CAPITAL AREA BEHAVIORAL HEALTH COLLABORATIVE, INC.

CONTINUOUS QUALITY IMPROVEMENT ANNUAL REPORT

Calendar Year 2021

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EXECUTIVE SUMMARY

CABHC manages the HealthChoices Behavioral Health contract for Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties (Counties). In CY 2021, membership increased 8.9% to 301,908 Members. The growth in membership has been influenced by the public health emergency and guidelines for Medicaid eligibility. Females make up the largest proportion of Members at 54%. There was a total of 51,718 Consumers who utilized behavioral health services in CY 2021, a 4.8% increase from the previous year. Overall, penetration decreased slightly from 17.79% in CY 2020 to 17.12% in CY 2021.

CABHC, through the activities of the Clinical Committee, monitored many aspects of the HealthChoices Program including the transition of BHRS to Intensive Behavioral Health Services (IBHS). The committee focused on the impact the new regulations would have with Children/Adolescents (C/A) and the changes that would be required of providers. CABHC and PerformCare continued its collaboration with Community Data Roundtable (CDR) in the use of the Child and Adolescent Needs Summary (CANS). Analysis of data revealed some discrepancies with scoring which led to outreach to evaluators by CDR. New data elements are slated to be integrated into the CANS in 2022. The Residential Treatment Facility workgroup continued its work that included exploring alternatives to RTF, improving MHIP psychiatrists understanding of RTF services and improving family engagement with an emphasis on developing metrics that could be included in the PerformCare Provider profiles.

In CY 2021, there was a slight decrease in the overall number of C/A who accessed behavioral health services. The most common behavioral health service utilized by C/A is Mental Health outpatient, followed by IBHS. Both levels of care experienced decreases in the number of C/A who utilized services. There were minor changes in the evidenced based services such as After School Program and Multi-Systemic Therapy, although Functional Family Therapy had a 53% decrease due to difficulties with staff recruitment and retention. The Value-Based, Family Based Mental Health service model continued to demonstrate that C/A who stay engaged in treatment for 169-224 days have better post discharge outcomes. There were slight decreases in utilization of Residential Treatment Facility and MH Inpatient levels of care.

There were 28,755 adults who accessed one or more mental health services in CY 2021, which is an 11% increase from the previous year. The most utilized adult MH service was MHOP. 25,361 individuals attended 46 different outpatient clinics throughout the network. Utilization of MHOP services increased 7.2%. On at least one occasion, 70% of individuals who utilized MHOP received the service through Telehealth. Increases in utilization were seen in several levels of care including Crisis Intervention, Targeted Case Management, MHOP, Psychiatric Rehabilitation and MHIP.

Decreased utilization was observed in Mobile Psychiatric Nursing, Peer Support Services and Partial Hospitalization Program (PHP) treatment. The loss of a PHP provider in CY 2021 had a negative impact on overall utilization.

In CY 2021, there were 243 children/adolescents who utilized Drug and Alcohol (D&A) services which was a 5.7% increase from CY 2020. The number of adults who utilized D&A services experienced the same increase in utilization. For both C/A and adults, licensed D&A OP is the

most utilized service followed by Long-Term Rehab for C/A and Short-Term Rehab for adults. 71% of all individuals who utilized a D&A service used OP services and accounted for 9% of costs. Short and Long-Term Rehab combined amounted to 28% of all individuals using D&A services and accounted for 34% of all D&A costs.

The levels of care with the highest increase in the number of people who utilized a D&A service were PHP (31%) and Opioid Centers of Excellence (541%). A provider based in Lancaster County that offers a residential component as part of their PHP service experienced the largest increase by PHP providers. The increase in the COE utilization can be attributed to two Methadone Maintenance providers enrolling under the COE program.

CABHC, along with PerformCare monitored and responded to the transition of D&A providers to the American Society of Addiction Medicine (ASAM) criteria. In an effort to support providers, CABHC hosted two ASAM trainings in CY 2021 that qualified staff to be able to complete assessments with consumers. As a result of increased expectations required by the Department of Drug and Alcohol Programs (DDAP), for providers to be in alignment with the ASAM criteria, CABHC increased provider rates as necessary.

The Provider Relations Committee (PRC) monitored network activity throughout the calendar year, which saw relative stability in the number of network providers. There were 86 providers that terminated from the network for voluntary reasons however, there were additional facilities and practitioners that joined the network.

In November, 2021, CABHC distributed 342 satisfaction surveys to providers assessing their level of satisfaction with PerformCare. There were 104 surveys completed and returned for a response rate of 31%. The survey covers five categories, separated into 12 sub-sections. The average satisfaction score for CY 2021 was 4.1, based on a scale from 1 to 5 with 5 being the most satisfied.

The PRC, as part of its regular monitoring, reviews routine access of nine levels of care. In CY 2021, there were five levels of care that met or exceeded the access goals established by the committee. Due to low levels of access for psychiatric evaluations, the PRC requested that PerformCare conduct a root cause analysis to identify interventions that could be undertaken to improve performance. Several meetings took place during the year with final recommendations to be presented by PerformCare in early 2022.

The Consumer/Family Focus committee continued to meet virtually in CY 2021 and was able to host a presentation during one of its meetings on the PA Medical Marijuana program. Each year the committee selects a topic to sponsor a county-wide training. In CY 2021 the topic was Bullying and a training titled; Bullying Prevention and Resolution, was conducted on April 27, 2021. The training was conducted virtually and received positive feedback.

CABHC continued its practice of supporting individuals who are interested in pursuing a career as a Certified Peer Specialist (CPS). Although there were limited training opportunities in CY 2021, three individuals were provided scholarships to attend the CPS training. In addition, incentive payments were issued to individuals who completed the training and were employed by

network providers. In an effort to grow and enhance Peer Support services, CABHC started discussions with a marketing firm to promote the service and explore ways to recruit more CPS to the field.

Over the past year, CABHC and PerformCare has continued its collaboration to develop interventions that would lead to improvements with the eight performance measures identified in Appendix E, Pay for Performance Program: Integrated Care Plan (ICP) Program. Emergency department visits decreased and discussions were started with two providers to focus on improved initiation and engagement with D&A outpatient treatment through increased involvement of Certified Recovery Specialists.

One of the major efforts in CY 2021 was the development of the Community Based Care Management Program (CBCMP). The OMHSAS required primary contractors to develop a CBCMP that would mitigate social determinants of health, enhance coordination of services, promote diversion for acute care and reduce healthcare disparities. CABHC chose to partner with our four local Federally Qualified Health Centers to financially support the utilization of Community Health Workers (CHW) who will engage with Members to address the goals of the program. Encounters between CHW and Members were initiated in late December. Future plans are to provide additional financial support to the FQHCs so that they can pay for supports that will address Member's social determinants of heath needs.

Consumer Satisfaction Services, Inc. completed 1,738 consumer surveys, of which 5.3% were done in-person. The pandemic created many challenges in order to complete face to face interviews. Eleven levels of care were surveyed from 47 providers. The average scores indicate that Members are satisfied with their services and outcomes.

The financial oversight of CABHC is shared by CABHC staff, the Fiscal Committee and the Board of Directors. To address provider needs during the COVID 19 Public Health emergency, CABHC instituted Alternative Payment Arrangements (APAs) to assist providers in maintaining financial viability. The APAs were modified in CY 2021, which allowed providers to receive payments above their approved APA when billable services exceeded the APA amount. The impact of the APA arrangements makes it difficult to compare the financial performance of CY 2020 to CY 2021. Additional payments were also approved for most levels of care to address staff recruitment and retention.

The increase in membership led to a favorable financial performance for CY 2021 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.

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 2021 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, and CABHC staff assigned to each committee. 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 IBHS, 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 BH-MCO 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.

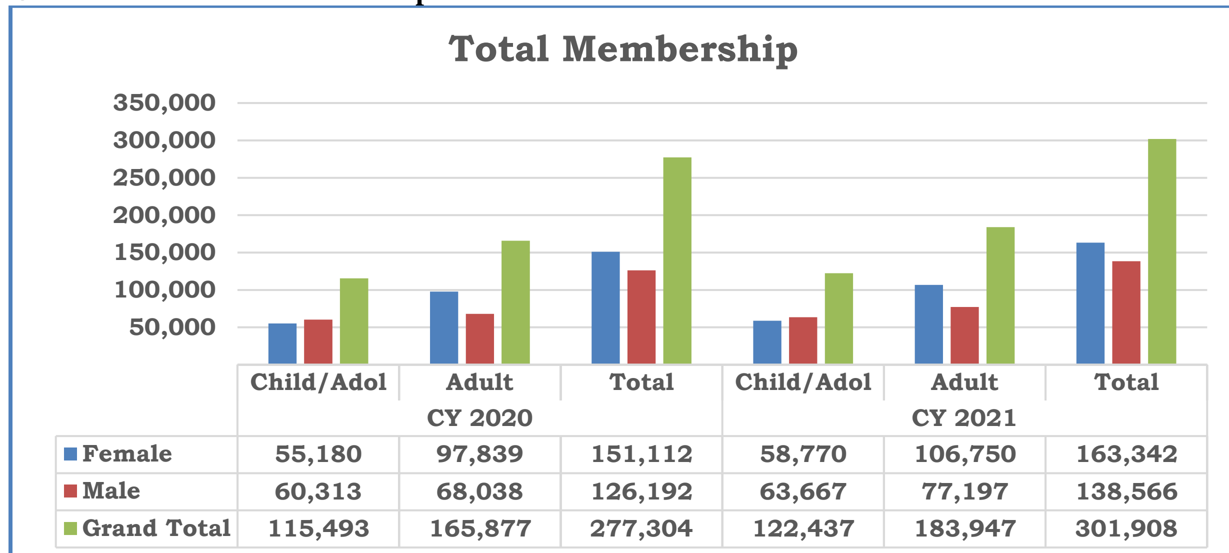
MEMBERSHIP

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 Public Health Emergency (PHE), 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 2021. Total membership increased from 277,304 Members in CY 2020 to 301,908 Members in 2021. Membership grew by approximately 2,000 Members each month, and with very few Members terminated from HealthChoices due to the PHE, the annual growth rate was 8.9%.   A Member who turns 18 during the calendar year can be counted both 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: 2021 Total Membership



	CY 2020 Child/Adol	CY 2020 Adult	CY 2020 Total	CY 2021 Child/Adol	CY 2021 Adult	CY 2021 Total
Female	55,180	97,839	151,112	58,770	106,750	163,342
Male	60,313	68,038	126,192	63,667	77,197	138,566
Grand Total	115,493	165,877	277,304	122,437	183,947	301,908

As the totals in Chart 1 illustrate, children/adolescents make up approximately 40% of the membership and adults comprise 60% of the membership. Females make up 54.1% and males make up 45.9% of total membership. The following five charts display the membership totals for each of the five Counties and the change from CY 2020 to CY 2021.

