CAPITAL AREA BEHAVIORAL
HEALTH COLLABORATIVE, INC.
Established October 1999

CAPITAL AREA BEHAVIORAL HEALTH COLLABORATIVE, INC.

CONTINUOUS QUALITY IMPROVEMENT ANNUAL REPORT

Calendar Year 2015

Contents

EXECUTIVE SUMMARY

CABHC manages the HealthChoices Behavioral Health contract for Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties (Counties). Through our partnership with PerformCare, the Counties and other stakeholder groups, we provided services to a total of 42,613 individuals out of a possible membership of 233,536. Adults comprise 60% of the people who accessed treatment compared to 40% for children/adolescents (C/A), with Lancaster County maintaining the greatest number of individuals who received treatment out of the Counties.

CABHC is committed to providing accessible Behavioral Health services to children/adolescents that are consistent with the Child and Adolescent Service System Program (CASSP) principles. Services are provided through a network of 300 C/A providers that includes individual practitioners, community based services and residential facilities. The behavioral health services utilized the most by C/A is Mental Health Outpatient services followed by Behavioral Health Rehabilitation Services. The number of C/A who access services has continued to increase in each successive year over the past three years. Children/adolescents without an Autism Spectrum Diagnosis (ASD) outpaced the growth of C/A with an ASD.

During 2015, efforts continued to improve access to and the quality of Behavioral Health Rehabilitation Services (BHRS). Detailed reporting was developed in order to identify access concerns which resulted in working with many of the BHRS providers to develop improvement plans in order to reduce wait times. Modest gains were obtained due to the efforts of the Providers and PerformCare in implementing the plans. In addition to improving access, PerformCare pursued efforts to complete action items that were included in the BHRS Summit Work Plan that was developed in 2013. Updates are provided to the CABHC Clinical Committee on a monthly basis detailing the progress of each of the 13 goals established in the Work Plan. Items that were completed in 2015 include the Child and Adolescent Needs Summary (CANS) Project; Efficacy of Best Practice Evaluations; BHRS and Early Intervention; BHRS Roles and FBMHS Guidelines.

In general, there was an increase in the utilization of many of the different services available to children/adolescents. Most notable was the use of MHOP Clinic and BHRS, BSC-Autism services.

The number of adults who accessed behavioral health services in 2015 increased 17.3% to 25,730 from 2014, primarily as a result of the Medicaid expansion. The majority of the adults accessed community outpatient programs including D&A services, through a network of 489 providers. There was a 12% increase in the number of adults who utilized outpatient services with an increase of 73% for Telepsych. In an effort to increase engagement in services following an inpatient discharge, PerformCare increased outreach to individuals utilizing Enhanced Care Managers who would be more engaged in a person's inpatient stay and discharge planning. In 2015, there was also a 73% increase in the number of people who accessed a behavioral health service in a Federally Qualified Health Center.

Mobile Psych Nursing experienced a minor increase in utilization and Peer Support Services increased 10%, although the length of service decreased from 153-144 days. Assertive

Community Treatment services remained stable. Out of the total number of adult consumers who accessed a behavioral health service (25,730), 2,392 received services in an inpatient program, resulting in an increase in utilization over 2014.

Throughout the Counties there are many treatment options for C/A and adults who have a Substance Use Disorder (SUD). Some of the services are inpatient and non-hospital detox and residential rehabilitation services, halfway houses, outpatient, medication assisted treatment and case management. In 2015, there was a 5% increase in the number of C/A who accessed a service and a corresponding 35% increase in costs. The number of adults who accessed a Drug and Alcohol (D&A) service increased 35% and costs increased 32%. Increases were primarily noted in Outpatient D&A, non-hospital detox and non-hospital rehabilitation. The medication assisted treatment options, Methadone Maintenance and the Buprenorphine Coordination program also experienced increases in utilization.

The CABHC provider network consists of 609 providers although not all of them provided services in 2015 as many of them are individual practitioners. The availability of providers is fairly consistent among the Counties with the exception of Perry County due to the rural nature of the County. Services provided to Perry County Members are often done so by providers located in Cumberland County.

In 2015, CABHC distributed a provider satisfaction survey that yielded a return rate of 25%. The survey noted four areas that scored lower in 2015 than in 2014. PerformCare was requested to develop Quality Improvement Plans to address each of the four areas with low satisfaction ratings.

As a result of a concern raised by a person seeking routine access to service, CABHC along with PerformCare developed improved monitoring of routine access for State Plan services. PerformCare developed metrics in order to measure access time for the required services, and began providing a Routine Access report in June 2015. The Provider Relations Committee reviews the report during their bi-monthly meetings.

In coordination with a provider's credentialing, PerformCare completes Treatment Record Reviews (TRR) every three years. The review evaluates a provider's performance in completing assessments, developing treatment plans, executing the treatment plan and adhering to recovery principles. In 2015, PerformCare completed 102 TRR that resulted in 33 quality improvement plans developed by providers who scored below the required threshold.

The Consumer Family Focus Committee (CFFC) was active with scheduling presentations during committee meetings in order to increase the committee member awareness and understanding of various resources and services throughout the community. The CFFC was instrumental in sponsoring Mental Health Advanced Directives training in each County. The Committee also chose to explore how to improve Consumer involvement in community life. Research occurred throughout 2015 that resulted in a focus on Social Capital.

In Collaboration with PerformCare and other stakeholders, CABHC has pursued efforts to improve Physical Health (PH) and Behavioral Health (BH) integration. Member Wellness has

been a focus with the addition of 13 new educational pieces added to the PerformCare Website. The PH/BH workgroup identified five new initiatives for PerformCare to pursue. A medication reconciliation toolkit was developed by PerformCare and posted to their website for providers to access and use.

Over the past several years, CABHC has been able to sustain the operation of four reinvestment programs that include Respite, Substance Abuse Supportive Housing, Specialized Transitional Support for Adolescents and the Recovery Specialist Program (RSP). It is anticipated that the RSP will eventually be recommended for HealthChoices Supplemental funding. In addition to the four previously mentioned reinvestment projects, CABHC supported the development of 20 additional projects that benefit all the Counties collectively, or specific County projects.

CABHC's financial performance remained strong during FY 2014/2015. As a result of Medicaid expansion, administrative capitated payments increased due to the increase in Member enrollment. The administrative surplus for 2015 was higher than the previous fiscal year, which was used to pay for additional reinvestment services. An audit was conducted by the Binkley-Kanavy Group that yielded no reportable findings.

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 Mental Health and Substance Abuse programs in order to provide monitoring and oversight of the Office of Mental Health and Substance Abuse Services' (OMHSAS) HealthChoices Behavioral Health contract. The Counties collectively contract with a Behavioral Health Managed Care Organization (BH-MCO), PerformCare, that carries out the day to day operations of the HealthChoices contract. The goals of the OMHSAS HealthChoices Behavioral Health Program are to enhance Members' access to health care services, to improve the quality of care accessible to Members, and to stabilize Pennsylvania's Medical Assistance spending. In accordance with these goals, CABHC's mission is:

To ensure access to and delivery of a coordinated, effectively managed, comprehensive array of quality mental health and substance abuse services that reflect the holistic needs of eligible residents throughout the five county area.

This report is intended to summarize CABHC's efforts during the 2015 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 PerformCare, to promote quality and effective service delivery.

The County Commissioners of each of CABHC's member Counties appoint two representatives to the Board of Directors, one representing Mental Health and one representing Substance Abuse. In addition, two non-voting representatives from the Consumer and 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) concerning Mental Health (MH) and Drug and Alcohol (D&A) matters and offer insight 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 (CEO).

The Administrative area is comprised of our Receptionist/Administrative Assistant, who is supervised by the Executive Assistant. The Financial area includes our 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 Network, and Quality Assurance. These five positions are supervised by the Director of Program Management.

A preponderance of the efforts of CABHC is accomplished through a committee structure, with the support of the CABHC staff positions outlined above. By design, each of the committees are chaired by a Board member and includes representation from each of the Counties, from individuals receiving mental health services through HealthChoices, families of these individuals, or individuals recovering from substance abuse. As needed, staff members from PerformCare are invited to attend the committee meetings. The CABHC committees include:

Clinical Committee
The Clinical Committee is responsible for providing clinical analysis and to review quality of care issues across all levels of care and oversight of treatment related activities of the HealthChoices program. This committee analyzes best practice guidelines and developments, monitors activity of Reinvestment Services, and as needed conducts additional studies of matters related to providing services to Members.

Consumer and Family Focus Committee
Consumers and family members comprise the majority of the Consumer and Family Focus Committee which is responsible for recruitment and training of Consumers' participation in the CABHC committee structure, providing feedback and recommendations of how the Program is managed, and education and outreach efforts to Members and stakeholders in the community regarding HealthChoices and recovery.

Fiscal Committee
Financial matters are monitored by the Fiscal Committee which is responsible for providing oversight regarding the financial matters associated with the HealthChoices program and the Corporation.

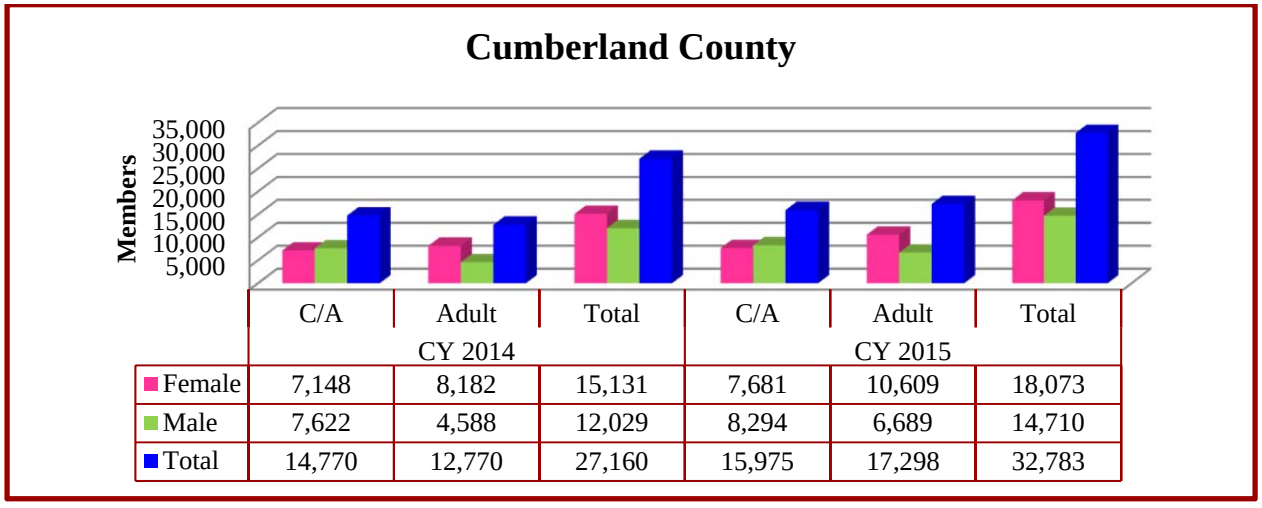
Provider Relations Committee
The Provider Relations Committee is responsible for the oversight of the provider network developed by PerformCare. Areas of focus includes monitoring the BH-MCO's provider network to assure access standards are met, choice is provided, specialty needs are available to

Members, develop and monitor the need for additional existing service locations and for new services, develop and monitor provider satisfaction surveys, monitor provider profiling reports, and monitor PerformCare credentialing committee activity.

In addition to these standing committees, CABHC also develops workgroups and other committees as needed to address a number of issues. The workgroups include the Peer Support Services Steering Committee (PSSSC), Drug & Alcohol, and the Respite Workgroup. These workgroups include consumers and representatives from each of the Counties.

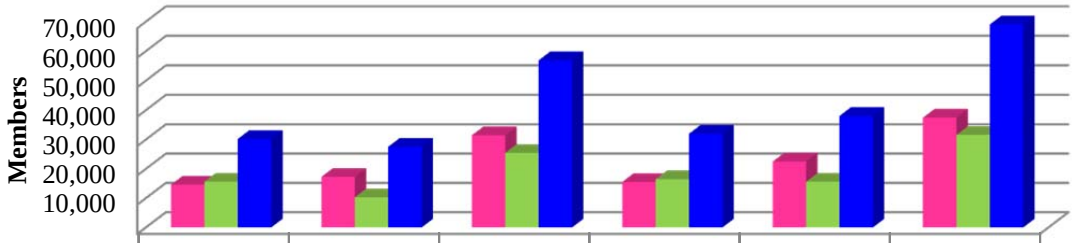
MEMBERSHIP

CABHC receives on a daily basis a file from the Department of Human Services (DHS), that identifies individuals who are determined to be Medicaid eligible and any changes in their eligibility. The file is audited by our management information partner Allan Collautt Associates Inc. (ACA) to verify that the eligibility information is accurate, and once verified the list of eligible HealthChoices enrolled Medicaid participants becomes the member count. In order for a Member to be counted, they must be Medicaid eligible for one day in the calendar year. The following membership graphs highlight the near 18% increase in Members, which can be attributed to the 50,711 newly eligible Members made possible through Medicaid expansion.



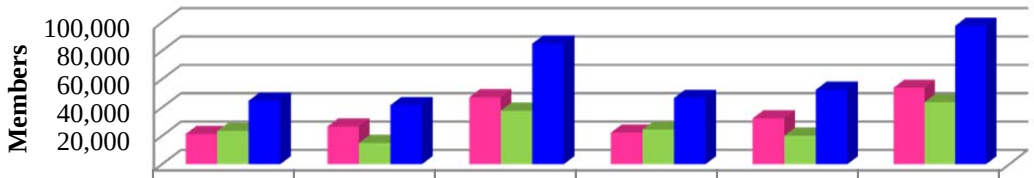
	CY 2014			CY 2015		
	C/A	Adult	Total	C/A	Adult	Total
Female	7,148	8,182	15,131	7,681	10,609	18,073
Male	7,622	4,588	12,029	8,294	6,689	14,710
Total	14,770	12,770	27,160	15,975	17,298	32,783

Dauphin County



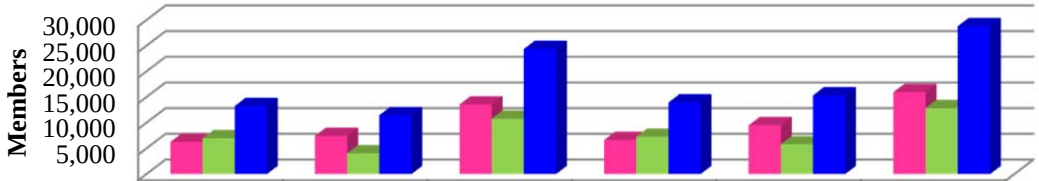
	CY 2014			CY 2015		
	C/A	Adult	Total	C/A	Adult	Total
Female	14,580	17,256	31,438	15,522	22,460	37,474
Male	15,629	10,290	25,448	16,468	15,581	31,565
Total	30,209	27,546	56,886	31,990	38,041	69,039

