



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

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

**CONTINUOUS QUALITY IMPROVEMENT  
ANNUAL REPORT**

**Calendar Year 2023**

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## **EXECUTIVE SUMMARY**

CABHC manages the HealthChoices Behavioral Health contract for Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties (Counties). In CY 2023, membership increased 6.63% to 348,175 Members. Females make up the largest proportion of Members at 54%. There was a total of 53,471 consumers who utilized behavioral health services in CY 2023, a 2.21% increase from the previous year. Overall, penetration decreased from 16% in CY 2022 to 15% in CY 2023. In April, the unwinding process began as part of the Public Health Emergency ending, and individuals were to resume reapplying for eligibility. CABHC monitored Membership trends throughout the rest of 2023 to determine the impact on Membership rates.

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

In CY 2023, the overall number of children/adolescents (C/A) who accessed behavioral health services increased from 17,678 in 2022 to 18,170. The most common mental health service utilized by C/A is Mental Health outpatient, followed by IBHS. There were slight increases in several service categories in 2023. The number of C/A that utilized Mental Health Outpatient increased (3%), there was an increase (4.4%) in the number of C/A that utilized IBHS. There was a slight increase in utilization of Residential Treatment Facility and a slight increase in utilization of MH Inpatient levels of care. The most notable change in service utilization was for Targeted Case Management (TCM), in which TCM had a noticeable decrease in utilization (-11.4%).

There were 35,956 adults who accessed one or more behavioral health services in CY 2023. The most utilized adult MH service was MHOP. Utilization of MHOP services increased 2.1%. A total of 23,562 consumers accessed MHOP services. Of those consumers, 19.8% accessed MHOP through telehealth services at least once, this is a decrease in telehealth utilization from CY22 which was 50.3%. Decreases in utilization were seen in SUD Outpatient (-4.64%), and Targeted Case Management (-12.75%). However, there was an increase of 38.8% of the utilization of Peer Support Services and a 13.6% increase in Psychiatric Rehabilitation Services.

In CY 2023, 273 children/adolescents utilized Drug and Alcohol (D&A) services, a 15.7% increase from CY 2022. The number of adults who utilized D&A services in 2023 was a 1.2% increase from 2022. For both C/A and adults, licensed D&A OP is the most utilized service. For adults, non-hospital detox (withdrawal management), non-hospital rehab, as well as methadone maintenance were the next highest utilized D&A services. For C/A non-hospital rehab is the next highest utilized D&A service after D&A OP, but noticed a 4.8% decrease in utilization in 2023 compared to 2022. Overall, for adults, all D&A services realized a decrease in services from 2022 to 2023, with the exception of inpatient withdrawal management, non-hospital Inpatient, and D&A Partial Hospitalization. Certified Recovery Specialist services realized the largest increase of utilization (168.9%), with serving 90 consumers in CY 2022 to serving 242

consumers in CY 2023. Non-hospital Residential accounts for 43.4% of the cost for all D&A services, with Methadone Maintenance and D&A Partial accounting for 10.6% each for the cost of all D&A services. Opioid Centers of Excellence noticed an increase of 3.1% utilization in 2023, representing a 3% of all D&A costs.

CABHC, along with PerformCare, continued to monitor and respond to the transition of D&A providers to the American Society of Addiction Medicine (ASAM) criteria. Efforts to support providers through this transition remained, and CABHC hosted three ASAM trainings in CY 2023 that qualified staff to be able to complete assessments with consumers.

The Provider Relations Committee (PRC) monitored network activity throughout the calendar year, which saw relative stability in the number of network providers. There were 76 providers that terminated from the network for voluntary reasons, 4 less than in 2022. In 2023, 121 new providers were credentialed, which showed a net gain of 45 providers. Overall, in 2023 there were 996 active network providers.

In November 2023, CABHC distributed 517 satisfaction surveys to providers assessing their level of satisfaction with PerformCare. There were 46 surveys completed and returned for a response rate of 9%. The survey covers five categories, separated into 12 sub-sections. The average satisfaction score for CY 2023 was 4.0, based on a scale from 1 to 5 with 5 being the most satisfied.

The PRC, as part of its regular monitoring, reviews routine access of nine levels of care. In CY 2023, there were five levels of care that met or exceeded the access goals established by the committee. Part of this monitoring is for the committee to identify a level of care that continues to not meet access goals and identify ways to improve it. Continued from 2022, the PRC assessed the continued low access of Psychiatric Evaluations. The PRC throughout 2023 examined the results from the Root Cause Analysis that PerformCare conducted in 2022, monitoring the identified barriers and limitations to psychiatric access. Staff shortages was the top barrier. The PRC also continued looking at models such as open access and other evidence-based practices to improve service access in this area.

