CAPITAL AREA BEHAVIORAL
HEALTH COLLABORATIVE, INC.
Established October 1999

CAPITAL AREA BEHAVIORAL HEALTH COLLABORATIVE, INC.

CONTINUOUS QUALITY IMPROVEMENT ANNUAL REPORT

Calendar Year 2020

Contents

EXECUTIVE SUMMARY

CABHC manages the HealthChoices Behavioral Health contract for Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties (Counties). As a result of the emergency declaration put in place due to the COVID 19 pandemic, which resulted in Members remaining eligible for HealthChoices, membership increased to 277,330. Although membership increased, the number of consumers who utilized behavioral health services decreased 6.4% to 49,001, which was primarily driven by an 11% decrease in children/adolescent services, compared to 3.6% decrease for adults. The decrease in utilization was influenced in large part due to the COVID 19 pandemic. Adults make up 66% of all consumers and total female consumers outnumber males by 2%. Lancaster County has the largest number of members and consumers and Perry County has the least.

Members had access to over 750 In-Network providers, the majority being individual practitioners. There were 204 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.

Throughout CY 2020, the CABHC Clinical Committee monitored BHRS and FBMH services monthly to evaluate access performance, along with the preparations for the transition to Intensive Behavioral Health Services (IBHS). With the implementation of the (IBHS) regulations that were effective January 17, 2021, CABHC, in collaboration with Community Data Roundtable, established the expectation that the Child/Adolescent Needs Summary (CANS) would be completed every six months. A workgroup comprised of CABHC, the Counties and PerformCare continued its work on the Residential Treatment facility work plan.

In CY 2020, there were over 17,000 Children/Adolescents (C/A) who utilized one or more community-based ambulatory or acute mental health service, with the overwhelming majority accessing a MHOP provider. Behavioral Health Rehabilitation Services (BHRS) was the second most common utilized services, although decreases in utilization were seen. Family Based Mental Health (FBMH) service was the third highest utilized service followed closely by Targeted Case Management.

There were 25,890 adults who accessed one or more mental health service in CY 2020. Similar to C/A services, MHOP is the most utilized adult MH service with 21,849 individuals who utilized 50 outpatient clinics. Individuals seen in a Federally Qualified Health Center increased 7% over CY 2019. There were decreases seen in utilization across most of the levels of care with the exception of Assertive Community Treatment (ACT) and Peer Support. ACT services were initially challenged with the Covid restrictions however, the teams quickly found ways to continue to meet people face to face in the community in order to maintain services.

Peer Support providers were able to deliver services to the same number of people in CY 2020 as in CY 2019. There was an initial focus on providing Peer Support services via telehealth due to the pandemic, however, by the end of the calendar year, the trend started moving back to face to face. The Peer Support Services Steering Committee continued its efforts to increase the pool of Certified Peer Specialists through the Peer Scholarship program, and developed a financial incentive program available to individuals who complete the training and acquire employment

and obtain their certification. Eight individuals were approved for scholarships and became eligible for the financial incentive.
Although there was a 3% decrease in the number of Adults who accessed mental health services, there was an 8% increase in costs. The increase is mainly attributed to ambulatory services.

In CY 2020, there were 230 children/adolescents who utilized Drug and Alcohol (D&A) services which was a 31% decrease from CY 2019. The number of adults who utilized services experienced an 8% decrease in utilization. The service used most frequently by both C/A and adults is licensed D&A outpatient. Short term non-hospital residential rehab is the second most utilized service with 24% of adults who accessed a D&A service. It is also the dominant cost driver at 32% of total adult D&A expense.

Although the majority of D&A services saw a decrease in utilization in CY 2020, adult Partial Hospitalization experienced an 85% increase in utilization with 74% of the increase attributable to providers that offer a residential component to their service. Modest increases were seen in Intensive Outpatient services (3.3%) and Medication Assisted Treatment (MAT) Coordination (0.8%).

In CY 2020, CABHC supported the expansion of MAT in four licensed D&A outpatient clinics using reinvestment funds. Each of the clinics secured the necessary approvals and staff and were fully operational, providing enhanced access to MAT for Members.

The annual provider satisfaction survey that was distributed to 275 network providers in October 2020, increased 0.2 points to 4.0 from CY 2019, which reflects an improvement in overall satisfaction. Nine sections in the survey increased and three had slight decreases.

Routine access is monitored through the Provider Relations Committee which saw improvement with five services and a decrease with four. CABHC will be requesting PerformCare to develop an improvement plan for psychiatric evaluations in 2021. The Consumer/Family Focus committee was able to continue to meet virtually, and sponsored a County-wide training on Adverse Childhood Experiences (ACEs) that was held remotely on August 24 & 25, 2020. Forty-four (44) individuals attended on the first day and thirty-one (31) attended on the second day.

CABHC worked closely with PerformCare in CY 2020 to conduct root cause analysis and develop interventions that would lead to improvements with the five performance measures identified in the PSR Appendix E requirements. Interventions were put in place to reduce emergency department visits, improve medication adherence and distribution of a resource guide to assist PerformCare with accessing services for Members. Integrated care plans were completed on 1004 individuals between PH-MCOs and PerformCare that are used to identify care gaps and develop care plans.

Consumer Satisfaction Services, Inc. completed 5,115 consumer surveys, of which 54.2% were done in-person, which is significant given the difficulty in meeting people face to face due to the pandemic. Seventeen different levels of care were surveyed from 102 treatment facilities. The

average satisfaction score indicates that there is a high level of satisfaction with the program for both children/adolescents (parent) and adults.

The financial oversight of CABHC is shared by CABHC staff, the Fiscal Committee and the Board of Directors. As a result of the decision by OMHSAS to move all HealthChoices Behavioral Health contracts to a calendar year, the FY19/20 contract was extended six months to include the time period July 1, 2019 – December 31, 2020, an 18-month period. To address provider needs during the COVID 19 Public Health emergency, CABHC instituted Alternative Payment Arrangements (APAs) to assist providers in maintaining financial viability which began in March, 2020. The APAs were based on a providers 2019 claims revenue. The impact of COVID along with the APA arrangements makes it difficult to draw comparisons between CY 2019 and 2020. Additional payments were also approved for levels of care experiencing increased costs.

There was an increase in membership of 21.63% due to the addition of Community Health Choices and the COVID 19 Public Health emergency. The increased membership led to a favorable financial performance for FY 19/20 in both the administrative budget and the HealthChoices program as a result of the increase in capitated revenue. Revenue in excess of expenditures will be used to replenish risk reserves to the maximum allowable level, continue ongoing reinvestment programs, increase provider rates and develop a number of new programs.

The CABHC Fiscal committee is responsible for monitoring and reporting on the financial position of CABHC and financial solvency of PerformCare and reports its findings to the CABHC Board on a monthly basis. Two audits were completed: One for the period July 2019-December 2019 and the second January 2020-December 2020. Both audits resulted in no reportable findings and financial statements were presented fairly.

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 counties 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 services 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.

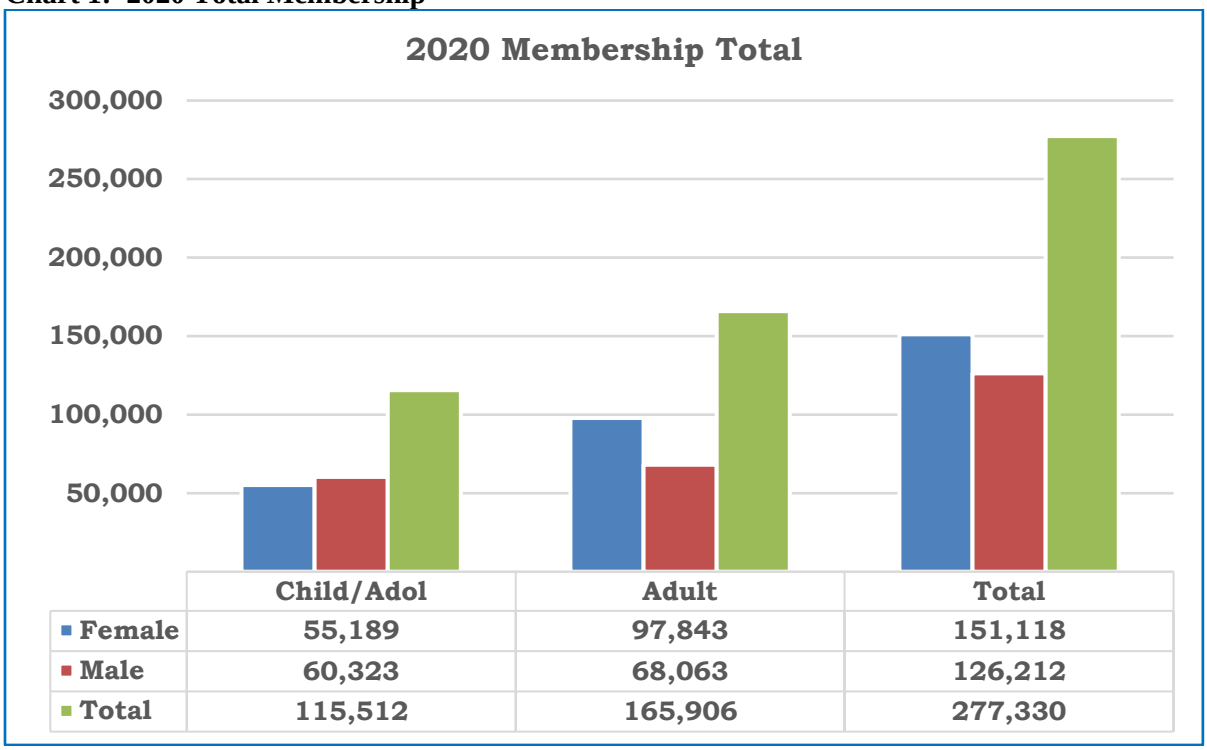
MEMBERSHIP
CABHC receives a file from the Department of Human Services (DHS) on a daily basis that identifies individuals who are determined to be Medicaid eligible, enrolled in the HealthChoices program and any changes in their eligibility. The file is audited by Allan Collautt Associates Inc. to verify 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. In March 2020 as a result of the COVID 19 pandemic emergency declaration, individuals eligible for Medicaid would not be disenrolled unless one of the following three criteria were present:

1. Individual voluntarily decides to disenroll
2. Individual permanently moves out of PA
3. Individual is deceased

Chart 1 highlights the number of Members that were eligible for HealthChoices in CY 2020. Total membership increased from 265,845 Members in CY 2019 to 277,330 Members in 2020.

A member who turns 18 during the calendar year can be counted as a C/A and as an adult. The grand total membership is an unduplicated count of Members, and only counts each Member once for the calendar year.

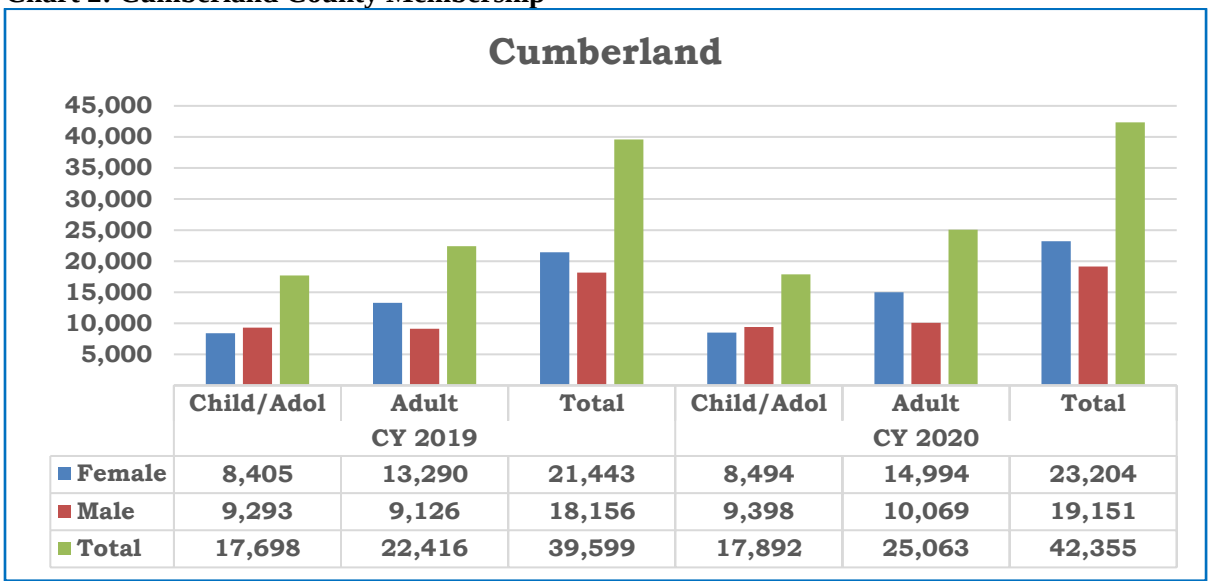
Chart 1: 2020 Total Membership



	Child/Adol	Adult	Total
Female	55,189	97,843	151,118
Male	60,323	68,063	126,212
Total	115,512	165,906	277,330