Lancaster County

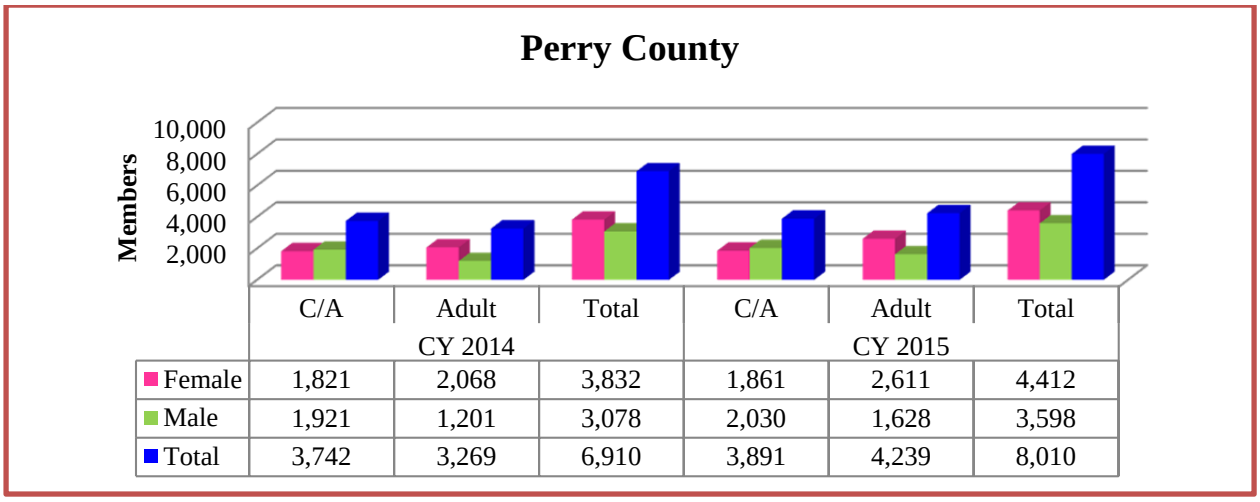


	CY 2014			CY 2015		
	C/A	Adult	Total	C/A	Adult	Total
Female	21,315	26,616	47,242	22,303	32,377	53,948
Male	23,451	15,027	37,787	24,391	20,115	43,725
Total	44,766	41,643	85,029	46,694	52,492	97,673

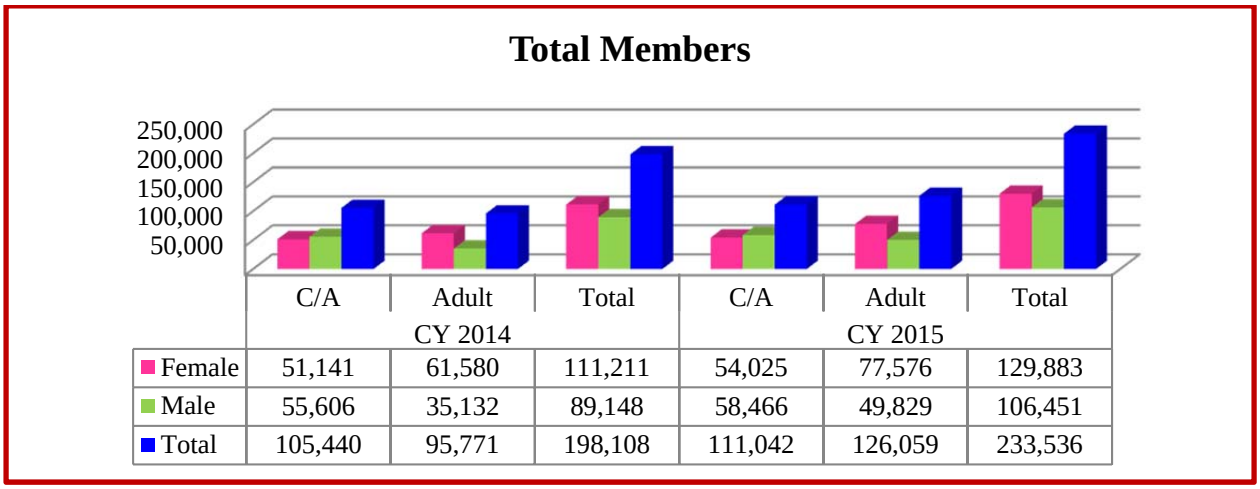
Lebanon County



	CY 2014			CY 2015		
	C/A	Adult	Total	C/A	Adult	Total
Female	6,277	7,458	13,568	6,658	9,519	15,976
Male	6,983	4,026	10,806	7,283	5,816	12,853
Total	13,260	11,484	24,374	13,941	15,335	28,829



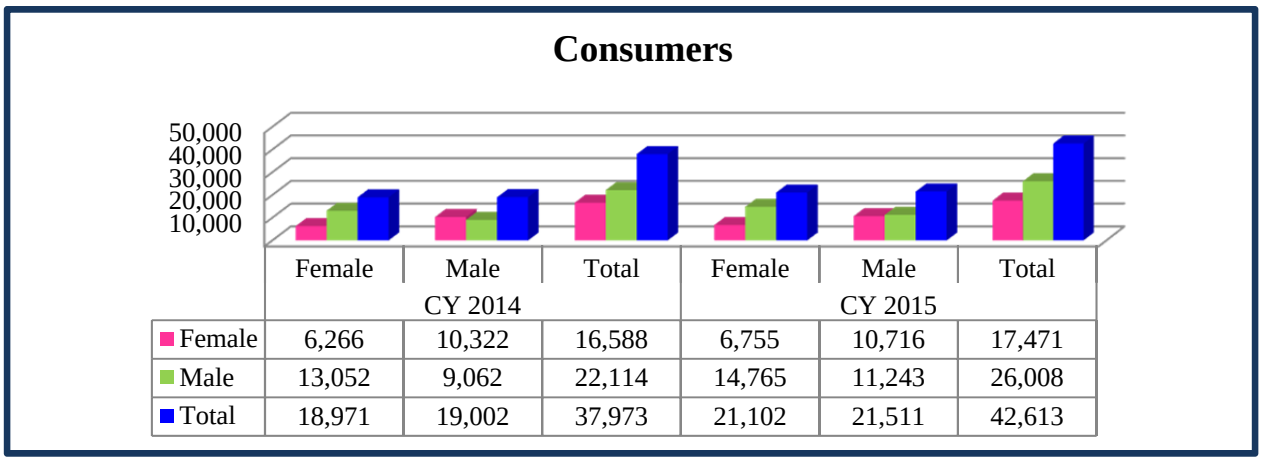
	CY 2014			CY 2015		
	C/A	Adult	Total	C/A	Adult	Total
Female	1,821	2,068	3,832	1,861	2,611	4,412
Male	1,921	1,201	3,078	2,030	1,628	3,598
Total	3,742	3,269	6,910	3,891	4,239	8,010



	CY 2014			CY 2015		
	C/A	Adult	Total	C/A	Adult	Total
Female	51,141	61,580	111,211	54,025	77,576	129,883
Male	55,606	35,132	89,148	58,466	49,829	106,451
Total	105,440	95,771	198,108	111,042	126,059	233,536

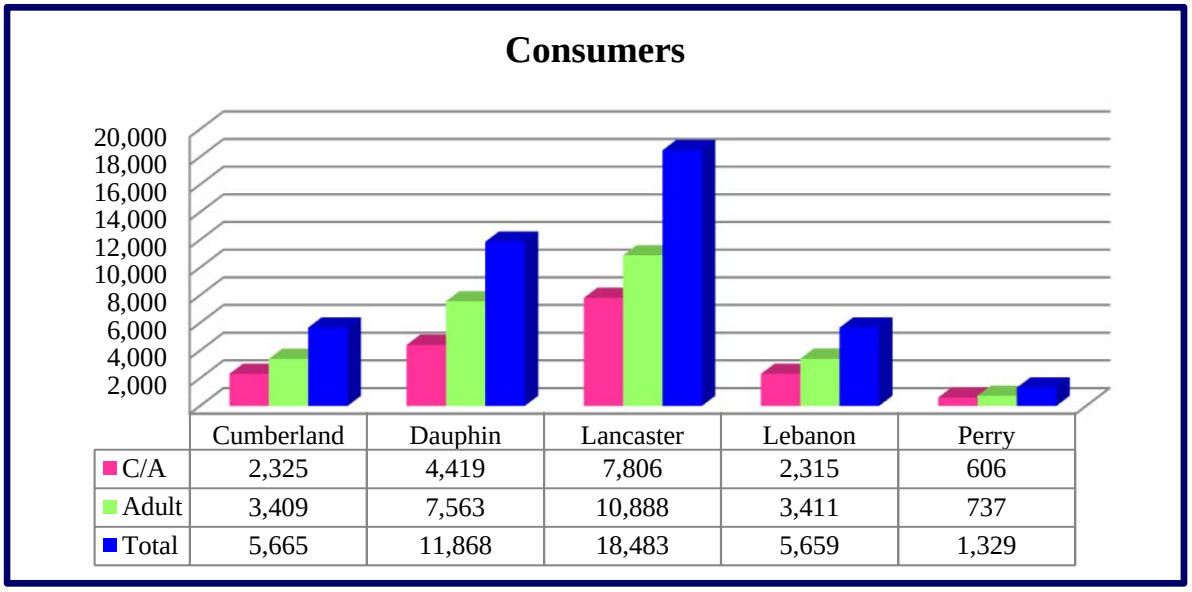
CONSUMERS

In CY 2015, any Member who accessed a Behavioral Health Service funded by the Program is referred to as a Consumer. The number of Consumers who accessed services increased 12.2% from CY 2014. The number of Male Consumers increased 13.5% compared to 11.4% for Females.



	CY 2014			CY 2015		
	Female	Male	Total	Female	Male	Total
Female	6,266	10,322	16,588	6,755	10,716	17,471
Male	13,052	9,062	22,114	14,765	11,243	26,008
Total	18,971	19,002	37,973	21,102	21,511	42,613

The following graph shows the distribution of Consumers between Counties. Lancaster County increased 9% from CY 2014, the smallest increase of the five Counties. Dauphin County increased 16% which was the largest increase. Cumberland increased 15%, Lebanon 13% and Perry County 12%. Of the 42,613 consumers who received services in CY 2015, 8,192 are individuals who became newly eligible during the year through Medicaid expansion.



	Cumberland	Dauphin	Lancaster	Lebanon	Perry
C/A	2,325	4,419	7,806	2,315	606
Adult	3,409	7,563	10,888	3,411	737
Total	5,665	11,868	18,483	5,659	1,329

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

Table 1: Race

County	American Indian	Asian	Black	Hispanic	Other	White	Total
Cumberland	99	949	3,317	2,185	2,809	23,424	32,783
Dauphin	168	3,232	24,357	11,552	4,956	24,774	69,039
Lancaster	180	3,231	9,261	26,793	5,960	52,242	97,667
Lebanon	24	281	1,188	9,564	975	16,797	28,829
Perry	11	19	142	202	162	7,474	8,010
Total	**476**	**7,663**	**37,841**	**49,805**	**14,720**	**123,025**	**233,536**

CHILDREN/ADOLESCENT SERVICES

CABHC is committed to promoting the emotional wellbeing of children and adolescents and ensuring that Children/Adolescents (C/A) with emotional, behavioral and substance use disorder challenges have access to quality services. Making services available at an early age affords the best chance for success as they enter adolescence and adulthood. All services are based on the Child and Adolescent Service System Program (CASSP) that ascribes to the principles that

services should be child centered, family focused, community based, multi-system, culturally competent and the least intrusive.

Equally important is the need that services are accessible both in assuring that the service is available when needed and that they are located geographically as close as possible to a child/family home. For this reason, CABHC through PerformCare maintains a network of child/adolescent providers that includes individual practitioners, Mental Health and Drug and Alcohol (D&A) providers. The primary mental health services utilized by C/A include Behavioral Health Rehabilitation Services (BHRS) that are typically provided in the home, school or community, After School Programs (ASP), Summer Therapeutic Activity Programs (STAP), Mental Health Outpatient (MHOP) services that includes Rural Health, Physician and Psychiatrist services along with Telehealth that occur predominately in an office/clinic setting, Partial Hospitalization Programs (PHP), Family Based Mental Health (FB), Crisis Intervention (CI) and Targeted Case Management(TCM). In addition, there are residential options that include Community Residential Rehabilitation Host Homes (CRR-HH), Inpatient Psychiatric Hospitalization (MHIP) and Residential Treatment Facilities (RTF) both JCAHO and Non-JCAHO. Table 2 identifies the number of children/adolescents inclusive of C/A with ASD who utilized these primary services.

Table 2: C/A Mental Health Services

County	CI	TCM	MHOP	PHP	BHRS	ASP	STAP	FBMH	CRR-HH	RTF	MHIP	Total
Cumberland	208	95	1,733	56	916	32	16	181	12	27	121	2,154
Dauphin	208	678	3,497	177	1,944	181	77	215	16	31	209	4,154
Lancaster	343	372	6,902	379	2,813	109	167	405	33	104	331	7,607
Lebanon	163	203	1,962	148	841	124	46	185	9	41	137	2,239
Perry	41	40	423	12	168	1	1	41	4	5	25	498
Total	**962**	**1,384**	**14,431**	**772**	**6,665**	**445**	**307**	**1,023**	**74**	**208**	**823**	**16,550**

Table 3 displays the number of C/A inclusive of C/A with ASD who accessed a D&A service that may include: Non-Hospital Residential Detox, Non-Hospital Residential Rehabilitation, Outpatient, Outpatient Supplemental and Intensive Outpatient.

Table 3: C/A D&A Services

County	NH-Detox	NH-Rehab	OP-D&A	OP Supp*	IOP	Total
Cumberland		24	72		1	84
Dauphin		45	154	58	55	198
Lancaster	3	47	140	1	29	157
Lebanon		16	52			56
Perry		5	9	1	1	11
Total	**3**	**135**	**426**	**60**	**85**	**504**

*OP Supplemental that includes Outpatient and Targeted Case Management

Autism Spectrum Disorder (ASD)
In CY 2015 the number of C/A with an ASD increased 2% which is the same increase experienced the previous year. From CY 2014 to CY 2015, there was a 6% increase in the number of C/A without an ASD. Table 4 identifies the number of C/A with or without an ASD, by county, along with the change from 2014 to 2015.

Table 4: Autism Spectrum Diagnosis

County	ASDx	CY 2014	CY 2015	% Change
Cumberland	N	1,775	1,965	11%
	Y	595	610	3%
Total		**2,145**	**2,326**	**8%**
Dauphin	N	3,611	4,026	11%
	Y	726	732	1%
Total		**4,009**	**4,421**	**10%**
Lancaster	N	6,955	7,198	3%
	Y	1,306	1,335	2%
Total		**7,631**	**7,811**	**2%**
Lebanon	N	1,993	2,086	5%
	Y	423	463	9%
Total		**2,219**	**2,315**	**4%**
Perry	N	511	547	7%
	Y	128	109	-15%
Total		**584**	**607**	**4%**
Grand Total	**N**	**14,772**	**15,727**	**6%**
	Y	**3,164**	**3,230**	**2%**
	Total	**16,500**	**17,368**	**5%**

The services used most by C/A with an ASD are Therapeutic Staff Support, Mobile Therapy and Behavioral Specialist Consultant, which are considered BHR services. Individuals with autism represent 19% of the total population of C/A who received Behavioral Health services in 2015. Although individuals with ASD make up 19% of the total population of C/A receiving BHR services, the cost of ASD services is 59% of the total cost for all BHRS.

BHRS
Over the past year there have been several efforts centered on improving BHRS services. These include:

1) **Improving Access Times**
   In January 2015, a new BHRS Provider Quality Improvement Plan (QIP) protocol and training curriculum was finalized. In March 2015, the PerformCare network of BHRS providers were trained on the new protocol and provided a tutorial on developing QIPs. Following the training, the BHRS providers submitted their access performance data to PerformCare to determine whether a QIP was needed. In May 2015, PerformCare placed

six providers on a QIP. Monthly progress in completing the QIPs was shared with CABHC.

In addition to the new QIP protocol, CABHC presented monthly Access reports to the Clinical Committee and OMHSAS. These reports summarized the number of authorizations for BHRS in which Members had not begun receiving treatment over 50 days from the evaluation date. In an effort to improve access times, Counties began to receive a monthly list of their Members whose authorizations were over 50 days in order to problem solve delays in service start up.

