CAPITAL AREA BEHAVIORAL HEALTH COLLABORATIVE, INC.

Established October 1999

CAPITAL AREA BEHAVIORAL HEALTH COLLABORATIVE, INC.

CONTINUOUS QUALITY IMPROVEMENT ANNUAL REPORT

Calendar Year 2016

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, Providers and other stakeholder groups, we provided services to a total of 47,693 individuals out of a possible membership of 256,852. Adults comprise 63% of the people who accessed treatment compared to 37% 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 C/A that are consistent with the Child and Adolescent Service System Program (CASSP) principles. Services are provided through a network of 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 (BHRS). 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) increased and the number of C/A with an ASD deceased.

In 2016, efforts to work with providers to improve BHRS access through the quality improvement plan process was discontinued and instead, PerformCare developed a revised process for initial evaluations and medical necessity determination to improve efficiencies and reduce the amount of time between the initial evaluation and authorization of services. The revised processes were initiated in October, 2016 with three pilot Counties.

PerformCare continued their efforts to complete action items that were included in the BHRS Summit Work Plan that was developed in 2013 and revised in 2016. Most notable was the development of the Flexible Outpatient model that integrates Mobile Therapy and Outpatient services.

The number of adults who accessed behavioral health services in 2016 increased 17% to 30,215 from 2015, primarily as a result of the Medicaid expansion. The majority of the adults accessed community outpatient programs including D&A services. There was a 13.6% increase in the number of adults who utilized outpatient services. In 2016, there was an 89% increase in the number of people who accessed a behavioral health service in a Federally Qualified Health Center.

Mobile Psych Nursing and Peer Support Services both experienced minor increases in utilization in 2016. Assertive Community Treatment services remained stable. The total number of adults who accessed a mental health inpatient program in 2016 increased 10% to 2,648.

Throughout the Counties there are many treatment options for individuals 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 2016, there was a 13.8% decrease in the number of adolescents who accessed a service along with a corresponding 16.3% decrease in costs. The number of adults who accessed a Drug and Alcohol (D&A) service increased 28% and costs increased 28%.

The CABHC provider network consists of 611 providers. The availability of providers is fairly consistent among the Counties with the exception of Perry County where there is a smaller number of providers due to the rural nature of the County. Services provided to Perry County Members are often done so by providers located in the other Counties.

In 2016, CABHC distributed a provider satisfaction survey that yielded a return rate of 26%. The survey produced a similar score to 2015 with only one area identified by the Provider Relations Committee that would require a response from PerformCare. This was an improvement over 2015 when PerformCare was required to complete several corrective action plans.

PerformCare completed the process to implement the Provider Profiling program that is used to compare providers from 11 different levels of care using a variety of information and data sets. Providers will receive a mid-year and annual report. Five levels of care were reviewed in 2016 and the remainder will be completed in 2017.

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 2016, PerformCare completed 71 TRR that resulted in 12 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 committee member awareness and understanding of various resources and services throughout the community. A training on Building Social Capital, conducted by Dr. Al Condeluci, was offered by the CFFC to Consumers and providers in August, 2016.

In collaboration with PerformCare and other stakeholders, there was continued progress to improve Physical Health (PH) and Behavioral Health (BH) integration. PerformCare added new tools and articles to their website. Work continued on the PH/BH workgroup initiatives including completion of the Medication Reconciliation toolkit and Targeted Case Management training. PerformCare worked on developing the business processes in order to fully implement the OMHSAS Pay for Performance integrated PH/BH program.

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). In addition to the four previously mentioned reinvestment projects, CABHC supported the development of 24 additional projects that benefit all the Counties collectively, or specific County projects.

CABHC's financial performance remained strong during FY 15/16. As a result of Medicaid expansion, administrative revenue increased due to the increase in Member enrollment. The administrative surplus for 2016 was positive which was used to pay for additional reinvestment projects. An audit of CABHC and the HealthChoices contract 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 management 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 2016 calendar year to continue execution of its mission, and the goals of the HealthChoices program.

CABHC Organizational Structure

CABHC has continually emphasized cooperation and unity between individuals, organizations, and systems for ongoing improvement in the quality and effectiveness of behavioral health services throughout the Counties. This philosophy of partnership continues to be mirrored in the supportive efforts of CABHC's professional staff, the inclusion of persons in recovery, County staff, and family members within each of CABHC's committees and workgroups. It also stems through CABHC's contracts and cooperation with other organizations in the community, including Providers and PerformCare, to promote quality and effective service delivery.

The County Commissioners of each of CABHC's member Counties appoint two representatives to the Board of Directors, one representing Mental Health and one representing Substance Abuse. In addition, two non-voting representatives from the Consumer 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, who is responsible to the Board of Directors.

The Administrative area is comprised of our Receptionist/Administrative Assistant, who is supervised by the Executive Assistant. The Financial area includes the staff Accountant, supervised by the Chief Financial Officer (CFO). Lastly, the Program area includes professional specialist positions in Children's Services, Drug and Alcohol Services, Member Relations, Provider Network, and Quality Assurance. These five positions are supervised by the Director of Program Management.

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

Clinical Committee
The Clinical Committee is responsible for providing clinical analysis and to review quality of care issues across all levels of care and oversight of treatment related activities of the HealthChoices program. This committee analyzes best practice guidelines and treatment standards, reviews provider outcome reports, monitors access standards to treatment, monitors activity of Reinvestment Services and establishes subcommittees/workgroups as needed to conduct 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.

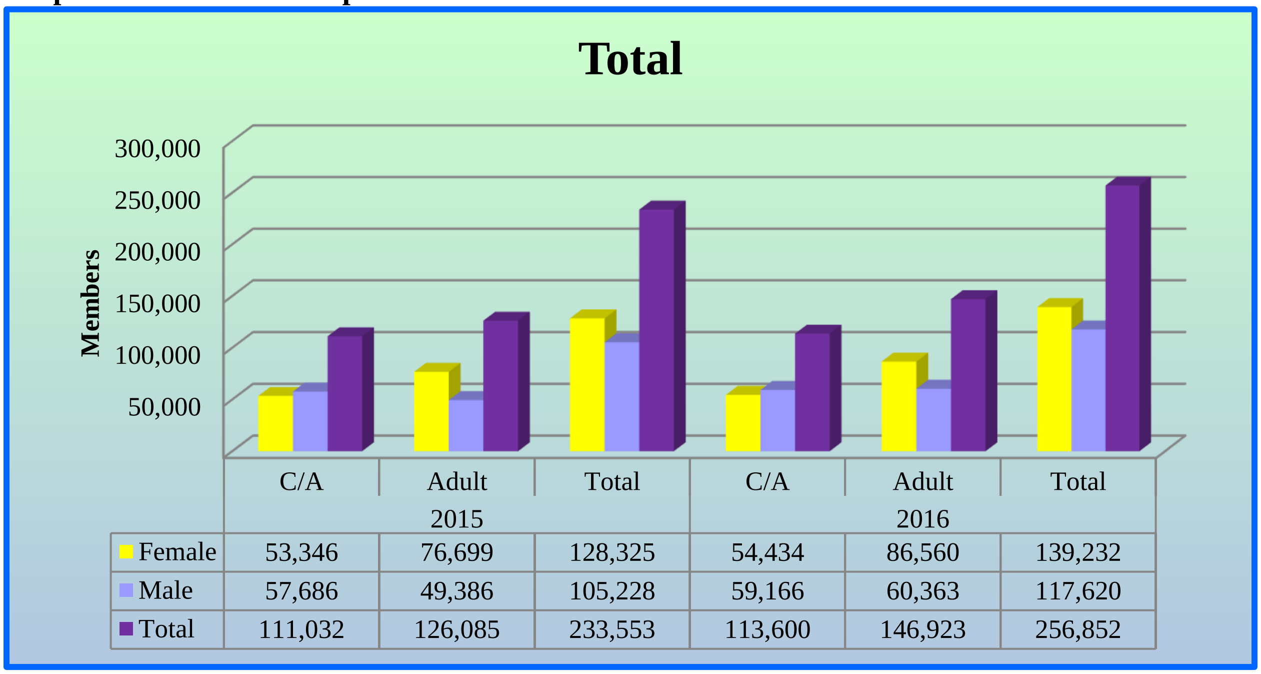
Provider Relations Committee
The Provider Relations Committee is responsible for the oversight of the provider network developed by PerformCare. Areas of focus includes monitoring the BH-MCO's provider network to assure access standards are met, choice is provided, specialty needs are available to Members,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

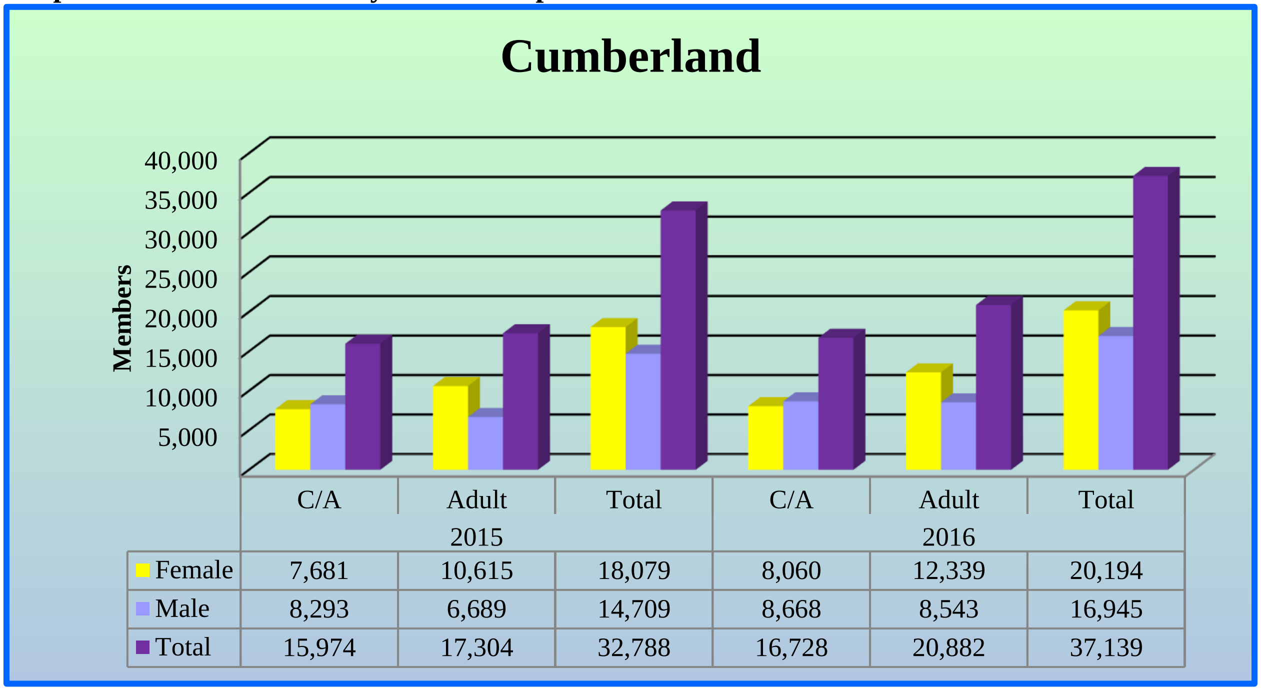
CABHC receives on a daily basis a file from the Department of Human Services (DHS) that identifies individuals who are determined to be Medicaid eligible and any changes in their eligibility. The file is audited by our management information partner Allan Collautt Associates Inc. (ACA) to verify that 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 HealthChoices eligible for one day in the calendar year. The following membership graphs highlight the number of Members that were eligible for HealthChoices. Membership increased 10% from 2015 to 2016.

