CAPITAL AREA BEHAVIORAL
HEALTH COLLABORATIVE, INC.
Established October 1999

CAPITAL AREA BEHAVIORAL HEALTH COLLABORATIVE, INC.

CONTINUOUS QUALITY IMPROVEMENT ANNUAL REPORT

Calendar Year 2022

Contents

EXECUTIVE SUMMARY

CABHC manages the HealthChoices Behavioral Health contract for Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties (Counties). In CY 2022, membership increased 8.2% to 326,511 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 52,066 Consumers who utilized behavioral health services in CY 2022, a .6% increase from the previous year. Overall, penetration decreased from 17% in CY 2021 to 16% in CY 2022.

CABHC, through the activities of the Clinical Committee, monitored many aspects of the HealthChoices Program. This included continued monitoring of the transition from BHRS to IBHS, RTF work group outcomes, and activities from the Root Cause Analysis for follow up after hospitalization. CABHC and PerformCare continued its collaboration with Community Data Roundtable (CDR) in the use of the Child and Adolescent Needs Summary (CANS) and new data elements were added to the tool. The Residential Treatment Facility workgroup focused on provider profiling outcomes, ways to improve family engagement while their child or adolescent is in this out of home placement, and monitoring length of stays at the RTF through treatment team meetings.

In CY 2022, the overall number of children/adolescents (C/A) who accessed behavioral health services increased from 17,253 in 2021, to 17,604. The most common mental health service utilized by C/A is Mental Health outpatient, followed by IBHS. While there was a slight increase in 2022 of the number of C/A that utilized Mental Health Outpatient, there was a decrease (-7.36%) in the number of C/A that utilized IBHS. There was a slight decrease in utilization of Residential Treatment Facility and a slight increase in utilization of MH Inpatient levels of care. The three other most notable changes in service utilization were for Family Based Mental Health Services, Targeted Case Management and Psychiatric Partial Hospitalization. Both Family Based (-10.76%) and Targeted Case Management (-16.77%) had noticeable decreases in utilization from 2021 to 2022. Partial Hospitalization services increased by 6.20%.

There were 35,070 adults who accessed one or more behavioral health services in CY 2022. The most utilized adult MH service was MHOP. Utilization of MHOP services decreased 1.51%. A total of 22,909 consumer accessed MHOP services. Of those consumers, 52% accessed MHOP through telehealth services at least once. Decreases in utilization were seen in Crisis Intervention (3.10%), Targeted Case Management (12.79%), and MHOP (1.82%). There was a less than 1% increase in MHIP.

In CY 2022, 236 children/adolescents utilized Drug and Alcohol (D&A) services, a 2% decrease from CY 2021. The number of adults who utilized D&A services in 2022 was a less than 1% decrease from 2021. For both C/A and adults, licensed D&A OP is the most utilized service, or 81% total with age groups combined. For adults, non-hospital detox (withdrawal management), non-hospital rehab, as well as methadone maintenance were the next highest utilized D&A services. For C/A non-hospital rehab is the next highest utilized D&A service after MH OP, but noticed a 38% decrease in utilization in 2022 compared to 2021. MH OP accounted for 15% of total D&A costs. Non-hospital Rehab combined accounted to 21% for of all D&A costs. Overall,

for adults, all D&A services realized a decrease in services from 2021 to 2022, with the exception of halfway house and inpatient D&A hospital rehab.

Opioid Centers of Excellence noticed an increase of 30% utilization in 2022. These services accounted for 4% of all adult D&A service cost. Utilization increased as Methadone Maintenance providers continued to enroll under the COE program.

CABHC, along with PerformCare, continued to monitor and respond to the transition of D&A providers to the American Society of Addiction Medicine (ASAM) criteria. Efforts to support providers through this transition remained, and CABHC hosted three ASAM trainings in CY 2022 that qualified staff to be able to complete assessments with consumers.

The Provider Relations Committee (PRC) monitored network activity throughout the calendar year, which saw relative stability in the number of network providers. There were 67 providers that terminated from the network for voluntary reasons, 19 less than in 2021. In 2022, 205 new providers were credentialed, which showed a net gain of 138providers. Overall, in 2022 there were 950 active network providers.

In November 2022, CABHC distributed 476 satisfaction surveys to providers assessing their level of satisfaction with PerformCare. There were 116 surveys completed and returned for a response rate of 25%. The survey covers five categories, separated into 12 sub-sections. The average satisfaction score for CY 2022 was 4.2, 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 2022, there were five levels of care that met or exceeded the access goals established by the committee. Part of this monitoring is for the committee to identify a level of care that continues to not meet access goals and identify ways to improve it. From 2021, the committee identified continued 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. Throughout 2022, several meetings took place that involved Members, Providers, CABHC staff and PerformCare Staff and County Representatives. The Root Cause Analysis identified barriers and limitations to psychiatric access, with recruitment and retention of psychiatrist being the largest barrier. Expanding to CRNPs, and looking at models such as open access was discussed to improve service access in this area.

The Consumer/Family Focus committee met throughout 2022, and was able to host a presentation during one of its meetings. Each year the committee selects a topic to sponsor a county-wide training. In CY 2022, the topic was Co-Occurring Disorders and was conducted on October 19, 2022. The training was conducted virtually and had 55 attendees. It received positive feedback, which included the addition of attendees obtaining CEU credits. The committee also monitored CSS satisfaction surveys and identified ways to increase new Members for the committee.

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

2022, five individuals were provided scholarships to attend the CPS training. In addition, CABHC provided recruitment and retention funds to support the hiring and retainment of CPSs. 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 CPSs 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. Discussions continued with four providers to focus on improved initiation and engagement with D&A outpatient treatment through increased involvement of Certified Recovery Specialists. In addition, CABHC monitored the interventions outlined by PerformCare for the physical health and behavioral health collaboration such as paramedicine, Inpatient facilities that utilized the re-engineered discharge model, and follow up specialist outreach to Members after they are discharged from the Emergency Department.

Continued from CY 2021 was the development of the Community Based Care Management Program (CBCMP), in which 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. In CY 2022, CABHC partnered with 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 continued throughout 2022, and reporting of these services was initiated. Beginning in CY 2022 was the addition of financial support to the FQHCs for the funding of social determinants of health. Financial reporting of this data began in August of 2022.

Consumer Satisfaction Services, Inc. completed 4,424 consumer surveys in 2022 for 11 levels of care. There was an increase of face-to-face interviews completed, resulting in 13% compared to 5% in 2021. Overall, 87% were conducted by phone. Continued challenges from the pandemic prevented interviews to be completed face to face. The average scores indicate that Members had a high level of satisfaction with their services and outcomes.

The financial oversight of CABHC is shared by CABHC staff, the Fiscal Committee and the Board of Directors. Ongoing efforts to support provider needs from the COVID 19 Public Health emergency occurred through CABHC's continuation of Alternative Payment Arrangements (APAs) to assist providers in maintaining financial viability. The impact of the APA arrangements makes it difficult to compare the financial performance of CY 2021 to CY 2022. All APA arrangements concluded at the end of 2022. Additional payments were also approved for most levels of care to address staff recruitment and retention for in network providers.

The increase in membership, from the continuation of the PHE, led to a favorable financial performance for CY 2022 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, 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 2022 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, monitors initiation and engagement of Substance Use 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 include 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.

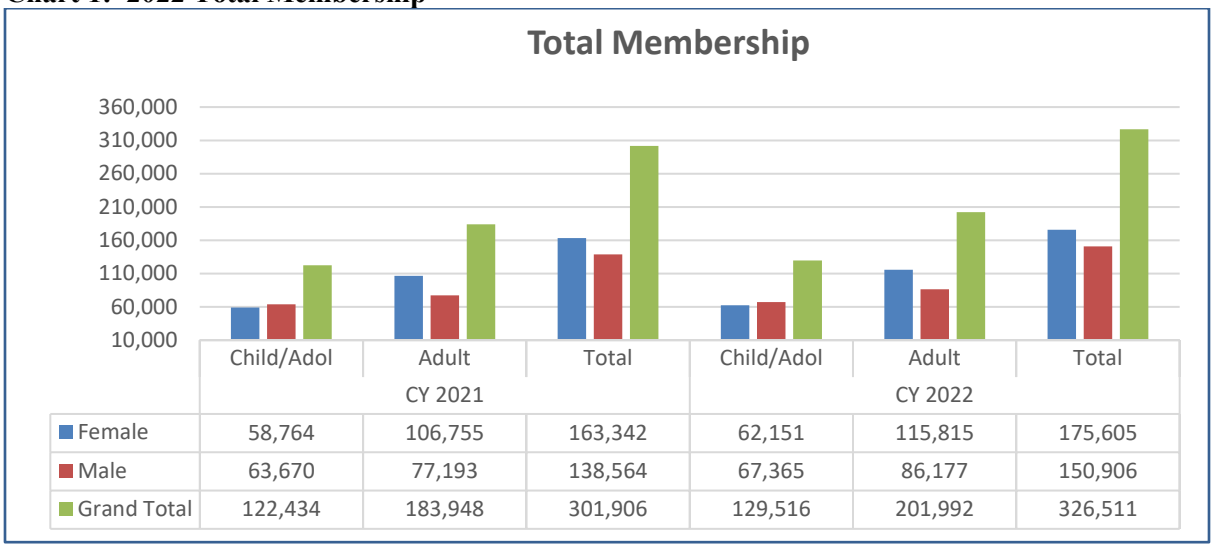
MEMBERSHIP

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. Beginning 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

The PHE enrollment criteria continued throughout 2022. Chart 1 highlights the number of Members that were eligible for HealthChoices in CY 2022. Total membership increased from 301,906 Members in CY 2021 to 326,511 Members in 2022. 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 8.2%. 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.

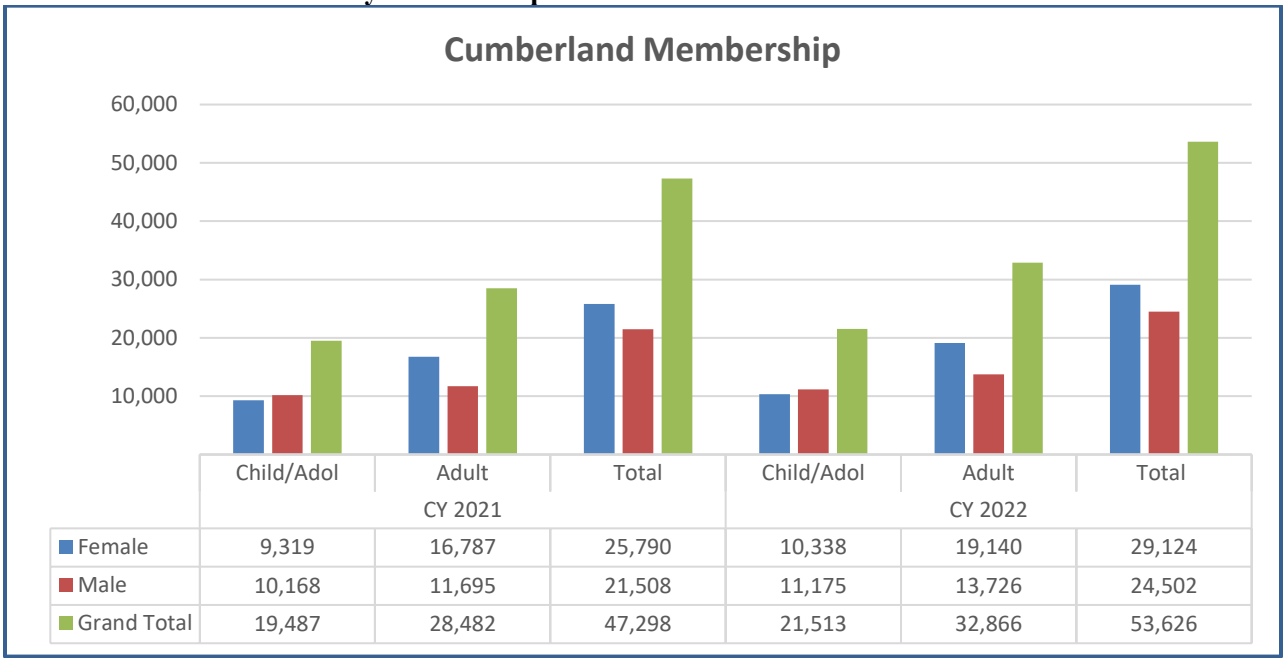
Chart 1: 2022 Total Membership



	CY 2021			CY 2022		
	Child/Adol	Adult	Total	Child/Adol	Adult	Total
Female	58,764	106,755	163,342	62,151	115,815	175,605
Male	63,670	77,193	138,564	67,365	86,177	150,906
Grand Total	122,434	183,948	301,906	129,516	201,992	326,511

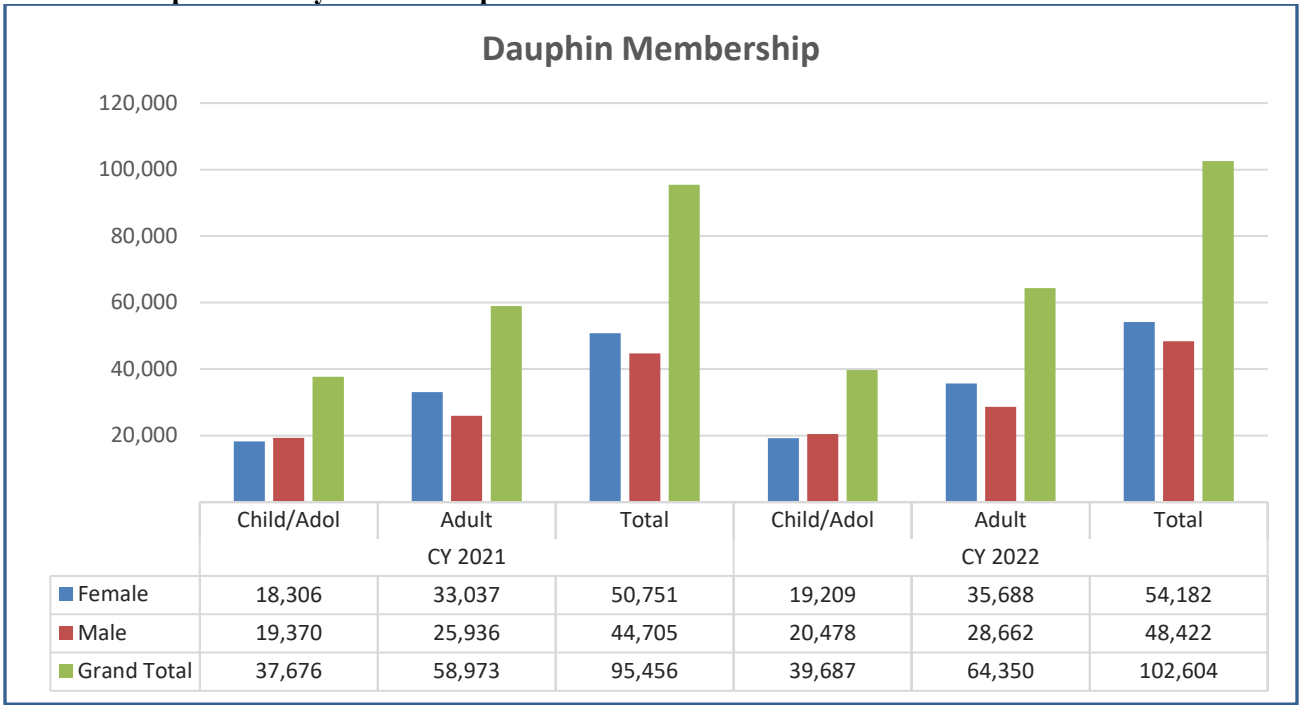
As the totals in Chart 1 illustrate, children/adolescents make up approximately 40% of the membership and adults comprise 60% of the membership. Females make up 54% and males make up 46% of total membership. The following five charts display the membership totals for each of the five Counties and the change from CY 2021 to CY 2022.