2) Implementation of the Child and Adolescent Needs Summary

In 2013, CABHC along with PerformCare initiated the use of the Child and Adolescent Needs Summary (CANS) that is an evidenced based evaluation tool. Community Data Roundtable was engaged to develop a CABHC specific CANS to be used by all evaluators as a means to provide immediate decision support information regarding treatment recommendations. The use of the CANS tool was started as a pilot program with TW Ponessa, Philhaven and PA Counseling Service. The CANS process is intended to assist evaluators to ask all of the relevant questions to attain the standards of a high quality biopsychosocial evaluation. Once a CANS is completed through a web-based interface, the evaluator receives helpful analytic information about the CANS data, including: a list of active needs; a percentile score for all the major domains that include mental health need/problem presentation, functioning, risk, caregiver needs & strengths, and member strengths; a summary Severity Score; and a Service Match that runs against algorithms that match a Member's CANS profile to services in the available system of care, with a priority to first identify Evidence Based Programs (EBP). The utilization of the CANS is expected to lead to improved prescription and authorization concurrence, increased utilization of evidence-based programs and improved matching of place of service to service need.

In June 2015, PerformCare held an introduction to CANS training for providers and evaluators who were not part of the original CANS pilot. Providers and evaluators were provided with an overview of the CANS, a status report on the CANS pilot, timelines for upcoming CANS trainings, and expectations for Best Practice Evaluations. In October 2015, network providers and all evaluators were trained in CANS. On October 19, 2015, all evaluators were required to submit completed CANS as part of a Best Practice Evaluation.

In October 2015, Community Data Roundtable presented CABHC with a white paper entitled, An Introduction to Community Data Roundtable's Behavioral Health Rehabilitation Services Outcomes Dashboard. The publication and its findings were reviewed by the CANS stakeholders in December 2015. The document summarized BHRS outcomes based on collective CANs data. Specifically, the report showed that overall children who have a high severity level upon entering BHRS show improvement after their second and third evaluation. Children with lower severity levels did not improve and were actually scored at a higher severity level at their second and third evaluation. This was true for both Members with an ASD diagnosis and those without an ASD diagnosis.

3) BHRS Summit

In 2013, CABHC convened a group of stakeholders to discuss the delivery of BHR services and develop a set of actions that could be taken that would improve access, effectiveness and the enhanced utilization of evidence-based treatment. The result was the development of 13 initiatives, including improving the evaluation process through the implementation of CANS, development of alternative outpatient services, reviewing all BHRS service descriptions, and development of policies and guidelines that support the initiatives. PerformCare has the lead with implementing each initiative, and provides an update to the CABHC Clinical Committee on a monthly basis.

Five actions were completed in CY 2015.

a) The CANS was fully implemented within the PerformCare network.
b) Strategies and/or policies were developed to utilize Early Intervention (EI) services as a standard part of BHRS Evaluation process for EI age children. PerformCare also increased collaboration with each County EIP staff and provided training to Clinical Care managers and Physician/Psychologist Associates on the EIP system.
c) Efficacy of Best Practice Evaluations to improve quality and responsiveness of evaluators
d) BHRS Roles which was completed and posted to website, however at the request of OMHSAS removed from the website
e) FBMHS Guidelines

Within the BHRS array of services, the three services that primarily are considered to represent BHRS are Behavioral Specialist Consultant (BSC), Mobile Therapy (MT) and Therapeutic Staff Support (TSS). Behavioral Specialist Consultant is a master's level or PhD consultant who conducts assessments and observations in order to develop a behavior/treatment plan that addresses the behavioral health needs of the consumer. All BSCs who work with C/A with an ASD are required to complete and pass trainings and submit qualification documentation to the Department of State to receive their Behavioral Specialist license, unless they held a license that was accepted by the State in order to practice as a licensed Behavior Specialist.

Table 5 highlights the number of C/A up to the age of 21who received BHR service and the corresponding cost for CYs 2014 and 2015. In CY 2015, the total number of C/A who received TSS, MT and BSC decreased 4% from CY 2014, and costs decreased 19%. TSS services decreased 15%, MT decreased 19% and BSC decreased 35%. During the past year, access to BSC services has continued to be a challenge due to continued recruitment challenges to find qualified staff.

Table 5: TSS, MT, BSC Utilization by County

		CY 2014		CY 2015	
County	**Service**	**C/A**	**Dollars**	**C/A**	**Dollars**
CUMBERLAND	TSS	310	$3,012,726	288	$2,604,328
	MT	365	$714,113	322	$579,930
	BSC	376	$696,925	321	$339,861
Total		**640**	**$4,423,764**	**613**	**$3,524,119**
Dauphin	TSS	568	$5,251,336	545	$4,470,961
	MT	872	$2,205,706	831	$1,819,106
	BSC	651	$1,417,730	592	$1,129,292
Total		**1,299**	**$8,874,772**	**1,239**	**$7,419,359**
Lancaster	TSS	887	$11,505,444	841	$9,720,334
	MT	1,001	$2,029,284	925	$1,714,063
	BSC	1,269	$2,541,083	1,105	$1,666,354
Total		**1,868**	**$16,075,811**	**1,807**	**$13,100,751**
Lebanon	TSS	302	$2,801,893	263	$2,316,268
	MT	347	$624,857	288	$474,760
	BSC	366	$679,595	298	$359,703
Total		**583**	**$4,106,345**	**541**	**$3,150,730**
Perry	TSS	29	$215,276	28	$169,548
	MT	108	$232,663	89	$140,576
	BSC	61	$144,052	51	$66,184
Total		**137**	**$591,991**	**130**	**$376,308**
Grand Total		**4,507***	**$34,072,684**	**4,314***	**$27,571,267**

*Unduplicated count of C/A

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 service decreased from 79 in 2014 to 74 in 2015. The average LOS decreased from 246 days to 214 days and costs decreased 6% from $2,174,903 to $2,033,472.

CRR-HH-Intensive Treatment Program (ITP) is a comprehensive program licensed as a CRR-HH that utilizes caregivers who go through an extensive training program in order to be able to serve as mentors to the biological or adoptive parents by working to transfer a set of skills and family system structure that has been effective with the child in the host home to the natural home environment. The program also must provide active treatment and therapy while the child/adolescent is in the home. Northwestern Human Services completed a revision to the

original service description in order to be able to expand services. In CY 2015, 21 C/A received services and a total of 35 C/A received services since its inception in June of 2013.

Summer Therapeutic Activity Program (STAP)
STAP is a six week summer program that provides a range of age appropriate specialized therapies designed to aid in the development of interpersonal relationship, daily living, decision making, problem-solving and coping skills which requires appropriately qualified staff. These services are provided for the purpose of furthering individualized therapeutic goals as described in the individualized treatment plan. In CY 2013, OMHSAS issued a bulletin to clarify programmatic expectations for STAPs, provide direction to providers for developing and operating STAPs, reiterate the services that are allowable for payment by the Medical Assistance Program, update the format for STAP service descriptions and clarify roles and staffing requirements.

In 2015, there were three active STAP providers in the network who provided services to 307 children/adolescents. After successive yearly declines in the utilization of STAP, there was a slight 3% increase in the number of C/A who used the service in 2015.

Family Based Mental Health Services (FBHMS)
FBMHS is an intensive community based service that is authorized for an initial 180 days and 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.

The utilization of FBMHS has been closely monitored by PerformCare after it was identified as an outlier in comparison to the use of FBMHS in other counties. PerformCare implemented several Performance Improvement Plans (PIPs) in an effort to address the utilization and LOS of FBMH. After a high of 1,291 C/A who received FBMH services in CY 2011, the number declined to 899 in CY 2014(see Table 6). In CY 2015, the number of C/A increased 16% to 1,041 with Cumberland County experiencing a 41% increase. In the first half of CY 2015, the average monthly number of C/A receiving services was 392. By the end of the second half of the year, the average monthly number of C/A climbed to 428.

Table 6: Family Based Mental Health Services

	CY 2014		CY 2015	
County	**C/A**	**Dollars**	**C/A**	**Dollars**
Cumberland	129	$1,517,134	182	$2,103,075
Dauphin	192	$2,146,531	220	$2,735,002
Lancaster	374	$4,242,058	414	$4,722,457
Lebanon	175	$1,833,239	189	$2,030,252
Perry	34	$580,596	41	$501,716
Total	**899**	**$10,319,557**	**1,041**	**$12,092,503**

Children/Adolescent Outpatient Services

In CY 2015, there was a 6.8% increase from CY 2014 in the number of C/A that utilized outpatient services that included clinics, rural clinics and telepsychiatry. Telepsych, which is only delivered in a licensed MHOP Clinic, allows a psychiatrist to use two-way interactive audio-video transmission for the purpose of psychiatric diagnostic interview examinations and pharmacologic management, experienced a 22.7% increase in utilization, however costs decreased 6.5% from 2014(see Table 7). There was a 7.3% decrease in the LOS for Telepsych that may have contributed to the decrease in costs. The utilization of (FQHC) increased. C/A were able to access the Welsh Mountain FQHC in Lebanon County that opened in 2015.

Table 7: Children/Adolescent Outpatient Service

	CY 2014		CY 2015	
Service	**C/A**	**Dollars**	**C/A**	**Dollars**
MHOP	12,603	$10,554,705	13,446	$11,595,906
MHOP - FQHC	108	$24,882	237	$41,843
Physician or Psych	1,441	$1,537,116	1,675	$1,650,594
Telepsych	459	$245,815	563	$229,800
Total	**13,443**	**$12,362,519**	**14,363**	**$13,518,143**

Children/Adolescents Inpatient Psych Hospital Services

Inpatient hospitalization provides a secure setting for the delivery of acute care for the purpose of stabilizing the presenting mental illness and behaviors. The service seeks to establish within the child the self-control and/or capacity for constructive expression and more adaptive interpersonal skills necessary to continue treatment in a more natural and less restrictive setting.

In 2015, CABHC utilized a network of 24 providers to meet the acute psychiatric needs of 823 children/adolescents. Table 8 provides information on the number of consumers, LOS and cost of services for calendar years 2014 and 2015. The number of children/adolescents who utilized Inpatient Psych Hospitalization services increased 2% from 2014 to 2015, while costs remained relatively flat.

Table 8: Inpatient Psych Hospital

	CY 2014			CY 2015		
County	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Cumberland	102	14.00	$1,143,186	121	14.66	$1,627,916
Dauphin	197	13.23	$2,658,805	209	12.75	$2,679,490
Lancaster	349	12.78	$3,635,188	331	14.01	$3,972,871
Lebanon	127	14.88	$1,957,842	137	12.74	$1,439,512
Perry	31	14.43	$401,423	25	13.53	$322,834
Total	**804**	**13.48**	**$9,796,445**	**823**	**13.55**	**$10,042,622**

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, residential setting. The service is provided in an unlocked, safe environment within a restrictive setting for the delivery of psychiatric treatment and care.

There were 19 facilities who served 202 children/adolescents in 2015. The number of C/A who utilized RTFs and the subsequent costs for the services each decreased in 2015 compared to 2014; however the average LOS increased 7.6% and the cost per consumer increased 2.4% (see Table 9). Lebanon is the only County that experienced an increase in the number of C/A accessing RTF services.

Table 9: Residential Treatment Facilities

	CY 2014				CY 2015			
County	**C/A**	**LOS**	**Cost Per Cons**	**Dollars**	**C/A**	**LOS**	**Cost Per Cons**	**Dollars**
Cumberland	30	244	$ 55,488	$ 1,664,655	28	385	$ 49,493	$ 1,385,797
Dauphin	33	251	$ 64,631	$ 2,132,824	29	339	$ 69,491	$ 2,015,242
Lancaster	109	315	$ 55,327	$ 6,030,669	99	293	$ 55,340	$ 5,478,611
Lebanon	34	253	$ 50,863	$ 1,729,350	41	238	$ 58,878	$ 2,413,979
Perry	7	235	$ 56,446	$ 395,124	5	541	$ 62,473	$ 312,363
Total	**213**	**286**	**$ 56,116**	**$ 11,952,623**	**202**	**308**	**$ 57,455**	**$ 11,605,992**

ADULT SERVICES
CABHC is committed to developing and maintaining the highest quality services to support adults with mental illness and substance abuse disorder in their recovery. This requires working collaboratively with all our partners that include the Counties, PerformCare, persons in recovery and families, OMHSAS and other stakeholders. Services for adults follow the Community Support Program and Recovery principles that guide providers and individuals in developing treatment plans and strategies that address each person's mental illness.

In 2015, 25,730 adults accessed one or more behavioral health service (mental health and/or substance abuse). This represents a 20.51% penetration rate (the percentage of adult Members that accessed at least one BH service in the CY). The majority of adults utilized a community based service such as an outpatient clinic, including Drug and Alcohol and 2,391 people accessed an inpatient service.

Adult services were provided by a network of 489 providers, many who are individual practitioners. Services follow a continuum of least intrusive such as Targeted Case Management, Outpatient, Mobile Psych Nursing and Peer Support Services. Individuals with more acute needs have access to Assertive Community Treatment services and when necessary, Inpatient services including Extended Acute Care.

A primary driver in the number of new people accessing adult Behavioral Health services in 2015 is related to the Medicaid expansion.

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 who may be experiencing one or more symptoms that is interfering with their behavioral health stability. CIS workers help to link adults in crisis to services as necessary that will provide the most appropriate, least restrictive support or treatment. Table 10 provides data on the number of adults and corresponding cost of CIS by County. In 2015 there was a 7.2% increase in the number of adults who accessed CIS and a 33.7% increase in costs. CIS is funded through an Alternative Payment Arrangement (APA) which is a retention model.

Table 10: Crisis Intervention Services

	CY 2014		CY 2015	
County	**Adults**	**Dollars**	**Adults**	**Dollars**
Cumberland	448	$194,712	395	$223,557
Dauphin	745	$377,559	821	$359,012
Lancaster	766	$153,265	909	$400,079
Lebanon	400	$103,658	430	$127,727
Perry	93	$43,866	77	$56,843
Total	**2,445**	**$873,061**	**2,621**	**$1,167,219**

Targeted Case Management

Targeted Case Management (TCM) is a service that is comprised of Intensive Case Management (ICM), Blended Case Management and Resource Coordination (RC). Table 11 highlights the utilization of TCM throughout the territory for calendar years 2014 and 2015. Of the 25,730 adults who utilized a behavioral health service in 2015, 11.1% accessed a form of TCM, which is down from 12.8% in 2014. The total number of adults who accessed TCM increased 1.8%, LOS increased 8.5% and the cost of services increased 7.8% from 2014 to 2015.

Table 11: Targeted Case Management

		CY 2014			CY 2015		
County	**Service**	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	ICM	153	268.88	$454,602	132	348.72	$461,988
	BCM	4	45.00	$1,645	4	43.00	$6,165
	RC	156	75.00	$267,421	138	108.23	$240,943
Total		**291**	**131.30**	**$723,667**	**266**	**188.14**	**$709,095**
Dauphin	ICM	479	160.12	$1,143,347	197	180.63	$579,768
	BCM	988	65.79	$1,679,183	1,323	95.52	$3,237,552
	RC	638	77.11	$646,772	1	32.00	$361
Total		**1,496**	**90.52**	**$3,469,302**	**1,506**	**102.79**	**$3,817,682**
Lancaster	ICM	283	193.10	$727,404	324	153.95	$848,525
	BCM	202	150.26	$598,464	229	121.61	$662,595
	RC	298	80.62	$451,802	290	70.81	$407,787
Total		**740**	**120.74**	**$1,777,669**	**807**	**102.41**	**$1,918,907**
Lebanon	ICM	74	352.75	$204,223	68	354.46	$206,181
	BCM	1		$1,211	4	98.00	$2,476
	RC	165	70.10	$242,285	183	84.19	$298,529
Total		**233**	**100.96**	**$447,720**	**251**	**106.98**	**$507,185**
Perry	ICM	29	130.07	$76,010	21	219.93	$63,980
	BCM				2	16.00	$485
	RC	28	58.51	$38,602	19	56.88	$24,213
Total		**54**	**81.02**	**$114,612**	**42**	**116.89**	**$88,678**
Grand Total		**2,794**	**102.52**	**$6,532,970**	**2,845**	**111.23**	**$7,041,546**

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 are typically provided in an outpatient clinic, although they may also be provided by individual practitioners.

