CAPITAL AREA BEHAVIORAL
HEALTH COLLABORATIVE, INC.
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CONTINUOUS QUALITY IMPROVEMENT ANNUAL REPORT

Calendar Year 2025

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EXECUTIVE SUMMARY

CABHC manages the HealthChoices Behavioral Health contract for Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties (Counties). In CY 2025, membership decreased 6.89% to 299,687 Members. Females make up the largest proportion of Members at 53.68%. There was a total of 53,385 consumers who utilized behavioral health services in CY 2025, a 1.63% increase from the previous year. Overall, penetration increased from 16.27% in CY 2024 to 17.81% in CY 2025.

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 Use Performance Improvement Program, the beginning of the new Suicide Prevention 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 2025, the overall number of children/adolescents (C/A) who accessed behavioral health (mental health and drug and alcohol) services increased from 17,734 in 2024 to 18,240. 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 decrease in utilization of Family Based Mental Health Services (1.73%). There were several service categories that had increases in 2025. The two services that had the largest increases were Crisis Intervention (30%), and Peer Support Services (52.63%). 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 1.90% decrease in utilization in 2025 compared to 2024.

There were 35,772 adults who accessed one or more behavioral health (mental health and drug alcohol) services in CY 2025. The most utilized adult MH service was MH OP, 27,090 consumers, utilization of MH OP services increased 12.73% from 2024. Of those consumers that accessed MH OP, 43.28% accessed it through telehealth services at least once, representing a slight decrease in telehealth utilization from CY 2024 which was 49.17%. Decreases in utilization were seen in Mental Health Inpatient (MHIP) (-6.29%) and MH Partial Hospitalization (-6.65%). However, there was an increase of 29.79% in Inpatient Substance Use, an increase in Crisis Intervention (16.66%) and an increase of the utilization of Peer Support Services (9.52%).

The number of adults who utilized Substance Use services in 2024 was a 12.71% decrease from 2024. For adults, licensed Substance Use OP is the most utilized service, non-hospital rehab, Substance Use Intensive Outpatient (IOP), as well as methadone maintenance were the next highest utilized Substance Use services. Certified Recovery Specialist services realized the largest increase of utilization (57.81%), with serving 503 adults in CY 2024 to serving 912 adults in CY 2025. Non-hospital Residential accounts for 53.08% of the cost for all Substance Use services, with Methadone Maintenance and Substance Use Partial accounting for 19.43% and 11.24% respectively for the cost of all D&A services. Overall, for adults, several D&A services

realized a decrease in services from 2024 to 2025. Opioid Centers of Excellence noticed a decrease of 21.1% utilization in 2025, 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 2025 so 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 129 providers that terminated from the network for voluntary reasons, 34 more than in 2024. In 2025, 259 new providers were credentialed, which showed a net gain of 130 providers. Overall, in 2025 there were 1065 active network providers.

At the beginning of 2026, CABHC distributed 1037 satisfaction surveys to providers assessing their level of satisfaction with PerformCare for CY 2025. There were 80 surveys completed and returned for a response rate of 8%, an decrease from 9% for the CY 2024 response rate. The survey covers five categories, separated into 12 sub-sections. The total satisfaction score for PerformCare for CY 2025 was 4.0, based on a scale from 1 to 5 with 5 being the most satisfied. This is an increase from 3.8 in CY 2024.

The PRC, as part of its regular monitoring, reviews routine access of nine levels of care. In CY 2025 the committee continued to monitor the reports, no levels of care were identified to assess ways for improvement. Continued from 2024, the PRC assessed the continued low access of Psychiatric Evaluations. The PRC throughout 2025 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 2025 and was able to host a presentation during one of its meetings on Transcranial Magnetic Stimulation, by Dr. Awan the CMO of PCS. Each year the committee selects a topic to sponsor a county-wide training. In CY 2025, the training was titled *The Impact of Social Media on Mental Health Across the Lifespan*. The training was conducted on October 1, 2025. The training was held at a local conference center, and had 68 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 2025, 11 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 2024 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 2025, 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 2025 through a web-based portal.

Consumer Satisfaction Services, Inc. completed 1,277 consumer surveys in 2025 for eleven levels of care. There was a decrease of face-to-face interviews completed, resulting in 24.7% compared to 49.7% in 2024. 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. The Board of Directors continued to monitor changes in Membership and utilization of services and the impact on the deficit in CY 2025.

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 2025 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), and the Drug & Alcohol 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:

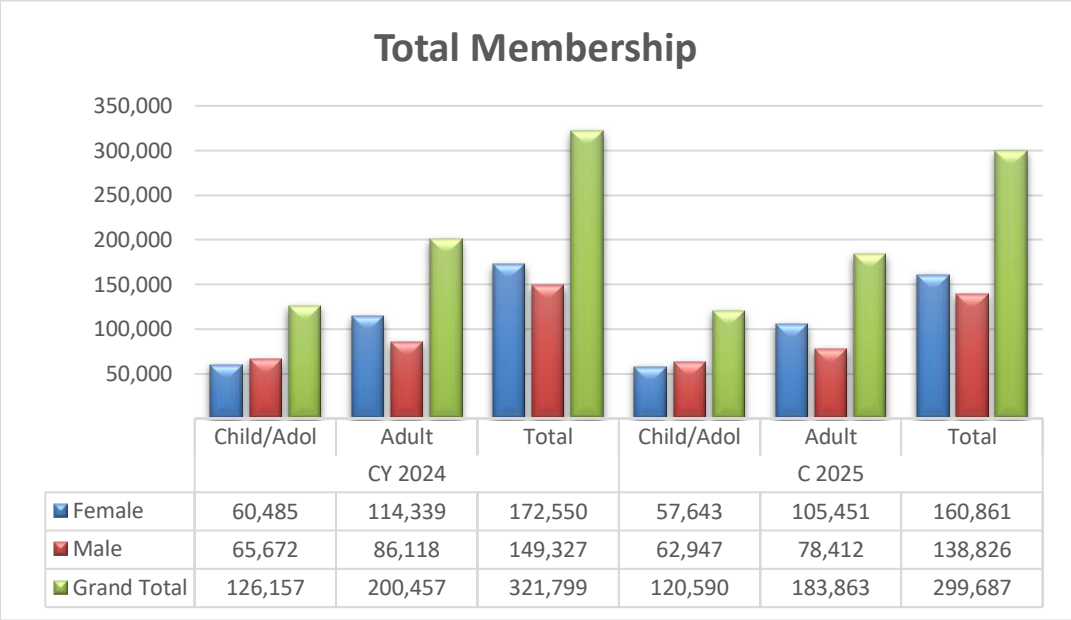
1. Individual voluntarily decides to disenroll
2. Individual permanently moves out of PA
3. Individual is deceased

Throughout CY 2025 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 2024 and CY 2025. Total membership decreased from 321,799 Members in CY 2024 to 299,687 Members in 2025, a 6.87% reduction. On average, membership remained fairly consistent throughout the months with all average variances being less than 1%. 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-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
CU	1.33%	0.54%	-0.22%	-0.10%	-0.77%	-0.61%	-0.08%	-0.30%	0.15%	-0.10%	-1.48%	-0.84%
DA	0.97%	0.04%	-0.60%	0.05%	-0.70%	-0.78%	0.49%	-0.15%	-0.35%	0.13%	-0.87%	-0.81%
LA	0.91%	0.16%	-0.97%	-0.38%	-1.09%	-0.91%	-0.46%	-0.12%	-0.58%	-0.28%	-0.88%	-0.46%
LB	0.40%	-0.17%	-0.27%	0.19%	-0.59%	-0.63%	0.09%	0.01%	-0.75%	0.18%	-0.10%	-0.04%
PE	1.03%	1.14%	-0.92%	-0.21%	-1.19%	-0.71%	0.41%	0.26%	-0.57%	-0.40%	-1.19%	-0.19%
Total	0.93%	0.34%	-0.60%	-0.09%	-0.87%	-0.73%	0.09%	-0.06%	-0.42%	-0.09%	-0.90%	-0.47%

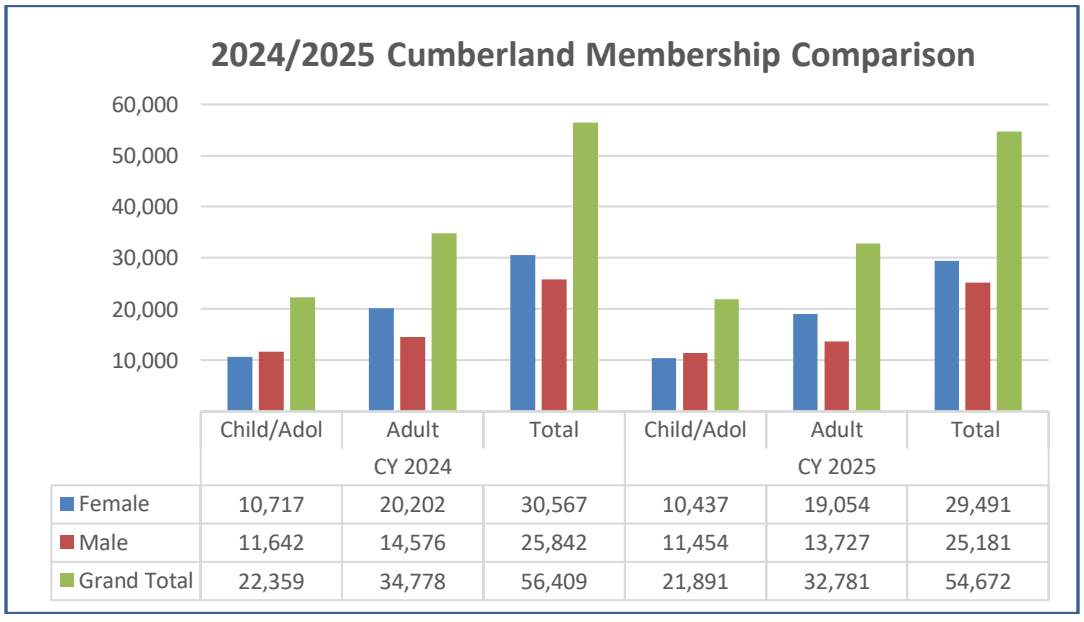
Chart 2: 2025 Total Membership



	Child/Adol	Adult	Total	Child/Adol	Adult	Total
	CY 2024			C 2025		
Female	60,485	114,339	172,550	57,643	105,451	160,861
Male	65,672	86,118	149,327	62,947	78,412	138,826
Grand Total	126,157	200,457	321,799	120,590	183,863	299,687

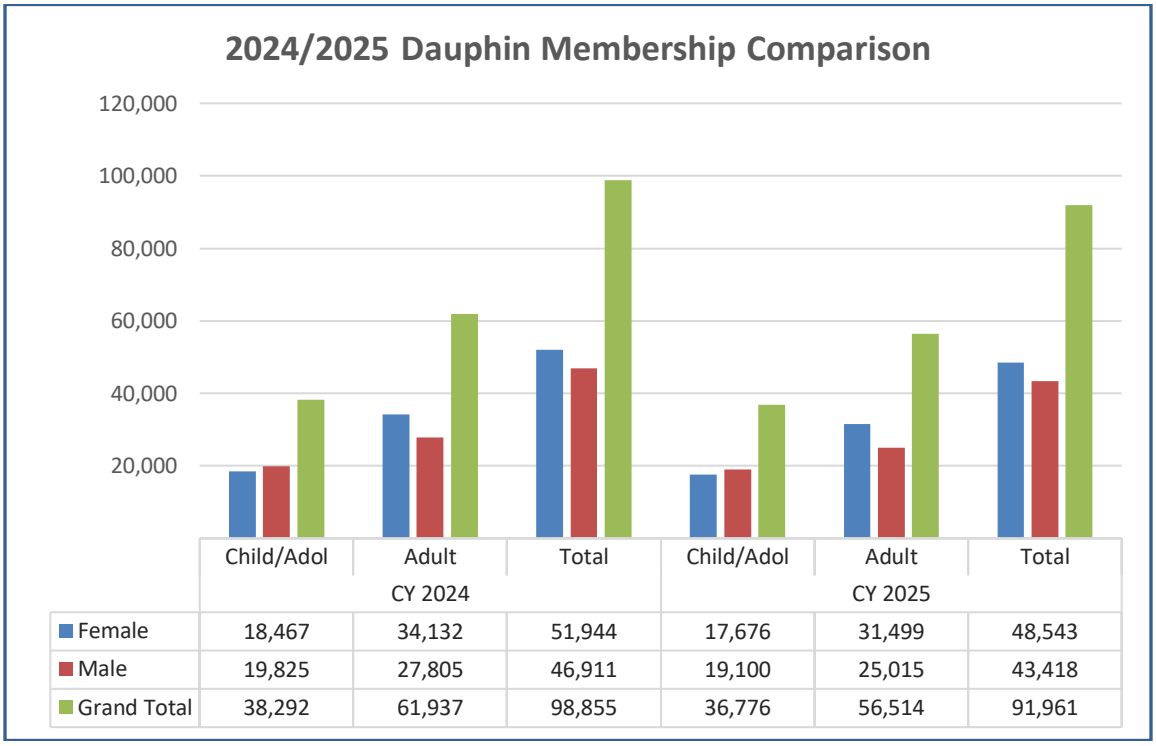
As the totals in Chart 2 illustrate, children/adolescents make up approximately 40.24% of the membership and adults comprise 61.35% of the membership. Females make up 53.68% and males make up 46.32% of total membership. The following five charts display the membership totals for each of the five Counties and the change from CY 2024 to CY 2025.