Chart 2: Cumberland County Membership



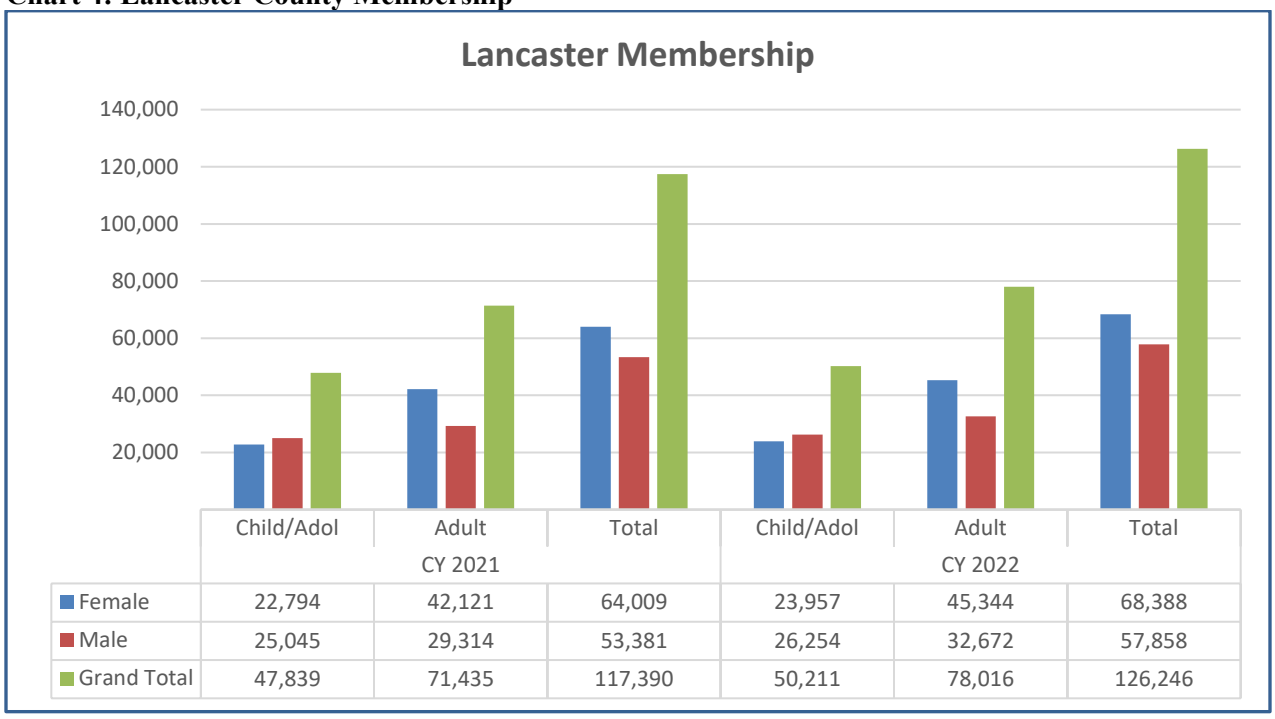
	CY 2021			CY 2022		
	Child/Adol	Adult	Total	Child/Adol	Adult	Total
Female	9,319	16,787	25,790	10,338	19,140	29,124
Male	10,168	11,695	21,508	11,175	13,726	24,502
Grand Total	19,487	28,482	47,298	21,513	32,866	53,626

Chart 3: Dauphin County Membership



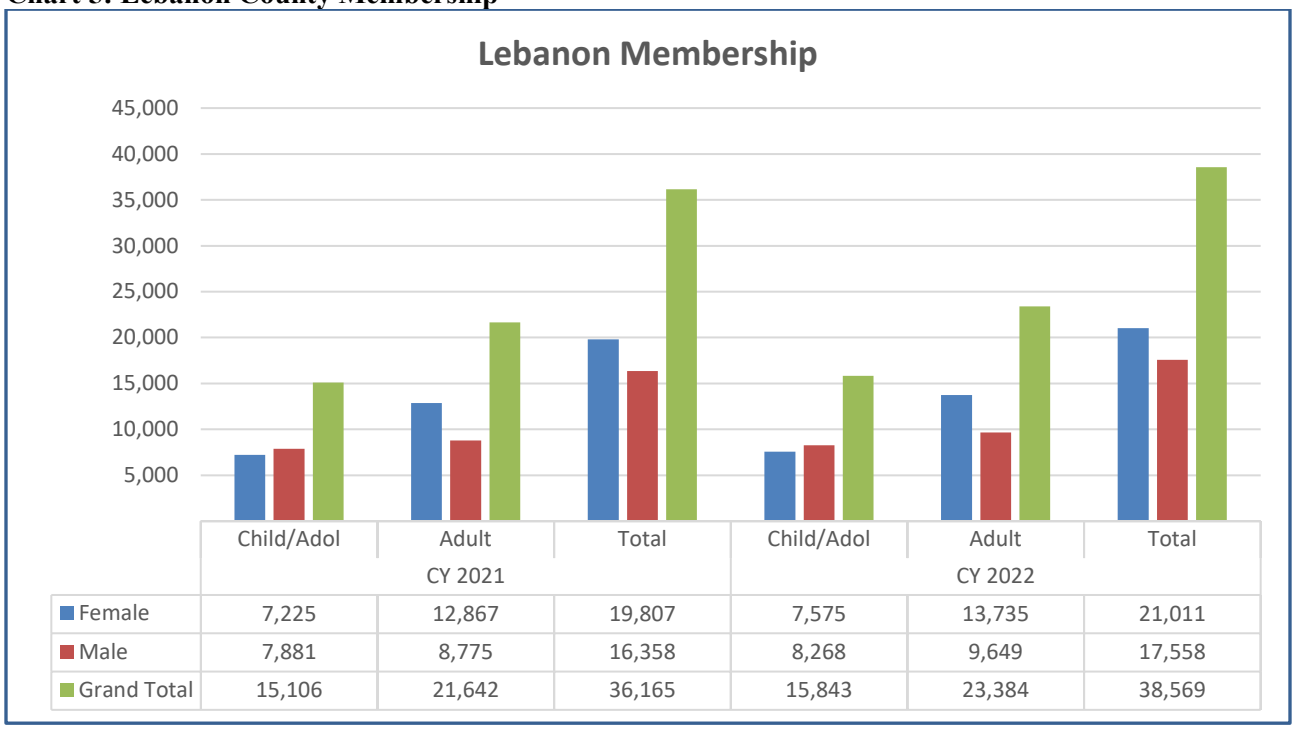
	CY 2021			CY 2022		
	Child/Adol	Adult	Total	Child/Adol	Adult	Total
Female	18,306	33,037	50,751	19,209	35,688	54,182
Male	19,370	25,936	44,705	20,478	28,662	48,422
Grand Total	37,676	58,973	95,456	39,687	64,350	102,604

Chart 4: Lancaster County Membership



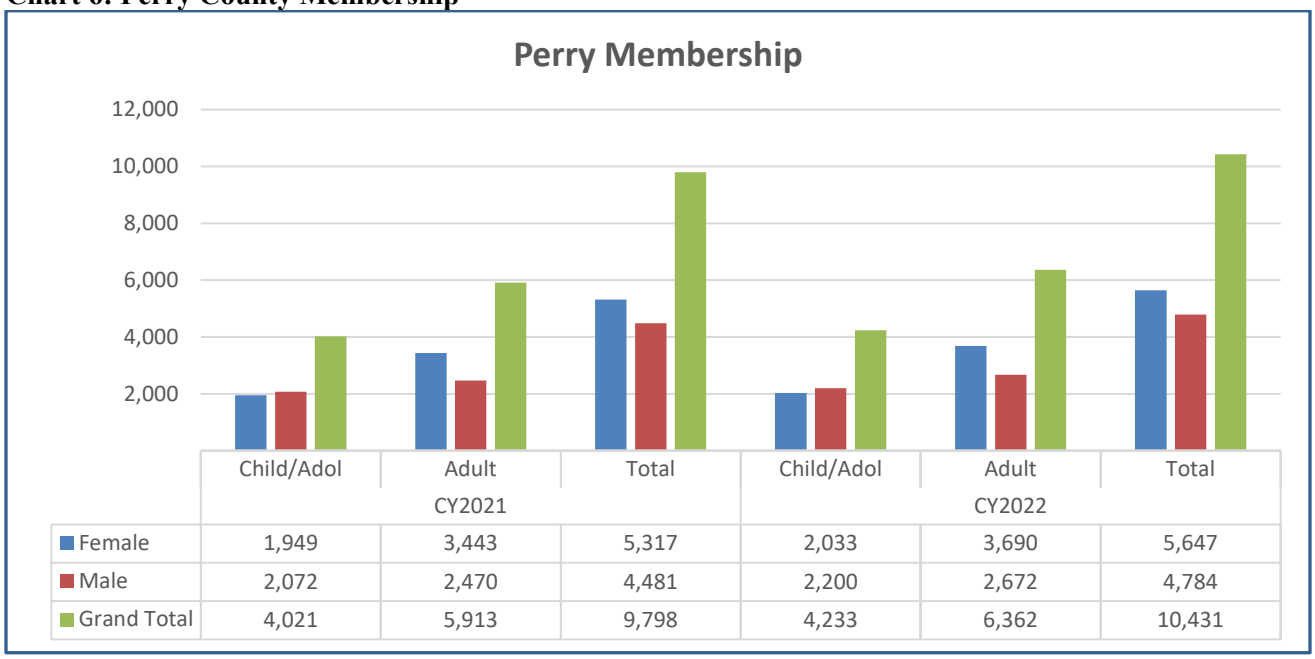
	CY 2021			CY 2022		
	Child/Adol	Adult	Total	Child/Adol	Adult	Total
Female	22,794	42,121	64,009	23,957	45,344	68,388
Male	25,045	29,314	53,381	26,254	32,672	57,858
Grand Total	47,839	71,435	117,390	50,211	78,016	126,246

Chart 5: Lebanon County Membership



	CY 2021			CY 2022		
	Child/Adol	Adult	Total	Child/Adol	Adult	Total
Female	7,225	12,867	19,807	7,575	13,735	21,011
Male	7,881	8,775	16,358	8,268	9,649	17,558
Grand Total	15,106	21,642	36,165	15,843	23,384	38,569

Chart 6: Perry County Membership



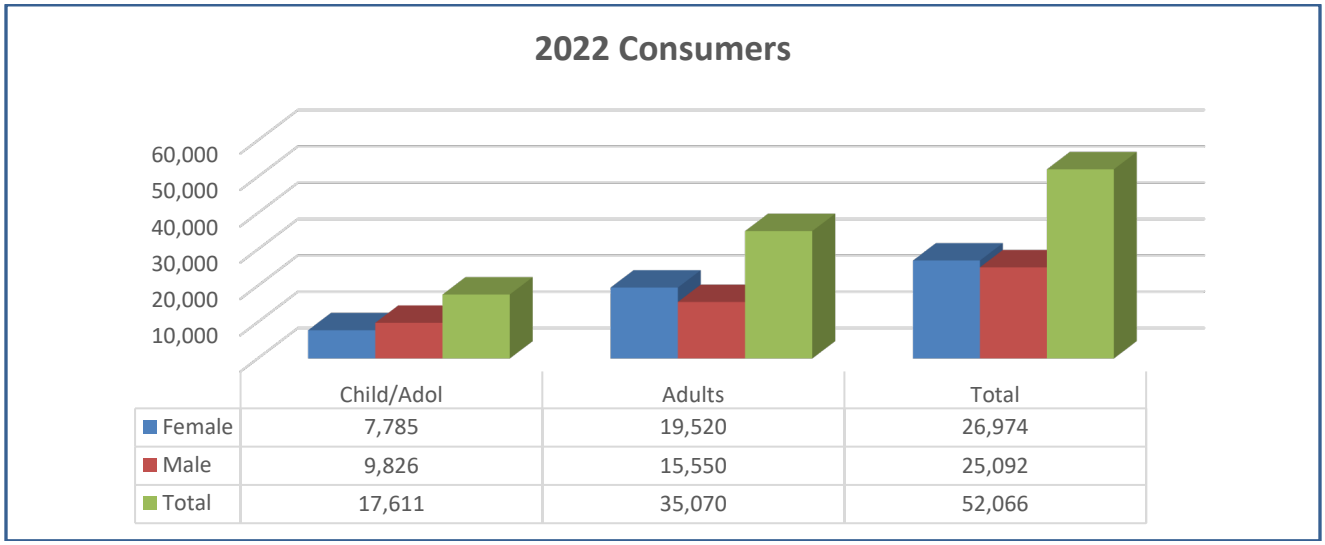
	Child/Adol	Adult	Total	Child/Adol	Adult	Total
	CY2021			CY2022		
Female	1,949	3,443	5,317	2,033	3,690	5,647
Male	2,072	2,470	4,481	2,200	2,672	4,784
Grand Total	4,021	5,913	9,798	4,233	6,362	10,431

CONSUMERS

Any Member who accessed a Behavioral Health Service, which includes both mental health and drug and alcohol services, is referred to as a consumer. In CY 2022, the number of consumers who received services increased .6 % from CY 2021. There was no growth in adult consumers accessing services. However, the number of C/A who received services increased 2%.

