

## CAPITAL AREA BEHAVIORAL HEALTH COLLABORATIVE, INC.

# CONTINUOUS QUALITY IMPROVEMENT ANNUAL REPORT

Calendar Year 2024

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## **EXECUTIVE SUMMARY**

CABHC manages the HealthChoices Behavioral Health contract for Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties (Counties). In CY 2024, membership decreased 8% to 321,877 Members. Females make up the largest proportion of Members at 54%. There was a total of 52,357 consumers who utilized behavioral health services in CY 2024, a 3.77% decrease from the previous year. Overall, penetration increased from 15.63% in CY 2023 to 16.27% in CY 2024. In April 2024, the unwinding process of the Public Health Emergency ended, in which individuals were to resume reapplying for eligibility. CABHC continued to monitor Membership trends throughout the rest of 2024 to determine the impact on Membership rates.

CABHC, through the activities of the Clinical Committee, monitored many aspects of the HealthChoices Program. This included activities from the Root Cause Analysis for follow up after hospitalization and readmission rates, activities for the Substance Abuse Performance Improvement Program, seclusion and restraint trending, as well as monitoring the utilization and number of teams for Family Based Mental Health Services. CABHC and PerformCare continued its collaboration with Community Data Roundtable (CDR) in the use of the Child and Adolescent Needs Summary (CANS).

In CY 2024, the overall number of children/adolescents (C/A) who accessed behavioral health (mental health and drug and alcohol) services decreased from 18,339 in 2023 to 17,689. The most common mental health service utilized by C/A is Mental Health Outpatient (MH OP), followed by Intensive Behavioral Health Services (IBHS). There was a slight increase in utilization of Family Based Mental Health Services (7%). There were several service categories that had decreases in 2024. The two services that had the largest decreases were Substance Use Outpatient (-30%), and Crisis Intervention (-21%). For C/A D&A OP is the most utilized service, non-hospital rehab is the next highest utilized D&A service, but noticed a 2.5% decrease in utilization in 2024 compared to 2023

There were 35,260 adults who accessed one or more behavioral health (mental health and drug alcohol) services in CY 2024. The most utilized adult MH service was MH OP, 23,846 consumers, though utilization of MH OP services decreased 2.13% from 2023. Of those consumers that accessed MH OP, 49.17% accessed it through telehealth services at least once, representing a slight decrease in telehealth utilization from CY 2023 which was 50.13%. Decreases in utilization were seen in Crisis Intervention (-11.82%) and MH Partial Hospitalization (-8.47%). However, there was an increase of 47.37% D&A Case Management Services, an increase in Inpatient Withdrawal Management (33.9%) and an increase of the utilization of Peer Support Services (20.45%). The number of adults who utilized D&A services in 2024 was a 4.71% decrease from 2023. For adults, licensed D&A OP is the most utilized service, non-hospital rehab, D&A IOP, as well as methadone maintenance were the next highest utilized D&A services. Certified Recovery Specialist services realized the largest increase of utilization (29.81%), with serving 359 adults in CY 2023 to serving 466 adults in CY 2024. Nonhospital Residential accounts for 46% of the cost for all D&A services, with Methadone Maintenance and D&A Partial accounting for 10.86% and 11.7% respectively for the cost of all D&A services. Overall, for adults, several D&A services realized a decrease in services from 2023 to 2024. Opioid Centers of Excellence noticed a decrease of 6.31% utilization in 2024, representing 1% of all D&A costs.

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 continued with CABHC hosting three ASAM trainings in CY 2024 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 95 providers that terminated from the network for voluntary reasons, 19 more than in 2023. In 2024, 221 new providers were credentialed, which showed a net gain of 126 providers. Overall, in 2024 there were 930 active network providers.

At the beginning of 2025, CABHC distributed 639 satisfaction surveys to providers assessing their level of satisfaction with PerformCare for CY 2024. There were 71 surveys completed and returned for a response rate of 13%, an increase from 9% for the CY 2023 response rate. The survey covers five categories, separated into 12 sub-sections. The average satisfaction score for CY 2024 was 3.8, 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 2024, there were three 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. Continued from 2023, the PRC assessed the continued low access of Psychiatric Evaluations. The PRC throughout 2024 conducted research on models that expand psychiatric access, such as open access and other evidence-based practices in order to improve service access in this area.

The Consumer/Family Focus committee met throughout 2024 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 2024, the training consisted of two topics, a morning session titled "Driven by Likes and Selfies: The Impact of Social Media on Mental Health Across the Lifespan, and the afternoon session was titled "Beyond Burnout: Staff Wellness and Sustainability. The training was conducted on October 1, 2024. The training was held at a local conference center, and had 59 attendees. It received very 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 our local area in CY 2024, 10 individuals were provided scholarships to attend the CPS training.

Over the past year, CABHC and PerformCare has continued its collaboration to develop interventions that would lead to improvements with the ten performance measures identified in Appendix E, Pay for Performance Program: Integrated Care Plan (ICP) Program. 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 Mental Health Inpatient facilities.

Continued from CY 2023 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 2024, CABHC continued to partner 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. Reporting of these services continued through a web-based portal. Additionally, CABHC continued the financial support to the FQHCs for the funding of social determinants of health. Financial reporting of this data also continued in CY 2024 through a web-based portal.

Consumer Satisfaction Services, Inc. completed 2,681 consumer surveys in 2024 for ten levels of care. There was an increase of face-to-face interviews completed, resulting in 49.7% compared to 33.3% in 2023. 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 Board's Fiscal Committee and the Board of Directors. Most notable was in CY 2024, the Board of Directors' decision to increase ambulatory service rates by 4% and to increase all MH IP in-network provider rates that had a per diem rate less than \$1000 to \$1000 per diem.

#### **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 Use programs in order to provide management and oversight of the Office of Mental Health and Substance Use 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 use 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 2024 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 Use. 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 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 behavioral health services through HealthChoices, families of these individuals, or individuals recovering from substance use, 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 selected services, 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, develop training opportunities 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 expansion of 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 and PerformCare.

#### **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 for the CABHC Counties. 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

Starting in April 2023, the PHE continuous enrollment criteria ended and individuals needed to begin to reapply for Medicaid eligibility. This process continued through 2023, and ended in March 2024. Throughout CY 2024 CABHC continued to monitor membership as Member eligibility was still showing a decline each month due to Member disenrollment from Medicaid (Chart 1). Chart 2 highlights the number of Members that were eligible for HealthChoices in CY 2023 and CY 2024. Total membership decreased from 348,153 Members in CY 2023 to 321,877 Members in 2024, an 8% reduction. January through June presents a decline in Membership. We realized a return to membership growth from July to October, at which time membership began to decline again in November. 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: PHE Membership Rates** 

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
CU	-0.86%	-0.50%	-1.78%	-3.15%	-1.57%	-0.98%	0.26%	0.79%	0.13%	0.95%	0.46%	0.34%
DA	-1.87%	-0.64%	-1.86%	-3.07%	-2.22%	-0.77%	0.55%	0.78%	0.22%	0.19%	-0.22%	-0.56%
LA	-1.46%	-0.70%	-1.45%	-3.37%	-2.12%	-1.35%	0.27%	0.40%	0.42%	0.22%	-0.31%	-0.13%
LB	-2.60%	-0.69%	-1.41%	-3.03%	-1.63%	-1.60%	0.30%	0.57%	0.29%	0.35%	-0.35%	-0.04%
PE	-1.54%	0.26%	-1.81%	-4.83%	-1.28%	-1.05%	0.83%	0.07%	-0.53%	0.41%	0.30%	-0.64%
Total	-1.62%	-0.62%	-1.64%	-3.25%	-1.98%	-1.13%	0.37%	0.59%	0.27%	0.36%	-0.14%	-0.18%

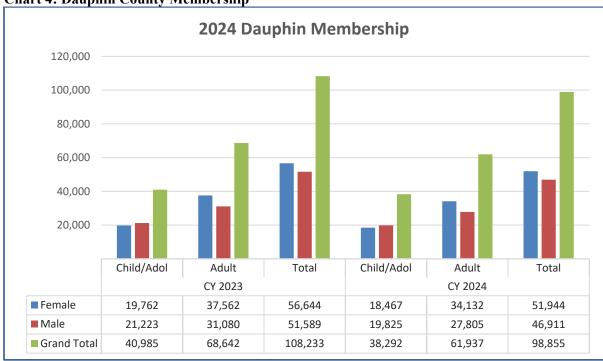
Chart 2: 2024 Total Membership



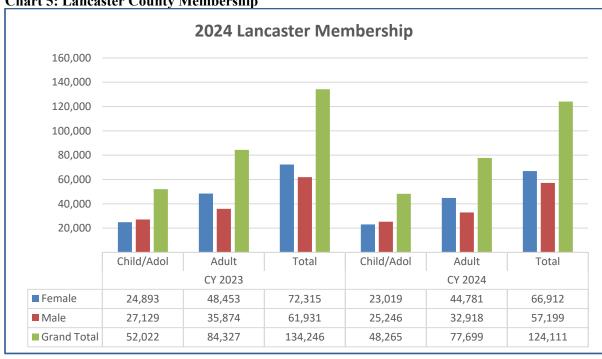
As the totals in Chart 2 illustrate, children/adolescents make up approximately 39% of the membership and adults comprise 63% of the membership. Females make up 54% and males make up 46% of total membership. The following five charts display the membership totals for each of the five Counties and the change from CY 2023 to CY 2024.



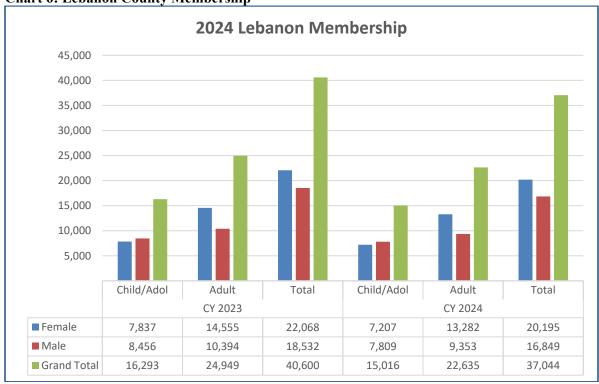


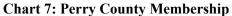


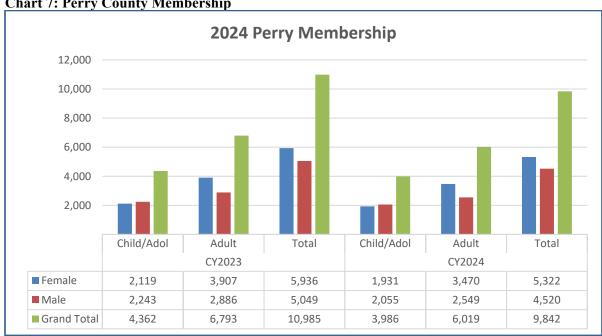












#### **CONSUMERS**

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 2024, the number of consumers who received services decreased 3.77 % from CY 2023. Adult consumers accessing services decreased by 3.95% and the number of C/A who received services decreased 3.54%.

Males comprise 56.10% of all Children and Adolescent (C/A) consumers and females make up 55.36% of adult consumers. (Chart 8) There was an increase in penetration of 16.03% in CY 2024 from 15.36% in CY 2023. Penetration is the ratio of consumers to eligible Members for any given time period.