Chart 3: Cumberland County Membership



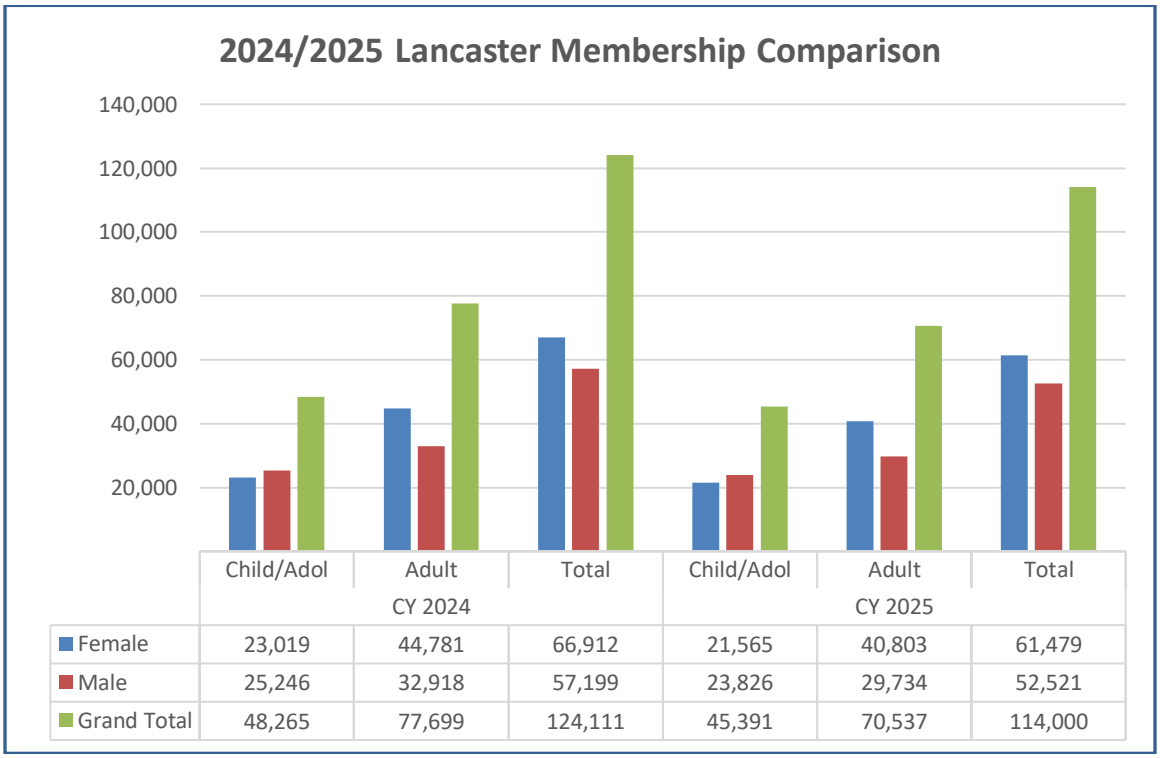
	Child/Adol	Adult	Total	Child/Adol	Adult	Total
	CY 2024			CY 2025		
Female	10,717	20,202	30,567	10,437	19,054	29,491
Male	11,642	14,576	25,842	11,454	13,727	25,181
Grand Total	22,359	34,778	56,409	21,891	32,781	54,672

Chart 4: Dauphin County Membership



	Child/Adol	Adult	Total	Child/Adol	Adult	Total
	CY 2024			CY 2025		
Female	18,467	34,132	51,944	17,676	31,499	48,543
Male	19,825	27,805	46,911	19,100	25,015	43,418
Grand Total	38,292	61,937	98,855	36,776	56,514	91,961

Chart 5: Lancaster County Membership



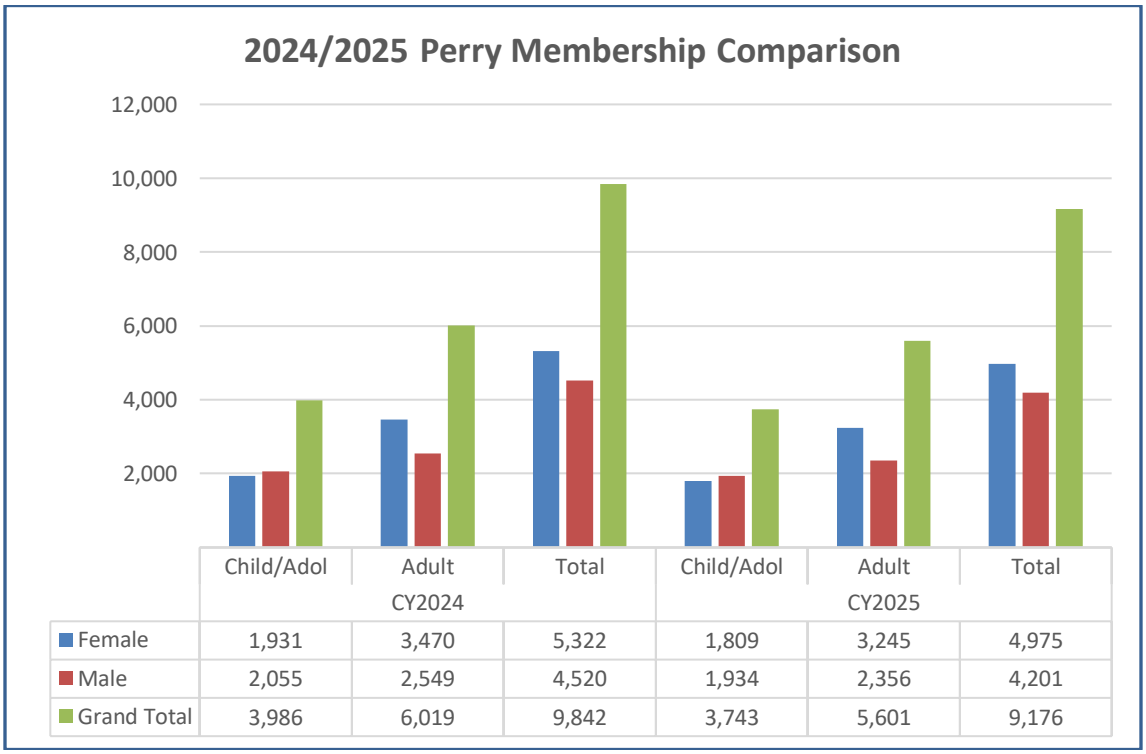
	Child/Adol	Adult	Total	Child/Adol	Adult	Total
	CY 2024			CY 2025		
Female	23,019	44,781	66,912	21,565	40,803	61,479
Male	25,246	32,918	57,199	23,826	29,734	52,521
Grand Total	48,265	77,699	124,111	45,391	70,537	114,000

Chart 6: Lebanon County Membership



	Child/Adol	Adult	Total	Child/Adol	Adult	Total
	CY 2024			CY 2025		
Female	7,207	13,282	20,195	6,952	12,290	18,976
Male	7,809	9,353	16,849	7,520	8,645	15,879
Grand Total	15,016	22,635	37,044	14,472	20,935	34,855

Chart 7: Perry County Membership



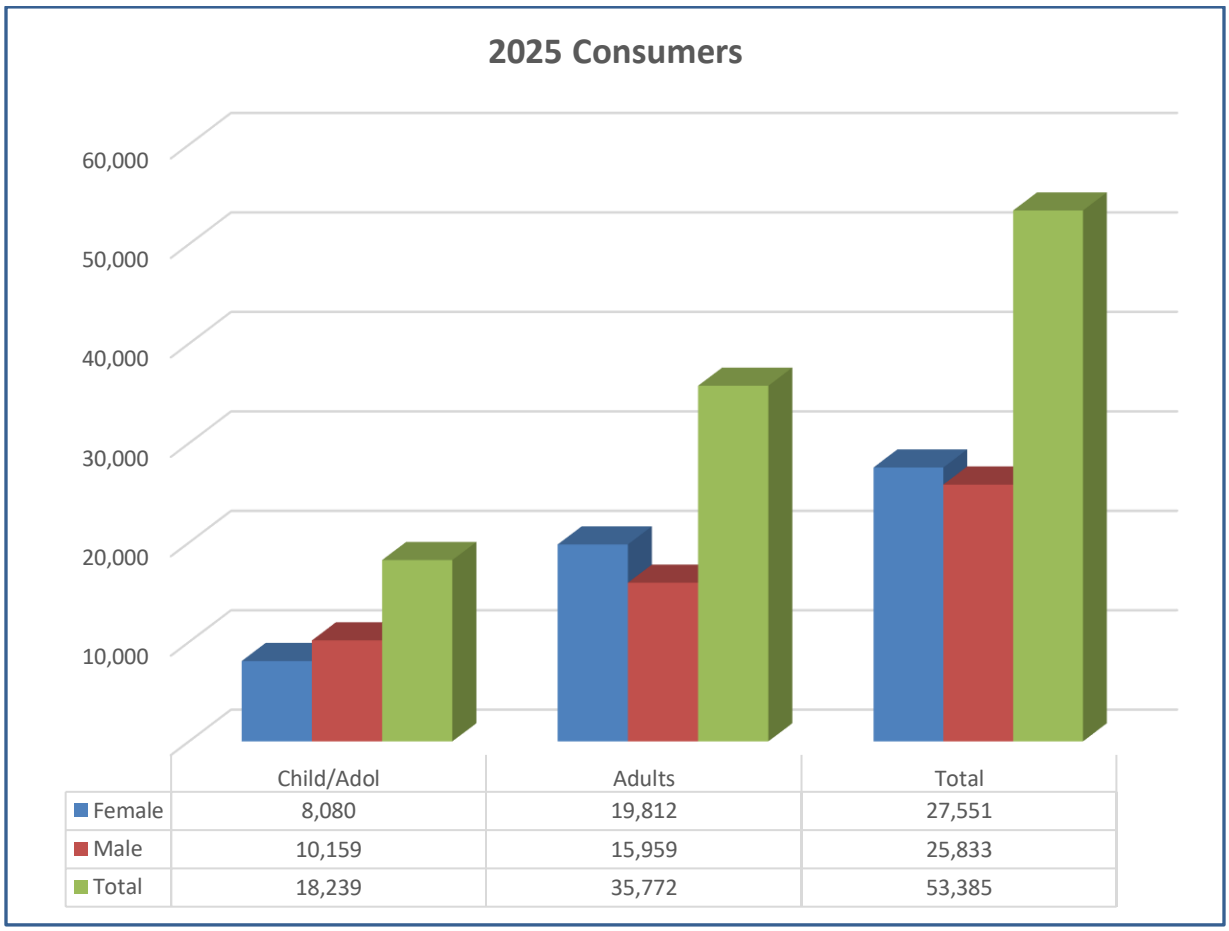
	Child/Adol	Adult	Total	Child/Adol	Adult	Total
	CY2024			CY2025		
Female	1,931	3,470	5,322	1,809	3,245	4,975
Male	2,055	2,549	4,520	1,934	2,356	4,201
Grand Total	3,986	6,019	9,842	3,743	5,601	9,176

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 2025, the number of consumers who received services increased 1.61 % from CY 2024. Adult consumers accessing services increased by 0.19% and the number of C/A who received services increased 2.37%.

Males comprise 55.70% of all Children and Adolescent (C/A) consumers and females make up 55.38% of adult consumers. (Chart 8) There was an increase in penetration of 17.81% in CY 2025 from 16.03% in CY 2024. Penetration is the ratio of consumers to eligible Members for any given time period.

