



**CAPITAL AREA BEHAVIORAL
HEALTH COLLABORATIVE, INC.**
Established October 1999

**CAPITAL AREA BEHAVIORAL HEALTH
COLLABORATIVE, INC.**

CONTINUOUS QUALITY IMPROVEMENT PLAN
CY 2023

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INTRODUCTION

The Capital Area Behavioral Health Collaborative (CABHC) is a private, not-for-profit company established in 1999 through an Intergovernmental Cooperation Agreement between the counties of Cumberland, Dauphin, Lancaster, Lebanon, and Perry (Counties) to provide the management of the Office of Mental Health and Substance Abuse Services (OMHSAS) HealthChoices Behavioral Health contract. CABHC holds the contract with OMHSAS and contracts 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 mental health and substance use services, to ensure high quality care, and facilitate effective coordination with other services. 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.

The Continuous Quality Improvement Plan (CQIP) incorporates actions that have been identified by the various Board directed standing CABHC Committees in which essential areas will be monitored and analyzed by CABHC. The CQIP also includes actions that are set forth in CABHC policies and procedures that require active monitoring and objectives that were generated by CABHC that complement the action items of the committees.

CLINICAL COMMITTEE

CABHC's Clinical Committee is committed to monitoring the oversight of all treatment related activities. The Clinical Committee's responsibilities include monitoring HealthChoices utilization, overseeing coordination of treatment services for all ages, reviewing continuity of care issues across all levels of care, monitoring the activity of Reinvestment Programs, monitoring Intensive Behavioral Health Services (IBHS), and analyzing best practices as well as assessing evidenced based practices. The CABHC Clinical Committee has identified the following goals for 2023:

1. Reinvestment

The Clinical Committee will monitor the activity of CABHC reinvestment programs that includes a review of data reports and summary updates on all active reinvestment projects and will provide feedback to CABHC as necessary.

2. Review and Analysis of Standing Reports

The Clinical Committee will review monthly reports that are prepared and presented by CABHC and/or PerformCare to monitor various dimensions of the HealthChoices program. These include but are not limited to IBHS, FBMHS, Complaint and Grievances, Treatment Record Reviews, Critical Incidents, Restraints, Follow-up After Hospitalization, Value Based Purchasing along with ad hoc efficacy studies. The

Committee will review and discuss various aspects of HealthChoices performance and make recommendations based on the data presented in the reports.

3. Successful Prevention, Early Detection, Intervention, and Retention in Treatment for Substance Use Disorders

OMHSAS required all BH-MCOs to develop a Process Improvement Project (PIP) with a focus on substance abuse with the following objectives:

- Increase access to appropriate screening, referral and treatment for Members with an Opioid and/or other SUD.
- Improve retention in treatment for Members with an Opioid and/or other SUD diagnosis.
- Increase concurrent use of Drug & Alcohol counseling in conjunction with Pharmacotherapy (Medication-Assisted Treatment).
- Develop a population-based prevention strategy with a minimum of at least two activities across the MCO/HC BH Contracting networks.

The Clinical Committee will receive regular updates from PerformCare on the performance of the PIP and will provide input when warranted that may support the implementation of the different objectives.

The Committee removed the previous IBHS Transition goal and rolled the monitoring of access, utilization and review of changing/emerging trends of IBHS under the Review and Analysis of Standing Reports. The Committee also determined, and approved by the Board, to discontinue the RTF Workgroup as a standing meeting. It was determined that the workgroup had met its goals, and no longer required to meet regularly. If at a later time it is determined that the workgroup needs to be reinstated with designated goals, it will resume meetings under the same structure.

PHYSICAL HEALTH/BEHAVIORAL HEALTH/HUMAN SERVICES (PH/BH/HS) INTEGRATION

CABHC has collaborated with PerformCare with the objective to facilitate projects that will support the integration of physical health, behavioral health, and local human services that will improve the overall quality of Member's lives, many times referred to as whole person care. Recent initiatives have focused on developing strong working relationships with Physical Health MCOs and Community Based Organizations in order to improve collaboration and integration of the Member's whole person care.

CABHC has engaged with PerformCare in developing and implementing the following integrated PH/BH projects:

1. Pay for Performance/Integrated Care Plan

The activities that are outlined in OMHSAS' Program Standards and Requirements Appendix E stipulate that Physical and Behavioral Health MCOs must develop collaborative efforts that will improve the integration of PH/BH services. The activities include the development and implementation of Individual Care Plans (ICP) based on

identifying (stratifying) individuals that are high risk or low risk of physical health and behavioral health needs. CABHC will continue to monitor PerformCare's process in sharing the ICP with the Member. Appendix E also requires that MCOs address ten performance measures. CABHC participated in the development and monitoring of interventions to improve the performance of the outcome measures. Interventions that will continue in 2023 include:

- Shared information between PHMCO and PerformCare for real time Emergency Department utilization and Care Management follow up
- Use of evidence-based discharge planning to improve follow up care rates
- Improving both initiation and engagement in substance use treatment through better discharge planning and connections with Certified Recovery Specialists as well as expansion of Medication Assisted Treatment providers
- Developing a relationship with local para-medicine programs that will support individuals being discharged from MH inpatient facilities to address medication administration, care gaps and follow up support

Collaboration between PerformCare and CABHC will continue in 2023 to monitor successes and limitations in these interventions in order to effect change in the required measures.