In 2015 there was a 12% increase in the number of adults who accessed outpatient services from 2014 (see Table 12). Females made up 61% of the population of people who utilized Outpatient services. The utilization of MHOP in a Federally Qualified Health Center (FQHC) almost doubled. The utilization of Telepsych, which is always delivered in a licensed MHOP clinic, experienced a 23% increase in the number of adults who accessed the service.

PerformCare's continued implementation of the Member Service Outreach and Follow Up program was beneficial with increasing Member engagement in securing outpatient treatment after an inpatient discharge. Increased interventions by enhanced care managers were made to improve outreach and support to Members in order to strengthen engagement with aftercare services.

Table 12: Outpatient Services

		CY 2014		CY 2015	
Service	**Gender**	**Adults**	**Dollars**	**Adults**	**Dollars**
MHOP	Female	9,169	$7,482,211	10,091	$7,969,435
	Male	5,583	$4,016,480	6,375	$4,527,867
Total		**14,752**	**$11,498,691**	**16,466**	**$12,497,303**
MHOP-FQHC	Female	253	$22,446	455	$59,108
	Male	91	$6,446	199	$19,630
Total		**344**	**$28,891**	**654**	**$78,737**
Physician or Psych	Female	2,086	$987,952	2,252	$1,079,339
	Male	1,336	$625,086	1,543	$708,799
Total		**3,422**	**$1,613,038**	**3,795**	**$1,788,138**
Telepsych	Female	501	$170,213	581	$170,245
	Male	273	$89,305	371	$101,871
Total		**774**	**$259,518**	**952**	**$272,116**
Grand Total	**Female**	**10,585**	**$8,662,822**	**11,682**	**$9,278,127**
	Male	**6,427**	**$4,737,316**	**7,386**	**$5,358,167**
	Total	**17,012**	**$13,400,138**	**19,068**	**$14,636,294**

Mobile Psych Nursing

Mobile Psychiatric Nursing Services (MPN) provides ongoing psychiatric assessment, medication management, and clinical support by qualified registered nurses with psychiatric training in home or community settings. It is expected that the use of MPN services will offset the use of more restrictive and costly services such as IP Psychiatric services by diverting persons who might have been admitted/readmitted or stepped down sooner from an inpatient psychiatric placement.

Behavioral Healthcare Corporation provides MPN services throughout the Counties; however their service footprint is primarily located in Lancaster County. Northwestern Human Services began providing MPN services in 2014 and increased their presence in Dauphin and Cumberland Counties. See Table 13 for information on MPN utilization in 2015.

Table 13: Mobile Psychiatric Nursing

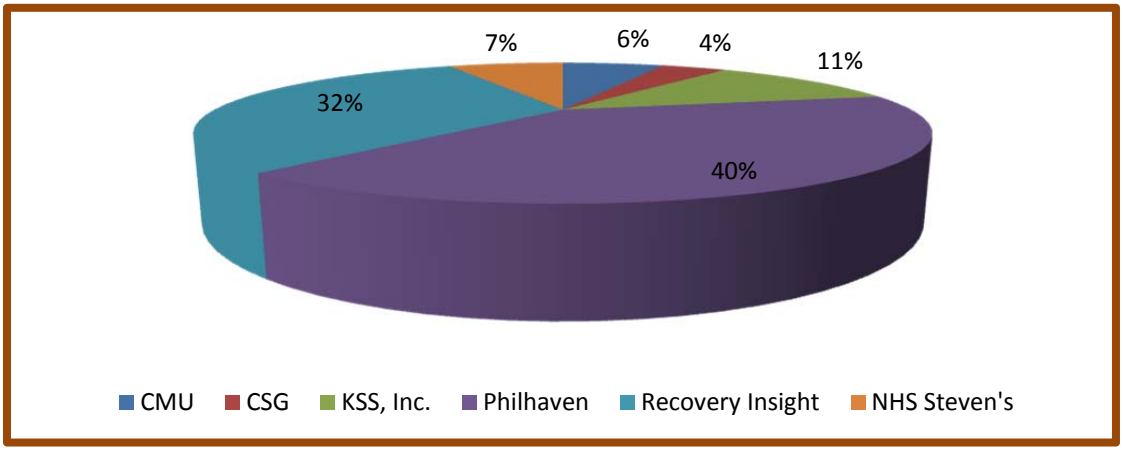
	CY 2014				CY 2015			
County	**BHC[1]**	**NHS[2]**	**Total**	**Dollars**	**BHC**	**NHS**	**Total**	**Dollars**
Cumberland	12	4	15	$35,430	9	7	16	$33,518
Dauphin	29	20	49	$136,353	26	55	81	$219,181
Lancaster	165		165	$606,900	174		174	$597,254
Lebanon	11		11	$38,927	14		14	$55,089
Perry	3		3	$4,698	4		4	$13,896
Grand Total	**220**	**24**	**243**	**$822,307**	**227**	**62**	**289**	**$918,938**

1Behaviroal Healthcare Corporation

2Northwestern Human Services

Peer Support Services:
Peer Support Services (PSS) are specialized therapeutic interactions for individuals 18 years of age or older that are conducted by self-identified current or former recipients of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community-integration process. 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 2015, CABHC Members had access to six different providers who offer Peer Support Services.



The number of individuals who used Peer Support Services in 2015 increased 10% while costs remained the same. The average LOS decreased 6% which indicates that individuals are not staying engaged in the service for as long as they were in 2014 (see Table 14).

Table 14: Peer Support Services

	CY 2014			CY 2015		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	34	159	$51,643	27	172	$32,743
Dauphin	107	128	$248,397	118	104	$217,794
Lancaster	148	191	$646,231	173	189	$732,646
Lebanon	60	135	$228,992	67	121	$198,847
Perry	3	82	$3,274	2	1	$1,520
Grand Total	**351**	**153**	**$1,178,536**	**386**	**144**	**$1,183,551**

Assertive Community Treatment (ACT)
ACT is a service delivery model for providing comprehensive, community-based treatment to persons with serious mental illness. It is a self-contained mental health program made up of multidisciplinary mental health professionals who work as a team to provide the majority of treatment, rehabilitation, and support services individuals need to achieve their goals.

CABHC has a relationship with two different providers who each support two ACT teams. Northwestern Human Services (NHS) has the largest team in Dauphin County called NHS Capital that supported an average of 89 people. The NHS Stevens ACT program supported an average of 32 individuals in Cumberland and Perry County. The NHS Stevens ACT program was approved by OMHSAS to operate as a modified ACT program, referred to as a Community Treatment Team due to the difficulty in maintaining a daily census in line with ACT fidelity standards. They will still follow the majority of TMACT fidelity standards in operating the program, with the only deference being the staffing requirements. The Philhaven Lancaster team supported an average 44 individuals and the Philhaven Lebanon team supported an average 46 people. Bi-annually the ACT teams report outcome data to CABHC for analysis and consolidation so that it can be shared with all the ACT teams. Table 15 is the final CY 2015 ACT outcome data. The table includes the goals that have been established for each outcome which indicates that the ACT teams are doing well with community involvement; however they are struggling to assist individuals in acquiring competitive employment and meeting readmission targets established by CABHC. CABHC will continue to provide resources to the teams that can be used to enhance their knowledge and skills with supported employment.

Table 15: 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**
NHS Cap	11%	99%	99%	82%	0%	99%
NHS Stevens	25%	63%	100%	43%	25%	97%
Philhaven-Lanc.	10%	100%	94%	17%	47%	100%
Philhaven-Leb.	11%	96%	85%	25%	67%	100%
Average	**13%**	**93%**	**95%**	**39%**	**44%**	**99%**

Partial Hospitalization Program

Adult partial hospitalization is a program 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 or aftercare programs. The goal of partial hospitalization is to increase the level of functioning while reducing the need for more acute services such as inpatient. In 2015, the number of adults accessing PHP services increased 12% and costs increased 6%. There were decreases in the average Length of Service (LOS) in Cumberland, Lebanon and Perry Counties, with an overall decrease of 19% (see Table 16).

Table 16: Partial Hospitalization Program

	CY 2014			CY 2015		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	73	150	$201,916	80	61	$227,874
Dauphin	197	132	$935,837	227	130	$1,026,510
Lancaster	151	73	$430,659	175	65	$470,186
Lebanon	87	93	$316,410	97	69	$268,124
Perry	15	164	$40,177	14	62	$50,835
Total	**521**	**111**	**$1,925,000**	**586**	**90**	**$2,043,528**

Inpatient Services

In 2015, 2,393 adults utilized Inpatient Psychiatric services. Based on the total number of adults who utilized behavioral health services (25,730), 9.3% were admitted into an inpatient unit. Fifty-three providers were utilized in 2015 which is up from the 40 providers that were utilized in 2014. Three inpatient facilities; Lancaster General Hospital, Pennsylvania Psychiatric Institute and Fairmount Behavioral Health Systems, all experienced marked increases in the number of adults who received services.

Between 2014 and 2015 there was a 15.2% increase in the number of adults served and a 23.4% increase in the cost of services (see Table 17). The number of females that accessed services is slightly larger than males. It is noted that Dauphin County accounted for 32% of the adults that received services and 42% of total costs. In contrast Lancaster County accounted for 40% of adults and 33% of costs. The average LOS in Dauphin County was 1.6 days longer than in Lancaster that contributed to the difference in costs

Table 17: Adult IP Services

		CY 2014		CY 2015		% Change	
County	**Gender**	**Adults**	**Dollars**	**Adults**	**Dollars**	**Adults**	**Dollars**
Cumberland	Female	166	$1,729,276	154	$1,375,945	-7.2%	-20.4%
	Male	118	$1,053,941	131	$1,047,015	11.0%	-0.7%
	Total	**284**	**$2,783,216**	**285**	**$2,422,959**	**0.4%**	**-12.9%**
Dauphin	Female	339	$3,563,931	399	$4,205,566	17.7%	18.0%
	Male	323	$4,112,618	405	$5,865,040	25.4%	42.6%
	Total	**662**	**$7,676,549**	**804**	**$10,070,606**	**21.5%**	**31.2%**
Lancaster	Female	436	$2,921,477	485	$3,485,171	11.2%	19.3%
	Male	389	$2,997,290	481	$4,356,835	23.7%	45.4%
	Total	**825**	**$5,918,767**	**966**	**$7,842,006**	**17.1%**	**32.5%**
Lebanon	Female	145	$1,380,717	145	$1,504,375	0.0%	9.0%
	Male	110	$928,431	140	$1,468,204	27.3%	58.1%
	Total	**255**	**$2,309,147**	**285**	**$2,972,579**	**11.8%**	**28.7%**
Perry	Female	40	$404,473	36	$291,170	-10.0%	-28.0%
	Male	23	$198,984	30	$210,805	30.4%	5.9%
	Total	**63**	**$603,456**	**66**	**$501,975**	**4.8%**	**-16.8%**
Grand Total	Female	1,122	$9,999,873	1,210	$10,862,227	7.8%	8.6%
	Male	955	$9,291,263	1,183	$12,947,898	23.9%	39.4%
	Total	**2,077**	**$19,291,137**	**2,393**	**$23,810,126**	**15.2%**	**23.4%**

DRUG AND ALCOHOL SERVICES

Drug and Alcohol (D&A) services are provided to children/adolescents and adults through an array of treatment options that include Outpatient, Intensive Outpatient, Hospital and Non-Hospital Detox and Rehabilitation, Halfway Houses, Partial Hospitalization , the administration of Methadone and the Buprenorphine Coordination program. In many instances, individuals also have a co-occurring diagnosis as evidenced by 513 children/adolescents who accessed both a mental health and a D&A service and 6,446 adults who accessed both services. From 2014 to 2015 there was a 5% increase in the number of C/A who utilized a D&A service; while the costs increased 35% (see Table 18). The number of adults who accessed a HealthChoices D&A service in 2015 increased 35% from 2014 and expenses increased 29% (see Table 19). As noted earlier in this report, the increase in utilization of D&A services by adults is primarily related to the Medicaid expansion.

Table 18: Children/Adolescent D&A Services

	CY 2014		CY 2015		Change	
Service	**C/A**	**Dollars**	**C/A**	**Dollars**	**C/A**	**Dollars**
NH Detox	2	$1,736	3	$2,453	50%	41%
NH Rehab	115	$1,240,194	135	$1,655,216	17%	33%
OP D&A Clinic	385	$152,612	433	$221,496	12%	45%
OP D&A Supplemental	43	$2,980	60	$4,298	40%	44%
OP D&A IOP	68	$77,561	94	$107,420	38%	38%
OP D&A Other Supplemental	45	$17,604	48	$18,112	7%	3%
Total	**505**	**$1,492,687**	**528**	**$2,008,995**	**5%**	**35%**

Table 19: Adult D&A Services

	2014		2015		Change	
Service	**Adults**	**Dollars**	**Adults**	**Dollars**	**Adults**	**Dollars**
IP Detox, Gen. Hosp.	24	$93,052	58	$175,292	142%	88%
IP Detox	29	$56,459	57	$132,182	97%	134%
IP Rehab, Gen. Hosp.	13	$160,530	27	$276,730	108%	72%
IP Rehab, D&A Unit	16	$97,265	20	$142,322	25%	46%
NH Detox	959	$1,092,922	1,283	$1,490,823	34%	36%
NH Rehab	1,678	$11,470,720	2,089	$14,587,662	24%	27%
NH Halfway House	304	$1,651,467	343	$2,006,303	13%	21%
OP D&A Clinic	3,432	$2,439,819	4,838	$3,279,412	41%	34%
OP D&A Meth. Maintenance	980	$3,258,026	1,281	$3,998,777	31%	23%
OP D&A Rural Health Clinic			4	$728	0%	0%
OP D&A Assessment	20	$1,708	87	$8,288	335%	385%
OP D&A Supplemental Partial	152	$295,759	171	$392,139	13%	33%
OP D&A - IOP	544	$483,334	826	$687,509	52%	42%
Buprenorphine Coordination	450	$496,033.68	506	$576,770.38	12%	16%
Total	**5,380**	**$21,605,929**	**7,259**	**$27,765,835**	**35%**	**29%**

Non-Hospital Detox (NH Detox)

Once a person becomes dependent on the presence of a substance, adjusting to the lack of that substance can be extremely difficult and uncomfortable. The process of withdrawal can be so uncomfortable that, in many cases, it can be the predominant reason that individuals return to using their substances of choice. Detox 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 2015, one additional C/A accessed a detox service. There was a 34% increase in the number of adults who accessed NH Detox along with a

36% increase in costs. Larger percentage increases were seen with Inpatient Detox, however it involves smaller numbers of adults.