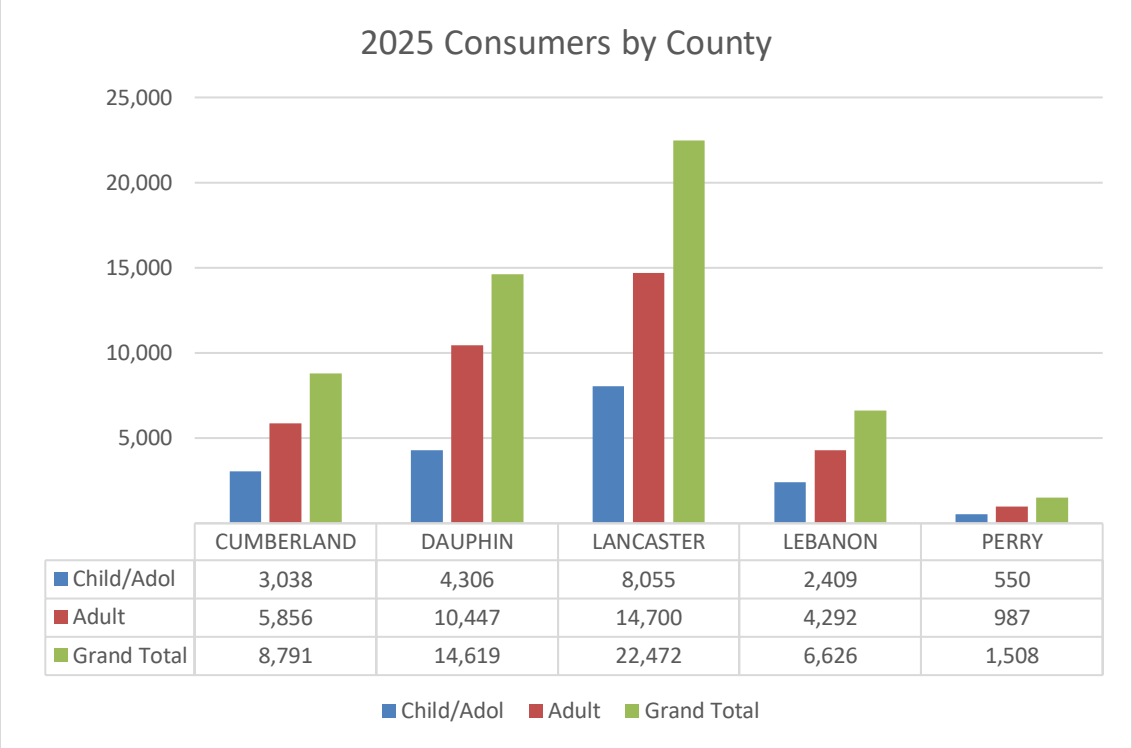
Chart 8: Total Consumers



	Child/Adol	Adults	Total
Female	8,080	19,812	27,551
Male	10,159	15,959	25,833
Total	18,239	35,772	53,385

Chart 9 shows the distribution of consumers by County. Lancaster County has the largest number of people using services at 42.09%. Dauphin County is 24.38%, Cumberland County is 16.47%, Lebanon County is 12.41% and Perry County has the smallest number of consumers at 2.82%. Of the 53,385 consumers who received services in CY 2025, 17,392 are adults up to the age of 64, who are eligible for HealthChoices through Medicaid expansion.

Chart 9: Consumers by County



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

Table 1: Race

Race	Cumb	%	Dauphin	%	Lanc	%	Leb	%	Perry	%	Total	%
Am. Indian	58	0.7%	100	0.7%	91	0.4%	9	0.1%	6	0.4%	255	0.5%
Asian	332	3.8%	473	3.2%	351	1.6%	59	0.9%	7	0.5%	1,208	2.3%
Black	1,016	11.6%	4,490	30.7%	2,127	9.5%	294	4.4%	44	2.9%	7,876	14.8%
Hispanic	726	8.3%	2,706	18.5%	5,506	24.5%	2,185	33.0%	48	3.2%	11,085	20.8%
Other	887	10.1%	1,085	7.4%	1,901	8.5%	329	5.0%	69	4.6%	4,219	7.9%
Pac Islndr	18	0.2%	13	0.1%	42	0.2%	6	0.1%	0	0.0%	79	0.1%
White	5,754	65.5%	5,752	39.3%	12,454	55.4%	3,744	56.5%	1,334	88.5%	28,663	53.7%
Grand Total	**8,791**	**100%**	**14,619**	**100%**	**22,472**	**100%**	**6,626**	**100%**	**1,508**	**100%**	**53,385**	**100%**

In CY 2025, the total cost of behavioral health services for CABHC was $339,783,694 or an 8.3% increase from CY 2024 (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 2025 for C/A by 8.2%, and an 8.37% increase in dollars spent for adult consumers. All the Counties experienced an increase in total dollars spent from CY 2024. Except for Perry County with a decrease of 0.66%. Lancaster County had the highest increase from CY 2024, 12.10%, with

Cumberland having the second highest increase of 7.30%. Dauphin had an increase of 5.90%, and Lebanon had an increase of 5.90%.

Table 2: Consumers/Age/Cost by County

		CY 2024		CY 2025	
County	**Age**	**Consumers**	**Dollars**	**Consumers**	**Dollars**
CUMBERLAND	Child/Adol	2,894	$19,326,894	3,038	$19,765,261
	Adult	5,887	$25,314,692	5,856	$28,136,816
	Total	**8,682**	**$44,641,586**	**8,791**	**$47,902,077**
DAUPHIN	Child/Adol	4,295	$33,382,218	4,306	$35,601,113
	Adult	10,284	$58,032,306	10,447	$61,210,007
	Total	**14,471**	**$91,414,523**	**14,619**	**$96,811,120**
LANCASTER	Child/Adol	7,703	$55,068,866	8,055	$63,836,900
	Adult	14,302	$76,457,803	14,700	$83,598,188
	Total	**21,743**	**$131,526,670**	**22,472**	**$147,435,087**
LEBANON	Child/Adol	2,350	$17,920,842	2,409	$17,268,425
	Adult	4,276	$19,917,060	4,292	$22,623,735
	Total	**6,539**	**$37,837,901**	**6,626**	**$39,892,159**
PERRY	Child/Adol	569	$3,661,611	550	$3,495,560
	Adult	955	$4,013,020	987	$4,128,767
	Total	**1,489**	**$7,674,632**	**1,508**	**$7,624,327**
Grand Total	C/A	17,689	$129,360,431	18,239	$139,967,259
	Adults	35,260	$184,387,193	35,772	$199,816,435
	Total	**52,357**	**$313,747,624**	**53,385**	**$339,783,694**

CHILDREN/ADOLESCENT MENTAL HEALTH SERVICES

CABHC is committed to promoting the emotional wellbeing of Children/Adolescents (C/A) 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 2025.

1) Clinical Initiatives

a. Expand Respite Services
    i. In 2025, 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 2025. 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 had been committed to continue its efforts to expand this service to Members and their families. However, despite these efforts, utilization remained low, and the program closed as of December 31, 2025.

b. Monitor utilization and staffing of Family Based Mental Health Services.
    i. 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 2025, 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 2025, 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 2025, however, ended the year with a decline in total teams reported.

2) **Continued utilization of the Child and Adolescent Needs Summary**
    a. 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 2025. 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 2025.

Table 3: C/A Ambulatory Mental Health Services

County	CI	TCM	MHOP	PHP	IBHS	ASP	FBMH	JFACTS	MST	FFT
Cumberland	278	52	2643	72	600	12	163	1	48	5
Dauphin	239	295	3737	194	1082	15	235	2	22	32
Lancaster	400	309	7436	396	1445	58	416	1	17	3
Lebanon	275	32	2147	123	419	25	170	1	1	5
Perry	58	14	500	17	54	0	47	1	6	1
Total	**1250**	**702**	**16,463**	**802**	**3,600**	**110**	**1,031**	**5**	**94**	**46**

Table 4 identifies the number of C/A in 2025 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	0	24	128
Dauphin	4	46	205
Lancaster	4	68	277
Lebanon	0	31	122
Perry	0	7	35
Total	**8**	**176**	**767**

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 2024 and 2025. 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	2024 C/A	2024 Dollars	2025 C/A	2025 Dollars
BHT	444	$5,842,355	461	$5,991,441
BHT ABA	1035	$21,134,398	1135	$25,127,035
MT	287	$1,037,536	224	$971,814
BC	846	$4,599,356	811	$5,038,773
BCBA	872	$7,212,217	1000	$8,531,666
BC-ABA	1095	$5,745,609	1095	$6,341,404
BHT Asst ABA	58	$573,885	80	$759,450
Total	2505	$46,145,357	2485	$52,761,583

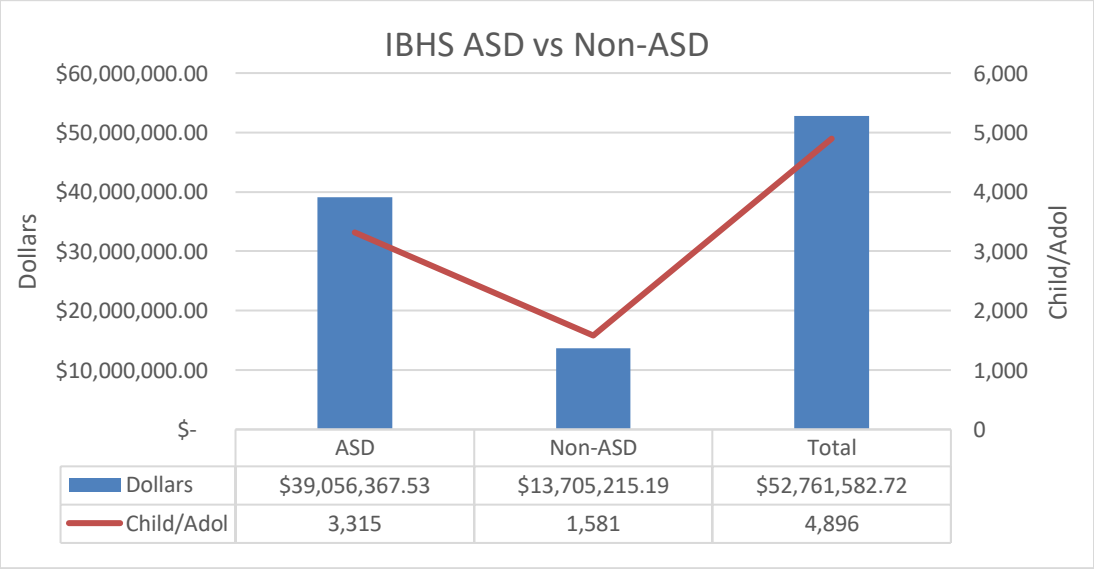
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Table 6: IBHS Utilization by County

County	2024 C/A	2024 Dollars	2025 C/A	2025 Dollars
Cumberland	583	$7,679,411	601	$8,144,048
Dauphin	1090	$15,342,000	1084	$17,174,401
Lancaster	1455	$23,996,784	1448	$30,525,004
Lebanon	445	$5,642,190	419	$5,421,347
Perry	76	$1,033,066	54	$771,155

In CY 2025, the total number of C/A who received IBHS decreased 1.35% from CY 2024, and costs increased 14.49%. 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



Crisis Intervention Services

Crisis Intervention Services (CIS) is provided directly by Dauphin and Lancaster Counties, or through contractual arrangements with providers in Cumberland, Lebanon and Perry Counties. CIS is an immediate support to a person either by phone, walk-in or mobile services who may be experiencing one or more symptoms that is interfering with their behavioral health stability. CIS workers conduct risk assessments and help to link children/adolescents in crisis to services that will provide the most appropriate, least restrictive support or treatment. Table 7 provides data on the number of C/A and corresponding cost of CIS by County. In CY 2025, there was a 30% increase in the number of C/A who accessed CIS. The cost of CIS is paid through an alternative payment arrangement which is a retention model, and is based on the County approved operating budget and the allocation between HealthChoices Members and the total number of individuals served by Crisis in a year. Additionally, CABHC, through reinvestment funds, supported two new Crisis Walk in Centers, one located in Lancaster County, and one located in Dauphin County that serves Cumberland, Perry and Dauphin Counties. With these services being new to the network and just beginning in CY 2025, data and outcomes will be available in the 2026 annual report.

Table 7: C/A Crisis Intervention Services

	CY 2024		CY 2025	
County	**C/A**	**Dollars**	**C/A**	**Dollars**
CUMBERLAND	204	$122,590	278	$414,037
DAUPHIN	139	$39,269	239	$487,103
LANCASTER	322	$101,890	400	$223,754
LEBANON	237	$164,154	275	$194,002
PERRY	60	$40,065	58	$76,250
Total	**960**	**$467,968**	**1,248**	**$1,395,146**

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 25.68% in attendance from CY 2024 to CY 2025.

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 TrueNorth Wellness. In CY 2025, 46 children/adolescents received FFT, 17 less than in CY 2024.

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 2025, 5 C/A received YFACT services which was 2 less than the utilization as in CY 2024. Additionally, this program became rolled under the providers MH OP clinic services, and is no longer a standalone program.