2. PHMCO Partnership

CABHC has met with AmeriHealth Caritas to discuss ways to partner and if viable, develop integrated projects. This could include the placement of a CHW in a Primary Care Physician Office, funding for Member outreach services after hospital discharge, and collaboration around social determinants of health supports. A paramedicine program in partnership with Lancaster EMS was solidified, which is able to support Members in Lancaster County. Referrals and monitoring of this project will begin in early 2023.

3. Physical and Behavioral Health Data Integration

CABHC has been developing with our data partner, ACA Inc. the ability to integrate Member physical health data with their behavioral health data. The project has been complicated due to the enormity of the physical health data. To better understand the connection between PH and BH care, the physical health data has been consolidated into nine distinct chronic conditions. Pharmacy data has also been included in the integration project which adds additional analytic capabilities. The PH and BH data integration has created the ability to compare health outcomes across populations and is being utilized to review and analyze the impact between behavioral health and physical health care.

4. Mobile Psych Nursing (MPN) Program

Mobile Psych Nursing (MPN) program was developed to assist people in their overall health care, including but not limited to; outreach and engagement, extended health and BH screening to identify and stratify BH and PH risk factors, referral, care coordination, follow up, education, health promotion and coaching, and outcomes monitoring. Merakey and Community Behavioral Health are the two providers that offer this service in the Counties. With the PH and BH data integration, CABHC will monitor the impact of this service on areas such as, but not limited to, decrease in the utilization of the emergency

department, improved evidence of monitoring and screening of identified health conditions, and improved adherence to medication.

5. Community Based Organizations

CABHC began contracting with Community Based Organizations in late 2022. This is a new venture and in the beginning stages of development. Individuals that are referred to a Community Based Organization (CBO) can receive support from a Community Health Worker (CHW), as well as financial support for identified social determinants of health needs. These supports are identified to have a positive impact on whole person care, linking PH, BH and social determinants of health. Further information on these services is included below in the Community Based Care Management Program (CBCMP) section as well as the Value Based Program (VBP) section.

PEER SUPPORT SERVICES (PSS)

Certified Peer Specialists (CPS) are individuals who have self-identified as having received or currently receiving mental health or co-occurring disorder services in their personal recovery process and have completed the Peer Specialist training and passed the PA Certification Board's testing to become certified. These individuals assist Members with skill building, recovery/life goal setting, problem solving, self-advocacy and utilizing and building self-help recovery skills. CPS's can assist individuals who have a serious mental illness in achieving their personal recovery goals. They do this by promoting personal responsibility, self-determination, and the empowerment vital in self-directed recovery. The Recovery Plan is used to guide the Member and the CPS in their goals being worked on.

The Peer Support Services Steering Committee (PSSSC), which is facilitated by CABHC, provides a forum for CPS's, Peer Support Service (PSS) Providers, the Counties, CABHC and PerformCare to assess the program and develop ways to improve the delivery of PSS. The following goals have been identified for CY 2023:

1. Develop a Marketing plan to increase the pool of CPSs:

CABHC will facilitate the development of a workgroup that will research the barriers that lead to difficulties in recruiting and hiring CPS, and develop strategies that will increase the pool of eligible applicants for CPS positions. The increase in the number of CPS has the potential to increase the utilization of peer support services by Members throughout the Counties since there has been a consistent wait list for Members to access PSS. CABHC will contract with a marketing firm that will develop a proposal to promote ways to increase the number of qualified CPS and increase the number of referrals for Peer Support Services.

2. Increase the Number of Sponsored Applicants Attending CPS training:

CABHC will sponsor applicants interested in pursuing their CPS certification. Using the CPS Scholarship applicant protocol developed by the PSSSC, CABHC will schedule interviews for potential applicants interested in obtaining a scholarship for the CPS training. CABHC will monitor the completion of the training and eventual employment and certification of all scholarship recipients. Previously, applicants who completed the

training and obtain employment as a CPS were eligible to receive a financial incentive bonus after three months of employment. An additional financial incentive was provided after six months employment and successful completion of the Pennsylvania Certification Board CPS certification. This part of the program ended, with CABHC providing recruitment and retention funds to providers.