Males comprise 55.8% of all Children and Adolescent (C/A) consumers and females make up 55.7% 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% in CY 2021 to 16% in CY 2022. Penetration is the ratio of consumers to eligible Members for any given time period.

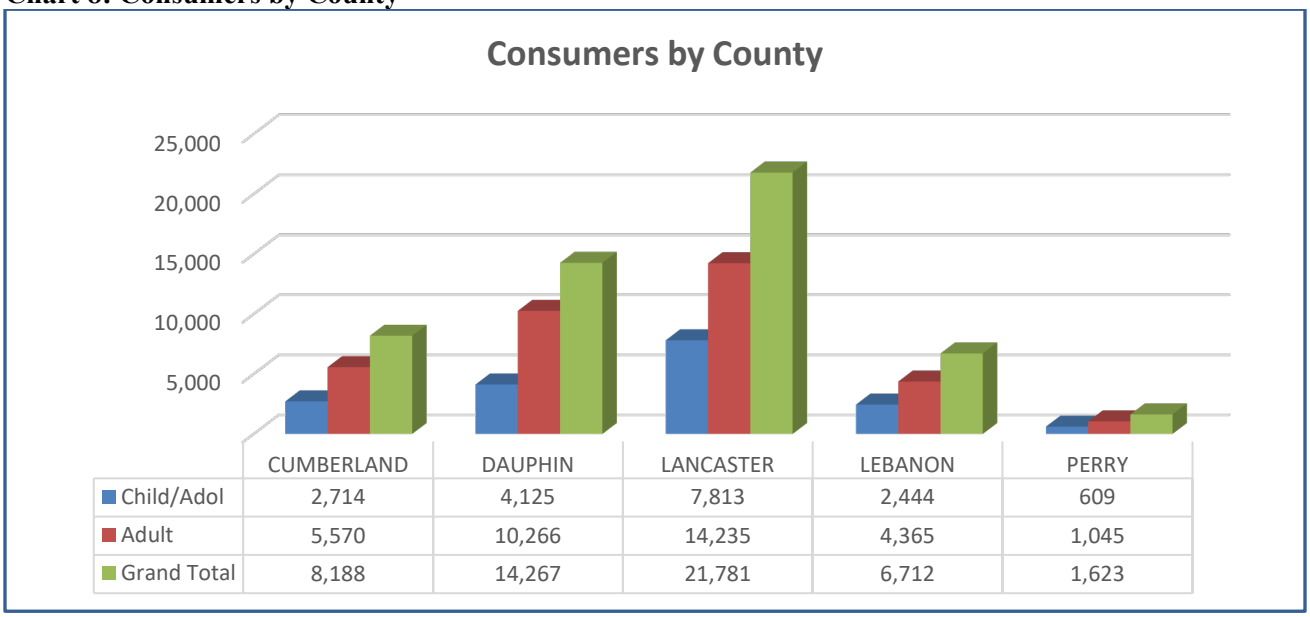
Chart 7: Total Consumers



	Child/Adol	Adults	Total
Female	7,785	19,520	26,974
Male	9,826	15,550	25,092
Total	17,611	35,070	52,066

Chart 8 shows the distribution of consumers by County. Lancaster County has the largest number of people using services at 42%. Dauphin County is 27%, Cumberland County is 16%, Lebanon County is 13% and Perry County has the smallest number of consumers at 3%. Of the 52,066 consumers who received services in CY 2022, 34,720 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	44	0.5%	67	0.5%	61	0.3%	19	0.3%	4	0.2%	193	0.4%
Asian	179	2.2%	407	2.9%	296	1.4%	60	0.9%	5	0.3%	936	1.8%
Black	765	9.3%	4,383	30.7%	1,857	8.5%	273	4.1%	42	2.6%	7,259	13.9%
Hispanic	614	7.5%	2,511	17.6%	5,331	24.5%	2,145	32.0%	49	3.0%	10,588	20.3%
Other	682	8.3%	999	7.0%	1,691	7.8%	290	4.3%	57	3.5%	3,687	7.1%
White	5,904	72.1%	5,900	41.4%	12,545	57.6%	3,925	58.5%	1,466	90.3%	29,403	56.5%
Grand Total	**8,188**	**100%**	**14,267**	**100%**	**21,781**	**100%**	**6,712**	**100%**	**1,623**	**100%**	**52,066**	**100%**

In CY 2022, the total cost of behavioral health services for CABHC was $312,387,550.27 or a 0.6% decrease from CY 2021 (see Table 2). Children/adolescents make up 34% of all consumers, and account for 35% of total expenses. Overall, there was a slight increase in dollars spent in 2022 for adults, but a 4.2% decrease in dollars spent for C/A consumers. There were several decreases across counties in dollars spent for both C/A and adults. However, Lancaster

had increases in dollars spent in both C/A and adults and had an overall 6% increase in dollars spent for the county.

Table 2: Consumers/Age/Cost by County

		CY 2021		CY 2022	
County	**Age**	**Consumers**	**Dollars**	**Consumers**	**Dollars**
CUMBERLAND	Child/Adol	2,657	$17,534,435.86	2,714	$15,395,745.66
	Adult	5,385	$21,971,368.75	5,575	$21,582,694.90
	Total	**7,948**	**$39,505,804.61**	**8,193**	**$36,978,440.56**
DAUPHIN	Child/Adol	3,939	$26,964,497.69	4,127	$25,825,105.40
	Adult	10,506	$49,056,395.63	10,267	$49,122,701.02
	Total	**14,333**	**$76,020,893.31**	**14,270**	**$74,947,806.42**
LANCASTER	Child/Adol	7,727	$50,972,404.51	7,817	$51,446,962.72
	Adult	14,155	$60,143,386.73	14,238	$66,164,574.39
	Total	**21,613**	**$111,115,791.23**	**21,788**	**$117,611,537.11**
LEBANON	Child/Adol	2,422	$14,862,690.12	2,444	$13,422,870.10
	Adult	4,386	$20,080,454.19	4,365	$21,385,956.17
	Total	**6,728**	**$34,943,144.31**	**6,712**	**$34,808,826.26**
PERRY	Child/Adol	608	$3,904,650.20	609	$3,350,952.46
	Adult	1,049	$3,012,663.13	1,045	$3,138,323.12
	Total	**1,638**	**$6,917,313.33**	**1,623**	**$6,489,275.58**
Grand Total	C/A	17,254	$114,238,678.37	17,617	$109,441,636.35
	Adults	35,069	$199,964,656.50	35,078	$202,945,913.92
	Total	**51,748**	**$314,203,334.87**	**52,080**	**$312,387,550.27**

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 2022.

1) **Intensive Behavioral Health Services (IBHS) Monitoring**
   Once the transition of IBHS occurred in 2021, development of a reporting template to examine the impact of the new IBHS regulations on access and timeliness of IBHS service delivery was created. In March 2022, PerformCare submitted their first report to OMHSAS. Analysis of the access to IBHS services was monitored each quarter. Data

showed many providers were not starting services within an entire quarter for new referrals, additionally, a significant amount of C/A were being served, but were remaining in services for a significant amount of time. By the end of 2022, improvements were noted for providers reporting access dates. However, staffing shortages were noted to be affecting access standards. It was also implemented that CCMs were more involved in treatment team meetings to assess length of stay in reviews, and reviewing low-severity Members who linger in services.

2) Implementation of the Child and Adolescent Needs Summary

Since 2013, CABHC along with PerformCare has been using the Child and Adolescent Needs and Strengths (CANS) that is an evidenced based evaluation tool, to improve prescription, authorization concurrence and measures outcomes by member, provider and system. The CANS also provides valuable information for the team in the development of a Member's treatment plan. 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.

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. In 2022, the Advanced Autism Module was incorporated into the CANS. A training was provided to all users in IBHS levels of care in June 2022, with the new modules implemented in July. In addition, the CDR continued to hold CANS certification and DataPool Training to all new IBHS Mobile Therapists, Behavior Consultants, Evaluators and Family Based Clinicians.

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 CY 2019. 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. In 2022, CSG continued to work on implementation of this program, but due to lack of candidates to fill positions, the services are still pending a start date.

2. RTF Initiatives

   - <u>Explore Alternatives to RTF</u>

     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. In 2022, collaboration with Drexel University staff, and CABHC occurred, extended the training to also include IBHS-MT, FMBHS and

Outpatient clinicians, and training dates were set. Providers were notified of the training opportunity. Early in 2023 confirmation of attendees is set to occur.

- 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. These were conducted by Dr. Byler, PerformCare Medical Director and PerformCare Clinical staff.
- RTF Utilization Data
  Data on utilization and length of service was prepared by CABHC and presented to the workgroup in January 2022. The data helped inform discussion on how to address length of stay. It was determined from the data consumers with ASD diagnoses had longer lengths of stay, averaging 11 months. The RTF workgroup focused efforts on areas that impact lengths of stay for this population. Identification of barriers for discharge were analyzed and CCMs began identifying ways to impact families' preparedness for discharge. A checklist for clinical reviewers was being developed to identify areas that impact longer lengths of stay that will be focused on during Medical Necessity Guideline (MNG) reviews. This checklist is set to go into effect early 2023.
- Improve Family Engagement
  Discussions at the RTF workgroup meetings have continued and Family Engagement remains an important goal for the Clinical Committee. PerformCare developed a level of care document for families. In addition, Provider Profiling Survey Question results revealed that therapeutic leaves were not common practice for at least three months after admission. PerformCare CCMs began to encourage therapeutic leaves for Members throughout the treatment stay during admission meetings as well as in treatment team meetings. Identifying ways RTF providers can engage families more during the treatment process was discussed. The Building Bridges Initiative was disseminated to RTF providers to determine if there was an interest in training for staff.

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 the C/A consumer lives. For this reason, CABHC, through PerformCare, maintains a network of child/adolescent providers that includes individual practitioners and Mental Health providers across the counties. 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 2022.

Table 3: C/A Ambulatory Mental Health Services

County	CI	TCM	MHOP	PHP	IBHS	ASP	FBMH	SPIN	JFACTS	MST	FFT
Cumberland	263	47	2,148	70	530	17	143	12	4	23	19
Dauphin	230	420	3,390	175	1,023	40	207	11	1	48	22
Lancaster	339	360	6,456	379	1,496	105	417	6	6	32	9
Lebanon	217	97	2,138	102	489	62	151	6	0	5	1
Perry	76	17	451	15	68	0	39	3	1	0	0
Total	**1,124**	**938**	**14,513**	**741**	**3,577**	**216**	**954**	**38**	**12**	**108**	**51**

Table 4 identifies the number of C/A in 2022 who utilized the three 24/7 mental health services listed above.

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

County	CRR-HH	RTF	MHIP
Cumberland	2	24	122
Dauphin	1	27	194
Lancaster	3	82	316
Lebanon	0	15	141
Perry	1	12	26
Total	**7**	**160**	**798**

In 2022, all C/A who were receiving BHRS were transitioned to IBHS. Under IBHS, C/A may receive Individualized services that primarily consist of Behavioral Consultant (BC), Mobile Therapy (MT), and Behavioral Health Technician (BHT). 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-Behavioral Health Technician (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. 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 and the corresponding cost of those services for CYs 2021 and 2022. June 30, 2021 marked the end of reporting under BHRS. Therefore, part of 2021 data still includes both BHRS and IBHS claims data. Services are broken out from ABA and non-ABA treatment. Table 6 shows the information by County. Children/Adolescents are eligible for IBHS up to and including the age of 21.

Table 5: IBHS Utilization

Service	2021 C/A	2021 Dollars	2022 C/A	2022 Dollars
BHT (TSS)	764	$10,964,874	506	$5,955,083
BHT ABA	641	$14,182,748	781	$14,216,680
MT	662	$2,358,246	466	$1,904,392
BC (BSC)	1,304	$4,195,856	940	$4,892,023
BSC (ABA)	297	$261,509.73	NA	NA
BCBA	561	$2,537,855	718	$4,732,088
BC-ABA	766	2352768.859	721	3030768.59
Total	**2,527***	**$36,374,428.35**	**2,421***	**$34,731,035.69**

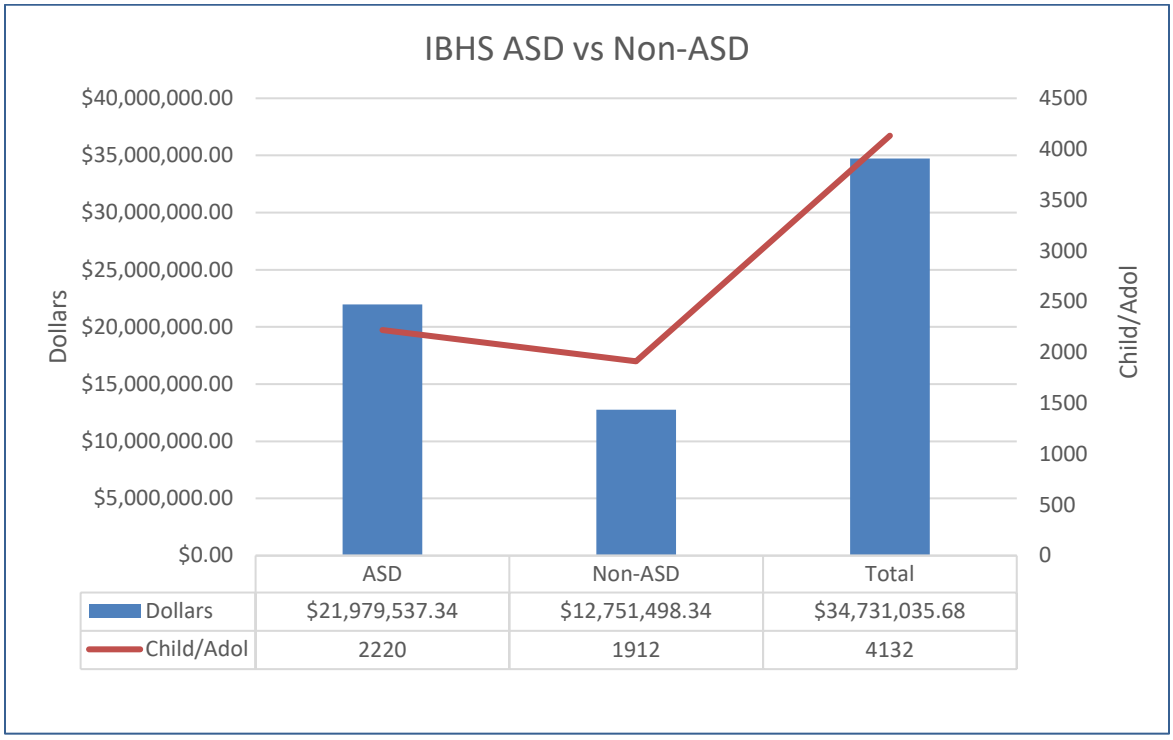
***Unduplicated**

Table 6: IBHS Utilization by County

County	2021 C/A	2021 Dollars	2022 C/A	2022 Dollars
Cumberland	467	$7,042,166.53	405	$5,561,044.99
Dauphin	756	$11,400,029.05	787	$10,929,886.71
Lancaster	1,268	$19,563,439.96	1,101	$20,628,424.82
Lebanon	417	$5,482,163.75	365	$5,190,704.50
Perry	55	$508,242.74	49	$579,859.38

In CY 2022, the total number of C/A who received IBHS decreased 6.24% from CY 2021, and costs decreased 5.01%. The decrease in the number of C/A who received IBHS can be attributed to, in some part, to a decrease in network capacity from lack of provider staffing. Individuals with an autism diagnosis comprise over half of all C/A receiving IBHS as shown in Chart 9 below.