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 2024 and 2025. Of the 18,239 C/A who utilized a mental health service in CY 2025, 3.83% accessed a form of TCM. Overall, there was a 0.85% decrease in C/A accessing TCM services and the cost of services increased 8.37% from CY 2024. 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

		CY 2024			CY 2025		
County	**Service**	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
CUMBERLAND	ICM	25	133	$93,061	29	155	$121,598
	BCM	6	39	$25,067	2	86	$1,571
	RC	22	61	$38,903	22	70	$32,913
Total		**51**	**84**	**$157,031**	**52**	**95**	**$156,081**
DAUPHIN	ICM	1	229	$6,718	1	315	$11,734
	BCM	306	99	$866,996	293	98	$1,004,857
	RC	1	38	$636	1	0	$514
Total		**307**	**100**	**$874,351**	**295**	**99**	**$1,017,105**
LANCASTER	ICM	1	1	$3,677	1	0	$441
	BCM	309	89	$929,715	308	103	$967,766
	RC	0	0	$0	0	0	$0
Total		**310**	**84**	**$933,392**	**309**	**103**	**$968,207**
LEBANON	ICM	0	0	$0	0	0	$0
	BCM	29	66	$55,660	32	47	$42,898
	RC	0	0	$0	0	0	$0
Total		**29**	**66**	**$55,660**	**32**	**47**	**$42,898**
PERRY	ICM	4	230	$14,471	6	169	$21,534
	BCM	0	0	$0	0	0	$0
	RC	12	109	$21,873	9	82	$23,555
Total		**16**	**120**	**$36,344**	**14**	**98**	**$45,089**
All Counties	**ICM**	31	144	$117,927	36	162	$155,307
	BCM	643	89	$1,877,438	634	98	$2,017,092
	RC	34	76	$61,412	31	73	$56,981
Total		**705**	**90**	**$2,057,211**	**699**	**98**	**$2,229,381**

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 2025, of the 91 adolescents who received MST, 52 achieved all three of the expected outcomes, 4 adolescents met two outcomes and 0 met one outcome.

IBHS Group
IBHS Group, formally called STAP, is a six-week summer program that provides a range of age-appropriate specialized therapies designed to aid in the development of interpersonal relationships, daily living, decision making, problem-solving and coping skills which requires appropriately qualified staff. These services are provided in a group setting for the purpose of furthering individualized therapeutic goals, as described in each person's individualized treatment plan. In CY 2025, there was one STAP provider; WellSpan-Philhaven, who provided services to 60 children/adolescents. This is a decrease from the 92 children/adolescent served in CY 2024.

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 2.14% increase in the number of C/A that utilized outpatient services from CY 2024 to CY 2025, and a 9.79% 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 2025, 4,293 C/A received outpatient services across all county school districts, from 10 different providers, which represents 28.33% of the total number of C/A who utilized outpatient services.

Table 9: Children/Adolescent Outpatient Service

	CY 2024		CY 2025	
Level of Care	**C/A**	**Dollars**	**C/A**	**Dollars**
MHOP Clinic	12,484	$14,135,464	12,465	$15,341,165
FQHC	975	$833,227	1,102	$1,099,497
Physician/Psychologist	2,835	$2,523,281	3,214	$2,762,949
Total	**14,833**	**$17,491,972**	**15,151**	**$19,203,611**

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 2025, the number of C/A who received partial hospitalization services increased 7.08% from 749 CY 2024 to 802 in CY 2025. 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 1.72% decrease in utilization from CY 2024 to CY 2025. 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 2025 showed the providers collectively maintained about 61 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 2025 Family Based Discharges and Out of Home Placements

Length of Stay (Days)	Discharges	MH Inpatient		RTF		CRR Host Home		All Placements	
1) 1-84 days	146	11	7.53%	4	2.74%	2	1.37%	17	11.64%
2) 85-168 days	126	3	2.38%	10	7.94%	1	0.79%	14	11.11%
3) 169-224 days	378	15	3.97%	2	0.53%	0	0.00%	17	4.50%
4) 225+ days	88	4	4.55%	7	7.95%	0	0.00%	11	12.50%
Total	**738**	**33**	**4.47%**	**23**	**3.12%**	**3**	**0.41%**	**59**	**7.99%**

*Adm = Admission

CRR Host Homes (CRR-HH)
CRR-HH is a service provided by caregivers that are under contract with Providers to offer a therapeutic and stable home life for C/A who are unable to live in their natural home. PerformCare has closely managed the utilization of CRR-HH to assure each child or adolescent who meets criteria receives their prescribed treatment and Length of Stay (LOS) is monitored to reduce extended stays. The number of C/A who received this service decreased from 10 in CY 2024 to 8 in CY 2025. The average LOS decreased from 284 to 131 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 18 facilities who served 189 children/adolescents in 2025. The number of C/A who utilized RTFs increased 5% and the costs for the services increased 4.93% (Table 11) when compared to 2024. Cumberland County had the largest decrease in RTF utilization (33.85%), in CY 2025. However, the overall average length of stay across all Counties increased by 21.37%.

Table 11: Residential Treatment Facilities

	CY 2024			CY 2025		
County	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Cumberland	**38**	**485**	**$3,349,515**	**27**	**389**	**$3,523,511**
Dauphin	**42**	**301**	**$4,981,921**	**48**	**368**	**$5,106,286**
Lancaster	**70**	**387**	**$8,284,466**	**75**	**470**	**$8,692,434**
Lebanon	**29**	**257**	**$3,323,600**	**32**	**581**	**$3,556,218**
Perry	**6**	**303**	**$706,161**	**7**	**367**	**$785,160**
Total	**180**	**365**	**$20,645,663**	**189**	**443**	**$21,663,609**

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 2025. The number of C/A who utilized MHIP services decreased 0.26%, LOS decreased 4.58% and costs decreased 12.29% when compared to CY 2024.

Table 12: Inpatient Psych Hospital

	CY 2024			CY 2025		
County	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Cumberland	112	17	$2,112,888	128	14	$2,178,700
Dauphin	211	18	$5,341,477	205	17	$4,219,380
Lancaster	291	21	$7,235,375	277	21	$6,553,992
Lebanon	127	19	$3,501,178	122	20	$2,896,542
Perry	27	14	$449,233	35	12	$501,539
Total	**767**	**19**	**$18,640,151**	**765**	**18**	**$16,350,153**

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 five different providers who offer Youth Peer Support Services. The number of individuals who used Youth Peer Support Services in CY 2025 increased 71.43% from CY 2024, noting a continued increase in the use of this service for the ages 14-17. (Table 13).

Table 13: Youth Peer Support Services

	CY 2024			CY 2025		
County	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Cumberland	0	0	$0	2	42	$5,174
Dauphin	3	161	$6,780	8	4	$13,825
Lancaster	12	53	$56,841	20	144	$53,464
Lebanon	5	59	$9,906	5	26	$10,853
Perry	1	1	$676	1	199	$842
Total	**21**	**76**	$74,203	**36**	**81**	$84,157

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 2025, 35,774 adults, 18 years of age and above, accessed one or more Mental Health (MH) services. This represents a 19.46% 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 1115providers, 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 2024 and 2025. Of all the adults who utilized a mental health service in CY 2025, 5.28% accessed a form of TCM. The total number of adults who accessed TCM increased 0.04% and the cost of services increased 18.43% from CY 2024. The total length of service for each County and the grand total is not included due to the differences between the three TCM services.

Table 14: Targeted Case Management

		CY 2024			CY 2025		
County	**Service**	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	ICM	140	236	$412,513	131	258	$441,794
	BCM	20	109	$29,389	16	51	$27,199
	RC	159	81	$333,241	160	88	$320,828
Total		**307**	**122**	**$775,143**	**292**	**121**	**$789,821**
Dauphin	ICM	126	128	$495,904	158	161	$813,751
	BCM	848	99	$2,419,797	861	116	$2,841,852
	RC	3	44	$3,973	3	16	$1,615
Total		**968**	**102**	**$2,919,673**	**1,005**	**120**	**$3,657,219**
Lancaster	ICM	1	1	$33	1	0	$234
	BCM	411	109	$1,371,031	420	120	$1,542,067
	RC	0	0	$0	0	0	$0
Total		**412**	**108**	**$1,371,064**	**421**	**120**	**$1,542,301**
Lebanon	ICM	2	0	$983	1	0	$2,457
	BCM	140	108	$329,105	154	119	$409,423
	RC	0	0	$0	0	0	$0
Total		**141**	**108**	**$330,088**	**155**	**119**	**$411,880**
Perry	ICM	18	300	$63,018	14	323	$62,040
	BCM	1	0	$1,878	0	0	$0
	RC	18	56	$29,346	20	89	$38,973
Total		**37**	**113**	**$94,242**	**34**	**130**	**$101,013**
All Counties	ICM	281	184	$972,451	299	204	$1,321,430
	BCM	1,410	103	$4,151,199	1,442	117	$4,820,542
	RC	178	78	$366,560	180	86	$361,416
Total		**1,846**	**108**	**$5,490,210**	**1,889**	**120**	**$6,503,387**

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 2025, there was an 18.18% increase 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. Additionally, CABHC, through reinvestment funds, supported two new Crisis Walk in Centers, one located in Lancaster County, and one located in Dauphin County that

serves Cumberland, Perry and Dauphin Counties. With these services being new to the network and just beginning in CY 2025, data and outcomes will be available in the 2026 annual report.

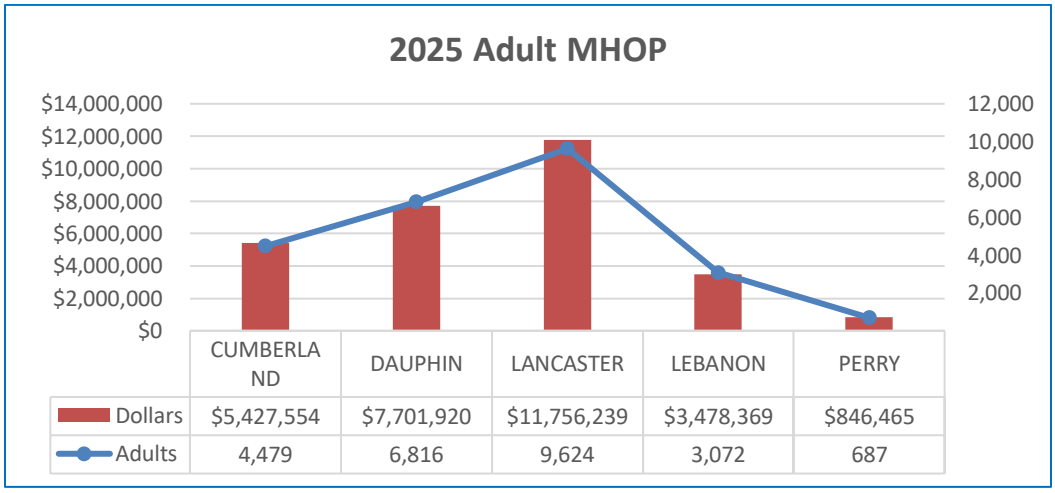
Table 15: Crisis Intervention Services

	CY 2024		CY 2025	
County	**Adults**	**Dollars**	**Adults**	**Dollars**
Cumberland	554	$434,415	627	$1,071,318
Dauphin	703	$408,983	1,105	$2,784,404
Lancaster	1,075	$552,752	1,131	$926,042
Lebanon	727	$400,346	751	$454,078
Perry	78	$58,702	97	$125,952
Total	**3,119**	**$1,856,197**	**3,686**	**$5,361,795**

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 outpatient clinics, or by individual practitioners, and FQHCs. Chart 11 shows the distribution of Consumers and cost by County who utilized MHOP services.

Chart 11: MHOP by County



In CY 2025, there was a 1.85% increase from CY 2024 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 2.74%. In CY 2025, 52.55% of adults who utilized MHOP received their services on one or more occasions through the use of Telehealth, compared to 49.04% in CY 2024.

Table 16: Outpatient Services

		CY 2024		CY 2025	
Service	**Gender**	**Adults**	**Dollars**	**Adults**	**Dollars**
MHOP	Female	10,224	$12,307,977	9,955	$12,782,650
	Male	6,893	$7,182,418	6,882	$7,626,894
Total		**17,117**	**$19,490,395**	**16,836**	**$20,409,544**
FQHC	Female	2,113	$2,217,507	2,166	$2,482,540
	Male	1,168	$1,195,799	1,205	$1,529,556
Total		**3,281**	**$3,413,306**	**3,371**	**$3,812,106**
Phys/Psych	Female	3,763	$2,727,520	4,292	$3,584,133
	Male	2,294	$1,109,600	2,469	$1,406,751
Total		**6,057**	**$3,837,120**	**6,762**	**$4,990,884**
Grand Total	Female	14,546	$17,252,883	14,858	$18,849,323
	Male	9,420	$9,487,817	9,553	$10,563,201
		23,966	**$26,740,700**	**24,411**	**$27,212,534**

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 9.85% in 2025, LOS decreased 66.93% and the cost of services increased 2.15%.

Table 17: Mobile Psychiatric Nursing

	CY 2024			CY 2025		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	44	206	$229,556	44	109	$254,532
Dauphin	63	422	$289,289	53	126	$248,967
Lancaster	77	574	$464,185	71	169	$516,954
Lebanon	11	336	$68,663	9	178	$71,726
Perry	9	705	$45,022	7	112	$28,149
Total	**203**	**418**	**$1,096,714**	**183**	**138**	**$1,120,328**

Peer Support Services:
Peer Support Services (PSS) are specialized therapeutic services for, 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 2025, CABHC Members had access to five different providers who offer Peer Support Services. The number of individuals who used Peer Support Services in CY 2025 increased 10% from CY 2024 while costs increased by 26.60%, and the average LOS increased 14% (Table 18).