The Consumer/Family Focus committee met throughout 2023 and was able to host a presentation during one of its meetings. Each year the committee selects a topic to sponsor a county-wide training. In CY 2023, the topic was Population in Crisis: Behavioral Health in Older Adults and was conducted on October 12, 2022. The training was conducted virtually and had 37 attendees. It received positive feedback, which included the addition of attendees obtaining CEU credits. The committee also monitored CSS satisfaction surveys and identified ways to increase new Members for the committee.

CABHC continued its practice of supporting individuals who are interested in pursuing a career as a Certified Peer Specialist (CPS). Although there were limited training opportunities in CY 2023, 10 individuals were provided scholarships to attend the CPS training.

Over the past year, CABHC and PerformCare has continued its collaboration to develop interventions that would lead to improvements with the eight performance measures identified in

Appendix E, Pay for Performance Program: Integrated Care Plan (ICP) Program. Discussions continued with four providers to focus on improved initiation and engagement with D&A outpatient treatment through increased involvement of Certified Recovery Specialists. In addition, CABHC monitored the interventions outlined by PerformCare for the physical health and behavioral health collaboration such as paramedicine, Inpatient facilities that utilized the re-engineered discharge model, and follow up specialist outreach to Members after they are discharged from the Emergency Department.

Continued from CY 2022 was the development of the Community Based Care Management Program (CBCMP) in which OMHSAS required primary contractors to develop a CBCMP that would mitigate social determinants of health, enhance coordination of services, promote diversion for acute care and reduce healthcare disparities. In CY 2023, CABHC partnered with four local Federally Qualified Health Centers to financially support the utilization of Community Health Workers (CHW) who will engage with Members to address the goals of the program. Encounters between CHW and Members continued throughout 2023 and reporting of these services continued through a web-based portal. In CY 2023, the addition of financial support to the FQHCs for the funding of social determinants of health was implemented. Financial reporting of this data also continued in CY 2023 through a web-based portal.

Consumer Satisfaction Services, Inc. completed 1,788 consumer surveys in 2023 for 15 levels of care. There was an increase of face-to-face interviews completed, resulting in 33.3% compared to 15% in 2022 (all due to the COVID pandemic). Overall, 67% were conducted by phone. The average scores indicate that Members had a high level of satisfaction with their services and outcomes.

The financial oversight of CABHC is shared by CABHC staff, the Fiscal Committee and the Board of Directors. Most notable was in CY 2023, the Board of Directors' decision to increase ambulatory service rates by 4%.

### **CABHC Overview**

The Capital Area Behavioral Health Collaborative (CABHC) is a private, not-for-profit company established in 1999 through the collaboration of Cumberland, Dauphin, Lancaster, Lebanon, and Perry Counties (Counties) Mental Health and Substance Abuse programs in order to provide management and oversight of the Office of Mental Health and Substance Abuse Services' (OMHSAS) HealthChoices Behavioral Health contract (Program). In calendar year 2019, the County Commissioners from each of the counties entered into a revised Intergovernmental Cooperation Agreement that identified CABHC to be the entity that would enter into a single contract with OMHSAS/Department of Human Services for the collaborative. This also included that CABHC would execute the contract with the selected Behavioral Health Managed Care Organization (BH-MCO), PerformCare, that carries out the day-to-day operations of the HealthChoices contract as an Administrative Service Organization. CABHC secures and maintains all of the risk coverage for the Program. The goals of the OMHSAS HealthChoices Behavioral Health Program are to enhance Members' access to health care services, to improve the quality of care accessible to Members, and to stabilize Pennsylvania's Medical Assistance spending. In accordance with these goals, CABHC's mission is:

*To ensure access to and delivery of a coordinated, effectively managed, comprehensive array of quality mental health and substance 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 2023 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/Family Focus Committee serve as liaisons to the Board. In their role, they keep the Board updated regarding information and concerns expressed by the Consumer/Family Focus Committee (CFFC) relating to Mental Health (MH) and Drug and Alcohol (D&A) matters and offer input to Board decisions. CABHC's staff is structured into three specific areas which are Administrative, Financial, and Programs. They are each supervised by a member of the Management Team. The Management team is supervised by the Chief Executive Officer, who is responsible to the Board of Directors.

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

CABHC has a contract with Allan Collaunt Associates, Inc. (ACA) which provides IT and Data Management services. In this capacity, ACA is responsible for all IT functions, HIPAA compliance, data management, data analytics and support, and security.

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

### **Clinical Committee**

The Clinical Committee is responsible for providing clinical analysis and to review quality of care issues across all levels of care and oversight of treatment related activities of the

HealthChoices program. This committee analyzes best practice guidelines and treatment standards, reviews provider outcome reports, monitors access to selected services, monitors activity of Reinvestment Services, monitors initiation and engagement of Substance Use Services, and establishes subcommittees/workgroups as needed to conduct additional studies of matters related to providing services to Members.