Chart 2: Cumberland County Membership

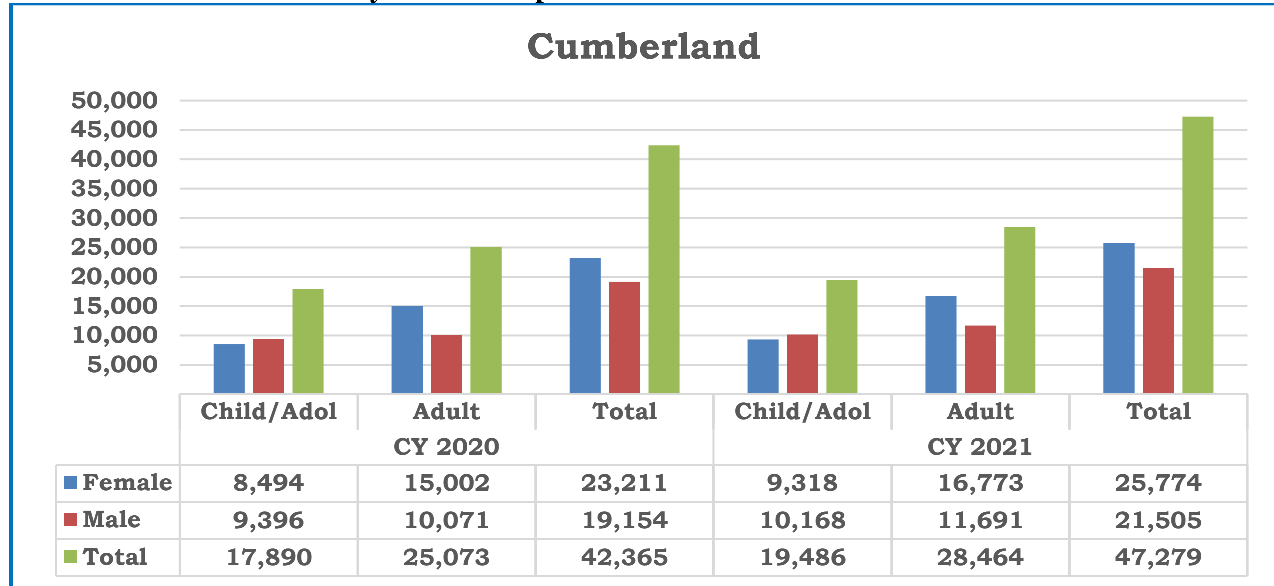


Chart 3: Dauphin County Membership

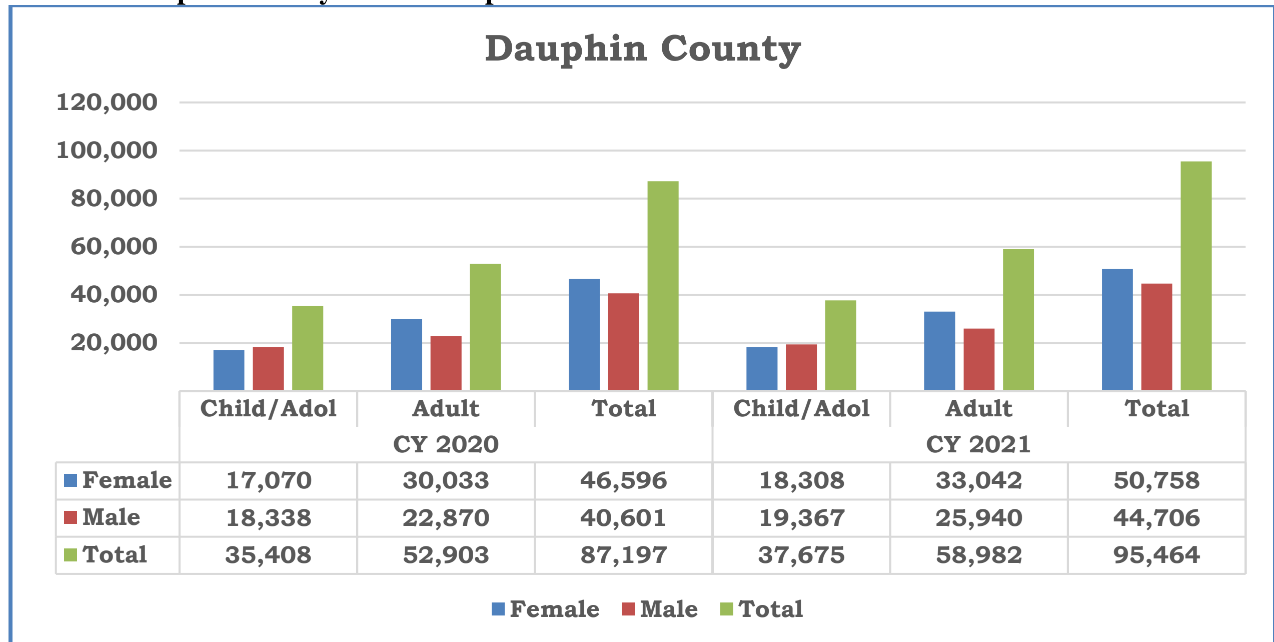
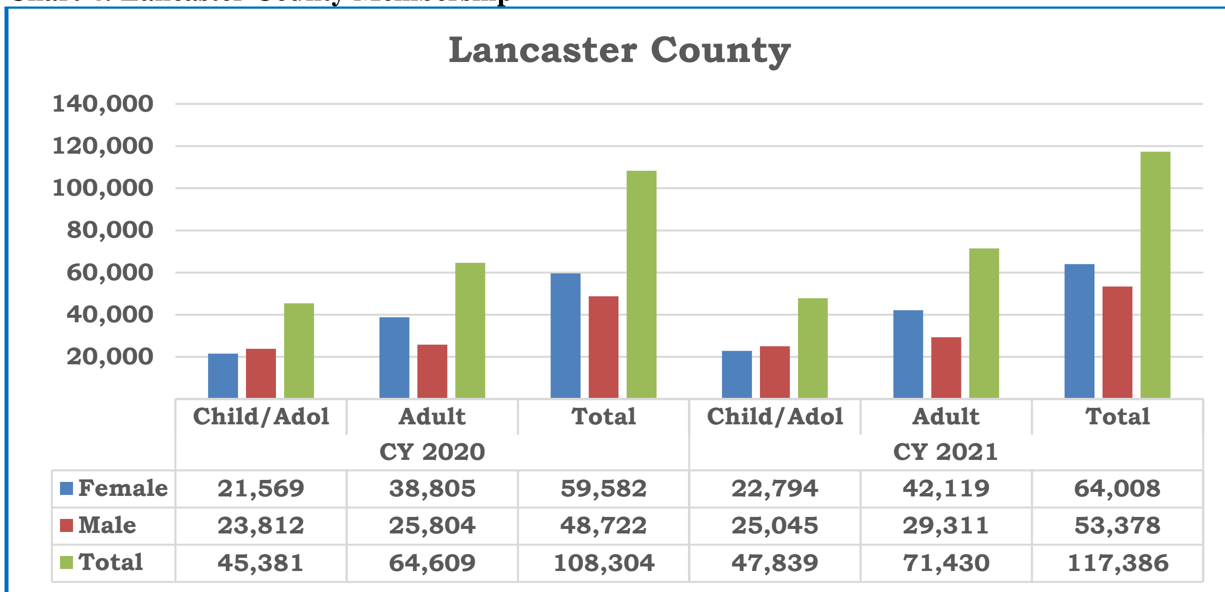
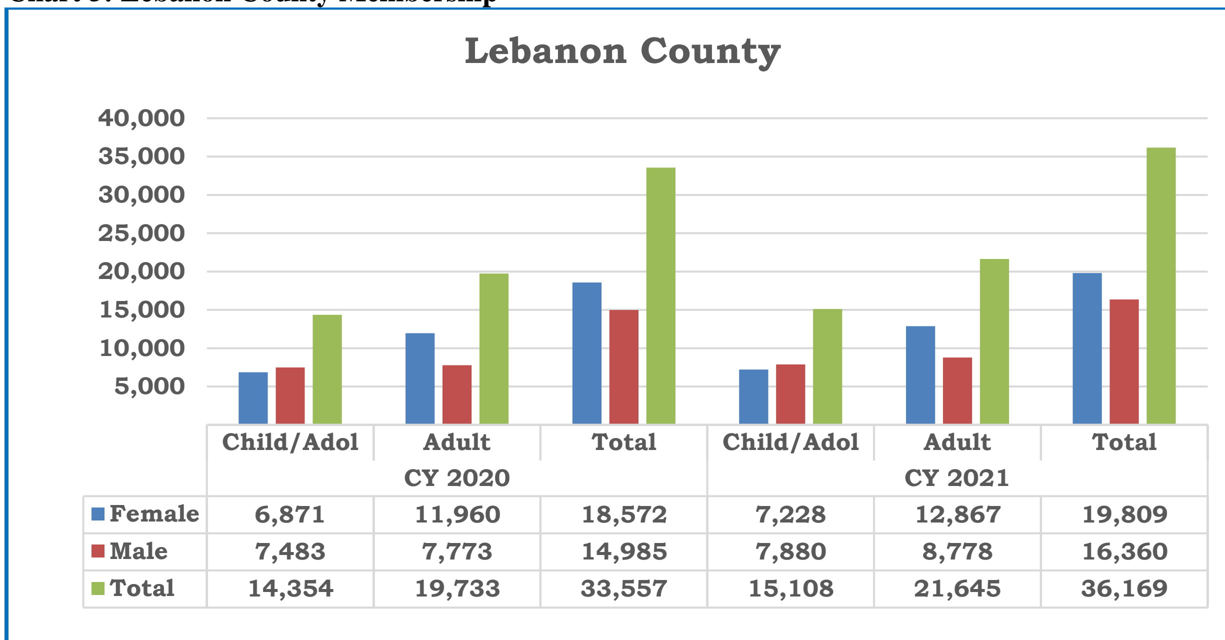


Chart 4: Lancaster County Membership



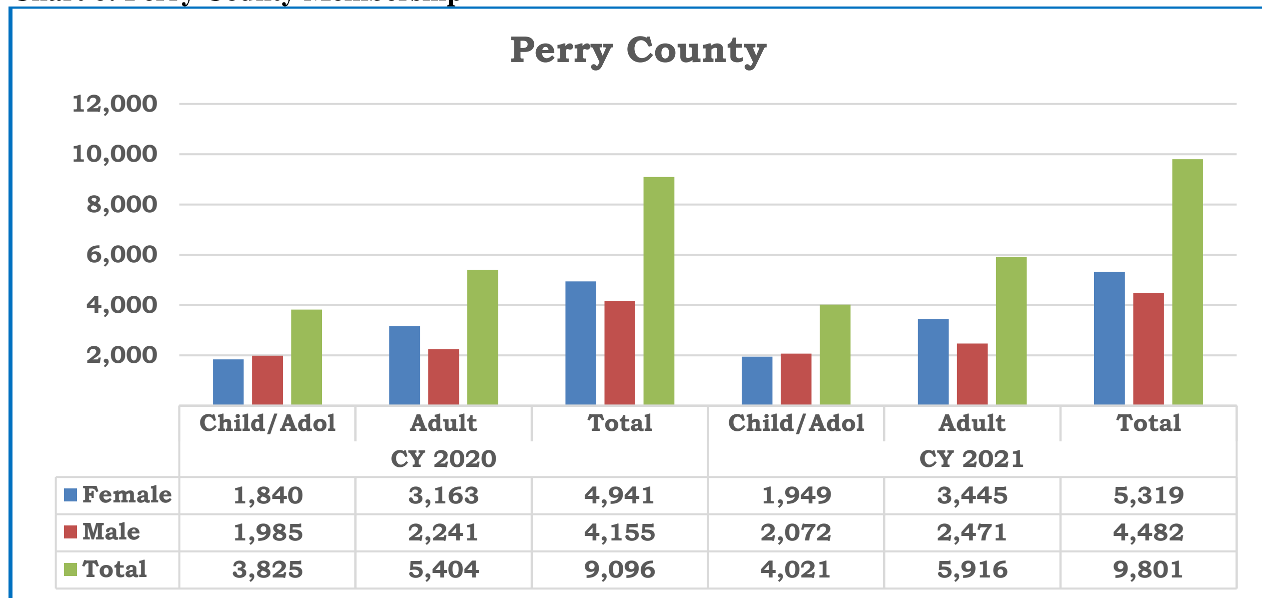
	CY 2020 Child/Adol	CY 2020 Adult	CY 2020 Total	CY 2021 Child/Adol	CY 2021 Adult	CY 2021 Total
Female	21,569	38,805	59,582	22,794	42,119	64,008
Male	23,812	25,804	48,722	25,045	29,311	53,378
Total	45,381	64,609	108,304	47,839	71,430	117,386