Table 18: Peer Support Services

	CY 2024			CY 2025		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	59	104	$109,312	86	137	$226,204
Dauphin	172	100	$496,963	180	137	$573,113
Lancaster	197	155	$821,634	231	148	$1,012,394
Lebanon	94	167	$336,162	73	206	$391,841
Perry	10	93	$22,459	16	113	$58,234
Total	**530**	**129**	**$1,786,530**	**583**	**147**	**$2,261,787**

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 a decrease in the number of participants in CY 2025, 2.53%, and a 20.57% increase in costs, with an increase in LOS of 37.21%. 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

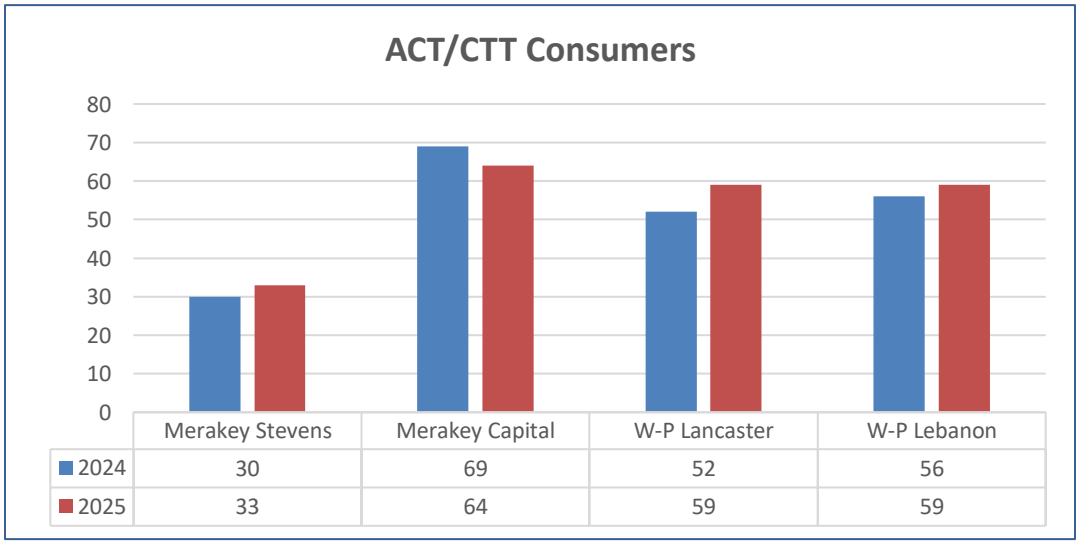
	CY 2024			CY 2025		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	84	108	$869,791	68	224	$1,186,445
Dauphin	14	256	$147,245	23	101	$437,406
Lancaster	111	100	$966,581	108	147	$855,472
Lebanon	54	230	$1,087,128	56	244	$1,122,268
Perry	16	153	$215,197	16	129	$360,329
Total	**277**	**129**	**$3,285,942**	**270**	**177**	**$3,961,921**

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 2024 and CY 2025. Retention of staff, as well as recruitment of staff, was a notable challenge for the ACT/CTT teams in CY 2025. However, there was 3.86% increase in consumers served in CY 2025 compared to CY 2024.

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 2025 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 2025 remained high for the community activity goal, maintaining stable housing and no legal involvement. Discussion occurred with the ACT teams 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. Changes were made to these measures and will begin reporting on those in 2026.

Table 20: ACT Outcomes

	Goals established by CABHC for each Outcome					
	70 % Adults meeting employment goal	**90% of Adults meet community activity goal**	**85% of Adults maintain stable housing**	**90% of discharges will have no readmissions**	**95% of readmissions will have LOS<12 days**	**90% will have no legal involvement**
Merakey Cap	6.7%	31.5%	91.0%	71.4%	0.0%	98.9%
Merakey Stevens	22.6%	77.4%	100.0%	40.0%	33%	96.2%
Philhaven-Leb.	7.7%	100.0%	100.0%	0.0%	50.0%	98.9%
Philhaven-Lanc.	3.4%	79.3%	90.8%	71.4%	40.0%	100.0%
Average	**8.8%**	**71.6%**	**95.0%**	**53.1%**	**37.5%**	**98.8%**

Partial Hospitalization Program (PHP)

Adult partial hospitalization is a service designed for the treatment of adults with acute psychiatric illness who require a more intensive and supervised treatment program than that which is afforded by various types of outpatient programs. The goal of partial hospitalization is to increase the level of functioning while reducing the need for more acute services such as inpatient. The number of adults who accessed a PHP in CY 2025 decreased 6.43%, length of service increased 12.9% and cost decreased 7% compared to CY 2024 (see Table 21). The most notable change in service utilization was for Cumberland County in which there was a 22.73% decrease in consumers compared to CY 2024.

Table 21: Partial Hospitalization Program

	CY 2024			CY 2025		
County	**Adult**	**LOS**	**Dollars**	**Adult**	**LOS**	**Dollars**
Cumberland	110	95	$600,309	85	100	$522,765
Dauphin	200	123	$1,336,736	179	154	$1,244,930
Lancaster	131	73	$624,439	143	71	$643,481
Lebanon	60	55	$221,597	64	50	$224,905
Perry	14	42	$87,705	15	81	$33,674
Total	**513**	**93**	**$2,870,786**	**480**	**105**	**$2,669,754**

Inpatient Services

In CY 2025, 2,401 adults utilized Inpatient Psychiatric services. Of the 35,774 adults who accessed mental health services during the year, 6.71% had at least one admission into a MHIP facility. Fifty-six providers were utilized in CY 2025, 2 more than the previous year. Between CY 2024 and CY 2025, there was a 6.1% decrease in the utilization of MHIP services and a 2.2% decrease in cost (Table 22). The average length of service increased 14.29%. There were more females than males that accessed services in CY 2025. Lancaster (-6.89%) Dauphin (-9.8%) both experienced higher decreases in utilization than in CY 2024, while Cumberland (-4.47) experienced lower decreases in utilization. Lebanon County (2.59%) was the only County that experience a slight increase in MHIP utilization. Perry County remained the same.

Table 22: Adult IP Services

		CY 2024			CY 2025		
County	**Gender**	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	Female	195	25	$4,623,249	193	22	$4,811,538
	Male	208	21	$3,871,022	192	18	$4,138,555
Total		403	23	$8,444,272	385	20	$8,950,093
Dauphin	Female	364	22	$10,406,933	351	26	$9,305,682
	Male	391	27	$10,220,152	330	28	$9,792,563
Total		755	24	$20,627,085	681	27	$19,098,246
Lancaster	Female	506	19	$10,872,101	439	24	$10,415,096
	Male	539	19	$14,113,164	534	24	$14,093,097
Total		1,045	19	$24,985,265	973	24	$24,508,193
Lebanon	Female	140	17	$2,590,352	146	26	$2,942,079
	Male	169	20	$4,077,386	171	21	$4,202,005
Total		309	19	$666,738	317	23	$7,144,083
Perry	Female	33	27	$1,095,239	26	26	$652,719
	Male	28	15	$441,663	35	11	$540,495
Total		61	21	$1,536,953	61	17	$1,193,214
Grand Total	Female	1,231	21	$24,501,865	1,151	24	$28,627,395
	Male	1,326	21	$30,115,301	1,251	23	$31,929,665
		2,557	**21**	**$62,261,312**	**2,401**	**24**	**$60,893,828**

SUBSTANCE USE DISORDER 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, Medications for Substance Use, 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 Medications for Substance Use in licensed D&A outpatient clinics.

Substance Use Disorder (SUD) 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
SUD Outpatient
SUD Intensive Outpatient
SUD Partial Hospitalization
Methadone Maintenance
Certified Recovery Specialist Support
Opioid Use Centers of Excellence

From CY 2024 to CY 2025 there was a 23.88% decrease in the number of C/A who utilized a D&A service along with a 7.53% decrease in costs (Table 23). The number of adults who accessed a HealthChoices D&A service in CY 2025 decreased 2.52% from CY 2024 (Table 24). Adult expenses increased 9.72%. Of the 9,708 adults who accessed a D&A service in 2025, 41.40% are considered co-occurring and 58.82% of the 2025 C/A who accessed a D&A are considered co-occurring.

Table 23: Children/Adolescent D&A Services

	CY 2024			CY 2025		
Service	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Non-Hosp Res - Detox	0	0	$0	0	0	$0
Non-Hosp Res - Rehab	39	74	$868,171	42	67	$745,821
OP D&A Clinic	173	38	$101,964	166	43	$108,466
Level of Care Assessments	13	1	$874	21	2.05	$1,525
Partial Hospitalization Program	0	0	$0	0	0	$0
D&A IOP	18	35	$31,990	18	26	$27,317
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 2024			CY 2025		
Service	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
IP D&A Hospital - Withd Mgt	79	6	$353,847	69	6	$257,689
IP D&A Hospital - Rehab	80	17	$940,455	108	20	$1,217,426
Non-Hosp Res - Withd Mgt	1,196	5	$2,973,262	1,154	4	$3,040,076
Non-Hosp Res - Rehab Clinic Mang	2,616	27	$24,773,690	2,676	28	$28,575,372
Non-Hosp Res - Rehab- Med Monit	44	28	$392,617	79	32	$733,826
Non-Hosp Res - Halfway	488	69	$56,109	552	71	$7,139,471
OP D&A Clinic	6,156	49	$5,706,390	6,066	41	$6,150,852
D&A Assessment	1,812	2	$314,394	1,785	2	$263,318
OP D&A Meth Main	1,809	554	$5,550,819	1,701	456	$5,732,727
OP D&A Meth Main Therapy	1,899	32	$1,211,207	1,875	27	$1,041,842
D&A Partial Hospitalization	940	31	$7,271,389	984	26	$6,862,909
D&A - IOP	1,448	44	$3,572,225	1,786	42	$5,122,712
D&A Targeted Case Management	28	69	$92,141	20	165	$60,619
Certified Recovery Specialist Service	467	17	$79,284	340	15	$104,329
MAT Coordination	74	128	$31,983	58	40	$42,964
Opioid - Centers of Excellence	1,085	45	$551,481	856	46	$405,742
Total	9,959	52	$63,463,537	9,708	43	$69,632,715

*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. 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 2025, individuals utilized 25 different Hospital and Non-Hospital Withdrawal Management facilities. Of note, there was a 12.66% decrease in the number of adults that accessed Hospital-based Withdrawal Management services, versus a 3.51% decrease in the number of adults that accessed Non-Hospital Withdrawal Management.

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 35 different facilities in CY 2025. Pyramid served the largest number of Members (856), with White Deer Run serving the next highest number of consumers

(828). Overall, there was a 7.28% increase in the number of Members accessing NH Rehab, and a 10.19% increase in the dollars spent from CY 2024. (Table 25)

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

		2024		2025	
CUMBERLAND	Child/Adol	8	$193,170	9	$98,508
	Adult	323	$3,218,811	321	$3,101,088
DAUPHIN	Child/Adol	15	$364,800	10	$124,995
	Adult	1,069	$11,359,348	961	$10,161,087
LANCASTER	Child/Adol	14	$259,197	14	$405,005
	Adult	1,052	$11,602,999	1,294	$15,326,696
LEBANON	Child/Adol	0	$0	4	$48,584
	Adult	258	$2,485,128	306	$3,064,163
PERRY	Child/Adol	2	$51,003	5	$68,729
	Adult	36	$322,246	59	$499,908
TOTAL		**2,734**	**$29,856,702**	**2,933**	**$32,898,762**

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 13.11% from CY 2024. The average length of stay for adults in CY 2025 increased 2.90% from 69 days to 71 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 2025, there was a 4.05% decrease in the number of C/A who utilized a D&A OP service and a 1.46% decrease for adults, but an increase of 7.76% 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 2025, there was no change in the number of C/As who received IOP (18), as Table 23 shows. Adults had a 23.34% increase in utilization and experienced a 4.55% decrease in the

average length of stay. Overall, for all ages, IOP services had a 23.06% increase in utilization, a 42.89% increase in costs, but LOS decreased 4.55% from 2024. (Table 26)

Table 26: Intensive Outpatient Program

		2024			2025		
County	**Age**	**Consumers**	**LOS**	**Dollars**	**Consumers**	**LOS**	**Dollars**
CUMBERLAND	Child/Adol	3	36	$7,221	3	37	$6,676
	Adult	212	40	$416,967	179	44	$419,944
DAUPHIN	Child/Adol	14	36	$22,193	15	24	$20,641
	Adult	472	48	$1,037,604	648	41	$1,501,873
LANCASTER	Adult	602	44	$1,716,907	824	42	$2,785,041
LEBANON	Child/Adol	1	24	$2,576	0	0	$0
	Adult	163	40	$378,301	141	42	$358,249
PERRY	Adult	13	36	$22,452	20	40	$58,606
TOTAL		**1,466**	**44**	**$3,604,215**	**1,804**	**42**	**$5,150,029**

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 2025, the number of adults who utilized a PHP increased 4.68% and cost decreased 5.62%. 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 2025 which was consistent with 2024.