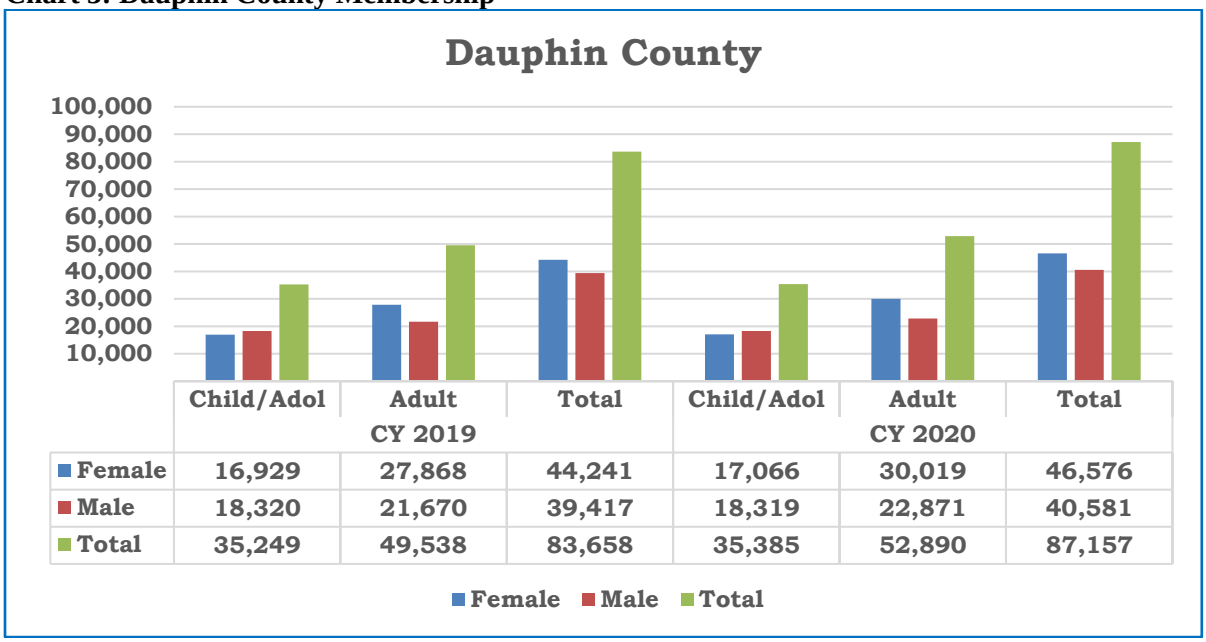
As the totals in Graph 1 illustrate, children/adolescents make up approximately 42% of the membership and adults comprise 60% of the membership. Females make up 54% and males make up 46% of total membership. The following five charts display the membership totals for each of the five Counties and the change from CY2019 to CY2020.

Chart 2: Cumberland County Membership



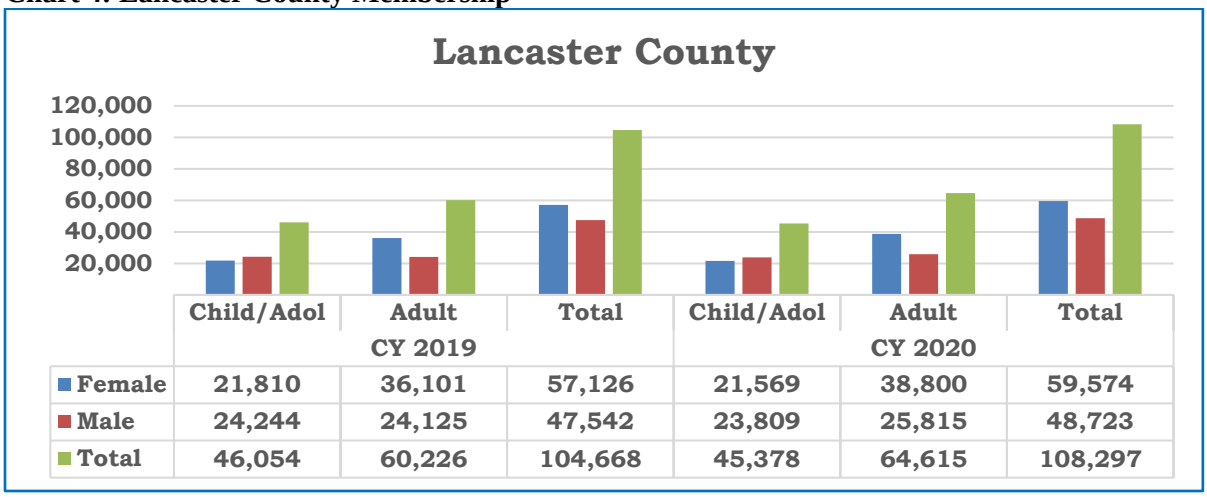
	Child/Adol	Adult	Total	Child/Adol	Adult	Total
	CY 2019			CY 2020		
Female	8,405	13,290	21,443	8,494	14,994	23,204
Male	9,293	9,126	18,156	9,398	10,069	19,151
Total	17,698	22,416	39,599	17,892	25,063	42,355

Chart 3: Dauphin County Membership



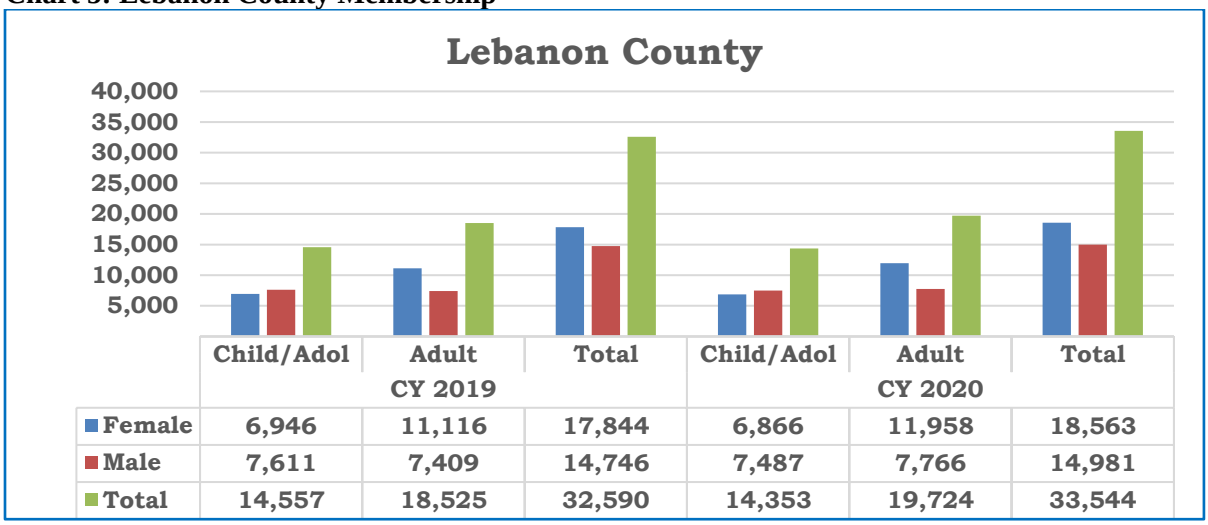
	Child/Adol	Adult	Total	Child/Adol	Adult	Total
	CY 2019			CY 2020		
Female	16,929	27,868	44,241	17,066	30,019	46,576
Male	18,320	21,670	39,417	18,319	22,871	40,581
Total	35,249	49,538	83,658	35,385	52,890	87,157

Chart 4: Lancaster County Membership



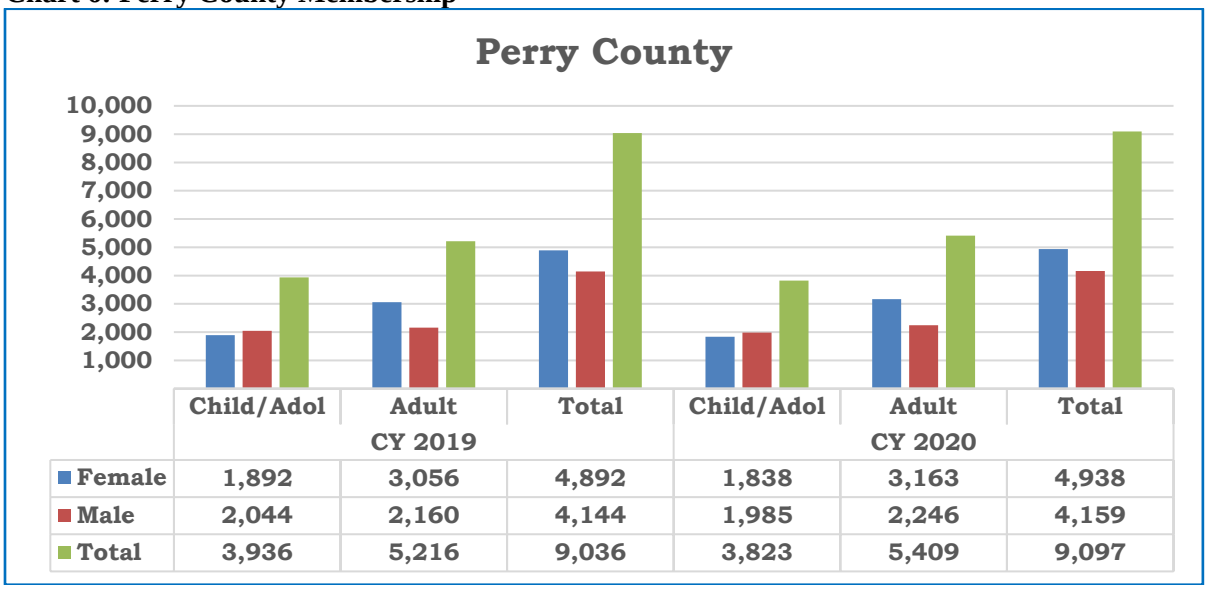
	Child/Adol	Adult	Total	Child/Adol	Adult	Total
	CY 2019			CY 2020		
Female	21,810	36,101	57,126	21,569	38,800	59,574
Male	24,244	24,125	47,542	23,809	25,815	48,723
Total	46,054	60,226	104,668	45,378	64,615	108,297

Chart 5: Lebanon County Membership



	Child/Adol	Adult	Total	Child/Adol	Adult	Total
	CY 2019			CY 2020		
Female	6,946	11,116	17,844	6,866	11,958	18,563
Male	7,611	7,409	14,746	7,487	7,766	14,981
Total	14,557	18,525	32,590	14,353	19,724	33,544

Chart 6: Perry County Membership



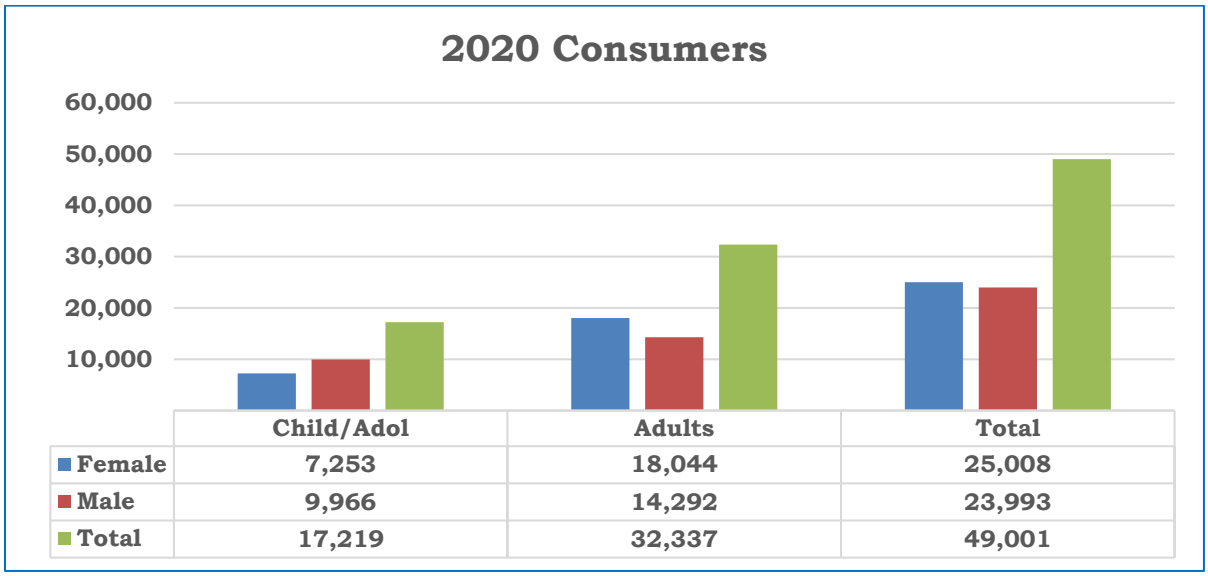
	Child/Adol	Adult	Total	Child/Adol	Adult	Total
	CY 2019			CY 2020		
Female	1,892	3,056	4,892	1,838	3,163	4,938
Male	2,044	2,160	4,144	1,985	2,246	4,159
Total	3,936	5,216	9,036	3,823	5,409	9,097

CONSUMERS

In CY 2020, the number of consumers who received services decreased 6.4 % from CY 2019 which was primarily influenced by the 11% decrease in C/A services. The decrease was the first time in CABHC history that there were less people served than the previous year, which can be attributed to the COVID 19 pandemic.

