	Female	40	10.1	$288,279	21	11.7	$164,226
	Male	28	18.2	$499,613	16	24.1	$224,469
Total		**68**	**13.8**	**$787,892**	**37**	**17.4**	**$388,695**
Grand Total	Female	1,311	13.4	$13,555,435	1,270	14.2	$14,637,728
	Male	1,300	15.3	$16,903,792	1,217	15.8	$16,874,495
		2,611	**14.4**	**$30,459,227**	**2,487**	**15.0**	**$31,512,222**

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 have access to community-based treatment options such as outpatient services, Medication Assisted Treatment (MAT) and resources such as Certified Recovery Specialists (CRS) and case management. Individuals with more acute needs can access a network of withdrawal management and residential rehabilitation providers. 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 with a substance use disorder, CABHC worked with three different providers to incorporate CRS into their licensed D&A outpatient clinics. An additional reinvestment project was implemented to expand access to MAT by developing additional capacity in licensed clinics. CABHC continued its close collaboration with the four Centers of Excellence as funding for the service was transitioned to the HealthChoices program.

Drug and Alcohol (D&A) services are provided to children/adolescents and adults through an array of treatment options that includes:

- Certified Recovery Specialist Support
- D&A Outpatient
- D&A Intensive Outpatient
- Hospital and Non-Hospital Detox and Rehabilitation
- Halfway Houses
- D&A Partial Hospitalization

Medication Assisted Treatment including Care Coordination

In CY 2019, the Department of Drug and Alcohol Programs (DDAP) completed the implementation of *The American Society of Addiction Medicine (ASAM) Criteria, 2013* within Pennsylvania's Treatment System when conducting a Level of Care Assessment for initial referral into services or for continued stay and discharge considerations after treatment engagement. The ASAM replaces the PA Client Placement Assessment that had previously been used for adult drug and alcohol assessments and referrals. CABHC sponsored several ASAM trainings, open to providers and Counties, so that staff could be trained in its utilization.

From CY 2018 to CY 2019 there was a 4.7% increase in the number of C/A who utilized a D&A service along with an 8.7% increase in costs (see Table 18). The number of adults who accessed a HealthChoices D&A service in CY 2019 increased 0.3% from CY 2018 and expenses increased 3.2% (see Table 19). Of the 332 C/A who accessed a D&A service in 2019, 95% also have a co-occurring diagnosis as evidenced by accessing at least one mental health service. 73% of adults who accessed a D&A service have a co-occurring diagnosis.

Table 18: Children/Adolescent D&A Services

	CY 2018			CY 2019		
Service	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Non-Hosp Res - Detox	0	0	$0.00	3	3.0	$2,646.00
Non-Hosp Res - Rehab, Short Term	17	32.9	$143,511.45	28	31.0	$315,125.83
Non-Hosp Res - Rehab, Long Term	68	114.6	$1,360,702.61	77	100.4	$1,363,031.29
D&A OP Clinic	269	31.1	$123,141.83	280	32.3	$118,618.07
D&A Partial Hospitalization	15	25.5	$24,586.80	20	22.1	$28,328.94
D&A - IOP	65	40.2	$77,639.32	55	39.7	$56,488.32
D&A Targeted Case Management	1	287.0	$5,907.00	1	103.0	$2,590.50
Total	**317**		**$1,735,489**	**332**		**$1,886,829**

Table 19: Adult D&A Services

	CY 2018			CY 2019		
Service	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
IP D&A Hospital - Detox	70	5.4	$219,743	63	5.5	$152,885
IP D&A Hospital - Rehab	29	14.4	$198,151	26	12.2	$151,931
Non-Hosp Res - Detox	1,560	4.2	$2,361,370	1,626	4.0	$2,576,982
Non-Hosp Res - Rehab, Short Term	2,429	18.9	$12,311,853	2,486	18.8	$13,219,706
Non-Hosp Res - Rehab, Long Term	865	60.2	$7,828,739	805	60.4	$7,521,936
Non-Hosp Res - Halfway	411	63.3	$2,866,850	404	70.6	$3,122,348
OP D&A Clinic	8,232	43.6	$5,693,588	8,125	46.9	$5,710,274
D&A Meth Main	2,026	403.0	$6,822,250	2,057	366.8	$7,011,123
D&A Partial Hospitalization	284	24.3	$909,164	280	27.2	$1,102,284
D&A - IOP	1,330	39.9	$1,378,785	1,225	36.4	$1,187,728
D&A Targeted Case Management	57	85.5	$124,186	50	106.1	$137,752
Certified Recovery Specialist Service	145	38.4	$99,826	221	76.3	$188,091
MAT Coordination	610	81.5	$682,371	625	102.7	$670,210
Opioid - Centers of Excellence	0	0	$0	132	12.3	$85,384
Total	**10,610**		**$41,496,875**	**10,643**		**$42,838,634**

Detox

Once a person becomes dependent on 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 do not pursue substance use treatment. 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 2019, individuals utilized 21 different Detox facilities. Three C/A accessed a detox service. There was a 10% decrease in the number of adults who used an IP Hospital Detox and a 4.2% increase in the number of adults who accessed a Non-Hospital Detox.