Chart 9: Non-Autism vs Autism



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 children/adolescents 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 2022, there was a 7.87% decrease in the number of C/A who accessed CIS. The cost of CIS is paid through an alternative payment arrangement which is a retention model, and is based on the County approved operating budget and the allocation between HealthChoices Members and the total number of individuals served by Crisis in a year.

Table 7: C/A Crisis Intervention Services

	CY 2021		CY 2022	
County	**C/A**	**Dollars**	**C/A**	**Dollars**
CUMBERLAND	294	$273,618.94	263	$166,857.40
DAUPHIN	325	$148,772.02	230	$88,472.69
LANCASTER	276	$62,696.50	339	$44,608.79
LEBANON	237	$133,385.06	217	$79,356.75
PERRY	88	$43,858.05	76	$49,616.49
Total	**1,220**	**$662,330.56**	**1,124**	**$428,912.11**

Specialized In-Home Treatment Program (SPIN)
SPIN is an intensive, family-based mental health program to reduce sexual victimization by providing treatment services to youth who sexually act out or have offended, and by providing education and treatment services to family members of youth 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 2022, 38 C/A received SPIN services which was one less than in CY 2021.

After School Program (ASP)
The ASP is offered by three providers that 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 an increase of 16% in attendance from CY 2021 to CY 2022.

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. In CY 2022, 51 children/adolescents received FFT, 2 less than in CY 2021.

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 setting 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 their family. In CY 2022, 12 C/A received JFACT services which was one more than in CY 2021.

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 2021 and 2022. Of the 17,611 C/A who utilized a mental health service in CY 2022, 5.3% accessed a form of TCM. Overall, there was a 17% decrease in C/A accessing TCM services and the cost of services decreased 19% from CY 2021. In Lebanon County, TCM was transitioned from County administration to a provider, Service Access Management. In CY 2021 and CY 2022, TCM was paid under an alternative payment arrangement based on historical claims. 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 2021			CY 2022		
County	**Service**	**C/A**	**LOS**	**Dollars**	**C/A**	**LOC**	**Dollars**
CUMBERLAND	ICM	23	120	$45,077	18	144	$44,489
	BCM	2	98	$5,089	1	70	$616
	RC	31	161	$73,742	29	81	$48,643
Total		**55**		**$123,908**	**48**		**$93,748**
DAUPHIN	ICM	1	38	$569	0	0	$0
	BCM	542	73	$1,250,647	419	74	$956,400
	RC	0	0	$0	1	141	$3,495
Total		**543**		**$1,251,216**	**420**		**$959,894**
LANCASTER	ICM	2		$1,247	0	0	$0
	BCM	122	127	$474,196	146	118	$468,985
	RC	219	48	$392,333	218	52	$504,423
Total		**340**		**$867,775**	**360**		**$973,408**
LEBANON	ICM	58	404	$111,119	0	0	$0
	BCM	58	7	$59,552	96	37	$86,147
	RC	93	77	$150,181	1		$3,501
Total		**169**		**$320,852**	**97**		**$89,648**
PERRY	ICM	11	84	$56,385	7	122	$33,093
	BCM	1	17	$873	1	60	$2,610
	RC	12	66	$32,036	9	116	$13,237
Total		**21**		**$89,294**	**17**		**$48,940**
All Counties	**ICM**	95	287	$214,397	24	137	$76,123
	BCM	724	78	$1,790,358	661	75	$1,514,757
	RC	355	58	$648,291	257	56	$565,819
Total		**1,127**		**$2,653,046**	**938**		**$2,156,699**

Multi-Systemic Therapy (MST)

MST is an intensive, in-home, family-based treatment program that addresses problematic behaviors 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). The primary goal of this service is to reduce the rates of out of home placement of adolescents due to these problematic behaviors. 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. In CY 2022, of the 108 adolescents who received MST, 62 achieved all three of the expected outcomes, four adolescents met two outcomes and eight 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 2022, there was one STAP provider; Wellspan-Philhaven, who provided services to 47 children/adolescents.

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 3.8% increase in the number of C/A that utilized outpatient services from CY 2021 to CY 2022, yet a .09% decrease in costs (See Table 9). In CY 2022, 20.8% 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 2022, 3,805 C/A received outpatient services across all county school districts, from 15 different providers, which represents 26% of the total number of C/A who utilized outpatient services.

Table 9: Children/Adolescent Outpatient Service

	CY 2021		CY 2022	
Level of Care	**C/A**	**Dollars**	**C/A**	**Dollars**
MHOP Clinic	12,478	$13,366,199.65	12,717	$12,958,490.61
FQHC	631	$453,386.33	733	$444,888.78
Physician/Psychologist	1,878	$1,615,327.19	2,178	$2,018,154.99
Total	**13,981**	**$15,434,913.17**	**14,511**	**$15,421,534.38**

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 2022, the number of C/A who received partial hospitalization services increased 7% from 694 in CY 2021 to 741 in CY 2022. There were no notable changes in utilization across the counties between the two calendar years.

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 due to continued capacity issues. There was a 10% decrease in utilization from CY 2021 to CY 2022. The decrease in utilization was attributed to the number of staff vacancies resulting in the reduction of several

Family Based teams. The shortage of staff and wait times to access this service has been monitored through reporting and the Clinical Committee. This will continue into CY 2023.

The following Table shows the percentage of C/A that have out of home placements after 90 days from being discharged from FBMHS and demonstrates that C/A have better outcomes (less out of home placements) when they stay engaged in treatment based on the model which is the 169-224 days. Lastly, CABHC and PerformCare collaborated on a value-based purchasing model for FBMHS providers that are able to reach specific outcome goals. See the Value Based Purchasing section below.

Table 11: CY 2022 Family Based Discharges and Out of Home Placements

Length of Stay	Total Discharges	MH Inpatient		RTF		CRR-HH		All placements	
		Adm*	%	Adm*	%	Adm*	%	Adm*	%
1-84 days	114	6	5.26%	6	5.26%	0	0.00%	12	10.53%
85-168 days	125	4	3.20%	7	5.60%	0	0.00%	11	8.80%
169-224 days	**347**	**10**	**2.88%**	**6**	**1.73%**	**0**	**0.00%**	**16**	**4.61%**
225+ days	106	13	12.26%	3	2.83%	1	0.94%	17	16.04%
Total	**692**	**33**	**4.77%**	**22**	**3.18%**	**1**	**0.14%**	**56**	**8.09%**

*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 23 in CY 2021 to 14 in CY 2022. The average LOS increased from 125 to 182 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. Currently, there is one provider approved to provide this service. In CY 2022, 7 C/A received CRR-ITP services, which is five less than the previous year.

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 174 children/adolescents in 2022. The number of C/A who utilized RTFs decreased 6% and the costs for the services decreased 12% (see Table 12) when compared to 2021. However, the average length of stay increased 24% with Cumberland County experiencing the largest increase at 88%.

Table 12: Residential Treatment Facilities

	CY 2021			CY 2022		
County	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Cumberland	27	333	$2,519,452	26	627	$2,379,692
Dauphin	38	437	$3,225,524	31	443	$2,336,151
Lancaster	90	402	$7,444,362	90	464	$6,991,623
Lebanon	21	411	$1,518,293	15	600	$924,756
Perry	10	193	$454,384	12	320	$719,623
Total	**186**	**392**	**$15,162,015**	**174**	**490**	**$13,351,844**

Children/Adolescents Inpatient Psychiatric Hospital Services

Inpatient hospitalization provides a secure setting for the purpose of stabilizing presenting high risk behaviors. The service seeks to establish within the child/adolescent 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 13 provides information on the number, LOS and cost of services for the C/A who received services at 30 different MHIP facilities in CY 2022. The number of C/A who utilized MHIP services increased 2%, LOS increased 2% and costs decreased 1.36

Table 13: Inpatient Psych Hospital

	CY 2021			CY 2022		
County	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Cumberland	117	19	$1,886,580	122	18	$1,865,566
Dauphin	185	19	$3,929,575	194	25	$3,828,648
Lancaster	314	23	$6,684,415	316	22	$7,427,358
Lebanon	119	23	$2,834,779	141	21	$2,548,519
Perry	47	20	$1,082,790	26	19	$524,055
Total	**782**	**21**	**$16,418,138**	**798**	**22**	**$16,194,147**

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 2022, 35,070 adults, 18 years of age and above, accessed one or more Mental Health (MH) services. This represents a 17.39% penetration rate which is the ratio of consumers to eligible Members for any given time period. The majority of adults who utilized mental health services accessed community-based outpatient treatment.

Adult MH services were provided by a network of 639 providers, many who are individual practitioners. Ambulatory services include:

Targeted Case Management
Peer Support Services
Outpatient
Mobile Psych Nursing
Partial Hospitalization
Psychiatric Rehabilitation
Assertive Community Treatment
Crisis Intervention

Individuals with more acute needs additionally have access to:

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 across the Counties for calendar years 2021 and 2022. Of all the adults who utilized a mental health service in CY 2022, 6.28% accessed a form of TCM. The total number of adults who accessed TCM decreased 9.75%% and the cost of services decreased 19% from CY 2021. CY 2022 was paid under an alternative payment arrangement based on historical claims data; therefore, cost cannot be compared to CY 2021.The total length of service for each County and the grand total is not included due to the differences between the three TCM services. In Lebanon County, TCM was transitioned from County administration to a provider, Service Access Management and to a BCM model.

Table 14: Targeted Case Management

		CY 2021			CY 2022		
County	**Service**	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	ICM	150	212	$516,323	144	122	$419,578
	BCM	20	73	$136,844	18	164	$22,395
	RC	159	94	$415,153	170	91	$252,099
Total		**314**	**143**	**$1,068,320**	**317**	**105**	**$694,071**
Dauphin	ICM	116	125	$586,812	115	173	$646,660
	BCM	1,143	68	$2,865,381	948	87	$2,269,200
	RC	4	61	$8,061	1	22	$1,256
Total		**1,251**	**71**	**$3,460,254**	**1,051**	**92**	**$2,917,116**
Lancaster	ICM	213	228	$636,884	143	246	$259,467
	BCM	216	113	$636,826	256	94	$876,954
	RC	239	69	$445,393	195	82	$402,950
Total		**633**	**117**	**$1,719,102**	**544**	**116**	**$1,539,372**
Lebanon	ICM	68	630	$118,109			
	BCM	152	11	$377,365	269	54	$437,180
	RC	110	136	$226,030	1	17	$380
Total		**231**	**192**	**$721,504**	**270**	**54**	**$437,560**
Perry	ICM	16	65	$47,540	16	156	$31,677
	BCM	3	56	$8,509	2	14	$4,583
	RC	14	124	$25,787	16	76	$20,586
Total		**30**	**91**	**$81,836**	**32**	**92**	**$56,846**
All Counties	ICM	555	244	$1,905,668	414	179	$1,357,382
	BCM	1,528	71	$4,024,925	1,486	83	$3,610,312
	RC	521	89	$1,120,424	383	85	$677,271
Total		**2,440**	**104**	**$8,376,017**	**2,202**	**95**	**$6,794,965**

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 15 provides data on the number of adults and corresponding cost of CIS by County. In CY 2022, there was a 3.1% 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.