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 2025. Utilization decreased by 28.07% and length of time in treatment decreased 17.69% and costs increased by 0.21%. (Table 27) Beginning in April of 2023, Methadone services were unbundled for payment. Monitoring of the unbundled services continued in CY 2025.

Table 27: Methadone Maintenance

		2024			2025		
		Consumers	**LOS**	**Dollars**	**Consumers**	**LOS**	**Dollars**
CUMBERLAND	Meth Maint Dosing	285	430	$851,000	295	506	$902,353
	Meth Maint Therapy	321	36	$228,483	298	21	$120,946
DAUPHIN	Meth Maint Dosing	526	439	$1,464,119	485	385	$1,550,583
	Meth Maint Therapy	565	37	$298,563	608	25	$279,083
LANCASTER	Meth Maint Dosing	685	640	$2,191,917	641	471	$2,197,637
	Meth Maint Therapy	668	24	$390,984	619	22	$341,505
LEBANON	Meth Maint Dosing	277	717	$833,564	250	520	$853,090
	Meth Maint Therapy	296	43	$248,410	312	44	$264,258
PERRY	Meth Maint Dosing	63	495	$210,218	60	385	$229,064
	Meth Maint Therapy	68	37	$45,182	67	26	$37,958
TOTAL		**2,184**	**114**	**$6,762,440**	**2,130**	**82**	**$6,776,477**

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. In CY 2025, there was a decrease in consumers accessing CRS from 518 to 384. The RASE Project closed in December 2025 and supported these consumers. Through reinvestment funds (Appendix A), another provider, The Harbor, was procured to provide CRS services across the Counties. Services began under the name Anchored Peer Support Services in March of 2025 starting with Cumberland and Perry Counties, by the end of 2025, services began in Dauphin County. The Harbor supported 47 additional consumers. The services will then be offered in Lebanon and then Lancaster Counties in CY 2026.

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 15 locations that have embedded a CRS into their D&A OP clinic. There were 865 individuals that received CRS support in CY 2025, compared to 503 that received CRS services in CY 2024, showing with the continued expansion of this service, more individuals have been able to access this type of recovery support.

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 2025, there were a total of 1,065 In-Network Providers available to CABHC Consumers, which includes individual practitioners, clinics/facilities and practice groups. There was a total of 544 providers credentialed (new and recredentialed) in CY 2025. Of those, 229 were Individuals (52 were new psychiatrists) and 9 new facilities and/or professional groups joined the network in CY 2025. Throughout the year, there were 125 Providers terminated from the Network. All of the providers who were terminated from the network were voluntary; either the provider requested the termination or the provider failed to respond to requests for re-credentialing. The provider turnover rate for 2025 was 10.50%. There were also out of network agreements with providers not currently in the Provider Network, increasing access to care for Members. In CY 2025, there were 231 out of network agreements completed, with meets MNC for MHIP 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 all quadrants of Lebanon County. An exception request was required for MH Partial Hospitalization for Adults and C/A in the NW and SW quadrants for Cumberland County. The urban access standards were not met for Cumberland, Dauphin, and Perry Counties 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 2025 survey, 1037 surveys were sent via email to the provider network. eighty were completed in full, resulting in an 8% response rate. This is lower than the 13% response rate in 2024. As in the past, the survey could be completed using the web-based survey program QuestionPro, or by completing a paper version of the survey and returning it to CABHC. The survey uses a Likert scale with 1 being very dissatisfied and 5 being very satisfied.

The survey contained questions on five main categories, separated into 12 sub-sections: Communication, Provider Relations, Claims Department, Quality Improvement, and Clinical Department. Overall, the average total score for the survey was 4.0. 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 2025. The 2025 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	2025
Communication	3.7	4.1	4.0	4.0	4.0	3.9	4.0
Provider Relations	3.8	4.3	4.2	4.4	3.8	4.1	4.3
Provider Orientation	4.0	4.1	4.7	4.6	4.4	4.0	4.5
Provider Meetings & Trainings	3.8	3.6	3.9	4.2	4.1	4.1	4.1
Claims Processing	3.7	4.0	3.9	3.9	3.9	3.7	3.9
Administrative Appeals	3.5	3.8	3.9	3.8	3.4	3.8	4.0
Credentialing & Re-credentialing	3.8	4.0	3.9	4.0	4.1	3.9	4.0
Complaints	4.0	3.9	4.3	4.1	4.0	3.0	2.6
Grievances	4.0	4.3	4.2	4.3	3.0	3.1	3.7
Treatment Record Reviews	4.1	4.0	4.0	4.4	4.4	3.9	4.0
Clinical Care Management	3.8	4.1	4.0	4.1	4.2	4.0	4.2
Member Services	3.8	4.0	4.0	4.1	4.0	3.9	4.1
Average Total Score	**3.8**	**4.0**	**4.1**	**4.2**	**4.0**	**3.8**	**4.0**
Total Number of Respondents	86	90	104	116	46	71	80
Response Percentage of Total Surveys Sent	31%	33%	31%	25%	9%	13%	8%

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 2025,

there were three levels of care that met or exceeded access goals established by the PRC that included: MH PHP, and D&A IOP. Family Based and D&A PHP dropped in their access rates in CY 2024. Family Based access increased from 67.34% in CY 2024 to 71.45% in CY 2025. SUD PHP had a notable decrease in access from CY 2024 (78.92%) to CY 2025 (64.13%). Due to reporting issues, access standards for MH TCM and Peer Support were not available in CY 2025.

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 2025 results will be presented with the year-end reports in 2026.

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 2025 was 80% for all levels of care. Providers that score below 80% are required to submit a Quality Improvement Plan (QIP). In the 2025 review cycle, PerformCare conducted 43 TRRs. There were five providers that required a QIP due to their low benchmark scores, a reduction from the 15 QIPS in CY 2024: 1 FQHC, 1 IBHS, I MHIP, I MHOP, and 1 MH RTF. Follow up included quarterly collaboration between PerformCare and the providers to assess progress on their QIPs. The number of TRRs conducted did decrease by 10 from CY 2024, as there were fewer providers who were going through 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 2025, CABHC facilitated presentations for the CFFC from Penn State Medicine presenting on Eating Disorders.

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 2025, the Committee members selected the trainings topic for the full day training: The Impact of Social Media on Mental Health Across the Lifespan ". The training was held on October 1, 2025. Michelle Young from McDaniel College presented on social media. There were 68 people who attended the training. The session was 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 throughout CY 2025, to continue to discuss and assess the improvement of the delivery of PSS. Additionally, a recognition luncheon event was planned to recognize the peer services provided to our Members. This was held on October 16, 2025. Guest Speakers that explained the history of peer support and recovery specialist, lunch and certification of recognition of each PSS and CRS were part of this recognition. In collaboration with the PSSSC, CABHC 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. Applicants that are approved by the panel are eligible for CPS scholarship to cover the cost of the training. In CY 2025, the panel approved and CABHC sponsored 11 CPS scholarships, this is one less than in CY 2024.

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 2025.

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 2025, PerformCare developed Integrated Care Plans (ICPs) on 1,341individuals 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 2025 that included CABHC, Tuscarora Managed Care Alliance, PH-MCOs including AmeriHealth Caritas and HighMark, 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 2025, PerformCare had 18 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 2025 with the three interventions from CY 2024, 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 79.17 % had gotten a diabetic screening completed in 2025. This is an increase from CY 2024. However, data showed that SPMI Members receiving MPN that had a diagnosis of diabetes, 10.00 % had a HbA1c that was in poor control, and for SPMI Members diagnosed with cardiovascular disease, 57.14% had a lipid test in 2025. This was a decrease from CY 2024 in this measure. Discussions will assess follow up needed in 2026 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+ MPN encounters, SPMI and on antipsychotic meds	Members Screened	Percent
MY 2023	**160**	**119**	**74%**
MY 2024	**165**	**124**	**75%**
MY 2025	**144**	**114**	**79%**

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%**
MY 2025	**59**	**20**	**2**	**10%**

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%**
MY 2025	**14**	**8**	**57%**

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 2023	2	4,284	37	0.0086
	3+	5,795	126	0.0217
MY 2024	2	4,733	60	0.0127
	3+	7,171	96	0.0134
MY 2025	2	5,276	82	0.0155
	3+	9,809	184	0.0188

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 2023	2	4,284	377	0.0880
	3+	5,795	668	0.1153
MY 2024	2	4,733	321	0.0678
	3+	7,171	731	0.1019
MY 2025	2	5.276	401	0.0760
	3+	9,809	1,021	0.1004

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%
MY 2025	2	55	80	17	21.25%
	3+	113	178	36	20.22%

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 2025, there were 35 referrals made to LEMS and 17 Members seen in the program. This is 17 less Members seen than in 2024. 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 2025 was 7.69%, and the 7 day follow up rate was 54.55% and the 30 day follow up rate was 72.73%. 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 2025 was 4,448 compared to 4,242 in CY 2024.

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 2025, 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 15,060 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 975

consumers for SDoH needs, with housing instability being the highest SDoH need funded (Chart 14).

Chart 13: CHW by service type provided

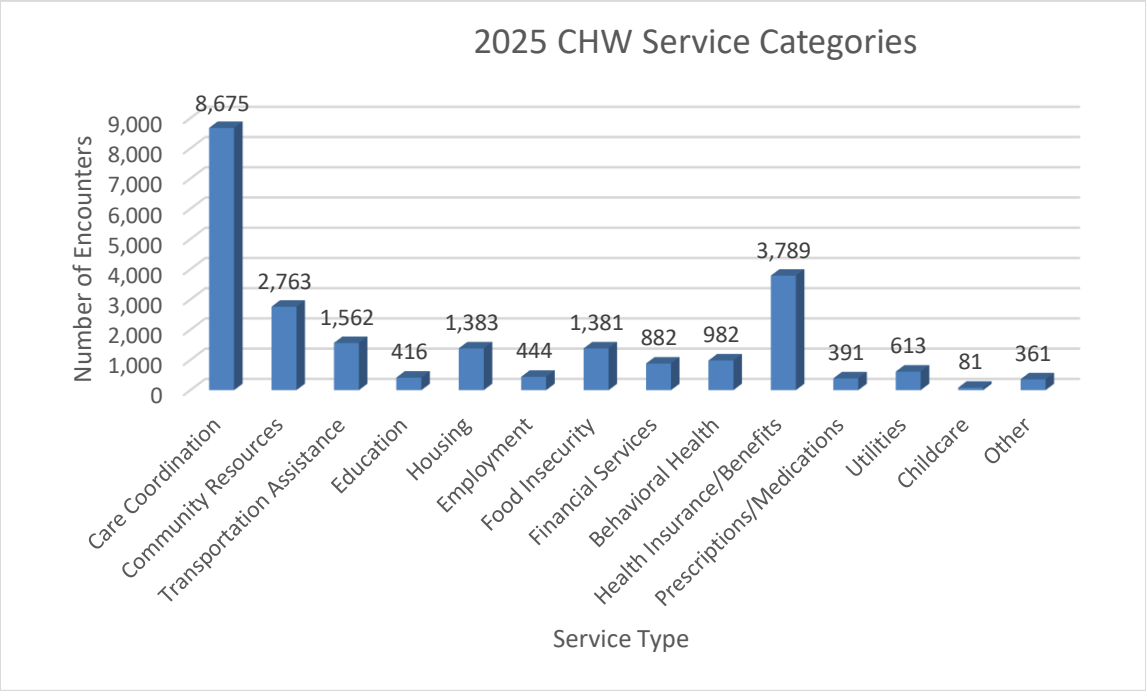
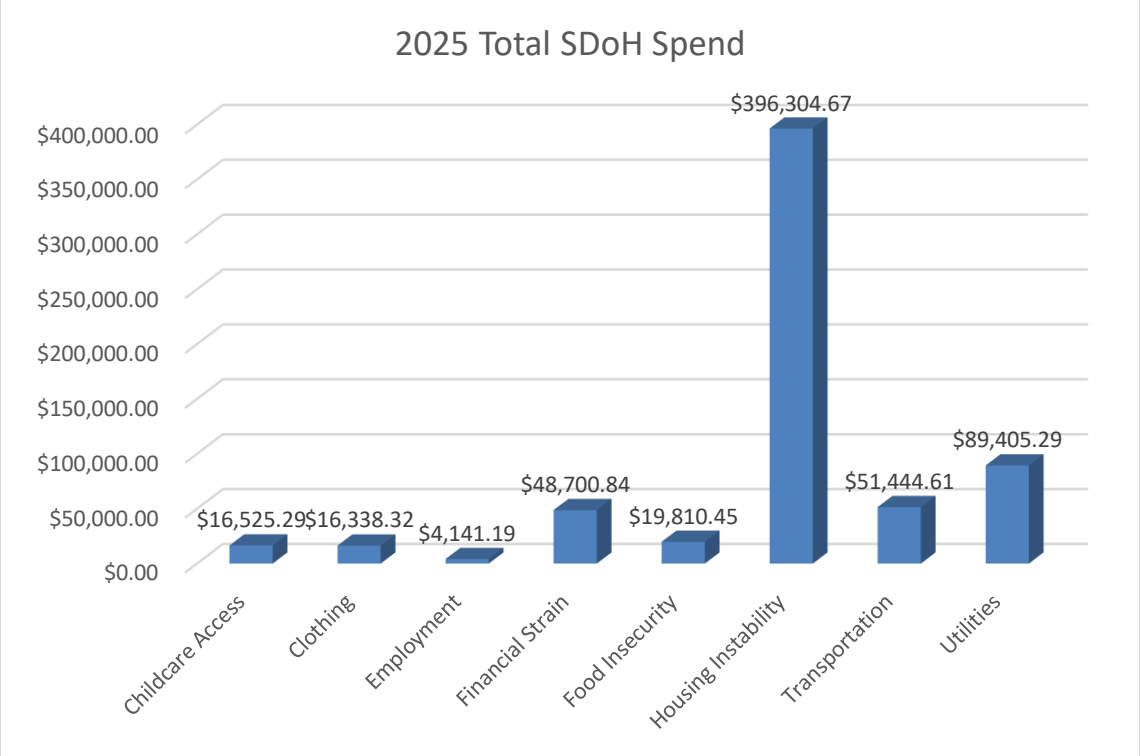


Chart 14: FQHC SDoH Funds by type



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 2025, 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 2025, providers had an increase in earnings with the case rate model for a total of $3,372,295, 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 2025 if they met both the case rate and the CANS outcomes.