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 58% of all Children and Adolescent (C/A) consumers and females make up 56% of adult consumers, however, there is only a 2% difference between the total number of female and male consumers (See Chart 7). There was a decrease in penetration from 19.67% in CY 2019 to 17.66% in CY 2020. Penetration is the ratio of consumers to eligible Members for any given time period.

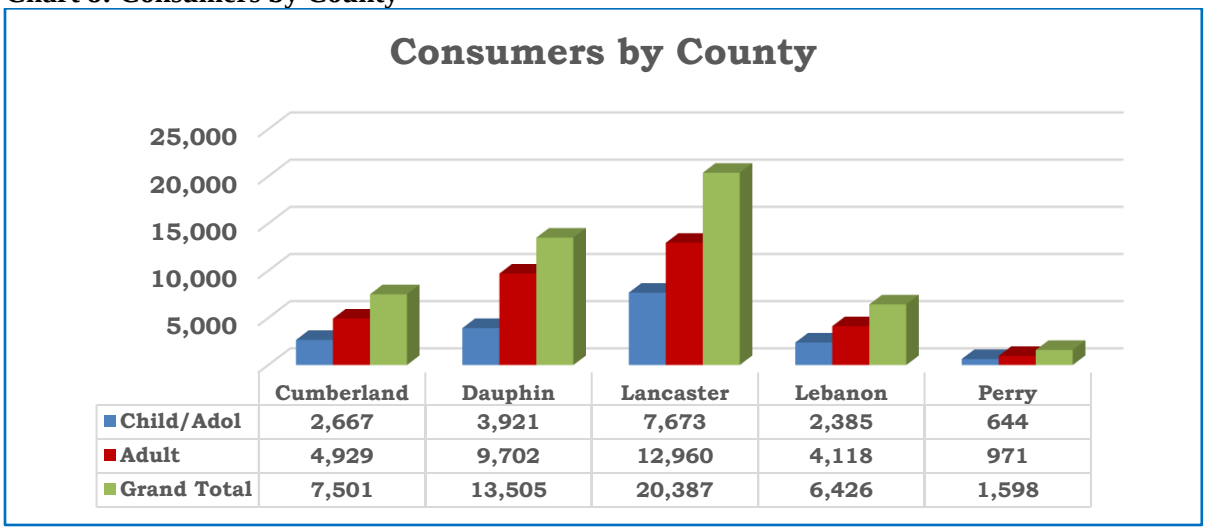
Chart 7: Total Consumers



	Child/Adol	Adults	Total
Female	7,253	18,044	25,008
Male	9,966	14,292	23,993
Total	17,219	32,337	49,001

Chart 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 49,001consumers who received services in CY 2020, 15,543 are adults up to the age of 64, who are eligible for HealthChoices through Medicaid expansion.

Chart 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	43	0.6%	55	0.4%	58	0.3%	16	0.2%	3	0.2%	168	0.3%
Asian	106	1.4%	279	2.1%	219	1.1%	47	0.7%	3	0.2%	652	1.3%
Black	643	8.6%	4,235	31.4%	1,703	8.4%	240	3.7%	42	2.6%	6,812	13.9%
Hispanic	502	6.7%	2,229	16.5%	5,018	24.6%	1,953	30.4%	52	3.3%	9,702	19.8%
Other	568	7.6%	837	6.2%	1,423	7.0%	237	3.7%	39	2.4%	3,085	6.3%
White	5,639	75.2%	5,870	43.5%	11,966	58.7%	3,933	61.2%	1,459	91.3%	28,583	58.3%
Total	**7,501**	100%	**13,505**	100%	**20,387**	100%	**6,426**	100%	**1,598**	100%	**49,001**	100%

In CY 2020, the total cost of behavioral health services for CABHC was $246,248,586, or a 3.0% increase from CY 2019 (see Table 2). Children/adolescents make up 35% of all consumers, and account for 45% of total expenses. Lebanon and Perry Counties had a slight decrease in costs while the other three counties each had increases.

Table 2: Consumers/Age/Cost by County

		CY 2019		CY 2020	
County	**Age**	**Consumers**	**Dollars**	**Consumers**	**Dollars**
Cumberland	C/A	2,937	$17,940,520	2,667	$17,885,272
	Adult	4,840	$15,904,010	4,929	$17,060,572
	Total	**7,678**	**$33,844,531**	**7,501**	**$34,945,844**
Dauphin	C/A	4,520	$26,149,079	3,921	$26,483,342
	Adult	10,087	$40,045,437	9,702	$42,415,651
	Total	**14,492**	**$66,194,516**	**13,505**	**$68,898,993**
Lancaster	C/A	8,721	$49,108,022	7,673	$47,199,140
	Adult	13,790	$51,014,147	12,960	$56,789,658
	Total	**22,249**	**$100,122,169**	**20,387**	**$103,988,798**
Lebanon	C/A	2,623	$15,958,087	2,385	$14,931,463
	Adult	4,204	$16,851,551	4,118	$17,460,154
	Total	**6,756**	**$32,809,638**	**6,426**	**$32,391,618**
Perry	C/A	687	$3,414,845	644	$3,375,204
	Adult	1,042	$2,744,499	971	$2,648,129
	Total	**1,716**	**$6,159,344**	**1,598**	**$6,023,333**
Grand Total	C/A	19,353	$112,570,554	17,219	$109,874,421
	Adult	33,559	$126,559,644	32,337	$136,374,165
	Total	**52,352**	**$239,130,197**	**49,001**	**$246,248,586**

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. Having services available at an early age affords the best chance that C/A succeed as they enter adolescence and adulthood. All C/A behavioral health 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, along with PerformCare and the Counties, have monitored C/A services to evaluate access and to develop initiatives that will lead to an improvement in services. The following are those activities that were identified to be addressed in CY 2020.

1) **BHRS Monitoring**

   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 monitor the number of C/A entering services, and the length of time to access services. With the termination of BHRS services in January 2021, CABHC began to examine how to integrate the new IBHS regulations into a monthly IBHS monitoring report. CABHC, in collaboration with other Pennsylvania MCOs and primary contractors, identified information that can be collected

and distributed, to monitor the implementation of IBHS. Analysis of pertinent data elements, such as access rates and adherence to regulatory processes and time frames, are crucial to monitor services and identify barriers. An official template for reporting is expected in 2021. Once finalized, CABHC will present this data to the Clinical Committee.

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, FBMHS providers and Multi-Systemic Treatment. 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 CANS provides valuable information for the team in the development of a member's treatment plan. 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 Family Based Mental Health services.

With the implementation of the new IBHS regulations that went into effect in January 2021, CABHC and CDR worked to integrate CANS into the procedures established by new IBHS regulations. As part of the transition to IBHS, all MT/BSCs are to complete a CANS along with their assessment and individual treatment plan packet every 6 months. This process was implemented on July 1, 2020. Evaluators will still receive decision support with their CANS however, they are no longer required to submit them to PerformCare as part of the authorization process. In 2021, CABHC and CDR will look to add Social Determinants of Health for caregivers into the CANS.

3) Clinical Initiatives

1. 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 were held with CSG throughout CY 2020 to monitor their progress in developing CRR-ITP services. They continue to develop their CRR-ITP program, however, due to COVID-19, they struggled to fully implement the CRR-HH ITP

program and have not yet served any Members. CABHC will continue to monitor their progress in 2021.

2. RTF Initiatives
    - 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. After review of the financial analysis a decision was made to present Attachment Based Family Therapy as a possible Reinvestment project at the 2021 Reinvestment Workgroup meeting.
    - Improve MHIP psychiatrists understanding of RTFs
      A Power Point was developed to be utilized by the PerformCare medical director for education purposes with MHIP psychiatrists and staff. PerformCare completed presentations with PPI, Philhaven, and LBHH.
    - RTF Utilization Data
      Information is presented as requested
    - Improve Family Engagement
      Discussions at the RTF workgroup meetings have continued and Family Engagement remains an important goal for the Clinical Committee. This goal has been continued into CY 2021.

CABHC strives to ensure that services are accessible to C/A when they are needed and that services are located geographically as close as possible to where they live. For this reason, CABHC, through PerformCare maintains a network of child/adolescent providers that includes individual practitioners and Mental Health providers. Ambulatory mental health services 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)
- Summer Therapeutic Activity Programs (STAP)
- Family Based Mental Health (FBMH)
- After School Programs (ASP)
- Multi-Systemic Treatment (MST)
- Specialized In-Home Treatment Program (SPIN)
- Functional Family Therapy (FFT)

In addition, C/A utilized 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 ambulatory mental health services listed above in CY2020.

Table 3: C/A Ambulatory Mental Health Services

County	CI	TCM	MHOP	PHP	BHRS	ASP	STAP	FBMH	SPIN	MST	FFT
Cumberland	258	67	2,337	37	432	17	0	177	12	23	11
Dauphin	295	557	3,672	102	680	76	2	285	7	60	63
Lancaster	133	337	7,489	262	1,353	44	31	481	7	33	26
Lebanon	189	183	2,292	95	370	55	3	191	9	23	3
Perry	70	23	492	8	53	2	0	56	7	2	9
Total	**944**	**1,164**	**16,183**	**504**	**2,880**	**193**	**36**	**1,183**	**42**	**140**	**112**

Table 4 identifies the number of C/A who utilized 24/7 mental health services listed above in CY2020.

Table 4: C/A 24/7 Mental Health Services

County	CRR-HH	RTF	MHIP
Cumberland	13	38	128
Dauphin	5	37	187
Lancaster	19	76	327
Lebanon	1	30	100
Perry	2	10	44
Total	**40**	**191**	**786**

The services that are primarily considered to represent BHRS are; Behavioral Specialist Consultant (BSC), Mobile Therapy (MT), Therapeutic Staff Support (TSS) and Applied Behavior Analysis (ABA). 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. ABA is provided by clinicians who have met the training and certification requirements and is available to C/A with autism. Table 5 highlights the number of C/A who received these BHR services and the corresponding cost of those services for CYs 2019 and 2020. Table 6 shows the information by County. Children/Adolescents are eligible for BHRS up to and including the age of 21.