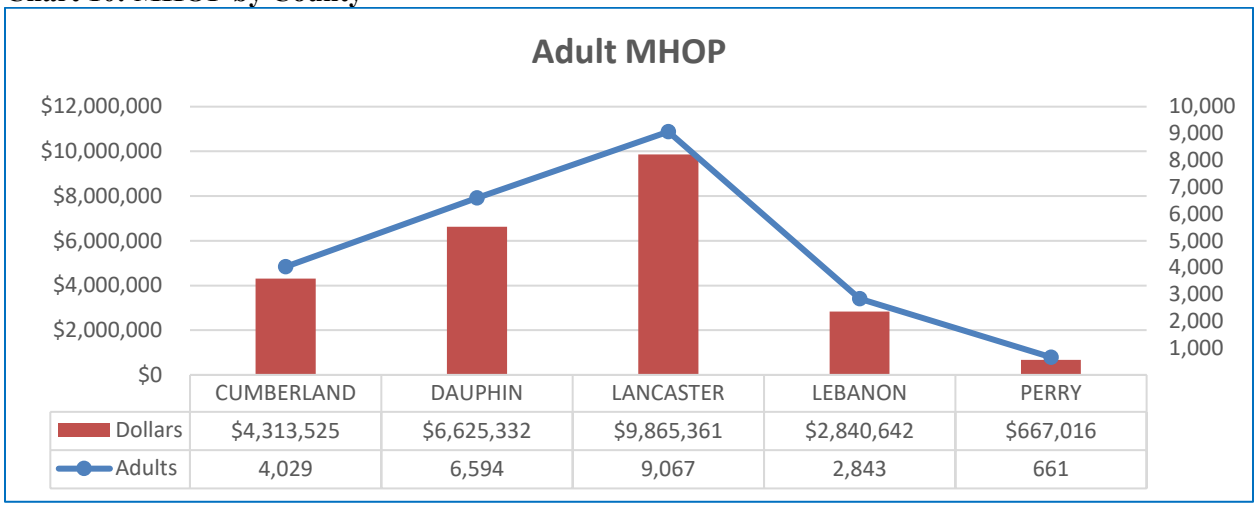
Table 15: Crisis Intervention Services

	CY 2021		CY 2022	
County	**Adults**	**Dollars**	**Adults**	**Dollars**
Cumberland	612	$325,802	665	$369,294
Dauphin	1,098	$616,113	811	$367,178
Lancaster	1,012	$318,479	1,138	$230,552
Lebanon	755	$364,346	745	$254,838
Perry	96	$46,425	102	$58,964
Total	**3,552**	**$1,871,164**	**3,442**	**$2,362,196**

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 2022, there was a 1.37% decrease from CY 2021 in the number of adults who accessed outpatient services (see Table 16). Females make up 62% of the adult population who utilized an outpatient service. The utilization of MHOP in a Federally Qualified Health Center (FQHC) increased 20%. In CY 2022, 54% of adults who utilized MHOP received their services on one or more occasions through the use of Telehealth, compared to 69% in CY 2021.

Table 16: Outpatient Services

		CY 2021		CY 2022	
Service	**Gender**	**Adults**	**Dollars**	**Adults**	**Dollars**
MHOP	Female	11,324	$13,014,426	10,823	$12,394,872
	Male	7,085	$7,178,352	6,975	$6,907,836
Total		**18,409**	**$20,192,778**	**17,798**	**$19,302,707**
FQHC	Female	1,286	$794,385	1,515	$913,078
	Male	574	$360,508	724	$417,830
Total		**1,860**	**$1,154,894**	**2,239**	**$1,330,908**
Phys/Psych	Female	3,109	$1,834,549	3,035	$2,337,159
	Male	1,907	$794,778	1,804	$886,419
Total		**5,016**	**$2,629,327**	**4,839**	**$3,223,578**
Grand Total	Female	14,429	$15,643,360	14,157	$15,645,109
	Male	8,845	$8,333,639	8,798	$8,212,085
		23,274	**$23,976,999**	**22,955**	**$23,857,194**

Mobile Psychiatric Nursing

Mobile Psychiatric Nursing Services (MPN), which is an In Lieu of 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 MHIP services by diverting persons who might have been admitted/readmitted or they are able to be stepped down sooner to community services 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 1 shows that the number of people who utilized MPN increased 3% in 2022, LOS decreased 28% and the cost of services increased 2%.

Table 17: Mobile Psychiatric Nursing

	CY 2021			CY 2022		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	27	125	$125,800	27	145	$158,701
Dauphin	63	128	$259,208	66	78	$313,285
Lancaster	79	590	$527,128	86	342	$467,455
Lebanon	11	291	$33,095	7	507	$46,159
Perry	11	572	$71,084	10	98	$52,142
Total	**190**	**292**	**$1,016,316**	**195**	**209**	**$1,037,742**

Peer Support Services:

Peer Support Services (PSS) are specialized therapeutic services for individuals 14-18 (youth), 18-26 (young adult) and 26 years of age and 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 2022, CABHC Members had access to four different providers who offer Peer Support Services. The number of individuals who used Peer Support Services in CY 2022 and the cost of services increased from CY 2021, 5% and 19% respectively, and the average LOS increased 8% (see Table 18). Expansion of this service continued in CY 2022 through a reinvestment funded project (see Appendix A).

Table 18: Peer Support Services

	CY 2021			CY 2022		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	32	195	$49,784	43	89	$65,409
Dauphin	107	90	$147,100	98	115	$224,880
Lancaster	130	160	$525,320	122	210	$569,489
Lebanon	32	107	$114,173	51	123	$195,183
Perry	2	180	$3,006	4	103	$3,950
Total	**302**	**132**	**$1,410,962**	**317**	**143**	**$1,683,911**

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 19, there was no increase in the number of participants in CY 2022, but a 10% increase in costs, with an increase on LOS of 9%. There was a noticeable decline in LOS for Perry County for CY2022 due to 3 consumers only receiving services for one day.

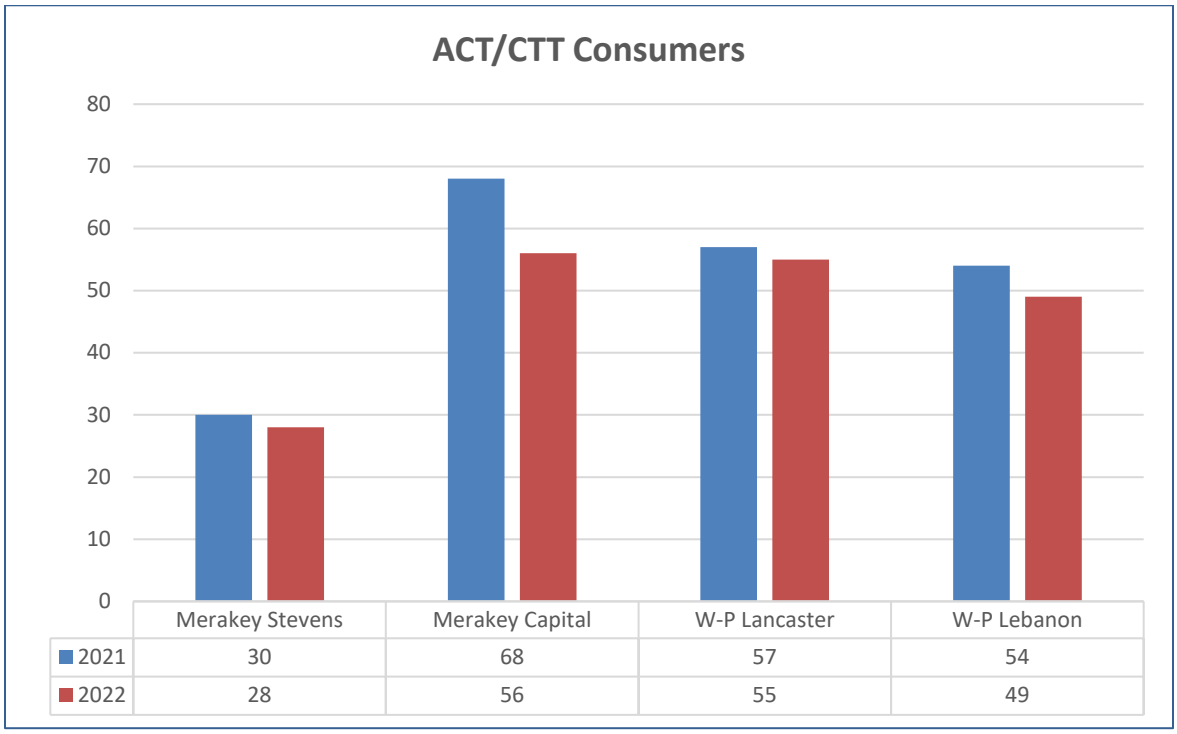
Table 19: Psychiatric Rehabilitation

	CY 2021			CY 2022		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	81	88	$330,721	80	97	$541,215
Dauphin	19	61	$446,327	10	125	$32,179
Lancaster	91	147	$597,018	96	146	$658,549
Lebanon	40	130	$393,184	44	168	$697,989
Perry	4	103	$4,806	6	7	$24,684
Total	**235**	**114**	**$1,772,056**	**235**	**124**	**$1,954,617**

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, while still living in the community.

CABHC has a relationship with two different providers; Merakey and Wellspan-Philhaven, who each support two teams. Merakey Capital serves Dauphin County, and Wellspan-Philhaven has one team that serves Lebanon County and one team that serves Lancaster County. The Merakey Stevens Community Treatment Team (CTT) program, which serves Cumberland and Perry Counties, 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 compared between CY 2021 and CY 2022. Retention of staff, as well as recruitment of staff, was a notable challenge for the ACT/CTT teams in CY 2022, noting a decrease in the number of consumers served.

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 20 is the CY 2022 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. CABHC meets regularly with the teams to review outcomes, discuss challenges and consider additional training or resources that will lead to improved services. Overall, the ACT/CTT teams reported difficulty in maintaining staff for various positions, resulting in the decreased amount of time spent with consumers to meet their needs, which affected outcomes.

Table 20: ACT Outcomes

	Goals established by CABHC for each Outcome					
	70 % Adults meeting employment goal	**90% of Adults meet community activity goal**	**85% of Adults maintain stable housing**	**90% of discharges will have no readmissions**	**95% of readmissions will have LOS<12 days**	**90% will have no legal involvement**
Merakey Cap	9.3%	61.2%	96.9%	12.5%	23.5%	99.2%
Merakey Stevens	13.1%	77.0%	100.0%	40.0%	0%	100.0%
Philhaven-Leb.	3.7%	87.7%	96.3%	38.5%	33.3%	95.1%
Philhaven-Lanc.	18.6%	80.2%	96.5%	69.2%	62.5%	95.3%
Average	**10.9%**	**74.5%**	**97.2%**	**38.3%**	**33.3%**	**97.5%**

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 2022 increased 16%, length of service decreased 28% and cost increased 10% compared to CY 2021 (see Table 21). The most notable change in service utilization was for Perry County in which there was a 18% decrease in consumers and a 38% decrease in cost compared to CY 2021. The APAs continued payments to providers throughout CY 2022.

Table 21: Partial Hospitalization Program

	CY 2021			CY 2022		
County	**Adult**	**LOS**	**Dollars**	**Adult**	**LOS**	**Dollars**
Cumberland	80	112	$507,610	82	87	$536,852
Dauphin	165	115	$1,464,637	217	87	$1,548,478
Lancaster	116	70	$479,450	139	53	$684,888
Lebanon	62	66	$215,639	63	46	$218,063
Perry	16	125	$78,650	13	80	$48,783
Total	**437**	**98**	**$2,745,986**	**508**	**71**	**$3,039,536**

Inpatient Services

In CY 2022, 2,671 adults utilized Inpatient Psychiatric services. Of the 35,070 adults who accessed mental health services during the year, 7.6% had at least one admission into a MHIP facility. Sixty-five providers were utilized in CY 2022, 15 more than the previous year.

Between CY 2021 and CY 2022, there was a .3% decrease in the utilization of MHIP services and a 9.04% increase in cost (see Table 22). The average length of service increased 9.05%.

There were more males than females that accessed services. Lancaster County, was the only county that experienced an increase in utilization (6.42%), Cumberland and Perry County remained the same, while Dauphin and Lebanon experienced a decrease in utilization.

Table 22: Adult IP Services

		CY 2021			CY 2022		
County	**Gender**	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	Female	195	19	$3,092,118	199	25	$3,007,346
	Male	189	21	$3,461,108	185	23	$3,356,339
Total		**384**	**20**	**$6,553,226**	**384**	**24**	**$6,363,686**
Dauphin	Female	367	19	$7,648,136	325	28	$5,912,987
	Male	416	18	$8,260,109	393	22	$9,820,006
Total		**783**	**18**	**$15,908,244**	**718**	**25**	**$15,732,993**
Lancaster	Female	526	19	$7,085,121	582	17	$8,779,606
	Male	580	20	$10,450,211	595	20	$12,144,174
Total		**1,106**	**20**	**$17,535,332**	**1,177**	**19**	**$20,923,779**
Lebanon	Female	180	20	$3,083,155	167	23	$3,304,315
	Male	186	19	$3,731,061	187	19	$4,316,559
Total		**366**	**19**	**$6,814,216**	**354**	**21**	**$7,620,874**
Perry	Female	35	15	$270,285	32	10	$249,267
	Male	25	17	$248,031	28	12	$331,256
Total		**60**	**16**	**$518,316**	**60**	**11**	**$580,523**
Grand Total	Female	1,296	19	$21,178,815	1,297	22	$21,253,522
	Male	1,383	19	$26,150,519	1,374	21	$29,968,333
		2,679	**19**	**$51,329,333**	**2,671**	**21**	**$55,971,855**

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, Partial Hospitalization, 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 2021 to CY 2022 there was a 2.5% decrease in the number of C/A who utilized a D&A service along with a 6.71% decrease in costs (see Table 23). The number of adults who accessed a HealthChoices D&A service in CY 2022 decreased 2.76% from CY 2021 (Table 24). Adult expenses decreased 15.8%. Of the 10,111 adults who accessed a D&A service in 2022, 24% are considered co-occurring and 1% of the 235 C/A who accessed a D&A are considered co-occurring, which means a consumer is received treatment for a MH & a D&A diagnosis.