Graph 1: Total Membership



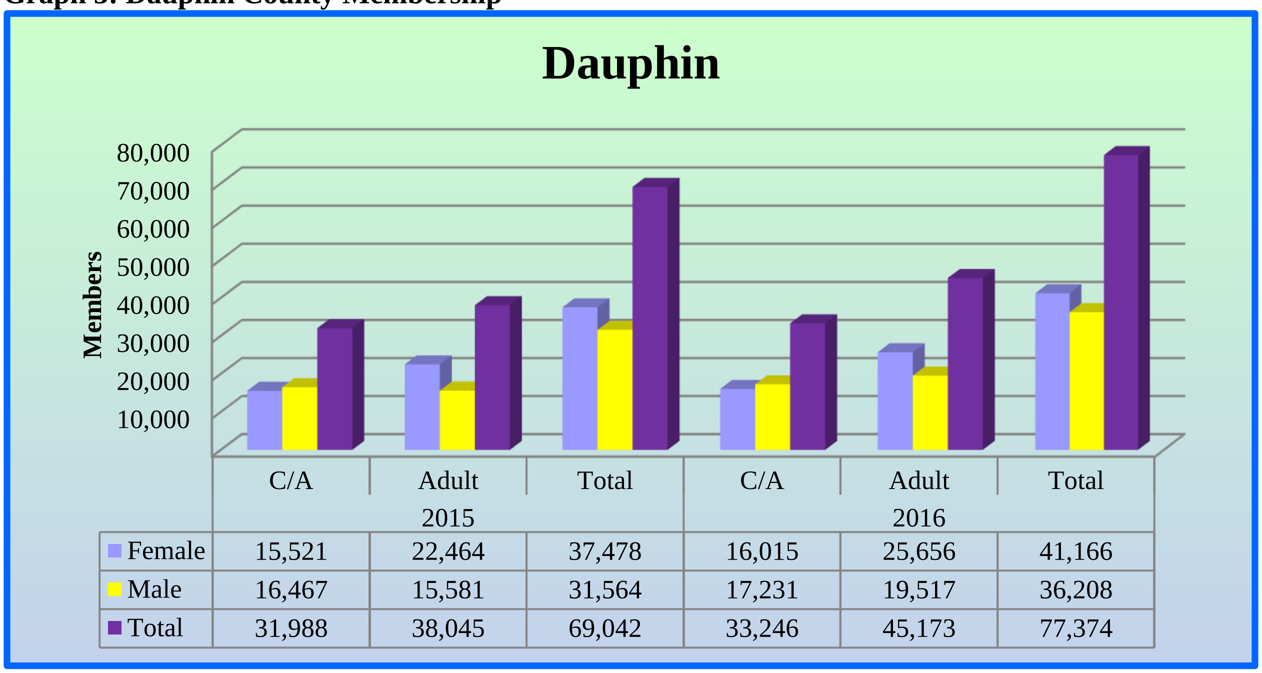
	2015 C/A	2015 Adult	2015 Total	2016 C/A	2016 Adult	2016 Total
Female	53,346	76,699	128,325	54,434	86,560	139,232
Male	57,686	49,386	105,228	59,166	60,363	117,620
Total	111,032	126,085	233,553	113,600	146,923	256,852

Graph 2: Cumberland County Membership



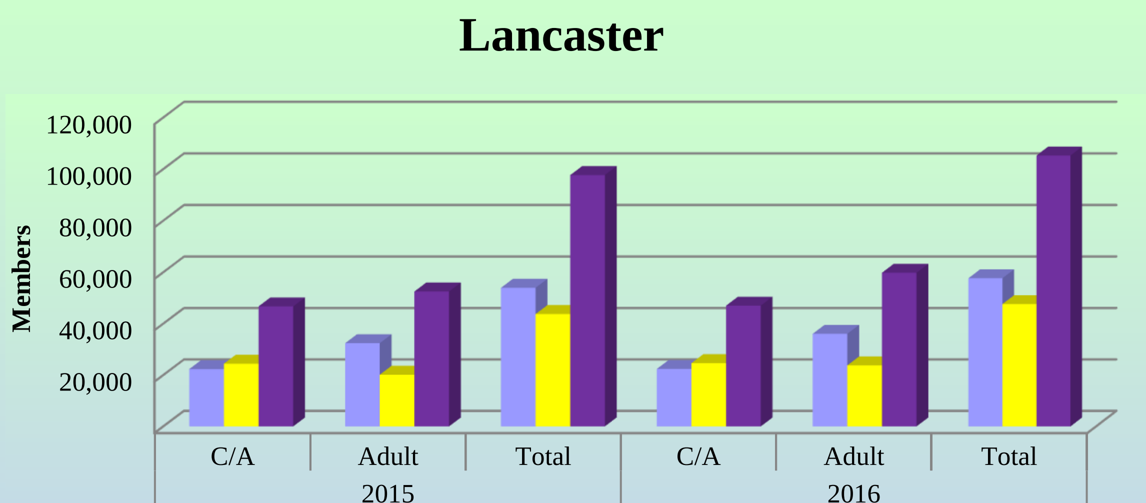
	2015 C/A	2015 Adult	2015 Total	2016 C/A	2016 Adult	2016 Total
Female	7,681	10,615	18,079	8,060	12,339	20,194
Male	8,293	6,689	14,709	8,668	8,543	16,945
Total	15,974	17,304	32,788	16,728	20,882	37,139

Graph 3: Dauphin County Membership



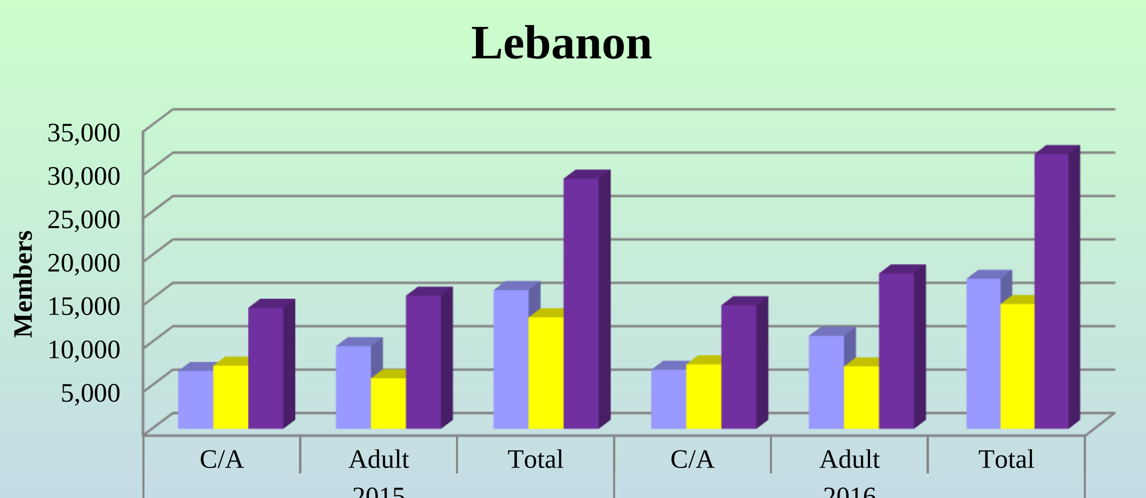
	2015 C/A	2015 Adult	2015 Total	2016 C/A	2016 Adult	2016 Total
Female	15,521	22,464	37,478	16,015	25,656	41,166
Male	16,467	15,581	31,564	17,231	19,517	36,208
Total	31,988	38,045	69,042	33,246	45,173	77,374

Graph 4: Lancaster County Membership



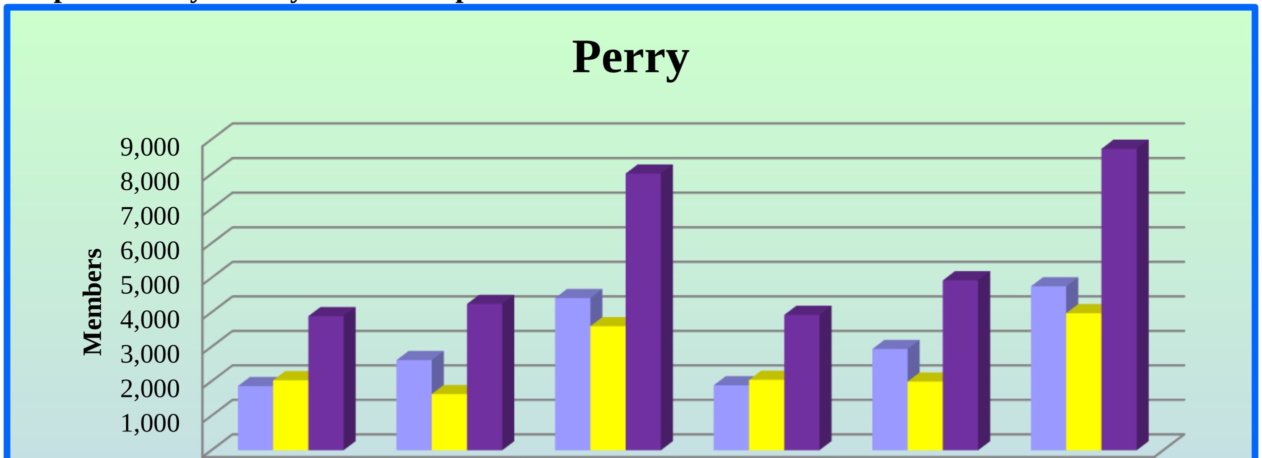
	C/A 2015	Adult 2015	Total 2015	C/A 2016	Adult 2016	Total 2016
Female	22,299	32,379	53,945	22,357	36,033	57,642
Male	24,390	20,117	43,727	24,628	23,752	47,587
Total	46,689	52,496	97,672	46,985	59,785	105,229

Graph 5: Lebanon County Membership



	C/A 2015	Adult 2015	Total 2015	C/A 2016	Adult 2016	Total 2016
Female	6,661	9,522	15,982	6,804	10,713	17,283
Male	7,278	5,820	12,852	7,432	7,192	14,372
Total	13,939	15,342	28,834	14,236	17,905	31,655

Graph 6: Perry County Membership

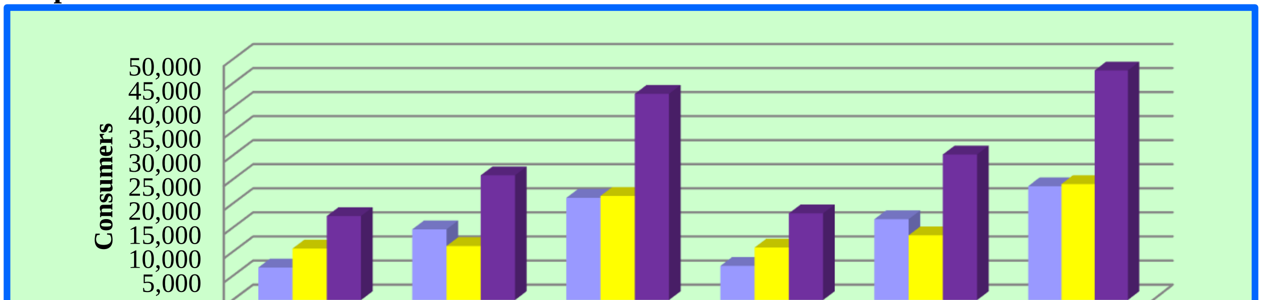


	C/A (2015)	Adult (2015)	Total (2015)	C/A (2016)	Adult (2016)	Total (2016)
Female	1,861	2,615	4,416	1,886	2,936	4,755
Male	2,030	1,629	3,599	2,041	1,991	3,975
Total	3,891	4,244	8,015	3,927	4,927	8,730

CONSUMERS

In CY 2016, 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 11.3% from CY 2015. There is only a slight difference between the total number of female and male Consumers (see Graph 7).