Chart 5: Lebanon County Membership



	CY 2020 Child/Adol	CY 2020 Adult	CY 2020 Total	CY 2021 Child/Adol	CY 2021 Adult	CY 2021 Total
Female	6,871	11,960	18,572	7,228	12,867	19,809
Male	7,483	7,773	14,985	7,880	8,778	16,360
Total	14,354	19,733	33,557	15,108	21,645	36,169

Chart 6: Perry County Membership



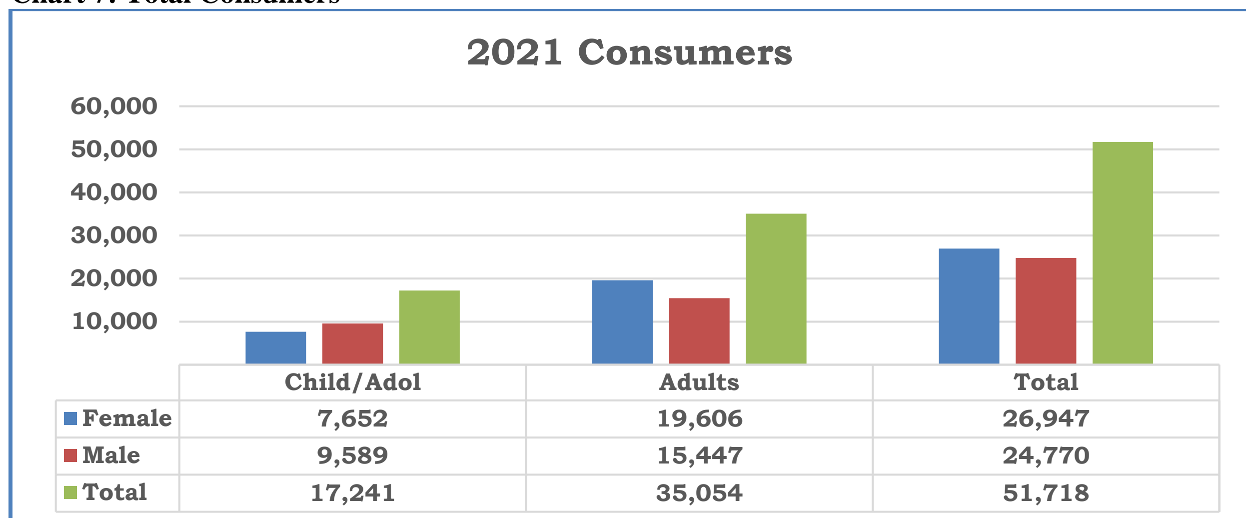
	CY 2020 Child/Adol	CY 2020 Adult	CY 2020 Total	CY 2021 Child/Adol	CY 2021 Adult	CY 2021 Total
Female	1,840	3,163	4,941	1,949	3,445	5,319
Male	1,985	2,241	4,155	2,072	2,471	4,482
Total	3,825	5,404	9,096	4,021	5,916	9,801

CONSUMERS

In CY 2021, the number of consumers who received services increased 4.8 % from CY 2020 which was primarily influenced by the 7.6% increase in adult services. The number of C/A who received services decreased 0.6%.

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 55.6% of all Children and Adolescent (C/A) consumers and females make up 55.9% of adult consumers, with a 4% difference between the total number of female and male consumers (See Chart 7). There was a small decrease in penetration from 17.79% in CY 2020 to 17.12% in CY 2021. Penetration is the ratio of consumers to eligible Members for any given time period.

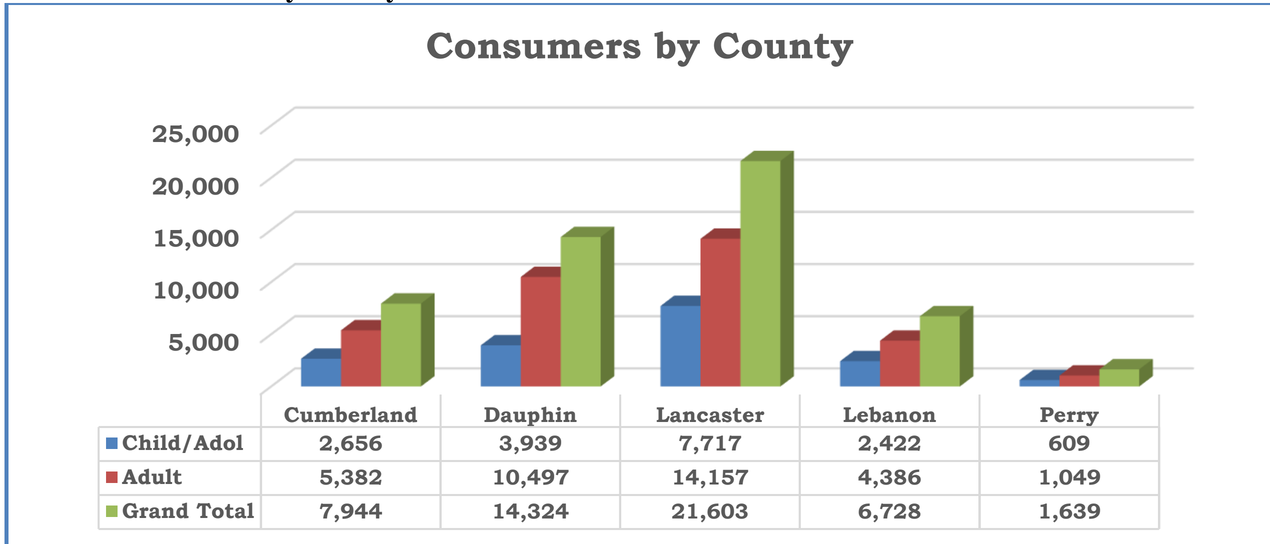
Chart 7: Total Consumers



	Child/Adol	Adults	Total
Female	7,652	19,606	26,947
Male	9,589	15,447	24,770
Total	17,241	35,054	51,718

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 51,709 consumers who received services in CY 2021, 17,620 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	55	0.7%	65	0.5%	67	0.3%	15	0.2%	5	0.3%	201	0.4%
Asian	151	1.9%	395	2.8%	259	1.2%	48	0.7%	3	0.2%	849	1.6%
Black	701	8.8%	4,434	31.0%	1,838	8.5%	264	3.9%	38	2.3%	7,215	14.0%
Hispanic	525	6.6%	2,415	16.9%	5,217	24.1%	2,101	31.2%	52	3.2%	10,238	19.8%
Other	621	7.8%	920	6.4%	1,650	7.6%	256	3.8%	48	2.9%	3,469	6.7%
White	5,891	74.2%	6,095	42.6%	12,572	58.2%	4,044	60.1%	1,493	91.1%	29,746	57.5%
Total	**7,944**	**100%**	**14,324**	**100%**	**21,603**	**100%**	**6,728**	**100%**	**1,639**	**100%**	**51,718**	**100%**

In CY 2021, the total cost of behavioral health services for CABHC was $312,581,745 or a 22.8% increase from CY 2020 (see Table 2). Children/adolescents make up 33% of all consumers, and account for 36% of total expenses. The only decreases in 2021 were seen in Cumberland and Lebanon Counties for C/A costs.

Table 2: Consumers/Age/Cost by County

		CY 2020		CY 2021	
County	**Age**	**Consumers**	**Dollars**	**Consumers**	**Dollars**
Cumberland	C/A	2,681	$18,019,387	2,656	$17,192,680
	Adult	4,951	$17,682,285	5,382	$21,655,665
	Total	**7,536**	**$35,701,671**	**7,944**	**$38,848,345**
Dauphin	C/A	3,983	$26,674,815	3,939	$26,883,672
	Adult	9,829	$43,130,632	10,497	$48,816,092
	Total	**13,693**	**$69,805,447**	**14,324**	**$75,699,764**
Lancaster	C/A	7,709	$47,360,997	7,717	$50,782,233
	Adult	13,027	$57,653,014	14,157	$59,891,334
	Total	**20,489**	**$105,014,011**	**21,603**	**$110,673,567**
Lebanon	C/A	2,396	$15,022,517	2,422	$14,843,284
	Adult	4,137	$17,751,462	4,386	$19,936,991
	Total	**6,455**	**$32,773,979**	**6,728**	**$34,780,275**
Perry	C/A	647	$3,433,808	609	$3,860,357
	Adult	975	$2,734,569	1,049	$3,009,345
	Total	**1,605**	**$6,168,377**	**1,639**	**$6,869,702**
Grand Total	C/A	17,343	$110,511,523	17,241	$113,562,226
	Adult	32,573	$143,996,530	35,054	$199,019,520
	Total	**49,358**	**$254,508,053**	**51,718**	**$312,581,745**

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 2021.

1) **Intensive Behavioral Health Services (IBHS) Monitoring**
   With the transition of BHRS services in January 2021, OMHSAS, along with Pennsylvania's BH-MCOs, began to develop a monthly reporting template to examine the impact of the new IBHS regulations on access and timeliness of IBHS service delivery. Analysis of pertinent claims information that address access rates, adherence to

regulatory processes and time frames of IBHS processes were included into the reports. A first report submission that would summarize the data elements during the first year of IBHS implementation is expected in February 2022. Once submitted, CABHC will share with 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 IBHS 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. In 2021, CDR found discrepancies between the scoring of MT/BCs and evaluators. Outreach to address the discrepancies was conducted by CDR. 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, it was suggested to include relevant Autism and ABA items that specifically relate to self- expression and self-care. The proposed items were submitted to the Praed Foundation for approval. An updated CANS is expected by the end of 2022.

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. CSG has continued to develop their CRR-ITP program, however, due to staffing and family recruitment challenges, 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 2022.

2. RTF Initiatives
   - Explore Alternatives to RTF
     Attachment Based Family Therapy was identified by the RTF workgroup as a treatment model that may reduce the number of referrals to RTF. A draft program description was developed and presented to CABHC for financial analysis. Attachment Based Family Therapy was approved by the FY 2019/2020 CABHC Reinvestment Workgroup. CABHC staff outreached to Drexel University, the developer and official training and certification entity of ABFT therapy to assist in the development of the application to submit for approval to OMHSAS.
   - 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. Presentations were conducted with the Meadows, Foundations, Brooke Glen and Southwood.
   - RTF Utilization Data
     Data on utilization and length of service was prepared by CABHC and presented to the workgroup. The data helped inform discussion on how to address length of stay.
   - Improve Family Engagement
     Discussions at the RTF workgroup meetings have continued and Family Engagement remains an important goal for the Clinical Committee. In April 2021, the RTF workgroup identified potential metrics for PerformCare to include in the Provider Profiling process. After discussion, discharge disposition, age, diagnosis, length of stay and family engagement were included in the metrics. The Provider Profiling results will be reviewed in CY 2022.

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)
- Intensive Behavioral Health Services (IBHS)
- Summer Therapeutic Activity Programs (STAP)
- Family Based Mental Health (FBMH)
- After School Programs (ASP)
- Multi-Systemic Treatment (MST)
- Specialized In-Home Treatment Program (SPIN)
- Juvenile Firesetter Assessment Consultation Treatment Services (JFACTS)
- 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 CY 2021.

Table 3: C/A Ambulatory Mental Health Services

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

Table 4 identifies the number of C/A who utilized 24/7 mental health services listed above in CY 2021.