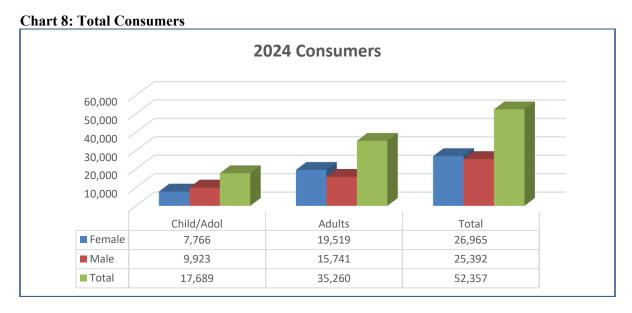
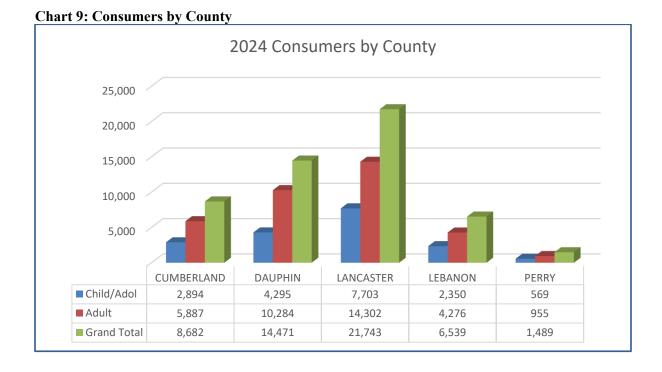


Chart 9 shows the distribution of consumers by County. Lancaster County has the largest number of people using services at 41.53%. Dauphin County is 27.64%, Cumberland County is 16.58%, Lebanon County is 12.49% and Perry County has the smallest number of consumers at 2.84%. Of the 52,537 consumers who received services in CY 2024, 17,521 are adults up to the age of 64, who are eligible for HealthChoices through Medicaid expansion.



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%	94	0.6%	81	0.4%	11	0.2%	7	0.5%	230	0.4%
Asian	287	3.3%	498	3.4%	334	1.5%	46	0.7%	8	0.5%	1,164	2.2%
Black	941	10.8%	4,424	30.6%	1,948	9.0%	309	4.7%	37	2.5%	7,567	14.5%
Hispanic	643	7.4%	2,658	18.4%	5,381	24.7%	2,170	33.2%	38	2.6%	10,812	20.7%
Other	838	9.7%	1,015	7.0%	1,828	8.4%	296	4.5%	58	3.9%	4,003	7.6%
Pac Islndr	24	0.3%	20	0.1%	33	0.2%	8	0.1%	0	0.0%	85	0.2%
White	5,905	68.0%	5,762	39.8%	12,138	55.8%	3,699	56.6%	1,341	90.1%	28,496	54.4%
<b>Grand Total</b>	8,682	100%	14,471	100%	21,743	100%	6,539	100%	1,489	100%	52,357	100%

In CY 2024, the total cost of behavioral health services for CABHC was \$313,747,624 or a 11.2% increase from CY 2023 (Table 2). Children/adolescents make up 34% of all consumers, and account for 41% of total expenses. Overall, there was an increase in dollars spent in 2024 for C/A by 13.83%, and a 9.41% increase in dollars spent for adult consumers. All the Counties experienced an increase in total dollars spent from CY 2023. Perry County had the highest increase from CY 2023, 21.48%, with Dauphin having the second highest increase of 14.99%. Lancaster had an increase of 10.11%, Cumberland had an increase of 8.99% and Lebanon had an increase of 6.08%.

Table 2: Consumers/Age/Cost by County

Tubic 2. Consum			CY 2023	С	Y 2024
County	Age	Consumers	Dollars	Consumers	Dollars
	Child/Adol	3,003	\$17,214,744	2,894	\$19,326,894
CUMBERLAND	Adult	6,050	\$23,745,468	5,887	\$25,314,692
	Total	8,944	\$40,960,211	8,682	\$44,641,586
	Child/Adol	4,431	\$27,755,395	4,295	\$33,382,218
DAUPHIN	Adult	10,739	\$51,744,767	10,284	\$58,032,306
	Total	15,044	\$79,500,162	14,471	\$91,414,523
	Child/Adol	7,973	\$50,267,357	7,703	\$55,068,866
LANCASTER	Adult	14,847	\$69,178,992	14,302	\$76,457,803
	Total	22,536	\$119,446,348	21,743	\$131,526,670
	Child/Adol	2,465	\$15,339,487	2,350	\$17,920,842
LEBANON	Adult	4,535	\$20,330,401	4,276	\$19,917,060
	Total	6,902	\$35,669,888	6,539	\$37,837,901
	Child/Adol	587	\$3,066,946	569	\$3,661,611
PERRY	Adult	1,049	\$3,250,444	955	\$4,013,020
	Total	1,614	\$6,317,390	1,489	\$7,674,632
	C/A	18,339	\$113,643,928	17,689	\$129,360,431
<b>Grand Total</b>	Adults	36,711	\$168,530,421	35,260	\$184,387,193
	Total	54,407	\$282,174,350	52,357	\$313,747,624

#### 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 Child and Adolescent Service System Program 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 2024.

#### 1) Clinical Initiatives

1. Expand Residential Treatment Facilities (RTFs)

Residential Treatment Services is an important level of care within the children's behavioral healthcare continuum. While PerformCare has many established RTF programs within their provider network to serve our children and youth, there was not a community program located within the Counties. Following the approval of the 2019 reinvestment plan, which included funding for the development of a RTF, CABHC issued a Request for Proposal for an RTF within our community. After a rigorous application and review process, Community Services Group (CSG) was selected to develop RTF services within the Collaborative. The location of the program was selected for Lancaster County. The service

description was subsequently approved by both OMHSAS and OCYF and CSG obtained licensure by the fall of 2023. In November of 2023 CSG admitted the first PerformCare Member to the program. The program is designed to serve a total of 8 youth ages fourteen (14) to eighteen (18) who have severe emotional and behavioral disturbances. Youth ages 18 – 21 will be considered based on education. This RTF was specifically designed for youth with a history of complex needs. CABHC and PerformCare monitored the implementation of this new program throughout 2024,

## 2. Expand Respite Services

In 2024, Respite utilization among PerformCare children, youth, and adult Members continued to decrease. The decline was explicitly caused by a lack of respite providers and staff who are able to provide temporary relief for primary caregivers. Youth Advocate Program (YAP) was the only provider that had staff to provide respite in CY 2024. Most of the respites were being conducted by the friends and family option. Consequently, the Respite workgroup had discussed various strategies to expand respite workers and to be able to increase access to respite services. Additionally, attempts by the Respite Management Agency (YAP) to attract potential staff to the respite network have yielded little growth. The workgroup is committed to continue its efforts to expand this service to Members and their families. Efforts included expanding marketing to areas such as churches, daycare providers and local colleges.

3. Monitor utilization and staffing of Family Based Mental Health Services. As with many children's services, FBMHS utilization has been affected by the decline in qualified staff to provide the service. This has resulted in longer wait times for Members approved for this specific level of care. Each month in CY 2024, CABHC presents Member access reports with the CABHC Clinical Committee. These reports illustrate current access trends such as Members waiting, pending, and referred to FBMHS across the Collaborative. Supplemental reports, submitted by PerformCare, summarize trends within the FBMHS network's availability to serve Members. CABHC and the Clinical Committee will continue to monitor FBMHS trends. The CABHC reports showed that throughout CY 2024, there was a steady decline in the number of C/As waiting for FBMHS, while new referrals hovered on average 17 each month. The PerformCare FBMHS teams report indicated a steady trend of gaining new teams for most of 2024, however, ended the year with a decline in total teams reported.

## 2) Continued utilization 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 collected through the use of the CANS that is 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. Outcome data is showing that 55% of children have fewer active needs for care when compared to their initial CANS score at the time of starting treatment. Additionally, when broken out by provider, the total number of actionable needs are decreasing as treatment progresses. Data trends are showing that the level of needs improves (less needs) correlating to the length of time in treatment. Spanish versions of the reports for families became available in 2024. The utilization of the CANS is also embedded into the value-based purchasing models for Family Based Mental Health services, as outlined in the Value Based Purchasing section below.

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)
- Family Based Mental Health (FBMH)
- After School Programs (ASP)
- Multi-Systemic Treatment (MST)
- Youth Firesetter Assessment Consultation Treatment Services (YFACTS)
- Functional Family Therapy (FFT)
- Peer Support Services

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 2024.

**Table 3: C/A Ambulatory Mental Health Services** 

County	CI	TCM	МНОР	PHP	IBHS	ASP	FBMH	SPIN	YFACTS	MST	FFT
Cumberland	204	51	2348	62	583	21	188	4	3	36	8
Dauphin	138	307	3599	174	1084	42	236	7	1	39	41
Lancaster	322	310	6412	392	1454	47	414	7	2	29	8
Lebanon	237	29	2067	106	444	37	166	2	1	5	4
Perry	60	16	450	14	76	1	49	1	0	6	2
Total	959	705	14,792	748	3,620	148	1,049	21	7	113	63

Table 4 identifies the number of C/A in 2024 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	1	37	110
Dauphin	4	39	211
Lancaster	4	63	290
Lebanon	0	29	127
Perry	1	6	27
Total	10	167	764

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 ABA). The IBHS regulations developed a group category which many IBH services fall into such as: After School Program, Summer Therapeutic Activity Program, Vista School and Intensive Day Treatment. Services such as FFT, and MST fall into the Evidenced Based category of the IBHS regulations.

Table 5 highlights the number of C/A who received IBHS and the corresponding cost of those services for CYs 2023 and 2024. 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	2023 C/A	2022 Dollars	2024 C/A	2023 Dollars
BHT	421	\$5,134,537	444	\$5,842,355
BHT ABA	940	\$17,099,579	1,035	\$21,134,398
MT	383	\$1,512,315	287	\$1,037,536
BC	879	\$4,547,893	846	\$4,599,356
BCBA	858	\$6,414,572	872	\$7,212,217
BC-ABA	997	\$4,104,938	1,095	\$5,745,609
BHT Asst ABA	30	\$134,462	58	\$573,885
Total	2,549	\$38,948,297	2,505	\$46,145,357

<sup>\*</sup>Unduplicated

**Table 6: IBHS Utilization by County** 

County	2023 C/A	2023 Dollars	2024 C/A	2024 Dollars
Cumberland	433	\$6,220,715	442	\$7,281,120
Dauphin	874	\$12,163,768	843	\$14,863,670
Lancaster	1,128	\$22,013,626	1,137	\$25,928,460
Lebanon	357	\$5,461,169	331	\$5,701,260
Perry	44	\$644,665	43	\$899,308

In CY 2024, the total number of C/A who received IBHS decreased 1.73% from CY 2023, and costs increased 18.48%. Individuals with an autism diagnosis comprise over half of all C/A receiving IBHS as shown in Chart 10 below.

Chart 10: Non-Autism vs Autism IBHS ASD vs Non-ASD \$50,000,000 5,000 \$45,000,000 4,500 \$40,000,000 4,000 \$35,000,000 3,500 \$30,000,000 3,000 2,500 \$25,000,000 \$20,000,000 2,000 \$15,000,000 1,500 \$10,000,000 1,000 \$5,000,000 500 \$0 ASD Non-ASD Total Dollars \$34,666,110 \$11,479,247.33 \$46,145,357.13 Child/Adol 3,060 1,577 4,637

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 2024, there was a 21.26% 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 2022	CY 2023		
County	C/A	C/A Dollars		Dollars	
CUMBERLAND	286	\$170,545	204	\$122,590	
DAUPHIN	182	\$40,159	138	\$39,269	
LANCASTER	409	\$75,576	322	\$101,890	
LEBANON	294	\$112,620	237	\$164,154	
PERRY	50	\$47,185	60	\$40,065	
Total	1,218	\$446,085	959	\$467,968	

## **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 a decrease of 27% in attendance from CY 2023 to CY 2024.

## **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. In CY 2024, 63 children/adolescents received FFT, 4 more than in CY 2023.