Table 5: TSS, MT, BSC Utilization

Service	2019 C/A	2019 Dollars	2020 C/A	2020 Dollars
TSS	1,264	$10,775,322	909	$9,630,178
MT	1,407	$2,222,578	793	$2,427,747
BSC	1,519	$4,613,408	1,173	$5,698,544
BSC-PhD	120	$152,594	72	$194,176
BSC-Autism	1,010	$3,094,093	763	$3,836,733
ABA-Autism	903	$8,594,509	771	$8,816,981
Total	**3,756***	**$29,452,505**	**2,935***	**$30,604,358**

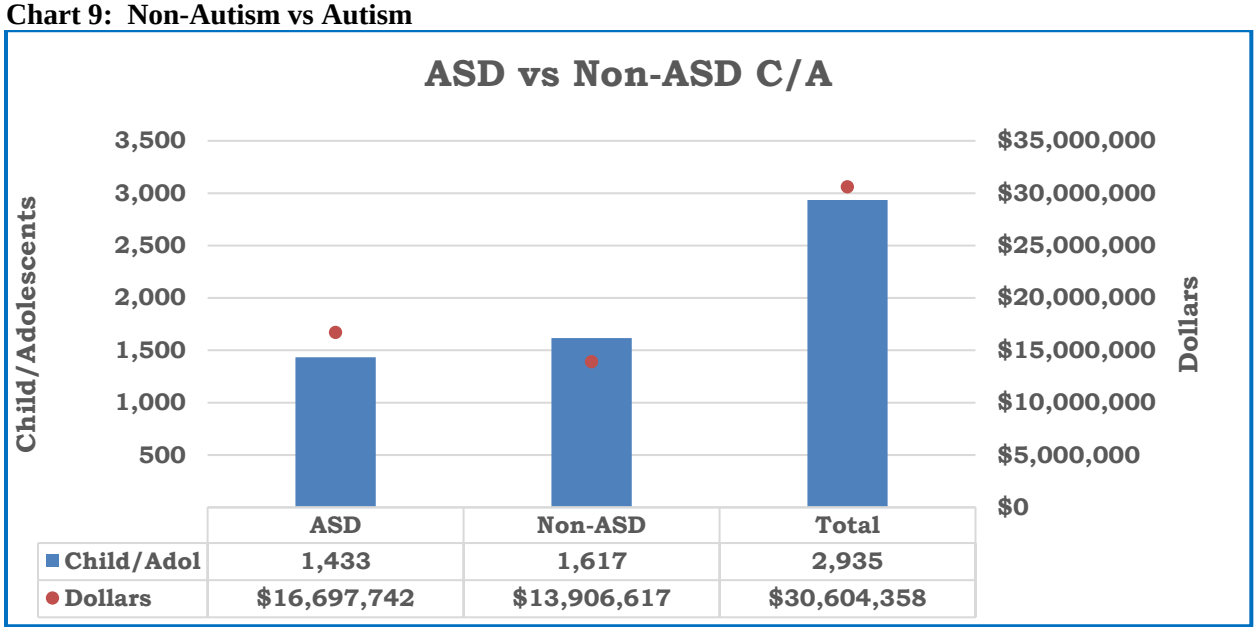
***Unduplicated**

Table 5: BHRS Utilization by County

County	2019 C/A	2019 Dollars	2020 C/A	2020 Dollars
Cumberland	551	$4,393,927	442	$4,048,384
Dauphin	983	$6,254,656	687	$6,675,537
Lancaster	1,700	$14,715,716	1,382	$15,406,984
Lebanon	462	$3,797,218	379	$4,234,105
Perry	77	$290,988	53	$239,348

In CY 2020, the total number of C/A who received BHRS decreased 22% from CY 2019, and costs increased 4%. The decrease in the number of C/A who received BHRS can be attributed to a decrease in demand due to COVID 19. The CABHC Board approved a rate increase for BHRS in CY 2020 that was a main influence on the rise in cost. Individuals with an autism diagnosis comprise almost half (49%) of all C/A receiving BHRS as shown in Chart 9 below.

Chart 9: Non-Autism vs Autism



In CY 2020 the utilization of children/adolescent services was impacted with the onset of the COVID 19 pandemic. Due to the nature of a specific service, the impact varied across services. The data comparison, most notably decreases in service utilization when comparing 2019 to 2020 data, cannot be taken at face value due to the COVID impact.

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 7 provides data on the number of C/A and corresponding cost of CIS by County. In CY 2020, there was a 29% decrease in the number of C/A 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 7: C/A Crisis Intervention Services

	CY 2019		CY 2020	
County	**C/A**	**Dollars**	**C/A**	**Dollars**
Cumberland	333	$103,634	260	$97,773
Dauphin	393	$154,572	295	$134,991
Lancaster	287	$81,947	133	$30,914
Lebanon	244	$77,760	189	$66,839
Perry	75	$32,205	70	$25,198
Total	**1,330**	**$450,119**	**946**	**$355,716**

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 8 highlights the utilization of TCM throughout the Counties for calendar years 2019 and 2020. Of the 17,219 C/A who utilized a mental health service in CY 2020, 9% accessed a form of TCM. The total number of C/A who accessed TCM had a slight 6% decrease and the cost of services increased 6.3% from CY 2019. CY 2020 was paid under an alternative payment arrangement based on historical claims data therefore cost cannot be compared to CY 2019. 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 8: C/A Targeted Case Management

		CY 2019			CY 2020		
County	**Service**	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Cumberland	ICM	33	124	$79,174	22	156	$60,579
	BCM	4	18	$1,134	3	81	$3,453
	RC	50	76	$112,010	44	116	$70,614
Total		**85**	**87**	**$192,319**	**67**	**127**	**$134,646**
Dauphin	ICM	1	957	$615			
	BCM	612	78	$1,224,316	557	71	$1,240,078
Total		**612**	**79**	**$1,224,931**	**557**	**71**	**$1,240,078**
Lancaster	ICM	1	18	$250	1	16	$128
	BCM	140	218	$403,764	127	125	$539,097
	RC	210	42	$197,080	210	43	$297,980
Total		**345**	**82**	**$601,093**	**337**	**60**	**$837,205**
Lebanon	ICM	70	386	$215,243	69	281	$260,468
	BCM				1		$98
	RC	105	94	$308,485	114	65	$295,558
Total		**175**	**128**	**$523,728**	**183**	**94**	**$556,124**
Perry	ICM	12	56	$88,503	9	468	$51,705
	RC	16	84	$37,065	14	106	$14,784
Total		**27**	**75**	**$125,568**	**23**	**233**	**$66,489**
All Counties	ICM	116	222	$383,785	101	265	$372,880
	BCM	752	98	$1,629,215	686	80	$1,782,725
	RC	381	60	$654,639	381	55	$678,936
	Total	**1,239**	**87**	**$2,667,639**	**1,164**	**75**	**$2,834,541**

Specialized In-Home Treatment Program (SPIN)

SPIN is an intensive, family-based mental health program to reduce sexual victimization by providing treatment services to youths who sexually act out or have offended, and by providing education and treatment services to family members of youths who sexually act out or offended, so that the youths have support to maintain low-risk behaviors. Diakon Child, Family and Community Ministries is the sole provider for this service. In CY 2020, there was a decrease of 21% in the number of C/A who utilized the service

After School Program (ASP)

The ASP is offered by two providers to provide structured therapeutic opportunities during after-school hours for children and adolescents, to develop and practice social skills in a peer-based environment. The goal of each program is to improve functioning in all life domains: home, school, and community. The After School Program experienced a decline of 47% in attendance from CY 2019 to CY 2020. This decline is directly a result of the COVID pandemic.

Functional Family Therapy (FFT)
FFT is an evidence-based and strength-based approach that focuses on therapeutic interventions to address protective and risk factors within a youth's family and environment to promote adaptive development. The service is provided by TruNorth Wellness, who is the only provider in the network who has received certification. Functional Family Therapy experienced a 23% decrease in services provided, due to a combination of COVID 19 and staffing shortages.

Multi-Systemic Therapy (MST)
MST is an intensive, in-home, family-based treatment program with the primary goal to reduce the rates of out of home placement of adolescents due to problematic behavior in the home, community, and school settings by working closely with the systems that have the greatest influence on the adolescent's behavior (e.g., home, school, community, peers). There are three organizations that provide MST to children/adolescents in the network. The MST program is part of the CABHC Value Based Purchasing program that created an incentive for providers to achieve specified outcomes. Of the 119 adolescents who received MST, 66 achieved one of the three expected outcomes.

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 2020, there was one STAP provider; Wellspan-Philhaven, who provided services to 36 children/adolescents, compared to the 215 in CY 2019.

Children/Adolescent Outpatient Services
Mental Health Outpatient is an ambulatory treatment provided through a network of 164 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 12% decrease in the number of C/A that utilized outpatient services that included individual practitioners, clinics and Federally Qualified Health Centers (FQHC) from CY 2019 to CY 2020 and a corresponding 5.8% decrease in costs. In CY 2020, 77% of services were funded using an Alternative Payment Arrangement, which was a set monthly amount. (See Table 9). Although C/A utilization decreased with Physician/Psychologist services, costs increased 36.6%. 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 2020, 3,772 C/A received outpatient services in 45 different school districts and 247 individual school locations from 11 different providers, which represents 26% of the total number of C/A who utilized outpatient services.

Table 9: Children/Adolescent Outpatient Service

	CY 2019		CY 2020	
Level of Care	**C/A**	**Dollars**	**C/A**	**Dollars**
MHOP Clinic	14,907	$13,179,247	13,066	$12,412,295
Physician/Psychologist	653	$421,289	522	$397,248
FQHC	2,042	$1,186,324	1,752	$1,620,315
Total	**16,328**	**$14,786,860**	**14,374**	**$14,429,858**

Partial Hospitalization Service

Partial Hospitalization is a short-term, intensive service where C/A participate in treatment Monday through Friday for three 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 2020, the number of C/A who received partial hospitalization services decreased 38% from 809 in CY 2019 to 504. PHP was dramatically impacted by COVID 19 with it being a clinic-based service and not conducive to telehealth.

Family Based Mental Health Services (FBHMS)

FBMHS is a 32-week, intensive community-based service that 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. Access to FBMHS is closely monitored by CABHC and PerformCare on a weekly basis.

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 10: 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	165	14	8.48%	6	3.64%	1	0.61%	21	12.73%
85-168 days	133	3	2.26%	10	7.52%	3	2.26%	16	12.03%
169-224 days	**448**	**10**	**2.23%**	**5**	**1.12%**	**2**	**0.45%**	**17**	**3.79%**
225+ days	90	4	4.44%	3	3.33%	1	1.11%	8	8.89%
Total	836	31	3.71%	24	2.87%	7	0.84%	62	7.42%

*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 decreased from 60 in CY 2019 to 41 in CY 2020. The average LOS increased from 216 to 271 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 2020, 13 C/A received CRR-ITP services which is eight less than the previous year. A second provider was approved to begin providing CRR-ITP services in CY 2020, however due to difficulty in recruiting families and staff, they were unable to provide any services.

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 25 facilities who served 209 children/adolescents in 2020. The number of C/A who utilized RTFs decreased 7% and the costs for the services increased 9% (see Table 11). The average length of stay decreased 5.8% with Dauphin County experiencing the largest decrease at 52%.

Table 11: Residential Treatment Facilities

	CY 2019			CY 2020		
County	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Cumberland	46	391	$3,035,216	40	352	$3,356,749
Dauphin	36	566	$2,147,870	40	272	$2,948,051
Lancaster	99	407	$7,452,898	88	465	$7,091,042
Lebanon	34	355	$1,541,200	31	410	$2,149,842
Perry	12	322	$668,193	10	336	$629,585
Total	**225**	**418**	**$14,845,377**	**209**	**394**	**$16,175,269**

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 12 provides information on the number, LOS and cost of services for the C/A who received services at 25 MHIP facilities in calendar year 2020. The number of C/A who utilized MHIP services decreased 11.3%, LOS increased 12.6% and costs decreased 8.9%. Starting in CY 2020 a Value Based purchasing model was implemented to provide an incentive for

providers to reduce readmissions to a MHIP facility. A shared savings pool was created to reward providers who met individual targets, if the overall target for CABHC of 12.5% or less readmission rate was met.

Table 12: Inpatient Psych Hospital

	CY 2019			CY 2020		
County	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Cumberland	134	23	2,899,028	130	23	2,675,243
Dauphin	230	18	4,211,318	187	23	4,018,783
Lancaster	352	19	6,383,121	328	21	5,951,939
Lebanon	141	19	2,576,895	101	20	1,726,202
Perry	38	23	712,184	44	27	920,810
Total	**891**	**19**	**16,782,546**	**790**	**22**	**15,292,977**

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 2020, 25,890 adults, 18 years of age and above, accessed one or more Mental Health (MH) services. This represents a 15.6% 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 MH services were provided by a network of 618 providers, many who are individual practitioners. Ambulatory services include:

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

Individuals with more acute needs additionally 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 13 provides data on the number of adults and corresponding cost of CIS by County. In CY 2020, there was a 6.1% 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 13: Crisis Intervention Services

	CY 2019		CY 2020	
County	**Adults**	**Dollars**	**Adults**	**Dollars**
Cumberland	545	$186,067	511	$210,675
Dauphin	1,106	$429,056	1,053	$470,050
Lancaster	808	$377,750	597	$177,356
Lebanon	523	$176,253	636	$201,391
Perry	92	$30,384	88	$24,549
Total	**3,056**	**$1,199,509**	**2,869**	**$1,084,021**

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 14 highlights the utilization of TCM throughout the Counties for calendar years 2019 and 2020. Of the 25,890 adults who utilized a mental health service in CY 2020, 9% accessed a form of TCM. The total number of adults who accessed TCM decreased 11.3% and the cost of services decreased 9.3% from CY 2019. CY 2020 was paid under an alternative payment arrangement based on historical claims data therefore cost cannot be compared to CY 2019.The total length of service for each County and the grand total is not included due to the differences between the three TCM services.