Non-Hospital Residential Rehabilitation (NH Rehab)
NH Rehab is an intensive level of treatment that provides adults and adolescents with comprehensive support to overcome chemical dependency and certain co-occurring conditions. NH Rehab includes round-the-clock supervision, structured schedules, a range of therapeutic opportunities provided by experienced professionals that includes individual, group and family therapy, medication management and discharge plans for continuing treatment post discharge. C/A and adults received services from 28 different facilities in 2015. White Deer Run/Cove Forge served the largest number of adults (797) and Pyramid HealthCare Inc. provided services to the largest number of children and adolescents (48). There was a 17% increase in the utilization of NH Rehab by C/A, and a 24% increase in adult utilization.

Non-Hospital Halfway House (NH-HH)
Individuals who complete treatment in a NH Rehab may not always be prepared to make an immediate successful transition out of 24/7 treatment. NH-HH provides additional assistance to support people who are in early recovery from substance abuse and chemical dependency and will benefit from structured residential step-down treatment. NH-HH includes individual, group and family therapy and connections to post discharge supports. The average length of stay for adults in 2015 was 59 days. The utilization of NH-HH increased 13% from 2014.

Drug and Alcohol Outpatient (D&A OP)
D&A OP services are provided in the community to help a person with a Substance Abuse Disorder (SUD). Services include assessment, individual and/or group therapy, and psycho/educational programs. Individuals in outpatient treatment participate in group therapy sessions once or twice every week, and individual sessions when indicated. The groups which are led by experienced counselors address a range of topics, and the specific content in any one group is influenced by the contributions of participants. The following are among the common topics that may be addressed in OP group therapy sessions: the disease concept of addiction, relapse prevention, life stressors, coping strategies, relationships and boundaries, the 12-step recovery process, and symptoms of anxiety and depression. Children and adolescent utilization increased 12% and costs increased 45%, while adult utilization increased 41% and costs increased 34%. There are more individuals who utilize D&A OP services than any other D&A service.

D&A Intensive Outpatient (IOP)
IOP participants typically complete nine hours of therapy per week, divided into three, three-hour sessions. 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 2015, there was a 38% increase in the number of C/A who received IOP with a corresponding 38% increase in costs. Adults had a 52% increase in utilization and experienced a 42% increase in costs.

Partial Hospitalization Program (PHP)
PHP is an approved supplemental service which offers an intensive D&A treatment where participants attend therapy sessions six hours per day, four days a week, for a total of 24 hours each week. Group therapy is the primary treatment however, unlike OP and IOP, which provide individual therapy only on an as-needed basis, the PHP schedule includes individual therapy sessions each week. The PHP must also make available psychiatric services if determined to be clinically appropriate. Family therapy sessions may be scheduled on an as-needed basis. In 2015, there were 171 adults who utilized PHP services, which increased 13% from 2014.

Methadone Maintenance/
Consumers that have an Opioid addiction have access to Methadone which is delivered in a licensed clinic. . Methadone services were available through eight providers in 2015. and the BUP Program is administered by the RASE Project through participating physician groups. The data in Table 20 indicates an increase in the number of adults who accessed Methadone treatment (31%).

Buprenorphine Coordination Program
For those Members that are being treated with Suboxone (aka Buprenorphine) that is prescribed by a certified physician, they can receive support through the Buprenorphine Coordination Program, a CABHC developed Medicaid supplemental service. The BUP Program is administered by the RASE Project through participating physician groups. The data in Table 20 indicates an increase in the number of adults who accessed the BUP Program (12%).

Additional D&A services will be reviewed under the Reinvestment Section.

PROVIDER NETWORK

The Provider Relations Committee (PRC) is responsible for monitoring PerformCare's Provider Network to assure HealthChoices access standards are being met and specialty needs are extended to Members. In addition to the overall monitoring of the Provider Network, the Committee performs the following functions:

- Participates in the development and selection with PerformCare's RFP/Invitation for Service Expansion process.
- 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 necessary, PerformCare is asked to complete a CAP for the level of care when it is determined access standards are consistently not met.
- 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.

Provider Capacity
At the end of 2015, there were a total of 609 In-Network Providers for the CABHC contract. During the course of 2015 there were 42 individual practitioners who joined the network. Nine new facilities and two professional groups also joined the network. Throughout the year, there were a total of 70 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 which is perceived as voluntary. In CY 2015, the provider turnover rate was 11.5 % that resulted in a net loss of 40 providers. There was one provider who was declined by the Credentialing Committee in 2015 which was an initial individual credentialing request.

The number of Providers and the variety of services offered are similar throughout each of the Counties. The exception to this is Perry County, where due to population and the rural nature of the County, there is a smaller number of Providers offering services. It should be noted that Perry County Members are served by Providers from Cumberland County as well.
The three levels of care with the highest number of Providers are Mental Health Outpatient, followed by Mental Health Inpatient, and Substance Abuse Outpatient Services.

Provider Satisfaction Survey
The CABHC Provider Satisfaction Survey is distributed to providers in order to determine the level of provider satisfaction with PerformCare and the HealthChoices program, and to identify areas of strength and opportunities for improvement. The results from the 2014 survey resulted in PerformCare developing five separate QIPs to address areas of underperformance. This included Claims, Provider Orientation, Administrative Appeals, Grievances and Account Executives. CABHC monitored the activities of PerformCare in completing the QIPs throughout 2015. It was necessary for PerformCare to extend completion of the QIPs into 2016.

The 2015 Provider Satisfaction Survey was distributed to 254 network Providers in September via email and regular mail. The survey could be completed using the web-based survey program QuestionPro, or by completing the paper version of the survey and returning it to CABHC. Fourteen surveys were returned as undeliverable. Consequently, out of the 240 delivered surveys, 60 were returned for a 25% response rate. This is a decrease from the 33% response rate in 2014.

Results from the survey identified four areas in which PerformCare scored lower in 2015 than they did in 2014. The four areas identified were: Provider Relations - Credentialing & Re-credentialing; Care Management - Availability of Care Managers, Consistency in Care Manager's responses to inquiries, and Consistency in Care Manager's review of child/adolescent treatment plans. The CABHC Board, if recommended by the Provider Relations Committee, will request a Quality Improvement Plan (QIP) from PerformCare which addresses the four areas identified for improvement.

Service Access Standards
Pennsylvania HealthChoices standards require that the following access requirements are to be met or an access waiver must be requested:

- Ambulatory services – 2 providers within 30 minutes travel time (urban counties); 60 minutes travel time (rural counties)
- Inpatient and residential services – 2 providers, one of which must be within 30 minutes travel time (urban counties); 60 minutes travel time (rural counties)

On an annual basis, PerformCare completes a GeoAccess analysis to determine if access requirements have been met for all service categories. CABHC requested and received five in-plan service access exceptions from OMHSAS for the 2015/2016 fiscal year that include:

- Inpatient Psychiatric Hospitalization (Child): Access standard of distance for the Southwest (SW), Northeast (NE), and Northwest (NW) quadrants of Lancaster County.
- Hospital-based Drug and Alcohol Detoxification (Adult and Child/Adolescent): Access standard of distance for all five Counties.
- Hospital-based Drug and Alcohol Rehabilitation (Adult and Child/Adolescent): Access standard of distance for all five Counties.
- Methadone Maintenance (Adult): Access standard of distance for SW quadrant of Lancaster County; Northwest (NW) and Northeast (NE) quadrants of Dauphin County; NW quadrant of Cumberland County; and NW quadrant of Perry County.
- Residential Treatment Facility (Child/Adolescent): Access standard of distance for the NW quadrant of Dauphin County; the SW quadrant of Lancaster County; and NW quadrant of Perry County.

Routine Access Service Monitoring
The OMHSAS Program Standards and Requirements require that routine access services are provided within seven days of request. It was discovered that TCM services were not being offered and/or provided within the required time frame. As a result two providers were required by PerformCare to develop corrective action plans. CABHC required PerformCare to develop a QIP to ensure that the provider network is meeting routine access standards for medically indicated treatment, and to provide monthly dashboard reports containing data which reflects the performance of providers in meeting the Routine Access standard. PerformCare completed the metrics that are used to capture the access information for nine levels of care. CABHC began receiving the reports in June 2015. The reports are reviewed by the PRC during each of their bi-monthly meetings.

Provider Profiling
CABHC, through the PRC, monitored the progress PerformCare made in developing a Provider Profiling process, which was identified as a goal in the 2015 PerformCare work plan. The Provider Profiles are meant to be used to make meaningful comparisons on 11 levels of care based on a varied data set including claims data, authorization data, quality reports, complaints, Consumer/Family Satisfaction Team reports and demographic information. There was minimal progress made by PerformCare in 2015 in developing meaningful reports and they will be refocusing their efforts in developing a comprehensive provider profile in 2016. PerformCare

will report and consult with the PRC on their development of a Provider profiling report which looks at comparing the quality of services using measurable outcomes by service type.

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 CABHC or PerformCare. PerformCare utilizes the results of TRRs as a tool to ensure compliance with all applicable HealthChoices regulations and PerformCare policies. If a Provider scores below the benchmark, follow-up TRR's will be completed on a yearly basis until they score above the benchmark.

The benchmark for Providers in 2015 was 80% for all levels of care. Providers that scored below 80% are required to submit a Quality Improvement Plan (QIP). In the 2015 review cycle, 102 TRRs were conducted either on site or were desk reviews. There were 33 TRRs that resulted in the need for a QIP that included quarterly collaboration between PerformCare and the provider to assess progress on the QIP.

PerformCare began to analyze section totals on the TRR audits in 2015. When a provider scores below 80% on a section of the TRR, they are asked to provide to PerformCare a brief response outlining how they are going to address the indicators within the section that scored below 80%.

Additionally, PerformCare began to complete TRRs every six months when a provider scored in the "Well below standard documentation stage" (69% and below) in a section of the TRR. These reviews would begin within six months of the initial TRR. In 2015, PerformCare conducted six, six-month TRRs on providers. They were: Buprenorphine Care Coordination provider; two Crisis Intervention providers; four MH OP providers; one MPN provider and one MH PHP provider.

If the Provider fails to submit a QIP, or the QIP they submitted was inadequate in addressing the concerns identified in the TRR, they can be required to submit a Corrective Action Plan (CAP). CAPs can only be requested through the Credentialing Committee and are issued based on referrals regarding Provider performance from various PerformCare processes. These include the Quality of Care Committee, Provider Performance System monitoring, Clinical Care Managers, and Provider Relations Account Executives.

CONSUMER AND FAMILY FOCUS COMMITTEE

CABHC values and encourages the participation of Members in the HealthChoices oversight, 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 2015, CABHC facilitated the following presentations for the CFFC: Jack Carrol, Cumberland County, provided a presentation on Opiate addiction. Alexa Moody, President and Founder of PleaseLive, provided a presentation on her organization that is centered on helping teens conquer depression and suicide prevention. The agency is primarily composed of volunteers and is led by a board made up of young professionals. They do fundraising in order to provide education and

trainings throughout the mid-state. Teri Miller-Landon, Lancaster Mental Health Court, provided an overview of the Mental Health court, which is one of three specialized courts in Lancaster. The primary focus of MH court is to get people into treatment, remain in treatment, and avoid jail time.

The committee voted on the following topics that they would like to schedule for the in-house CFFC presentations in 2016: Substance Abuse (specific to opiates and recovery), Domestic Violence (options for women in crisis), and the Mental Health Commitment Process.

County-wide Trainings
CFFC offered training on Mental Health Advanced Directives to Providers and Members within the Collaborative. The trainings were presented by Pat Madigan and Sue Walther, Mental Health Association of Pennsylvania, with the trainings taking place in Dauphin, Lebanon, Lancaster and Cumberland/Perry Counties in November 2015. Feedback on the training was very positive.

The Committee also had an interest to explore how to help Members in the community learn about various organizations, hobbies, or interests available to them of which they may not have been previously aware. The initial concept, Community Connections Initiative, transitioned into a concept called; *Social Capital.* A sub-committee was developed and decided to offer a Social Capital training to Case Managers, Transitional Age-Youth Coordinators, and Transitional Aged Youth within the five Counties. Although the orchestration of the training is still in its infancy stage, the target date for the training is now July or August 2016.

Recruitment of Committee Members
In 2015, recruitment of committee members was placed on hold. Current attendance at CFFC meetings has averaged approximately 17 participants throughout the year. No new participants joined the CFFC in 2015.

Peer Support Services Steering Committee
In March 2015, the PSSSC Committee held a CPS Appreciation Event to celebrate the work of all Certified Peer Specialists within the Counties and recognize them individually for their hard work. The event was well attended, included a key-note speaker, door prizes, lunch, and recognition from Providers.

Research and Sponsor a Certified Older Adult Peer Specialist (COAPS) Training
In collaboration with the PA Behavioral Health and Aging Coalition, University of Pennsylvania and CABHC, a Certified Older Adult Peer Specialist training was held in May 2015. This training opportunity was well received and feedback from those who did attend the training was very positive.

Maintain CPS Capacity
CABHC continues to respond to requests from people who are requesting financial assistance to complete the Certified Peer Support certification training. In CY 2015, CABHC provided assistance to seven individuals who completed the CPS training. There was no activity related to CPS supervisor training.

PHYSICAL HEALTH/BEHAVIORAL HEALTH (PH/BH) INTEGRATION

CABHC supports the integration of physical health and behavioral health care that will improve the overall quality of Member's lives. By improving collaboration and integration, we would expect enhanced 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. In collaboration with the Clinical Committee, a PH/BH Workgroup comprised of the Counties, CABHC, Consumers and PerformCare collaborated to develop projects to improve the integration of Physical and Behavioral Health systems of care. The following PH/BH integration projects were accomplished in 2015.

Member Wellness Initiatives

PerformCare maintains a section on their website of educational materials and self-management tools that are available to assist members in their recovery. New educational pieces that were added to the website in 2015 included: *Domestic Violence, Substance Abuse and Domestic Abuse, Sexting and Dating Violence, Domestic Violence and Pregnancy, Domestic Abuse and Trauma, Childhood Obesity, Understanding Why Children Overeat, Childhood Obesity and Depression, Smoking Cessation, Youth Who Smoke Versus Youth Who Don't Smoke, Side Effects of Quitting Smoking, Smoking Cessation and Withdrawal.*

Pay for Performance

In the fourth quarter of 2015, CABHC in collaboration with PerformCare began discussions concerning a Pay for Performance program involving integrated care with PH-MCOs. The program was initiated by DHS. This program focuses on identifying through stratification, high risk members, sharing admission data and the development of integrated care plans with all PH-MCOs that share members with PerformCare. Initial activities included joint meetings with the PH-MCO to discuss the data exchange and the coordination of information.

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 has been integrated and co-located in four of the Centers. South East Lancaster Health Clinic has partnered with a MHOP provider that embedded a licensed clinical social worker (LCSW) into the center who works with the providers (doctors) by providing warm handoffs for assessment and brief treatment. A second MHOP provider is also located in the center's satellite office and offers a similar service utilizing a CRNP and a LCSW. The CRNP can also provide medication management services. In Harrisburg, Hamilton Health Center has two LCSWs to provide assessment and brief treatment after persons are screened by the provider and a determination is made that they might benefit from behavioral health treatment. Assessment, brief intervention and psychiatric services are being offered to persons who are also receiving their healthcare at the center. Sadler Health Center, located in Carlisle, has a LCSW who provides assessment and brief treatment that follows the Primary Care Behavioral Health model developed by Dr. Neftali Serrano, PSYD. Welsh Mountain, located in Lancaster and Lebanon Counties is the newest FQHC and began providing assessment and brief intervention services in 2015.

The total number of Members who utilized a FQHC for behavioral health services in 2015 was 1025, compared to 555 in 2014. The majority of individuals who utilized the service were adults with a total count of 774.

Development of New PH/BH Initiatives
In 2014, in collaboration with the Clinical Committee, a workgroup comprised of PerformCare, Stakeholders, Counties and CABHC developed a list of potential new PH/BH initiatives and selected five new projects. PerformCare took the lead with researching and developing the plans for each initiative. The following are the five initiatives selected by the workgroup along with respective updates on work completed in 2015.