## **Youth Firesetter Assessment Consultation Treatment Services (YFACTS)**

YFACTS 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. YFACTS 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 2024, 7 C/A received YFACT services which was the same utilization as in CY 2023. Most discharge to Family Based Mental Health Services.

#### **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). However, most providers moved to the blended case management model that allows for more flexibility in meeting Members' needs. Table 8 highlights the utilization of TCM throughout the Counties for calendar years 2023 and 2024. Of the 17,689 C/A who utilized a mental health service in CY 2024, 4% accessed a form of TCM. Overall, there was a 15.57% decrease in C/A accessing TCM services and the cost of services increased 5% from CY 2023. The total length of service for each County is not included due to the differences between the three TCM services.

**Table 8: C/A Targeted Case Management** 

Table 6. C/A 1	8		CY 202	3		CY 2024	
County	Service	C/A	LOS	Dollars	C/A	LOS	Dollars
	ICM	21	158	\$66,168	25	133	\$93,061
CUMBERLAND	всм	5	34	\$2,492	6	39	\$25,067
	RC	31	73	\$39,568	22	61	\$38,903
Total		54	87	\$108,229	51	84	\$157,031
	ICM	1	0	\$13,415	1	229	\$6,718
DAUPHIN	всм	375	96	\$929,001	306	99	\$866,996
	RC	2	46	\$1,568	1	38	\$636
Total		376	96	\$943,984	307	100	\$874,351
	ICM	1	1	\$211	1	1	\$3,677
LANCASTER	ВСМ	296	88	\$632,773	309	89	\$929,715
	RC	171	66	\$135,365	0	0	\$0
Total		326	78	\$768,349	310	84	\$933,392
	ICM	0	0	\$0	0	0	\$0
LEBANON	BCM	67	65	\$79,203	29	66	\$55,660
	RC	0	0	\$0	0	0	\$0
Total		67	65	\$79,203	29	66	\$55,660
	ICM	6	239	\$332,001	4	230	\$14,471
PERRY	BCM	0	0	\$0	0	0	\$0
	RC	11	45	\$25,555	12	109	\$21,873
Total		16	67	\$58,756	16	120	\$36,344
	ICM	29	165	\$112,996	31	144	\$117,927
All Counties	всм	739	90	\$1,643,468	643	89	\$1,877,438
	RC	215	65	\$202,057	34	76	\$61,412
Total		835	84	\$1,958,521	705	90	\$2,056,777

## **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 2024, of the 109 adolescents who received MST, 72 achieved all three of the expected outcomes, 2 adolescents met two outcomes and 1 met one outcome.

## **IBHS Group**

IBHS Group, formally called STAP, is a six-week summer program that provides a range of ageappropriate 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 2024, there was one STAP provider; WellSpan-Philhaven, who provided services to 92 children/adolescents. This is an increase from the 69 children/adolescent served in CY 2023.

## **Children/Adolescent Outpatient Services**

Mental Health Outpatient (MH OP) is an ambulatory treatment provided through a network of 182 individual practitioners, Federally Qualified Health Centers (FQHC) and licensed MH OP clinic providers in which C/A participate in regularly scheduled treatment sessions. Services include individual and family therapy sessions, group therapy, evaluations and medication management.

There was a 2.15% decrease in the number of C/A that utilized outpatient services from CY 2023 to CY 2024, and a 8.57% increase in costs (Table 9). 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 2024, 3,898 C/A received outpatient services across all county school districts, from 14 different providers, which represents 26% of the total number of C/A who utilized outpatient services.

Table A Abilia	/A.I.I
Table 9: Children	Adolescent Outpatient Service

		CY 2023	CY 2023		
Level of Care	C/A	Dollars	C/A	Dollars	
MHOP Clinic	12,902	\$13,322,081	12,441	\$14,141,247	
FQHC	880	\$627,840	974	\$800,964	
Physician/Psychologist	2,594	\$2,140,764	2,826	\$2,527,821	
Total	15,114	\$16,090,686	14,789	\$17,470,033	

#### **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 2024, the number of C/A who received partial hospitalization services decreased 8% from 815 CY 2023 to 748 in CY 2024. 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. There was a 7% increase in utilization from CY 2023 to CY 2024. While there continues to be a shortage of staff and wait times to access this service, which has been monitored through reporting and the Clinical Committee, CY 2024 had an increase in the number the Family Based Teams.

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.

Table 10: CY 2023 Family Based Discharges and Out of Home Placements

Length of Stay Discharges	Disabargas	MH Inpatient		RTF		CRR Host Home		All Placements	
	Adm*	%	Adm*	%	Adm*	%	Adm*	%	
1-84 days	172	11	6.40%	4	2.33%	1	0.58%	16	9.30%
85-168	131	1	0.76%	7	5.34%	0	0.00%	8	6.11%
days									
169-224 days	381	18	4.72%	6	1.57%	0	0.00%	24	6.30%
225+ days	79	6	7.59%	2	2.53%	0	0.00%	8	10.13%
Total	763	36	4.72%	19	2.49%	1	0.13%	56	7.34%

<sup>\*</sup>Adm = Admission

Specialized In-Home Treatment Program (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 youth have support to maintain low-risk behaviors. Diakon Child, Family and Community Ministries is the sole provider for this service. In CY 2024, 21 C/A received SPIN services compared to 44 in CY 2022.

## **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 16 in CY 2023 to 10 in CY 2024. The average LOS increased from 125 to 284 days. Due to the decrease in utilization of this service, PerformCare, CABHC and the Counties began discussions in 2024 to assess ways to increase the Providers and the caregivers that offer this service.

## **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 20 facilities who served 179 children/adolescents in 2024. The number of C/A who utilized RTFs decreased 3.76% and the costs for the services increased 16% (Table 11) when compared to 2023. Lancaster County had the largest decrease in RTF utilization (17%), in CY 2024. However, the overall average length of stay across all Counties decreased by 23%.

**Table 11: Residential Treatment Facilities** 

		CY 202	23	CY 2024			
County	C/A	LOS	Dollars	C/A	LOS	Dollars	
Cumberland	31	394	\$2,450,772	38	485	\$3,349,515	
Dauphin	38	699	\$4,129,717	42	300	\$4,968,146	
Lancaster	83	425	\$8,228,846	69	350	\$8,318,201	
Lebanon	27	262	\$2,429,534	29	257	\$3,323,600	
Perry	9	437	\$612,313	6	303	\$706,161	
Total	186	458	\$17,851,183	179	351	\$20,665,623	

## Children/Adolescents Inpatient Psychiatric Hospital Services

Inpatient hospitalization provides a secure setting for the purpose of stabilizing 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 12 provides information on the number, LOS and cost of services for the C/A who received services at 20 different MHIP facilities in CY 2024. The number of C/A who utilized MHIP services decreased 1.13%, LOS increased 5% and costs increased 19.1% when compared to CY 2023.

**Table 12: Inpatient Psych Hospital** 

	CY 2023			CY 2024			
County	C/A	C/A LOS		C/A	LOS	Dollars	
Cumberland	150	18	\$2,195,243	110	17	\$2,110,449	
Dauphin	235	17	\$3,784,522	211	18	\$5,327,057	
Lancaster	332	18	\$6,451,867	290	21	\$7,248,962	
Lebanon	137	21	\$2,599,271	137	19	\$3,473,618	
Perry	31	19	\$589,998	30	14	\$449,233	
Total	882	18	\$15,620,902	872	19	\$18,609,319	

## **Peer Support Services**

Peer Support Services (PSS) are specialized therapeutic services for individuals 14-18 (youth), 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 2024, CABHC Members had access to four different providers who offer Youth Peer Support Services. The number of individuals who used Youth Peer Support Services in CY 2024

increased 31% from CY 2023, noting a continued increase in the use of this service for the ages 14-17. (Table 13).

**Table 13: Youth Peer Support Services** 

	• •	CY 2023		CY 2024		
County	C/A	LOS	Dollars	C/A	LOS	Dollars
Cumberland	4	64	\$4,532	0	0	\$0
Dauphin	4	46	\$5,986	3	161	\$6,780
Lancaster	6	42	\$14,022	12	53	\$56,841
Lebanon	2	63	\$3,450	5	59	\$9,906
Perry	0	0	\$0	1	1	\$676
Total	16	54	\$27,990	21	76	\$74,203

#### 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 2024, 35,260 adults, 18 years of age and above, accessed one or more Mental Health (MH) services. This represents a 17.59% 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 930 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/Community Treatment Team

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 2023 and 2024. Of all

the adults who utilized a mental health service in CY 2024, 5.24% accessed a form of TCM. The total number of adults who accessed TCM decreased 4.40% and the cost of services decreased .64% from CY 2023. The total length of service for each County and the grand total is not included due to the differences between the three TCM services.

**Table 14: Targeted Case Management** 

1 abic 14. 1 ai	6		CY 202	3		CY 2024	
County	Service	Adults	LOS	Dollars	Adults	LOS	Dollars
	ICM	148	178	\$465,935	140	242	\$417,828
Cumberland	BCM	24	67	\$38,273	20	109	\$29,083
	RC	166	65	\$326,597	159	81	\$334,329
Total		328	92	\$830,805	307	123	\$781,240
	ICM	164	164	\$569,777	126	128	\$495,904
Dauphin	BCM	810	108	\$2,315,751	848	99	\$2,371,794
	RC	7	38	\$4,070	3	44	\$3,973
Total	[	975	116	\$2,889,599	968	102	\$2,871,671
	ICM	54	287	\$74,283	1	1	\$33
Lancaster	BCM	372	91	\$1,044,954	411	109	\$1,371,031
	RC	103	145	\$113,250	\$113,250 NA N		NA
Total		407	119	\$1,232,487	412	108	\$1,371,064
	ICM	1	28	\$515	2	0	\$983
Lebanon	BCM	215	108	\$460,320	140	108	\$329,306
	RC	NA	NA	NA	NA	NA	NA
Total	[	216	108	\$460,835	141	108	\$330,288
	ICM	17	120	\$49,009	18	300	\$63,018
Perry	BCM	1	201	\$2,027	1	0	\$1,878
	RC	16	54	\$18,806	18	56	\$29,346
Total		33	79	\$69,842	37	113	\$94,242
	ICM	374	186	\$1,159,518	281	185	\$977,766
All Counties	BCM	1,408	103	\$3,861,326	1,410	103	\$4,103,091
	RC	288	86	\$462,724	178	78	\$367,648
Total		1,931	111	\$5,483,568	1,846	108	\$5,448,505

## **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 2024, there was a 11.82% 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.