CONSUMER/FAMILY FOCUS COMMITTEE

The Consumer/Family Focus Committee (CFFC) brings together individuals who are HealthChoices Members using Behavioral Health services, family members, interested Stakeholders, PerformCare staff, CABHC and County staff. CFFC members serve as liaisons by providing pertinent information regarding HealthChoices, CABHC, State/County activities and updates to their respective home County. CABHC values the participation of Members in the oversight of Behavioral Health HealthChoices and supports their involvement in all CABHC Committees, Board Meetings and Workgroups. The CFFC meets every other month to discuss current activities with the HealthChoices program and any local issues. The following goals have been identified by the committee for 2023:

1. Educational Presentations/Trainings:

CFFC determines and plans educational presentations for the committee to expand the knowledge of committee members regarding current issues impacting behavioral health communities. The committee will select training topics that will be presented during the 2023 committee meetings. In addition, CFFC determines and plans training needs for the Counties by selecting a training topic for stakeholders and Members to be provided throughout the Counties. For 2023, the Committee is reviewing various training topics such as Confidentiality regulations and families, Dual eligibility, as well as Co-Occurring disorders with the geriatric population. Once selected, CABHC will secure a topic expert(s) for the training and coordinate its development, culminating in the training being offered to the targeted stakeholders.

2. Advocacy:

The CFFC discussed the need to explore ways that would increase committee member understanding of how to effectively advocate for behavioral health services. This would include advocacy at the grass roots level as well as providing education to those at the policy level. The committee will identify a speaker who will be able to present activities that have been effective in self-advocacy or activism on a larger level.

3. Consumer/Family Satisfaction Team (C/FST) Surveys:

The CFFC has expressed an interest to increase committee member knowledge of the information that is obtained and presented in consumer satisfaction survey reports. The Member Relations Specialist will request that Consumer Satisfaction Services, Inc. (CSS) and PerformCare develop and present a combined presentation to the CFFC on the results of their surveys.

4. Reinvestment

The CFFC will play an active role in identifying potential reinvestment projects and participating in CABHC's reinvestment planning and prioritization process. Reinvestment will be a standing agenda item for all CFFC meetings.

PROVIDER RELATIONS

Effective management of behavioral health services through the HealthChoices Program requires PerformCare to create and maintain positive relationships with Providers throughout the network. These relationships permit PerformCare to support Providers while maintaining compliance with HealthChoices Program Standards and Requirements.

The Provider Relations Committee (PRC) concentrates on monitoring PerformCare's Provider Network to assure HealthChoices access standards are being met and treatment needs are available to Members. Starting in CY 2020 and continuing in CY 2022, in response to the COVID 19 pandemic, CABHC supported the use of Alternative Payment Arrangements (APA) as a way to maintain the financial viability of providers so they may continue to provide necessary services and meet access standards.

The Committee monitors PerformCare's process of bringing Providers into the network when needed. Additional actions of the Committee include: A review of satisfaction surveys that are completed by Providers; Monitoring the activities of the PerformCare Credentialing Committee; Monitoring Value Based Purchasing model performance; Monitoring CABHC's audit of PerformCare's complaint and grievance process.

The Provider Relations Committee identified the following goals for CY 2023:

1. PerformCare Performance

CABHC monitors performance through an ongoing review and analysis of dashboard information provided by PerformCare. Through these performance measures, the Committee will assess that PerformCare demonstrates that the Health Choices program is meeting expected quality and access standards. The continuous review of data by the Provider Relations Committee assists in identifying provider capacity and network needs. Feedback will be provided as necessary to PerformCare by the Provider Relations Committee.

2. Provider Satisfaction Survey

CABHC will distribute the annual Provider Satisfaction Survey that reports on the relationship between Providers and PerformCare. Results from the survey will be analyzed and reviewed by the Committee, presented to the Board and shared with PerformCare. If necessary, a response from PerformCare may be requested by the Committee to address any questions or concerns identified in the results of the survey.

3. Provider Profiling

The Provider Relations Committee will collaborate with the PerformCare QI Department to further develop accurate and effective performance measurements which can be utilized by the network of Providers to improve service quality to our Members. In CY 2023, PerformCare will continue to report and consult with the Provider Relations Committee on their Provider profiling reports which look at comparing the quality of services using measurable outcomes by service type. The Provider Relations Committee will provide feedback to PerformCare regarding changes or improvements that can be made to the reports.

4. Provider Corrective Action Plans and Quality Improvement Plans

The Provider Relations Committee will monitor Corrective Action Plans (CAP's) issued by the PerformCare Credentialing Committee to Providers based on quality-of-care concerns of a Provider's performance. The Provider Relations Committee will review a report prepared quarterly that reviews any follow-up actions of CAP's and any quality concerns identified by PerformCare, verifying that action steps have been taken. CABHC will ensure that appropriate steps are taken by PerformCare based on the Provider's completion of or failure to satisfy the CAP requirements. Non-routine site visits may also be completed by PerformCare and CABHC to ensure the provider is adhering to all steps outlined in the CAP, and outcomes reviewed at the Provider Relations Committee.