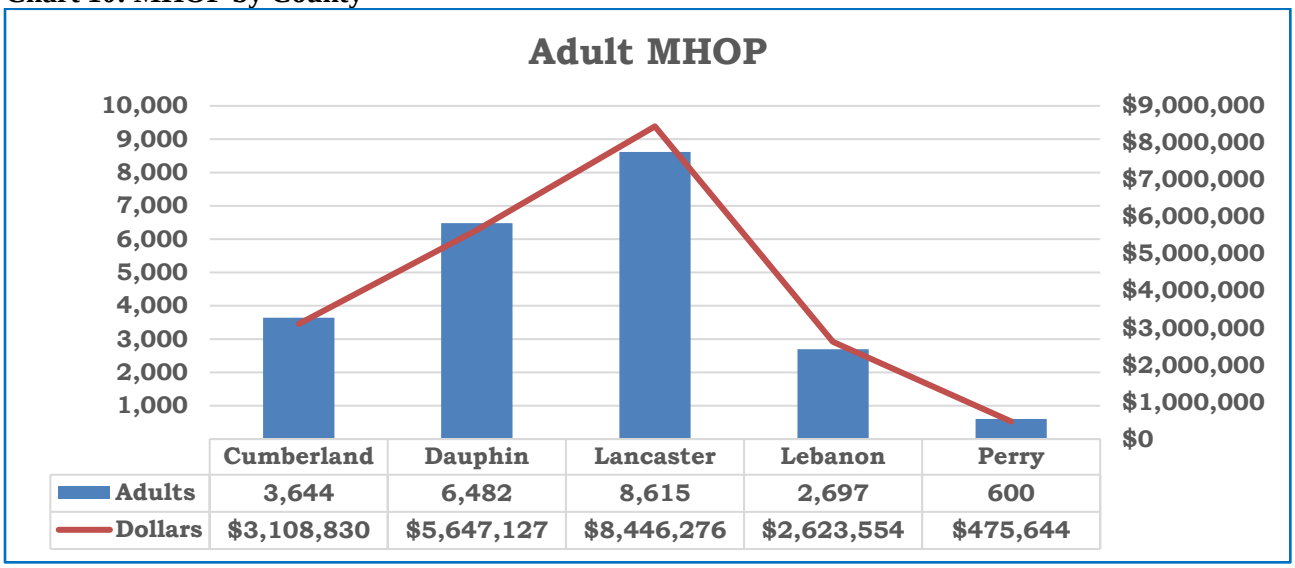
Table 14: Targeted Case Management

		CY 2019			CY 2020		
County	**Service**	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	ICM	137	202	$499,137	131	295	$423,698
	BCM	12	54	$3,551	10	61	$5,259
	RC	155	67	$277,491	154	93	$249,988
Total		**296**		**$780,178**	**280**		**$678,945**
Dauphin	ICM	122	205	$577,104	115	208	$560,549
	BCM	1,246	107	$2,773,242	1,034	103	$2,424,483
	RC	9	28	$7,686	3	107	$1,042
Total		**1,360**		**$3,358,032**	**1,146**		**$2,986,074**
Lancaster	ICM	275	230	$757,042	255	205	$584,330
	BCM	214	186	$638,879	191	115	$618,137
	RC	268	74	$399,681	244	83	$401,957
Total		**740**		**$1,795,602**	**667**		**$1,604,424**
Lebanon	ICM	84	472	$274,102	74	328	$259,697
	BCM	1	84	$4,988	1	51	$224
	RC	104	74	$167,282	114	80	$277,571
Total		**184**		**$446,372**	**188**		**$537,492**
Perry	ICM	17	145	$59,973	15	192	$31,805
	BCM	1	23	$220	1	1	$145
	RC	13	40	$17,101	12	81	$19,123
Total		**29**		**$77,295**	**27**		**$51,073**
All Counties	ICM	630	233	$2,167,359	587	228	$1,860,079
	BCM	1,466	118	$3,420,879	1,232	105	$3,048,248
	RC	546	71	$869,242	526	85	$949,681
	Total	**2,591**		**$6,457,480**	**2,298**		**$5,858,009**

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

Chart 10: MHOP by County



In CY 2020, there was a 3.4% decrease from CY 2019 in the number of adults who accessed outpatient services (see Table 15). 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 7%. The utilization of traditional Telehealth (separate from the emergency use of Telehealth due to the pandemic), which is always delivered in a licensed MHOP clinic, experienced a 66% increase in the number of adults who accessed the service.

Table 15: Outpatient Services

		CY 2019		CY 2020	
Service	**Gender**	**Adults**	**Dollars**	**Adults**	**Dollars**
MHOP	Female	11,492	$9,039,966	10,682	$11,205,147
	Male	7,277	$5,305,828	6,684	$6,037,888
Total		**18,770**	**$14,345,794**	**17,367**	**$17,243,034**
FQHC	Female	1,211	$563,678	1,286	$582,705
	Male	511	$253,734	560	$280,623
Total		**1,722**	**$817,412**	**1,846**	**$863,328**
Physician/Psychologist	Female	2,583	$1,319,036	2,781	$1,384,665
	Male	1,565	$895,466	1,794	$724,695
Total		**4,148**	**$2,214,501**	**4,575**	**$2,109,360**
Telehealth	Female	256	$75,545	404	$52,412
	Male	162	$42,239	289	$33,297
Total		**418**	**$117,784**	**693**	**$85,709**
Grand Total		**22,615**	**$17,495,491**	**21,849**	**$20,301,431**

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 16 shows that the number of people who utilized MPN declined 14% in 2020, and the cost of services remained relatively unchanged.

Table 16: Mobile Psychiatric Nursing

	CY 2019			CY 2020		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	31	118	$158,842	27	100	$147,320
Dauphin	67	142	$234,171	64	109	$253,133
Lancaster	127	610	$534,558	101	537	$522,776
Lebanon	18	345	$60,897	11	280	$47,504
Perry	7	73	$40,229	9	135	$61,520
Total	**246**	**330**	**$1,028,697**	**211**	**299**	**$1,032,253**

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 2020, CABHC Members had access to four different providers who offer Peer Support Services. The number of individuals who used Peer Support Services in CY 2020 and the cost of services remained unchanged from CY 2019, although the average LOS decreased 22.7% (see Table 17). In 2020, Merakey Stevens began their support of youth and young adults from 14-18 years of age and were able to serve one person.

Table 17: Peer Support Services

	CY 2019			CY 2020		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	27	121	$47,713	37	138	$62,703
Dauphin	79	130	$108,735	69	77	$133,853
Lancaster	181	160	$547,133	175	136	$558,500
Lebanon	43	179	$162,640	46	136	$108,528
Perry	2	120	$1,918	3	15	$1,104
Total	**330**	**150**	**$868,139**	**330**	**116**	**$864,689**

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 and a new program was developed in Lebanon County that opened in July, 2019. An Alternative Payment Arrangement (APA) model was utilized for their first full year of operation under HealthChoices. As displayed in Table 18, there was an 8% decrease in the number of participants in CY 2020 compared to CY 2019 and a 3.6% increase in costs. Although there was a decrease in the number of adults who utilized the service which can be attributed to COVID 19, it is remarkable that it was a small decrease and many individuals continued to attend the Psych Rehab programs.

Table 18: Psychiatric Rehabilitation

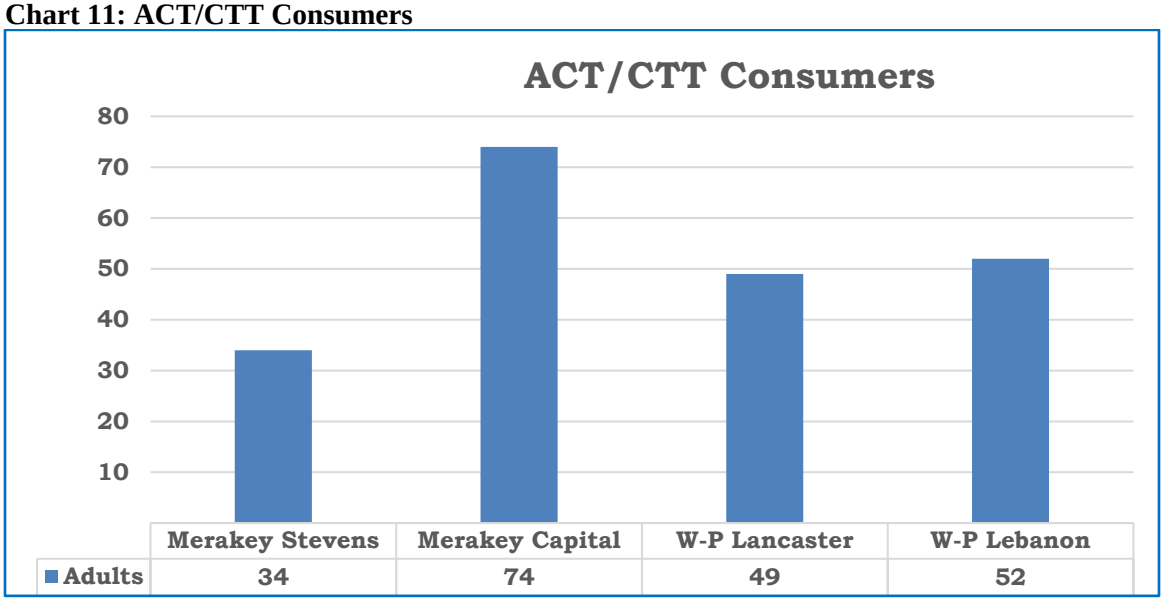
	CY 2019			CY 2020		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	74	127	$323,328	70	124	$322,245
Dauphin	36	65	$403,565	19	87	$387,516
Lancaster	23	136	$79,929	25	68	$81,094
Lebanon	22	60	$87,317	30	58	$145,528
Perry	6	91	$11,286	4	29	$1,639
Total	**161**	**107**	**$905,424**	**148**	**99**	**$938,021**

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 in CY 2020. 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. Chart 11 shows the number of individuals supported by each respective team in CY 2020.

Chart 11: 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 19 is the CY 2020 ACT outcome data. The table includes the goals that have been established for each outcome. The teams are doing well with community involvement, stable housing and legal activity; however, they struggle with supporting individuals to find competitive employment. MHIP readmission along with length of stay increased in CY 2020. CABHC meets regularly with the teams to review outcomes, discuss challenges and consider additional training or resources that will lead to improved services.

Table 19: 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	11.3%	84.4%	97.2%	20.0%	37.5%	97.9%
Merakey Stevens	16.9%	93.8%	98.5%	66.7%	0%	98.5%
Philhaven-Leb.	3.1%	96.9%	97.9%	0.0%	33.3%	96.9%
Philhaven-Lanc.	10.2%	82.7%	98.0%	60.0%	69.2%	94.9%
Average	**10.0%**	**88.5%**	**97.8%**	**30.2%**	**45.0%**	**97.0%**

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 2020 decreased 27.4% compared to CY 2020, while the length of service increased 46%. Costs remained relatively the same (see Table 20). COVID 19 had a significant impact on the utilization of PHP services as it requires consumers to be present, and does not lend itself to telehealth. The APAs continued payments to providers throughout CY 2020.

Table 20: Partial Hospitalization Program

	CY 2019			CY 2020		
County	**Adult**	**LOS**	**Dollars**	**Adult**	**LOS**	**Dollars**
Cumberland	116	126	$480,936	85	135	$435,975
Dauphin	220	134	$1,439,852	154	219	$1,312,462
Lancaster	231	57	$646,763	155	51	$754,497
Lebanon	80	44	$176,146	71	44	$277,450
Perry	13	25	$58,768	12	214	$60,482
Total	**653**	**90**	**$2,802,465**	**474**	**131**	**$2,840,867**

Inpatient Services

In CY 2020, 2,382 adults utilized Inpatient Psychiatric services. Of the 25,890 adults who accessed mental health services during the year, 9.2% had at least one admission into a MHIP facility. Forty-four providers were utilized in CY 2020 which is down from the 49 providers that were utilized in CY 2019.

Between CY 2019 and CY 2020, there was a 4.7% decrease in the utilization of MHIP services and a minor 0.2% increase in cost (see Table 21). The average length of service remained almost the same from CY 2019 to CY 2020 with a slight 0.5% increase. There were more males than

females that accessed services. With the exception of Perry County, all the other counites experienced a decrease in utilization.