Table 23: Children/Adolescent D&A Services

	CY 2021			CY 2022		
Service	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Non-Hosp Res - Detox	0	0	$0	0	0	$0
Non-Hosp Res - Rehab	45	106	$1,055,145	42	77	$931,984
OP D&A Clinic	205	36	$68,224	199	38	$111,400
Level of Care Assessments	6	1	$876	13	1	$1,050
Partial Hospitalization Program	12	31	$14,854	8	13	$7,967
D&A IOP	23	37	$28,611	13	44	$20,327
Opioid Use Disorder COE	0	0	$0	0	0	$0
Total	**241**		**$1,176,385**	**235**		**$1,097,496**

Table 24: Adult D&A Services

	CY 2021			CY 2022		
Service	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
IP D&A Hospital - Detox	56	6	$188,678	49	5	$157,260
IP D&A Hospital - Rehab	38	12	$275,538	42	18	$384,465
Non-Hosp Res - Detox	1,633	4	$3,311,573	1,480	5	$3,695,093
Non-Hosp Res - Rehab	2,947	40	$23,501,356	1,610	42	$11,733,875
Non-Hosp Res - Halfway	393	72	$3,906,863	416	83	$4,786,008
OP D&A Clinic	7,339	54	$6,636,563	7,042	55	$6,146,215
D&A Assessment	1,218	1	$221,468	1,647	2	$273,642
OP D&A Meth Main	2,131	419	$8,245,858	2,042	304	$7,759,770
D&A Partial Hospitalization	678	30	$3,629,166	755	27	$4,828,617
D&A - IOP	1,287	44	$1,910,499	1,301	45	$2,626,295
D&A Targeted Case Management	17	69	$143,131	23	55	$35,293
Certified Recovery Specialist Service	51	35	$33,386	89	16	$25,857
MAT Coordination	503	66	$467,818	339	54	$170,854
Opioid - Centers of Excellence	862	10	$717,754	1,118	20	$2,168,969
Total	**10,398**		**$53,380,221.84**	**10,111**		**$44,967,808.66**

Detox (Withdrawal Management)
Detox or currently known as withdrawal management, is a service utilized to allow individuals to safely withdraw from the use of certain substances, such as alcohol or opioids. 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. 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 2022, individuals utilized 34 different Inpatient and Non-Hospital Detox facilities. There was no notable difference in the total number of adults who utilized Detox services or the costs between CY 2021 and CY 2022.

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 67 different facilities in CY 2022. White Deer Run served the largest number of Members (949), with Pyramid serving the next highest number of consumers (930).

Non-Hospital Halfway House (NH-HWH)
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 individuals who are in early recovery from substance use 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 increased 6% from CY 2021. The average length of stay for adults in CY 2022 increased 16% to 83 days from 72 days in CY 2021.

Drug and Alcohol Outpatient (D&A OP)
D&A OP services are provided in the community to help a person with a Substance Use Disorder (SUD). Services include assessment, individual, family and/or group therapy (1 or 2 times per week) and psycho/educational programs. 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 2022, there was a 3% decrease in the number of C/A who utilized a D&A OP service and a 4% decrease for adults. Total costs for D&A OP services increased 6.6%

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 2022, there was a 44% decrease in the number of C/A who received IOP. Adults had a 1% increase in utilization and experienced a 2% 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 2022, the number of adults who utilized a PHP increased 11% and cost increased 33%. The largest increase in the number of adults served occurred with one provider who offers a hybrid residential/partial program which served 65% of all consumers accessing this service.

Methadone Maintenance
Consumers that have an Opioid addiction have access to Methadone which is delivered in a licensed D&A OP clinic. Methadone services were available at 15 locations throughout the network in CY 2022. Utilization decreased 4.18% while length of time in treatment increased 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 has been the single provider of CRS

services in the CABHC network. In CY 2022, there was a 67% increase in consumers accessing CRS from CY 2021. In addition, through a reinvestment funded project, CRS services are also being expanded within D&A OP clinics across the Counties (See Appendix A).

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 33% decline in the number of adults who accessed the Program in CY 2022.

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 2022, there were a total of 950 In-Network Providers available to CABHC Consumers, which includes individual practitioners, clinics/facilities and practice groups. Of those, 89 were Individuals (30 were new psychiatrists) and 21 new facilities and/or professional groups joined the network in CY 2022. Throughout the year, there were 67 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 provider turnover rate for 2022 was 7.05%.

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 all quadrants for all 5 counties for hospital-based inpatient Detox and Rehabilitation for C/A and Adults. An exception request was required for MH Partial Hospitalization for Adults in the NE and NW quadrants of Lancaster County. The NW and SE

quadrants of Dauphin County and the NE and SE quadrants of Lancaster County required an exception for Residential Treatment Facilities.

Provider Satisfaction Survey

The CABHC Provider Satisfaction Survey is distributed to providers in order to determine the level of provider satisfaction with PerformCare and the HealthChoices program, and to identify areas of strength and opportunities for improvement.

In November 2022, 476 surveys were sent via email to the provider network. One hundred and sixteen were completed in full, resulting in a 25% response rate. This is slightly below the 31% response rate in 2021, however 134 more surveys were distributed in 2022, compared to 2021. 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 4.2. There were seven sections in the survey that increased in scoring, three sections that had a slight decrease from the previous year and two that remained the same. Provider Orientation and Provider Relations were the highest scoring. Table 25 provides a summary of the Provider Satisfaction scores from CY 2016 through CY 2022. The 2022 Provider Satisfaction Survey was reviewed by the PRC and forwarded to PerformCare for any recommended follow-up, of which there were none.

Table 25: Provider Satisfaction Scores

Survey Category	2017	2018	2019	2020	2021	2022
Communication	3.8	3.6	3.7	4.1	4	4
Provider Relations	4	3.9	3.8	4.3	4.2	4.4
Provider Orientation	N/A	3.5	4	4.1	4.7	4.6
Provider Meetings & Trainings	3.9	3.7	3.8	3.6	3.9	4.3
Claims Processing	3.6	3.8	3.7	4	3.9	3.9
Administrative Appeals	3.6	3.4	3.5	3.8	3.9	3.8
Credentialing & Re-credentialing	3.6	3.5	3.8	4	3.9	4
Complaints	N/A	3.6	4	3.9	4.3	4.1
Grievances	3.9	3.5	4	4.3	4.2	4.3
Treatment Record Reviews	3.4	3.8	4.1	4	4	4.4
Clinical Care Management	4	3.9	3.8	4.1	4	4.1
Member Services	3.8	3.9	3.8	4	4	4.1
Average Total Score	**3.8**	**3.7**	**3.8**	**4**	**4.1**	**4.2**
Total Number of Respondents	82	98	86	90	104	116
Response Percentage of Total Surveys Sent	30%	34%	31%	33%	31%	25%

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 2022, 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 and Peer Support services, there was a slight increase in Psychiatric Evaluations, and D&A OP remained consistent throughout CY 2022. In CY 2022, 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. A recruitment and retention workgroup was formed to explore various options for providers to expand their psychiatric time in their clinics. Final findings will be presented in early 2023.

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. At the end of CY 2022, RTF Provider Survey to Assess Family Engagement document was finalized. Beginning in 2023, surveys will be conducted and results will be presented with the year-end reports in July 2023.

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 a follow-up to a previous TRR is warranted. 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 2022 was 80% for all levels of care. Providers that score below 80% are required to submit a Quality Improvement Plan (QIP). In the 2022 review cycle, PerformCare conducted 30 TRRs. There were two MHOP providers and three FQHCs 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 2022, CABHC facilitated the following presentation for the CFFC:

Mr. Lloyd Wertz, MS, Vice President for Policy and Program Development with FTAC, presented on Consumer and Family Advocacy. He provided an overview on the purpose of advocacy, activities a person can do to advocate for themselves or for a larger cause, how to become more engaged in local decision making, reasons for and how to develop relationships with decision makers and a review of the state budget process.

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 2022, the Committee members selected "Co-occurring Disorders". The Co-Occurring training was held on October 19, 2022. There were 55 people who attended the training. Dr. Kimberly Ernest from Pennsylvania Counseling Services, Inc, presented on the topic. The sessions were interactive and they received positive feedback from people in attendance.

The Committee discussed regional training topics for CY 2023 and identified two possible presentations that included:

1. Mental Health and Substance Abuse Disorders within older Adults
2. Understanding Mental health and support from family and friends

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 met in November of 2022, after not meeting due to COVID restrictions. The committee agreed to begin meeting three times a year and reviewed the goals and objectives of the committee. One of the objectives of the PSSSC was to explore marketing initiatives to help support the expansion of PSS services. A marketing firm was identified with some history working with this kind of endeavor and an initial meeting was set. CABHC will follow-up with the marketing firm in CY 2023 to keep the project moving forward.

CABHC, in collaboration with the PSSSC, manages a CPS Scholarship program that provides the financial support for individuals interested in becoming a CPS by attending the CPS two-week training. CABHC held 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 2022, the panel approved and CABHC sponsored five 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. This part of the program was terminated in 2022 due to CABHC providing recruitment and retentions funds to the PSS Providers in lieu of continuing the incentive program.

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 2022.

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 2022 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 2022, PerformCare developed Integrated Care Plans (ICPs) on 939 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 2022 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 2022, 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. Data was only submitted to OMHSAS through quarter 3 of 2022. OMHSAS was revamping the reporting format and did not require a Q4 submission. CABHC and PerformCare were identifying additional interventions that would have a positive effect on the outcome measures, to be included in Q1 2023. Notable outcomes from the interventions in CY 2022 included referrals to and the use of the paramedicine program, and the notification of high ER utilizers to TCM and ACT providers to complete Member outreach and support. For CY 2022, CABHC earned pay for performance financial incentives by meeting a percentage of measures for HEDIS 7-day and 30-day follow up after hospitalization and readmissions measure.

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. This service process was finalized at the end of CY 2022, with implementation to begin early 2023. 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) as part of the discharge process from D&A inpatient services. 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. Meetings between the two providers occurred, and a process was developed mid-2022. Assessment of the pilot project will occur in early 2023.

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 2022 was 2,667 compared to 2,028 in CY 2021. The majority of individuals who utilized the service were adults with a total count of 1,994.

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

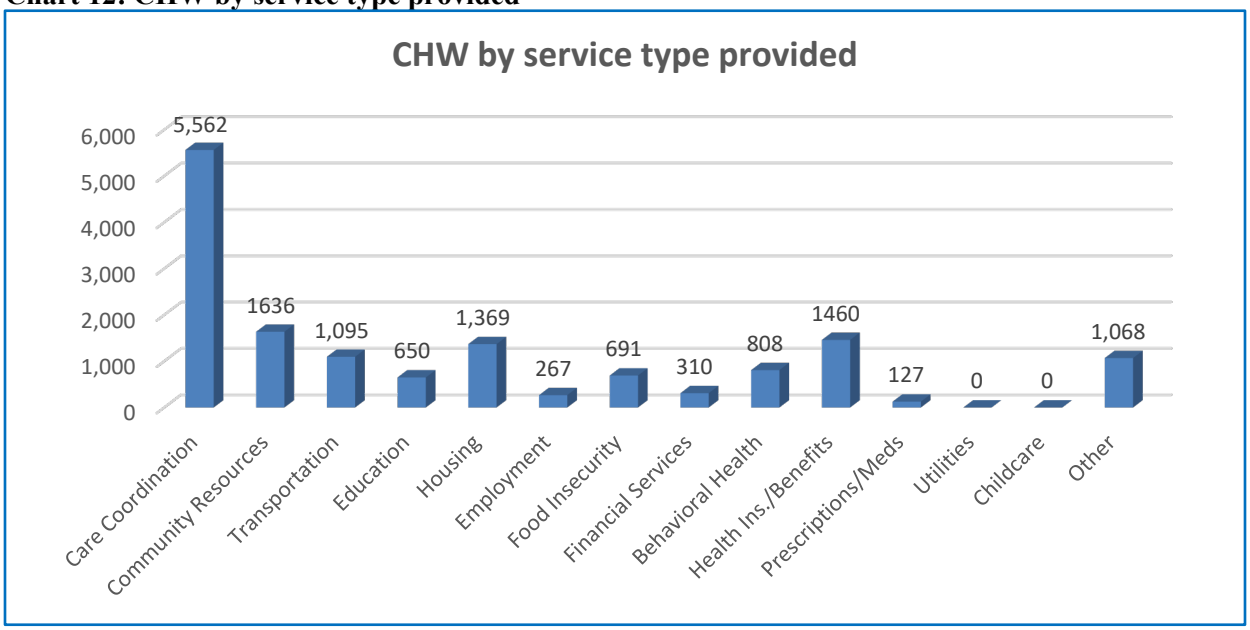
case workers, or many times referred to as Community Health Workers (CHW), that can assist HealthChoices eligible members to gain access to needed treatment and assist the person and their family to access Community Based Organizations (CBOs) who support and provide various services that address Social Determinants of Health (SDoH).

CABHC partnered with the four FQHCs physically located in the Counties, who received funding from CABHC and hired 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 has contracts with the FQHCs to achieve the stated objectives. Throughout CY 2022, the FQHCs collected encounter data with CHWs and Member engagement, and reported back to CABHC through a web-based portal. Across the four FQHCs, CHWs engaged 6,719 unduplicated Members within their clinics. The highest service provided was regarding care coordination, with referring to community resources the second highest, and third, helping with health insurance benefits. (See Chart 13) By mid-2022, CABHC provided financial support to the FQHCs to make purchases that will address Member's SDoH needs. Starting in August of 2022, this data was also reported to CABHC through a web-based portal. Union Community Care was the first FQHC to begin using these funds and provided support to 16 Members and utilized $18,700 of the funds. Housing instability was the highest accessed SDoH, with utilities being the next largest SDoH need.

Chart 12: CHW by service type provided



VALUE BASED PURCHASING (VBP)

In an effort to transition providers from volume to value payment models, payment model strategies are to be incorporated into the Provider Network. The initiative is to support improvements in quality, efficiency of services and therefore reducing costs. Appendix U outlines the approved payment strategy types that are tied to low risk (Performance-based contracting), medium risk (Shared Savings, Shared Risk, Bundled Payments), and high risk (comprehensive Global Payments). The payment arrangements must include quality benchmarks that contain financial incentives, penalties, or both. All VBP arrangements must be approved by OMHSAS.

In CY 2022, PerformCare and CABHC incorporated both a performance based VBP model and a Shared Savings model to performance standards. A performance-based model was incorporated with FBMHS and MST service, linked to quality outcomes and the proceeding financial incentive for meeting those quality outcomes.

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 as well as an incentive shared savings model based on outcomes measured through the CANS. 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's designated amount of time. See table 10 that shows the shared savings incentive for the FBMHS providers for 2022.