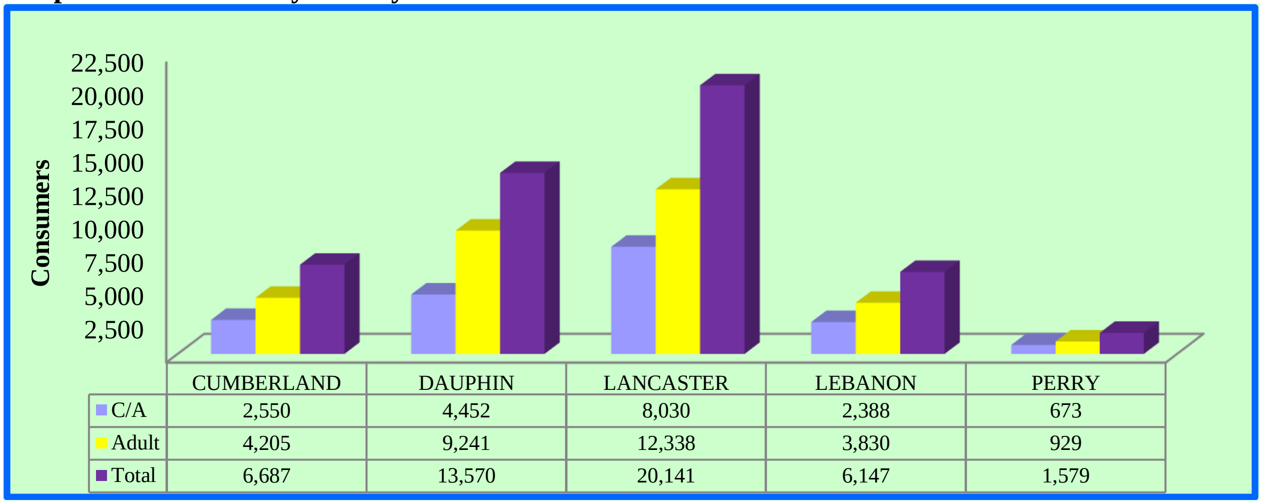
Graph 7: Total Consumers



	C/A (CY 2015)	Adult (CY 2015)	Total (CY 2015)	C/A (CY 2016)	Adult (CY 2016)	Total (CY 2016)
Female	6,744	14,687	21,214	7,091	16,784	23,632
Male	10,685	11,206	21,620	10,899	13,431	24,061
Total	17,429	25,893	42,834	17,990	30,215	47,693

Graph 8 shows the distribution of Consumers between Counties. Lebanon County increased 8.4% from CY 2015, the smallest increase of the five Counties. Perry County increased 16.3% which was the largest increase. Cumberland increased 16.1%, Dauphin 14% and Lancaster County 8.6%. Of the 47,693 consumers who received services in CY 2016, 13,956 are individuals who are eligible for HealthChoices through Medicaid expansion.

Graph 8: Consumers by County



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
Cumberland	37	68	465	359	428	5,330
Dauphin	45	166	4,418	2,213	672	6,056
Lancaster	50	189	1,751	4,988	1,112	12,051
Lebanon	6	24	205	1,702	177	4,033
Perry	0	4	37	28	23	1,487
Total	**136**	**450**	**6,839**	**9,234**	**2,389**	**28,645**

CHILDREN/ADOLESCENT SERVICES

CABHC is committed to promoting the emotional wellbeing of Children/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, Partial Hospitalization Programs (PHP), Family Based Mental Health (FBMH), 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 C/A who utilized these primary services.

Table 2: C/A Mental Health Services

County	CI	TCM	OP	PHP	BHRS	ASP	STAP	FBMH	CRR-HH	RTF	MHIP	Total
Cumberland	222	104	2,037	26	594	46	7	213	11	34	123	2,400
Dauphin	197	635	3,646	170	1,169	177	35	246	9	52	236	4,179
Lancaster	305	349	7,292	389	1,721	124	148	442	25	109	338	7,852
Lebanon	153	176	2,081	128	533	122	21	176	10	43	116	2,320
Perry	58	29	497	7	101	2	2	54	7	4	39	550
Total	**934**	**1,290**	**15,473**	**719**	**4,097**	**468**	**213**	**1,123**	**62**	**242**	**848**	**17,203**

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

Table 3: C/A D&A Services

County	NH-Detox	NH-Rehab	D&A OP	D&A Supp.*	D&A IOP	Total
Cumberland	0	8	73	0	5	**76**
Dauphin	0	21	144	38	31	**171**
Lancaster	1	22	120	0	28	**129**
Lebanon	0	2	33	0	0	**34**
Perry	0	0	8	0	0	**8**
Total	**1**	**53**	**377**	**38**	**64**	**417**

*D&A-OP Supplemental includes Outpatient and Targeted Case Management

Autism Spectrum Disorder (ASD)

In CY 2016, the number of C/A with an ASD who utilized behavioral health services decreased 1% which is a change from the 2% increase the previous year. From CY 2015 to CY 2016, there was a 2.9% increase in the number of C/A without an ASD. Table 4 identifies the number of C/A who utilized services with ASD compared to those C/A without an ASD, by county, along with the change from 2015 to 2016.

Table 4: Autism Spectrum Diagnosis

County	ASDx	CY 2015	CY 2016	% Change
Cumberland	N	1,992	2,186	9.7%
	Y	612	614	0.3%
Total		**2,345**	**2,550**	**8.7%**
Dauphin	N	4,037	4,051	0.3%
	Y	733	721	-1.6%
Total		**4,430**	**4,452**	**0.5%**
Lancaster	N	7,216	7,378	2.2%
	Y	1,338	1,322	-1.2%
Total		**7,829**	**8,030**	**2.6%**
Lebanon	N	2,091	2,129	1.8%
	Y	465	443	-4.7%
Total		**2,321**	**2,388**	**2.9%**
Perry	N	564	618	9.6%
	Y	109	118	8.3%
Total		**617**	**673**	**9.1%**
Counties Total	N	15,804	16,269	2.9%
	Y	3,238	3,207	-1.0%
Total C/A		**17,429**	**17,990**	**3.2%**

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 17.8% of the total population of C/A who received Behavioral Health services in 2016.

BHRS

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

1) **Improving Access Times**
   In early 2016, the BHRS Initial Access QIP process was discontinued since provider QIPs were not achieving the desired outcomes nor adherence to OMHSAS access standards. PerformCare instead focused its efforts on the BHRS Pilot that began in October 2016 in Cumberland/Perry and Lebanon Counties. The BHRS Pilot targeted the BHRS processes leading up to a Medical Necessity Determination that were identified as contributing to delays in the initiation of timely BHRS services. Information on the

progress of the Pilot was shared with CABHC and the Clinical Committee throughout implementation.

On a monthly basis, CABHC presented 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. Counties also received 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 and Strengths (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. The information includes 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.

The CANS is now fully implemented by all PerformCare BHRS Best Practice evaluators. Monthly reports that analyzed CANS submissions and evaluator prescribing practices are shared with CABHC. In February, Community Data Roundtable held workgroup meetings with various stakeholders to develop level of care algorithms that would assist evaluators in making prescription decisions. In July algorithms were implemented for Family Based Mental Health Services, Incredible Years, Parent-Child Interactional Therapy, Partial Hospitalization, SPIN and BHRS. The CANS Stakeholder workgroup met throughout 2016 to review CANS outcomes, evaluator prescription practices, adherence to the algorithms and BHRS severity scores.

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.

Over the course of three years, many of the original 13 initiatives were either implemented, discontinued, or combined with subsequent initiatives. The workgroup met in April 2016 to review the original initiatives list from the initial BHRS Summit. The workgroup decided to remove Efficacy of Best Practice Evaluations and BHRS and Early Intervention from the list. The workgroup agreed on implementing the following initiatives:

1. Establish ongoing PerformCare monitoring of Initial BHRS request/access, streamline/improve coordination of process with providers and increase Clinical Care Manager participation in ISPT meetings. *The BHRS Pilot was started in October, 2016 and results of the Pilot will be analyzed in 2017.*
2. Establish Clinic Based Integrated Therapy/MT model to allow for ongoing clinically driven flexibility for place of service. *The Flexible Outpatient Program was implemented in 2016 with four providers. The workgroup continued to meet to review progress and plan for full implementation with all interested providers. In CY 2016, 29 children/adolescents received services through the Flexible Outpatient program.*
3. Establish collaborative methods for ongoing school engagement in BHRS when delivered in the school. *A BHRS Delivery in the Education System steering committee that consists of PerformCare, CABHC and County personnel met throughout 2016. PerformCare and the Counties met with different school districts to determine their needs and provide information regarding HealthChoices.*
4. Functional Family Therapy (FFT) implementation as EBP; *An evaluation of FFT and the potential pool of adolescents who would benefit from FFT was completed in 2016. A decision to move forward with FFT will be discussed in early 2017.*
5. Expand CRR-Intensive Treatment Program (ITP); *An efficacy study of CRR-Host Home and ITP was completed and the recommendation was made to expand CRR-ITP. PerformCare reached out to Community Service Group (CSG) to gauge their interest in implementing CRR-ITP. CSG agreed to consider implementing CRR-ITP and began developing a service description to submit for review. Services are projected to begin in 2017.*

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 2015 and 2016. In CY 2016, the total number of C/A who received TSS, MT and BSC decreased 4.9% from CY 2015, and costs decreased 11.4%. The cost of TSS services decreased 16%, MT decreased 19.8% and BSC cost increased 5.8%. BSC Autism costs remained stable from CY 2015 to 2016. A new service classification called ABA Autism that is provided by BSCs who are licensed and certified to provide ABA services and includes TSS services, was started in 2016.

Table 5: TSS, MT, BSC Utilization by County

County	Service	CY 2015 Consumers	CY 2015 Dollars	CY 2016 Consumers	CY 2016 Dollars
Cumberland	TSS	288	$2,629,360	279	$2,344,026
	MT	322	$573,666	297	$446,255
	BSC	321	$340,609	131	$359,365
	BSC Autism	300	$904,399	289	$871,790
	ABA Autism	0	$0	109	$26,436
Total		**627**	**$4,448,034**	**600**	**$4,047,871**
Dauphin	TSS	545	$4,477,938	497	$3,617,980
	MT	831	$1,807,016	734	$1,422,683
	BSC	593	$1,132,129	420	$1,244,292
	BSC Autism	302	$692,656	288	$703,212
	ABA Autism	0	$0	116	$29,275
Total		**1,252**	**$8,109,739**	**1,184**	**$7,017,442**
Lancaster	TSS	843	$9,718,592	824	$8,101,267
	MT	925	$1,711,050	861	$1,438,681
	BSC	1,106	$1,663,227	607	$1,594,463
	BSC Autism	792	$2,317,497	757	$2,273,224
	ABA Autism	0	$0	211	$66,544
Total		**1,832**	**$15,410,366**	**1,758**	**$13,474,179**
Lebanon	TSS	263	$2,328,499	250	$2,014,665
	MT	289	$473,361	268	$367,755
	BSC	298	$358,010	203	$498,408
	BSC Autism	217	$590,296	218	$664,373
	ABA Autism	0	$0	81	$19,107
Total		**550**	**$3,750,166**	**538**	**$3,564,307**
Perry	TSS	28	$169,527	24	$160,076
	MT	89	$140,636	75	$96,937
	BSC	51	$66,184	25	$71,791
	BSC Autism	29	$76,283	33	$74,926
	ABA Autism	0	$0	3	$2,056
Total		**132**	**$452,631**	**103**	**$405,786**
Grand Total	TSS	1,962	$19,323,917	1,870	$16,238,015
	MT	2,447	$4,705,729	2,225	$3,772,311
	BSC	2,366	$3,560,159	1,380	$3,768,318
	BSC Autism	1,634	$4,581,131	1,580	$4,587,526
	ABA Autism	0	$0	520	$143,416
	Grand Total	**4,375***	**$32,170,936**	**4,162***	**$28,509,586**

*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 this service decreased from 74 in 2015 to 62 in 2016. The average LOS increased from 222 days to 276 days although costs decreased 16% from $2,033,843 to $1,700,878.

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 enhanced treatment and therapy while the child/adolescent is in the home. In CY 2016, 18 C/A received CRR-ITP services which is a decrease from the 21 C/A who received services in 2015. Recruitment of families continues to be a challenge.

Summer Therapeutic Activity Program (STAP)
STAP is a six-week summer program that provides a range of age appropriate specialized therapies designed to aid in the development of interpersonal relationships, daily living, decision making, problem-solving and coping skills which requires appropriately qualified staff. These services are provided in a group setting for the purpose of furthering individualized therapeutic goals, as described in 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. Since 2013, there has been a steady decline in the utilization of STAP.

In 2016, there were three active STAP providers in the network who provided services to 213 children/adolescents, a 31% decrease from 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. In CY 2016, the number of C/A increased 10% from CY2015, with Perry County experiencing a 34% increase.