Table 21: Adult IP Services

		CY 2019			CY 2020		
County	**Gender**	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	Female	154	13	$1,338,256	117	13	$1,018,757
	Male	119	14	$1,058,269	126	14	$1,421,176
Total		**273**	**13**	**$2,396,525**	**243**	**14**	**$2,439,933**
Dauphin	Female	398	14	$4,748,059	336	15	$4,326,851
	Male	417	15	$5,644,545	392	14	$5,334,266
Total		**815**	**14**	**$10,392,604**	**728**	**14**	**$9,661,118**
Lancaster	Female	555	14	$6,790,376	528	16	$7,114,416
	Male	531	16	$7,606,274	548	16	$8,291,893
Total		**1,086**	**15**	**$14,396,650**	**1,076**	**16**	**$15,406,308**
Lebanon	Female	157	16	$1,824,455	134	15	$1,497,728
	Male	156	19	$2,399,876	174	15	$2,416,326
Total		**313**	**18**	**$4,224,331**	**308**	**15**	**$3,914,054**
Perry	Female	21	12	$164,226	20	10	$143,459
	Male	16	24	$224,469	21	15	$291,757
Total		**37**	**17**	**$388,695**	**41**	**13**	**$435,216**
Grand Total	Female	1,276	14	$14,865,372	1,132	15	$14,101,212
	Male	1,224	16	$16,933,433	1,250	15	$17,755,418
		2,500	**15**	**$31,798,805**	**2,382**	**15**	**$31,856,629**

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, Methadone and Medication Assisted Recovery Services 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. CABHC continues efforts to support individuals in their recovery through the provision of Certified Recovery Specialists (CRS) and expanding the availability of Medication Assisted Treatment (MAT) in licensed D&A outpatient clinics. CABHC supported the efforts of two providers who were operating Centers of Excellence with assisting them in being able to sustain their CRS with the transition to funding under 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

From CY 2019 to CY 2020 there was a 30.7% decrease in the number of C/A who utilized a D&A service along with a 45.8% decrease in costs (see Table 22). The number of adults who accessed a HealthChoices D&A service in CY 2020 decreased 8% from CY 2019 and expenses increased 9.8% (see Table 23). A 10% temporary rate increase was provided to NH Rehabs in order to cover increased costs related to staffing and safety measures during the pandemic. Of the 9,798 adults who accessed a D&A service in 2020, 50% accessed at least one mental health service during the year and 71% of the 230 C/A who accessed a D&A also accessed a MH service. The impact of COVID 19 was more evident with C/A than with adult services.

Table 22: Children/Adolescent D&A Services

	CY 2019			CY 2020		
Service	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
NH Res - Detox	3	3	$2,646	2	3	$1,852
NH Res - Rehab, Short Term	28	39	$341,806	5	96	$14,635
NH Res - Rehab, Long Term	77	103	$1,371,711	43	135	$868,861
OP D&A Clinic	272	33	$118,412	193	31	$73,244
D&A Assessment	14	1	$923	4	1	$818
D&A Partial	20	22	$28,329	24	20	$19,571
D&A TCM	1	103	$2,591	0	0	$0
D&A - IOP	55		$56,421	45	38	$62,175
Opioid Use Disorder COE	0	0	$0	1	1	$277
Total	**332**		**$1,922,838**	**230**		**$1,041,434**

Table 23: Adult D&A Services

	CY 2019			CY 2020		
Service	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
IP D&A Hospital - Detox	64	5	$156,354	50	6	$163,337
IP D&A Hospital - Rehab	26	12	$151,931	24	18	$200,125
Non-Hosp Res - Detox	1,627	4	$2,579,285	1,637	4	$3,037,330
Non-Hosp Res - Rehab, Short Term	2,486	19	$13,225,455	2,354	19	$15,001,109
Non-Hosp Res - Rehab, Long Term	806	60	$7,528,951	661	61	$6,649,406
Non-Hosp Res - Halfway	405	71	$3,140,162	410	69	$3,510,546
OP D&A Clinic	8,042	54	$6,455,103	7,467	51	$6,653,193
D&A Assessment	1,082	1	$143,338	1,076	1	$176,714
D&A Meth Main	2,058	366	$7,011,165	2,039	584	$7,610,136
D&A Partial Hospitalization	280	27	$1,102,821	517	29	$2,482,762
D&A - IOP	1,226	37	$1,193,973	1,267	39	$1,462,592
D&A Targeted Case Management	50	106	$137,752	35	190	$54,682
Certified Recovery Specialist Service	221	76	$188,091	96	49	$58,729
MARs Coordination	627	102	$670,917	632	83	$855,057
Opioid - Centers of Excellence	135	12	$87,047	134	11	$96,529
Total	**10,655**		**$42,913,338**	**9,798**		**$47,098,462**

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 dominant reason that individuals do not pursue substance use treatment. Detox (or the current terminology; Withdrawal Management) 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 2020, individuals utilized 18 different Inpatient and Non-Hospital Detox facilities. Two C/A accessed a detox service. There was no notable difference in the combined total number of adults who utilized Detox services although there was a 17% increase in costs.

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. Members received services from 35 different facilities in CY 2020. White Deer Run served the largest number of Members (996) and there were 46 C/A who utilized NH Rehab services. The number of C/A and adults who utilized a NH-Rehab decreased over the past year.

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 2020 decreased 2.5% to 69 days. The utilization of NH-HH increased 1.2% from CY 2019.

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 2020, there was a 29% decrease in the number of C/A who utilized a D&A OP service and a 7.1% decrease for adults, while total costs for both C/A and adults increased 2.3%.

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 2020, there was an 18% decrease in the number of C/A who received IOP with a 10% increase in costs. Adults had a 3.3% increase in utilization and experienced an 22.5% increase in costs.

Partial Hospitalization Program (PHP)
PHP is an intensive D&A, day treatment service, where participants attend therapy sessions six hours per day, four days a week. Group therapy is the primary treatment however, 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 2020, the number of adults who utilized a PHP increased 84.6% and cost increased 125%. The increase in the number of adults served occurred with primarily two providers who offer a hybrid residential/partial program.

Methadone Maintenance
Consumers that have an Opioid addiction have access to Methadone which is delivered in a licensed OP clinic. Methadone services were available at 12 locations throughout the network in CY 2020. Utilization decreased 1% while length of time in treatment increased 59.5% and cost increased 8.5%.

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 is the single provider of CRS services. In CY 2020, there was a 56.6% decline in utilization that can be attributed to decrease in demand due to the pandemic.

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. There was a 0.8% increase in the number of adults who accessed the Program in CY 2020.

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 services meet Member's needs. 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 fall below established standards, 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 2020, there were a total of 750 In-Network Providers available to CABHC Consumers, which included 527 individual practitioners, 204 clinics/facilities and 19 groups. Of those, 16 were new psychiatrists and 14 facilities and/or professional groups joined the network in CY 2020. Throughout the year, there were 85 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. Northern Dauphin County required an exception for Residential Treatment Facilities, an exception was required for Methadone Maintenance in Lancaster County and Youth and Young Adult Peer Support services required an exception in all five counties.

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 2019 Provider Satisfaction Survey were tabulated and reported on in 2020. Overall satisfaction increased 0.1 points from the previous year and the final survey report was reviewed by the PRC with no follow up requests for PerformCare.

The 2020 CABHC Provider Satisfaction Survey was distributed to 275 network Providers via email in November 2020 that resulted in a 33% response rate, which is an increase from the 31% response rate in 2019. 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 4.0 which was a 0.2 increase from 2019. There were nine sections in the survey that increased in scoring from 2019 to 2020 and three categories that had a slight decrease from the previous year. Provider Relations and Grievances were the highest scoring and Provider Relations had the largest change from last year. Table 24 provides a summary of the Provider Satisfaction scores from CY 2015 through CY 2020. The 2020 Provider Satisfaction Survey will be reviewed by the PRC and forwarded to PerformCare for any recommended follow-up.

Table 24: Provider Satisfaction Scores

Survey Category	2015	2016	2017	2018	2019	2020
Communication	3.6	3.8	3.8	3.6	3.7	4.1
Provider Relations	3.2	4	4	3.9	3.8	4.3
Provider Orientation	N/A	N/A	N/A	3.5	4	4.1
Provider Meetings & Trainings	4.5	3.8	3.9	3.7	3.8	3.6
Claims Processing	3.9	3.9	3.6	3.8	3.7	4
Administrative Appeals	3.8	3.8	3.6	3.4	3.5	3.8
Credentialing & Re-credentialing	2.8	3.7	3.6	3.5	3.8	4
Complaints	N/A	N/A	N/A	3.6	4	3.9
Grievances	4.2	3.7	3.9	3.5	4	4.3
Treatment Record Reviews	N/A	3.6	3.4	3.8	4.1	4
Clinical Care Management	3.2	3.8	4	3.9	3.8	4.1
Member Services	3.9	3.8	3.8	3.9	3.8	4
Average Total Score	**3.8**	**3.8**	**3.8**	**3.7**	**3.8**	**4.0**
Total Number of Respondents	60	64	82	98	86	90
Response Percentage of Total Surveys Sent	**25%**	**26%**	**30%**	**34%**	**31%**	**33%**

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 2020, there was an improvement in access with five levels of care that included: D&A outpatient, Family Based, Partial Hospitalization, IOP D&A and Targeted case management. Decreases were noted with mental health OP, Psychiatric Evaluations, Partial Hospitalization D&A 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 2020 was 80% for all levels of care. Providers that score below 80% are required to submit a Quality Improvement Plan (QIP). In the 2020 review cycle, PerformCare conducted 61TRRs. There were two MHOP 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 2020, CABHC facilitated the following presentations for the CFFC:

Self-care and Wellness during COVID, presented by Stephanie DePalmer, Assistant Professor at Messiah University. The difference between good stress and toxic stress, as well as the window of tolerance were discussed. An emphasis was made on the importance of prioritizing one's emotional health and practicing compassion satisfaction daily.

Member Satisfaction Surveys, presented by Susan Ferry (PerformCare) and Abby Robinson (CSS). This presentation was an overview of the process through which members' feedback is collected. PerformCare's survey is conducted yearly and mailed to the members. During 2020, CSS conducted surveys over the phone in the effort to limit exposure to COVID, but the agency plans to resume with in-person surveys as soon as it is safe to do so. CSS also discussed the work of the System Improvement Committee (SIC), which reviews the survey tool and survey results, and makes suggestions for improvement

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. For CY 2020, the Committee members selected "Adverse Childhood Experiences and Effects of Early Childhood Trauma" as the topic for the county-wide training. This training was originally scheduled for April 29, 2020 but was moved to August 24 and 25, 2020 and offered virtually due to the COVID pandemic. Forty-four (44) individuals attended on the first day and thirty-one (31) attended on the second day.

PEER SUPPORT SERVICES STEERING COMMITTEE

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

In CY 2020, the PSSSC met in January, July and November. The March meeting was cancelled due to the pandemic. Since then, all meetings were held virtually. The committee provided assistance to CABHC with the interview and selection process for the Peer Support Training Scholarship program. In CY 2020 there were eight individuals who received a scholarship to attend the CSP training. CABHC was unable to support anyone for the April and June training due to the Pennsylvania Certification Board (PCB) not granting approval for the use of virtual training. After much advocacy working with the PCB and OMHSAS, the PCB approved virtual training along with an on-line certification process.

In an effort to encourage more individuals to consider becoming a CPS, the PSSSC designed and implemented the Peer Support Incentive Program which provides a total of $500, payable in two installments, to scholarship recipients who are employed as Peer Support Specialists within our network for at least six (6) months.

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 2020.

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 2020 there was 18,737 unique views which was an increase from the 14,555 in the previous year. The most searched topics were:

- "Bipolar Disorder"
- "PTSD- Can it be Prevented and Will it Go Away on its Own?"
- "Depression, Spanish version"
- "OCD"

In 2020, PerformCare placed the following articles or resources on the website for Members:

- Helping children cope with stress during the 2019-COVID outbreak. (World Health Organization)
- Caring for Children in Disasters (CDC) in English and Spanish

- Hoarding Awareness brochure in English and Spanish
- Treatment monitoring applications
- Getting help during the COVID-19 Epidemic
- How Members can use telehealth during the COVID-19 emergency
- Support for you and your love ones (COVID-19)
- Food resources
- Telehealth Tips- Getting the most out of your telehealth sessions
- Additional County crisis phone numbers added to Suicide Prevention Awareness page

Next Steps in 2021 includes reviewing all self-management tools for usability, adding new resources as they become available, and increasing the number of articles available in Spanish. PerformCare also plans to survey stakeholders on topics they would most likely be interested in and post topics after research is complete.

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 PH/BH IP 30-day readmission rates for individuals with SPMI
- Decreased emergency department utilization for individuals with SPMI
- Decreased combined PH/BH IP admission utilization for individuals with SPMI

In CY 2020, PerformCare developed Integrated Care Plans (ICPs) on 1004 individuals and 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. Information gathered during the clinical round discussion was added to the Member's electronic medical record to provide Clinical Care Managers with easy access to this information and to incorporate the key physical health information into clinical work with Members.