### **Consumer/Family Focus Committee**

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

### **Fiscal Committee**

The financial operations of CABHC and the Program is monitored by the Fiscal Committee which is responsible for providing oversight regarding the financial matters associated with the HealthChoices program, it's BH-MCO and the Corporation. The Fiscal Committee also functions as the Audit Committee.

### **Provider Relations Committee**

The Provider Relations Committee is responsible for the oversight of the provider network developed by PerformCare. Areas of focus include monitoring the BH-MCO's provider network to assure access standards are met, choice is provided, specialty services are available to Members, develop and monitor the need for new or additional existing services, develop and monitor provider satisfaction surveys, monitor provider profiling reports and monitor PerformCare credentialing committee activity.

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

## **MEMBERSHIP**

CABHC receives a file from the Department of Human Services (DHS) on a daily basis that identifies individuals who are determined to be Medicaid eligible, enrolled in the HealthChoices program and any changes in their eligibility for the CABHC Counties. The file is audited by Allan Collaunt Associates, Inc. to verify that the eligibility information is accurate and once verified, the list of eligible HealthChoices enrolled Medicaid participants becomes the member count and who we are responsible to provide services to as medically needed. In order for a Member to be counted, they must be Medicaid HealthChoices eligible for one day in the calendar year. Beginning in March 2020 as a result of the COVID 19 Public Health Emergency (PHE), individuals eligible for Medicaid would not be disenrolled unless one of the following three criteria were present:

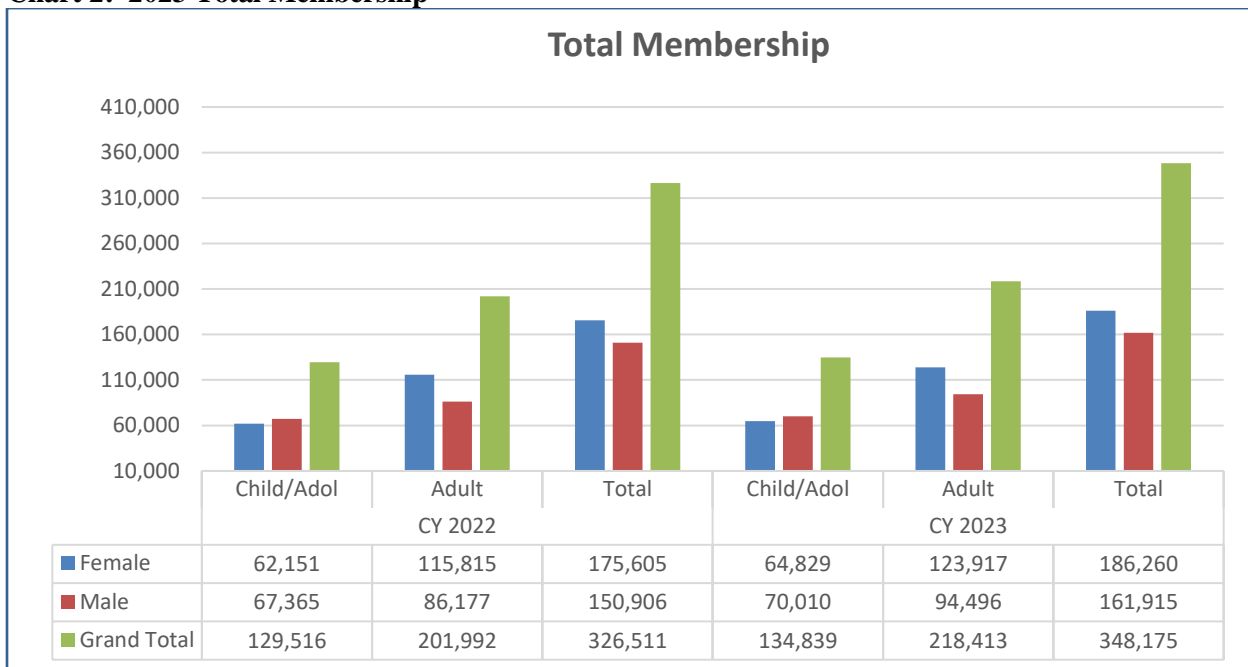
1. Individual voluntarily decides to disenroll
2. Individual permanently moves out of PA
3. Individual is deceased

Starting in April 2023, the PHE enrollment criteria ended and individuals needed to begin to reapply for Medicaid eligibility. This process continued through 2023, with an end date of March 2024. Throughout CY2023 CABHC monitored membership as Member eligibility began declining each month due to Member disenrollment from Medicaid (Chart 1). Chart 2 highlights the number of Members that were eligible for HealthChoices in CY 2022 and CY 2023. Total membership increased from 326,511 Members in CY 2022 to 348,175 Members in 2023, a 6.63% growth rate, despite the PHE enrollment ending. This is accounted for as the peak of Membership in 2023 was right before the PHE ended in March. Every month after, saw a decrease in membership. A Member who turns 18 during the calendar year can be counted both as a C/A and as an adult. The grand total membership is an unduplicated count of Members, and only counts each Member once for the calendar year.