Non-Hospital Residential Rehabilitation (NH Rehab)

NH Rehab is an intensive level of treatment that provides adolescents and adults 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 34 different facilities in CY 2019. White Deer Run served the largest number of adults (1,111) and Pyramid HealthCare provided services to the largest number of adolescents (32). The number of C/A who utilized a NH-Rehab increased 15% and adults decreased 1%.

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 2019 increased 11% to 71 days. The utilization of NH-HH decreased 1.7% from CY 2018.

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, family 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. In 2019, there was a 4.1% increase in the number of C/A who utilized a D&A OP service and a 1.3% decrease for adults, while total costs remained relatively the same.

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 2019, 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. 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 psychiatric services available if it is determined to be clinically appropriate. Family therapy sessions may be scheduled on an as-needed basis. In CY 2019, the number of adults who utilized a PHP decreased 1.4% and C/A utilization increased 33%.

Methadone Maintenance
Consumers that have an Opioid addiction have access to Methadone which is delivered in a licensed clinic. Methadone services were available at 12 locations throughout the network in CY 2019. Utilization increased 1.5% while length of time in treatment decreased 9%.

Certified Recovery Specialist (CRS) Program
A CRS will assist individuals who chronically relapse and struggle to complete treatment, to stay in treatment and remain in sustained recovery. Recovery Specialists are matched with participants in order to provide support and education with the acquisition and maintenance of social determinants of health and learn the skills necessary to handle the challenges that will occur on the path to recovery. The RASE Project completed their first full calendar year

in 2019 as a HealthChoices MA supplemental program serving a total of 221 people with an average length of stay of 76 days.

Medication Assisted Recovery Support (MARS
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 MARS 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 2.5% in the number of adults who accessed the Program in CY 2019.

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 access standards are consistently not met PerformCare may be asked to complete a Root Cause Analysis for the specific level of care to identify barriers and develop solutions for improvement.
- Develop, 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
During CY 2019, there were a total of 731 In-Network Providers available to CABHC Consumers, that included 448 individual practitioners, 212 clinics/facilities and 71 groups. Of those, 25 were new psychiatrists and 28 facilities and/or professional groups joined the network in CY 2019. Throughout the year, there were 62 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 three levels of care with the highest number of Providers are Mental Health Outpatient, followed by Mental Health Inpatient, and Substance Abuse Outpatient Services. On an annual basis, PerformCare completes a Geo-Access analysis to determine if the network meets the access standards set forth in the Program Standards and Requirements. An exception request was necessary for hospital-based inpatient Detox and Rehabilitation for C/A and Peer Support services for adolescents in all five counties. Northern Dauphin County required an exception for Residential Treatment Facilities.

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 2018 Provider Satisfaction Survey were tabulated and reported on in 2019. Included in the follow-up report was a request to PerformCare to provide a written response to several areas that were identified for review and improvement in the categories of Communication, Provider Manual, Grievances, Credentialing and Re-credentialing, and Administrative Appeals. PerformCare provided a response and have worked to address the sections noted for improvement in the 2018 Survey.

The 2019 CABHC Provider Satisfaction Survey was distributed to 276 network Providers via email in October 2019, that resulted in a 31% response rate, which is a decrease from the 34% response rate in 2018. As in the past, the survey could be completed using the web-based survey program QuestionPro, or by completing a paper version of the survey and returning it to CABHC. The survey uses a Likert scale with 1 being very dissatisfied and 5 being very satisfied.

Overall, the average total score for the survey was 3.8 which was a 0.1 increase from 2018. There were eight sections in the survey that increased in scoring from 2018 to 2019 and four categories that had a slight decrease from the previous year. Provider Orientation, Complaint, Grievances and Treatment Record Reviews were the highest scoring and had the largest change from last year. Table 19 provides a summary of the Provider Satisfaction scores from CY 2014 through CY 2019. The 2019 Provider Satisfaction Survey will be reviewed by the PRC and forwarded to PerformCare for any recommended follow-up.

Table 19: Provider Satisfaction Scores

Survey Category	2014	2015	2016	2017	2018	2019
Communication	3.5	3.6	3.8	3.8	3.6	3.7
Provider Relations	3.7	3.2	4	4	3.9	3.8
Provider Orientation	3.3	N/A	N/A	N/A	3.5	4
Provider Meetings & Trainings	3.8	4.5	3.8	3.9	3.7	3.8
Claims Processing	3.5	3.9	3.9	3.6	3.8	3.7
Administrative Appeals	2.9	3.8	3.8	3.6	3.4	3.5
Credentialing & Re-credentialing	3.6	2.8	3.7	3.6	3.5	3.8
Complaints	3.3	N/A	N/A	N/A	3.6	4
Grievances	3.2	4.2	3.7	3.9	3.5	4
Treatment Record Reviews	N/A	N/A	3.6	3.4	3.8	4.1
Clinical Care Management	3.5	3.2	3.8	4	3.9	3.8
Member Services	3.7	3.9	3.8	3.8	3.9	3.8
Average Total Score	**3.4**	**3.8**	**3.8**	**3.8**	**3.7**	**3.8**
Total Number of Respondents	66	60	64	82	98	86
Response Percentage of Total Surveys Sent	**33%**	**25%**	**26%**	**30%**	**34%**	**31%**

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 which includes nine levels of care, is reviewed by the Provider Relations Committee at their bi-monthly meetings. In 2019, there was an improvement in access with six levels of care that included: Psychiatric evaluations, D&A outpatient, Family Based, Partial Hospitalization, D&A Partial Hospitalization and Targeted case management. Decreases were noted with mental health OP, D&A intensive outpatient, and Peer Support services.