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

County	CRR-HH	RTF	MHIP
Cumberland	4	24	116
Dauphin	3	34	184
Lancaster	10	81	313
Lebanon	0	20	119
Perry	2	10	47
Total	**19**	**169**	**779**

In CY 2021, BHR services ended with the adoption of the IBHS regulations. By June 30, 2021, all C/A who were receiving BHRS were transitioned to IBHS, and any new C/A started under the new IBHS structure. Under IBHS, C/A may receive Individualized services that primarily consist of Behavioral Consultant (BC), Mobile Therapy (MT), and Behavioral Health Technician (BHT), formerly Therapeutic Staff Support. C/A with an autism diagnosis are recommended for Applied Behavior Analysis (ABA) services which consist of Board-Certified Behavior Analytic (BCBA), Assistant BCBA and ABA-BHT. The IBHS regulations developed a group category which many BHR services fall into such as: After School Program, Summer Therapeutic Activity Program, Vista School and Intensive Day Treatment. Services such as FFT, MST and SPIN fall into the Evidenced Based category of the IBHS regulations. CABHC has worked closely with ACA to map the connections between BHRS and IBHS in our data system. Behavioral Consultants are a master's level or PhD professional 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. BHTs are bachelor level staff, or Registered Behavioral Technicians (RBT) who complete a required 40-hour training, that 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 BHRS and IBHS combined and the corresponding cost of those services for CYs 2020 and 2021. Table 6 shows the information by County. Children/Adolescents are eligible for IBHS up to and including the age of 21.

Table 5: TSS, MT, BSC Utilization

Service	**2020 C/A**	**2020 Dollars**	**2021 C/A**	**2021 Dollars**
TSS-BHT	1,074	$12,500,173	1,467	$32,002,934
MT	835	$2,637,941	570	$2,324,828
BSC-BC	1,289	$5,743,488	1,107	$4,191,066
BCBA	132	$51,151	547	$2,520,855
BC-ABA	950	$3,929,378	847	$2,327,590
ABA-Autism	777	$8,911,290	130	$211,163
Total	**3,083***	**$33,793,617**	**2,783***	**$43,843,720**

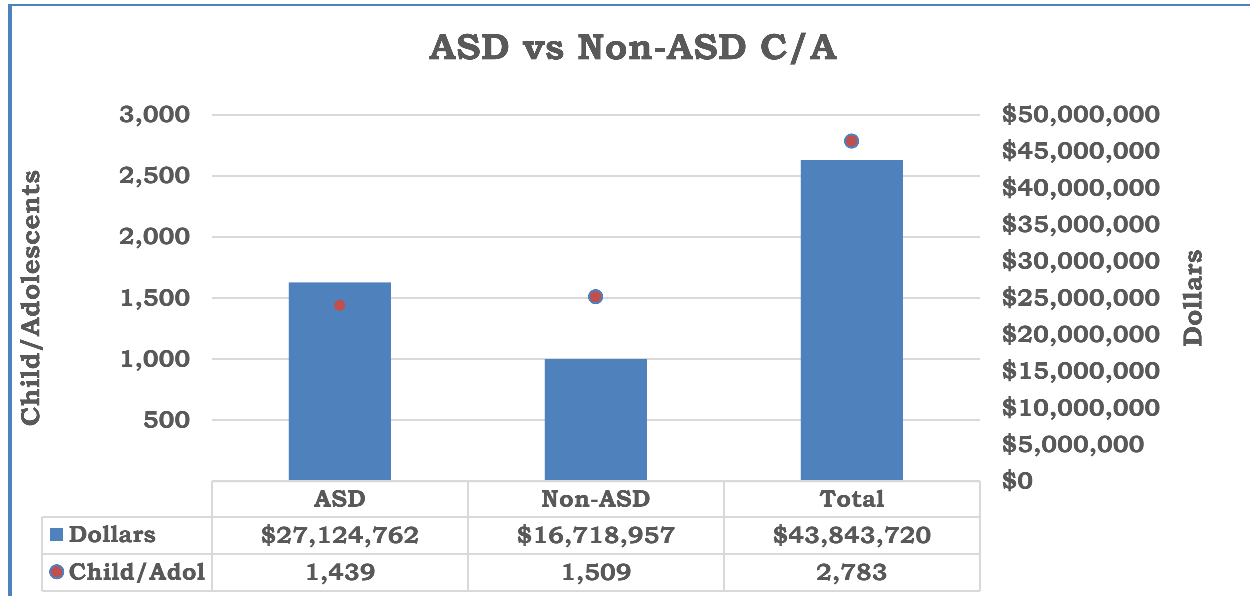
***Unduplicated**

Table 6: BHRS Utilization by County

County	**2020 C/A**	**2020 Dollars**	**2021 C/A**	**2021 Dollars**
Cumberland	474	$4,908,266	424	$7,034,842
Dauphin	725	$8,104,753	705	$11,327,897
Lancaster	1,428	$15,791,447	1,223	$19,446,866
Lebanon	412	$4,730,432	391	$5,532,185
Perry	54	$258,718	49	$501,930

In CY 2021, the total number of C/A who received IBHS decreased 10% from CY 2020, and costs increased 30%. The decrease in the number of C/A who received IBHS can be attributed to in some part to a decrease in network capacity and remote learning for schools as a result of the pandemic. Rate increases and the one-time recruitment and retention financial incentive payments contributed to the increase in IBHS costs. Individuals with an autism diagnosis comprise almost half of all C/A receiving IBHS as shown in Chart 9 below.

Chart 9: Non-Autism vs Autism



	ASD	Non-ASD	Total
Dollars	$27,124,762	$16,718,957	$43,843,720
Child/Adol	1,439	1,509	2,783

In CY 2021, the utilization of children/adolescent services continued to be impacted with the onset of the COVID 19 pandemic as previously noted. Due to the nature of a specific service, the impact varied across services. The data comparisons cannot be taken at face value due to different variables impacting utilization, that were present during the year.

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 2021, there was a 29% increase 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 2020		CY 2021	
County	**C/A**	**Dollars**	**C/A**	**Dollars**
Cumberland	260	$97,773.19	293	$273,342.91
Dauphin	295	$134,991.18	325	$148,537.76
Lancaster	133	$30,914.26	276	$62,549.51
Lebanon	189	$66,839.17	237	$133,385.06
Perry	70	$25,198.33	88	$43,858.05
Total	**946**	**$355,716.12**	**1,219**	**$661,673.30**

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 2021, 40 C/A received SPIN services which was two less than in CY 2020.

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 slight decline of 3% in attendance from CY 2020 to CY 2021.

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 53% decrease in services provided, due to staffing shortages with the provider.

Juvenile Firesetter Assessment Consultation Treatment Services (JFACTS)
JFACTS specifically addresses the needs of children and adolescents who engage in the inappropriate use of fire. An interdisciplinary team collaborates to determine the duration and frequency of services as well as to eliminate fire behavior across systems and settings. JFACTS provides a comprehensive assessment of fire setting behaviors, safety and crisis planning, and relapse prevention planning. Treatment planning is designed to reduce and eliminate the inappropriate use of fire with fire safety education provided to the child or adolescent and his/her family. In CY 2021, 12 C/A received JFACT services which was the same as CY 2020.

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 2020 and 2021. Of the 17,131 C/A who utilized a mental health service in CY 2021, 6.6% accessed a form of TCM. The total number of C/A who accessed TCM decreased 3.8% and the cost of services decreased 7.1% from CY 2020. In Lebanon County, TCM was transitioned from County administration to Service Access Management. CY 2021 was paid under an alternative payment arrangement based on historical claims data therefore cost cannot be compared to CY 2020. 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 2020			CY 2021		
County	**Service**	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Cumberland	ICM	23	151	$60,733	21	104	$35,656
	BCM	3	81	$3,453	2	98	$5,089
	RC	44	114	$71,974	31	168	$80,389
Total		**68**		**$136,160**	**53**		**$121,134**
Dauphin	ICM		0	$0	1	16	$330
	BCM	557	71	$1,240,078	542	73	$1,250,586
Total		**557**		**$1,240,078**	**543**		**$1,250,916**
Lancaster	ICM	1	16	$128	2	0	$1,247
	BCM	127	125	$539,097	122	127	$474,196
	RC	213	38	$327,203	219	48	$392,333
Total		**340**		**$866,429**	**340**		**$867,775**
Lebanon	ICM	69	281	$260,468	58	404	$111,119
	BCM	1	0	$98	58	7	$74,355
	RC	114	65	$295,558	93	77	$150,181
Total		**183**		**$556,124**	**169**		**$335,656**
Perry	ICM	10	446	$53,993	11	84	$56,385
	BCM		0		1	17	$873
	RC	15	99	$16,124	12	66	$33,132
Total		**25**		**$70,117**	**21**		**$90,390**
All Counties	ICM	102	259	$375,322	93	273	$204,737
	BCM	686	80	$1,782,725	724	78	$1,805,099
	RC	385	52	$710,860	355	58	$656,034
	Total	**1,169**		**$2,868,907**	**1,125**		**$2,665,870**

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 118 adolescents who received MST, 71 achieved all three of the expected outcomes, five adolescents met two outcomes and three met one outcome.

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 2021, there was one STAP provider; Wellspan-Philhaven, who provided services to 31 children/adolescents, compared to 38 in CY 2020.

Children/Adolescent Outpatient Services
Mental Health Outpatient is an ambulatory treatment provided through a network of 194 individual practitioners 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 3.7% decrease in the number of C/A that utilized outpatient services from CY 2020 to CY 2021 and a corresponding 5.6% increase in costs (See Table 9). In CY 2021, 77.5% of services were funded using an Alternative Payment Arrangement, which was a set monthly amount for qualifying licensed MHOP Clinics. 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 2021, 3,342 C/A received outpatient services in 258 individual school locations from 11 different providers, which represents 24% of the total number of C/A who utilized outpatient services.

Table 9: Children/Adolescent Outpatient Service

	CY 2020		CY 2021	
Level of Care	**C/A**	**Dollars**	**C/A**	**Dollars**
MHOP Clinic	13,153	$12,419,323	12,475	$13,342,766
Physician/Psychologist	1,754	$1,610,933	1,872	$1,603,428
FQHC	584	$489,680	630	$452,424
Total	**14,504**	**$14,519,936**	**13,971**	**$15,398,617**

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 2021, the number of C/A who received partial hospitalization

services increased 34% from 517 in CY 2020 to 692 in CY 2021. PPI had a combined increase of 66% in Cumberland, Dauphin and Perry Counties, and Wellspan-Philhaven increased services to C/A 28% in Lancaster County.

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. There was a 9% decrease from CY 2020 to CY 2021 in the number of C/A who received services due to the staff vacancies resulting in the reduction of several Family Based teams.

FBMH providers operate under 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 model designated 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 model which is the 169-224 days.

Table 10: CY 2021 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	155	9	5.81%	3	1.94%	1	0.65%	13	8.39%
85-168 days	136	4	2.94%	8	5.88%	2	1.47%	14	10.29%
169-224 days	**395**	**15**	**3.80%**	**4**	**1.01%**	**1**	**0.25%**	**20**	**5.06%**
225+ days	119	11	9.24%	9	7.56%	3	2.52%	23	19.33%
Total	805	39	4.84%	24	2.98%	7	0.87%	70	8.70%

*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 41 in CY 2020 to 18 in CY 2021. The average LOS decreased from 271 to 131 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 2021, 7 C/A received CRR-ITP services which is six less than the previous year. A second provider has been approved to begin providing CRR-ITP, 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 19 facilities who served 185 children/adolescents in 2021. The number of C/A who utilized RTFs decreased 12% and the costs for the services decreased 7.6% (see Table 11) when compared to 2020. The average length of stay decreased 2.6% with Perry County experiencing the largest decrease at 42.5%.