Chart 1: PHE Membership Rates

	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023
CU	1.07%	0.28%	-1.07%	-1.74%	-1.75%	-2.85%	-2.57%	-1.53%	-0.96%
DA	0.65%	-0.07%	-2.01%	-2.19%	-1.28%	-2.53%	-2.87%	-1.98%	-1.62%
LA	0.58%	-0.23%	-1.38%	-1.57%	-2.06%	-2.70%	-1.98%	-1.64%	-1.89%
LB	0.63%	0.03%	-1.49%	-2.71%	-1.08%	-2.45%	-1.36%	-1.41%	-2.79%
PE	0.69%	-0.05%	-1.96%	-4.33%	-1.32%	-3.29%	-2.11%	-1.36%	-1.66%
Total	0.69%	-0.06%	-1.55%	-2.00%	-1.64%	-2.66%	-2.28%	-1.69%	-1.75%

Chart 2: 2023 Total Membership

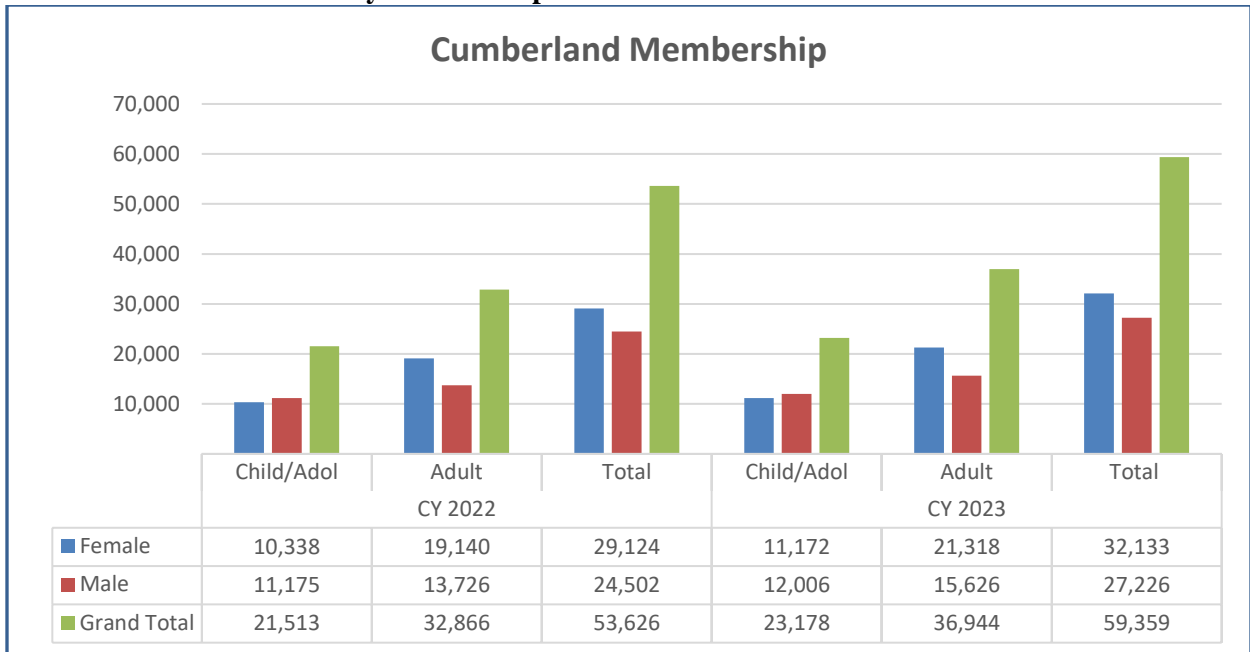


As the totals in Chart 2 illustrate, children/adolescents make up approximately 39% of the membership and adults comprise 63% of the membership. Females make up 54% and males