Provider Profiling
CABHC, through the PRC, monitored the progress of PerformCare in producing and distributing Provider Profiling reports. The PRC reviews the reports that are presented 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 between providers based on claims data, authorization data, quality reports, complaints, Consumer/Family Satisfaction Team reports and demographic information. 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 PerformCare or follow-up to a previous TRR. PerformCare utilizes the results of TRRs as a tool to review compliance with applicable HealthChoices standards 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 2019 was 80% for all levels of care. Providers that score below 80% are required to submit a Quality Improvement Plan (QIP). In the 2019 review cycle, PerformCare conducted 42 TRRs. There were 12 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 the beginning of the year, the CFFC will select topics that are of interest to the Committee. Arrangements are made for individuals to attend a CFFC meeting and provide a presentation on the selected topic. In CY 2019, CABHC facilitated the following presentations for the CFFC:

Human Trafficking, presented by Melissa Howley, Federal Bureau of Investigation (FBI) Victim Specialist; also known as sex trafficking, involves the use of force, fraud, or coercion to obtain some type of labor or sex act. Victims of human trafficking predominantly involves school-age youths, of any race or gender, and particularly those who have little or no social support. Ms. Howley reported that there are limited options for victims as domestic violence shelters are not conducive to treating this population. There is a great need for sex trafficking recovery homes, and long-term drug and alcohol and mental health treatment options.

Self-Advocacy, presented by Tony House from PerformCare; the presentation was an abridged version of a 3-day training developed several years ago and passed on to community support programs. Self-Advocacy is about learning how to speak up for yourself. It involves learning how to get information about things that are important to you, making decisions about your own life, knowing your rights and responsibilities, knowing who supports you in your journey and reaching out to others when needing help.

County-wide Training

Each year, the CFFC selects a major topic related to behavioral health for a training that can be open to a broad audience from across the Program. In 2018, the CFFC selected Pain Management as the topic however, due to scheduling challenges, it was moved to 2019. The county-wide training on Pain management was held on March, 22, 2019, and was presented by the Pittsburgh UPMC Pain Management Clinic. There were 70 people who attended the training, with representation from consumers, provider staff and county personnel.

For CY 2020, the Committee members selected "Adverse Childhood Experiences and Effects of Early Childhood Trauma" as the topic for the county-wide training.

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.

Following up with the work that started in CY 2018, the PSSSC continued to develop the methodology to increase the potential pool of qualified CPS applicants available for a CABHC scholarship to complete their CPS training. The committee discussed and finalized the application people must complete and submit to CABHC to determine if they are eligible to be considered for a scholarship. Individuals that meet the eligibility requirement are then scheduled for an in-person interview with a panel that may consist of one representative from each Peer Support provider, one Certified Peer Specialist (CPS), one county representative, a PerformCare representative and the CABHC Member Relations Specialist. Interview questions were developed that the panel could utilize during the interview.

Essential to the CABHC CPS scholarship program was the ability to ensure the qualified applicants would be able to attend the limited training opportunities. To address this concern, CABHC negotiated an agreement with RI International, one of the training vendors approved by

OMHSAS to conduct the CPS training, to reserve room for three people to attend each training. With the completion of the agreement, CABHC was able to proceed with initial interviews by the end of the calendar year. The new process demonstrated that applicants who were interviewed and approved for a scholarship possessed the necessary experience and stability in their recovery to be successful as a CPS.

Discussions were initiated at the end of CY 2019 on methods that could be utilized that would encourage individuals to consider CPS as a career option. To assist with marketing the CPS scholarship program, CABHC will explore the idea of obtaining the expertise of a marketing firm or consultant in CY 2020. A financial incentive program was proposed to encourage individuals who complete the CPS training to seek and maintain employment as a CPS. Development and implementation of the program will be completed in 2020.

PHYSICAL HEALTH/BEHAVIORAL HEALTH (PH/BH) INTEGRATION

CABHC supports the integration of physical and behavioral health care that can lead to an improvement in the overall quality of Members' lives. By improving the collaboration and integration between physical and behavioral health entities, we would expect coordinated supports leading to 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. The following PH/BH integration activities took place in CY 2019.