1. **Medication Reconciliation -** Improve communication between PH and BH inpatient and outpatient providers on the medications that a Member is prescribed. *The medication reconciliation toolkit was completed and posted on the PerformCare website.*
2. **Support Caregiver Toolkit -** Provide support to family members and significant others through educational materials which address how physical and behavioral health issues are interrelated and how one can affect another. *Initial development of the Support Giver Toolkit was initiated and further work will be completed in 2016.*
3. **Cardiovascular Disease (CVD) Training** – Develop and provide face to face trainings and place on the PerformCare website a series of educational materials on the correlation between CVD, Depression and Anxiety. *No activity to date*
4. **Targeted Case Management Trainings** – Develop and provide training materials on the following suggested topics; D&A effect on the brain, dementia, immigrant issues, cultural differences and nutrition. *A TCM training survey was completed in December 2015. The survey requested input on topics of interests related to physical health conditions or disorders. Brain injury was overwhelmingly the topic preferred at 64.81%, followed by cancer. Actual trainings will occur in 2016.*
5. **PHQ-9 in PCP Offices** – PerformCare will encourage the use of the PHQ-9 screening tool by partnering with larger volume primary care clinics and offering tools and resources to increase the utilization of the PHQ-9. (The PHG-9 is a depression screening tool) *No activity to date*

REINVESTMENT

Reinvestment Projects are developed from available HealthChoices treatment funds that are not expended during a given fiscal year, as well as any County or CABHC surplus administrative funds. If these funds are not designated to secure risk and contingency reserves or administrative costs, then they can be designated for reinvestment. Reinvestment funds can be used as start-up costs for In-Plan Services, development and purchase of Supplemental Services (in lieu of or in addition to in plan services) or non-medical services that support Members' behavioral health.

There are four reinvestment projects that were approved through OMHSAS and have been maintained with reinvestment funds for multiple years. CABHC receives and evaluates monthly performance information to determine if stated objectives are occurring for each project. The information is reviewed for frequency, quantity, location of services and alignment with the stated objectives to assure that the needs of the individuals enrolled in each service are being

met. The financial status of each project is monitored to verify that reinvestment funds are expended appropriately and the projects stay within budget. The four projects include:

1. Respite

CABHC provides reinvestment funding to support the provision of Respite services to children/adolescents and adults. Respite services have been provided to Capital Area HealthChoices Members since 2004. The service is utilized primarily by children and adolescents and is typically provided in the Member's home. Management of the service is provided by a respite management agency (RMA), Youth Advocate Program (YAP), who is under contract with CABHC. The Respite outcome data is maintained on a fiscal year basis. For FY 14/15, the respite program served a total of 354 Members. A total of 8,262 hours of In Home and 144 days of Out of Home respite were provided (see Table 20). Total expenditures for FY14/15 amounted to $254,503, which is a 28% increase over FY13/14. During the 2015 calendar year, YAP added 2 new providers to their network and made changes to the referral forms and process to enhance the appropriateness of referrals. YAP also instituted a process of following up with families that were enrolled but not using any services in order to maintain a roster of only active families to increase capacity for Respite services.

Table 20: Respite Services FY 2014/15

County	Members Served	In-Home Hours	Out of Home Days
Cumberland	51	1,196	26
Dauphin	106	1,918	51
Lancaster	128	3,443	47
Lebanon	57	1,492	1
Perry	12	213	19
Total	**354**	**8,262**	**144**

2. Specialized Transitional Support for Adolescents

This Reinvestment service targets adolescents up through the age of 22 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 these youth conduct educational groups and/or individual sessions in order to work on the steps needed to reach individualized goals. The outcome of this program is to foster and encourage success in adulthood. The annual reports submitted by each program indicate successful outcomes for the majority of the program participants, especially those who stay engaged in the program. Each program submits an annual report at the end of the fiscal year. The data for this report is based on FY 2014/2015 reports. Through June 30, 2015, 110 unduplicated Members received services from the four programs (see Table 21).

Table 21: Specialized Transitional Support

County	Program	Members
Cumberland/Perry	NHS Stevens Center	19
Dauphin	The JEREMY Project, through CMU	34
Lancaster	Community Services Group	23
Lebanon	The WARRIOR Project, PA Counseling Services	34

3. Substance Abuse Supportive Housing Program

CABHC's Substance Abuse (SA) Supportive Housing Program provides scholarships to individuals who require financial assistance to enter a Recovery House as part of their recovery from substance abuse. Recovery from substance abuse can be extraordinarily difficult, requiring dedication and persistence to make changes in every aspect of one's life. Making these changes can be particularly difficult for those stepping down from inpatient rehabilitation or halfway house services. All too often, these individuals find themselves returning to homes and neighborhoods overflowing with old triggers and memories of substance abuse. CABHC can provide scholarships to fund up to two (2) months of rent (not to exceed $300/month) for qualified people to move into a Recovery House that participates with 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 FY 2015-2016, CABHC issued scholarships to 243 individuals, which represents a 38% increase (67 individuals) compared to FY 2014/15. In the last fiscal year, the scholarship Program added three Recovery House sites by three different Recovery House organizations, to the directory of existing participating houses. Four homes changed ownership between two different organizations, and three homes were closed by the same number of organizations. As of June 30, 2016 there were 63 active Recovery House sites provided by 26 participating Recovery House organizations.

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. Throughout FY 2015-2016 CABHC received 236 questionnaires. The information from the questionnaires indicated that 43% of individuals left the recovery house within 60 days, 14% left between 60 days and 90 days and 42% were still there after 90 days. Of the 160 questionnaires that were returned with information related to employment, 107 individuals were employed and 24 were unemployed but looking for work. Of the 220 responses to the question related to sobriety, 159 individuals (72%) were able to maintain sobriety for the period under which they were observed. This is an increase of 10.3% compared to the previous year.

4. Recovery Specialist Program (RSP)

The D&A Recovery Specialist Program provided by the RASE Project is non-clinical in nature and focuses on life and recovery skill development that is vital to the success of an individual's sustained recovery from their addiction. Supports are identified and recovery plans are developed by the Member with the assistance and support of a Recovery Specialist. These include but are not limited to recovery education, identification and engagement with community resources that encourage recovery, support systems to remain engaged in formal

treatment, and identification and access to stable housing and employment as a cornerstone to assist in an individual's recovery. Services are primarily delivered face-to-face in the community.

The outcomes for the RSP that were established by RASE are: Engagement in and completion of Treatment; Acquisition of Safe and Stable Housing; Reduction of Involvement in the Criminal Justice System; and Acquisition of Employment. In FY 2015/16 there were 371 adults served compared to 435 who were served in FY 2014/15. Of the 370 adults who participated in the program, 78% of RSP participants were engaged in treatment during their involvement with RSP, barely missing the goal of 80%. RASE reported that 93% of the individuals acquired or remained in stable housing and 95% had no incidents of criminal activity. Both outcomes achieved the goal. 66% of the individuals acquired employment during their involvement with the RSP, missing the goal of 70%.

RASE submitted minor changes that they wish to make to the RSP Program Description that includes the outcomes. Those changes are under review by CABHC and if approved, will be implemented in FY 2016-2017.

In 2015, CABHC completed a RSP efficacy study and conducted a program evaluation. The efficacy study indicates that there is an overall reduction in the use of D&A and Mental Health services when combined with RSP. The program evaluation indicated that RASE has improvements that need to be made in their operation of the program that will be monitored by CABHC. It is still anticipated that that the service will be submitted to OMHSAS for approval as a Medicaid eligible supplemental service, though funding through Reinvestment will be extended for an additional length of time. Program utilization remains strong and though participants' lengths of engagement vary, RASE has worked with an increasing number of individuals in some capacity during each of the last three fiscal years, and over 76% of all services provided have occurred face-to-face (including intakes, individual meetings and groups).

In addition to the four sustained reinvestment projects mentioned above, there are 13 approved projects that are in various stages of development or operation. Six of the projects benefit all the Counties and the remaining seven are County specific. Please see Appendix A for a list of all reinvestment projects that includes a status update of the various projects.

CONSUMER SATISFACTION SERVICES

Consumer Satisfaction Services, Inc. (CSS) is a non-profit, consumer driven and consumer operated organization whose mission includes measuring Member satisfaction with mental health and substance abuse services for HealthChoices Members residing in Cumberland, Dauphin, Lancaster, Lebanon, and Perry Counties. CSS's goals include obtaining feedback on behavioral health services to determine if these services are meeting the standards set for quality, culturally sensitive and effective treatment. Additionally, CSS seeks to ensure consumers of these services have a strong voice in evaluating the services that are being provided both from an individual provider review as well as from a HealthChoices Behavioral Health system review.

The following are highlights from the FY 2014/15 CSS Annual Report.

CSS surveyed 1,965 respondents from the Counties that represent 793 adults (40.4%) and 1,172 children (59.6%). This is an increase of 197 surveys that were conducted from FY2013/14 (see Table 22). Of the 793 adults 783 (98.7%) responded for themselves. Parents and guardians responded for the remaining 10 adults (1.3%). Parents and guardians responded for 1,109 of the 1,172 C/A (94.6%). The remaining 63 C/A (5.4%) responded for themselves.

Table 22: Total Interviews and Face–Face

Fiscal Year	Adult	F-F	%	Child	F-F	%	Total	F-F	%
13/14	1,233	1,203	97.6%	535	520	97.2%	1,768	1,723	97.5%
14/15	793	770	97.1%	1172	1,141	97.4%	1,965	1,911	97.3%
Change	**-440**	**-433**	**-0.5%**	**637**	**621**	**0.2%**	**197**	**188**	**-0.2%**

Data was collected by seven interviewers from 52 treatment facilities. The 793 adults received treatment at 47 of the facilities. The 1,172 C/A received services from 23 of the facilities. In all, 16 Levels of Care were accessed by the respondents. See Table 23 for a breakdown of surveys completed by Levels of Care by Adults and C/A.

Table 23: Levels of Care by Adults and C/A

	Total	%	Adult	%	C/A	%
Level of Care	1965		793		1172	
BHRS	565	28.8%	0	0.0%	565	48.2%
CRR Host Homes	3	0.2%	0	0.0%	3	0.3%
EIBS	8	0.4%	0	0.0%	8	0.7%
Family Based Services	69	3.5%	4	0.5%	65	5.5%
ACT	25	1.3%	25	3.2%	0	0.0%
Methadone Maintenance	73	3.7%	73	9.2%	0	0.0%
Residential Halfway House	48	2.4%	48	6.1%	0	0.0%
MH OP	332	16.9%	117	14.8%	215	18.3%
Peer Support	100	5.1%	99	12.5%	1	0.1%
Mobile Psych Nursing	52	2.6%	51	6.4%	1	0.1%
IOP	69	3.5%	57	7.2%	12	1.0%
Outpatient	65	3.3%	63	7.9%	2	20.0%
MHIP	258	13.1%	189	23.8%	69	5.9%
STAP	90	4.6%	0	0.0%	90	7.7%
ASP	82	4.2%	0	0.0%	82	7.0%
Partial Hospitalization	126	6.4%	67	8.4%	59	5.0%

There were a total of 29 items that were included in the calculation of the Total Satisfaction Score (TSS). Each item could be marked 1 (Strongly Disagree) to 5 (Strongly Agree). Higher scores on questions represented higher satisfaction. The TSS had a possible range of 29 - 145. Scores 117 -145 indicate a high level of satisfaction, scores 87-116 indicate some level of

satisfaction and scores below 87 indicate some level of dissatisfaction. The overall mean for all respondents for Total Satisfaction Score (TSS) was 115.67.

Overall, the majority of individuals who accessed treatment were satisfied with their services that are reflected in the combined satisfaction score of 115.67, which is a slight increase from the FY13/14 score of 115.44 (see Table 24).

Table 24: Satisfaction Score

Fiscal Year	Adult	Child	Total
2013/2014	1233	535	1768
	114.41	117.82	115.44
2014/2015	793	1172	1965
	115.36	115.88	115.67

The majority of people perceive that services have made their lives better in handling personal and social issues**.** Overall, approximately 60% to 74% believe services have improved their lives in each outcome area. Approximately 20% to 27% of individuals believe that no change has resulted from their services. Only 4.7% to 10.7% believes that things are worse as a result of services. 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 FY14/15 Consumer Satisfaction report can be viewed on the CABHC web site at www.cabhc.org.

FISCAL OVERVIEW

Financial oversight of the Corporation (CABHC), the HealthChoices Program and monitoring of PerformCare's financial statements remains an ongoing, shared endeavor between CABHC staff, CABHC's Fiscal Committee and the Counties. Areas of focus in FY 14/15 include monitoring of corporate finances of CABHC and PerformCare, and monitoring the HealthChoices Program solvency.

CABHC Fiscal Year 14/15 Financial Performance

CABHC's financial performance remained strong during FY14/15. Member enrollment increased during the year starting in January 2015 as a result of Healthy PA/HealthChoices Expansion. This increase in Members also provided for an increase in administrative capitation payments, therefore giving CABHC a larger administrative surplus during FY14/15. CABHC's administrative expenditures remained level resulting in a positive cash flow situation. The excess administrative capitation received from both the Counties and CABHC in excess of related expenses was used to pay for reinvestment services approved by OMHSAS and developed in collaboration with CABHC and the Counties.

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's contracted auditors, The Binkley Kanavy Group, conducted a corporate audit at the close of the fiscal year resulting in no reportable findings and

issued the opinion that the financial statements were presented fairly, in material respects, to the financial position of CABHC and the changes in its net position and cash flow for the year ended in accordance with generally accepted accounting principles.

CABHC 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: Capital Region Financial Statements, PerformCare Corporate Financial Statements and the AmeriHealth Caritas Corporate Audit including the PerformCare Supplemental Statement. During FY14/15 when questions or concerns were raised, PerformCare was active in providing clarification so that the Committee could fully understand the financial position of PerformCare and its parent company.

HealthChoices Program Performance

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

In Tables 25 and 26 are figures which reflect the division of medical expenditures for FY14/15 based on rating groups and levels of care.