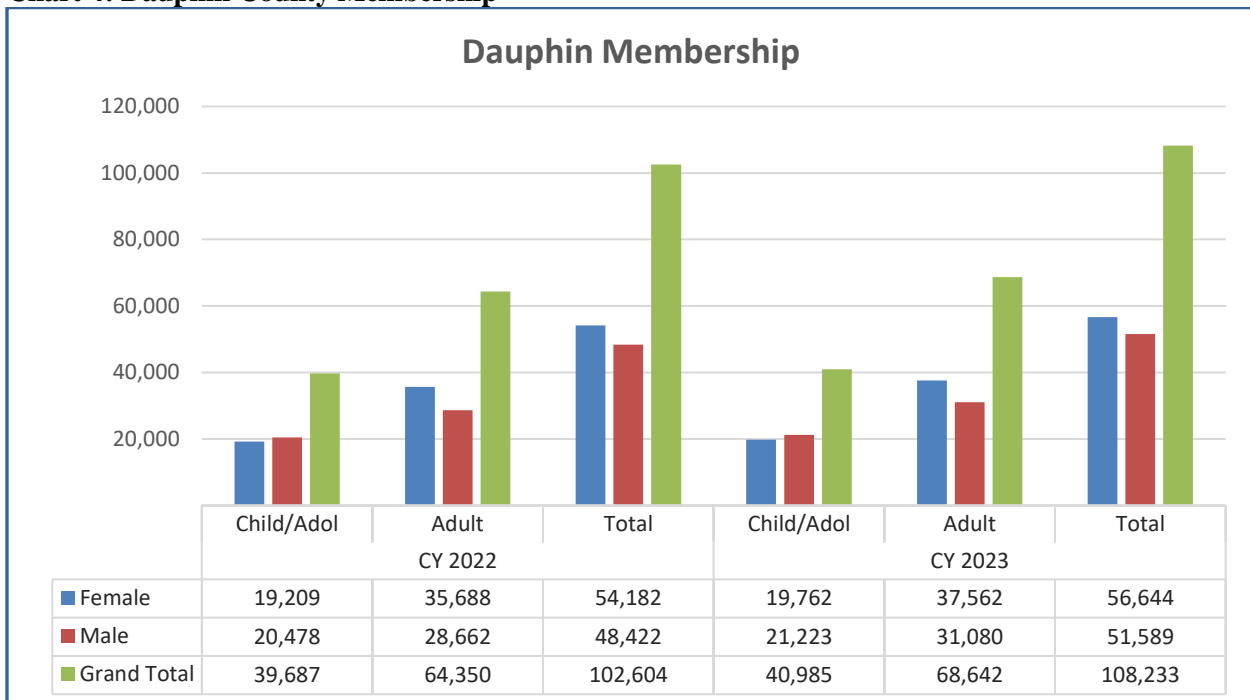


make up 46% of total membership. The following five charts display the membership totals for each of the five Counties and the change from CY 2022 to CY 2023.

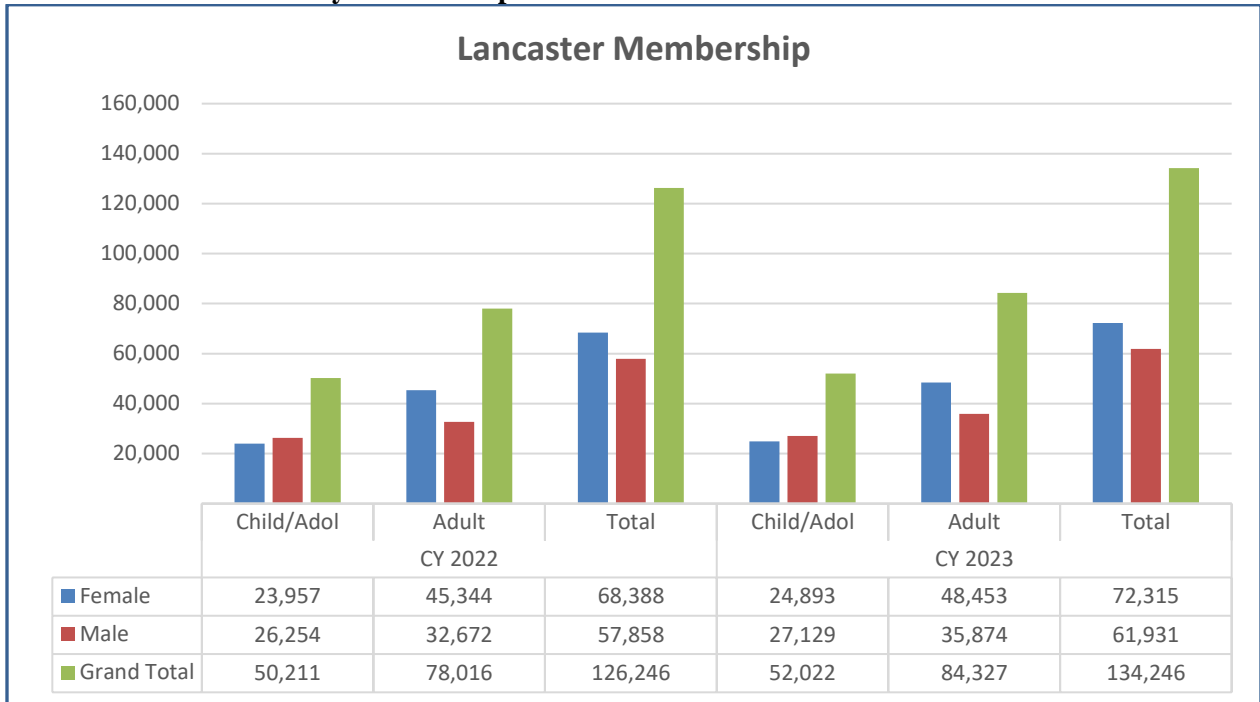
**Chart 3: Cumberland County Membership**