Member Wellness Initiatives

PerformCare maintains a library of information called *Your Health and Wellness* with a subsection of *Self-Management Tools* for Members and providers to access. All materials are reviewed yearly to ensure that they are still relevant. In calendar year 2019 there was 14,555 unique views which was an increase from the 7,590 in the previous year. The most searched topics were:

- "The Difference Between Mood Swings vs Bipolar Disorder"
- "PTSD- Can it be Prevented and Will it Go Away on its Own?"
- "Dealing with Trauma-Hotlines"

In 2019, an article on Childhood Obesity, "What are the possible physical harm risks to my child?" was added. Improvements were made to the tobacco cessation section including a link to providers in the network, directions on three ways to receive assistance, and new vaping information. Members and providers are reminded of the self-management tools and how to access them through the Member newsletter and Provider Contact.

Pay for Performance

In 2015, the DHS issued Appendix E that required all Physical Health and Behavioral Health MCOs implement an integrated PH/BH pay for performance project. Since the issuance of Appendix E, CABHC has worked with PerformCare on implementing the two main objectives of the program which include the development of individualized Integrated Care Plans and improvement of 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 2019, PerformCare conducted case rounds with the PH-MCOs to share relevant information that was used to identify potential care gaps and develop care plans for individuals. PerformCare developed the capacity to collect the information in an organized fashion in the electronic health record, and create an individualized integrated care plan. In 2020, PerformCare will continue to develop the methodology to expand the opportunities to share the integrated care plans directly with individuals and their care teams.

Throughout CY 2019, PerformCare submitted quarterly updates to OMHSAS on activities to improve the five performance measures. In an effort to improve performance with the five measures, PerformCare developed a workgroup and initiated weekly quality improvement calls which included CABHC. Discussions were focused on the measures that PerformCare could have the most influence which included IP PH/BH readmissions and Emergency Room visits/1000 members. The workgroup chose to utilize the Re-Engineered Discharge (RED) model as one of the interventions to help improve the readmission measure. PerformCare utilized DHS data to analyze the population with high use of the emergency room and developed a process that will involve an outreach to providers to connect with individuals in order to address unmet needs that may lead to their high use of the ER. Implementation of the outreach will begin in 2020.

The scores for MY 2018 for the five performance measures, which is the most recent data provided by OMHSAS, is presented in Table 20. The scores represent the percent that each County met the target goal of 3% improvement for each measure from the previous year. There was an overall reduction in the number of measures that met the goal from MY 2017 and similar reductions in scores were seen with the other four BH-MCOs from across the State. Under the ER measure, Perry County did not meet the goal as they have a very low ER use/1000 members and it would be difficult for the County to achieve a 3% reduction in utilization.

A financial incentive is awarded by OMHSAS for achieving the goal with each of the respective performance measures, which will be calculated in 2020.

Table 20: 2019 (MY 2018) 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	100%	0%	100%	0%	100%	0%
Dauphin	100%	0%	85%	0%	100%	0%
Lancaster	100%	0%	0%	0%	100%	0%
Lebanon	100%	0%	0%	0%	100%	100%
Perry	0%	0%	0%	0%	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. 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 six FQHCs that include Southeast Lancaster Health Services, Family First Health, serving Lancaster County, 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 accessed behavioral health services at a FQHC in CY 2019 was 2,627 compared to 2,213 in CY 2018. The majority of individuals who utilized the service were adults with a total count of 1,940.

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 three 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 three 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. Monitoring Respite utilization is provided by the CABHC Respite Workgroup which consists of representatives from CABHC, PerformCare, the Counites, stakeholders, and YAP. In 2019, the Respite Workgroup identified access issues to Respite services. In order to expand access to Members and their families, the workgroup developed a new authorization process that expanded the authorization period to six months and limited the number of authorizations to two consecutive periods.

Families who have utilized two consecutive authorization periods may switch to the friends and family respite option. The process was approved and implemented in October 2019.

Respite outcome data is maintained on a fiscal year basis. For FY 18/19, the respite program served a total of 361 Members. A total of 9,788 hours of In-Home respite and 35 days of Out of Home respite were provided (see Table 21). Total expenditures for FY18/19 amounted to $263,208.

Table 21: Respite Services FY 17/18

County	# Members Served	In Home Hours	Out of Home Days
Cumberland	**53**	**1,713**	**0**
Dauphin	**50**	**1,110**	**0**
Lancaster	**164**	**3,813**	**8**
Lebanon	**86**	**3,010**	**0**
Perry	**8**	**142**	**27**
Total	**361***	**9,788**	**35**

***Unduplicated**

2. Specialized Transitional Support for Adolescents

This Reinvestment program targets adolescents from the age of 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 22 is based on FY18/19 reports. Through June 30, 2019, a total of 144 youth participated in the four programs.

Table 22: Specialized Transitional Support

County	Program	Members
Cumberland/Perry	NHS Stevens Center	32
Dauphin	The JEREMY Project, through CMU	39
Lancaster	Community Services Group	33
Lebanon	The WARRIOR Project, PA Counseling Services	40

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, 2019, the 35 participating Recovery House organizations had a combined 853 beds in 98 individual houses. In FY 18/19, CABHC issued scholarships to 329 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 35% of people left voluntarily and 51% were asked to leave the recovery house for different reasons. Seventy-five percent of the individuals were employed which is an increase from 68% in the previous year, and 58% were compliant with house rules. There were 230 members that reported that they participated in treatment and 63% of the responses stated that they were able to maintain sobriety while living in the recovery house.