Table 35: FBMHS VBP 2025

Provider Name	Total FBMHS Discharges for CY 2025	Total Tier 3 or 4 Met	CDR CANS Outcomes Met	Tier 3 or 4 & CANS Outcomes Met	CANS Bonus Payment
CSG FBMH	54	34	8	8	**$11,627.92**
DIAKON FBMH	71	49	9	8	**$11,627.92**
JEWISH FAMILY SERVICES FBMH	31	12	3	2	**$2,906.98**
LAUREL LIFE SERVICES FBMH	39	23			**$0.00**
MERAKEY STEVENS CENTER FBMH	23	16	5	4	**$5,813.96**
PA COUNSELING SVCS FBMH	285	196	98	89	**$129,360.61**
TEAMCARE BH FBMH	29	21	9	9	**$13,081.41**
WELLSPAN PHILHAVEN FBMH	106	71	52	47	**$68,314.03**
YOUTH ADVOCATE PROG FBMH	56	24	7	5	**$7,267.45**
Grand Total	**694**	**446**	**191**	**172**	**$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 2025, 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 2025, there were 719 qualifying discharges that met the standard, or 28.37% 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 2025, highlighted below. Overall, in CY 2025 there were 12 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.

The Respite outcome data presented in Table 36 reflects the difficulty in recruiting and retaining respite workers. The number of Members served deceased from 34 to 27 in CY 2025, and the total number of respites provided decreased from 302 in CY 2024 to 191 in CY 2025. Total expenditures amounted to $14,011.64. As noted above, this program ended 12/31/2025 due to continued low utilization of the program.

Table 36: Respite Services CY 2025

County	# Members Served	# of Respites
Cumberland	**2**	**5**
Dauphin	**2**	**7**
Lancaster	**16**	**126**
Lebanon	**6**	**48**
Perry	**1**	**5**
Total	**27***	**191**

***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 2025, a total of 154 youth participated in the four programs, this is a decrease from 171 in 2024.

Table 37: Specialized Transitional Support

County	Program	Members
Cumberland/Perry	NHS Stevens Center	32
Dauphin	The JEREMY Project, through CMU	42
Lancaster	Community Services Group	49
Lebanon	The WARRIOR Project, PA Counseling Services	31

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, 2025, a total of 23 licensed Recovery House organizations were participating in the Program, offering 1,022 beds for men and women across 83 houses. In CY 2025, CABHC issued scholarships to 353 individuals, which is a 4% decrease from the 366 scholarships issues in CY 2024.

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 54% of people left voluntarily and 36% were asked to leave the recovery house for different reasons. Sixty percent of the individuals were employed and another 28% were looking for work, while 61% were compliant with house rules. There were 75% of Members reported that they participated in treatment and 71% 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, 2025.

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 2025:

CSS surveyed 1,277 consumers from the Counties that represent 915 adults (71.7%) and 362 children/adolescents (28.3%). Of all the adult consumers who were surveyed, 879 (96.1%) responded for themselves. For C/A, 349 (96.4%) had a parent/guardian respond for them, and 6 (1.7%) responded for themselves with a parent/guardian present. There was a large decrease in the number of face-to-face surveys conducted compared to CY 2024, 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%
CY 2025	915	300	32.79%	362	16	4.42%	1,277	316	24.75%

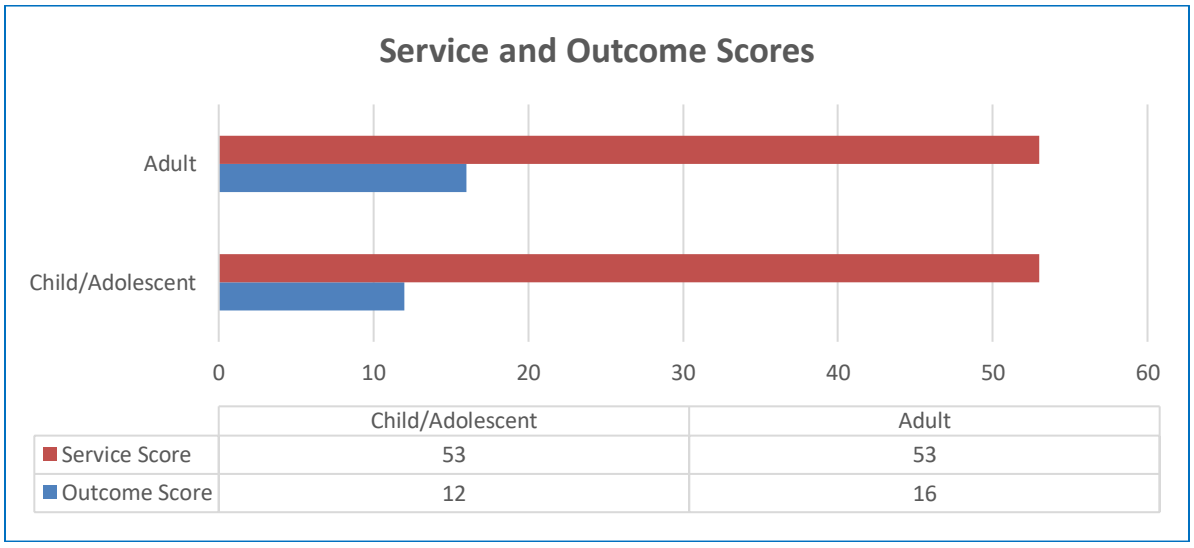
In CY 2024, there were 10 treatment levels of care that were surveyed by CSS. Data was collected by seven interviewers from 55 treatment facilities that include:

Levels of Care	**Surveys**	**%**
SUD Partial Hospitalization	171	17.9%
EIBS	25	2.6%
TCM (Resource Coordination)	29	3.0%
Psych Rehab	63	6.6%
TCM (Intensive Case Management)	46	4.8%
TCM (Blended Case Management)	86	9.0%
Mobile Psych Nursing	38	4.0%
Mental Health Partial	123	12.9%
Mental Health Inpatient	369	38.6%
EAC	7	0.7%
Total	**957**	**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 114.86, which is slightly higher than 114.80, from the CY 2024208 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



	Child/Adolescent	Adult
Service Score	53	53
Outcome Score	12	16

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 2025 Consumer Satisfaction report can be viewed on the CABHC web site at https://www.cabhc.org/reports/consumer-surveys/.

FISCAL OVERVIEW

Entering 2025, it was anticipated that the capitation rates established for the Program would be insufficient to cover projected medical claims expenditures. Consistent with the projections, 2025 began with a deficit that continued throughout the year. In July 2025, CABHC formally requested adjusted capitation rates back to January 2025. However unlike in 2024, OMHSAS was unable to provide any rate relief for the 2025 contract year. As a result, the CABHC Board of Directors were required to identify additional measures to mitigate the ongoing deficit and try to preserve risk reserves. Several actions were taken to address the financial shortfall. Available administrative fund surpluses were redirected to offset medical claims expenditures, certain reinvestment programs were discontinued, certain reinvestment contract amounts were amended to redirect funding any available ICP/P4P funds were redirected to help offset the deficit. Despite these efforts, utilization of risk reserves occurred during 2025. Additionally, no provider rate increases could be considered, limiting CABHC's ability to strengthen the provider network.

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 positive during CY 2025 even with the decrease of membership during the FY of -3.22%. 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 2025 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 2025, 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 a requirement that they provide an explanation to CABHC of increases in these fees over a certain percentage threshold. At the end of CY 2025, the management fees and services fees were below the budget target range.

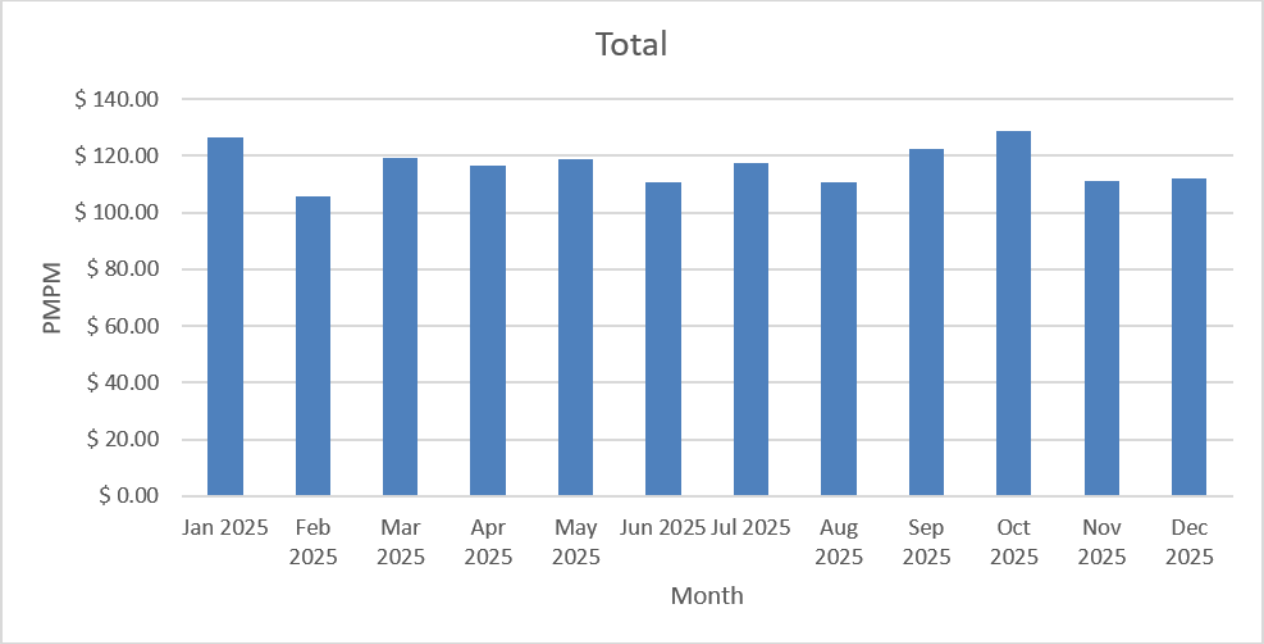
PerformCare ended the fiscal year with excess administrative surplus above the contract stated profit cap and therefore was required to return funds to CABHC. CABHC used these excess funds to cover a portion of the considerable medical claim's deficit in 2025.

HealthChoices Program Performance

The financial solvency of the HealthChoices Program is closely monitored through a review of the CABHC medical claims 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 expenses paid during each month for January 2025 – December 2025. The program paid YTD claims with a PMPM cost of $116.64.

Chart 13: Per Member/Per Month Claim Cost



The HealthChoices medical revenue received in CY 2025 did not cover the medical claims 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 2025, 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, 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.