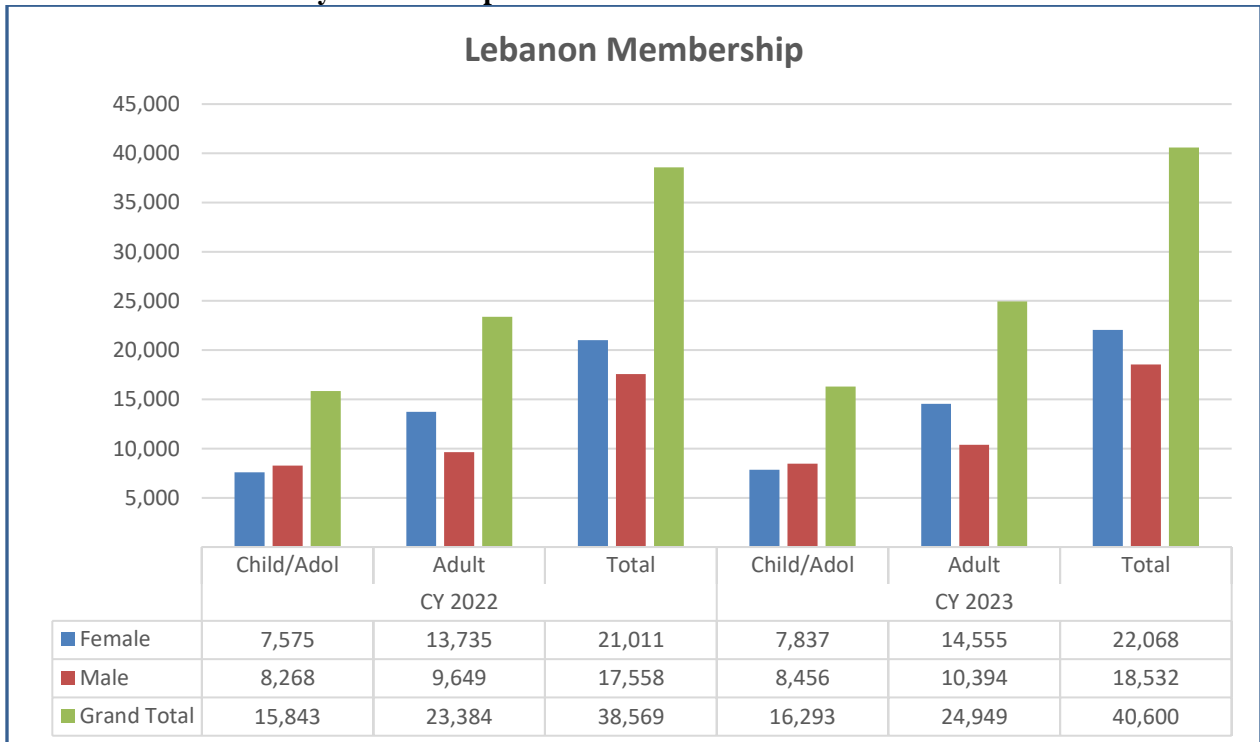
**Chart 4: Dauphin County Membership**



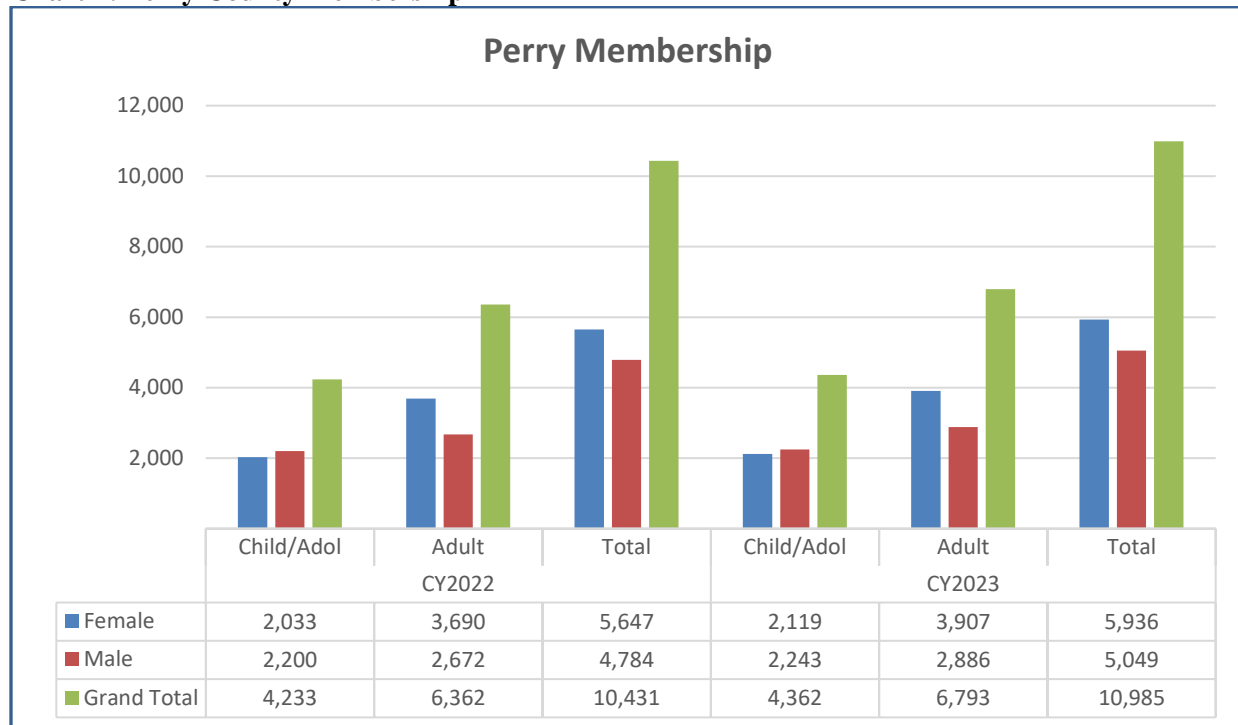
**Chart 5: Lancaster County Membership**