In addition to the three sustained reinvestment projects mentioned above, there were an additional 15 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, 2019.

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 that 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 2018/2019 CSS Annual Report:

CSS surveyed 3,415 respondents from the Counties that represent 1,719 Adults (50.3%) and 1,696 children/adolescents (49.7%) which is a 17% increase in the number of surveys completed compared to FY 2017/2018 (see Table 23). Of the 1,719 adult consumers, 1,680 (97.7%) responded for themselves, and of the 1,696 child/adolescent consumers, 37 (2.2%) responded for themselves, 1,047 (61.7%) had a parent/guardian respond for them, and 612 (36.1%) responded for themselves with a parent/guardian present.

Table 23: Total Interviews and Face–Face

	Adult			Child			Total		
Fiscal Year	**Adult**	**F-F**	**%**	**Child**	**F-F**	**%**	**Total**	**F-F**	**%**
17/18	1,699	1,562	91.9%	1,214	1,084	89.3%	2,913	2,646	90.8%
18/19	1,719	1,646	95.8%	1,696	1,575	92.9%	3,415	3,221	94.3%
Change	**20**	**84**	**3.8%**	**482**	**491**	**3.6%**	**502**	**575**	**3.5%**

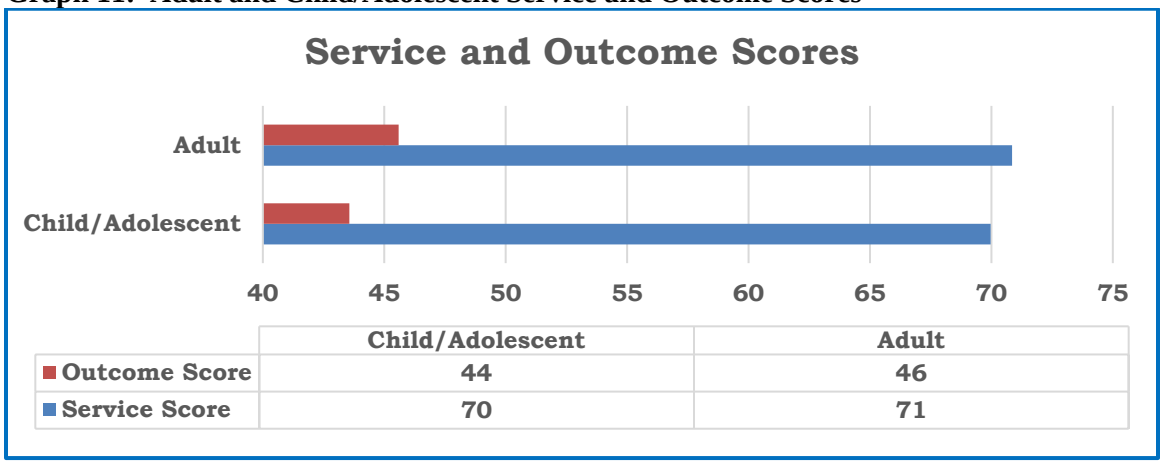
Data was collected by 10 interviewers from 56 treatment facilities. In all, 13 treatment levels of care was accessed by the respondents that include:

Levels of Care	**Surveys**	**%**
BHRS	966	28.3%
Crisis Intervention	578	16.9%
Intensive Targeted Case Management	161	4.7%
Blended Targeted Case Management	383	11.2%
Resource Coordination-TCM	209	6.1%
Partial Hospitalization	317	9.3%
D&A Intensive Outpatient	296	8.7%
D&A Outpatient	199	5.8%
Peer Support	106	3.1%
After School Program	98	2.9%
Mobile Psychiatric Nursing	50	1.5%
Assertive Community Treatment	38	1.1%
Summer Therapeutic Activity Program	14	0.4%
Total	**3415**	**100.0%**

There was a total of 28 items that were included in the calculation of the Total Satisfaction Score (TSS). 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. Overall, the majority of individuals who accessed treatment were satisfied with their services that are reflected in the combined satisfaction score of 114.76, which is an increase from 109.9 in FY 2017/2018.

Of the 28 items or questions, 17 are focused on level of satisfaction with the services that an individual receives and 11 questions address the outcome of services, and how much individuals feel their life has improved as a result of receiving services. A service score between 68 and 85 and an outcome score between 44 and 55 indicate high levels of satisfaction. The following graph shows that the scores are in the high-level of satisfaction for adults and children/adolescents.

Graph 11: Adult and Child/Adolescent Service and Outcome Scores



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 FY18/19 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 18/19 include monitoring of corporate finances of CABHC and PerformCare and monitoring the HealthChoices Program solvency and cash flow.

CABHC Fiscal Year 18/19 Financial Performance

CABHC's administrative financial performance remained steady during FY18/19 even with a decrease in administrative revenue due to a decrease in membership of .71% during the fiscal year. CABHC's administrative expenditures remained level resulting in a positive cash flow situation for CABHC. The administrative capitation received from both the Counties and CABHC in excess of related expenses was used to continue an ongoing reinvestment program and replenish risk reserve funds which were used to cover the medical claims deficit during FY 18/19.