Table 10: FBMHS VBP 2022

Providers	Total FBMHS discharges in 2022	Tier 3 or 4 Met (YES)	CDR CANS Outcomes Met (YES)	Both Tier 3/4 & CANS Met (YES)	CANS Bonus payout
CSG FBMH	49	41	3	2	**$3,676.47**
DIAKON FBMH	50	35	8	8	**$14,705.88**
FRANKLIN FAMILY SERVICES	11	8	0	0	**$ -**
JEWISH FAMILY SERVICES FBMH	18	14	2	2	**$3,676.47**
LAUREL LIFE SERVICES FBMH	12	6	0	0	**$ -**
MERAKEY STEVENS CENTER FBMH	18	15	6	6	**$11,029.41**
PA COUNSELING SVCS FBMH	292	217	67	57	**$104,779.41**
TEAMCARE BH FBMH	47	29	24	19	**$34,926.47**
WELLSPAN PHILHAVEN FBMH	102	74	43	39	**$71,691.18**
YOUTH ADVOCATE PROG FBMH	41	31	4	3	**$5,514.71**
Grand Total	**640**	**470**	**157**	**136**	**$250,000.00**

A performance-based model was also incorporated for mental health inpatient follow up rates. The performance payout is based on the number of consumers that have a follow up appointment within 7 days of the inpatient discharge at either a MHOP clinic or Partial Hospitalization program. The incentive is paid to the MHOP clinic or the PH program that was able to meet the 7 day follow up appointment measure. There is a tiered incentive bonus outlined below.

The plan tiers the incentive bonus from $0 to $200 dependent upon each provider's performance on this HEDIS measure. The incentive is administered according to the following criteria:

- If provider 7-day follow up percentage is <50%, the bonus incentive per qualifying follow up appointment will not be applied ($0).
- If provider 7-day follow up percentage is ≥50% to <80%, the bonus incentive per qualifying follow up appointment will remain $150.
- If provider 7-day follow up percentage is ≥80% to 100%, the bonus incentive per qualifying follow up appointment will be increased to $200.

In CY 2022, Quarter 1 and 2, 6 providers met the highest bonus incentive of $200, 26 providers met the 50%-80% benchmark and 7 providers did not meet the benchmark at all. In quarters 3 and 4, there was a decrease in the number of providers able to meet the 50%-80% benchmark and an increase in providers not able to meet the benchmark at all with; 6 providers met the highest benchmark, 18 providers met the 50%-80% benchmark and 9 providers did not meet the benchmark at all.

For the Shared Savings program with MHIP facilities for readmission rates, the benchmark to qualify for the financial incentive, all the providers collectively need to meet the 12.9% 30-day readmission rate. This incentive is applied to the 15 high volume providers in the network, which account for 90% of all CABHC MHIP admissions. In order for Shared Savings to be initiated, the overall readmission rate for the 15 facilities must be at or below 12.90%, which represents 5% improvement compared to baseline. If there is not a reduction to 12.90% or less in the overall readmission rate, there is no shared savings distribution. Distribution of the shared savings is calculated and distributed to the qualifying facilities through the following methodology.

- Criteria for eligibility is either the provider's readmission rate is ≤ 12.9% or the provider had a 5% or greater improvement compared to baseline
- Payments are based on proportion of discharges of qualifying facilities

In CY 2022, the providers met the 12.9% threshold, from a total of 2,984 qualifying discharges across the 15 high volume MHIP providers. The total payout was $140,000 distributed among the providers, with amounts based on the proportion of qualifying discharges.

Lastly, Appendix U added a required VBP model, Transitions to Community component. This initiative is to standardize performance measures to increase the support for consumers transitioning from MHIP level of care to community-based services across the entire healthcare system. CABHC and PerformCare enhanced the MH IP readmission plan to include a follow up after hospitalization (FUH) measure to MHIP facilities. This measure is scored independently from the Shared Savings readmission measure. And any facility who meets the FUH measure will receive additional financial incentives, regardless if they met the readmission performance measure.

The FUH measurement period is the 7-day HEDIS measure. The performance is calculated at the end of the contract year and after claims run out data is available, as described below:

Each facility that achieves ≥ 50% to < 80% on 7-day FUH measure = $20,000

Each facility that achieves 80% or more on 7-day FUH measure = $30,000

In CY 2022, of the 15 high volume MHIP providers, 3 facilities met the 50%-80% benchmark and received the respective financial payout. An additional Transitions to Community VBP financial incentive linking MHIP and MHOP providers performance measures for follow up rates will be implemented for 2023.

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 were three ongoing reinvestment projects that were approved through OMHSAS and were services were utilized during CY 2022. 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 2022, the Respite Workgroup met to review utilization and discuss the challenges that remained from the COVID 19 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 87 to 54 in CY 2022, and the total number of respite hours provided decreased from 677 in CY 2021 to 418 in CY 2022 . Total expenditures amounted to $30,137.44.

Table 25: Respite Services CY 2022

County	# Members Served	In Home Hours
Cumberland	**5**	**44**
Dauphin	**5**	**25**
Lancaster	**28**	**263**
Lebanon	**16**	**86**
Perry	**0**	**0**
Total	**54***	**418**

***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, 2022, a total of 138 youth participated in the four programs.

Table 26: Specialized Transitional Support

County	Program	Members
Cumberland/Perry	NHS Stevens Center	46
Dauphin	The JEREMY Project, through CMU	48
Lancaster	Community Services Group	15
Lebanon	The WARRIOR Project, PA Counseling Services	29

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.

In June 2022, the Pennsylvania Department of Drug and Alcohol Programs (DDAP) initiated a licensure program for recovery houses that receive funding or referrals from public sources. As funding for CABHC's Recovery House Scholarship Program stems from Medicaid dollars, licensure is a requirement of any participating recovery house. CABHC suspended new house enrollment beginning in May 2022 and a number of organizations decided to forego licensure, resulting in removal from CABHC's network of recovery houses. As of December 31, 2022, a total of 11 licensed recovery house organizations were participating in the Program, offering 465 beds for men and women across 41 houses. Compared to Program participation pre-licensure, this is a 45% reduction in the number of recovery house organizations, a 29% reduction in the number of beds, and a 35% reduction in number of houses. In CY 2022, CABHC issued scholarships to 170 individuals.

All participating Recovery Houses are required to submit a follow-up individual questionnaire for each scholarship recipient. Questionnaires are required to be submitted to CABHC upon a recipient's departure or at the end of 90 days of residency. The information collected through these questionnaires is compiled and presented in an annual report that is shared with CABHC's Drug & Alcohol Workgroup and Board of Directors. The information revealed that 47% of people left voluntarily and 45% were asked to leave the recovery house for different reasons. Sixty three percent of the individuals were employed and another 12% were looking for work, and 62% were compliant with house rules. There were 175 (74%) members that reported that they participated in treatment and 70% 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 fifteen 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, 2022.

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 2022:

CSS surveyed 4,424 consumers from the Counties that represent 2,184 Adults (49.4%) and 2,240 children/adolescents (50.6%). Of all the adult consumers who were surveyed, 2,070 (94.8%) responded for themselves. For C/A, 2,205 (98.4%) had a parent/guardian respond for them, and 20 (.9%) responded for themselves with a parent/guardian present. Impact from the 2021 COVID restrictions continued to make it difficult to complete the majority of interviews face to face in CY 2022. However, there was a significant increase in the number of face to face surveys conducted compared to CY 2021, 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**	**%**
19/20	2,428	1,773	73.00%	2,687	997	37.10%	5,115	2,770	54.20%
CY 2021	1,093	90	8.20%	645	2	0.30%	1,738	92	5.30%
CY 2022	2,184	545	24.95%	2,240	49	2.18%	4,424	594	13.40%

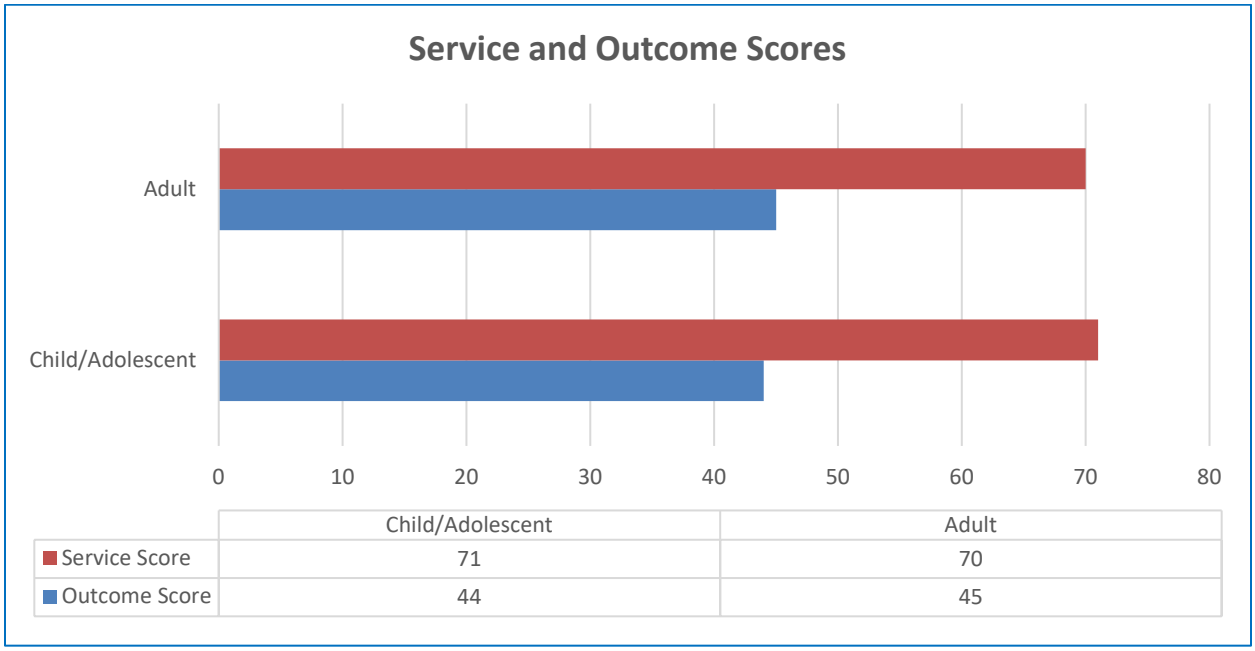
In CY 2022, there were 11 treatment levels of care that were surveyed by CSS. Data was collected by eleven interviewers from 87 treatment facilities that include:

Levels of Care	Surveys	%
Mental Health Outpatient	2805	63.40%
IBHS	819	18.50%
Medication Assisted Treatment	182	4.10%
SUD Outpatient	153	3.50%
Family Based	144	3.30%
SUD Intensive Outpatient	114	2.60%
Peer Support Services	68	1.50%
MAT Coordination	60	1.40%
After School Program	41	0.90%
ACT	33	0.70%
STAP	5	0.10%
Total	**4424**	**100.00%**

There was a total of 28 items that were included in the calculation of the Total Satisfaction Score (TSS). Scores of 113-140 indicate a high level of satisfaction, scores of 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 115.19, which is slightly higher than 113.15, from the CY 2021 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 and high levels satisfaction for services and are in the high-level of satisfaction for outcomes and services for adults.

Chart 13: Adult and Child/Adolescent Service and Outcome Scores



	Child/Adolescent	Adult
Service Score	71	70
Outcome Score	44	45

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 2022 Consumer Satisfaction report can be viewed on the CABHC web site at www.cabhc.org.

FISCAL OVERVIEW

During CY 2022, the Public Health Emergency was continued due to the COVID-19 pandemic. CABHC ended the alternative payment arrangement but allowed providers who felt that there would remain a financial challenge to request an extension of the APA. 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 and also allowed them to receive payments above their APA amounts when billable services began to return above the APA levels being paid. All APA's ended as of December 31st except for one provider who received an extension for the first quarter of 2023. Again, this year, 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 was $40.3 million. Also, during 2022, the Board of Directors permanently increased ambulatory services rates ranging from 5% to 20% based on the level of care.

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 2022. The HealthChoices Program saw an increase of membership during the FY of 8.13%. This larger

than normal increase was due to the continued 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 by 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 2022, 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 2022, the management fees and services fees were below the budget target range.

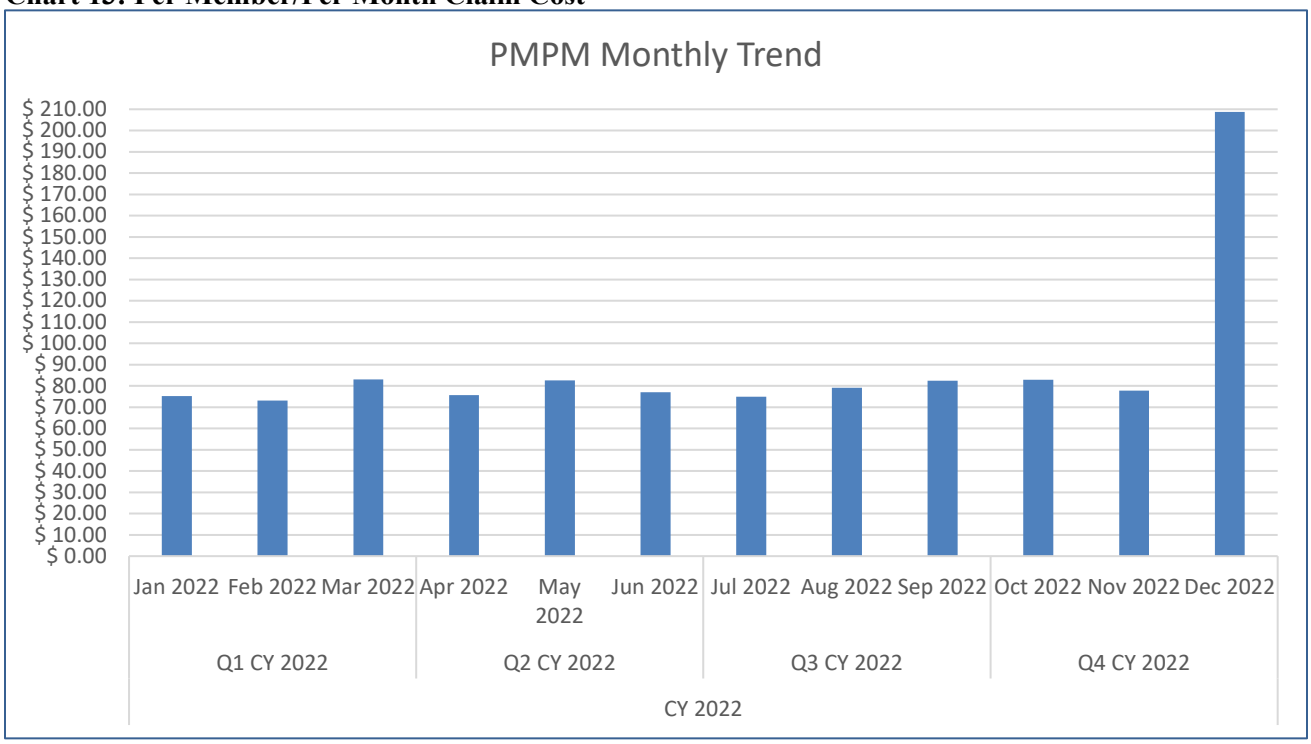
PerformCare ended the fiscal year with excess administrative surplus above the contract stated profit cap and therefore was required to return funds to CABHC. CABHC will use these excess funds along with other excess funds to replenish risk reserves to the maximum allowable amount, continue ongoing reinvestment 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 2022 – December 2022. December 2022 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 $89.80 for January 2022- December 2022.