**Chart 6: Lebanon County Membership**



**Chart 7: Perry County Membership**



**CONSUMERS**

Any Member who accessed a Behavioral Health Service, which includes both mental health and drug and alcohol services, is referred to as a consumer. In CY 2023, the number of consumers who received services increased 2.21 % from CY 2022. Adult consumers accessing services increased by 1.93% and the number of C/A who received services increased 2.78%.

Males comprise 55.5% of all Children and Adolescent (C/A) consumers and females make up 55.5% of adult consumers, with a 3.55% difference between the total number of female and male consumers (Chart 8). There was a decrease in penetration from 16.03% in CY 2022 to 15.36% in CY 2023. Penetration is the ratio of consumers to eligible Members for any given time period.

**Chart 8: Total Consumers**

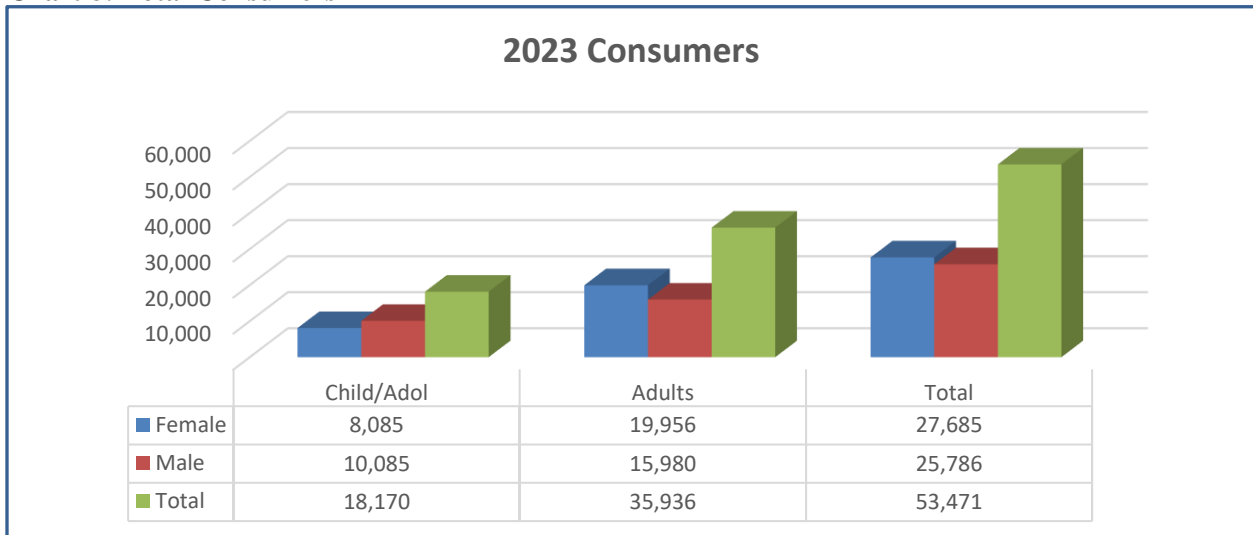
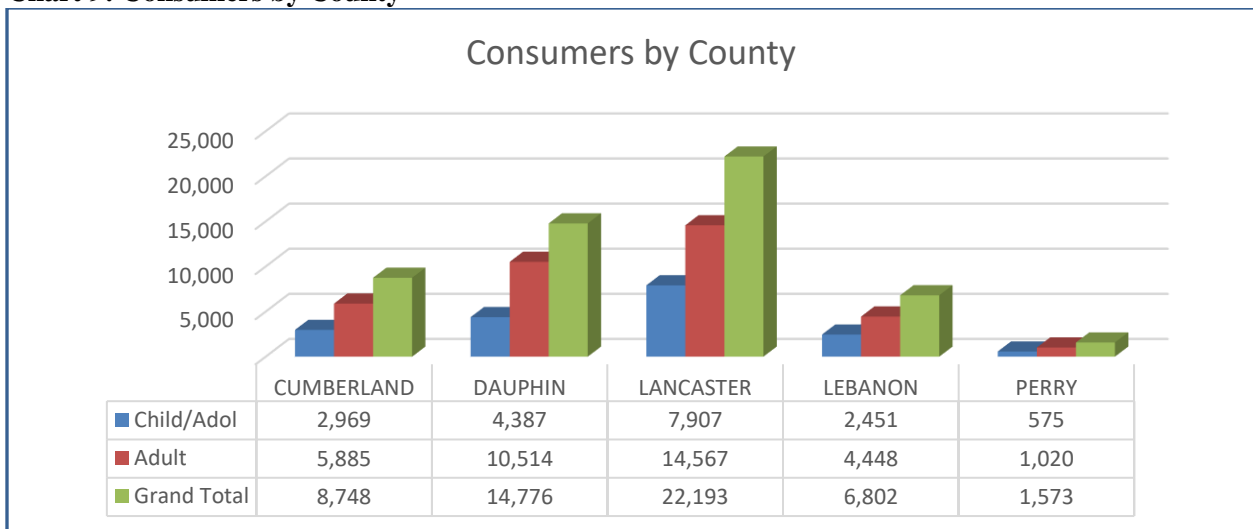