Table 11: Residential Treatment Facilities

	CY 2020			CY 2021		
County	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Cumberland	40	369	$3,368,074	27	329	$2,492,533
Dauphin	41	283	$3,032,048	38	439	$3,183,634
Lancaster	88	474	$7,127,327	89	401	$7,416,144
Lebanon	31	410	$2,149,842	21	411	$1,518,293
Perry	10	336	$629,585	10	193	$454,384
Total	**210**	**403**	**$16,306,876**	**185**	**393**	**$15,064,989**

Children/Adolescents Inpatient Psychiatric Hospital Services
Inpatient hospitalization provides a secure setting for 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 26 MHIP facilities in calendar year 2021. The number of C/A who utilized MHIP services decreased 1.6%, LOS decreased 3.1% and costs increased 5.7%. 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 readmission rate of 12.9% for CABHC was met.

Table 12: Inpatient Psych Hospital

	CY 2020			CY 2021		
County	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Cumberland	130	23	$2,684,483	116	19	$1,754,329
Dauphin	188	23	$4,018,783	184	20	$3,912,915
Lancaster	329	21	$5,951,939	313	23	$6,666,657
Lebanon	101	20	$1,726,202	119	23	$2,750,541
Perry	44	27	$920,810	47	20	$1,082,790
Total	**792**	**22**	**$15,302,217**	**779**	**21**	**$16,167,233**

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 2021, 28,755 adults, 18 years of age and above, accessed one or more Mental Health (MH) services. This represents a 18.7% 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 627 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

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 2020 and 2021. Of all the adults who utilized a mental health service in CY 2021, 9.4% accessed a form of TCM. The total number of adults who accessed TCM increased 5.7%% and the cost of services increased 17% from CY 2020. CY 2021 was paid under an alternative payment arrangement based on historical claims data, therefore cost cannot be compared to CY 2020.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

County	Service	CY 2020			CY 2021		
		Adults	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	ICM	132	282	$434,457	147	182	$440,298
	BCM	10	61	$5,259	20	73	$136,991
	RC	156	90	$256,894	159	95	$481,099
Total		**283**		**$696,610**	**311**		**$1,058,389**
Dauphin	ICM	115	207	$561,065	116	125	$586,454
	BCM	1,034	103	$2,424,483	1,143	68	$2,865,444
	RC	3	107	$1,042	4	61	$8,267
Total		**1,146**		**$2,986,591**	**1251**		**$3,460,166**
Lancaster	ICM	256	170	$604,167	213	228	$636,884
	BCM	191	115	$618,166	216	113	$638,358
	RC	250	65	$441,429	239	69	$445,393
Total		**672**		**$1,663,762**	**633**		**$1,720,634**
Lebanon	ICM	74	331	$286,122	68	630	$118,109
	BCM	1	51	$224	149	9	$360,881
	RC	114	80	$307,756	110	136	$226,030
Total		**188**		**$594,103**	**231**		**$705,020**
Perry	ICM	15	177	$33,572	15	74	$44,447
	BCM	1	1	$145	3	56	$8,509
	RC	12	84	$19,264	14	116	$27,476
Total		**27**		**$52,980**	**29**		**$80,432**
All Counties	ICM	589	211	$1,919,383	552	232	$1,826,191
	BCM	1,232	105	$3,048,278	1,525	72	$4,010,184
	RC	534	74	$1,026,384	521	89	$1,188,266
	Total	**2,306**		**$5,994,044**	**2,437**		**$7,024,641**

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 2021, 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.

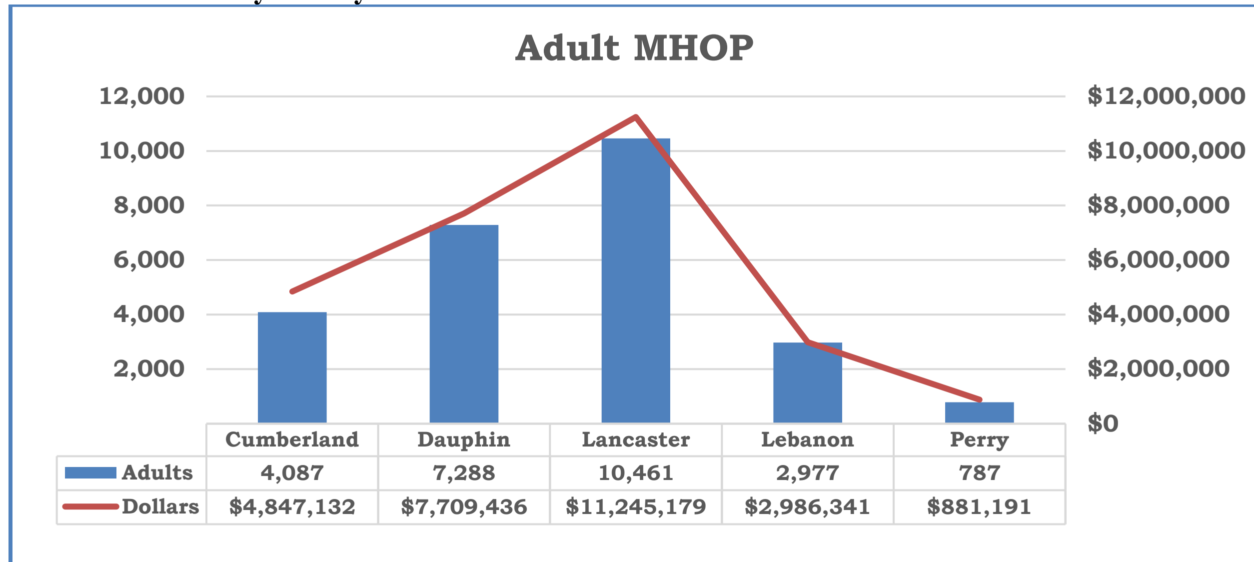
Table 13: Crisis Intervention Services

County	CY 2020		CY 2021	
	Adults	Dollars	Adults	Dollars
Cumberland	515	$210,860	613	$325,725
Dauphin	1,053	$470,202	1,099	$616,265
Lancaster	597	$177,356	1,012	$318,440
Lebanon	636	$201,391	755	$364,346
Perry	88	$34,051	96	$46,425
Total	**2,873**	**$1,093,859**	**3,554**	**$1,671,200**

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 46 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 2021, there was a 7.2% increase from CY 2020 in the number of adults who accessed outpatient services (see Table 15). Females make up 63.1% of the adult population who utilized an outpatient service. The utilization of MHOP in a Federally Qualified Health Center (FQHC) decreased 8%. In CY 2021, 70% of adults who utilized MHOP received their services on one or more occasions through the use of Telehealth. There was a decreasing trend in Telehealth utilization from the beginning to the end of CY 2021. The Grand Total contains items not included in the table including psychiatric evaluations, mobile services, separate telehealth expenses and costs related to the use of Alternative Payment Arrangements, which were not applied to a specific LOC within MHOP.

Table 15: Outpatient Services

Service	Gender	CY 2020		CY 2021	
		Adults	Dollars	Adults	Dollars
MHOP	Female	10,744	$11,190,479	11,321	$12,995,439
	Male	6,727	$6,048,921	7,092	$7,171,160
Total		**17,472**	**$17,239,400**	**18,413**	**$20,166,600**
FQHC	Female	1,398	$677,216	1,273	$788,551
	Male	602	$318,075	567	$359,038
Total		**2,000**	**$995,291**	**1,840**	**$1,147,590**
Physician/Psychologist	Female	2,795	$1,385,411	3,103	$1,817,868
	Male	1,805	$726,906	1,910	$784,397
Total		**4,600**	**$2,112,316**	**5,013**	**$2,602,264**
Grand Total	Female	14,829	$15,561,776	16,007	$18,513,012
	Male	8,830	$7,814,713	9,354	$9,159,338
		23,660	**$23,495,390**	**25,361**	**$32,828,467**

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 10% in 2021, LOS increased 17% and the cost of services decreased 2%.

Table 16: Mobile Psychiatric Nursing

County	CY 2020			CY 2021		
	Adults	LOS	Dollars	Adults	LOS	Dollars
Cumberland	27	100	$147,086	27	191	$125,228
Dauphin	64	109	$252,713	62	136	$256,815
Lancaster	101	537	$522,801	79	679	$528,684
Lebanon	11	269	$47,498	11	291	$33,407
Perry	9	135	$62,155	11	535	$70,925
Total	**211**	**298**	**$1,032,253**	**189**	**349**	**$1,015,059**

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 2021, CABHC Members had access to four different providers who offer Peer Support Services. The number of individuals who used Peer Support Services in CY 2021 and the cost of services decreased from CY 2020, although the average LOS increased 16% (see Table 17). CABHC initiated discussions with a marketing firm to attract new Certified Peer Specialists and increase referrals for the service. Discussion will continue in CY 2022.

Table 17: Peer Support Services

	CY 2020			CY 2021		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	38	131	$61,541	32	195	$49,784
Dauphin	84	71	$163,089	107	91	$147,100
Lancaster	175	136	$558,595	131	160	$525,320
Lebanon	46	136	$108,701	32	107	$114,173
Perry	3	15	$1,104	2	180	$3,006
Total	**345**	**115**	**$893,031**	**303**	**133**	**$839,384**

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.

As displayed in Table 18, there was an 11% increase in the number of participants in CY 2021 compared to CY 2020 and a 30% increase in costs. Cumberland, Lancaster and Lebanon Counties each had increases in attendance and the other two counties remained the same.

Table 18: Psychiatric Rehabilitation

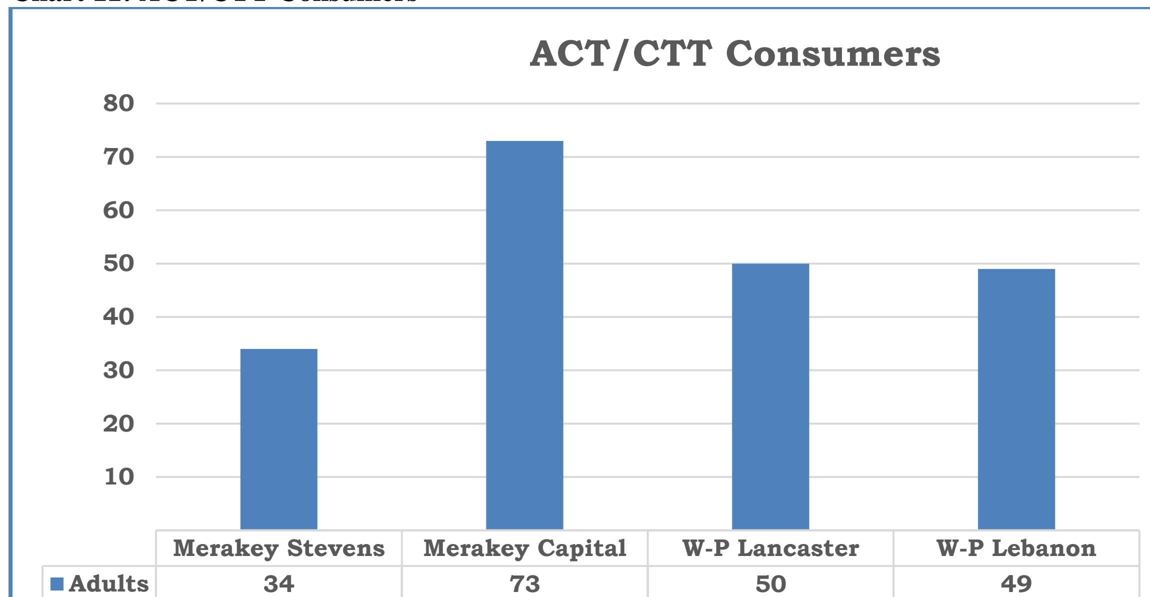
	CY 2020			CY 2021		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	72	109	$323,626	78	89	$321,430
Dauphin	19	87	$387,516	19	61	$446,327
Lancaster	25	68	$81,094	27	230	$96,646
Lebanon	31	72	$174,633	40	130	$392,606
Perry	4	36	$3,971	4	103	$4,807
Total	**151**	**94**	**$970,839**	**168**	**118**	**$1,261,817**

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 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 2021.