Chart 13: Per Member/Per Month Claim Cost



The HealthChoices medical revenue received in CY 2022 exceeded the medical expenses paid; therefore, excess funds up to the 3% shared reinvestment savings will be used to fund risk reserves to maximum allowable amounts, continue ongoing reinvestment programs, and develop new reinvestment programs.

For CY 2022, 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, 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 that continued from the Covid 19 pandemic and developed and sustained creative alternatives to fund services and being 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. This priority will be addressed through continued identification of services and supports that promote whole person care, along with continued collaboration with PHMCOs to increase care coordination. Another initiative will be to work with providers to develop approaches that support improved health outcomes and measuring this objective with improved BH outcomes. The other aspect to whole person care is the integration of Social Determinants of Health through innovative funding approaches that until this year, were not allowed.

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Appendix A:

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Respite Care	All	YAP	17/18, 19/20	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 12/2022: As of October CY22, 46 Members received respite services for a total amount of $26,381. The Respite Workgroup continues to meet to expand the network for Members interested in Respite services.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Specialized Transitional Support for Adolescents	All	Jeremy, NHS, Warrior CSG	19/20	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 12/2022: As of October 2022, the four STSA programs provided a total of 14, 173 units to 124 unduplicated participants. As of October, CY 2022, the four STSA programs provided a total of 14,173 units to 124 unduplicated participants. Merakey reported one new referral to the program. Meetings were delivered via Zoom and face-to-face. Topics included activities around independent living, driving, cooking, employment interest assessment, and a stress reduction trip to a local park. The Jeremy Project offered five groups this month in addition to individual sessions. Groups explored topics related to employment, car buying, and a family night out dinner. The CSG program offered some in-person and virtual groups. CSG hired a new coordinator for the program, Amanda Pitzer. In addition, CSG changed the name of their program to STAR (Specialized Transitional Age Resources). Lastly, they hired a peer mentor complimentary support to the program. Groups were held and topics included tabletop gaming and power yoga. The Warrior Project continues to be partially remote via individual phone check-ins and virtual meetings and groups. Meeting topics included how to do laundry, gaming, and cooking.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Recovery House Scholarship Program	All	Various	16/17, 19/20	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 12/2022: The Recovery House Scholarship program awarded nine new scholarships in November bringing the CY total to 152. Scholarship payments totaled $122,058. All new scholarships and enrollment of new houses resumed on a house-by-house basis upon confirmation of DDAP licensure. There are 11 RH organizations with 41 RH sites licensed and re-enrolled in the program through November.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Housing Initiative	All	Pending	19/20	Varied	Under Development
Description					
Each County has its own housing initiative plan as presented to OMHSAS.					
Status: The consolidated housing plan for all the Counties is being revised and will be submitted to OMHSAS for the second time for review and approval.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Embedding RSS in D&A OP Clinics	All Counties	PHS	17/18, 19/20	9/2018	Operational/Under Development
Description:					
This project is to foster peer to peer recovery support services designed and delivered by persons in recovery which will network and build strong and mutually supportive relationships with formal systems in the community. The D&A Recovery Specialist service will expand by embedding Certified Recovery Specialists (CRS) into four licensed D&A OP clinics (one in each county with CU/PE being a joinder) and sustaining an existing embedded CRS with Perry Human Services. An RFP will be developed and sent out to selected licensed OP clinics.					
Status: Update 12/2022: Perry Human Services remains under Reinvestment funding for their CRS and reported that 19 units of recovery services were delivered to three individuals in October. They have served a total of 15 Members this CY. Data on CRS service utilization is submitted through the encrypted cloud storage platform, Sync. This service is expanding to embed a CRS into four additional SU OP clinics in 2023. Ponessa Behavioral Health will expand in Dauphin Co., PCS in Cumberland County, Naaman in Lebanon, and ARS in Lancaster. Sync training with ACA has been scheduled for those providers new to the system (ARS and Naaman).					

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 12/2022: All PBIS SPEC projects with the exception of Greenwood School District in Perry County have ended. Greenwood: staff met with Elementary Coaches, Secondary Coach, creating modules for staff training, organizing materials and cleaning up all content developed to hand over at the end of December.					

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 12/2022: Construction began in mid- September. The construction process will be 4-5 months. The anticipated completion date will be the end of January 2023. CABHC, PerformCare, and Counties had the first CSG RTF Implementation meeting on December 8, 2022. CSG has begun to advertise for staffing positions. The next CSG RTF Implementation meeting is scheduled for January. All Counties have reviewed the final service description and will begin sending letters of support to CSG for final submission to OMHSAS.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Re-Engineered Discharge (RED) MHIP	All	Holy Spirit Hosp.	19/20	TBD	Under Development
Description:					
The Re-Engineered Discharge (RED) model of discharge was developed by the Boston Medical Center, under contract with the Agency for HealthCare Research and Quality, to improve the transition between an acute hospital stay and follow up after discharge. RED is an evidence-based program. This program will work with Holy Spirit Hospital (HSH), which is part of the Penn State Health network. By bringing HSH into the RED model, all four psychiatric hospitals located within our Counties will have adopted RED to guide the discharge process. The program, following the fidelity of the RED model, will include a discharge educator and a nurse that will help prepare the Member for discharge and follow the Member after they have been discharged, to support critical key elements to a successful discharge:					
Status: Update 12/2022: Completed RED presentation for HSH executive management.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Recovery House Licensing Support	All	Varied	19/20	July, 2022	Under Development
Description:					
All Recovery Houses that will participate in the RH Scholarship program will need to obtain full licensure to remain eligible for members that receive our grant to be placed in their home(s). To assist providers to comply with the extensive regulations to meet licensing standards, reinvestment funds will be made available to Recovery Houses that are physically located in our five counties. A request for grant proposal will be issued to all of our network Recovery Houses that meet the County location standard. The proposal will solicit funding requests to assist in meeting the regulatory compliance so that they may remain in our Recovery House network.					
Status: Update 12/2022: Five of the nine RH organizations who received a grant through this project have become licensed with DDAP. Four of these five have been re-enrolled in CABHC's recovery house scholarship program, and one is pending as of this report.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A MAT Expansion	All	Varied	19/20	TBD	Under Development
Description:					
To further the availability of MAT, reinvestment funds will support 4 existing D&A Licensed OP Clinics to bring MAT into their clinics. By offering MAT, the Clinic would expand its services to further support and enhance the benefits of traditional therapies. The target population will consist of adolescents and adults who are experiencing an addiction that can be treated using Medication Assisted Treatment (MAT).					
Status: Update 12/2022: This service is being expanded into two additional SU OP clinics. Dauphin County selected Gaudenzia Harrisburg OP and Lancaster County selected BluePrints. No proposals were received for C/P or Lebanon Counties initially but Roxbury was invited to submit a late proposal for C/P. Their proposal is due January 6th.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
SDOH Projects	All	Varied	19/20	TBD	Under Development
Description:					
Services are targeted to support adults and children/adolescents (children) who are enrolled in MA. The target population will either be part of the OMHSAS approved CBCMP FQHC program model, or through the County's Case Management Unit/Crisis Intervention Service. This priority will utilize reinvestment funds to support the funding of SDoH supports as provided by CBOs in our Counties. The first model ties the funding of SDoH as part of the OMHSAS approved Community Based Care Management Program that we operate with our four FQHCs utilizing Community Health Workers. Reinvestment funds will be leveraged to provide access to SDoH supports through a needs assessment conducted by the CHWs. The second model will operate similarly to the first model but will broaden the population to be served by allocating funds to each of the Counties for use by their Case Management programs and Crisis Intervention. The funds will broaden support to members that are not involved with the FQHC/CHWs but are just as much in need of supports with their SDoH.					
Status: Update 12/2022: The FQHC's continue to submit data related to CHW contacts. Two FQHC's now have an approved Service Description related to addressing SDoH needs. Union Community Care has begun submitting SDoH related data and Family First will begin offering this service next month. The other two FQHCs are in the process of completing and submitting a service description related to addressing the SDoH portion of this project. Lebanon County began using their SDoH funds in month and Lancaster County had their plan approved. The other County SDoH projects are currently under development at the County level.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Recovery Center Enhancement Grants	All	Varied	19/20	July, 2022	Under Development
Description:					
There are 8 D&A Peer Operated Recovery Centers in our Counties, of which 5 were developed with the financial help of previously approved reinvestment plans. Reinvestment funds will be distributed through a grant application process that each of the 8 Recovery Centers will be solicited to respond. A cap of $43,750 will be set/site, but could be adjusted based on the received and approved applications. Funds can be used to improve the services at the Center through purchases of computers, software and training material, to name a few examples. Funds may also be used to make physical plant upgrades. The D&A workgroup will review the applications and award the funds.					
Status: Update 12/2022: No updates. Improvements are underway or completed at each of the centers that applied for a grant through this project.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Improved Access to Psychiatric Services	All	Varied	19/20	TBD	Under Development
Description:					
This program is targeted to award 4 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 on the use of the funds and the development of clear and measurable outcomes will be developed by CABHC. Reinvestment funds will be available to offer financial assistance to providers that can be applied to payment or incentive models that would entice Psychiatrists to come to our community MH system and to help with the retention of such Psychiatrists. Providers will need to demonstrate that their proposal increases the availability of psychiatric time that will lead to an improvement in access to services.					
Status: Update 11/2022: TeamCare has submitted their proposal which was accepted. Ponessa BH submitted a proposal which was returned for revisions. RFPs were sent to PPI and Holy Spirit although they have not responded to date to take advantage of the opportunity to improve psychiatric access.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Child/Adolescent Partial Hospitalization Program	Cumb/Perry Dauphin		19/20	TBD	Under Development
Description:					
Services will be targeted to support Medicaid HealthChoices children and adolescents (C/A). The opening of two new or expanded C/A PHP programs would be expected to serve 86 C/A per year. To address the current waitlists, CABHC in partnership with PerformCare and the Counites are looking to either start and/or expand 2 new C/A PHP. One would be located in Cumberland County and the other would be located in Dauphin County. To assist in securing the expansion of this in -plan service, reinvestment funds will be utilized to attract providers and support the development of these services.					
Status: Update 9/2022: Meeting being set up with PSH to discuss level of interest. PPI was notified a waiver is not necessary to utilize PA to complete initial evaluations.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A NH 3.5 Rehab	Lancaster	Nuestra Clinica	19/20	TBD	Under Development
Description:					
The Nuestra Clinica Residential Facility is greatly in need of expansion. The clinic has utilized every inch of space for 26 bedrooms and offices. Reinvestment funds will be utilized to move the current NH residential rehabilitation program to a property on the same block. The new facility will better serve the Hispanic population in need of addiction treatment in a licensed 3.5 facility. It will also allow the expansion of beds from 26 to 35, with a longer-term objective to increase the capacity to 45.					
Status: Update 12/2022: Nuestra Clinica reported that the property survey report was received November 10, 2022 and a new project timeline is under development. This timeline will be provided to CABHC for review.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
BH Urgent Care	Dauphin/Lancaster		19/20	TBD	Under Development
Description:					
The BH Urgent Care Centers (BHUCC) will be targeted to open one in Harrisburg and one in Lancaster. The BHUCC would serve children/adolescents and adults on both a call-in scheduling function as well as a walk-in capacity. The BHUCC would operate Monday through Saturday with expected hours from 9-6 M-F and 9-2 on Saturdays, with evening appointments made available when indicated. The BHUCC will adopt a recovery-oriented approach that reduces and eliminates the trauma that is associated with ED, adopting the "Livingroom" approach and many of the characteristics from the emPATH model. The BHUCC will also be used as a step-down or bridge service to provide brief treatment and medication while an induvial is waiting to get into their referred to service(s).					
Status: Update 11/2022: Discussions continue with PerformCare, the Counties and other resources to develop an RFP that would be distributed to potential applicants.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
ABFT	All	Varied	19/20	TBD	Under Development
Description:					
Attachment Based Family Therapy (ABFT) will target youth who are HealthChoices eligible between the ages of 12 and 18 who have a mental health diagnosis with issues related to depression, suicidal thoughts, self-harm, past suicide attempts and/or significant trauma. ABFT will be available to be utilized in licensed MH OP clinics and delivered by a licensed master's level mental health professional. ABFT is typically conducted over a 16-week period with regularly scheduled evaluations during monthly treatment planning meetings. The reinvestment funds will be utilized to pay for all the costs for up to 30 licensed clinicians to be trained and certified in ABFT.					
Status: 12/2022 Application approved by OMHSAS. A planning meeting was held with Dr. Levy at Drexel University on September 8, 2022. CABHC has outreached to Drexel to discuss the contract and dates for an informational session for Outpatient, FBMHS, and IBHS (MT) providers. A one-hour presentation will be held February 28th and the trainings will begin in May for 30 selected clinicians. CABHC is working on the final contract with Drexel.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Peer Support Services	All	Recovery Insight	19/20	8/2022	Under Development
Description:					
The expansion of Peer Support Services will support youth, young adults and adults who are enrolled in the HealthChoices Medicaid program and who are in need of Peer Support Services. It is anticipated that 150 persons would receive this service in a year. CABHC and PerformCare conducted a Request for Proposal to solicit a provider that would expand Peer Support Services to serve youth, young adults and adults in the Counties. Recovery Insights indicated they would benefit from financial assistance for their expansion into Dauphin, Cumberland and Perry counties (they currently operate in Lancaster and Lebanon counties).					
Status: 12/2022: Recovery Insight reported that they have been actively marketing for additional staff.					