5. Routine Access Service Monitoring

To ensure the provider network is meeting Routine Access standards (7 days) for medically indicated treatment, CABHC receives monthly dashboard reports from PerformCare containing data which reflects the performance of Providers in meeting the Routine Access standard. Each report reflects the performance of the network for the corresponding Level of Care (LOC) over a 12-month period. The reports will be reviewed by the Provider Relations Committee during each of their bi-monthly meetings.

Additionally, the Provider Relations Committee may identify one LOC that is consistently not meeting access expectations based upon the Routine Access standard and may request that PerformCare conduct a Root Cause Analysis to identify barriers and develop interventions that will lead to an improvement in access. The Provider Relations Committee will monitor the development, implementation and the impact the interventions have on the access measure.

For CY 2023, the Provider Relations Committee will monitor the outcomes of the RCA conducted for Psychiatric Access, and the four barriers identified for accessing the service. A Recruitment Workgroup was formed by PerformCare to explore recruitment efforts and develop a toolkit or model for providers. The Workgroup activities will be reported to the Committee.

6. Provider Self-Identification of Specialty Services

The Provider Relations Committee completed a review of the Provider Directory on the PerformCare website that confirmed that information related to provider specialty capacity in their services is not well maintained nor accurate. The importance of this is that Members are encouraged to use this site to help in their locating a Provider who can meet their behavioral health treatment needs. PerformCare was requested to submit a response to the findings of the review. The Provider Relations Committee will repeat the review of the PerformCare website in CY 2023 and expand upon last year's review to validate that the interventions implemented by PerformCare have led to improvements in the accuracy of information on the website. A subcommittee was also formed and began to develop a guide that includes recommended questions for Members to utilize when selecting a therapist specifically due to a specialty need and preferences in what a person may be looking for in a therapeutic relationship. The guide will be reviewed by the CFFC and Stakeholders, with the final intent to have the guide posted on the PerformCare website.

COMMUNITY HEALTH CHOICES

Community HealthChoices (CHC) is Pennsylvania's mandatory managed care program for individuals who are dually eligible for both Medicaid and Medicare, and older adults and individuals with physical and psychiatric disabilities that reside in Nursing Care Facilities. For CABHC, CHC will expand behavioral health services to adults who are eligible for the program and reside in a nursing home, and individuals who are living in the community that are part of the community waiver. Most all of the dual eligible Members who live in the community are already under the HC BH program.

There has been a need identified in nursing homes to develop a behavioral consultation service that will target Members who have a diagnosis of dementia with behavioral disruption. CABHC continues to work with PerformCare to develop a program description that will include the need to make available specialized consultation and staff training in assessment and behavior plan development. PerformCare will solicit proposals from qualified providers who are able to target a small number of nursing homes for behavioral consultation. CABHC will participate in the process of PerformCare in securing behavioral consultation services as well as its implementation.

COMMUNITY BASED CARE MANAGEMENT PROGRAM (CBCMP)

CABHC has entered into contracts with the four Federally Qualified Health Centers (FQHC) located geographically in the Counties to enhance coordination of services for Members who are receiving behavioral and physical health services, reduce the use of emergency departments and reduce Healthcare disparities. The FQHCs will utilize Community Health Workers (CHW) to engage with Members to assess, plan and in collaboration with the Member, coordinate BH and PH services. In addition, the CHWs will work closely with the Member to identify Social Determinants of Health (SDoH) needs. CABHC will provide reinvestment funds so that the FQHCs can utilize their existing relationships with CBOs and internal programs to purchase SDoH commodities that will address the needs of Members.

Another project using the CBCMP funds will support the requirement that Value Based Purchasing Plans must include the engagement of Community Based Organizations. The three CBOs identified will continue to maintain CHWs that will be able to meet with Members who are referred by providers that are part of the VBP programs to assess their SDoH needs. Additional resources will be made available to the CHWs and CBOs to purchase SDoH commodities.

In the last project under the CBCMP, CABHC had entered into a contract with Lancaster Emergency Medical Services (LEMS) to develop a paramedicine program. PerformCare will refer Members that are preparing to be discharged from MH IP services that are in need of follow-up in the community. The paramedicine professional from LEMS will address areas of need that may consist of medication reconciliation, physical health concerns or SDoH. Referrals will begin in early 2023.