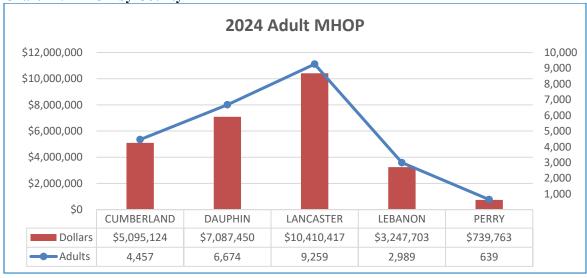
**Table 15: Crisis Intervention Services** 

		CY 2023	CY 2024			
County	Adults Dollars		Adults	Dollars		
Cumberland	647	\$420,868	554	\$435,467		
Dauphin	837	\$397,923	703	\$408,983		
Lancaster	1,192	\$355,289	1,075	\$552,752		
Lebanon	799	\$338,252	727	\$400,346		
Perry	87	\$74,964	78	\$58,702		
Total	3,537	\$1,587,296	3,119	\$1,856,250		

## **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 11 shows the distribution of Consumers and cost by County who utilized MHOP services.





In CY 2024, there was a 2% decrease from CY 2023 in the number of adults who accessed outpatient services (Table 16). Females make up 61% of the adult population who utilized an outpatient service. The utilization of MHOP in a Federally Qualified Health Center (FQHC) increased 23%. In CY 2024, 49% of adults who utilized MHOP received their services on one or more occasions through the use of Telehealth, compared to 50% in CY 2023.

**Table 16: Outpatient Services** 

	•		CY 2023		CY 2024
Service	Gender	Adults Dollars		Adults	Dollars
МНОР	Female	10,914	\$12,051,454	10,153	\$12,307,107
WIHOF	Male	7,047	\$6,583,442	6,856	\$7,184,419
Total		17,961	\$18,634,896	17,009	\$19,491,527
FQHC	Female	1,771	\$1,220,852	2,106	\$2,101,385
rync	Male	891	\$636,938	1,164	\$1,130,551
Total		2,662	\$1,857,791	3,270	\$3,231,936
Phys/Psych	Female	3,833	\$2,494,155	3,717	\$2,739,125
Filys/Fsycii	Male	2,290	\$1,086,733	2,276	\$1,117,870
Total		6,123	\$3,580,887	5,993	\$3,856,994
G 1	Female	14,994	\$15,766,461	14,438	\$17,147,617
Grand Total	Male	9,348	\$8,307,113	9,373	\$9,432,840
1 Viai		24,342	\$24,073,574	23,811	\$26,580,457

## **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 17 shows that the number of people who utilized MPN decreased 1% in 2024, LOS increased 9% and the cost of services decreased 6%.

**Table 17: Mobile Psychiatric Nursing** 

		CY 2023		CY 2024			
County	Adults	LOS	Dollars	Adults	LOS	Dollars	
Cumberland	43	147	\$189,246	44	84	\$229,556	
Dauphin	64	221	\$311,656	63	291	\$289,289	
Lancaster	81	312	\$549,298	77	337	\$464,185	
Lebanon	8	157	\$56,936	11	188	\$68,663	
Perry	11	137	\$61,527	9	746	\$45,022	
Total	205	225	\$1,168,662	203	246	\$1,096,714	

#### **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. They 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 2024, CABHC Members had access to five different providers who offer Peer Support Services. The number of individuals who used Peer Support Services in CY 2024 increased 20% from CY 2023 while costs increased by 44%, and the average LOS increased 22% (Table 18).

**Table 18: Peer Support Services** 

		CY 2023	3	CY 2024			
County	Adults LOS Dollars		Dollars	Adults	LOS	Dollars	
Cumberland	51	141	\$96,680	59	122	\$109,193	
Dauphin	142	68	\$276,858	172	100	\$496,963	
Lancaster	170	141	\$595,984	197	155	\$820,945	
Lebanon	71	110	\$250,645	94	167	\$336,162	
Perry	9	135	\$16,707	10	93	\$22,459	
Total	440	107	\$1,236,874	530	130	\$1,785,723	

## **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 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 an increase in the number of participants in CY 2024, 3%, and a 35% increase in costs, with a decrease in LOS of 3%. There was a slight increase in the number of consumers for Dauphin County, as a new provider through the reinvestment process was procured to replace the closure of the previous provider. (See Attachment A)

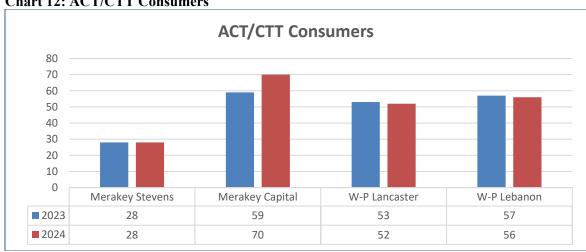
**Table 19: Psychiatric Rehabilitation** 

		CY 2023			CY 2024			
County	Adults	LOS	Dollars	Adults	LOS	Dollars		
Cumberland	83	113	\$716,430	83	109	\$865,492		
Dauphin	6	83	\$38,918	14	256	\$147,245		
Lancaster	114	155	\$672,011	111	100	\$966,581		
Lebanon	55	140	\$790,768	54	230	\$1,087,128		
Perry	14	75	\$205,684	16	153	\$215,197		
Total	267	134	\$2,423,811	276	129	\$3,281,643		

## **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 that has one less staff than a full ACT team due to the difficulty in maintaining a daily census in line with ACT fidelity standards. Chart 12 shows the number of individuals supported by each respective team compared between CY 2023 and CY 2024. Retention of staff, as well as recruitment of staff, was a notable challenge for the ACT/CTT teams in CY 2024. However, there was 5% increase in consumers served in CY 2024 compared to CY 2023.



**Chart 12: 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 2024 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. While the ACT/CTT teams reported some difficulty in maintaining staff for various positions, outcomes for CY 2024 remained high for the community activity goal, maintaining stable housing and no legal involvement. There is consideration to reexamine the readmission length of stay goal to better account for consumer's acuity of symptoms that may lead to readmission and longer lengths of stay for stabilization, and reassess the benchmark goal for employment and potentially expand the definition of gainful employment.

Table 20: ACT Outcomes

	Goals established by CABHC for each Outcome								
	70 % Adults meeting employment goal	dults eeting loyment goal  Adults meet community activity goal  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	9.6%	34.0%	94.7%	60.0%	0.0%	96.8%			
Merakey Stevens	16.7%	90.7%	96.3%	40.0%	67%	96.3%			
Philhaven- Leb.	7.3%	99.0%	100.0%	0.0%	57.1%	97.9%			
Philhaven- Lanc.	14.1%	95.3%	95.3%	50.0%	50.0%	96.5%			
Average	11.2%	78.1%	96.7%	33.3%	50.0%	97.0%			

## **Partial Hospitalization Program (PHP)**

Adult partial hospitalization is a service designed for the treatment of adults with acute psychiatric illness who require a more intensive and supervised treatment program than that which is afforded by various types of outpatient programs. The goal of partial hospitalization is to increase the level of functioning while reducing the need for more acute services such as inpatient. The number of adults who accessed a PHP in CY 2024 decreased 8%, length of service decreased 3% and cost increased 6% compared to CY 2023 (see Table 21). The most notable change in service utilization was for Perry County in which there was a 40% increase in consumers compared to CY 2023.

**Table 21: Partial Hospitalization Program** 

		CY 2023	8	CY 2024		
County	Adult	LOS	Dollars	Adult	LOS	Dollars
Cumberland	114	124	\$585,275	110	95	\$600,193
Dauphin	229	115	\$1,317,067	197	125	\$1,334,836
Lancaster	134	63	\$529,553	130	74	\$629,720
Lebanon	71	49	\$242,910	59	56	\$221,450
Perry	10	154	\$41,006	14	42	\$87,705
Total	555	96	\$2,715,811	508	94	\$2,873,904

#### **Inpatient Services**

In CY 2024, 2,544 adults utilized Inpatient Psychiatric services. Of the 35,260 adults who accessed mental health services during the year, 7% had at least one admission into a MHIP facility. Fifty-four providers were utilized in CY 2024, 2 less than the previous year.

Between CY 2023 and CY 2024, there was a 7% decrease in the utilization of MHIP services and a 11% increase in cost (Table 22). The average length of service increased 2.26%. There were more females than males that accessed services in CY 2024. Lancaster (-10%) and Lebanon (-14%) both experienced higher decreases in utilization than in CY 2023, while

Cumberland (-3) and Dauphin (-2%) both experience lower decreases in utilization. Perry County (3%) was the only County that experience a slight increase in MHIP utilization.

**Table 22: Adult IP Services** 

		CY 2023			CY 2024			
County	Gender	Adults	LOS	Dollars	Adults LOS		Dollars	
Cumberland	Female	214	19	\$3,344,486	190	27	\$4,386,765	
	Male	193	18	\$3,647,662	206	21	\$3,749,666	
Total		407	18	\$6,992,149	396 24		\$8,136,432	
Daumhin	Female	384	18	\$8,042,996	363	23	\$10,014,316	
Dauphin	Male	382	27	\$10,053,219	390	27	\$9,846,135	
Total	Total		23	\$18,096,214	753	25	\$19,860,451	
Lancaster	Female	571	20	\$9,532,186	504	20	\$10,580,672	
Lancaster	Male	586	22	\$12,449,157	537	20	\$13,971,960	
Total		1,157	21	\$21,981,344	1,041	20	\$24,552,632	
Lebanon	Female	177	25	\$3,170,374	140	20	\$2,550,352	
Lebanon	Male	183	28	\$3,720,820	169	22	\$3,920,240	
Total		360	26	\$6,891,193	309	21	\$6,470,593	
Danner	Female	28	14	\$411,823	33	27	\$1,095,289	
Perry	Male	31	14	\$244,443	\$244,443 28 13		\$441,663	
Total		59	14	\$656,266	61	20	\$1,536,953	
	Female	1,365	20	\$24,501,865	1,223	22	\$28,627,395	
<b>Grand Total</b>	Male	1,367	23	\$30,115,301	1,321	22	\$31,929,665	
		2,732	22	\$54,617,166	2,544	22	\$60,557,061	

#### 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 use 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:

Hospital and Non-Hospital Withdrawal Management and Rehabilitation

Halfway Houses

D&A Outpatient

**D&A** Intensive Outpatient

D&A Partial Hospitalization

Methadone Maintenance

Certified Recovery Specialist Support

Medication Assisted Treatment including Care Coordination (MARS)

Opioid Use Centers of Excellence

From CY 2023 to CY 2024 there was a 24% decrease in the number of C/A who utilized a D&A service along with an 8% decrease in costs (Table 23). The number of adults who accessed a HealthChoices D&A service in CY 2024 decreased 4.71% from CY 2023 (Table 24). Adult expenses increased 6.82%. Of the 9,926 adults who accessed a D&A service in 2024, 61% are considered co-occurring and 75% of the 2024 C/A who accessed a D&A are considered co-occurring.