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.

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: PerformCare Capital Area Financial Statements, PerformCare Consolidated Financial Statements and the AmeriHealth Caritas Corporate Audit including the PerformCare Supplemental Statement.

During FY 18/19, the Committees review of the financial statements found two areas of focus which warranted further monitoring by the Committee. The first area of focus was the reported salaries, benefits, and payroll taxes on the monthly financial statements. The committee noticed the variance between actual and budgeted expenditures was becoming larger than normal for this line item and was concerned positions were being left vacant at PerformCare. The committee requested PC provide a monthly variance summary which included a listing of each position budgeted but remained vacant. CABHC's management also received a vacancy report each month which listed vacant positions along with the status of where these positions were in the corporation's approval process for hiring. Upon review of these items provided it became apparent that the issue was not that positions were being left vacant but the budget amount contained other factors which were causing the variances and future budgets were adjusted and the committee has seen improved actual to budget variances.

The second area of focus for monitoring was the amount of administrative funds which were being paid by PerformCare to its parent company, AmeriHealth Caritas, each year. Prior to January 2019 the fees paid to AmeriHealth Caritas were included with other administrative fees on the financial statements. More transparency was needed therefore, it was written into the new contract that PC must provide the AmeriHealth Caritas management and service fees be provided separately and an addendum explaining each of these fees be included in the yearly submitted budget. The committee is now monitoring any changes in fees throughout the fiscal year.

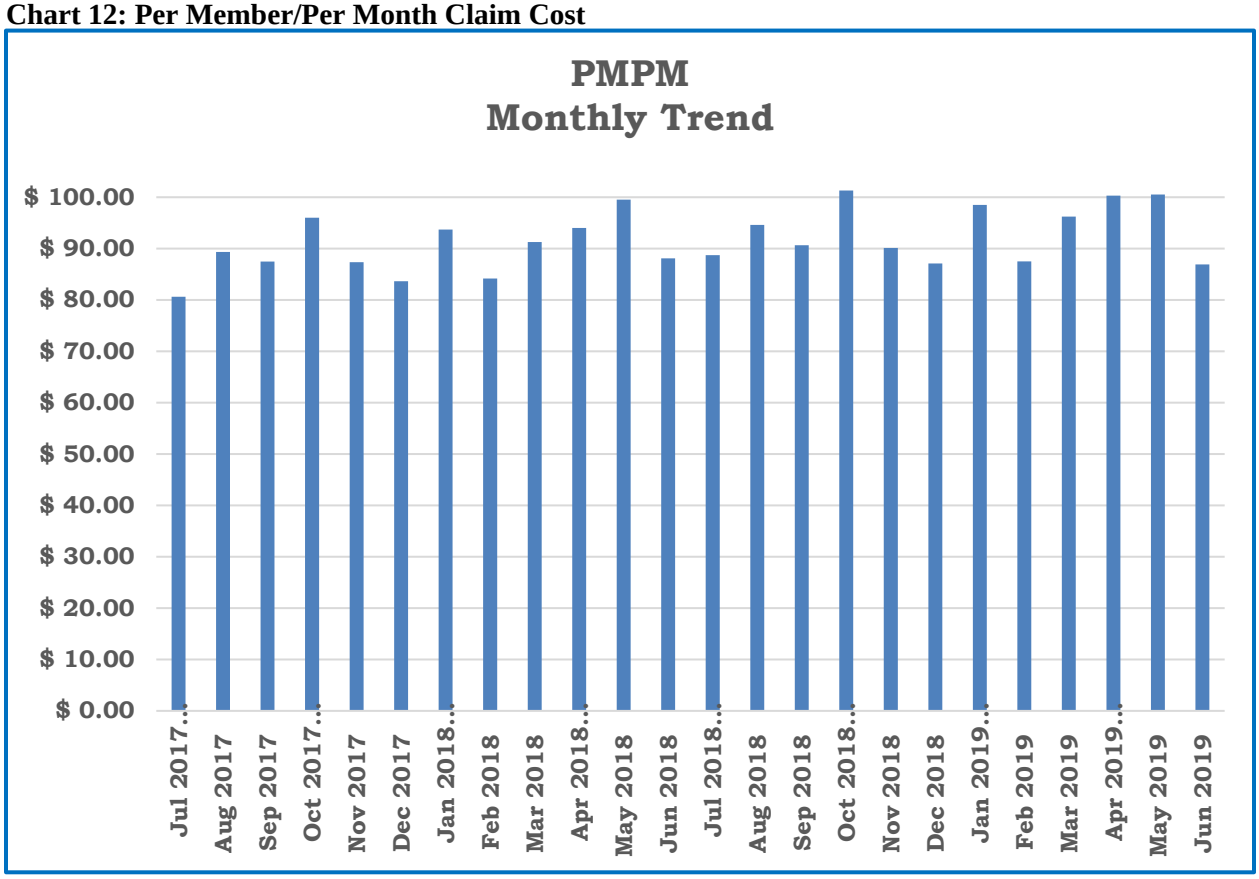
HealthChoices Program Performance

During FY 18/19, OMHSAS made HealthChoices Primary Contractors aware of changes in capitation payments which would require management of medical claims cash flow needs throughout FY 19/20. In current fiscal years, capitation was delayed the last two months of the fiscal year. Beginning July 2019 monthly capitation payments would now be paid retrospective each month causing a permanent one-month delay in payments and no cash would be received in May and June. CABHC developed a plan to monitor cash flow monthly. The plan was to use risk reserves for cash flow purposes and in addition secure a line of credit to be able to help with cash flow during the delays.