Table 6: Family Based Mental Health Services

	CY 2015		CY 2016	
County	**C/A**	**Dollars**	**C/A**	**Dollars**
Cumberland	182	$2,103,075	215	$2,570,038
Dauphin	220	$2,735,002	249	$3,094,733
Lancaster	414	$4,722,215	458	$5,088,420
Lebanon	190	$2,030,313	179	$2,113,493
Perry	41	$501,716	55	$702,606
Total	**1,042**	**$12,092,321**	**1,148**	**$13,569,289**

Children/Adolescent Outpatient Services

In CY 2016, there was a 7% increase from CY 2015 in the number of C/A that utilized outpatient services that included clinics and Federally Qualified Health Centers (FQHC) (see Table 7). The utilization of (FQHC) increased 67% and costs increased 313%. The rate increase for FQHCs was a leading factor for the increase in costs. Telepsychiatry, which is only delivered in a licensed MHOP Clinic, experienced a 71% increase in the number of C/A who used the service, however, there was a 1% decrease in costs. This was the result of an overall lower utilization per C/A. The utilization of C/A Partial Hospitalization services decreased 3% from 744 to 723, despite the opening of a new program in Lancaster.

Table 7: Children/Adolescent Outpatient Service

	CY 2015		CY 2016	
Level of Care	**C/A**	**Dollars**	**C/A**	**Dollars**
OP Clinic	13,521	$11,657,947	14,434	$12,068,790
FQHC	237	$41,894	395	$173,078
MHOP-Physician/Psychologist	1,677	$1,651,042	1,817	$1,774,128
Telepsychiatry	563	$230,507	964	$228,826
Total	**14,438**	**$13,581,390**	**15,485**	**$14,244,822**

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. Inpatient hospitalization also introduces the youth to the use of medication and/or makes adjustments to existing medications in a safe setting.

In 2016, CABHC utilized a network of 27 providers to meet the acute psychiatric needs of 851 children/adolescents. Table 8 provides information on the number of consumers, LOS and cost of services for calendar years 2015 and 2016. The number of children/adolescents who utilized Inpatient Psych Hospitalization services increased 3% from 2015 to 2016, LOS increased 15% and costs increased 19%.

Table 8: Inpatient Psych Hospital

	CY 2015			CY 2016		
County	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Cumberland	121	17.06	$1,645,241	126	14.17	$1,508,476
Dauphin	209	13.13	$2,679,490	236	16.23	$3,737,558
Lancaster	331	14.43	$3,968,563	338	16.33	$4,432,758
Lebanon	137	13.33	$1,439,512	116	17.96	$1,675,982
Perry	25	13.53	$322,834	39	19.40	$596,085
Total	**823**	**14.26**	**$10,055,639**	**851**	**16.34**	**$11,950,859**

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 20 facilities who served 257 children/adolescents in 2016. The number of C/A who utilized RTFs increased 14% and the costs for the services increased 17%; although the average LOS decreased 29% (see Table 9). Dauphin County had the highest percentage increase (66%) in the number of C/A who utilized an RTF in 2016. Children and adolescents in JCAHO facilities had an 87% lower LOS than those in Non-JCAHO facilities, which was primarily influenced by the long lengths of stay with C/A from Cumberland County.

Table 9: Residential Treatment Facilities

		CY 2015				CY 2016			
Service	**County**	**C/A**	**LOS**	**Cost/C/A**	**Dollars**	**C/A**	**LOS**	**Cost/C/A**	**Dollars**
JCAHO RTF	Cumberland	28	571	$ 49,398	$ 1,383,157	30	316	$ 57,323	$ 1,719,677
	Dauphin	29	553	$ 69,486	$ 2,015,089	48	303	$ 54,022	$ 2,593,051
	Lancaster	99	444	$ 55,424	$ 5,487,021	105	294	$ 62,108	$ 6,521,313
	Lebanon	41	276	$ 59,171	$ 2,426,012	41	313	$ 54,445	$ 2,232,253
	Perry	5	556	$ 62,473	$ 312,363	4	593	$ 66,312	$ 265,248
Total JCAHO		**202**	**442**	**$ 57,543**	**$ 11,623,642**	**228**	**309**	**$ 58,472**	**$ 13,331,542**
Non-JCAHO RTF	Cumberland	6	421	$ 61,788	$ 370,730	5	1,711	$ 45,515	$ 227,577
	Dauphin	5	878	$ 81,992	$ 409,961	7	360	$ 84,793	$ 593,552
	Lancaster	16	797	$ 77,756	$ 1,244,100	17	498	$ 105,918	$ 1,800,600
	Lebanon	4	266	$ 51,422	$ 205,688	3	582	$ 97,800	$ 293,401
Total Non-JCAHO		**31**	**688**	**$ 71,951**	**$ 2,230,479**	**32**	**579**	**$ 91,098**	**$ 2,915,130**
Grand Total		**226**	**466**	**$ 61,301**	**$ 13,854,121**	**257**	**331**	**$ 63,217**	**$ 16,246,672**

ADULT BEHAVIORAL HEALTH 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 2016, 24,525 adults accessed one or more Mental Health (MH) services. This represents a 16.7% penetration rate (the percentage of adult Members that accessed at least one MH service in the calendar year). The majority of adults utilized a community based service such as an outpatient clinic.

Adult services were provided by a network of 473 providers, many who are individual practitioners. Services follow a continuum of least intrusive such as Targeted Case Management, Peer Support Services, Outpatient, Mobile Psych Nursing and Partial Hospitalization. Individuals with more acute needs have access to Assertive Community Treatment services and when necessary, Inpatient services including Extended Acute Care.

The number of people accessing adult behavioral health services in 2016 continued to be influenced by the growth of 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 2016, there was an 11.4% increase in the number of adults who accessed CIS and a 7.2% increase in costs. Cumberland County experienced a 49.4% increase in utilization and Perry County a 31.2% increase in utilization. CIS is funded through an Alternative Payment Arrangement (APA) which is a retention model.

Table 10: Crisis Intervention Services

	CY 2015		CY 2016	
County	**Adults**	**Dollars**	**Adults**	**Dollars**
Cumberland	395	$223,557	590	$228,668
Dauphin	821	$358,999	848	$278,940
Lancaster	910	$400,095	992	$566,921
Lebanon	430	$127,574	406	$136,103
Perry	77	$56,843	101	$40,134
Total	**2,622**	**$1,167,069**	**2,920**	**$1,250,767**

Targeted Case Management

Targeted Case Management (TCM) is a service that is comprised of Intensive Case Management (ICM), Blended Case Management (BCM and Resource Coordination (RC). Table 11 highlights the utilization of TCM throughout the territory for calendar years 2015 and 2016. Of the 24,525 adults who utilized a mental health service in 2016, 11.8% accessed a form of TCM, which is up from 11.1% in 2015. The total number of adults who accessed TCM increased 1.3%, LOS increased 7.2% and the cost of services increased 2.7%.

Table 11: Targeted Case Management

		CY 2015			CY 2016		
County	**Service**	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	ICM	136	360	$529,756	138	318	$479,037
	BCM	4	70	$6,165	19	74	$17,595
	RC	145	95	$279,433	144	85	$303,084
Total		**273**	**166**	**$815,354**	**287**	**150**	**$799,715**
Dauphin	ICM	198	185	$580,376	206	249	$642,107
	BCM	1,323	93	$3,234,214	1,377	101	$3,361,285
	RC	1	41	$361	4	14	$1,385
Total		**1,507**	**102**	**$3,814,951**	**1,575**	**113**	**$4,004,777**
Lancaster	ICM	324	154	$848,525	318	188	$897,206
	BCM	229	121	$662,595	234	134	$708,260
	RC	290	71	$407,787	281	70	$366,289
Total		**807**	**102**	**$1,918,907**	**792**	**113**	**$1,971,755**
Lebanon	ICM	68	363	$206,181	64	314	$200,091
	BCM	4	132	$2,476	5	200	$6,057
	RC	183	84	$298,529	164	95	$275,959
Total		**251**	**107**	**$507,185**	**229**	**111**	**$482,107**
Perry	ICM	23	218	$75,199	18	151	$52,655
	BCM	2	25	$485	0	0	0
	RC	20	50	$25,564	26	50	$37,337
Total		**44**	**109**	**$101,247**	**37**	**89**	**$89,992**
All Counties	ICM	741	208	$2,240,036	739	233	$2,271,097
	BCM	1,552	97	$3,905,933	1,617	106	$4,093,196
	RC	633	79	$1,011,673	617	79	$984,053
Grand Total		**2,854**	**108**	**$7,157,643**	**2,891**	**116**	**$7,348,347**

Outpatient Services

Outpatient treatment is an ambulatory service in which the adult participates in regularly scheduled treatment sessions. Across the Counties adult Outpatient services include individual, group and family therapy, evaluations, medication checks and specialized assessments. Services were provided in one of 335 outpatient clinics, or by individual practitioners.

In 2016, there was a 13.6% increase from 2015 in the number of adults who accessed outpatient services (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 Telepsychiatry, which is always delivered in a licensed MHOP clinic, experienced a 33.6% increase in the number of adults who accessed the service.

Table 12: Outpatient Services

		CY 2015		CY 2016	
Service	**Gender**	**Adults**	**Dollars**	**Adults**	**Dollars**
MHOP	Female	10,187	$8,021,319	11,208	$8,996,541
	Male	6,441	$4,602,412	7,125	$5,229,308
Total		**16,628**	**$12,623,731**	**18,333**	**$14,225,848**
FQHC	Female	455	$59,131	855	$294,198
	Male	199	$19,630	383	$141,456
Total		**654**	**$78,760**	**1,238**	**$435,654**
Physician/Psychologist	Female	2,276	$1,084,611	2,756	$1,302,307
	Male	1,563	$713,256	1,835	$771,882
Total		**3,839**	**$1,797,868**	**4,591**	**$2,074,189**
Telepsychiatry	Female	583	$170,881	820	$179,526
	Male	370	$101,778	453	$94,702
Total		**953**	**$272,658**	**1,273**	**$274,228**
Grand Total		**19,238**	**$14,773,017**	**21,852**	**$17,009,920**

Mobile Psych Nursing

Mobile Psychiatric Nursing Services (MPN) which is a supplemental service, provides ongoing psychiatric assessment, medication management, and clinical support by qualified registered nurses with psychiatric training in 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. The information in Table 13 shows that utilization of MPN grew 7% in 2016. Both Dauphin and Lebanon Counties experienced notable increases in utilization.

Table 13: Mobile Psychiatric Nursing

	2015				2016			
County	**BHC[1]**	**NHS[2]**	**Total**	**Dollars**	**BHC**	**NHS**	**Total**	**Dollars**
Cumberland	9	7	16	$33,518	8	6	14	$38,803
Dauphin	26	55	81	$219,181	25	72	97	$269,018
Lancaster	174	0	174	$597,254	171	0	175	$610,682
Lebanon	14	0	14	$55,089	19	0	20	$53,677
Perry	4	0	4	$13,896	5	0	5	$10,939
Total	**227**	**62**	**289**	**$918,938**	**226**	**78**	**309**	**$983,119**

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 2016, CABHC Members had access to six different providers who offer Peer Support Services. The number of individuals who used Peer Support Services in 2016 increased 3% while costs decreased 13.2%. The average LOS decreased 2.9% which indicates that individuals are not staying engaged in the service for as long as they were in 2015 (see Table 14).