Table 23: Children/Adolescent D&A Services

	CY 2023			CY 2024			
Service	C/A	LOS Dollars		C/A	LOS	Dollars	
Non-Hosp Res - Detox	0	0	\$0	0	0	\$0	
Non-Hosp Res - Rehab	40	87	\$902,134	39	74	\$868,171	
OP D&A Clinic	246	28	\$114,547	172	38	\$101,964	
Level of Care Assessments	19	1	\$1,368	13	1	\$874	
Partial Hospitalization	9	21	\$25,452	0	0	\$0	
D&A IOP	18	48	\$41,644	18	35	\$31,990	
Opioid Use Disorder COE	0	0	\$0	0	0	\$0	
Total	268	33	\$1,085,146	204	41	\$1,003,412	

Table 24: Adult D&A Services

	CY 2023			CY 2024			
Service	Adults	LOS	Dollars	Adults	LOS	Dollars	
IP D&A Hospital - Withd Mgt	59	7	\$304,409	79	6	\$351,218	
IP D&A Hospital - Rehab	79	20	\$1,043,123	79	17	\$940,455	
Non-Hosp Res - Withd Mgt	1,327	4	\$3,210,663	1,196	4	\$2,974,835	
Non-Hosp Res - Rehab Clinic Mang	2,616	27	\$24,773,690	2,676	28	\$28,575,372	
Non-Hosp Res - Rehab- Med Monit	59	29	\$504,963	44	27	\$388,162	
Non-Hosp Res - Halfway	426	77	\$4,937,697	488	70	\$5,644,002	
OP D&A Clinic	6,450	54	\$5,607,267	6,137	49	\$5,716,141	
D&A Assessment	1,912	2	\$317,653	1,807	2	\$314,394	
OP D&A Meth Main*	1,954	497	\$6,241,163	1,808	556	\$5,539,874	
OP D&A Meth Main Therapy	1,791	23	\$902,472	1,897	32	\$1,206,450	
D&A Partial Hospitalization	909	28	\$6,136,973	940	31	\$7,271,011	
D&A - IOP	1,485	44	\$3,186,292	1,451	45	\$3,560,665	
D&A Targeted Case Management	19	96	\$50,662	0	0	\$0	
Certified Recovery Specialist Service	359	33	\$96,124	466	17	\$79,104	
MAT Coordination	150	96	\$111,807	74	138	\$31,983	
Opioid - Centers of Excellence	1,157	28	\$1,537,639	1,084	45	\$550,947	
Total	10,417	57	\$58,171,930	9,926	57	\$62,136,695	

<sup>\*</sup>Unbundling of Methadone began April 2023.

## Withdrawal Management

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 2024, individuals utilized 21 different Hospital and Non-Hospital Withdrawal Management facilities. Of note, there was a 33.9% increase in the number of adults that accessed Hospital-based Withdrawal Management services, versus a 9.87% decrease in the number of adults that accessed Non-Hospital Withdrawal Management. Since Hospital-based Withdrawal Management services include management of various physical health concerns, this would support the information shared by providers in 2024 that medical acuity in individuals accessing services had increased.

#### Non-Hospital Residential Rehabilitation (NH Rehab)

NH Rehab is an intensive level of treatment that provides adolescents and adults with comprehensive support to overcome substance 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 38 different facilities in CY 2024. White Deer Run served the largest number of Members (730), with Pyramid serving the next highest number of consumers (760). Overall, there was a 1.94% increase in the number of Members accessing NH Rehab, and a 13.98% increase in the dollars spent from CY 2023. (Table 25)

Table 25: C/A and Adult Non-Hospital Residential Rehabilitation

			2023	2024		
CUMBERLAND	Child/Adol	5	\$87,463	8	\$193,170	
	Adult	339	\$2,956,776	323	\$3,218,811	
DAUPHIN	Child/Adol	18	\$415,696	15	\$364,800	
	Adult	895	\$8,460,044	1,068	\$11,350,640	
LANCASTER	Child/Adol	13	\$333,330	14	\$259,197	
	Adult	1,102	\$11,048,990	1,051	\$11,591,522	
LEBANON	Child/Adol	4	\$53,023	0	\$0	
	Adult	282	\$2,358,136	258	\$2,485,128	
PERRY	Child/Adol	1	\$12,622	2	\$51,003	
	Adult	56	\$451,540	36	\$322,246	
TOTAL		2,680	\$26,177,620	2,732	\$29,836,518	

## **Non-Hospital Halfway House (NH-HWH)**

Individuals who complete treatment in an SUD Inpatient setting may not always be prepared to make an immediate successful transition out of higher levels of treatment into their community. NH-HWH provides additional assistance to support adults who are in early recovery from substance use and will benefit from structured residential step-down treatment. NH-HWH includes individual, group and family therapy and connections to post discharge supports. The utilization of NH-HWH increased 15% from CY 2023. The average length of stay for adults in CY 2024 decreased 9.49% from 77 days to 70 days.

#### **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 2024, there was a 30% decrease in the number of C/A who utilized a D&A OP service and a 4.85% decrease for adults, but an increase of 1.96% in cost.

## **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 2024, there was no change in the number of C/As who received IOP (18), as Table 23

shows. Adults had a 2.29% decrease in utilization and experienced a 1.41% increase in the average length of stay. Overall, for all ages, IOP services had a 2.4% decrease in utilization, a 11.35% increase in costs, but LOS stayed the same between 2023 and 2024. (Table 26)

**Table 26: Intensive Outpatient Program** 

	•	8	2023				
County	Age	Consumers	LOS	Dollars	Consumers	LOS	Dollars
CUMBERLAND	Child/Adol	6	56	\$15,881	3	36	\$7,220.7
	Adult	256	40	\$474,723	212	40	\$407,497.4
DAUPHIN	Child/Adol	9	48	\$19,832	14	36	\$22,192.6
	Adult	541	45	\$1,140,218	473	48	\$1,038,022.0
LANCASTER	Adult	523	43	\$1,153,090	602	44	\$1,716,087.8
LEBANON	Child/Adol	3	35	\$5,932	1	24	\$2,576.4
	Adult	183	44	\$398,130	163	40	\$378,300.7
PERRY	Adult	9	56	\$20,130	13	36	\$22,452.2
TOTAL		1,503	44	\$3,227,936	1,467	44	\$3,594,349.8

## Partial Hospitalization Program (PHP)

PHP is an intensive D&A service where participants traditionally 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 2024, the number of adults who utilized a PHP increased 3.41% and cost increased 12%. Three providers offer a hybrid residential/partial program which served 87% of all consumers accessing this service. The provider who served C/As for PHP stopped the service due to low utilization. Therefore, there were no C/As who accessed PHP in 2024 compared to 9 in 2023.

#### **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 13 locations throughout the network in CY 2024. Utilization increased by 2.73% while length of time in treatment decreased 3.82% and costs decreased by 5.55%. (Table 27) Beginning in April of 2023, Methadone services were unbundled for payment. Providers began to bill for dosing and outpatient separately, as previously the services were bundled into one rate. CABHC was able to begin to monitor providers' ability to provide therapy services for consumers separate of their dosing. Initially, through monitoring, low amounts of therapy services being billed by the providers was noticed, however throughout CY 2024, this increased. Monitoring of the unbundling of these services by provider will continue.

**Table 27: Methadone Maintenance** 

		2023			2024			
		Consumers	LOS	Dollars	Consumers	LOS	Dollars	
CUMBERLAND	Meth Maint Dosing	301	601	\$940,407	284	433	\$848,046	
	Meth Maint Therapy	271	21	\$125,284	321	36	\$228,017	
DAUPHIN	Meth Maint Dosing	586	380	\$1,516,776	526	439	\$1,463,653	
	Meth Maint Therapy	553	24	\$243,831	563	34	\$297,582	
LANCASTER	Meth Maint Dosing	690	647	\$2,502,536	685	644	\$2,184,889	
	Meth Maint Therapy	639	21	\$334,111	668	24	\$389,250	
LEBANON	Meth Maint Dosing	343	469	\$1,059,930	277	717	\$833,465	
	Meth Maint Therapy	292	29	\$173,477	295	43	\$247,667	
PERRY	Meth Maint Dosing	70	476	\$221,514	63	481	\$209,820	
	Meth Maint Therapy	55	23	\$25,770	68	36	\$44,921	
TOTAL		2,124	119	\$7,143,636	2,182	114	\$6,747,310	

## Certified Recovery Specialist (CRS) Program

A CRS is an individual that is in their own recovery and has completed the State's certification process. They assist individuals in identifying recovery goals, help access treatment, and link to other community supports. Recovery Specialists work with individuals 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 2024, there was an increase in consumers accessing CRS to 518 from 461 in CY 2023. Through reinvestment funds (Appendix A), another provider was procured to provide CRS services across the Counties. The provider initiated start up toward the end of CY 2024 and will begin serving individuals in early 2025.

Additionally, reinvestment funds were also used to continue to expand CRS services within D&A OP clinics across the Counties. As a result, there are now 6 providers and 13 locations that have embedded a CRS into their D&A OP clinic. There were 503 individuals that received CRS support in CY 2024, compared to 438 that received CRS services in CY 2023, showing with the continued expansion of this service, more individuals have been able to access this type of recovery support.

## **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, provided by Certified Recovery Specialists. The Program is administered by the RASE Project through participating physician groups. There was a 51% decline in the number of adults who accessed the Program in CY 2024.

### 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.
- Develops, distributes and analyzes a Provider satisfaction survey.
- Reviews and monitors Provider Profiling reports prepared by PerformCare and Credentialing Committee activities, which includes the review of Providers who are currently on Corrective Action Plans and Quality Improvement Plans.
- Reviews and approves the Complaint and Grievance audits prepared by the Quality Assurance Specialist prior to their presentation to PerformCare.

## **Provider Capacity**

During CY 2024, there were a total of 1,175 In-Network Providers available to CABHC Consumers, which includes individual practitioners, clinics/facilities and practice groups. There was a total of 601 providers credentialed (new and recredentialed) in CY 2024. Of those, 192 were Individuals (42 were new psychiatrists) and 29 new facilities and/or professional groups joined the network in CY 2024. Throughout the year, there were 95 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 recredentialing. The provider turnover rate for 2024 was 8.50%. There were also out of network agreements with providers not currently in the Provider Network, increasing access to care for Members. In CY 2024, there were 281 out of network agreements completed, with continuity of care being the highest reason.

The three levels of care with the highest number of clinics/facilities are Mental Health Outpatient, followed by Mental Health Inpatient, and Substance Use 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 Withdrawal Management and Inpatient Rehabilitation for C/A and Adults. An exception request was required for Methadone Maintenance in the NW and SW quadrants of Cumberland County and NE and NW quadrants of Lebanon County. This was a new exception request, due to the change in the distance standards for urban access. An exception request was required for MH Partial Hospitalization for Adults in the NE and NW quadrants of Lancaster County, and for MH Partial for C/A for the NW and SW quadrants for Cumberland County. The urban access standards were not met for Cumberland, Dauphin, Lancaster and Lebanon Counties, as well as the rural access standard for Perry County for Residential Treatment Facilities, requiring an exception request.

## **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.

For the 2024 survey, 639 surveys were sent via email to the provider network. Seventy-one were completed in full, resulting in a 13% response rate. This is higher than the 9% response rate in 2023. 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 3.8. There were eight sections in the survey that increased in scoring, three sections that had a slight decrease from the previous year and one that remained the same. Provider Relations and Provider Meetings & Trainings were the highest scoring. Table 28 provides a summary of the Provider Satisfaction scores from CY 2019 through CY 2024. The 2024 Provider Satisfaction Survey was reviewed by the PRC and forwarded to PerformCare for any recommended follow-up, of which there were none. The PRC will also be assessing ways to increase the response rate.