Agencies involved with the CBCMP will submit data monthly to CABHC through a web-based portal that will be loaded into the CABHC data base. The data will be incorporated with existing data that will be utilized to evaluate whole-person care. CABHC will manage this program and collect and integrate CBCMP data within the data warehouse so that the impact of these CBCMP services on the Members' health can be assessed. Outcome reports on such impacts will be developed and analyzed during 2023.

VALUE BASED PURCHASING (VBP)

OMHSAS requires that the Primary Contractor and its BH-MCO must enter into VBP payment arrangements with Providers. Value based programs and payment models are critical for improving quality of care, efficiency of services and reducing costs. There is a continuum of different payment models that can be utilized for value-based purchasing that include; performance based, bundled payments, shared savings, shared risk, and global payment strategies.

The transition from conventional fee for service to value-based purchasing has been phased in since its inception in 2017. In CY 2023, 30% of medical expenses must be under value-based payment models. In addition to the percentage of medical claims targets, 50% of these expenditures must be associated with VBP contracts that fall into the medium or high-risk models.

In CY 2023, OMHSAS continues to require the Transition to Community model, in addition to the other models approved by OMHSAS, that standardizes performance measures to better support care transitions from psychiatric inpatient (IP) discharge to community-based behavioral health services. Requirements include but not all are required; standardized performance measures tied to payment for IP Providers; standardized data collection for outpatient (OP), Behavioral Health Home Programs (BHHP), and Case Management VBP models. The required standardized measures are:

- Follow up after Hospitalization (FUH) for mental illness — The measure identifies the percentage of Members who received follow-up within 7 days and 30 days of discharge.
- PA Specific Readmission — The percentage of acute inpatient stays for psychiatric care with subsequent readmission to inpatient acute psychiatric care within 30 days of the initial inpatient acute psychiatric discharge.

The VBP approved plan must also incorporate Community Based Organizations (CBOs) that address SDOH. Eighty-five percent of strategies that are medium and high risk must incorporate one or more CBOs that together address two or more SDOH domains. CABHC/PerformCare must incorporate CBOs into VBP arrangements by either:

- Contracting with a CBO directly; or
- Contracting with a Network Provider that subcontracts with a CBO.

To meet the VBP requirements established by OMHSAS to include a relationship with CBOs that will address SDOH needs of individuals, CABHC entered into a contract with three CBOs for the Counties. This includes Tri-County Community Action for Cumberland, Dauphin and Perry Counties, Community Action Partnership for Lancaster County and Lebanon County Christian Ministries in Lebanon County. Each CBO hired Community Health Workers that will be responsible for coordinating access to resources that will address the SDOH needs of Members. CABHC will provide additional funds that will support the purchase of SDOH resources by the CBOs. The SDOH resources can include:

- Childcare access and affordability
- Clothing
- Employment
- Financial Strain
- Food insecurity
- Housing instability/homelessness
- Transportation
- Utilities

PerformCare will facilitate the connection between the VBP providers and the CBOs that will lead to an increase in the number of referrals for SDOH assistance. CABHC developed reporting templates for the CBOs to utilize to report on their CHW and SDOH activity that will be submitted to CABHC monthly. Reports will be reviewed so that the efficacy of the payment models can be monitored and evaluated.

In CY 2023, CABHC along with PerformCare and in collaboration with providers will continue to implement the value-based payment models that were presented to OMHSAS that will meet the 30% medical expense threshold. The services currently included in value-based contracts are Family Based Mental Health Services and Multi-Systemic Therapy. Continued assessment will occur in 2023 to determine if MH Outpatient Clinic, Partial Hospitalization providers and MH Inpatient will be included in the CBO program.

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, 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 three 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, location of services and alignment with the objectives as outlined in each respective service description to assure that the needs of the individuals enrolled in each service are being met. The financial status of each project will be monitored to verify that reinvestment funds are expended appropriately and the projects stay within budget. The three projects include:

1. Respite Care

CABHC provides Reinvestment funding to support the provision of Respite services to children/adolescents and adults. Respite services have been provided to CABHC Members since 2004. The service is utilized primarily by children and adolescents and is typically provided in the Member's home, but adults may and do access this service. Youth Advocate Program (YAP) is under contract with CABHC to provide day to day management services for the Respite program, including the securing of respite providers and paying for the respite services delivered. CABHC monitors the expenditures of the program on a monthly basis and meets quarterly with YAP and the respite management workgroup to review utilization, problem solve operational issues and discuss ways to expand services. Over the last two years there has been a decrease in the capacity to provide Respite services, primarily due to the pandemic emergency impacting the ability to do face to face work and the negative impact on staffing. In 2023, the Respite workgroup will work with YAP to increase capacity and the utilization of Respite services. In addition, the current Respite model will be reviewed to determine if it remains the most viable model to use.