Table 14: Peer Support Services

	CY 2015			CY 2016		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	27	172	$32,407	29	105	$44,324
Dauphin	118	104	$218,430	107	91	$214,019
Lancaster	173	190	$732,788	208	181	$625,925
Lebanon	67	121	$198,847	53	161	$157,907
Perry	2	1	$1,467	3	134	$3,642
Total	**386**	**144**	**$1,183,940**	**398**	**140**	**$1,045,817**

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

CABHC has a relationship with two different providers 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 91 people. The NHS Stevens Community Treatment Team (CTT) program was approved by OMHSAS to operate as a modified ACT program due to the difficulty in maintaining a daily census in line with ACT fidelity standards. The NHS Stevens CTT program supported an average of 31 individuals in Cumberland and Perry County. They will still follow the majority of TMACT fidelity standards in operating the program, with the only difference being the staffing requirements. The Philhaven Lancaster team supported an average of 49 individuals and the Philhaven Lebanon team supported an average of 44 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 2016 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	9%	99%	100%	27%	50%	97%
NHS Stevens	9%	94%	100%	40%	0%	97%
Philhaven-Lanc.	17%	100%	98%	8%	75%	100%
Philhaven-Leb.	14%	98%	89%	67%	100%	88%
Average	**12%**	**98%**	**98%**	**32%**	**62%**	**96%**

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 2016, the number of adults accessing PHP services increased 12.3% and costs increased 7.9%. There was an increase in the average Length of Service (LOS) of 13.2% with Cumberland and Perry Counties experiencing the greatest increase in LOS (see Table 16).

Table 16: Partial Hospitalization Program

	CY 2015			CY 2016		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	80	62	$228,081	109	114	$289,882
Dauphin	227	132	$1,026,510	237	151	$1,001,955
Lancaster	176	66	$470,186	219	64	$566,048
Lebanon	97	70	$268,124	89	70	$284,842
Perry	14	45	$50,835	21	138	$76,230
Total	**587**	**91**	**$2,043,735**	**669**	**105**	**$2,218,957**

Inpatient Services

In 2016, 2,648 adults utilized Inpatient Psychiatric services. Based on the total number of adults who utilized a mental health service (24,525), 10.8% were admitted into an inpatient unit. Forty-eight providers were utilized in 2016 which is down from the 52 providers that were utilized in 2015. Three inpatient facilities; Pennsylvania Psychiatric Institute, Haven Behavioral Hospital, and Belmont Behavioral Hospital all experienced marked increases in the number of adults who received services.

Between 2015 and 2016 there was a 10.2% increase in the utilization of IP services and an 8% increase in cost (see Table 17). The total number of males that accessed services is slightly larger than females. It is noted that Dauphin County accounted for 35% of the adults that received services and 45% of total costs. In contrast Lancaster County accounted for 39% of adults and 31% of costs. The adults from Dauphin County primarily utilize PA Psychiatric Institute, which has one of the highest unit costs among all the facilities in the network.

Table 17: Adult IP Services

County	Gender	CY 2015		CY 2016	
		Adults	Dollars	Adults	Dollars
Cumberland	Female	155	$1,383,684	175	$1,656,731
	Male	131	$1,047,052	152	$1,259,352
Total		**286**	**$2,430,736**	**327**	**$2,916,083**
Dauphin	Female	400	$4,213,272	444	$4,722,793
	Male	405	$6,002,258	489	$7,006,207
Total		**805**	**$10,215,530**	**933**	**$11,729,001**
Lancaster	Female	488	$3,504,701	518	$3,964,908
	Male	485	$4,428,258	522	$3,995,475
Total		**973**	**$7,932,959**	**1,040**	**$7,960,383**
Lebanon	Female	146	$1,520,016	132	$1,051,084
	Male	140	$1,468,204	163	$1,811,749
Total		**286**	**$2,988,220**	**295**	**$2,862,832**
Perry	Female	36	$291,170	38	$342,261
	Male	30	$210,805	31	$180,313
Total		**66**	**$501,975**	**69**	**$522,574**
Grand Total		**2,403**	**$24,069,420**	**2,648**	**$25,990,872**

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 2015 to 2016 there was a 13.8% decrease in the number of C/A who utilized a D&A service along with a 16.3% decrease in costs (see Table 18). The number of adults who accessed a HealthChoices D&A service in 2016 increased 28% from 2015 and expenses increased 28% (see Table 19). As noted earlier in this report, the increase in utilization of D&A services by adults is related to the Medicaid expansion.

Table 18: Children/Adolescent D&A Services

	CY 2015		CY 2016		Change	
Service	**C/A**	**Dollars**	**C/A**	**Dollars**	**C/A**	**Dollars**
NH Detox	3	$2,453	1	$1,125	-66.7%	-54.1%
NH Rehab	65	$315,400	53	$292,052	-18.5%	-7.4%
OP D&A Clinic	434	$221,773	377	$186,390	-13.1%	-16.0%
OP D&A Supplemental	108	$22,407	66	$11,534	-38.9%	-48.5%
D&A IOP	94	$107,936	65	$69,495	-30.9%	-35.6%
Total	**499**	**$669,969**	**430**	**$560,597**	**-13.8%**	**-16.3%**

Table 19: Adult D&A Services

	CY2015		CY2016		Change	
Service	**Adults**	**Dollars**	**Adults**	**Dollars**	**Adults**	**Dollars**
Detox-General Hospital	58	$175,292	91	$269,951	57%	54%
IP Detox - Rehab	58	$132,296	46	$109,782	-21%	-17%
Rehab - General Hosp	27	$276,730	30	$327,013	11%	18%
IP D&A Rehab	20	$142,322	10	$63,600	-50%	-55%
NH-Detox	1,283	$1,490,823	1,441	$1,779,961	12%	19%
NH Residential Rehab	1,790	$8,303,613	2,158	$10,391,158	21%	25%
NH Halfway House	343	$2,004,951	417	$2,601,272	22%	30%
OP D&A Clinic	4,845	$3,275,149	6,554	$3,992,281	35%	22%
Methadone Maintenance	1,283	$4,002,078	1,835	$5,885,824	43%	47%
OP D&A Supplemental	176	19186	423	42611	140%	122%
D&A Partial Hospitalization	171	$392,097	148	$362,855	-13%	-7%
D&A - IOP	840	$709,724	1,129	$989,225	34%	39%
Buprenorphine Coordination	506	$576,770.38	520	$610,707.68	3%	6%
Total	**7,140**	**$21,501,033**	**9,162**	**$27,426,242**	**28%**	**28%**

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 2016, there were two less C/A that accessed a detox service. There was a 12% increase in the number of adults who accessed NH Detox along with a 19% increase in costs.

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 treatment 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 32 different facilities in 2016. White Deer Run served the largest number of adults (869) and Pyramid HealthCare Inc. provided services to the largest number of children and adolescents (52). There was an 18.5% decrease in the utilization of NH Rehab by C/A, and a 21% 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 2016 was 68 days. The utilization of NH-HH increased 22% from 2015.

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 decreased 13% and costs decreased 16%, while adult utilization increased 35% and costs increased 22%. There are more individuals who utilize D&A OP services than any other D&A service.

D&A Intensive Outpatient (IOP)
D&A 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 2016, there was a 31% decrease in the number of C/A who received IOP with a corresponding 35.6% decrease in costs. Adults had a 34% increase in utilization and experienced a 39% 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 2016, there were 148 adults who utilized PHP services, which decreased 13% from 2015.

Methadone Maintenance
Consumers that have an Opioid addiction have access to Methadone which is delivered in a licensed clinic. Methadone services were available through nine providers in 2016. The data in Table 20 indicates a 43% increase in the number of adults who accessed Methadone treatment.

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 a slight increase of 3% in the number of adults who accessed the BUP Program.

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:

- 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.
- Reviews the Complaint and Grievance audits prepared by the Quality Assurance Specialist and presented to PerformCare after PRC approval.

Provider Capacity

At the end of 2016, there were a total of 611 In-Network Providers for the CABHC contract. During the course of 2016 there were 58 individual practitioners who joined the network, 16 of which were new psychiatrists. Ten new facilities and six professional groups also joined the network. Throughout the year, there were a total of 54 Providers terminated from the Network. All but one 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. In CY 2016, the provider turnover rate was 8.8% that resulted in a net gain of 20 providers. There were two providers who were declined by the Credentialing Committee in 2016. One was an individual credentialing request and no appeal was filed. The other was a facility re-credentialing request. First and Second level appeals were filed, and the Credentialing Committee's decision was upheld at both appeals.

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 2015 survey resulted in PerformCare developing two separate QIPs to address areas of underperformance. These included Provider Relations - Account Executives and Clinical Care Management. CABHC monitored the activities of PerformCare in completing the QIPs throughout 2016. It was necessary for PerformCare to extend completion of the QIPs into 2017.

The 2016 Provider Satisfaction Survey was distributed to 282 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. Thirty-six surveys were returned as undeliverable. Consequently, out of the 246 delivered surveys, 64 were returned for a 26% response rate. This is an increase from the 25% response rate in 2015.

Results from the survey showed the overall score remained unchanged from 2015 to 2016. There were no specific areas identified by the Provider Relations Committee which required a Quality Improvement Plan (QIP) from PerformCare. There was one area identified by the committee which they requested a formal written response from PerformCare. Several comments in the Care Management section focused on Substance Abuse services. Providers expressed concern with their experiences with Care Managers regarding authorizations, continued stay reviews, wait times for pre-certifications, and overall professionalism of Care Managers.

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 – two providers within 30 minutes travel time (urban counties); 60 minutes travel time (rural counties)
- Inpatient and residential services – two 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 two in-plan service access exceptions from OMHSAS for the 2016/2017 fiscal year that include:

- 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.

Routine Access Service Monitoring
The OMHSAS Program Standards and Requirements require that routine access services are provided within seven days of request. The routine access dashboards are reviewed by the Provider Relations Committee during each of their bi-monthly meetings. In 2016, through these reviews it was observed that Peer Support Services was not meeting the access benchmark developed for the service. The PRC determined that a formal root cause analysis should be conducted by PerformCare to find and address barriers which contribute to limited access for Peer Support Services. A workgroup was developed and several meetings took place to identify barriers and develop action steps to address the access issues. After the action steps have been implemented, access for Peer Support will again be examined to determine if access has improved, or if additional measures need to take place.

Provider Profiling
CABHC, through the PRC, monitored the progress of PerformCare in developing a Provider Profiling process, which was identified as a goal in the 2016 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 significant progress made by PerformCare in 2016 in developing meaningful Provider Profiling reports. PerformCare developed the metrics for each report and solicited feedback from all key Stakeholders, to include Primary Contractors, Members and Providers. Feedback was incorporated and the metrics for each report were finalized. PerformCare determined that five profiling reports would be developed in 2016. These reports were: BHRS, Community Based Services, Mental Health Inpatient Services, Mental Health Outpatient Services, and Substance Use Services. Provider Profiling reports will be distributed twice a year. Mid-year Provider Profiling reports will be distributed in July, containing data about the first two quarters of the fiscal year. Year-end final Provider Profiling reports will be distributed in January, containing data about the entire fiscal year.

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 2016 was 80% for all levels of care. Providers that scored below 80% are required to submit a Quality Improvement Plan (QIP). In the 2016 review cycle, 71 TRRs were conducted either on site or were desk reviews. There were 12 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 continued to analyze section totals on the TRR audits in 2016. 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 continued 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 2016, PerformCare conducted five, six-month TRRs on providers. Two of the providers were due again for a TRR in 2016, but these were not able to be completed due to not serving any PerformCare Members in the six-month time frame. The other three reviews are to be scheduled in 2017. Also, due to concerns related to TRR results, one provider was referred to the Credentialing Committee in 2016. Frequent monitoring meetings were conducted as part of the monitoring process until the provider passed a follow-up TRR, as which time the provider was closed at Credentialing Committee.

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). In 2016, one Provider was referred to the Credentialing Committee after multiple failed TRR's. This provider was subsequently placed on a CAP and followed by the Credentialing Committee until satisfactory progress had been made and the CAP was accepted as completed. A follow-up TRR is scheduled for May 2017. 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 oversight of HealthChoices, and supports their involvement in all CABHC Committees, Board Meetings, and Workgroups. The Consumer Family Focus Committee (CFFC) is the center of this principle and operates as the main venue to increasing and ensuring Member participation.

In 2016, CABHC facilitated the following presentations for the CFFC: Kristin Varner, RASE Project, provided a presentation on Substance Abuse, specific to opiates and recovery. Jessica Creter, Lebanon County Deputy Administrator and Commitment Officer, provided an overview of the Mental Health Commitment Process. Elyse Szurgot, YWCA Domestic Violence Advocate, provided an overview of the different types of abuse and resource options that are available to women in Dauphin County.