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 also certifies incurred but not reported (IBNR) estimates that are reported to OMHSAS on the quarterly financial reports.

Chart 12 below reflects the Per Member Per Month medical claims cost paid during FY 17/18 and FY 18/19. The trending and seasonality reflected on this chart shows that the months of October and May continue to be the highest claims costs months each fiscal year. January and April are then the next two highest months.

Chart 12: Per Member/Per Month Claim Cost



During FY 18/19, the HealthChoices medical expenses exceeded the medical capitation revenue received, therefore funds from the risk reserves were used to cover claims payments during this fiscal year.

In FY18/19, 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 each County and CABHC along with 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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James Donmoyer		Lebanon County
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Melissa Hart, Chief Financial Officer

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Choumarthe Gabikiny, Member Relations Specialist

LeeAnn Fackler, D&A Specialist

Nikki McCorkle, Quality Assurance Specialist

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Aja Orpin, Receptionist/Administrative Assistant

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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 12/2019: As of October, FY19/20, the total amount spent was $83,010. There were 231 Unduplicated Members served. The Respite workgroup continues to meet to increase capacity and improve the quality of respite services. The Respite Workgroup has increased the authorization period from three months to six months and has developed a process to increase access to families. This process began October 1, 2019.					

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 12/2019: Since July 1, 2019, the Transitional Support for Adolescents Programs has supported 128 Members and provided 13,155 units of service. In November, the Merakey STSA program participants participated in grocery shopping, a cooking group, a safety group that discussed ways to cope with winter weather, and a craft group. The Warrior Project participants had individual employment, cooking, and Reaching Your Goals groups. The group was encouraged to "drop in" to make holiday cards for children in the hospital. The Jeremy Project held cooking groups, an etiquette group, a group focused on empathy, and a community outing. The CSG group attended the Pumpkin Madness Festival, had a Campfire night at the local park, participated in a mindfulness hike, and had a group focused on saving money and finances.					

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 12/2019: The Recovery House Scholarship program awarded 45 new scholarships in November, bringing the FYTD total to 148 scholarships. Scholarship payments FYTD total $92,204. In order to manage the RH scholarship funds, the number of scholarships that are approved remain capped based on budgeted funds each month. One Recovery House organization, PNP Sober Living in Lancaster, was terminated from participating for failing to return requested documentation from CABHC.					

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
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 12/2019: In the month of November, CSG provided services to 14 individuals which was one less than in October. The teams provided a combined 493 units of service. Counties continue to make referrals as individuals are identified that meet criteria. CSG reports several new referrals have been received. The number of individuals receiving service fluctuates based on need. The CSG workgroup will be met on December 10, 2019, discussed current operations and possible change to MA supplemental funding.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A Brief Intervention	All	DA-SCA, PCS	13/14	1/2017	Dauphin-Operational Lebanon- Complete Cumb./Perry- Operational
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 12/2019: The Dauphin County mobile assessment team reported that 29 people were assessed in November. Twenty-four people were assessed in the Emergency Dept. and 5 assessments were conducted at CYS. FYTD, a total of 130 individuals have been assessed. The Cumberland/Perry mobile assessment team completed 13 assessments in October at various locations throughout the County, plus one assessment at Franklin County Prison. The assessments resulted in 10 confirmed admissions into treatment (plus 3 that were pending as of this report).

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 12/2019: Philhaven continues to serve 100% of adult PerformCare Members with RED. Since the last update, they had an additional 30 Members complete a RED discharge with 11 more Members actively involved in the RED program. This is a total of 656 Members to complete a RED discharge since implementation. They reported a 53% success rate on follow-up calls within 3 days of discharge for the reporting month. The CY2019 readmission rate continues to show improvements as compared to CY2018. Currently the readmission rate for CY2019 is 10.2%. They are showing a decrease in adherence to follow-up care in CY2019 as compared to CY2018. One way they are working to address this is through improving availability with Philhaven MH OP providers. PPI continues to offer RED and give the RED manual to 100% of their adult Members. Since the last update, there were 74 PerformCare Members to complete a RED discharge from PPI for a total of 1,437 Members to complete a RED discharge to date. They reported a 43% success rate on follow-up calls after discharge for the month. PPI continues to show very positive results in their readmission rates in CY2019, currently 9.1%. Their HEDIS follow-up rates show a slight improvement from CY 2018. The contract for RED at Philhaven and PPI ended December 2019. LBHH has signed the contract for project RED and is in the process of hiring staff. To date, there have been 2,093 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	Dauphin	Merakey	13/14	6/2017	Operational
Description					
The BH/PH Integration project consists of the development of the Merakey Capital Region MH Outpatient Clinic located in Harrisburg as a Health Home program for Gateway members who receive their mental health treatment at the clinic. 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 12/2019: The Merakey Nurse Navigator program reported that they worked with 16 different individuals in October, which is 13 less than the previous month, and provided 103 units of service. Their new nurse is reaching out and coordinating services with additional PH-MCOs.					