2. Specialized Transitional Support for Adolescents (STSA)

This program provides transitional support to adolescents ranging from 16 to 24 years of age and concentrates on areas such as employment, independent living skills, education, housing and community life. There are currently four STSA programs that include the Dauphin County CMU's Jeremy Project, Merakey Stevens Center in Cumberland/Perry Counties, the Warrior Project run by Pennsylvania Counseling Services in Lebanon County, and Community Services Group in Lancaster County. Service utilization will be reviewed monthly and outcomes for the programs will be reviewed on a quarterly basis.

3. The Substance Abuse Recovery House Scholarship Program

Upon completion of D&A non-hospital rehabilitation or halfway house treatment services, some individuals require transitional housing services in the form of a Recovery House that is designed to assist in their recovery. CABHC's Recovery House Scholarship Program provides scholarships to individuals who require financial assistance to use a Recovery House as part of their recovery from substance abuse. CABHC provides a scholarship that can be applied to the rental cost of the first two months in a Recovery House. Service utilization will be reviewed on a monthly basis. An annual report on the impact and efficacy of the program will be provided. CABHC will require all homes that are included in the Scholarship program to meet the recently adopted licensing regulations. An approved reinvestment plan will provide funds for Recovery House owners to make necessary modifications to the homes in order to meet licensure.

Additional Reinvestment Activity

In addition to the three sustained reinvestment projects mentioned above, there are eleven approved projects that are in various stages of development or operation and an additional six priorities that are pending approval. CABHC will take the lead in moving the projects forward and monitoring their designed impact on the system. The full list of approved reinvestment projects is included as Attachment A.

FISCAL STABILITY

Financial oversight continues as an ongoing collaborative effort between CABHC's Fiscal Staff and the CABHC's Fiscal Committee, who reports monthly to the CABHC Board of Directors. CABHC monitors the financial performance of the HealthChoices Program, PerformCare, and CABHC's own financial operations to ensure there is sustained solvency and success of the HealthChoices Program.

Priorities for Fiscal Operations for 2023

1. Financial Solvency of HealthChoices Program

CABHC will monitor and report on the financial solvency of the HealthChoices Program. This will be accomplished by reviewing medical claims surplus/deficit summaries monthly prepared by the contracted actuary, and sharing the results with both the Fiscal Committee and CABHC's Board of Directors.

2. Financial Reporting to OMHSAS

CABHC will ensure accuracy and timeliness of financial data/reporting to OMHSAS by reviewing monthly, quarterly and yearly submissions to OMHSAS. CABHC will also respond to quarterly OMHSAS financial report reviews conducted by OMHSAS and all requested ad hoc reports. The audit committee will review the yearly submitted audit and report findings to the Board of Directors.

3. Monitoring of Risk Reserves, Solvency Coverage, and Equity Requirements

CABHC will monitor the programs compliance with risk reserves, solvency coverage and the equity requirement per the terms of the contract with DHS. This will include

monitoring the need to shift risk reserve funds to pay claims, assuring that the equity reserve meets minimum and maximum standards, that all reporting required by the surety company for the Performance Bond are maintained and designation of potential claims surplus is tracked for Board action.

4. Monitoring of Reinvestment Programs

CABHC will monitor the approved reinvestment programs fiscal and programmatic compliance throughout the year following CABHC’s policies and procedures. CABHC will then provide a year-end monitoring report to the Fiscal Committee and auditors for review of reinvestment activities.

5. CABHC and PerformCare Financial Position

Monitoring and reporting on the financial position of CABHC and PerformCare is vital. The Fiscal Committee will review monthly CABHC Financial Statements to determine solvency and compare administrative budget to actual expenses and revenues. The committee will also review PerformCare’s Capital Area Financial Statements and quarterly PerformCare Consolidated Financial Statements to not only determine solvency and compare administrative budget to actual expenses and revenues but to also monitor the management and service fees PerformCare pays to their parent corporation. Also, yearly, the committee will review the AmeriHealth Caritas Audited Financial Statements and PerformCare Supplemental Statement. All findings will be reviewed and presented at the Board’s monthly meetings throughout 2023.

6. Monitor HealthChoices Program Membership

CABHC, along with the Fiscal Committee, will monitor the membership monthly as in past years with an additional emphasis on monitoring the membership for the ending of COVID Public Health Emergency and how this affects membership/revenue. This will be accomplished by looking at two Membership spreadsheets; the first report is Membership with adjustments including growth rates, and the second report is net change in Membership for the months looking at both newly eligible and terminations. These reports will look for any Membership trending that could impact the program.

7. Monitoring 2021 Critical Performance Standard Corrective Action Plan for Fiscal Oversight

CABHC CFO and the Fiscal Committee will continue to monitor the CABHC approved Fiscal Oversight corrective action plan. This monitoring will occur with a monthly update on progress of the action steps and then once action steps completed move to monitoring the outcomes of the accuracy and timeliness of report submissions to OMHSAS. This update will be shared at both the Fiscal Committee Meetings and the Board Meetings.