Table 25: Expenditures by Rating Group

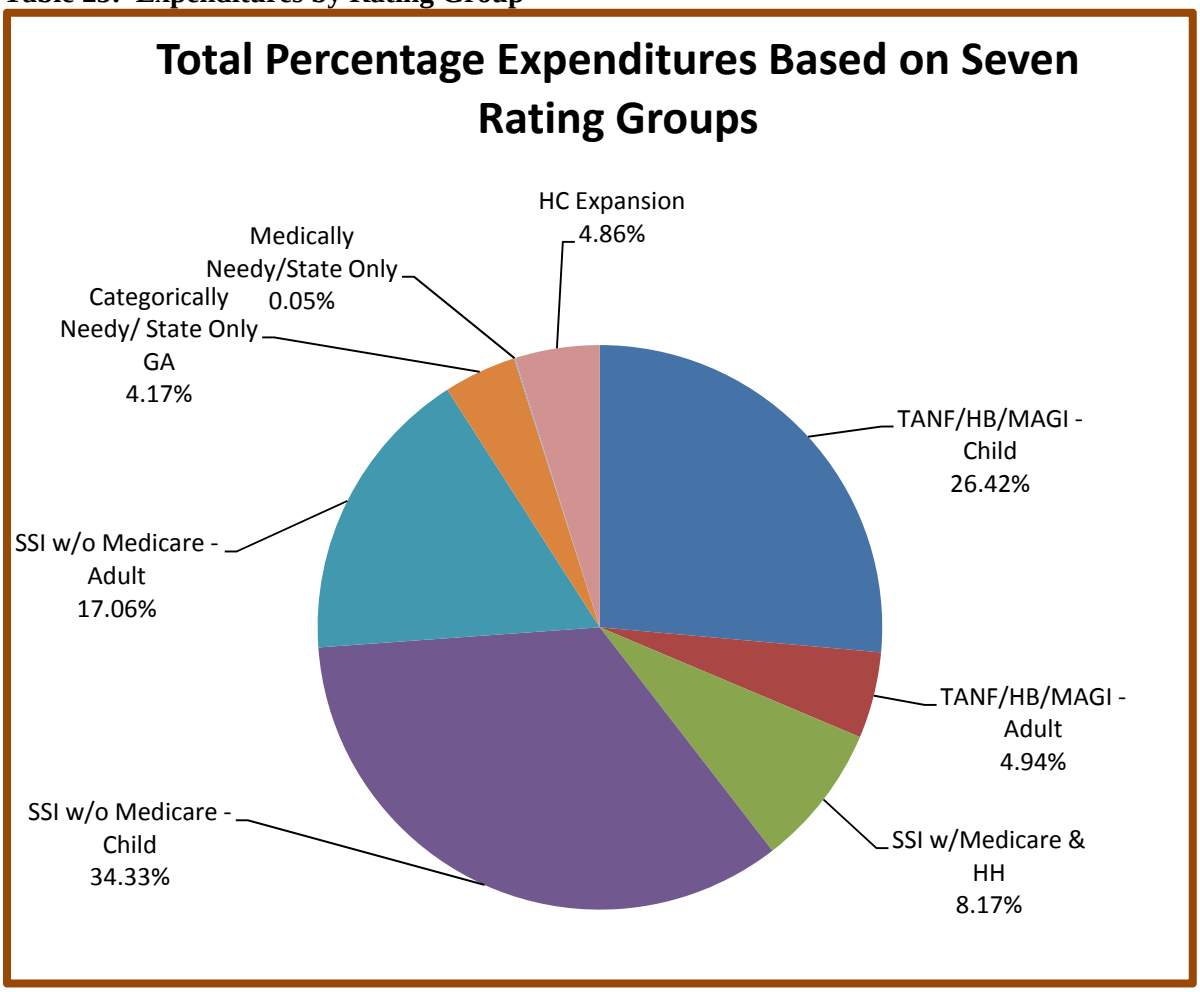
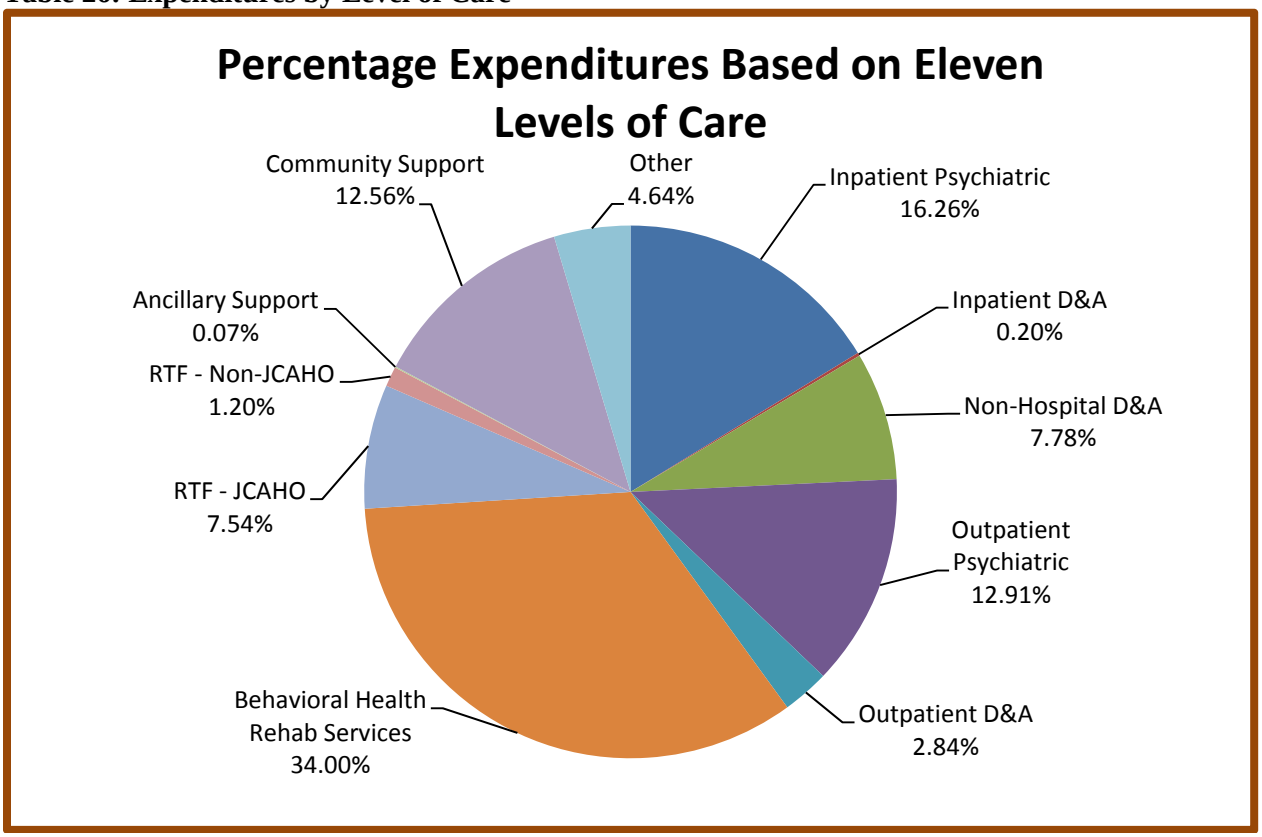


Table 26: Expenditures by Level of Care



During FY14/15, the HealthChoices medical capitation revenue paid by DHS to the Counties' HealthChoices Program exceeded medical expenses. This allowed the Counties to develop and get approved additional reinvestment projects.

In FY14/15, 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 incentive arrangements, and financial management and reporting for the fiscal year. The yearlong audit included quarterly claims data testing, an annual trip to Counties and several visits to PerformCare. The Binkley Kanavy Group found no reportable findings and 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 Public Welfare.

CONCLUSION

Each year discovers diverse challenges and opportunities for the future of the HealthChoices Program. There have been many occasions to celebrate over the past year as members have moved along their path of recovery. As noted throughout this Annual Report, the structure that supports people with their behavioral health needs is the result of a strong partnership between OMHSAS, CABHC, County partners, PerformCare, Stakeholders and the many Providers who are the front line in developing and providing vital services.

Even though there has been considerable improvement over the past year to be more efficient and provide the highest quality service, there is still more that can be accomplished. Our priorities for the upcoming year emphasize innovation in service delivery based on utilizing best practice, expansion of evidenced based programs, and integration of behavioral and physical health services. The success of CABHC is dependent on Providers, PerformCare and stakeholders to be vested in providing efficient and high quality service to our Members.

CABHC BOARD OF DIRECTORS

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Judy Goodman, Executive Assistant

Melissa Raniero, Chief Financial Officer

Michael Powanda, Director of Program Management

Jenna O'Halloran-Lyter, Children's Specialist

Tonya Leed, Member Relations Specialist

LeeAnn Fackler, D&A Specialist

Nikki McCorkle, Quality Assurance Specialist

Matthew Wagner, Provider Network Specialist

Akendo Kareithi, Accountant

Aja Orpin, Receptionist/Administrative Assistant

CABHC COMMITTEES

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Sandy Zimmerman, Consumer	Holly Leahy, Lebanon County
Jack Carroll, Cumberland/Perry County	Tonya Leed, CABHC
Kristen Noecker, RASE	Becky Mohr, Lancaster County
Lisa Klinger, Family	Laurie Dohner, CSS

Jessica Eaken, CSS
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Chester Green, Jr., Consumer
Denise Wright, Consumer
Silvia Herman, Cumberland/Perry County
Vanessa Traynham, Consumer
Jeff Bowers, Consumer
Denyse Keaveney, Consumer
Kimberly Pry, Consumer
Steve Rexford, Person in Recovery
Abby Robinson, CSS
Patty Skiles, Consumer
Scott Suhring, CABHC

Peer Support Services Steering Committee

Diana Fullem, Recovery-Insight, Inc.
Lisa Basci, Community Services Group
Lynn Manganaro, Recovery-Insight, Inc.
Holly Leahy, Lebanon County
Kelly Lauer, PerformCare
Laura Jesic, STAR
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Mary Schram, CPS
Kim Maldonado, Philhaven
Greg Snyder, Lancaster County
Frank Magel, Dauphin County

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Matt Rys, Lebanon County
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Judy Erb, Lancaster County
Christine Kuhn, Lancaster County
Robin Tolan, Cumberland/Perry County
Megan Johnston, Cumberland/Perry County
Michael Powanda, CABHC
Jenna O'Halloran-Lyter, CABHC
Nikki McCorkle, CABHC
Rose Schultz, Dauphin County
Kelly Walters, OMHSAS
Julie Holtry, Lancaster County
Janine Mauser, Lebanon County
Denise Wright, Consumer

Provider Relations Committee

Larry George, Lancaster County
Scott Suhring, CABHC
Becky Mohr, Lancaster County
Denise Wright, CFFC Representative
Holly Leahy, Lebanon County
Deb Louie, Dauphin County
Kelly Lauer, PerformCare
Matthew Wagner, CABHC

Fiscal Committee

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Paul Geffert, Dauphin County
Dennis Good, Lebanon County
Linda McCulloch, Cumberland/Perry County
Rick Kastner, Lancaster County

D&A Reinvestment Workgroup

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Tara Hall, PerformCare
Jack Carroll, Cumberland/Perry County
James Donmoyer, Lebanon County
Rick Kastner, Lancaster County
LeeAnn Fackler, CABHC
Steve Rexford, Person in Recovery
Cheryl Dondero, Dauphin County

Report Completed By:

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LeeAnn Fackler	D&A Specialist
Matthew Wagner	Provider Network Specialist
Tonya Leed	Member Relations Specialist

Appendix A

CABHC Reinvestment Activity

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
Respite Care	All	YAP	02-03, 04/05 05/06,07/08 08/09,10/11,	13/14
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 12/15: As of October FY 15/16, there has been 271 Members who received a total of 1152 respites. The total amount expended through October 15/16 has been $104,276. The Respite workgroup continues to meet to monitor and identify ways to enhance the program.				

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
Specialized Transitional Support for Adolescents	All	Jeremy, NHS, CSG, Warrior	C/P-Da. 04/05,05/06, 08/09,09/10/ 10/11 LB/LA 09/10,10/11	13/14
Description: This project was started with the goal of giving support to adolescents from the age of 16-22 years who are PerformCare 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 (Dauphin County), NHS Inc., The Stevens Center (Cumberland and Perry County), the Warrior project (Lebanon County), and CSG in Lancaster County.				
Status: Update 12/21/15: Cumulatively, the Transitional Support for Adolescents Program served 94 unduplicated unique Members and 7,566 units of service were provided across the five Counties as of October FY 15-16.				

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
SA Supportive Housing	All	Various	04/05,05/06 08,09,10,11	13/14

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 receiving scholarship applications in December 2007.

Status: Update 12/17/2015: As of November 30, 2015 CABHC has issued105 scholarships in FY 2015-2016, for a total of $50,117. There are a total of 22 Recovery House organizations that offer 61 different locations for housing options throughout the five Counties and beyond.

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
D&A Recovery Specialist Services	All	RASE Project	09/10,10/11	13/14

Description

Targets individuals in the five county area who are in need of one-on-one recovery coaching to assist them with overcoming the obstacles that otherwise may keep them from succeeding in the process of recovering from substance abuse. Recovery Specialists serve individuals who chronically relapse into abuse of substances and struggle to stay engaged in treatment and/or remain in sustained recovery. Program participants are matched with a Recovery Specialist who meets with them regularly and assists them in learning the skills necessary to live successfully and maintain their sobriety.

Status: Update 12/17/2015: As of October 31, 2015, the Recovery Specialist Services Program served 213 unique individuals and provided 4,941units of service to those individuals. Of the total units of service delivered, 76.8% occurred face-to-face (defined as Intakes, individual sessions, job training and group). The 2nd annual program audit was recently completed by CABHC and sent to RASE the week of December 14th. They will be required to submit a Corrective Action Plan to CABHC that addresses the areas of recovery planning, outcomes reporting and documentation. On a positive note, a recently completed financial efficacy study of the Recovery Specialist Program, prepared by CABHC's Quality Improvement Specialist, found that the Recovery Specialist Program has demonstrated financial efficacy through substantial treatment cost savings. This can be seen in the reduction in total cost of Behavioral Health services after RSP involvement, the minimal net cost difference of the Recovery Specialist Program concurrent to other Behavioral Health services, and the reduction of utilization of more intensive and costly services. This report was shared with the local SCAs and will be sent to the RASE project in the near future.

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
Housing Initiative	All	Pending	10/11	12/13,013/14, 14/15, 15/16
Description Each County has its own housing initiative plan as presented to OMHSAS.				
Status: All in the process of implementing their approved plans. Reporting on Housing may be separate from this table, due to its complexity. Perry County's Housing Plan has been submitted and is approved.				

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
Peer Operated D&A Recovery Centers	All	Various	10/11	12/13, 13/14
Description				
The goal of this project is to establish drug and alcohol recovery centers in the five counties. Services will target MA eligible adults (18 years or older) who are experiencing a substance abuse disorder. Peer Operated recovery Centers may have many attributes and services, but each will be developed based on geographical need and resource capacity and will be self-directed by its members. These recovery centers do not typically provide treatment and are not staffed by paid professionals. They are peer operated programs. It is intended to be a local consumer driven center that will provide peer support services, sober recreation activities, and/or community education. These programs are places where an individual working on their recovery from substance abuse can find a sympathetic ear, information about recovery and substance abuse services, and enjoy a safe and drug and alcohol free environment.				
Status: Update 12/17/2015: Just for Today, Inc. completed renovations to their Lemoyne location and opened for business in November 2015. An open house was held on November 6th. Likewise, The RASE Project hosted an open house at their newly opened Recovery Center on October 16th. PA Counseling has completed the majority of renovations at the selected recovery center location on Chestnut Street in Lebanon. Groups have started meeting there and PCS is planning an open house and dedication to mark its official opening on December 18th. The Miracle Group's Harrisburg Recovery Center, Hope Station, has closed and together with CABHC legal counsel continues the process of establishing the repayment plan associated with funds owed back to CABHC.				

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
MH-IP Integrated Peer Specialist Services	All	Philhaven, PPI, LRMC, HSH	10/11	13/14
Description It is the goal of this program to implement the development of Certified Peer Specialist (CPS) services that will be imbedded into four of our local MH IP units, including Philhaven, Pennsylvania Psychiatric Institute, Lancaster General Hospital, and Holy Spirit Hospital. The CPS will be active with the inpatient unit staff team to bringing their recovery oriented perspective to the culture of the program. The CPS will also support and educate persons in treatment about the recovery philosophy as experienced through their own recovery, assure that the person has a strong partner in their treatment choices and most important, to assist in the discharge planning process, including limited follow up in the community after discharge.				
Status: Update 12/22/15: The full-time CPS continued with his orientation in December. He is adding 2 discharge				

groups and a WRAP group to his schedule, in addition to a weekly recovery group. LGH Interviewed a candidate for the part time CPS role on 12/9/15 and she will have a shadowing experience on 12/15/2015. The Clinical Supervisor and new business manager are reviewing and working on tracking of outcome measures.