County-wide Training

In August 2016, CFFC offered a training on Building Social Capital, which educated participants on the importance of building community connections and integrating individuals with disabilities into their communities. The training specifically targeted the transitional aged youth population and was offered to Case Managers, Transitional Support Program Coordinators and Transitional Age Youth within the five-county collaborative. The training was presented by Dr. Al Condeluci, an advocate, leader in understanding social capital and CEO of Community Living and Support Services (CLASS). Feedback on the training was very positive.

Recruitment of Committee Members

Recruitment of committee members was placed on hold. Attendance at CFFC meetings averaged approximately 17 participants throughout the year. No new participants joined the CFFC in 2016.

PEER SUPPORT SERVICES STEERING COMMITTEE

The Peer Support Services Steering Committee (PSSSC), which is supported by CABHC, provides a forum for Certified Peer Supports (CPS), Peer Support Service (PSS) Providers, the Counties, CABHC and PerformCare to assess the program and develop ways to improve the delivery of PSS.

Motivational Interviewing Training

In 2016, the committee suggested that Certified Peer Specialists (CPS) would be interested in learning about Motivational Interviewing. CABHC committed to sponsoring a Motivational Interviewing training within the five-county collaborative. After research was conducted to determine the best candidate to conduct the training, Marilyn Stein was selected to facilitate a full-day training in the summer of 2017 (date to be determined).

Maintain CPS Capacity

CABHC continues to respond to requests from people who are requesting financial assistance to complete the Peer Specialist certification training to become a Certified Peer Specialist. In CY 2016, CABHC provided assistance to 13 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 2016.

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. PerformCare reported that the number of people who accessed the site increased significantly in 2016 compared to previous years. New educational pieces that were added to the website in 2016 included: *Parents Can Talk to Teens about Healthy Relationship; What Is a Healthy Breakup? What Is Respect in a Relationship? Domestic abuse and Trauma, and Health Money and Domestic abuse.*

Pay for Performance

In 2015, the DHS approached all Physical Health and Behavioral Health MCOs on a pay for performance project. CABHC, in collaboration with PerformCare, began discussions concerning a Pay for Performance program involving integrated care with PH-MCOs. This program focuses on the stratification high risk members to achieve the following five goals:

- Improved initiation and engagement of alcohol and other drug dependence treatment
- Improved adherence to antipsychotic medication for individuals with schizophrenia
- Decreased combined BH-PH IP 30-day readmission rates for individuals with SPMI
- Decreased emergency department utilization for individuals with SPMI
- Decreased combined BH-PH IP admission utilization for individuals with SPMI

Beginning January 2016, PerformCare entered into contract negotiation with five PH-MCOs; AmeriHealth Caritas (ACHP), Aetna, Gateway, UPMC and United HealthCare. At the end of 2016, PerformCare completed Integrated Care Plans for 43 Members in collaboration with ACHP. PerformCare will continue to complete contracts with the remaining PH-MCOs in order to share information including the completion of integrated care plans.

Federally Qualified Health Centers (FQHC)

FQHCs provide comprehensive health care for uninsured and underinsured persons throughout the Counties. To improve the holistic approach to care in the FQHCs, behavioral health treatment is integrated and co-located in the Centers. Each of the FQHCs offer a combination of assessment, brief treatment and warm handoffs to community resources. Services are provided by licensed clinical social workers. Individuals access one of five FQHCs that include South East Lancaster Health Clinic, Hamilton Health Center located in Harrisburg, Sadler Health

Center located in Carlisle, Keystone Rural Health Center located in Chambersburg and utilized by Cumberland and Perry County individuals, and Welsh Mountain, located in Lancaster and Lebanon Counties.

The total number of Members who utilized a FQHC for behavioral health services in 2016 was 1,456, compared to 1,025 in 2015. The majority of individuals who utilized the service were adults with a total count of 1,090.

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 2016.

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 at the beginning of February 2016 and a notification was sent out to the provider network. Each MHIP hospital involved with the Successful Transition improvement project was provided the website link.*
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. *The Support Giver toolkit was developed and is in draft form. A decision was made after reviewing the draft to create an accompanying pamphlet in a smaller version for people who may not want to read the full document. Expected completion date is the summer of 2017.*
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 trainings and materials to Case Managers; *PerformCare distributed a survey to case management staff to prioritize training topics. A training on Brain Injury was provided by the Brain Injury Association of Pennsylvania to targeted case managers in May 2016. The evaluation responses to the training were positive.*
5. **PHQ-9 in PCP Offices** – PerformCare will encourage the use of the PHQ-9 which is a brief depression screening tool, by partnering with larger volume primary care clinics and offering tools and resources to increase the utilization of the PHQ-9. 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 C/A and Adults. Respite services have been provided to Members since 2004. The service is utilized primarily by children and adolescents and is typically provided in the Member's home. Management of the service is provided by a respite management agency, Youth Advocate Program (YAP), who is under contract with CABHC. The Respite outcome data is maintained on a fiscal year basis. For FY 15/16, the respite program served a total of 372 Members. A total of 11,257 hours of In Home and 99 days of Out of Home respite were provided (see Table 20). Total expenditures for FY15/16 amounted to $313,819, which is a 23% increase over FY14/15 expenditures. During the 2016 calendar year YAP continued their marketing and outreach efforts to increase awareness of the service. Their efforts can be seen in the increase in utilization.

Table 20: Respite Services FY 15/16

County	# Members Served	In Home Hours	Out of Home Days
Cumberland	55	1,732	32
Dauphin	106	3,010	38
Lancaster	146	4,130	9
Lebanon	61	2,208	2
Perry	4	177	18
Totals:	**372**	**11,257**	**99**

2. Specialized Transitional Support for Adolescents

This Reinvestment program targets adolescents up through the age of 24 who have a mental health diagnosis and need support in the areas of employment, education, independent living and community involvement and socialization. Transition Coordinators working with 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 FY15/16 reports. Through June 30, 2016, 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. Recovery House Scholarship Program (formerly the Substance Abuse Supportive Housing Program)

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

In October 2016, the Program name was changed from the Substance Abuse Supportive Housing Program to the Recovery House Scholarship Program. Additionally, there was a change to the payment structure for the first thirty (30) days of residency. The scholarship now covers the cost of the Recovery House's documented rent for the first thirty (30) days of residency. The scholarship amount issued for the second thirty (30) days remains at $300.00. There are 72 active Recovery House sites provided by 26 participating Recovery House organizations.

In FY 15/16, CABHC issued scholarships to 243 individuals. All participating Recovery Houses are required to submit a follow-up individual questionnaire for each scholarship recipient. Questionnaires are required to be submitted to CABHC upon a recipient's departure or at the end of 90 days of residency. The information collected through these questionnaires is compiled and presented in an annual report that is shared with CABHC's Drug & Alcohol Workgroup and Board of Directors.

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 Certified 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.

As of June 30, 2016, 371 individuals received services through this Program. The outcomes for the RSP that were established by RASE are: Engagement in Treatment; Acquisition of Safe and Stable Housing; Reduction of Involvement in the Criminal Justice System; and Acquisition of Employment. RASE's mid-year outcomes report indicated that 65% of participants were engaged in treatment during their involvement with RSP, 86% acquired or remained in stable housing, 57% acquired employment and 99% had no incidents of criminal activity.

In the summer of 2016, RASE revised components of the RSP Program Description. The changes were approved by CABHC in October 2016 and will be used to assess the Program during future reviews.

In addition to the four sustained reinvestment projects mentioned above, there are 24 approved projects that are in various stages of development or operation. Please see Appendix A for a list of all reinvestment projects that includes a status update of the various projects as of December, 2016.

CONSUMER SATISFACTION SERVICES

Consumer Satisfaction Services, Inc. (CSS) is a non-profit, consumer driven and consumer operated organization whose mission includes measuring Member satisfaction with mental health and substance abuse services for HealthChoices Members residing in Cumberland, Dauphin, Lancaster, Lebanon, and Perry Counties. CSS's goals include obtaining feedback on behavioral health services to determine if these services are meeting the standards set for quality, cultural sensitivity and effective treatment. Additionally, CSS seeks to ensure 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 2015/2016 CSS Annual Report.

CSS surveyed 2,472 respondents from the Counties that represent 1,514 adults (61.2%) and 958 children/adolescents (38/8%). This is an increase of 507 surveys than were conducted in FY15/16 (see Table 22). Of the 1,514 adults, 1,465 (96.8%) responded for themselves, 20 (1.3%) had a parent/guardian respond for them and 29 (1.9%) responded for themselves with a parent/guardian present. Of the 958 children/adolescents, 96 (10.0%) responded for themselves, 820 (85.6%) had a parent/guardian respond for them, and 42 (4.4%) responded for themselves with a parent/guardian present. CSS was able to complete 2,344 (94.8%) of the surveys face to face, which was a decrease from the 97.3% that were face to face in 2015.

Table 22: Total Interviews and Face–Face

Fiscal Year	Adult	F-F	%	Child	F-F	%	Total	F-F	%
14/15	793	770	97.1%	1172	1141	97.4%	1965	1911	97.3%
15/16	1514	1452	95.9%	958	892	93.1%	2472	2344	94.8%
Change	**721**	**682**	**-1.2%**	**-214**	**-249**	**-4.2%**	**507**	**433**	**-2.4%**

Data was collected by eight interviewers from 73 treatment facilities. The 1,514 adults received treatment at 64 facilities. The 958 C/A received services from 31 facilities. In all, 12 treatment levels of care were accessed by the respondents that include: Mental Health Outpatient 895 (36.2%), Mental Health Inpatient 358 (14.5%), Family Based Services 183 (7.4%), Residential Treatment Facility 18 (0.7%), Extended Acute Care 7 (0.3%), Resource Coordination 174 (7.0%), Blended Case Management 208 (8.4%), Intensive Case Management 89 (3.6%), D&A Non-Hospital Residential Rehab 395 (16.0%), D&A Non-Hospital Residential Halfway House 66 (2.7%), D&A Methadone Maintenance 47 (1.9%), D&A Buprenorphine Coordination 32 (1.3%).

There was a total of 28 items that were included in the calculation of the Total Satisfaction Score (TSS). The responses ranged from 1 (Strongly Disagree) to 5 (Strongly Agree). Higher scores on questions represent higher satisfaction. The scale has a range of 28-140. Scores 113-140 indicate a high level of satisfaction, scores 85-112 indicate some level of satisfaction and scores below 84 indicate some level of dissatisfaction. The overall mean for all respondents for Total Satisfaction Score (TSS) was 110.63.

Overall, the majority of individuals who accessed treatment were satisfied with their services that are reflected in the combined satisfaction score of 110.63 which is a decrease from the FY14/15 score of 115.47 (see Table 23).

Table 23: Satisfaction Score

Fiscal year	Adult	Child	Total
2014/2015	793	1172	1965
	114.41	117.82	115.44
2015/2016	1514	958	2472
	111.06	109.96	110.63

In total, 54.6% to 72.5% of consumer's responses reflect that services have improved their lives in each outcome area. Additionally, 19.5% to 38.8% of consumer's responses reflect that no change has resulted from involvement in services. Only 5.6% to 9.4% of consumer's responses reflect 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 FY15/16 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 Board of Directors. Areas of focus in FY 15/16 include monitoring of corporate finances of CABHC and PerformCare, and monitoring the HealthChoices Program solvency.