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 12/2019: PCS has terminated their agreement in recruiting a psychiatrist. Philhaven and PPI did not submit any reports. CSG is working with five different recruiting agencies, but they have no active candidates. As of 9/9/19, psychiatric wait times at TWP as indicated on the quarterly report are as follows for adult clients: Harrisburg: 12 weeks, Lancaster: Closed and Lebanon: Closed. Psychiatric wait times for children/adolescents are as follows: Harrisburg: 12 weeks (ages 16 & above), Lancaster: 15 weeks and Lebanon: Closed.					

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 12/2019: CABHC has been actively monitoring SRI's itemized task list of all the remaining work in order to complete the center. Scott visited the center on 12/30/19 and reported that the main meeting area is 90% done, and is fully usable. The bathroom is done but needs the door. What will be done in the next week or so is adding some doors, base board and a top to the small counter on the front wall. They are waiting to get the items delivered. The heater is next (going with installing a wall mounted gas heater) but space heaters may be used in the meantime if needed. They do have plans to expand the rest of the space in the back but that is outside of our project.					

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 BHC-Operational
Description					
This service is to implement four (4) Common Ground 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 Common Ground 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 12/2019: Funding for the Merakey Common Ground program is now through the HealthChoices program. Merakey reported that in November they enrolled two people, have a total of 58 enrolled, provided 19 consults and completed six shared decisions. Reinvestment funds were depleted for Behavioral HealthCare Corp. They have been working with CABHC and the County to secure funding that will allow them to continue to utilize Common Ground in the OP clinic.

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 12/2019: GateHouse received their PROMISE ID and are working on the final phases of contracting with the 5 state BH-MCOs. Renovations have started at the new male HWH at the Mountville property, and it is estimated to be ready approximately 30 days after the women are relocated from Mountville to the new Marietta property.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A Recovery Specialist Expansion	All Counties		15/16	9/2018	Operational
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 12/2019: Project leaders from each provider in this pilot participated in a 2nd learning community meeting with the D&A Workgroup on November 6th. Scott will be working on establishing new rates to cover the cost of the recovery specialists at each of the pilot sites once Reinvestment funding ends. Outcomes were not discussed due to time limitations but will be given priority at the next learning community meeting (TBD).					

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 12/2019: 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. Perry County has identified Greenwood School District for their SPECs program. In Lebanon County,					

Konchenderfer Christian DayCare was selected for the SPEC program. Each program is in various phases of SPEC implementation.

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 12/2019: GateHouse closed on two properties, both in the city of Lancaster, on November 22nd. One will be designated for women, and the other for men. They are in the process of choosing a company to complete the necessary renovations (including sprinkler system). This work will begin after Christmas. They completed an application for PARR and received their certification the week of 12/15.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
MAT in OP Clinics	All	PCS, TW Ponessa, Diakon	16/17	TBD	Under Development
Description:					
This program will support the development of medication assisted treatment in four licensed OP clinics. One in each County					
Status: Update 12/2019: PCS has started services in Lebanon, and anticipates beginning services in Dauphin soon as well. The remaining providers are still in the process of trying to recruit doctors and staff. Service delivery to begin once staff are in place and trained, and policies and procedures specific to MAT are created and/or updated.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
RTF Development	All	CSG	16/17	TBD	Under Development
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 12/2019: The selection committee has selected Community Service Group as the provider for the RTF program. CSG has updated their proposal and a contract between CABHC and CSG was signed and finalized in September 2019. Updates from CSG from July-November included: Initiated CARF accreditation research and obtained contact information, performed research on Ukeru method for discussion, continued research of Building Bridges Initiative materials including Provider Self-Assessment tool, attended PerformCare RTF Provider meeting, Participated in webinar "Understanding Clinical Staff Turnover and Strategies for Retention" presented by Kristi Edmonds, Ph.D. on 11/8/19, researched internal CSG Policies and Procedures, and scheduled visits to CSG's Crisis and Diversion program.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Cumberland Forensic Housing	Cumberland	Cumb. Housing & Redev. Auth	16/17	5/2018	Operational
Description:					
This program provides housing supportive services for individuals living in Cumb./Perry County who may currently be in the criminal justice system or are former inmates who have a serious mental illness diagnosis, are eligible for Medical Assistance and the Housing Choice Vouchers Program. The program aims to serve individuals both short and medium term (3 – 6 months). Temporary assistance may be provided to individuals for rental assistance. It is anticipated that 20 individuals will receive a maximum of $5,400 in short-or medium-term rental assistance over the 6-month period. An additional $900 per household will also be available for financial assistance.					
Status: Update 12/2019: Since the program became operational, there have been 18 referrals with 17 people enrolled in the program. Seven of those people have obtained housing and eight received financial assistance. A total of $26,654 of financial assistance has been provided to individuals. There were no new referrals in November.					