CONCLUSION

Every year represents a collection of challenges and opportunities in the management and delivery of behavioral health services to Members. These opportunities can be embraced to further enhance the quality of our Program and meeting the behavioral health needs of our Members. The Continuous Quality Improvement Plan will direct and guide CABHC in the best

course for our goals, priorities and objectives for 2023. The results of the priorities stated in this Plan will be revisited and reported as part of the 2023 Continuous Quality Improvement Annual Report.

Attachment A

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Respite Care	All	YAP	02-03, 04/05 05/06,07/08 08/09,10/11,11/12, 12/13, 13/14, 14/15, 15/16, 16/17, 17/18,19/20	12/1/2004	Operational
Description:					
Respite services offer short-term respite services to children, adolescents, and adults. The services provide temporary relief for caregivers by giving them a rest or break from caring for a child and/or adult with severe behavioral and/or emotional health concerns. Respite is offered as either In-Home or in the community. Respite workers supervise and interact with the individual family member while caretakers are able to take a break. Youth Advocate Program is the Respite Management Agency (RMA) for this program and has been able to contract with a number of additional providers to provide additional staff, as well as a few individuals who also provide these services.					

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, 11/12, 12/13, 13/14, 14/15, 15/16, 16/17, 17/18, 19/20,	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 two providers for transitional services, The Jeremy Project in Dauphin County and NHS, Inc., The Stevens Center in Cumberland and Perry County.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
RH Scholarship Program	All	Various	04/05,05/06 08/09,10/11, 11/12, 12/13, 13/14, 14/15, 15/16, 16/17, 17,18 19/20	12/1/2007	Operational
Description					
There are a number of individuals who, when completing non-hospital rehabilitation or halfway house services for the treatment of substance abuse issues, require some form of transitional housing to support their recovery. This may include individuals who are homeless or whose prior living situation would have undermined their recovery efforts. A local network of Recovery Houses has been developed to provide a living environment that reinforces recovery. In order to assist individuals who qualify, CABHC can provide scholarships to fund up to two months' rent for a person to move into a Recovery House. CABHC began receiving scholarship applications in December 2007.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
RTF Development	All	CSG	16/17, 19/20	TBD	Under Development
Description:					
This program will support the development of a Residential Treatment Facility (RTF) that will be located in one of our Counties and certified as a JCAHO or other recognized accredited facility. The age of members eligible for the RTF will be between 14-21, with those between the ages of 18-21 must be active in secondary education. The RTF will serve both males and females and will be structured in such a way that the male adolescents and female adolescents do not share or are in direct proximity to each other's bedrooms. The facility will be able to provide treatment to 6-12 members depending on the final model and structural design of the program. It must possess the ability to serve Complex Trauma, which will be served through the use of evidence-based models as well as serve the medical needs of adolescents which does not include skilled nursing or hospital LOC.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Housing Initiatives	All	Pending	10/11, 13/14, 15/16, 19/20	N/A	Operational
Description:					
Each County has its own housing initiative plan as presented to OMHSAS.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Supporting Positive Environments for Children (SPEC)	All Counties	Early Intervention	15/16	4/1/2018	Completed
Description:					
The SPEC program provides support to selected school districts by building a culture and skills that focuses on prevention and supporting the adults who work with young children and expanding the use of evidenced based programs in the community. The SPEC model consists of the one SPEC facilitator/school providing on-site support to guide the implementation of school wide positive behavior interventions and supports. The support will be provided in 5 selected school districts (one in each county). SPEC will support the shaping and/or reshaping of a positive environment to prevent students from being dismissed from their learning environments. Each County will select a school district for SPEC to work with.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Embedding RSS in D&A OP Clinics	All Counties	PHS; Ponessa, PCS;Naaman, ARS	17/18, 19/20	9/2018	Operational
Description:					
This project is to foster peer to peer recovery support services designed and delivered by persons in recovery which will network and build strong and mutually supportive relationships with formal systems in the community. The D&A Recovery Specialist service will expand by embedding Certified Recovery Specialists (CRS) into four licensed D&A OP clinics (one in each county with CU/PE being a joinder) and sustaining an existing embedded CRS with Perry Human Services. An RFP will be developed and sent out to selected licensed OP clinics.					