CABHC Fiscal Year 15/16 Financial Performance

CABHC's financial performance remained strong during FY15/16. Member enrollment continued to increase during the year in all rating groups but the largest increase was seen in the HC Expansion Rating Group. This increase in Members also provided for an increase in administrative capitation payments, therefore giving CABHC a larger administrative surplus during FY15/16. 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

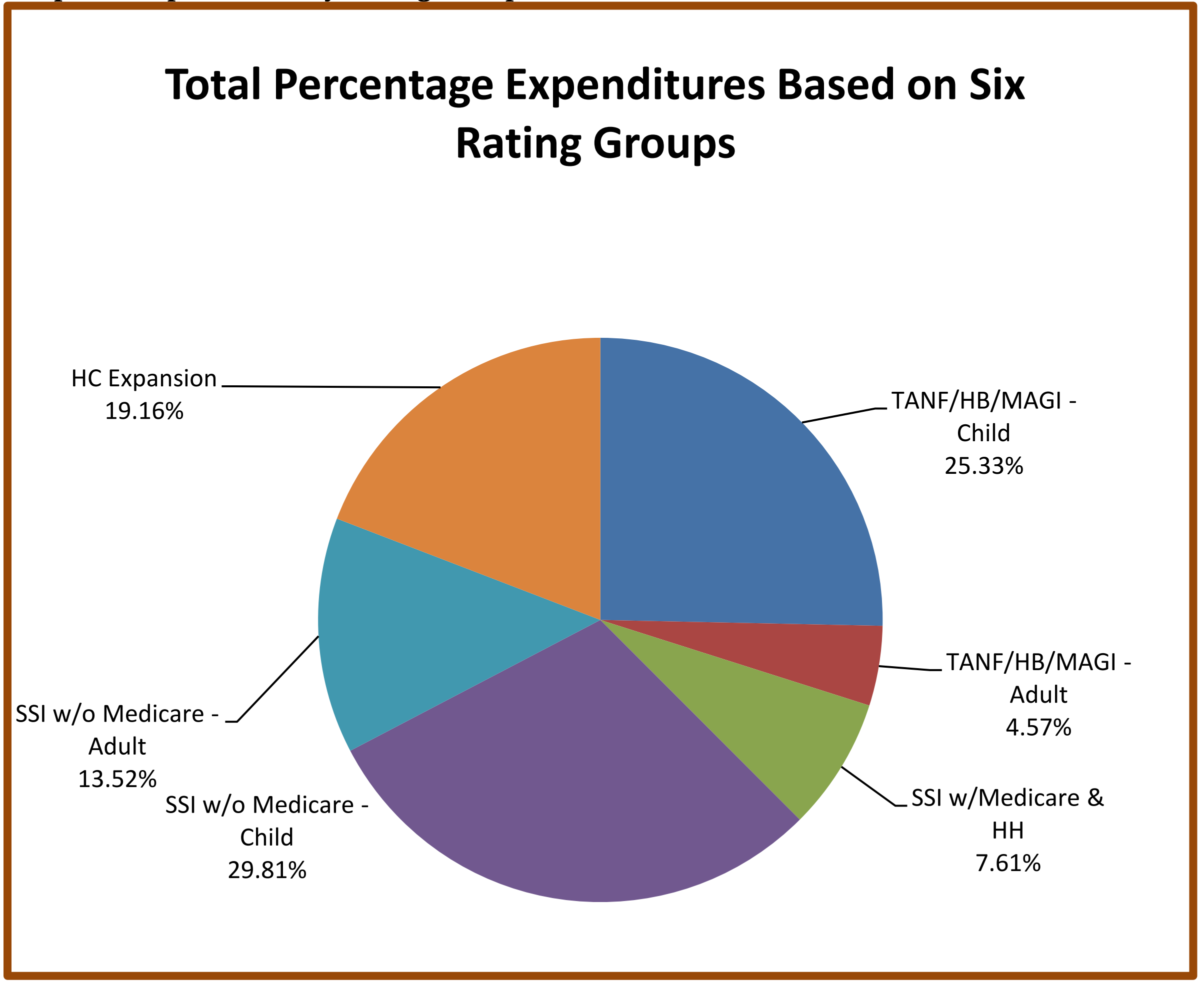
The Fiscal Committee of CABHC monitors PerformCare's financial solvency and reports its findings to the CABHC Board of Directors. The Committee monitors PerformCare by reviewing the following: Capital Region Financial Statements, PerformCare Corporate Financial Statements and the AmeriHealth Caritas Corporate Audit including the PerformCare Supplemental Statement. During FY15/16 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

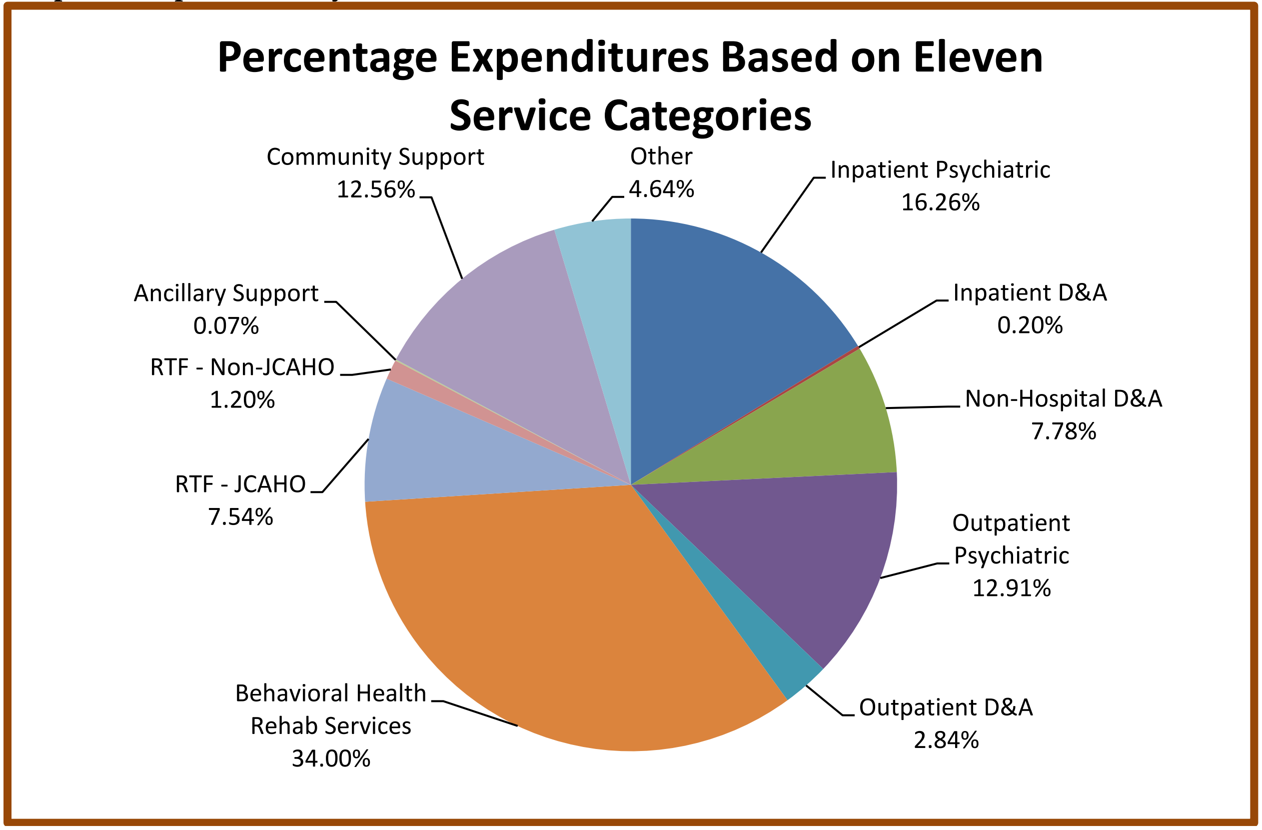
The financial solvency of the HealthChoices Program is closely monitored through a review of the CABHC medical expenses via the Surplus/Deficit Report prepared by the CABHC contracted actuary. Along with the monitoring of this report, CABHC's contracted actuary provides quarterly risk reports and certifies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

In Graphs 9 and 10 are figures which reflect the division of medical expenditures for FY15/16 based on rating groups and levels of care.

Graph 9: Expenditures by Rating Group



Graph 10: Expenditures by Level of Care



During FY15/16, 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 FY15/16 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 Human Services.

CONCLUSION

The CABHC HealthChoices Behavioral Health program has responded to the rapid growth in Adult membership and the corresponding need for both mental health and drug and alcohol services. Providers have responded to this need for Adult services by increasing capacity, although challenges still exist with meeting the needs of all Members. 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 improvement over the past year to be more efficient and provide access to high 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, integration of behavioral and physical health services and development of value based purchasing. The success of CABHC is dependent on Providers, PerformCare and stakeholders to be vested in providing accessible, high quality service to all our Members.

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Appendix A

CABHC Reinvestment Projects

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Respite Care	All	YAP	02-03, 04/05 05/06,07/08 08/09,10/11,	12/1/2004	Operational
Description:					
Respite services offer short-term respite services to children, adolescents, and adults. The services provide temporary relief for caregivers by giving them a rest or break from caring for a child and/or adult with severe behavioral and/or emotional health concerns. Respite is offered as either In-Home or in the community. Respite workers supervise and interact with the individual family member while caretakers are able to take a break. Youth Advocate Program is the Respite Management Agency (RMA) for this program and has been able to contract with a number of additional providers to provide additional staff, as well as a few individuals who also provide these services.					
Status: Update 12/8/16: As of October, FY 16/17, 244 Members received a total of 1,130 respites. The total amount expended through October 16/17 was $ 101,810. The Respite workgroup continues to meet to monitor and identify ways to enhance the program.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Specialized Transitional Support for Adolescents	All	Jeremy, NHS, Warrior CSG	C/P-Da. 04/05,05/06, 08/09,09/10/ 10/11 LB/LA 09/10,10/11	Various	Operational
Description:					
This project was started with the goal of giving support to adolescents from the age of 14-22 years who are CBHNP Members. These Members all are at a point where there is a need to begin planning their transition from children to adult services. The transitional program is designed to focus on four basic target domains to assist these individuals in becoming successful adults, including: Education, Employment, Independent Living, and Community Involvement. There are currently four providers for transitional services, The Jeremy Project in Dauphin County and NHS Stevens in Cumberland and Perry Counties, PCS Warrior in Lebanon County and CSG in Lancaster County.					
Status: Update 12/9/16: Cumulatively, the Transitional Support for Adolescents Programs served 80 unique Members and provided 8,057 units of service across the five Counties as of October Fiscal Year (FY) 2016-2017. NHS Stevens continues to increase participation by providing program information to the local schools and Case Management Unit at Holy Spirit Hospital. The STSA Transitional Coordinators continue to meet on a quarterly basis to review outcome data and discuss ways to improve their programs.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
SA Supportive Housing	All	Various	04/05,05/06 08,09,10,11	12/1/2007	Operational
Description					
There are a number of individuals who, when completing non-hospital rehabilitation or halfway house services for the treatment of substance abuse issues, require some form of transitional housing to support their recovery. This may include individuals who are homeless or whose prior living situation would have undermined their recovery efforts. A local network of Recovery Houses has been developed to provide a living environment that reinforces recovery. In order to assist individuals who, qualify, CABHC can provide scholarships to fund up to two months' rent for a person to move into a Recovery House. CABHC began providing scholarships in December 2007.					