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 2021 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. This past year the teams reported difficulty in

supporting individuals to find competitive employment. Lebanon County reported frequent readmissions for a few of the people they support, dropping the overall rate. The LOS rate for readmissions for Merakey Stevens was based on one individual. 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	14.1%	100.0%	93.7%	75.0%	50.0%	98.6%
Merakey Stevens	7.5%	91.0%	88.1%	50.0%	0%	95.5%
Philhaven-Leb.	7.8%	99.0%	98.0%	0.0%	40.0%	98.0%
Philhaven-Lanc.	11.9%	78.2%	60.4%	50.0%	70.0%	98.0%
Average	**10.9%**	**93.0%**	**85.7%**	**32.4%**	**46.2%**	**97.8%**

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 2021 decreased 10%, length of service decreased 16% and cost decreased 4% compared to CY 2020 (see Table 20). The APAs continued payments to providers throughout CY 2021.

Table 20: Partial Hospitalization Program

	CY 2020			CY 2021		
County	**Adult**	**LOS**	**Dollars**	**Adult**	**LOS**	**Dollars**
Cumberland	86	126	$437,634	79	113	$508,496
Dauphin	157	200	$1,323,401	165	116	$1,470,807
Lancaster	161	50	$752,754	116	70	$477,943
Lebanon	75	42	$279,202	63	65	$218,311
Perry	12	182	$61,760	16	125	$78,718
Total	**488**	**117**	**$2,854,751**	**437**	**99**	**$2,754,275**

Inpatient Services

In CY 2021, 2,566 adults utilized Inpatient Psychiatric services. Of the 28,755 adults who accessed mental health services during the year, 8.9% had at least one admission into a MHIP facility. Fifty providers were utilized in CY 2021, one less than the previous year.

Between CY 2020 and CY 2021, there was a 4.4% increase in the utilization of MHIP services and a 4.5% increase in cost (see Table 21). The average length of service increased 4.2%. There were more males than females that accessed services. With the exception of Dauphin County, all the other counites experienced an increase in utilization.

Table 21: Adult IP Services

		CY 2020			CY 2021		
County	**Gender**	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	Female	135	11.6	$1,078,236	174	14.9	$1,981,725
	Male	146	14.1	$1,570,126	168	15.0	$2,087,661
Total		**281**	**12.9**	**$2,648,362**	**342**	**14.9**	**$4,069,386**
Dauphin	Female	349	15.2	$4,450,022	341	15.2	$4,402,093
	Male	404	13.6	$5,422,034	404	15.2	$6,615,576
Total		**753**	**14.3**	**$9,872,056**	**745**	**15.2**	**$11,017,669**
Lancaster	Female	528	16.1	$7,244,593	516	15.5	$5,922,444
	Male	551	15.8	$8,423,533	567	16.8	$8,049,712
Total		**1,079**	**16.0**	**$15,668,126**	**1,083**	**16.2**	**$13,972,156**
Lebanon	Female	134	13.3	$1,529,615	176	15.6	$2,059,612
	Male	176	15.3	$2,473,571	180	14.4	$2,620,209
Total		**310**	**14.5**	**$4,003,186**	**356**	**15.0**	**$4,679,821**
Perry	Female	23	10.5	$155,609	33	11.3	$262,185
	Male	25	13.9	$312,007	24	12.6	$139,544
Total		**48**	**12.6**	**$467,616**	**57**	**11.9**	**$401,728**
Grand Total	Female	1,166	14.9	$14,458,075	1,235	15.3	$14,628,058
	Male	1,291	14.8	$18,201,271	1,331	15.7	$19,512,702
		2,457	**14.9**	**$32,659,346**	**2,566**	**15.5**	**$34,140,760**

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 inpatient 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 and expanding the availability of Medication Assisted Treatment (MAT) in licensed D&A outpatient clinics.

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 2020 to CY 2021 there was a 5.7% increase in the number of C/A who utilized a D&A service along with a 12.9% increase in costs (see Table 22). The number of adults who accessed a HealthChoices D&A service in CY 2021 increased 5.7% from CY 2020. Adult expenses increased 6.6%. Of the 10, 399 adults who accessed a D&A service in 2021, 50% accessed at least one mental health service during the year and 63% of the 243 C/A who accessed a D&A also accessed a MH service.

Table 22: Children/Adolescent D&A Services

	CY 2020			CY 2021		
Service	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Non-Hosp Res - Detox	2	3	$1,852	0	0	$0
Non-Hosp Res - Rehab, Short Term	5	96	$13,678	0	0	$0
Non-Hosp Res - Rehab, Long Term	43	134	$869,818	45	105	$1,055,145
OP D&A Clinic	194	31	$73,356	211	37	$76,636
Level of Care Assessments	4	1	$818	6	1	$876
Partial Hospitalization Program	24	19	$19,796	12	31	$14,859
D&A IOP	45	38	$62,328	23	37	$28,710
Opioid Use Disorder COE	1	1	$277	0	0	$0
Total	**230**		**$1,041,924**	**243**		**$1,176,226**

Table 23: Adult D&A Services

Service	CY 2020			CY 2021		
	Adults	LOS	Dollars	Adults	LOS	Dollars
IP D&A Hospital - Detox	50	6	$163,337	55	6	$185,732
IP D&A Hospital - Rehab	24	18	$200,125	38	12	$275,538
Non-Hosp Res - Detox	1,637	4	$3,045,110	1,634	4	$3,309,648
Non-Hosp Res - Rehab, Short Term	2,355	19	$14,977,031	2,455	21	$18,318,159
Non-Hosp Res - Rehab, Long Term	681	60	$6,727,302	498	59	$5,169,415
Non-Hosp Res - Halfway	412	69	$3,530,625	393	72	$3,906,863
OP D&A Clinic	7,220	49	$5,745,232	7,531	54	$6,811,664
D&A Assessment	1,124	1	$180,371	1,219	1	$221,468
OP D&A Meth Main	2,040	583	$7,650,695	2,133	418	$8,251,017
D&A Partial Hospitalization	517	29	$2,511,389	677	30	$3,629,656
D&A - IOP	1,267	39	$1,503,553	1,291	44	$1,914,086
D&A Targeted Case Management	36	186	$54,698	17	69	$143,131
Certified Recovery Specialist Service	97	48	$58,963	51	35	$33,386
MAT Coordination	633	83	$855,129	503	66	$467,818
Opioid - Centers of Excellence	134	11	$96,501	859	10	$717,477
Total	**9,836**		**$50,072,523**	**10,399**		**$53,355,059**

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 2021, individuals utilized 36 different Inpatient and Non-Hospital Detox facilities. There was no notable difference in the combined total number of adults who utilized Detox services although there was a 9% increase in costs.

Non-Hospital Residential Rehabilitation (NH Rehab)

NH Rehab is an intensive level of treatment that provides adolescents and adults with 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 73 different facilities in CY 2021. White Deer Run served the largest number of Members (877) and there were 45 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 utilization of NH-HH decreased 4.6% from CY 2020. The average length of stay for adults in CY 2021 increased 4.2% to 72 days.

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 2021, there was an 8.8% increase in the number of C/A who utilized a D&A OP service and a 4.3% increase for adults. Total costs for D&A OP services increased 18.6%

D&A Intensive Outpatient (IOP)
Individuals who participate in D&A IOP treatment usually complete nine hours of therapy per week which is broken up into 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 2021, there was a 49% decrease in the number of C/A who received IOP. Adults had a 2% increase in utilization and experienced a 12% increase in the average length of stay.

Partial Hospitalization Program (PHP)
PHP is an intensive D&A 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 2021, the number of adults who utilized a PHP increased 31% and cost increased 45%. The largest increase in the number of adults served occurred with one provider who offers 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 2021. Utilization increased 4.6% while length of time in treatment decreased 28%.

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 the CABHC network. In CY 2021, there was a 47% decline in utilization that can be attributed to decrease in referrals as well as staffing challenges.

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 20% decline in the number of adults who accessed the Program in CY 2021.

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 2021, there were a total of 923 In-Network Providers available to CABHC Consumers, which includes individual practitioners, clinics/facilities and practice groups. Of those, 89 were new psychiatrists and 35 facilities and/or professional groups joined the network in CY 2021. Throughout the year, there were 86 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 clinics/facilities are Mental Health Outpatient, followed by Mental Health Inpatient, and Substance Abuse Outpatient Services. On an annual basis, PerformCare completes a Geo-Access analysis to determine if the network meets the access standards set forth in the Program Standards and Requirements. An exception

request was necessary for hospital-based inpatient Detox and Rehabilitation for C/A and Adults. Peer Support Services for adolescents for all quadrants of Cumberland, Dauphin, Lancaster, Lebanon, and Perry Counties required an exception request. Northern Dauphin County required an exception for Residential Treatment Facilities and an exception request was required for Methadone Maintenance in Lancaster County.

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.

In November 2021, 342 surveys were sent via email to the provider network. One hundred and four were completed in full, resulting in a 31% response rate. This is slightly below the 33% response rate in 2020. 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.

The survey contained questions on five main categories, separated into 12 sub-sections: Communication, Provider Relations, Claims Department, Quality Improvement, and Clinical Department. Overall, the average total score for the survey was 4.1 which was a 0.1 increase from 2020. There were four sections in the survey that increased in scoring, six sections that had a slight decrease from the previous year and three that remained the same. Provider Orientation and Complaints were the highest scoring. Table 24 provides a summary of the Provider Satisfaction scores from CY 2016 through CY 2021. The 2021 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	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Communication	3.8	3.8	3.6	3.7	4.1	4
Provider Relations	4	4	3.9	3.8	4.3	4.2
Provider Orientation	N/A	N/A	3.5	4	4.1	4.7
Provider Meetings & Trainings	3.8	3.9	3.7	3.8	3.6	3.9
Claims Processing	3.9	3.6	3.8	3.7	4	3.9
Administrative Appeals	3.8	3.6	3.4	3.5	3.8	3.9
Credentialing & Re-credentialing	3.7	3.6	3.5	3.8	4	3.9
Complaints	N/A	N/A	3.6	4	3.9	4.3
Grievances	3.7	3.9	3.5	4	4.3	4.2
Treatment Record Reviews	3.6	3.4	3.8	4.1	4	4
Clinical Care Management	3.8	4	3.9	3.8	4.1	4
Member Services	3.8	3.8	3.9	3.8	4.0	4.0
Average Total Score	3.8	3.8	3.7	3.8	4.0	4.1
Total Number of Respondents	64	82	98	86	90	104
Response Percentage of Total Surveys Sent	26%	30%	34%	31%	33%	31%

Routine Access Service Monitoring

The OMHSAS Program Standards and Requirements require that routine access services are provided within seven days of request. The routine access dashboard which includes nine levels of care, is reviewed by the Provider Relations Committee at their bi-monthly meetings. In 2021, there were five levels of care that met or exceeded access goals established by the PRC that included: Family Based, MH-PHP, D&A PHP, IOP D&A and MH-TCM. Decreases were noted with MH OP, Psychiatric Evaluations, D&A OP, and Peer Support services. In CY 2021, the PRC identified Psychiatric Evaluations as a level of care that a root cause analysis would be conducted to identify actions that could be taken to improve access. PerformCare was assigned as lead to facilitate the meetings which began in September and finished up by the end of the calendar year. PerformCare will develop a set of recommendations to present to the PRC in early 2022.

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. In CY 2021, CABHC requested that PerformCare add Residential Treatment Facilities to their list of reports. PerformCare developed a draft report that received some critical feedback, which resulted in a redesign that included a provider survey to assess level of family engagement. The final RTF Provider Profiling report will be presented to the PRC in early CY 2022.