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

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Recovery House Licensing Support	All	Varied	19/20	TBD	Operational
Description:					
All Recovery Houses that will participate in the RH Scholarship program will need to obtain full licensure to remain eligible for members that receive our grant to be placed in their home(s). To assist providers to comply with the extensive regulations to meet licensing standards, reinvestment funds will be made available to Recovery Houses that are physically located in our five counties. A request for grant proposal will be issued to all of our network Recovery Houses that meet the County location standard. The proposal will solicit funding requests to assist in meeting the regulatory compliance so that they may remain in our Recovery House network.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A MAT Expansion	All	Varied	19/20	TBD	Under Development
Description:					
To further the availability of MAT, reinvestment funds will support 4 existing D&A Licensed OP Clinics to bring MAT into their clinics. By offering MAT, the Clinic would expand its services to further support and enhance the benefits of traditional therapies. The target population will consist of adolescents and adults who are experiencing an addiction that can be treated using Medication Assisted Treatment (MAT).					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
SDOH Projects	All	Varied	19/20	TBD	Operational
Description:					
Services are targeted to support adults and children/adolescents (children) who are enrolled in MA. The target population will either be part of the OMHSAS approved CBCMP FQHC program model, or through the County's Case Management Unit/Crisis Intervention Service. This priority looks to achieve these objectives by developing two models that utilize reinvestment funds to support the funding of SDoH as provided by CBOs in our Counties. The first model ties the funding of SDoH as part of the OMHSAS approved Community Based Care Management Program that we operate with our four FQHCs utilizing Community Health Workers. Reinvestment funds will be leveraged to provide access to SDoH resources through a needs assessment conducted by the CHWs. The second model will operate the same as the first model but will broaden the population to be served by allocating funds to each of the Counties for use by their Case Management programs and Crisis Intervention. The funds will allow for a broader support of members that are not involved with the FQHC/CHWs but are just as much in need of supports with their SDoH.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Recovery Center Enhancement Grants	All	Varied	19/20	TBD	Operational
Description:					
There are 8 D&A Peer Operated Recovery Centers in our Counties, of which 5 were developed with the financial help of previously approved reinvestment plans. Reinvestment funds will be distributed through a grant application process that each of the 8 Recovery Centers will be solicited to respond. A cap of \$43,750 will be set/site, but could be adjusted based on the received and approved applications. Funds can be used to improve the services at the Center through purchases of computers, software and training material, to name a few examples. Funds may also be used to make physical plant upgrades. The D&A workgroup will review the applications and award the funds.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Improved Access to Psychiatric Services	All	Varied	19/20	TBD	Operational
Description:					
This program is targeted to award 4 contracts to MH OP providers that can be used in the recruitment and retention of Psychiatrists to our HealthChoices BH program. An RFP establishing the guidelines on the use of the funds and the development of clear and measurable outcomes will be developed by CABHC. Reinvestment funds will be available to offer financial assistance to providers that can be applied to payment or incentive models that would entice Psychiatrists to come to our community MH system and to help with the retention of such Psychiatrists. Providers will need to demonstrate that their proposal increases the availability of psychiatric time that will lead to an improvement in access to services.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Child/Adolescent Partial Hospitalization Program	Cumb/Perry Dauphin	PPI; Holy Spirit	19/20	TBD	Under Development
Description:					
Services will be targeted to support Medicaid HealthChoices children and adolescents (C/A). The opening of two new or expanded C/A PHP programs would be expected to serve 86 C/A per year. To address the current waitlists, CABHC in partnership with PerformCare and the Counties are looking to either start and/or expand 2 new C/A PHP. One would be located in Cumberland County and the other would be located in Dauphin County. To assist in securing the expansion of this in -plan service, reinvestment funds will be utilized to attract providers and support the development of these services.					

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

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
BH Urgent Care	Dauphin/Lancaster		19/20	TBD	Under Development
Description:					
The BH Urgent Care Centers (BHUCC) will be targeted to open one in Harrisburg and one in Lancaster. The BHUCC would serve children/adolescents and adults on both a call-in scheduling function as well as a walk-in capacity. The BHUCC would operate Monday through Saturday with expected hours from 9-6 M-F and 9-2 on Saturdays, with evening appointments made available when indicated. The BHUCC will adopt a recovery-oriented approach that reduces and eliminates the trauma that is associated with ED, adopting the “Livingroom” approach and many of the characteristics from the emPATH model. The					

BHUCC will also be used as a step-down or bridge service to provide brief treatment and medication while an individual is waiting to get into their referred to service(s).

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
ABFT	All	Varied	19/20	TBD	Under Development
Description:					
Attachment Based Family Therapy (ABFT) will target youth who are HealthChoices eligible between the ages of 12 and 18 who have a mental health diagnosis with issues related to depression, suicidal thoughts, self-harm, past suicide attempts and/or significant trauma. ABFT will be available to be utilized in licensed MH OP clinics and delivered by a licensed master's level mental health professional. ABFT is typically conducted over a 16-week period with regularly scheduled evaluations during monthly treatment planning meetings. The reinvestment funds will be utilized to pay for all the costs for up to 30 licensed clinicians to be trained and certified in ABFT.					

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