**Table 28: Provider Satisfaction Scores** 

Survey Category	2019	2020	2021	2022	2023	2024
Communication	3.7	4.1	4.0	4.0	4.0	3.9
Provider Relations	3.8	4.3	4.2	4.4	3.8	4.1
Provider Orientation	4.0	4.1	4.7	4.6	4.4	4.0
Provider Meetings & Trainings	3.8	3.6	3.9	4.2	4.1	4.1
Claims Processing	3.7	4.0	3.9	3.9	3.9	3.7
Administrative Appeals	3.5	3.8	3.9	3.8	3.4	3.8
Credentialing & Re-credentialing	3.8	4.0	3.9	4.0	4.1	3.9
Complaints	4.0	3.9	4.3	4.1	4.0	3.0
Grievances	4.0	4.3	4.2	4.3	3.0	3.1
Treatment Record Reviews	4.1	4.0	4.0	4.4	4.4	3.9
Clinical Care Management	3.8	4.1	4.0	4.1	4.2	4.0
Member Services	3.8	4.0	4.0	4.1	4.0	3.9
Average Total Score	3.8	4.0	4.1	4.2	4.0	3.8
Total Number of Respondents	86	90	104	116	46	71
Response Percentage of Total Surveys Sent	31%	33%	31%	25%	9%	13%

## **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 2024, there were three levels of care that met or exceeded access goals established by the PRC that included: MH PHP, D&A IOP, and MH TCM. This was two less levels of care than in CY 2023. Family Based and D&A PHP dropped in their access rates in CY 2024. The most notable improvement in access was Peer Support, which increased from 63% to 83% in CY 2024, as well as D&A OP, which increased from 75% to 84% in 2024. Family Based has the largest decrease in access, dropping from 84% in 2023 to 67% in 2024, which may have been due to a loss in Family Based teams.

## **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 Family Based Mental Health Services, Community Based Services (Peer Support, Psych Rehab, and TCM), Mental Health Inpatient Services, Mental Health Outpatient Services, Mental Health Partial Hospitalization and Substance Use Services (Inpatient and Outpatient), as well as Residential Treatment Facilities. 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. All of CY 2024 results will be presented with the year-end reports in July 2025.

### **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 2024 was 80% for all levels of care. Providers that score below 80% are required to submit a Quality Improvement Plan (QIP). In the 2024 review cycle, PerformCare conducted 55 TRRs; 43 were for credentialing, 10 were follows ups from QIPs and 2 were courtesy TRRs. There were fifteen providers that required a QIP due to their low benchmark scores: 1 FFT, 1 IBHS, 3 MHIP, 7 MHOP, 1 RTF, and 2 SUD residential providers. Follow up included quarterly collaboration between PerformCare and the providers to assess progress on their QIPs. This was the highest number of completed TRRs in the last three years, and there was a high number of providers participating in their first TRR with PerformCare.

#### 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 2024, CABHC facilitated presentations for the CFFC from the SouthCentral PA Region Veterans Services that included presentations from James Stafford, VA Service Specialist in February.

# **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 2024, the Committee members selected two trainings topics for the full day training: "Driven by Likes and Selfies the Impact of Social Media on Mental Health Across the Life Span" and "Beyond Burnout-Staff Wellness and Sustainability". The training was held on October 1, 2024. Michelle Young from McDaniel College presented on social media, and Deb Thomas from PA Counseling Services presented the Staff Burnout session. There were 59 people who attended the training. The sessions were interactive and they received positive feedback from people in attendance.

### 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 November of 2024, to continue to discuss and assess the improvement of the delivery of PSS. 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. 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 2024, the panel approved and CABHC sponsored 10 CPS scholarships, this is two less than in CY 2023. Additionally, the committee formed a small work group to review and modify the interview questions. This will be finalized in 2025.

### 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 2024.

## **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 10 performance measures. All 10 measures are listed below:

- 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 SPMI 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)
- Increase Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence for Individuals with SMPI
- Increase Follow-up after Emergency Department Visit for Mental Illness for individuals with SPMI

In CY 2024, PerformCare developed Integrated Care Plans (ICPs) on 1,156 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 ten measures, PerformCare maintained a workgroup that met bi-monthly throughout CY 2024 that included CABHC, Tuscarora Managed Care Alliance, PH-MCOs including AmeriHealth Caritas and Gateway, and various subject matter experts from PerformCare. The workgroup reviewed data on the interventions to identify areas of needed improvement, as well as discussion with the PHMCOs on collaborative interventions for the measures. In CY 2024, PerformCare had 17 interventions to address each of the 10 measures. A few of the measures to note were PerformCare Sending 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. Referrals to and the use of the paramedicine program, the Follow up Specialist conducting outreach to Members after a behavioral health hospitalization, and the notification of high ER utilizers to TCM and ACT providers to complete Member outreach and support. PerformCare also incorporated mobile texting to Members to remind them of the importance of taking their antipsychotic medications.

CABHC continued in 2024 with the three new interventions from CY 2023, to impact three of the Appendix E measures: 1) Monitoring the use of and impact of Mobile Psych Nursing (MPN) on Member's diabetic screening, diabetic screening in poor control and lipid monitoring, 2) the impact of Community Health Workers on ED utilization, Inpatient utilization and Readmission to Inpatient, and 3) the expansion of MAT into the SUD Clinics to impact initiation and engagement rates for SUD treatment. Reports indicated that for MAT services, 11 individuals met the specifications for this measure with 9 meeting the initiation measure and 2 meeting both the initiation and engagement measures.

For Members with SPMI receiving MPN and are taking antipsychotic medications, data showed that 76% had gotten a diabetic screening completed in 2024. This is an increase from CY 2023. However, data showed that SPMI Members receiving MPN that had a diagnosis of diabetes, 26% had a HbA1c that was in poor control, and for SPMI Members diagnosed with cardiovascular disease, 80% had a lipid test in 2024. This was a significant improvement from CY 2023 in this measure. Discussions will assess follow up needed in 2025 with MPN providers and barriers to ensure Members are getting the testing and support for consumers with diabetes. See Tables 29 through 31 below.

Table 29: MPN and Diabetic Screening

	Members with 2+	Members Screened	Percent
	MPN encounters,		
	SPMI and on		
	antipsychotic meds		
MY 2023	160	119	74%
MY 2024	165	124	75%

Table 30: MPN and Diabetic Screening in Poor Control

	Members with 2+ MPN encounters, SPMI and diabetic diagnosis	Screened Members only	Screened Members in Poor Control	Percent in Poor Control
MY 2023	75	21	5	24%
MY 2024	84	27	7	26%

Table 31: MPN and Lipid Screening

	Members with 2+ MPN encounters, SPMI and cardiovascular disease diagnosis	Members Screened	Percent screened
MY 2023	13	5	38%
MY 2024	10	8	80%

Community Health Worker data became available toward the middle of 2024 for the three identified measures. For all three measures the ED utilization, Combined PH-BH Inpatient

Utilization, and the combined PH-BH Inpatient Readmission rates all remain low for those Members accessing the Community Health Worker with at least two or more encounters. For the Inpatient Utilization measure and the ED Utilization measure, the specifications require the data is presented by the rate of IP discharges or ED visits per 1000 Member months, while the Readmission data is presented by a percentage. See Tables 31 through 34.

Table 32: Combined BH-PH Inpatient Utilization for Members with SPMI (IP-ICP)

	# of CHW Encounters	Members with 2+ CHW encounters and SPMI diagnosis	Members with IP Discharge	1000 Per Member Month rate
MY		4,284	37	0.0086
2023	2			
	3+	5,795	126	0.0217
MY	2	4,733	60	0.0127
2024				
	3+	7,171	96	0.0134

Table 33: ED Utilization for Members with SMPI (EDU-ICP)

	# of CHW Encounters	Members with 2+ CHW encounters and SPMI diagnosis	Members with ED Visit	1000 Per Member Month rate	
MY	2	4,284	377	0.0880	
2023	2				
	3+	5,795	668	0.1153	
MY	2	4,733	321	0.0678	
2024					
	3+	7,171	731	0.1019	

Table 34: Combined BH-PH Inpatient 30-Day Readmission Rate for Members with SPMI (REA-ICP)

	# of CHW Encounters	# of Members with SPMI diagnosis, CHW encounters	# of Members with IP discharge	# of Readmissions	Readmission Rate
MY 2023	2	29	35	6	17.14%
	3+	85	121	17	14.05%
MY 2024	2	39	57	14	24.56%
	3+	59	92	24	26.09%

CABHC, PerformCare and Lancaster EMS (LEMS) began a relationship in mid-2022 for support for people who discharge from MHIP, with the goal to reduce IP readmissions and improve follow-up to treatment. Services for this program began in January 2023. In CY 2024, there were 79 referrals made to LEMS and 34 Members seen in the program. This is 21 more Members seen than in 2023. Outcomes data collected to measure the impact of readmission rates for Inpatient and Follow up rates after they are discharged, continue to be collected. The Readmission rate for individuals being served by LEMs for 2024 was 9.38%, and the 7 day follow up rate was 53.57% and the 30 day follow up rate was 82.14%. This data has supported the effectiveness of this service to help support individuals that are discharged from MHIP and remain stable in their community.

# **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 four FQHCs that include Union Community Care, Family First Health, Hamilton Health Center, and Sadler Health Center. Keystone Rural Health Center located in Chambersburg also serves Cumberland and Perry County Members. The total number of Members who accessed behavioral health services at a FQHC in CY 2024 was 4,234 compared to 3,526 in CY 2023.

# **Community Based Care Management Program**

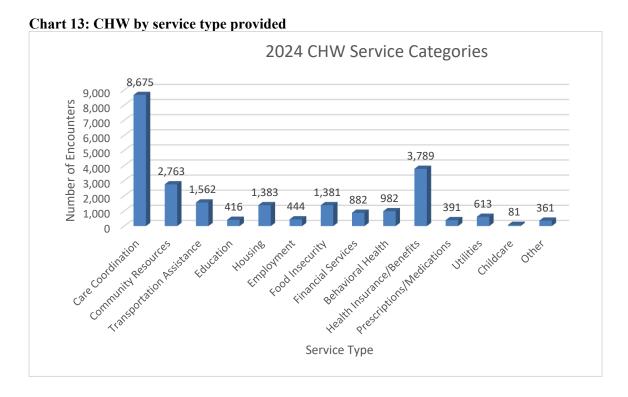
Community Based Care Management Program (CBCMP) is a Medicaid funded initiative that began with the HealthChoices Physical Health contracts and was expanded to the Behavioral HealthChoices contracts beginning in CY 2021. The core elements of this program are to provide case workers, or many times referred 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, by providing 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 2024, 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 12,567 unduplicated Members within their clinics. The highest service provided was regarding care coordination; assistance with health insurance/benefits was the second highest, and third was referrals to community resources (Chart 13). CABHC continued to provide financial support to the FQHCs to make purchases that will address Member's SDoH needs. This data was also reported to CABHC through a web-based portal. Amongst the 4 FQHCs, they served 1,267 consumers for SDoH needs, with housing instability being the highest SDoH need funded (Chart 14).



2024 Total SDoH Spend \$430,339 \$450,000 \$400,000 \$350,000 \$300,000 \$250,000 \$200,000 \$150,000 \$105,828 \$76,450 \$60,884 \$100,000 \$31,389 \$11,004 \$50,000 \$7,027 \$262 \$0 FoodInsecurity Transportation Utilities

Chart 14: FQHC SDoH Funds by type

# **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 2024, PerformCare and CABHC incorporated both a performance based VBP model and a Shared Savings medium risk 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. In CY 2024, providers had an increase in earnings with the case rate model for a total of \$3,614,432, compared to if they were only paid by the Fee-For-Service model. Table 35 shows the shared savings incentive for the FBMHS providers for 2024 if they met both the case rate and the CANS outcomes.