Reinvestment Project	**County**	**Provider**	**Plan Year**	**FY(s) funds are to be spent**
Recovery House Development	All	Various	10/11	12/13, 13/14
Description This project will fund eight new substance abuse recovery houses in the Counties through the purchase and/or renovation of selected homes. At least one of the homes will serve women and children. CABHC is facilitating a selection committee that will set the standards these programs will need to meet to be eligible for start-up funds.				
Status: Update 12/17/2015: Six of the eight recovery houses are now open. Of the remaining 2, Gaudenzia continues to work through delays in the renovation progress of their planned women and children's recovery house. CABHC will be conducting a walkthrough with Gaudenzia operations staff on 12/29 to review construction progress. PA Counseling is in the process of establishing a recovery house for women in Lebanon.				

Reinvestment Project	**County**	**Provider**	**Plan Year**	**FY(s) funds are to be spent**
D&A Treatment Court RSS	Cumb/Perry	RASE	10/11	13/14
Description The goal of this project is to employ two part-time D&A Recovery Specialists to provide substance abuse recovery support services to participants in Cumberland County Specialty Courts. All D&A Recovery Specialists hired under this program will be expected to become certified as a Recovery Specialist through the PA Certification Board. The adults served will be individuals who have cycled in and out of D&A services and have demonstrated difficulty in engaging in their recovery through traditional treatment and supports. The target population may also include support for persons as a step down from inpatient treatment. Services provided will focus on life and recovery skills development that will be vital to the success of the individual in their recovery process.				
Status: This project is on hold since the implementation of the treatment court is not fully operational and it is not clear if the inclusion of the RSS would be fiscally viable. Further assessment is being done to determine the furtherance of this program.				

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
Adult Co-Occurring OP Services	Dauphin	Pending	10/11	13/14

Description

This project is targeted towards Medical Assistance eligible adults (18 years or older) who are experiencing mental health and substance abuse disorders. These individuals would enter services either through a drug and alcohol intake or an assessment completed at a mental health outpatient clinic. Those who are being evaluated for drug and alcohol related issues will also be screened for mental health issues, and those coming into mental health outpatient facilities will answer questions related to drug and alcohol use. Based on these results, the individual may be a candidate for a co-occuring group (8 weeks long). These groups will run twice per week for 1.5 hours. The provider of these groups will need to have a dual license as both an outpatient mental health and drug and alcohol clinic. The individual may also be involved in individual treatment and psychiatric support during this time.

Status: This contract is extended through 1/31/16. Update 12/23/2015: PCS has four active clients enrolled in the program. In November they received three new referrals and admitted one of those clients. They also had five discharges for non-compliance and personal issues which prohibited the clients from engaging. They are actively reaching out to other Providers, making them aware of the service. TWP had four clients active in this service. They received one new referral who they expect will join the group. TWP will continue to assess new clients as well as ongoing clients for COD IOP in order to start a new group.

Reinvestment Project	County	Provider	Plan Year	FY(s) funds are to be spent
Mobile MH-ID Behavioral Intervention	Dauphin	Pending	10/11	13/14

Description

The program will fund the creation of a Mental Health and Intellectual Disabilities team consisting of two professionals that will assist adults 21 years and older with a serious mental illness or intellectual disability. The team will include a Behavioral Specialist and a Registered Nurse who will work with individuals, their families, or other support systems. The service will include the utilization of a Functional Behavioral Assessment which will be used to develop a treatment plan for the individual, focusing on their behavioral issues/needs, interventions, and other related needs. All direct services conducted by this team are considered mobile because they are most often delivered in settings outside of an office (often in the home or community).

Status: Contract extended through June, 2016. Update 12/22/15: CSG has worked with a total of 10 individuals and is currently working with nine individuals since the beginning of the program. In the month of November, 513 units of service were provided. CSG along with Dauphin Cty. MHID, CMU, PerformCare and CABHC meet bi-monthly to review status of the program is discuss any operational concerns.

FY13/14 Reinvestment Projects

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Housing Initiative	Dauphin	Affordable Housing Ass. & Monarch Devt. Group	13/14	N/A	Under Development
Description					
The co-developers, the Affordable Housing Associates of Dauphin County and Monarch Development Group, LLC, will develop a 35-unit affordable housing development. Of these, five units will have the capacity to house nine individuals that will be exclusively for MA eligible recipients of Behavioral Health Services and will be fully integrated into the development.					
Status:					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
MHIP Children/Adolescent Unit	Dauphin	PPI	13/14	N/A	Under Development
Description					
PA Psychiatric Institute's Board, along with CABHC, PerformCare and the Counties' support, has authorized their working up of an estimate for the cost of developing a six to ten bed separate children's unit on 4 Landis and making 5 Landis a twelve to sixteen bed adolescent unit. This will replace the current 16 bed children and adolescent unit on 5 Landis, which to date places children at risk for harm from the older kids resulting in frequent denials of a child's admission due to the acuity on the unit or there being concern over bringing an older adolescent who has a history of aggressive behaviors and therefore denying that admission.					
Status: Update 3/31/16: PPI is working on a preliminary Service Description and budget proposal. Renovations have already begun on the unit.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A Detox and Rehab	Dauphin	Gaudenzia	13/14	N/A	Under Development
Description					
Gaudenzia has proposed to expand their Common Ground detox service and the potential to expand their short-term rehab program in response to the growing demand to provide urgent access to treatment in the increasing Opioid addiction crisis that our communities are facing. To accomplish this proposal, Gaudenzia will be moving the Common Ground rehab and detox programs from their current facility to the Chambers Hill Adolescent Program facility and the Adolescent Program will be moved to the Common Ground facility. This move will allow a significant expansion of detox slots (from 10 to 18) without having to go through the zoning issues associated with a new facility. The Common Ground rehab program also has 24 slots (both rehab and dually diagnosed consumers). These slots will be maintained with the potential to expand this number at a later time.					
Status: Update 3/30/2016: A contract has been executed between Gaudenzia and CABHC that will allow Gaudenzia to utilize funds in support of the expansion. CABHC has requested a timeline from Gaudenzia that will provide a better estimate of the planned completion date for this project. Gaudenzia has indicated they will submit that to					

CABHC in early April.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A Brief Intervention	All	TBD	13/14	N/A	Under Development
Description					
The primary goal of the D&A Mobile Brief Intervention and Assessment is to create an intercept point for individuals accessing hospital emergency services or are in physical healthcare units of local hospitals that may be in need of substance abuse services. This intercept point would provide identification and linkage services to substance abuse treatment for individuals struggling with addiction and co-occurring mental health problems.					
Status: Update 3/30/2016: The SCAs, as part of the D&A workgroup at CABHC, have met to discuss the development of this project. As there are many approaches that could be taken with a project of this magnitude, further conversations still need to occur. Tentatively, the SCA's plan to pilot this program with one hospital system per County, with variations in how it might be staffed for the purposes of completing the assessments. CABHC continues to work in collaboration with the SCAs to move this initiative forward. It is anticipated that progress will be made within the next quarter.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
IP FUH Discharge Support	All	TBD	13/14	N/A	Under Development
Description					
This program will work with four local MH IP providers (three adult and one children/adolescent) to develop a nursing support service that will assist high risk Members with their discharge and attendance at their follow-up appointment. The four hospitals will develop a discharge nurse position that will follow the member after they have been discharged to support the individual with filling prescriptions, providing onsite medication reconciliation, verifying aftercare appointments, assuring potential barriers to attendance of the appointment are addressed and provide follow up consultation. The support will be short term and intensive, with the nurse beginning contact before the discharge. It is anticipated that the support will not last more than 30 days, and is expected to average 10 days in duration. Mobile Psychiatric Nursing may be an alternative if a MHIP provider is unable to support the discharge nurse position.					
Status: Update 3/31/16: An initial meeting of the IP-FUH workgroup took place on 10/7/15. At that time the workgroup agreed that only MHIP hospitals would be approached to participate in this program, one for each County. The four hospitals include; LGH, Philhaven, PPI and HSH. A national model called the Re-Engineered Discharge that is being used to improve discharge processes and reduce readmissions will be utilized in this project. CABHC has requested that PerformCare take the lead in moving this project forward.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
OP Evidenced Based Treatment	All	Various	13/14	N/A	Under Development
Description					
Funding for this project will support the certification of selected OP providers to gain the capacity to provide **Dialectic Behavioral Therapy (DBT)**, **and Trauma Focused Cognitive Behavioral Therapy (TF CBT)**. The Counties will form an ad hoc group, facilitated by CABHC and with PerformCare participation to select the					

providers targeted to participate in each of the EBP certifications. The funds will pay for the identified and willing clinics to send selected staff to receive the required training and certification as well as one year of coaching, depending on the model and fidelity requirements.
Status: Update 3/31/16: CABHC engaged PerformCare to manage the coordination of the trainings. Providers have registered their eligible employees for the trainings. The contracts for the DBT raining have been executed and the initial training is scheduled for the week of April 18, 2016. The contracts for the TF-CBT trainings are being developed with trainings scheduled for May.

Reinvestment Project	**County**	**Provider**	**Plan Year**	**Start Date**	**Status**
Latino D&A Rehab HH	All	TBD	13/14	N/A	Under Development
Description					
This project is to develop a licensed D&A Rehab Halfway House that would be bilingual and bicultural to better serve the Hispanic population. CABHC, in partnership with the County SCA Directors, PerformCare and D&A Stakeholders will develop an RFP to solicit the development of this program, with a critical requirement of past experience and capacity to run D&A treatment services for the Hispanic population. The facility's capacity would be targeted to be between 18-24 people.					
Status: Update 3/31/2016: CABHC received one (1) letter of intent, from SACA in Lancaster, to develop this Halfway House. D&A Workgroup members were notified of this at a meeting on 3/29 and those who attended were in favor of working with SACA. CABHC will issue the RFP to SACA in the coming weeks and work with them to move this project forward.					

Reinvestment Project	**County**	**Provider**	**Plan Year**	**Start Date**	**Status**
MH and D&A co-located Clinic	Lancaster	TBD	13/14	N/A	Under Development
Description					
Data clearly indicates that the vast majority of residents in the Columbia, Lancaster county area are required to leave the area to access MH and D&A OP treatment. Therefore, the development of a single provider run co-located MH OP licensed satellite clinic and a D&A licensed OP clinic will offer better access for these members. CABHC, Lancaster County MH /ID and SCA, PerformCare and stakeholders will develop and disseminate an RFP to select a provider that is licensed to provide both services in a co-located site.					
Status: Update 3/31/16: The Appendix N approved Plan Priority is under review at CABHC and Lancaster County in order to determine the next steps to move this project forward.					

Reinvestment Project	**County**	**Provider**	**Plan Year**	**Start Date**	**Status**
Vivitrol Care Coordination	All	RASE	13/14	N/A	Under Development
Description					
It has long been understood by professionals, researchers and persons in recovery that substance use and addiction are multifaceted health issues and it is apparent that there is a need to offer additional treatment supports that would help expand the use of Vivitrol as a treatment option. The development of the Vivitrol Care Coordination Service will provide education to physicians in an effort to engage additional PCPs who will utilize Vivitrol medication assisted treatment as part of a comprehensive opioid treatment and care coordination approach; Increase the number of members successfully utilizing Vivitrol in a recovery program from opioid addiction; And assist members who are					

engaged in Vivitrol treatment in their access to and coordination of support by other community agencies/organizations.
Status: Update 3/31/2016: CABHC met with RASE on 3/11 to go over their proposed service description, specifically the budget, and are awaiting the necessary revisions to both documents.

Reinvestment Project	**County**	**Provider**	**Plan Year**	**Start Date**	**Status**
Hospital Based EAC Program	All	TBD	13/14	N/A	Under Development
Description					
Expand the EAC capacity by 12 psychiatric beds that would be located in a general hospital facility to improve the ability to better serve adults in need of EAC/EAU services when they are also experiencing medical care needs that cannot be easily provided in a free standing facility.					
Status: Update 3/31/16: The HB-EAC reinvestment workgroup met to develop the specifications in order for a provider to be considered to develop the 12 new beds. The RFP was developed and reviewed by the workgroup. Based on the specifications, the RFP was sent to two providers. Both providers completed their proposals and submitted them to CABHC on time. The HB-EAC workgroup met on 3/17/16 to review and score the proposals. The workgroup selected Philhaven as the provider to develop the new HB-EAC beds at Ephrata Community Hospital. A letter of acceptance of the proposal was sent to Philhaven. Initial meetings with Philhaven have begun to finalize contract terms.					

Reinvestment Project	**County**	**Provider**	**Plan Year**	**Start Date**	**Status**
MH-ID Mobile Behavioral Team	C/P, L, LB	TBD	13/14	N/A	Under Development
Description					
This plan will expand the Mobile MH/ID Behavioral intervention by two teams consisting each of two (2) professionals that will assist adults ages 21 years of age and older, with serious mental illness and intellectual disability. The team includes a Behavior Specialist and a Registered Nurse who will work with the identified individual and their support system which may include family and other MH or ID provider agencies. CABHC, Counties, PerformCare and Stakeholders will develop and distribute an RFP to develop this program.					
Status: Update 3/31/16: Three meetings have taken place with Cumb/Perry, Lancaster and Lebanon Counties along with Dauphin County, PerformCare and CABHC. The meetings focused on learning how the first team is doing in Dauphin County and to establish the service requirements that the new teams will need to meet. The RFP for the new project was distributed to the workgroup with feedback pending. The MH/ID workgroup chose to solicit the current Provider in Dauphin County to determine their interest in expanding two teams. The Provider is receptive to the expansion and will need to respond to a revised RFP that will focus on additional information requested by the workgroup not covered in the original Service Description.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Behavioral/Physical Health Integration	Lancaster, Dauphin	LGH, NHS, Gateway	13/14	N/A	Under Development
Description					
The BH/PH Integration project consists of two models. The Care Connections model to be developed by Lancaster General Hospital will initiate a Community Health Worker (CHW) program focused on interventions with high utilizers of emergency dept. services. The objective is to determine if CHW interventions will improve post emergency room outcomes among low socio economic individuals with corresponding mental illness. The CHWs interventions will be modeled after the Penn Medicine IMPaCT model of CHW care. The second project is the development of an integrated BH and PH model that would establish the NHS Capital Region (NHSCR) MH Outpatient Clinic located in Harrisburg as a Health Home program for Gateway members who receive their mental health treatment at NHSCR. The program's objective is to support the triple aim of improving the health of individuals with SMI; enhancing the consumer experience of care (including quality, access, and reliability); and reducing/controlling the per capita cost of care."					
Status: Update 3/31/16: A kick off meeting was held on 2/25/16 with NHS, Gateway, PerformCare and CABHC to discuss the current status of completing the letters of agreement and to clarify the scope of the project. A second meeting took place on 3/31/16 to discuss the progress of the project. NHS will take the lead in developing the work plan that will move this project forward. A meeting was held on March 9, 2016 with LGH to discuss the Care Connections program. LGH is taking the lead in moving the project forward.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Psychiatric Access	All	TBD	13/14	N/A	Under Development
Description					
Routine access to initial psychiatric evaluations and medication management remains a significant challenge. This program is targeted to award 3 contracts to MH OP providers that can be used in the recruitment and retention of Psychiatrists to our HealthChoices BH program. An RFP establishing the guidelines of the use of the funds and the development of clear and measurable outcomes will be developed by an oversight committee. Each proposal selected must clearly increase the availability of psychiatric time, indicate the targeted HealthChoices population that will be impacted and state the projected improvement to access of psychiatric time. The proposal must include a contractual commitment with the Psychiatrist(s) that will benefit from this contract in how long they will provide their service at the OP Clinic and consequences if they leave before their commitment is up. The expected commitment is three years.					
Status:					