In an effort to improve performance with the five measures, PerformCare maintained a workgroup that met bi-weekly throughout CY 2020, that included CABHC, Tuscarora Managed Care Alliance and various subject matter experts. PerformCare developed and distributed an internal resource guide to the clinical department that can be used to assist members in accessing care. In CY 2020, PerformCare sent out 430 letters to providers to notify them of members who had five or more ER visits within the past 12 months and to request that there is outreach to the Member. Initial results indicate there is a reduction in ER use with members who have provider outreach. A similar approach was initiated for members with a diagnosis of schizophrenia and who struggle with medication adherence. Discussion took place throughout the year with AmeriHealth Caritas to explore the development of community outreach by Lancaster EMS, with the goal to reduce IP visits and readmission. PerformCare will develop an EMS referral process.

The scores for MY 2019 for the five performance measures is the most recent data provided by OMHSAS. The scores indicate that CABHC met the target goal of 3% improvement for the ER measure, however there was minimal improvement or a reduction in performance for the other four measures. Performance was in alignment or in many cases above the statewide averages.

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. 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 2020 was 2,627 compared to 2,213 in CY 2019. 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 were delivering services during CY 2020. 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, but adults can also make use of the program. 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 Counties, stakeholders, and YAP. In 2020, the Respite Workgroup met to review utilization and discuss the challenges imposed due to the COVID pandemic. Families did not want respite workers to come

into their home which led to a major decline in utilization. YAP and the Workgroup encouraged the use of Family and Friends as an alternative to using provider staff to supply respite services.

The Respite outcome data presented in Table 25 represents the time period from 7/1/2019 through 12/31/2020. There is an extra six months-worth of activity included due to the required switch by OMHSAS from a fiscal to a calendar year contract. For the 18-month period the respite program served a total of 273 Members. A total of 7,417 hours of In-Home respite were provided and total expenditures amounted to $193,712.

Table 25: Respite Services FY 17/18

County	# Members Served	In Home Hours
Cumberland	**46**	**1,141**
Dauphin	**35**	**845**
Lancaster	**130**	**3,488**
Lebanon	**57**	**1,751**
Perry	**5**	**192**
Total	**273***	**7,417**

***Unduplicated**

2. Specialized Transitional Support for Adolescents

This Reinvestment program targets adolescents and young adults 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 fluctuation among the different programs throughout the year on goal attainment, the programs demonstrate that between 50% and 95% of youth are making progress on goals that the youth has identified for themselves. The programs were very creative due to the COVID restrictions, developing virtual groups and individual sessions in order to keep youth engaged. Through June 30, 2020, a total of 158 youth participated in the four programs.

Table 26: Specialized Transitional Support

County	Program	Members
Cumberland/Perry	NHS Stevens Center	38
Dauphin	The JEREMY Project, through CMU	49
Lancaster	Community Services Group	44
Lebanon	The WARRIOR Project, PA Counseling Services	27

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.

Due to the shift in the contract cycle, the decision was made to move the Recovery House reporting cycle from that of fiscal year (FY) to contract year (CY), beginning in January 2021. In order to transition to the new reporting period, this data covers the time period 7/1/19-12/31/20. As of December 31, 2020, the 36 participating Recovery House organizations had a combined 959 beds in 110 individual houses. Throughout the report period CABHC issued scholarships to 538 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 47% of people left voluntarily and 44% were asked to leave the recovery house for different reasons. Seventy-three percent of the individuals were employed and another 10% were looking for work, and 60% were compliant with house rules. There were 336 (73%) members that reported that they participated in treatment and 62% 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 nine 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, 2020.

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 CSS Annual Report for the time period 7/1/2019-12/31/2020: The report includes the six-month extension due to contract change from fiscal to calendar year. The six-month extension resulted in a much higher number of surveys being conducted during the report period.

CSS surveyed 5,115 consumers from the Counties that represent 2,428 Adults (47.5%) and 2,687 children/adolescents (52.5%). Of all the adult consumers who were surveyed, 2,327 (95.8%)

responded for themselves. Only 20 (0.7%) C/A responded for themselves, 2,505 (93.2%) had a parent/guardian respond for them, and 162 (6%) responded for themselves with a parent/guardian present. Due to COVID restrictions that began in March of 2020, there was a shift from previous years in the being able to complete the majority of interviews face to face as shown in Table 23.

Table 23: Total Interviews and Face–Face

	Adult			Child			Total		
Report Period	**Adult**	**F-F**	**%**	**Child**	**F-F**	**%**	**Total**	**F-F**	**%**
18/19	1,719	1,646	95.8%	1,696	1,575	92.9%	3,415	3,221	94.3%
19/20	2,428	1,773	73.0%	2,687	997	37.1%	5,115	2,770	54.2%

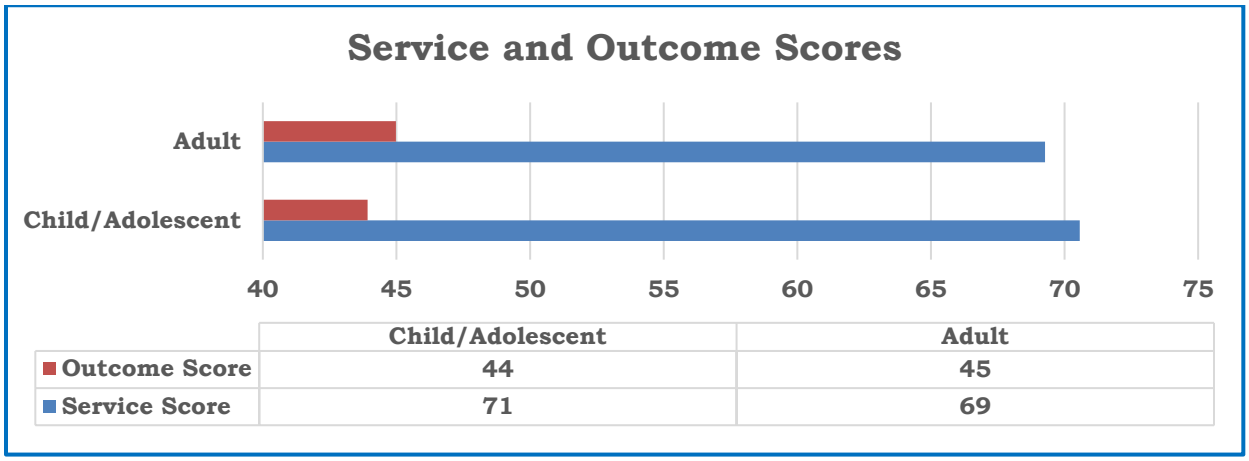
Data was collected by 9 interviewers from 102 treatment facilities. In all, 17 treatment levels of care was accessed by the respondents that include:

Levels of Care	**Surveys**	**%**
MH OP	2581	50.46%
BHRS	1028	20.10%
Crisis Intervention	407	7.96%
D&A Inpatient Rehab	299	5.85%
D&A Medication Assisted Treatment	224	4.38%
Family Based	187	3.66%
Peer Support	76	1.49%
MAT Coordination	66	1.29%
D&A Halfway House	62	1.21%
D&A OP	39	0.76%
After School Program	37	0.72%
Residential Treatment Facility	29	0.57%
Assertive Community Treatment	23	0.45%
EIPS	22	0.43%
Summer Therapeutic Activity Program	18	0.35%
CRR Host Homes	11	0.22%
Extended Acute Care	6	0.12%
Total	**5115**	**100.00%**

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 114.38.

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 chart shows that the scores are in the high-level of satisfaction for adults and children/adolescents.

Chart 12: 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 FY19/20 Consumer Satisfaction report can be viewed on the CABHC web site at www.cabhc.org.

FISCAL OVERVIEW

A decision was made by OMHSAS to move all state fiscal year HealthChoices Behavioral Health Contracts to a calendar year contract beginning January 1, 2021. To align the contract to a calendar year it required the HealthChoices FY 19/20 contract to be an 18- month period, July 2019 – December 2020. Therefore, below when discussing FY 19/20 it will be in reference to the 18-month period.

Also, during FY 19/20 a COVID-19 Public Health Emergency was declared due to the COVID-19 pandemic. To address provider needs during this time, CABHC implemented a number of alternative payment arrangements to assist providers. These payment arrangements were to assist providers in supporting their agencies by allowing providers to receive payments when the delivery of billable services is unsure or greatly reduced. These payments began in March 2020 and continue through December 2020 and into the next calendar year. Additional payments were also given to certain providers in excess of claims for increased costs they endured due to COVID-19.

As in every year, financial oversight of CABHC, PerformCare's financial position, and the HealthChoices Program remains an ongoing, shared endeavor between CABHC fiscal staff, CABHC's Fiscal Committee and the Board of Directors. Below is each oversight area that is discussed in further details.

CABHC Fiscal Year Financial Performance

CABHC's administrative financial performance was very positive during the 18 months of FY 19/20. The HealthChoices Program saw an increase of membership during the FY of 21.63%. This larger than normal increase was due to two factors during the year. The first factor was an increase in newly eligible members as of January 1, 2020 for the Community HealthChoices members. This adds approximately 25,000 new member months to the program. The second factor was as of March 2020, due to the COVID-19 federal public health emergency, directives were given that Medical Assistance eligibility was to be extended for all individuals unless a member moved out of state, death of the member, or if a member asked to be removed. As our program is paid at a capitation rate per member per month, this increase in membership caused the administrative revenue received to exceed budgeted projections. CABHC's administrative expenditures remained stable from the prior year. The administrative capitation received from both the Counties and CABHC in excess of related expenses will be used to replenish risk reserves to the maximum allowable amount, continue ongoing reinvestment programs, and develop a number of new reinvestment programs.

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 had two audits conducted during the contract year. One for the period of July 2019 – December 2019 and another for January 2020 – December 2020. CABHC's contracted auditors, The Binkley Kanavy Group, conducted the corporate audits at the close of each period 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 19/20, the Fiscal Committees review of the PerformCare financial statements included the monitoring of vacant positions, and where these positions were in the corporation's approval process for hiring. These open positions were then also discussed when discussing the reported salaries/benefits/payroll taxes expenditures compared to the budget.

Another area of focus was the monitoring of management and services fees PerformCare pays to PerformCare's parent company, AmeriHealth Caritas. The current contract with PerformCare contains requirement that they provide an explanation to CABHC of increases in these fees over a certain percentage threshold. In July 2020, the management fees and services fees exceeded the threshold and a satisfactory explanation was provided from PerformCare. The committee

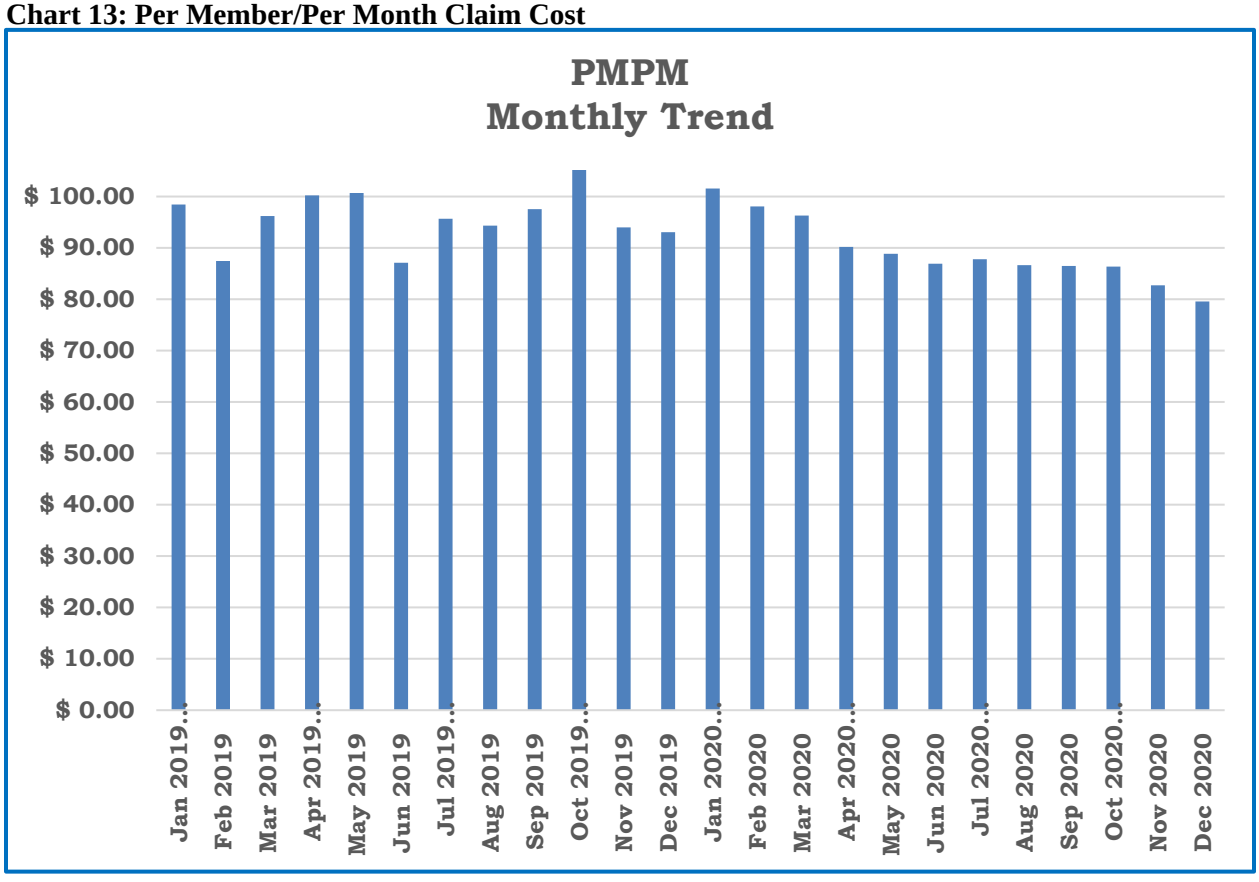
continued to monitor the fees throughout the remainder of the year and by the end of 2020, PerformCare management and service fees were back within their budgeted target range.