Table 35: FBMHS VBP 2024

	Total FBMHS Discharges	Total Tier 3 or	CDR CANS Outcomes	Tier 3 or 4 & CANS Outcomes	CANS Bonus
Providers	in 2024	4 Met	Met	Met	Payment
CSG					
FBMH	57	44	6	5	\$8,224
DIAKON					
FBMH	70	46	10	10	\$16,447
JEWISH FAMILY SERVICES					
FBMH	32	19	2	2	\$3,289
LAUREL LIFE SERVICES FBMH	31	16	2	2	\$3,289
MERAKEY STEVENS CENTER					
FBMH	27	14	4	2	\$3,289
PA COUNSELING SVCS FBMH	247	160	50	45	\$74,013
TEAMCARE BH					
FBMH	65	38	35	30	\$49,342
WELLSPAN PHILHAVEN					
FBMH	94	68	50	44	\$72,369
YOUTH ADVOCATE PROG					
FBMH	67	32	15	12	\$19,737
Grand Total	696	443	174	152	\$250,000

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 12.65% 30-day readmission rate. This incentive is applied to the 17 high volume providers in the network, which account for 90% of all MHIP admissions. In order for the Shared Savings to be initiated, the overall readmission rate for the 17 facilities must be at or below 12.65%, which represents 5% improvement compared to baseline. If there is not a reduction to 12.65% 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 ≤ 12.65% or the provider had a 5% or greater improvement compared to baseline
- Payments are based on proportion of discharges of qualifying facilities

In CY 2024, the benchmark for readmission was reduced from 12.9% to 12.65%. None of the 17 high volume MHIP providers met the 12.65% threshold. The MHIP providers noted higher acuity of the individuals served, as well as increases in health related social needs as primary factors impacting higher readmission rates.

Additionally, this VBP models required a Transitions to Community component starting in 2023. 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.

The combined measure is for MHIP Providers and MH OP Clinic/PHP Providers that have shared Members who discharged from a MHIP facility and then had a subsequent follow up appointment at a MH OP Clinic/PHP provider. Incentive payments will be made when the MH OP Clinic/PHP provider meets the 7-day HEDIS FUH standard and the Member is not readmitted to any IP facility within 30 days of discharge from one of the 17 MH IP VBP facilities.

The combined MH IP and MH OP Clinic/PHP shared savings pool is capped at \$250,000. PerformCare calculated the number of Members who are discharged from one of the 17 MH IP VBP facilities who have both a FUH within 7 days and who are not readmitted within 30 days to an MH IP unit. The total number of Members who meet both the Readmission and FUH benchmarks will be divided into the second shared savings pool to arrive at a per Member incentive amount. That amount will then be shared 50% with the MH IP Unit and 50% with the FUH OP/PHP provider. In 2024, there were 710 qualifying discharges that met the standard, or 26.07% of all discharges.

## 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 that were part of the reinvestment priorities monitored for CY 2024, highlighted below. Overall, in CY 2024 there were 23 reinvestment priorities monitored. 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. CABHC also submits annual reports to OMHSAS for each of the projects.

## 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, and YAP. In 2024, the Respite Workgroup continued to review utilization and discuss the challenges of expanding respite workers. Discussions included various ways to expand the recruitment of respite workers such as marketing to areas that included colleges, churches and daycare providers. The Respite Workgroup will continue to assess various ways to impact the expansion of respite workers to increase the ability to use this supportive service for families.

The Respite outcome data presented in Table 36 reflects the difficulty in recruiting and retaining respite workers. The number of Members served deceased from 43 to 34 in CY 2024, and the total number of respites provided decreased from 353 in CY 2023 to 302 in CY 2024. Total expenditures amounted to \$23,121.10.

**Table 36: Respite Services CY 2024** 

County	# Members Served	# of Respites
Cumberland	1	21
Dauphin	2	12
Lancaster	19	132
Lebanon	12	137
Perry	0	0
Total	34*	302

<sup>\*</sup>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 independence and 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. Activities in the programs addressed goal areas such as cooking, money management, job skills, and living skills and Members had opportunities to practice some of these skills through various activities within the community. In 2024, a total of 171 youth participated in the four programs, this is an increase from 162 in 2023.

**Table 37: Specialized Transitional Support** 

County	Program	Members
Cumberland/Perry	NHS Stevens Center	44
Dauphin	The JEREMY Project, through CMU	49
Lancaster	Community Services Group	46
Lebanon	The WARRIOR Project, PA Counseling Services	32

# 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 use. 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. Since this new licensure process, the network of Recovery Houses that have received licensure to be utilized for the scholarship program has continued to grow. As of December 31, 2024, a total of 23 licensed Recovery House organizations were participating in the Program, offering 878 beds for men and women across 75 houses. In CY 2024, CABHC issued scholarships to 366 individuals, which is an increase from 212 in CY 2023.

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 42% of people left voluntarily and 45% were asked to leave the recovery house for different reasons. Sixty percent of the individuals were employed and another 19% were looking for work, while 58% were compliant with house rules. There were 234 (65%) Members that reported that they participated in treatment and 68% 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 twenty 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, 2024.

# **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 use 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. CABHC contracts with CSS to provide and report on the Member and family satisfaction surveys.

The following are highlights from the CSS Annual Report for CY 2024:

CSS surveyed 2,681 consumers from the Counties that represent 1,376 adults (51.3%) and 1,305 children/adolescents (48.7%). Of all the adult consumers who were surveyed, 1,312 (95.3%) responded for themselves. For C/A, 1,260 (96.6%) had a parent/guardian respond for them, and 11 (.8%) responded for themselves with a parent/guardian present. There was a large increase in the number of face-to-face surveys conducted compared to CY 2023, as shown in Table 38.

**Table 38: Total Interviews and Face-Face** 

	Adult			Child			Total		
Report Period	Adult	F-F	%	Child	F-F	%	Total	F-F	%
CY 2022	2,184	545	24.95%	2,240	49	2.18%	4,424	594	13.40%
CY 2023	1,288	535	41.54%	500	61	12.20%	1,788	596	33.30%
CY 2024	1,376	782	56.80%	1,305	551	42.20%	2,681	1,333	49.70%

In CY 2024, there were 10 treatment levels of care that were surveyed by CSS. Data was collected by nine interviewers from 97 treatment facilities that include:

Levels of Care	Surveys	%
Mental Health Outpatient	1,315	49.0%
IBHS	573	21.4%
SUD Inpatient Rehabiltation	161	6.0%
SUD Outpatient	231	8.6%
SUD Methadone Maintenance	114	4.3%
Family Based	103	3.8%
SUD Intensive Outpatient	93	3.5%
Peer Support	46	1.7%
SUD Halfway House	32	1.2%
Assertive Community Treatment	13	0.5%
Total	2,681	100%

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 114.80, which is slightly lower than 115.19, from the CY 2023 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 indicates that the scores for both C/A and adults show high levels satisfaction for services and are in the high-level of satisfaction for outcomes.

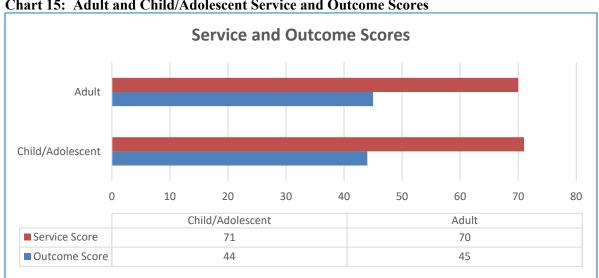


Chart 15: Adult and Child/Adolescent Service and Outcome Scores

The full CSS, Inc. report provides detailed information on the satisfaction scores by age, county, race, implementation, outcomes and analysis of each question. The complete CSS CY 2024 Consumer Satisfaction report can be viewed on the CABHC web site at https://www.cabhc.org/reports/consumer-surveys/.

#### FISCAL OVERVIEW

During the first half of 2024, it became apparent that the Programs medical claims capitation rates were not adequate to cover the medical claim expenditures which was leading to a significant medical claims deficit for 2024. CABHC submitted to OMHSAS a request for consideration to adjust the capitation rates back to January 2024. OMHSAS made the decision to provide revised rates back to July 2024. These revised rates only covered a small portion of the 2024 total deficit. CABHC's Board of Directors had to find additional ways to mitigate the remaining deficit and keep risk reserves from being drained. Even with this deficit, CABHC's

Board of Directors continued the 2024 provider rate increases for ambulatory services by 4% and increased all MH IP Rates that had a per diem rate less than \$1,000 to \$1,000.

During the first six months of CY 2024, the continuous coverage continued to unwind due to the Public Health Emergency due to COVID 19 ending. This triggered eligibility reevaluation of Members that were enrolled but may no longer be eligible for the HealthChoices Behavioral Health Program. An outreach plan was used to communicate with Members through various sources about the ending of the continuous coverage and provide support during the renewal process.

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 2024 even with the decrease of membership during the FY of -10.12%. This larger than normal decrease in membership was due to the ending of the COVID-19 federal public health emergency and the unwinding of the continuous coverage of enrollees. Helping the positive financial performance of CABHC administratively was the significant interest income earned on all CABHC bank accounts. CABHC's administrative expenditures remained stable from the prior year. The County administrative expenditures also remained stable from the prior year. The administrative capitation received by both the Counties and CABHC in excess of related expenses was used in 2024 to cover a portion of the considerable deficit in medical claims funding for the calendar year.

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 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 2024, 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 2024, the management fees and services fees were slightly 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 used these excess funds to cover a portion of the considerable medical claim's deficit in 2024.

# **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.

In the Chart below, it reflects the Per Member Per Month medical claims cost paid during each month for January 2024 – December 2024. The program paid claims with a PMPM cost of \$104.87 for January 2024- December 2024.



Chart 13: Per Member/Per Month Claim Cost

The HealthChoices medical revenue received in CY 2024 did not cover the medical expenses paid to providers by a significant amount; therefore, Capital Area Behavioral Health Collaborative was unable to fund risk reserves or fund any new reinvestment programs.

For CY 2024, 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 use 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 such as staffing shortages, inadequate medical claims capitation rates, and the last of the PHE unwinding, in order to sustain and create 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.

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Tracye E. Johnson, Member Relations Specialist

LeeAnn Fackler, D&A Specialist

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January Abel, Recovery-Insight, Inc.

Kasey Felty, Lebanon County MH/ID

Kelly Smith, Peer Star

Karen Speece, Keystone Service Systems

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James Donmoyer, Lebanon County

Rachel Clifton, Dauphin County

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James Donmoyer, Lebanon County

Kristin Varner, Dauphin County

Dr. Stacey Rivenburg, PerformCare

Abby Robinson, CSS Inc. Amanda Treadwell, CABHC

# **Report Completed By:**

Scott Suhring Chief Executive Officer

Amanda Treadwell Director of Program Management

#### **Contributors:**

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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 12/2024 For the month of September 2024 total respites delivered were 19 in the amount of \$1,341.24 The YTD total is \$18,575.18. At this time, YAP is the only provider in the respite network delivering respite services. All other respites are being delivered by friends and family.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Specialized Transitional Support	All	Jeremy,	19/20	Various	Operational
for Adolescents		NHS,			
		Warrior			
		CSG			
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: 12/2024: For the month of September 2024, 84 Members participated in the STSA project. Total units delivered were 1,710. The total Members enrolled for the year were 157. Each program provided a summary of group meetings/activities for the month. Activities addressed goal areas such as cooking, money management, job skills, and living skills. Members had opportunities to practice some of these skills through various activities within the community.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Recovery House Scholarship	All	Various	16/17, 19/20	12/1/2007	Operational
Program					
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 12/2024: The Recovery House Scholarship program awarded 38 scholarships in November, bringing the total issued in CY 2024 to 340. CY costs total \$258,225. As of this report, there are 76 licensed houses across 24 Recovery House organizations enrolled in the scholarship program.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status			
Housing Initiative	All	Pending	19/20	Varied	Operational			
Description								
Each County has its own housing initiative plan as presented to OMHSAS.								