CABHC BOARD OF DIRECTORS

Annie Strite, *Chair*	Perry County
Holly Leahy, *Vice Chair*	Lebanon County
Richard Kastner, *Treasurer*	Lancaster County
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Linda McCulloch	Cumberland County
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Ryan Simon	Perry County
James Donmoyer	Lebanon County
Randie Yeager	Dauphin County
Brenda Iliff-Lawver	Cumberland County
Miranda Melton	Cumberland County

CABHC Staff

Scott Suhring	Chief Executive Officer
Aja Orpin	Executive Assistant
Melissa Hart	Chief Financial Officer
Amanda Treadwell	Director of Program Management
Jenna O'Halloran-Lyter	Children's Specialist
Tracye E. Johnson	Member Relations Specialist
LeeAnn Fackler	Drug & Alcohol Specialist
Nikki McCorckle	Quality Assurance Specialist
Ramona Williams	Provider Relations Specialist
Akendo Kareithi	Accountant

CABHC COMMITTEES

Consumer/Family Focus Committee

Brenda Iliff-Lawver	Cumberland-Perry County
Scott Suhring	Capital Area Behavioral Health Collaborative, Inc.
Aja Orpin	Capital Area Behavioral Health Collaborative, Inc.
Nicole Snyder	Lebanon County
Jeff Bowers	Consumer
Lisa Klinger	Family Representative
Jennifer Polhemus	Consumer
Abby Robinson	Consumer Satisfaction Services
Danny Albert	Consumer
Tracye E. Johnson	Capital Area Behavioral Health Collaborative, Inc.
Jessica Paul	Consumer Satisfaction Services
Annie Strite	Cumberland-Perry County

Elizabeth Bowman	Consumer
Jerry Sipes	Consumer
Latisha Brown	Consumer
Frank Magel	Dauphin County

Peer Support Services Steering Committee

Diana Fullem	Recovery-Insight, Inc.
Scott Suhring	Capital Area Behavioral Health Collaborative, Inc.
Annie Strite	Cumberland-Perry County
Laura Jesic	Merakey
January Abel	Recovery-Insight, Inc.
Frank Magel	Dauphin County
Kasey Felty	Lebanon County
Monica Thomas	Philhaven
Kelly Smith	Peer Star
Tracye E Johnson	Capital Area Behavioral Health Collaborative, Inc.
Karen Speece	Keystone Service Systems
Brian Wilson	Cumberland-Perry County
Nate Rowe	Lancaster County
Janina Kloster	PerformCare

Clinical Committee

David DeSanto	Dauphin County
Amanda Treadwell	Capital Area Behavioral Health Collaborative, Inc.
Aja Orpin	Capital Area Behavioral Health Collaborative, Inc.
Jenna O'Halloran-Lyter	Capital Area Behavioral Health Collaborative, Inc.
Nikki McCorkle	Capital Area Behavioral Health Collaborative, Inc.
Danny Albert	Consumer
Nitarah Iannacone	Dauphin County SCA
Rachel Alford	Dauphin County
Megan Johnston	Cumberland-Perry County
Erica Scanlon	Lancaster County
Christine Kuhn	Lancaster County
Janine Mauser	Lebanon County
Robin Tolan	Cumberland-Perry County
Annie Strite	Cumberland County
Kasey Felty	Lebanon County
Tania Maser	Lancaster County
Matthew Rys	Lebanon County SCA
Becky Sayeg	Lancaster County SCA
Brenda Iliff Lawver	Cumberland-Perry SCA

Provider Relations Committee

Ryan Simon	Cumberland-Perry County
Holly Leahy	Lebanon County
Scott Suhring	Capital Area Behavioral Health Collaborative, Inc.
Rachel Alford	Dauphin County
Janina Kloster	PerformCare
Ramona Williams	Capital Area Behavioral Health Collaborative, Inc.
James Donmoyer	Lebanon County
Connie Pyle	Lancaster County

Fiscal Committee

Melissa Hart	Capital Area Behavioral Health Collaborative, Inc.
Linda McCulloch	Cumberland-Perry County
Paul Geffert	Dauphin County
Richard Kastner	Lancaster County
Sue Douglas	Lebanon County
Ryan Simon	Cumberland-Perry County
Eric Watts	Lancaster County
Joe Scott	Lancaster County
Scott Suhring	Capital Area Behavioral Health Collaborative, Inc.

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Keven Cable	PerformCare
LeeAnn Fackler	Capital Area Behavioral Health Collaborative, Inc.
Jack Carroll	Cumberland-Perry County
Kristin Varner	Dauphin County
James Donmoyer	Lebanon County
Dr. Stacey Rivenburg	PerformCare
Abby Robinson	Consumer Satisfaction Services
Amanda Treadwell	Capital Area Behavioral Health Collaborative, Inc.

Report Completed By:

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Ramona Williams	Provider Relations Specialist

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 12/2025 For the month of October 2025 total respites delivered were 15 in the amount of $1,233. YAP RMA just added CCIU to the respite provider network. At this time there are two providers, YAP and CCIU, who can provide respite services. All other respites are being delivered by friends and family. The workgroup has implemented a few changes in September to try to increase utilization to the network. Unfortunately, there has been little movement. A decision was made to end respite services on 12-31-25.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Specialized Transitional Support for Adolescents	All	Jeremy, NHS, Warrior CSG	19/20	Various	Operational
Description:					
This project was started with the goal of giving support to adolescents from the age of 16-22 years who are HealthChoices Members. These Members all are at a point where there is a need to begin planning their transition from children to adult services. The transitional program is designed to focus on four basic target domains to assist these individuals in becoming successful adults, including: Education, Employment, Independent Living, and Community Involvement. There are currently four providers for transitional services, The Jeremy Project in Dauphin County, Merakey (formerly NHS Stevens Center) in Cumberland and Perry Counties, PCS Warrior in Lebanon County and CSG in Lancaster County.					
Status: Update: 12/2025: For the month of October 2025, 73 Members participated in the STSA project. Total units delivered were 2,229. 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 Program	All	Various	16/17, 19/20	12/1/2007	Operational
Description					
There are a number of individuals who, when completing non-hospital rehabilitation or halfway house services for the treatment of substance abuse issues, require some form of transitional housing to support their recovery. This may include individuals who are homeless or whose prior living situation would have undermined their recovery efforts. A local network of Recovery Houses has been developed to provide a living environment that reinforces recovery. In order to assist individuals who, qualify, CABHC can provide scholarships to fund up to two months' rent for a person to move into a Recovery House. CABHC began providing scholarships in December 2007.					

Status: Update 12/2025: The Recovery House Scholarship program awarded 30 scholarships in November, bringing the total number of scholarships issued in CY 2025 to 319. CY costs total $239,759. As of this report, there are 84 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 12/2025: All housing initiatives have been completed.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Embedding RSS in D&A OP Clinics	All Counties	PHS, Ponessa, PCS, Naaman, ARS	17/18, 19/20	9/2018	Operational
Description:					
This project is to foster peer to peer recovery support services designed and delivered by persons in recovery which will network and build strong and mutually supportive relationships with formal systems in the community. The D&A Recovery Specialist service will expand by embedding Certified Recovery Specialists (CRS) into four licensed D&A OP clinics (one in each county with CU/PE being a joinder) 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 12/2025: All of the OP clinic sites from CRS expansion across the Counties have implemented CRS services, and all will continue to submit monthly encounter data to CABHC via Sync. No further updates.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Recovery House Licensing Support	All	Varied	19/20	July, 2022	Operational
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 12/2025: No update on RASE, but they were moving ahead with renovations and planning to start the process as soon as possible.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A MAT Expansion	All	Gaudenzia, Blueprints, Roxbury	19/20	2021	Operational

		Gaudenzia, Naaman			
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 12/2025: This service was implemented with the exception of Roxbury, from the previous MAT expansion project. That contract expired 6/30/25 and was not renewed. No further updates.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
SDOH Projects	All	Varied	19/20	8/2021	Operational
Description:					
Services are targeted to support adults and children/adolescents (children) who are enrolled in MA. The target population will either be part of the OMHSAS approved CBCMP FQHC program model, or through the County's Case Management Unit/Crisis Intervention Service. This priority will utilize reinvestment funds to support the funding of SDoH supports as provided by CBOs in our Counties. The first model ties the funding of SDoH as part of the OMHSAS approved Community Based Care Management Program that we operate with our four FQHCs utilizing Community Health Workers. Reinvestment funds will be leveraged to provide access to SDoH supports through a needs assessment conducted by the CHWs. The second model will operate similarly to the first model but will broaden the population to be served by allocating funds to each of the Counties for use by their Case Management programs and Crisis Intervention. The funds will broaden support to members that are not involved with the FQHC/CHWs but are just as much in need of supports with their SDoH.					
Status: Update 12/2025: The FQHC's continue to submit data related to CHW contacts. The YTD 2025 CHW encounters show: Family First (3 locations) served 1,031 individuals; Hamilton Health (5 locations) has served 2,466 individuals; Sadler Health (1 location) has served 3,673 individuals; and Union Community Care (6 locations) has served 6,945 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 YTD 2025 SDoH supports: Family First has provided assistance to 18 individuals for a total of $10,189.83; Hamilton Health has assisted 65 individuals for a total of $16,005.93; Sadler Health has assisted 42 individuals for a total of $11,280.84; and Union Community Care has assisted 104 individuals for a total of $118,314.77. The number one category of financial assistance continues to be housing instability ($131,042.43 for 83 individuals). All five Counties have implemented their County level SDoH projects. YTD 2025 SDoH supports: Lebanon assisted 29 individuals for a total of $23,869.93; Lancaster assisted 324 individuals for a total of $71,649.73; Cumberland assisted 51 individuals for a total of $43,950.11; Perry assisted 18 individuals for a total of $18,788.16; and Dauphin assisted 140 individuals for a total of $98,774.90. The number one category of financial assistance continues to be housing instability ($147,705.97 for 158 individuals), followed by financial strain ($38,886.60 supporting 226 individuals).					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A NH 3.5 Rehab	Lancaster	Nuestra Clinica	19/20	TBD	Operational
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 12/2025: Based on conversations that Nuestra Clinica had with Scott and Rick (Lancaster SCA), the contractual obligations for this project have been met and it will no longer be monitored. No further updates.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
BH Urgent Care	Dauphin/Lancaster		19/20	1/2024	Operational
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 12/2025: Data reports have been provided, and working with LGH to add some additional measures. Will be assessing the type of reporting to monitoring the CWIC activity, as well as look at outcome measurement data. Continuing to monitor the impact on ED utilization and connection to community supports.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
ABFT	All	Varied	19/20	7/2023	Operational
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: 12/2025: Currently there are eight clinicians who have passed the Level II exam. Only 1 clinician was moving on for full certification.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Behavioral Health Supports for Nursing Home Facilities	All	Varied	2021	TBD	Under Development
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: 12/2025: RFP was sent to the three identified providers on 12/8/2025. Due date for proposals is 1/30/2025.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Dauphin County Psych Rehab Services Provider	All	CSG	2021	1/2024	Completed
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: 12/2025: Project Completed.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Access to Telehealth Support for Members	All	Naaman	2021	9/2023	Rescinded
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: 12/2025: There have been no new funds used since February 2025, so there has been no additional spend since that time. Naaman met with Amanda and Melissa in July to discuss the project and the decision was made to end the project and have Naaman return the funds due to an inability to spend them down. No further updates.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Contingency Management for Adults Training	All	Naaman, Blueprints, Gaudenzia	2021	4/2024	Operational
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: 12/2025: Training continues and participants either are or will begin submitting tapes for review and consultation with Arena staff (Phase 3). This 3rd phase continues for 17 months, and then staff will receive their certification. Scott developed an					

enhanced rate for the providers that will be certified in CM. That will be enacted once they receive the certification for the training.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Psychiatric Residency Program	All	Penn State	2021	TBD	Operational
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: 12/2025: No new updates, the first resident has started in the program.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A RSS Services, standalone program	All	The Harbor	2021	11/1/2024	Operational
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: 12/2025: The Harbor's RSS program has been operational in Cumberland/Perry Counties since March 31st. They expanded into Dauphin County in mid-October, renting space in a building at 2337 N. 3rd St. in Harrisburg. Expansion into Lebanon County should occur sometime in Spring of 2026. The implementation team, with representation from CABHC, PerformCare, the SCAs, and The Harbor, continues to meet monthly.					

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	Rescinded
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: 12/2025: CABHC received formal notice from WDR that they are no longer pursuing the project due to insurmountable costs associated with the building's proposed renovations. They are terminating the grant and will refund CABHC the full award amount. No further updates.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Adult Residential Services	All	N/A	2022	5/2024	Completed
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: 12/2025: Counties were provided with their allotment of funds for their County. No further update.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
MH IP Expansion	All	UPMC	2023	1/2025	Under Development
Description:					
UPMC/Western Psych is developing a new adult MH IP psychiatric unit to be located in the structure of Harrisburg Hospital. When approached by their team, we asked if they would be willing to include a small Extended Acute Care Unit since access to the existing two units and beds at the State Hospitals are making LOS in acute care settings longer and preventing access to those beds. The unit being developed will have a total of 20 beds, 4 of which will be EAC and the remaining 16 acute. CABHC Counties will have sole use of the EAC beds and will be managed the same way as the other EAC units.					
Status: 12/2025: Discussions continue regarding a contract for the reinvestment project of MHIP and EAC bed expansion. No further updates.					