Status: Update 12/8/2016: As of 11/30/16, CABHC has issued 97 scholarships in FY 2016-2017, for a total of $55,399.91. Changes to the payment structure for the first thirty (30) days of residency were implemented on 10/1/2016. The scholarship now covers the cost of the Recovery House's documented rent for the first thirty (30) days of residency. The scholarship amount issued for the second thirty (30) days remains $300.00. New agreements were sent out to all participating recovery houses and all but two organizations returned the agreements. CHOICE Living in Harrisburg closed in September 2016 and Jubilee Ministries in Lebanon elected to discontinue their participation.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A Recovery Specialist Services	All	RASE Project	09/10,10/11	6/1/2012	Operational
Description					
Recovery Specialist Services are for individuals 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. The RASE Project manages the day to day operations of the Recovery Specialist program.					
Status: Update 12/8/2016: As of 10/31/16, RASE has provided Recovery Support Services to 163 individuals in FY 2016-2017. RASE reported that they are looking at strategies to increase utilization of and engagement in the RSS Program in Lancaster, as caseload numbers have been low at that location. CABHC continues to monitor this Program through continued annual on-site reviews. The on-site program review for FY 2015-2016 occurred on September 13th and the report on its findings is under development at this time.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Housing Initiative	All	Pending	10/11	TBD	Under Development
Description					
Each County has its own housing initiative plan as presented to OMHSAS.					
Status: All Counties have received their allocated funds to be utilized towards their approved plans with the exception of Perry County. The Perry County Housing Plan will be reviewed under 14/15 initiatives.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Peer Operated D&A Recovery Centers	All	Various	10/11	Various	Under Development
Description					
The goal of this project is to establish drug and alcohol recovery centers in the five counties. Services target Medicaid 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. The 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, drug and alcohol-free environment.					
Status: Update 12/8/2016: The recovery centers in Lancaster, Cumberland and Lebanon Counties each recently completed their first full year of operations. The Dauphin County Recovery Center is still under development.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
MH-IP Integrated Peer Specialist Services	All	Philhaven, PPI, LGH, HSH	10/11	9/16	Completed, ongoing monitoring
Description					
It is the goal of this program to implement the development of Certified Peer Specialist (CPS) services that will be imbedded into four 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 bring a 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 12/8/16: The Philhaven, PPI and Holy Spirit Hospital projects have been completed. LGH has hired a full and part time CPS, who have been getting integrated into the operations of the unit that includes existing staff being oriented to the role of the CPS. This fills all the projected positions.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Recovery House Development	All	Various	10/11	Various	Under Development
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 12/8/2016: Gaudenzia's Delta House for women & children opened in October 2016 and is enrolled in CABHC's recovery house scholarship program. On 11/29/16, PCS notified CABHC that they have lost their final appeal regarding the zoning variance. They have begun to elicit bids for a sprinkler system and will have that installed in the women's recovery apartments as soon as the work is able to be completed. PCS is hopeful there will be no further barriers and intends to open the apartments very shortly after a successful inspection.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
C/P D&A Recovery Specialist	Cumb/Perry	RASE	10/11	TBD	Under Development
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 target population will be adults who have cycled in and out of D&A services and are participants in the Cumberland County Children and Youth Services, Specialized Substance Abuse Disorder Case Management program. The purpose of this program is to enhance the delivery of Substance Abuse services to families involved with Cumberland County CYS and Juvenile Court system, with a special emphasis on parents with children under the age of five and who are at risk of losing their children.					
Status: Update 12/8/16: The contract with RASE has been completed. Although the original project description calls for two part-time Recovery Specialists, it was discussed hiring one heavy part-time position instead, as long as the caseload size justifies that.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Mobile MH-ID Behavioral Intervention	Dauphin	CSG	10/11	2/15	Operational
Description					
The program will fund the creation of a Mental Health and Intellectual Disabilities team in Dauphin County 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 and their families, or other support systems. This service will include 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: Update 12/8/16: In the month of October, CSG provided services to 11 individuals for a combined 494 units. The last meeting of the Dauphin MH/ID behavioral intervention workgroup occurred on 10/18/16.

Reinvestment Project	**County**	**Provider**	**Plan Year**	**Start Date**	**Status**
MHIP Children/Adolescent Unit	Dauphin	PPI	13/14	12/16	Completed
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 12/8/16. The Service Description and Budget were approved. Renovations are substantially completed with final licensing and occupancy permitting to be completed.					

Reinvestment Project	**County**	**Provider**	**Plan Year**	**Start Date**	**Status**
D&A Detox and Rehab	Dauphin	Gaudenzia	13/14	TBD	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 12/8/16: Construction has begun at Chambers Hill with the outside main entrance. A ramp is being configured to meet ADA requirements and the entrance is being renovated. The porch roof is being updated and new columns are being put on the porch. Premier will begin demolition on the second floor. Relocation of filing cabinets, desks and other administrative furnishings are completed. The construction will begin as soon as the doors are delivered November 17th. The door installation will coincide with the contractor finish of the rooms.					

Reinvestment Project	**County**	**Provider**	**Plan Year**	**Start Date**	**Status**
D&A Brief Intervention	All	DA-SCA	13/14	TBD	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 12/8/16: Dauphin County expects County-wide implementation as of 1/1/17. Lancaster County is working with CABHC to issue the RFP to the County provider network. The draft outline of the RFP is currently under review at the SCA. Cumberland/Perry Counties continue engagement efforts with the 3 County hospitals to determine how best to develop this program. Lebanon County reports that they have been collaborating with their County Crisis Intervention and have met with 5 individuals since mid-November.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
IP FUH Discharge Support	All	LGH, PPI	13/14	TBD	Under Development
Description					
This program will work with four local MH IP providers (three adults 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 12/8/16: An initial meeting of the IP-FUH workgroup on 10/7/15 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. PerformCare submitted an initial proposal to CABHC that only included approaching LGH and PPI to discuss implementing the project. They will revise the proposal to include the other 2 hospitals along with a timeline for implementation.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Latino D&A Rehab HH	All	SACA	13/14	TBD	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 12/8/2016: SACA was awarded the contract to develop this Halfway House. They have a location designated for the facility at 124 Locust Street in Lancaster. Closing on the property was scheduled for November 28, 2016. SACA is working on the necessary paperwork for licensing and will update CABHC again in mid-December.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
MH and D&A co-located Clinic	Lancaster	TBD	13/14	TBD	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 12/8/2016: The RFP is being developed to incorporate Co-Occurring treatment and will be issued soon.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Vivitrol Care Coordination	All	RASE	13/14	7/1/2016	Completed, ongoing monitoring
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 12/8/2016: The Vivitrol Coordinator Program (VCP) is up and running as of October 2016. RASE has hired and trained staff as well as established a doctor network, though recruitment and networking efforts are ongoing. There are currently 13 active participants engaged in the program and RASE has started submitting monthly encounter data to CABHC.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Hospital Based EAC Program	All	Philhaven	13/14	TBD	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 12/8/16: The contract with Philhaven has been completed. Final negotiations with the contractor are occurring with renovations expected to begin in early 2017.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
MH-ID Mobile Behavioral Team	C/P, L, LB	CSG	13/14	TBD	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 12/8/16: The last meeting of the MH/ID Behavioral Team workgroup with CSG occurred on 10/18/16. CSG completed the job description and hired the Clinical Coordinator position that will manage the two new teams. A full-time clinician and nurse have been identified for one of the teams. Recruitment continues for the second team.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Behavioral/Physical Health Integration	Lancaster, Dauphin	LGH, NHS, Gateway	13/14	LGH- 5/1/2016	Operational/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 12/8/16: Nurse Navigator - CABHC and NHS executed the contract effective 7/1/16 that will expire 12/13/18. NHS has taken the lead in developing the work plan. Recently NHS communicated that they are having difficulty recruiting a physician for the OP clinic. The original work plan is being revised to accommodate the challenges in maintaining a MD in an OP clinic. The contract with LGH was executed effective 5/1/16 and expires 10/13/18. The most recent meeting with LGH occurred on 11/16/16. LGH reports that CHWs are in place and beginning to work directly with patients. They have also begun outreaching to patients to include in their research protocol. 10 individuals agreed to the study,					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Psychiatric Access	All	PPI, PCS, TWP, NHS, CSG, Philhaven	13/14	TBD	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: Update 12/8/16: Contracts have been signed with PPI, TWP and PCS. There are still three contracts that will be executed. Providers report that they have already identified new psychiatrists that are in the application/vetting process.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Dauphin Recovery House	Dauphin	TBD	14/15	TBD	Under Development
Description					
This program will consist of start-up funding for one new recovery house to be located in Dauphin County. This program will expand the number of recovery houses located in Dauphin County that provide supportive housing to addicted individuals in the early stages of recovery. Only recovery houses that require individuals to be engaged in outpatient treatment and 12 step support groups will be considered for this start-up funding.					
Status: Update 12/8/16: The RFP is under development					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A Recovery Center	Dauphin	TBD	14/15	TBD	Under Development
Description					
This grant project is part of SAMHSA's Center for Substance Abuse Services (CSAT) and has identified that the key focus of this grant is to foster peer-to-peer recovery support services that are designed and delivered by persons in recovery which will network and build strong and mutually supportive relationships with formal systems in their communities. Peer Operated Recovery Centers do not provide treatment and not require to be staffed by paid professionals. This is a peer to peer operated program. The objective of this proposal is to seed the start up or revitalization of one Peer Operated Recovery Center in Dauphin County. This will only one-time funding and a requirement of' the Center is that they have an identified model that defines how it will be peer run and self-sustaining.					
Status: Update 12/8/16: The RFP is under development					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A Recovery Center	Cumberland	The Harbor	14/15	11/16	Completed
Description					
This grant project is part of SAMHSA's Center for Substance Abuse Services (CSAT) and has identified that the key focus of this grant is to foster peer-to-peer recovery support services that are designed and delivered by persons in recovery which will network and build strong and mutually supportive relationships with formal systems in their communities. Peer Operated Recovery Centers do not provide treatment and not require to be staffed by paid professionals. This is a peer to peer operated program. The objective of this proposal is to seed the start up or revitalization of one Peer Operated Recovery Center in Cumberland County. This will only b e one-time funding and a requirement of' the Center is that they have an identified model that defines how it will be peer run and self-sustaining.					

Status: Update 12/8/16: The funds were distributed to The Harbor and settlement on the property occurred. CABHC and Cumberland/Perry SCA attended an open house. CABHC will monitor the program.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
RTF Teleconferencing	Various	TBD	14/15	TBD	Under Development
Description					
This program allows the family of a child in a Residential Treatment Facility to participate in treatment and team meetings via a telecommunication system. This is utilized in cases where the Residential Treatment Facility their child is placed in makes participation difficult or impossible. The goal of this program is to decrease readmission through the support of increased parental participation in the treatment process. The teleconferencing is secured between two site locations. Lancaster, Lebanon, Cumberland and Perry will designate a county-specific secured site, typically at a case management location. The other secure site would be at the Residential Treatment Facility.					
Status: Update 12/8/16: An initial meeting of Lancaster, Lebanon and Cumb/Perry counties along was held on November 4. Specifics of the project and RTF utilization data were discussed. Providers were selected to approach regarding their interest in utilizing the technology. Counties will explore locations that can be used to set up the technology in each county.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Common Ground	Various	TBD	14/15	TBD	Under Development
Description					
This service is to implement four (4) CommonGround Decision Support Centers in four of our licensed adult MH OP clinics. There would be a selected Clinic in each of the Counties with CU/PE being a joinder and having one clinic between the two Counties. The CommonGround Decision Support Center is a nationally recognized, recovery oriented program that assists a person in their preparation to meet with their psychiatrist to discuss their treatment and develop their person-centered plan, including Wellness Goals.					
Status: Update 12/8/16: Initial meeting of all Counties, CABHC and PC met on 11/14/16 to review the purpose of Common Ground and develop next steps. A webinar is scheduled for 12/15/16 when Pat Deegan and Associates will demonstrate the use of Common Ground and be available to answer any questions from the Workgroup.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Perry County Housing	Perry Cty	PHP, RACC	10/11 & 14/15	TBD	Under Development
Description					
The co-developers, the Perry Housing Partnership (PHP) and the Redevelopment Authority of the County of Cumberland (RACC), have identified an underserved community in Perry County for a 6-8 unit, workforce housing site. PHP and RACC have begun searching for appropriate sites. More than half of the six to eight units will be exclusively for MA eligible consumers of Behavioral Health Services and will be fully integrated into the development. This housing is permanent, supportive housing. CABHC will provide a total of $360,532 to the project.					
Status: Update 12/8/16: This project is on hold pending submission of a tax deferment application.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A Male Halfway House	Various	TBD	14/15	TBD	Under Development
Description					

This project is to develop a licensed D&A Rehab Halfway House that will serve the adult male population. There are currently two Halfway Houses in the five Counties that serve males. In CY 2014 and 2015 combined, there were 386 male admissions to the Halfway House level of care. Of these, 178 or 46.1% were placed in programs outside of our Counties. This data clearly shows that the local network of Halfway Houses for men should be enhanced. CABHC, in partnership with the County SCA Directors, PerformCare and the D&A Stakeholders will develop an RFP to solicit the development of this program. The facility's capacity would be targeted to be between 18-24 slots with the potential to serve 100 members per year.

Status: Update 12/8/16: The RFP was sent to seven providers on Dec.6, 2016. Proposals will be due back to CABHC no later than February 3, 2017. A review and selection workgroup will review the proposals and make a final recommendation.