HealthChoices Program Performance

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

As stated above, due to the COVID 19 public health emergency, CABHC instituted a number of payment mechanisms to assure providers were paid during these challenging times. In the Chart below it reflects the Per Member Per Month medical claims cost paid during January 2019 – December 2020. As seen below, during the months of the COVID pandemic, March 2020 – December 2020, the program continued to pay claims with a PMPM claims cost of $87 PMPM.

Chart 13: Per Member/Per Month Claim Cost



The HealthChoices medical revenue received in FY 19/20 exceeded the medical expenses paid; therefore, excess funds will be used to fund risk reserves to maximum allowable amounts, continue ongoing reinvestment programs, and develop new reinvestment programs.

In FY 19/20, 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 profit cap arrangements, and financial management and reporting for the fiscal year. The 18-month audit included quarterly claims data testing, an annual trip to CABHC, and data requests from 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 substance abuse services for children/adolescents and adults. The success of CABHC is dependent on Counties, PerformCare and stakeholders who are committed to providing valuable feedback about the program and contributing their time and resources, and the Providers in the network that make sure services are available, so that Members have access to high quality services. Over the past year, CABHC, PerformCare and providers met the challenge of the COVID 19 pandemic through developing creative alternatives to fund services and being flexible in the provision of service. There was a strong commitment from all stakeholders to work together with the single goal of maintaining a strong, HealthChoices program.

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 increased collaboration with FQHCs and community-based organizations.

CABHC BOARD OF DIRECTORS

Annie Strite	Chair	Cumberland County
Holly Leahy	Vice-Chair	Lebanon County
Richard Kastner	Treasurer	Lancaster County
Jack Carroll	Secretary	Perry County
Linda McCulloch		Cumberland County
Judy Erb		Lancaster County
Ryan Simon		Perry County
James Donmoyer		Lebanon County
Andrea Kepler		Dauphin County
Kristin Varner		Dauphin County

CABHC Staff

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Judy Goodman, Executive Assistant

Melissa Hart, Chief Financial Officer

Michael Powanda, Director of Program Management

Jenna O'Halloran-Lyter, Children's Specialist

Choumarthe Gabikiny, Member Relations Specialist

LeeAnn Fackler, D&A Specialist

Nikki McCorkle, Quality Assurance Specialist

Vacant, Provider Relations Specialist

Akendo Kareithi, Accountant

Aja Orpin, Receptionist/Administrative Assistant

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Consumer/Family Focus Committee

Jack Carroll, Cumberland/Perry County
Scott Suhring, CABHC
Becky Mohr, Lancaster County
Denyse Keaveney, Consumer
Steve Rexford, Person in Recovery
Holly Leahy, Lebanon County MH/ID
Jeff Bowers, Consumer
Lisa Klinger, Family Representative
Sandra Browne, Consumer
Jessica Miller, RASE Project
Choumarthe Gabikiny, CABHC
Deborah Louie, Dauphin County
Jessica Paul, CSS
Nicole Snyder, Lebanon County MH/ID
Denise Wright, Consumer
Jill Lee, Consumer
Elizabeth Bowman, Consumer
Gerald Cummings, Consumer
Sherri Cummings, Consumer

Peer Support Services Steering Committee

Diana Fullem, Recovery-Insight, Inc.
Annie Strite, Cumberland/Perry County
January Abel, Recovery-Insight, Inc.
Holly Leahy, Lebanon County MH/ID
Janina Kloster, PerformCare
Karen Speece, Keystone Service Systems
Scott Suhring, CABHC
Laura Jesic, Merakey
Frank Magel, Dauphin County
Kim Maldonado, Philhaven
Choumarthe Gabikiny, CABHC

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Mike Taylor, RASE
Megan Johnston, Cumberland/Perry County
Christine Kuhn, Lancaster County
Robin Tolan, Cumberland/Perry County
Michael Powanda, CABHC
Jenna O'Halloran-Lyter, CABHC
Nikki McCorkle, CABHC
Rose Schultz, Dauphin County
Erica Scanlon, Lancaster County
Janine Mauser, Lebanon County

Provider Relations Committee

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Scott Suhring, CABHC
Becky Mohr, Lancaster County
Denise Wright, CFFC Representative
Holly Leahy, Lebanon County
Deb Louie, Dauphin County
Janina Kloster, PerformCare

Fiscal Committee

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Sue Douglas, Lebanon County
Linda McCulloch, Cumberland/Perry County
Rick Kastner, Lancaster County
Ryan Simon, Cumberland/Perry County

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Keven Cable, PerformCare
Jack Carroll, Cumberland/Perry County
James Donmoyer, Lebanon County
Abby Robinson, CSS Inc.
Rick Kastner, Lancaster County
LeeAnn Fackler, CABHC
Steve Rexford, Person in Recovery
Dr. Stacey Rivenburg, PerformCare
Kristin Varner, Dauphin County

Report Completed By:

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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 organizations to provide additional staff, as well as a few individuals who also provide these services.					
Status: Update 12/2020: As of October, 2020, the total amount spent was $24,963. There were 79 Unduplicated Members served. A new authorization process was put into place as a result of Covid-19. Since many families were unable to utilize their current authorizations, YAP extended current authorizations by three months. The Respite workgroup continues to meet to identify ways to expand and improve respite services.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Specialized Transitional Support for Adolescents	All	Jeremy, NHS, Warrior CSG	C/P-Da. 04/05,05/06, 08/09,09/10/ 10/11 LB/LA 09/10,10/11-15/16	Various	Operational
Description:					
This project was started with the goal of giving support to adolescents from the age of 16-22 years who are HealthChoices Members. These Members all are at a point where there is a need to begin planning their transition from children to adult services. The transitional program is designed to focus on four basic target domains to assist these individuals in becoming successful adults, including: Education, Employment, Independent Living, and Community Involvement. There are currently four providers for transitional services, The Jeremy Project in Dauphin County, Merakey (formerly NHS Stevens Center) in Cumberland and Perry Counties, PCS Warrior in Lebanon County and CSG in Lancaster County.					
Status: Update 12/2020: During the month of November, CSG (Lancaster county) offered a hike at Lake Grubb Nature Park in Columbia, PA and continued to facilitate the weekly online Anxiety Support Group where participants can share their stressors and offer feedback to one another. The Jeremy Project (Dauphin County) discharged three participants and enrolled one. Some of the topics addressed during individual sessions included health insurance education, conflict resolution within the workplace, how to request for accommodations in college, and how to read medication labels. Merakey (Cumberland and Perry counties) had one discharge due to lack of participation and provided some interactive virtual activities such as online driver's education games to support participants' individual goals. The Warrior Project (Lebanon county) organized a variety of virtual groups and activities focusing on providing social interactions and building independent living skills. The programs in Lancaster and Lebanon counties were the only ones to offer some in-person activities in November. However, as the weather gets colder, all STSA programs are planning to only offer telehealth services. Between July and November 2020, the four STSA programs provided a total of 5171 units to 114 participants.					

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 12/2020: The Recovery House Scholarship program awarded 33 new scholarships in November. Scholarship payments total $96,041. Four new recovery houses were enrolled this month. In order to manage the RH scholarship funds, the number of scholarships that are approved remain capped based on budgeted funds each month.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Housing Initiative	All	Pending	10/11, 13/14, 15/16	Varied	Operational
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.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A Brief Intervention	All	DA-SCA, PCS	13/14	1/2017	Dauphin-Complete 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 12/2020: The Cumberland/Perry mobile assessment team completed 10 assessments in November, all conducted via phone or video conferencing due to COVID-19. The assessments resulted in five confirmed admissions into treatment.					

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 12/2020: The Merakey Nurse Navigator programs nurse resigned in August, and they have not been able to fill the position. CABHC met with Merakey on 11/2 to discuss options for the program. Merakey submitted a revised program description with the intent to merge the NN program with their MPN program in order to strengthen the NN program. A follow-up meeting is scheduled for 1/14/21. No service was provided in November. They have served a total of 33 individuals since July 1, 2020.					

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 6 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 for 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 11/2020: CSG continues to work with up to five different recruiting agencies with the goal of adding additional child and adolescent psychiatry time. As of 10/30/2020, psychiatric wait times at CSG are as follows: Lancaster Outpatient Child and Adolescent Psychiatry-1 week for an evaluation, Lancaster Outpatient Adult Psychiatry-2 weeks for an evaluation, Dauphin Outpatient Child and Adolescent Psychiatry- 6 weeks for an evaluation.					

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 12/2020: No updates. Reinvestment funding for 3 of the 4 sites ended on June 30, 2020 and an increase to their existing D&A OP rates was implemented to cover the cost of the CRS. Monthly encounter data on service utilization continues to be submitted to CABHC. The fourth site, Perry Human Services remains funded through reinvestment until June 30, 2021.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Supporting Positive Environments for Children (SPEC)	All Counties	EIS	15/16	Varied	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 12/2020: **Cumberland County**- Bethel Preschool and Daycare: The Preschool is well poised to continue independently as they should be receiving recognition this year for ongoing implementation. Rice Elementary: SPEC met with internal coach to follow up on tasks, plan for Core Team meeting, and discuss applying for "Participation Commitment" for 20/21 with the PAPBS Network. **Dauphin County**-Reid Elementary: Conducted Tier 2 Training for Reid elementary school in coordination with district coach and tier 2 coach. **Lancaster County**- Mom's House of Lancaster: Multiple attempts by SPEC					

Facilitator were made to engage site in meeting. Unfortunately, these attempts were unsuccessful. Lancaster Recreation Commission: Staff completed the Childhood Self-Assessment Survey and data was aggregated to send to PAPBS network Early Childhood Self-Assessment Survey for application for "Participation Commitment" to the PAPBS network. Staff met with administrative team to continue to plan for moving initiative forward. All logs in the EC database were updated. **Lebanon County**-Kochenderfer Christian Daycare: SPEC completed TPOT observations Kindergarten Readiness room. Provided an overview to new staff, training for all staff on environment and effectively using visual schedules and debriefings with staff on TPOT/TPITOS. PBIS team held monthly core team meeting, parent group met for first quarterly meeting, teachers received home matrix to share with families, staff completed Early Childhood Self-Assessment Survey. Data was aggregated to send to PAPBS network. **Perry County-**Greenwood School District: SPEC is developing content for virtual PD, coaching the coach for planning, meeting with superintendent to adjust plan for professional development and team meetings.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
MAT in OP Clinics	All	PCS, TW Ponessa, Diakon	16/17	PCS-12/19 TWP-9/11/20	PCS-Operational TWP-Operational Diakon-Operational
Description:					
This program will support the development of medication assisted treatment in four licensed OP clinics. One in each County					
Status: Update 12/2020: All programs under this initiative have implemented their MAT programs.					

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 12/2020: CSG has researched and visited nine potential sites for the RTF. CSG continues to search for an appropriate property and will ask for feedback on all locations from the Counties. CSG staff have registered for a webinar on Council on Accreditation (COA) to learn more about the process.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Cumberland Forensic Housing	Cumberland	Cumb. Housing & Redev. Auth	16/17	5/2018	Completed
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 12/2020: Since the program became operational, there have been 20 referrals with 19 people enrolled in the program. Ten of those people have obtained housing and 11 received financial assistance. A total of $40,162 of financial assistance has been provided to individuals. Ten people have completed the program, and two successfully transitioned to the Housing Choice Voucher Program (Section 8).					