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 2021 was 80% for all levels of care. Providers that score below 80% are required to submit a Quality Improvement Plan (QIP). In the 2021 review cycle, PerformCare conducted 30 TRRs. There were two MHOP providers and one D&A provider that scored below the threshold, requiring a QIP, that included quarterly collaboration between PerformCare and the providers to assess progress on their QIPs.

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 selects 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 2021, CABHC facilitated the following presentation for the CFFC:

Mr. Eric Hauser of Organic Remedies presented on the PA Medical Marijuana program. He discussed the history of the program, the process and requirements for receiving a medical marijuana card, as well as the different products and services offered by his company. A copy of the presentation was shared with the committee and the recording is available on the CABHC website.

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 Counties. For CY 2021, the Committee members selected "Bullying". The Bullying Prevention & Resolution training was held on April 27, 2021. There were 45 people who attended the morning and afternoon sessions. Leah Galkowski of PA Center for Safe Schools presented on *Understanding Bullying and What We Can Do*. In the afternoon, Michelle Nutter from the PA Office of Attorney General, presented on *Beyond Bullying: Protected Class Bullying.* The sessions were interactive and they received positive feedback from people in attendance.

The Committee discussed regional training topics for CY 2022 and identified three possible presentations that included:

1. Mental health self-care, effectively using resources. How to use WRAP.
2. Co-Occurring
3. Multiple pathways to recovery

After considerable discussion and difficulty in making a final selection for a training topic, the Committee suggested to have the CABHC Board consider the topics and make a final decision. The training topics will be discussed at a future Board meeting in CY 2022.

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.

The PSSSC did not meet during the calendar year although work continued on promoting the utilization of PSS. One of the objectives of the PSSSC was to explore connecting with a marketing firm that could develop a proposal to improve referrals and increase the number of

applicants who would be interested in becoming a CPS. A marketing firm was identified with some history working with this kind of endeavor and an initial meeting was set. Background information on Peer Support services were shared, and goals were set. The marketing firm was requested to develop a draft proposal to address the expectations and present it to the PSSSC. CABHC will follow-up with the marketing firm in CY 2022 to keep the project moving forward.

CABHC, in collaboration with the PSSSC, developed a CPS Scholarship program that provides the financial support for individuals interested in becoming a CPS by attending the CPS two-week training. CABHC holds a contract with Recovery International that secures an opening for up to three individuals to attend a training. Applicants must apply to CABHC for a scholarship, and after review by the Member Relations Specialist, the applicant is interviewed by a panel of the PSSSC and CABHC. Applicants that are approved by the panel are eligible for CPS scholarship. In CY 2021, the panel approved and CABHC sponsored three CPS scholarships.

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. CABHC provided two incentive payments during the year.

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 2021.

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 includes the development of individualized Integrated Care Plans and improvement in the required performance measures, which for CY 2021 include:

- 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
- Diabetes Screening for People with Schizophrenia or Bipolar-Disorder who are using Antipsychotic Medications (SSD-SPMI)
- Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9/0%) (HPCMI-SPMI)

- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC-SPMI)

In CY 2021, PerformCare developed Integrated Care Plans (ICPs) on 918 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 eight measures, PerformCare maintained a workgroup that met bi-weekly throughout CY 2021, that included CABHC, Tuscarora Managed Care Alliance, PH-MCOs including Amerihealth Caritas and Gateway, and various subject matter experts. PerformCare incorporated hospital notifications into the Active CCM Strategies and clinical work with Members to address care gaps. In CY 2021, PerformCare continued to send letters to providers to notify them of members who had five or more ER visits within the past 12 months, with at least one visit for a BH primary need and to request that there is outreach to the Member. From CY 2020 to CY 2021, there was an overall 3% decrease in ED utilization. A similar approach was utilized for members with a diagnosis of schizophrenia and who struggle with medication adherence. Although there was a slight improvement of less than 1% in adherence, there was no noticeable impact from the letters and the intervention will be evaluated in CY 2022. Improvement was seen in BH-PH IP admission rate and the two diabetes measures, and slight decreases were noted in the remaining measures.

Discussion continued between CABHC, PerformCare and Lancaster EMS to develop a model of support for people who discharge from MHIP, with the goal to reduce IP readmissions and improve follow-up to treatment. In an effort to improve performance with D&A Initiation and Engagement, CABHC and PerformCare opened up discussions with two providers to utilize Certified Recovery Specialists (CRS). The CRS would make contact with individuals in Rehab treatment to develop a connection and provide education in an effort to encourage the individual to continue with their treatment and recovery post discharge. Implementation of a pilot is planned for CY 2022.

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 five FQHCs that include Union Community Care (which is result of the merger between Southeast Lancaster Health Services and Welsh Mountain), Family First Health, Hamilton Health Center, Sadler Health Center and Keystone Rural Health Center located in Chambersburg and utilized by Cumberland and Perry County individuals

The total number of Members who accessed behavioral health services at a FQHC in CY 2021 was 2,451 compared to 2,569 in CY 2020. The majority of individuals who utilized the service were adults with a total count of 1,841.

Community Based Care Management Program

Community Based Care Management Program (CBCMP) is a Medicaid funded initiative that began with the HealthChoices Physical Health contracts and was expanded to the Behavioral HealthChoices contracts beginning in CY 2021. The core elements of this program are to provide case workers, or many times referred to as Community Health Workers (CHW), that can assist HealthChoices eligible members to gain access to needed treatment and assist the person and their family to access Community Based Organizations (CBOs) who support and provide various services that address Social Determinants of Health (SDoH).

CABHC partnered with the four FQHCs physically located in the Counties, who will each be eligible to receive funding to hire CHW(s) in at least one of their Centers. The FQHC developed service descriptions describing how they will utilize the CHW within their operations to achieve the stated core objectives

1. Mitigate fundamental social determinants of health as exemplified but not limited to the following key areas:
    a. Childcare access and affordability
    b. Clothing
    c. Employment
    d. Financial Strain
    e. Food insecurity
    f. Housing instability/ homelessness
    g. Transportation
    h. Utilities
2. Enhance coordination of services for behavioral and physical health
3. Promote diversion from
    a. Inpatient Facilities
    b. Residential treatment facilities
    c. Emergency Departments
4. Reduce healthcare disparities

CABHC entered into contracts with the FQHCs to achieve the stated objectives and by the end of CY 2021, CHWs were engaging with Members to address SDoH. The FQHCs collected encounter data on the SDoH activity between the CHWs and Members, and reported back to CABHC through a web-based portal. Beginning in CY 2022, CABHC will provide financial support to the FQHCs to make purchases that will address Member’s SDoH.

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, capped at a maximum of 3% qualified revenue. 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 2021. 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 2021, the Respite Workgroup met to review utilization and discuss the challenges imposed due to the COVID pandemic. Many respite providers reported lack of staff to deliver services. This led to a continued decline in utilization. The workgroup continues to discuss ways to expand the Respite network.

The Respite outcome data presented in Table 25 reflects the difficulty in recruiting and retaining respite workers. The number of Members served deceased from 273 to 87, and the total number of respite hours provided decreased from 7,417 in CY 2020 to 2,420 in CY 2021. Total expenditures amounted to $46,266.

Table 25: Respite Services CY 2021

County	# Members Served	In Home Hours
Cumberland	11	183
Dauphin	16	324
Lancaster	44	1,202
Lebanon	18	646
Perry	3	65
Total	87*	2,420

***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. From January 1 through December 31, 2021 a total of 151 youth participated in the four programs.

Table 26: Specialized Transitional Support

County	Program	Members
Cumberland/Perry	NHS Stevens Center	43
Dauphin	The JEREMY Project, through CMU	58
Lancaster	Community Services Group	26
Lebanon	The WARRIOR Project, PA Counseling Services	24

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

CABHC's Recovery House Scholarship Program provides scholarships to individuals who require financial assistance to enter a Recovery House as part of their recovery from substance abuse. Since 2007, CABHC has been providing scholarships to those who qualify for the program. To assure certain standards of quality, Recovery Houses interested in serving individuals receiving scholarships from this program must submit a written application and complete a site visit conducted by CABHC staff.

As of December 31, 2021, the 37 participating Recovery House organizations had a combined 1,050 beds in 114 individual houses. In CY 2021, CABHC issued scholarships to 366 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 50% of people left voluntarily and 40% were asked to leave the recovery house for different reasons. Seventy-three percent of the individuals were employed and another 9% were looking for work, and 60% were compliant with house rules. There were 232 (77%) members that reported that

they participated in treatment and 65% 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 six 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, 2021.

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 CY 2021:

CSS surveyed 1,738 consumers from the Counties that represent 1,093 Adults (62.9%) and 645 children/adolescents (37.1%). Of all the adult consumers who were surveyed, 1,045 (95.6%) responded for themselves. For C/A, 613 (95%) had a parent/guardian respond for them, and 26 (4%) responded for themselves with a parent/guardian present. Due to continued COVID restrictions there has been 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%
CY 2021	1,093	90	8.2%	645	2	0.3%	1,738	92	5.3%

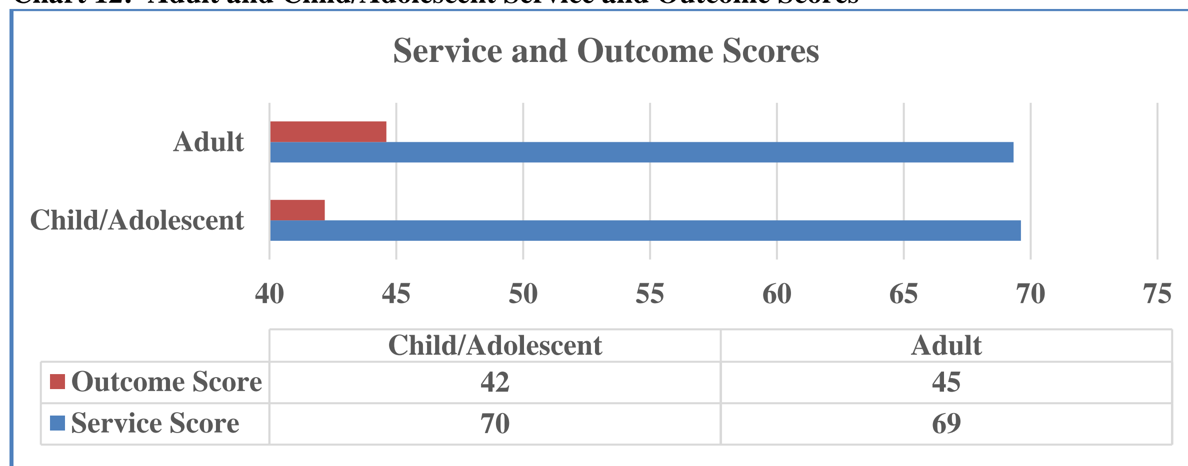
In CY 2021, there was 11 treatment levels of care that were surveyed by CSS. Data was collected by six interviewers from 47 treatment facilities that include:

Levels of Care	Surveys	%
Partial Hospitalization Program	253	14.6%
Psych Rehabilitation	67	3.9%
TCM - Intensive Case Management	128	7.4%
TCM - Blended Case Management	351	20.2%
TCM - Resource Coordination	207	11.9%
MH Inpatient	615	35.4%
Extended Acute Care	10	0.6%
Mobile Psych Nursing	49	2.8%
Residential Treatment Facility	37	2.1%
CRR Host Homes	6	0.3%
Educationally Integrated Behavioral Services	15	0.9%
Total	**1738**	**100.0%**

There was a total of 28 items that were included in the calculation of the Total Satisfaction Score (TSS). Scores 113-140 indicate a high level of satisfaction, scores 85-112 indicate some level of satisfaction and scores below 84 indicate some level of dissatisfaction. Overall, the majority of individuals who accessed treatment were satisfied with their services that are reflected in the combined satisfaction score of 113.15, which is lower than the combined score of 114.38 from the FY 19/20 surveys.