Status: Update 12/2024: Housi	ing initiatives in the	counties are cont	tinuing to move	forward, no fu	rther updates.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Embedding RSS in D&A OP	All Counties	PHS,	17/18, 19/20,	9/2018	Operational
Clinics		Ponessa,	2021		
		PCS,			
		Naaman,			
		ARS,			
		Gaudenzia			
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 12/2024: Perry Human Services provided recovery support to 12 consumers in October. A total of 35 consumers have received CRS services through Perry Human Services in CY 2024. All of the OP clinic sites from the latest round of CRS expansion across the Counties have hired and implemented CRS services.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Recovery House Licensing	All	Varied	19/20	July, 2022	Operational
Support					
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 12/2024: No update. RASE's Carlisle RH site review with DDAP and licensure status is still pending as of this report. Cornerstone has one of four sites currently pending DDAP licensure and was reportedly working with a new DDAP representative to get the site licensed.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A MAT Expansion	All	Gaudenzia,	19/20, 2021	2021	Operational
		Blueprints,			
		Roxbury			
		Gaudenzia			
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 12/2024: Naaman Center has staff hired for Dauphin & Lancaster but continues to wait for DEA clearances before services can begin. No proposals were received for C/P Counties. From the previous MAT expansion project, Roxbury

(C/P Counties) reported that their IP prescriber is willing to begin OP MAT (evaluations, prescriptions) at the Carlisle office. Another meeting is being scheduled internally at Roxbury to discuss the official rollout.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
SDOH Projects	All	Varied	19/20, 2021, 2022	8/2021	Operational
Description:			2022		

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 12/2024: The FQHC's continue to submit data related to CHW contacts. The 2024 YTD CHW encounters show: Family First (3 locations) served 912 individuals; Hamilton Health (5 locations) has served 2,293 individuals; Sadler Health (1 location) has served 1,738 individuals; and Union Community Care (6 locations) has served 6,745 individuals. The number one category of assistance provided by the CHWs continues to be care coordination followed by health insurance/benefits. All four FQHC's have an approved Service Description related to addressing SDoH needs and have fully implemented their SDoH programs. The 2024 YTD SDoH supports: Family First has provided assistance to 35 individuals for a total of \$11,955.06; Hamilton Health has assisted 195 individuals for a total of \$53,275.49; Sadler Health has assisted 179 individuals for a total of \$13,915.23; and Union Community Care has assisted 97 individuals for a total of \$114,873.20. The number one category of financial assistance continues to be housing instability followed by utilities.

All five Counties have implemented their County level SDoH projects. 2024 YTD SDoH supports: Lebanon assisted 24 individuals for a total of \$14,641.26; Lancaster assisted 343 individuals for a total of \$102,166.10; Cumberland assisted 50 individuals for a total of \$38,282.77; Perry assisted 19 individuals for a total of \$19,182.14; and Dauphin assisted 70 individuals for a total of \$115,342.60. The number one category of financial assistance continues to be housing instability, followed by financial strain.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Recovery Center Enhancement	All	Varied	19/20	July, 2022	Operational
Grants				-	
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 12/2024: No updates this month. Recovery Centers will each be monitored for a period of 5 years to ensure they remain open, as per their contract with CABHC.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A NH 3.5 Rehab	Lancaster	Nuestra	19/20	TBD	Under Development
		Clinica			

### 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 12/2024: No update. The rehab expansion remains on hold due to programmatic issues in other areas of their program. See Scott for additional information if needed.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
BH Urgent Care	Dauphin/Lancaster		19/20	1/2024	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 individual is waiting to get into their referred to service(s).

Status: Update 12/2023: LGH received their license on 12/31/24. Construction has been completed and hiring of the staff is completed except for one more therapist position. Working on getting a Promis# and credentialing with PerformCare. Opening date is set for January 21, 2025.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
ABFT	All	Varied	19/20	7/2023	In progress
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: 12/2024: Providers engaged in the ABFT training, are finishing up the supervision part of the training, and will be eligible to take the certification exam.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
MH drop-in Center/Social rehab	All	Various	2021	5/2023	Operational
enhancement grants					
Description:					

Mental Health Drop-in Centers/Social Rehab Centers provide a location in the community that adults with SMI can go to socialize, receive support in SDOH and to develop meaningful activities amongst their peers. The funds will be distributed through a grant application process that each of the 9.25 Drop-in/Social Rehab Centers will be solicited to respond. Funds can be used to improve the services at the Center through purchases that are many times difficult to accomplish when Centers rely primarily on donations and charitable fund-raising events, this project will greatly assist these programs in their vital role in supporting our Members.

Status: 12/2024: All centers have now exhausted their funds. Will continue to monitor for a period of five years.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Behavioral Health Supports for	All	Varied	2021	TBD	Under Development
Nursing Home Facilities					
Description:		_			

This project is designed to develop a nursing home behavioral consultation service targeted to Community Health Choices Members who are residents in Nursing Facilities (NF) with a diagnosis of dementia with behavioral disruption. The service would be delivered by master's or doctoral level clinicians with experience in functional behavioral assessment, behavioral plans, and/or experience working with the target population. The service also includes in person, hands on training for direct care nursing facility staff to implement, monitor and adjust behavioral plans as needed. The service will include periodic reassessments and changes or updates to behavioral plans. The duration of the consultation and training services is short term.

Status: 12/2024: Was able to connect with a nursing home in Lancaster County interested in piloting the behavioral consultation services. PerformCare is working to set up a meeting.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Dauphin County Psych Rehab Services Provider	All	CSG	2021	1/2024	Operational
Description:					

CABHC and PerformCare has developed Psychiatric Rehabilitation services as an In Leu of Service in all of the Counties. Dauphin County has been operating Psychiatric Rehabilitation services for the past several years, offering primarily site-based services, with some ability to deliver Mobile Psych Rehab. Recently, Keystone Human Services made the decision to close their Psych Rehab program leaving Dauphin County without a Psych Rehab provider. It is the intent of this plan to fund the procurement and start-up of a new Psych Rehab provider to re-establish the service in Dauphin County.

Status: 12/2023: CSG continues to work with the community to increase referrals, currently serving 13 individuals.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Access to Telehealth Support for Members	All	Naaman	2021	9/2023	Operational
Description:					

This project would provide funding that would be managed by selected providers to eliminate barriers such maintaining an equipment loan program, paying internet charges, hot spot equipment, and others that would be viewed as supportive. An RFI will be issued to selected providers in both the MH and SUD network to manage the funds that will assist Members and their families to obtain access to telehealth. Selected providers must offer telehealth as an option for treatment when clinically appropriate. A selection committee will develop the format of the RFI and will focus on innovative strategies that can help reduce the inequities of access to telehealth.

Status: 12/2024: Waiting for Naaman Centers final report for this project.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Contingency Management for Adults Training	All	Naaman, Blueprints, Gaudenzia	2021	4/2024	In progress
Description:					

Contingency management refers to a type of behavioral therapy in which individuals are 'reinforced', or rewarded, for evidence of positive behavioral change. These interventions have been widely tested and evaluated in the context of substance misuse treatment, and they most often involve provision of monetary-based reinforcers for submission of

drug-negative urine specimens. This project will contract with a vendor who is recognized to provide training, mentoring of fidelity and eventual certification in CM by participating clinicians. The project would identify 5 D&A OP Clinics who would agree to the implementation of CM and to identify up to 5 therapists that are qualified to participate in the training.

Status: 12/2024: No updates this month. Staff will begin submitting tapes for review and consultation with Arena staff (Phase 3). This 3<sup>rd</sup> phase continues for 17 months, and then staff will receive their certification. Gaudenzia has already started submitting tapes.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
MHPs with Mobile CIS	All	Varied	2021	TBD	Operational
					ļ
Description:					

OMHSAS has adopted the plan for Crisis Intervention Service to come into compliance with the SAMSHA National Guidelines for Behavioral Health Crisis Care. Community-based mobile crisis services use face-to-face professional and peer intervention, deployed in real time to the location of a person in crisis, in order to achieve the needed and best outcomes for that individual. Most community-based mobile crisis programs utilize teams that include both professional and paraprofessional staff. RFPs will be developed and sent out to selected providers.

Status: 12/2024: This project is rolled into the new Crisis programs within the 5 Counties.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Peer Support with Mobile CIS	All	Varied	2021	TBD	Operational
Description:					

OMHSAS has adopted the plan for Crisis Intervention Service to come into compliance with the SAMSHA National Guidelines for Behavioral Health Crisis Care. Community-based mobile crisis services use face-to-face professional and peer intervention, deployed in real time to the location of a person in crisis, in order to achieve the needed and best outcomes for that individual. Most community-based mobile crisis programs utilize teams that include both professional and paraprofessional staff. RFPs will be developed and sent out to selected providers.

Status: 12/2024: This project is rolled into the new Crisis Program within the 5 Counties.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Psychiatric Residency Program	All	Penn State	2021	TBD	Under Development
Description:					

In concert with the Capital Area Behavioral Health Collaboratives, its Counites and their Members, Penn State Psychiatry Community Psychiatric Resident Track will expand an additional residency slot dedicated to work in partnership with community providers to support the training of 4 new psychiatrists and to have them work in ambulatory locations throughout the Counites.

Status: 12/2024: The contract between CABHC and Penn State Medicine was finalized. The project is set to start early 2025.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A RSS Services, standalone	All	The Harbor	2021	11/1/2024	Under Development
program					
Description:					

This project would build on existing success of CRS services, and bring into the network a second free standing provider who will offer RSS in the Counties. A provider will be selected that will be located in our Counties and will receive referrals from other providers, the SCAs, and self-referrals seeking to benefit from the recovery support that RSS can offer. The implementation will support the hiring of 10 CRSS that will be assigned to a specific County or Counties based on the demand and the mix of where referrals reside. This service is to support the more formal treatment while addressing many of the life challenges persons face every day, most notable social determinants of health and resource access.

Status: 12/2024: The Harbor was chosen as the provider for this project. A second implementation team meeting was held with The Harbor and project leadership to continue discussing P&P development, client record storage options, and next steps toward implementation. The next meeting is scheduled for January 23<sup>rd</sup>.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Expansion of Clinically Managed High Intensity Residential Service (3.5) and Medically Monitored Inpatient Withdrawal Management (3.7 WM)	All	Acadia	2022	TBD	Under Development
Description:					

This project supports the relocation of WDR program in Lancaster, and would expand by adding a minimum of 8 female 3.7 WM and 3.5 beds. This is to meet the need for inpatient services for women, as there are currently no providers with women's 3.7 WM beds in Lancaster County. In addition to an increase in beds, the new facility will also offer a full continuum of care in a single location, allowing for consumers to transition through lower levels of care as they slowly reintegrate into the community with ease and comfort in their recovery. The new facility will offer both residential and outpatient services.

Status: 12/2024: WDR received zoning approval for the new location of the program.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Adult Residential Services	All	N/A	2022	5/2024	Operational
Description:					

The objective of this priority is to utilize reinvestment funds to support Members who rely on residential services, managed by the Counites, that support their recovery. Funding will be utilized for a limited period of time to support the targeted population who reside in any County contracted residential/residential support services. This can include CRR, LTSR, Diversion Programs and Specialized PCBH. None of these services are MA eligible either as in-plan services or in -lieu of services.

Status: 12/2024: Counties were provided with their allotment of funds for their County. No further update.