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 show some level of satisfaction for C/A outcomes, high level for services and are in the high-level of satisfaction for outcomes and services for adults.

Chart 12: Adult and Child/Adolescent Service and Outcome Scores



	Child/Adolescent	Adult
Outcome Score	42	45
Service Score	70	69

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 CY 2021 Consumer Satisfaction report can be viewed on the CABHC web site at www.cabhc.org.

FISCAL OVERVIEW

Beginning January 1, 2021, the HealthChoices Behavioral Health Contract was realigned to a calendar year. Therefore, below when discussing the fiscal year, it will be the 12-month period of January – December 2021.

During CY 2021, the COVID-19 Public Health Emergency was continued due to the COVID-19 pandemic. CABHC continued a number of alternative payment arrangements to assist providers in addition to altering some arrangements as we moved through the pandemic and changing environment. 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. The changes to the arrangement also allowed them to receive payments above their APA amounts when billable services began to return above the APA levels being paid. These payments began in January 2021 and continue through December 2021. All APA's ended as of December 31st but a few providers did receive extensions to continue the APA's into the following year. Additionally, CABHC's Board of Directors made the decision to provide one-time payments to a significant number of providers to help with the recruitment and retention related to staff shortages. The amount of funds made available to providers exceeded $43 million.

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 CY 2021. The HealthChoices Program saw an increase of membership during the FY of 8.9%. This larger than normal increase was 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 an audit conducted at the end of the calendar year. 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 CY 2021, 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 reviewing the reported salaries/benefits/payroll taxes expenditures compared to the budget.

Another area of focus was the monitoring of management and service 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. At the end of CY 2021, the management fees and services fees were below the budget target range.

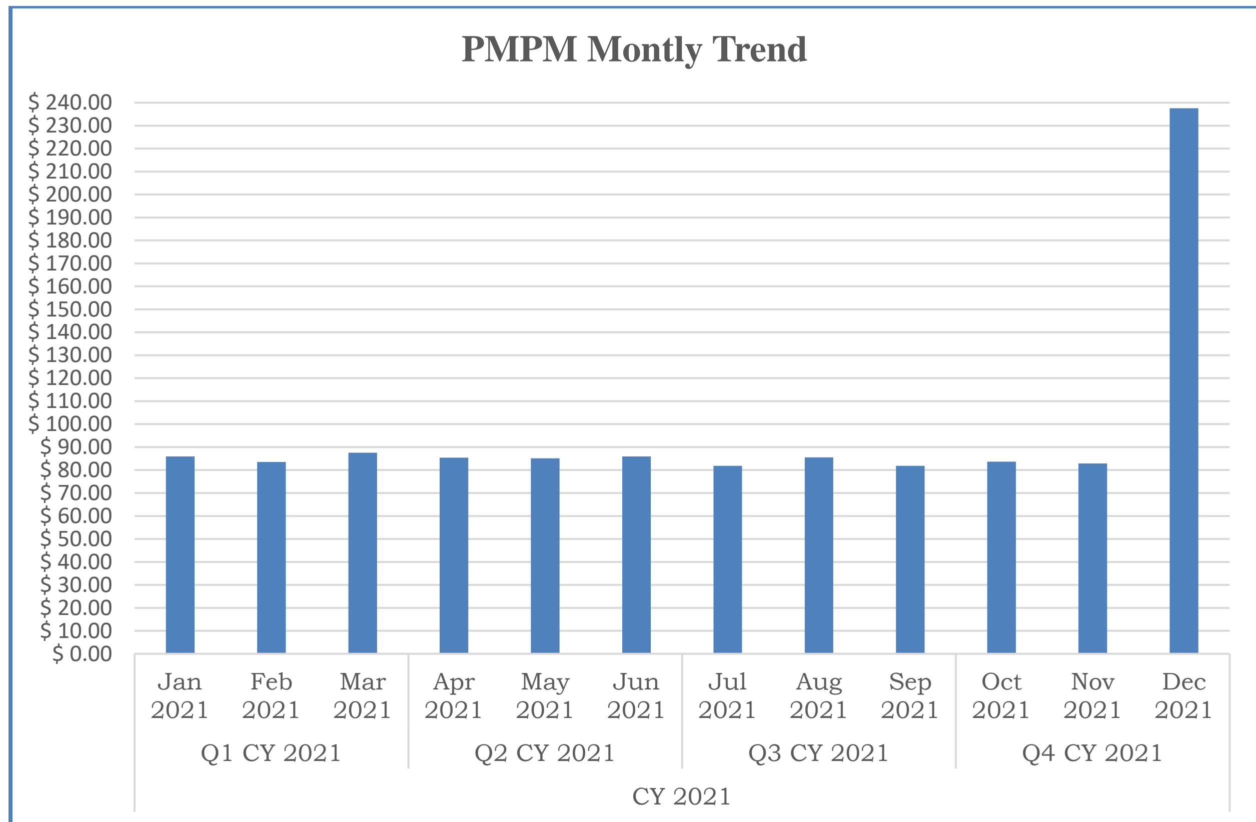
PerformCare ended the fiscal year with excess administrative surplus above the contract stated profit cap and therefore was required to return funds to CABHC. CABHC will use these excess funds along with other excess funds to replenish risk reserves to the maximum allowable amount, continue ongoing reinvestment programs, and develop a number of new reinvestment programs.

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 each month for January 2021 – December 2021. December 2021 monthly claims costs is an outlier when compared to the other months due to the fact it contains the one-time payments to providers to address staff recruitment and retention challenges across the network. The program continued to pay claims with a PMPM cost of $84.46 for January 2021- November 2021.

Chart 13: Per Member/Per Month Claim Cost



The HealthChoices medical revenue received in CY 2021 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.

For CY 2021, 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 audit included quarterly claims data testing, an annual trip to CABHC/Counties, 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 work together and 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 and PerformCare continually monitored the Program due to the many challenges imposed by the Covid 19 pandemic, and developed and sustained creative alternatives to fund services and be flexible in the provision of service.

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, strengthening of value-based purchasing and development of a strong partnership with FQHCs and community-based organizations that will focus on Members social determinants of health.

CABHC BOARD OF DIRECTORS

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Kristin Varner		Dauphin County

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Michael Powanda, Director of Program Management

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Tracye E. Johnson, Member Relations Specialist

LeeAnn Fackler, D&A Specialist

Nikki McCorkle, Quality Assurance Specialist

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Becky Mohr, Lancaster County
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Theresa Bingaman, Consumer
Nicole Snyder, Lebanon County MH/ID
Jeff Bowers, Consumer
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Latisha Brown, Consumer
Abby Robinson, CSS

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Kasey Felty, Lebanon County MH/ID
Janina Kloster, PerformCare
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Kim Maldonado, Philhaven
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Judy Goodman, CABHC
Denise Wright, Consumer
Jessica Miller, RASE
Megan Johnston, Cumberland/Perry County
Michael Powanda, CABHC
Jenna O'Halloran-Lyter, CABHC
Nikki McCorkle, CABHC
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Erica Scanlon, Lancaster County

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Janine Mauser, Lebanon County

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Denise Wright, CFFC Representative

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Holly Leahy, Lebanon County

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Jenna O’Halloran-Lyter	Children’s Specialist

Appendix A:

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Respite Care	All	YAP	02-03, 04/05 05/06,07/08 08/09,10/11- 15/16	12/1/2004	Operational
Description:					
Respite services offer short-term respite services to children, adolescents, and adults. The services provide temporary relief for caregivers by giving them a rest or break from caring for a child and/or adult with severe behavioral and/or emotional health concerns. Respite is offered as either In-Home or in the community. Respite workers supervise and interact with the individual family member while caretakers are able to take a break. Youth Advocate Program is the Respite Management Agency (RMA) for this program and has been able to contract with a number of additional providers to provide additional staff, as well as a few individuals who also provide these services.					
Status: Update 12/2021: For the month of October 22 Members received respite services for a total amount of $3,108. YTD units delivered are 8,042 in the amount of $38,838 YTD, 84 unduplicated Members have received respite services. The Respite Workgroup continues to meet to expand the network.					

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 12/2021: From January to October 2021, the four STSA programs provided a total of 14,751 units to 143 unduplicated participants. Lancaster County CSG has hired a new STSA Coordinator who began in Mid-November.					

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 12/2021: The Recovery House Scholarship program awarded 26 new scholarships in November bringing the CY total to 345. Scholarship payments total $233,273. In order to manage the RH scholarship funds, the number of scholarships that are approved remain capped based on budgeted funds each month. There were 36 recovery house organizations with a combined total of 112 houses participating in the scholarship program as of the end of the 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 with the exception of Perry County. The Perry County Housing Plan will be reviewed under 14/15 initiatives.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
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 11/2021: The Merakey NN program is temporarily suspended as a new program description is developed that will combine Mobile Psych Nursing with the NN program.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Psychiatric Access	All	PPI, PCS, TWP, NHS, CSG, Philhaven	13/14	NHS-8/1/17	PPI, Philhaven, TWP and Merakey have hired new psychiatrists
Description					
Routine access to initial psychiatric evaluations and medication management remains a significant challenge. This program is targeted to award 3 contracts to MH OP providers that can be used in the recruitment and retention of Psychiatrists to our HealthChoices BH program. An RFP establishing the guidelines of the use of the funds and the development of clear and measurable outcomes will be developed by an oversight committee. Each proposal selected must clearly increase the availability of psychiatric time, indicate the targeted HealthChoices population that will be impacted and state the projected improvement to access of psychiatric time. The proposal must include a contractual commitment with the Psychiatrist(s) that will benefit from this contract in how long they will provide their service at the OP Clinic and consequences if they leave before their commitment is up. The expected commitment is three years.					
Status: Update 11/2021: CSG continues to work with up to five different recruiting agencies with the goal of adding additional child and adolescent psychiatry time. CSG brought on a PT psychiatrist (Dr. Burkholder) Nov.1, 2021 and will be available for adult telehealth services, 2 hrs/day, 4-days/week. Current wait times: Lanc. C/A OP – 4 weeks for evaluation, Lanc. Adult –5 weeks, Dauphin C/A OP-4 weeks for 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 12/2021: Data on CRS service utilization has been submitted through the encrypted cloud storage platform, Sync, since June. CABHC and ACA continue working on the development of a database to assist with future reporting. Perry Human Services has reported a low number of encounters since September due to the departure of their CRS. They did hire a new CRS as of mid-November.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Supporting Positive Environments for Children (SPEC)	All Counties	EIS	15/16	TBD	Operational
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 12/2021: Cumberland County-Bethel Preschool and Daycare: hours for this program have been exhausted. Rice Elementary: CLT meeting held. Staff met with building coach to review recognition process and gather annual data for submission to PAPBS network. Staff updated Benchmarks of Quality action plan and uploaded all requirements to pTrack for recognition for 21/22 school year. Began dialogue with building coach regarding transition to IU support. Dauphin County-Reid Elementary: Hours of support are exhausted. Lancaster County- Mom's House: Hours of support exhausted, program received a small grant to continue supports. Lancaster Recreation Commission: Staff provided on-site classroom coaching to new teacher in PKC-McCaskey classroom. Also, met with administration regarding coaching supports. Program reduced hours because of low staffing..Lebanon- Kochenderfer Christian Daycare Team identified teacher to be part of core team – she may agree to be building coach, but wants to get a feel for the team first. Staff is completing modules from Pyramid Model Consortium as refresher and new information for new staff. Perry County: Greenwood School District: continue to work with the Elementary and Secondary Core Leadership Teams to develop their products for PBIS Implementation					

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 12/2021: CSG met with Penn Township on 11/10/21 @ 7pm. CSG received verbal approval to move forward with the project at the hearing. CSG closed on the property 12/7/21.					