Chart 9 shows the distribution of consumers by County. Lancaster County has the largest number of people using services at 41.5%. Dauphin County is 27.63%, Cumberland County is 16.36%, Lebanon County is 12.72% and Perry County has the smallest number of consumers at 2.94%. Of the 53,471 consumers who received services in CY 2023, 34,788 are adults up to the age of 64, who are eligible for HealthChoices through Medicaid expansion.

**Chart 9: Consumers by County**



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

**Table 1: Race**

Race	Cumb	%	Dauphin	%	Lanc	%	Leb	%	Perry	%	Total	%
Am. Indian	57	0.7%	75	0.5%	74	0.3%	13	0.2%	7	0.4%	219	0.4%
Asian	225	2.6%	478	3.2%	333	1.5%	60	0.9%	7	0.4%	1,092	2.0%
Black	858	9.8%	4,483	30.3%	1,956	8.8%	305	4.5%	39	2.5%	7,557	14.1%
Hispanic	653	7.5%	2,639	17.9%	5,396	24.3%	2,205	32.4%	39	2.5%	10,847	20.3%
Other	803	9.2%	1,067	7.2%	1,836	8.3%	306	4.5%	59	3.8%	4,032	7.5%
Pac Islndr	19	0.2%	21	0.1%	29	0.1%	6	0.1%	0	0.0%	75	0.1%
White	6,133	70.1%	6,013	40.7%	12,569	56.6%	3,907	57.4%	1,422	90.4%	29,649	55.4%
<b>Grand Total</b>	<b>8,748</b>		<b>14,776</b>		<b>22,193</b>		<b>6,802</b>		<b>1,573</b>		<b>53,471</b>	

In CY 2023, the total cost of behavioral health services for CABHC was \$279,029,286.46 or a 11.3% decrease from CY 2022 (Table 2). Children/adolescents make up 34% of all consumers, and account for 41% of total expenses. Overall, there was a slight increase in dollars spent in 2023 for C/A by 3.35%, but a 19.12% decrease in dollars spent for adult consumers. Cumberland and Dauphin both had slight increases in total dollars spent, while Lancaster and Lebanon had about the same dollars spent on consumers from CY2022 to CY2023, and Perry had a 5.2% decrease in dollars spent.

**Table 2: Consumers/Age/Cost by County**

County	Age	CY 2022		CY 2023	
		Consumers	Dollars	Consumers	Dollars
CUMBERLAND	Child/Adol	2,736	\$15,424,856.31	2,969	\$16,987,046.40
	Adult	5,604	\$22,118,898.37	5,885	\$23,513,839.61
	<b>Total</b>	<b>8,242</b>	<b>\$37,543,754.68</b>	<b>8,748</b>	<b>\$40,500,886.01</b>
DAUPHIN	Child/Adol	4,138	\$25,999,177.41	4,387	\$27,600,227.86
	Adult	10,305	\$49,768,767.69	10,514	\$50,982,833.29
	<b>Total</b>	<b>14,318</b>	<b>\$75,767,945.11</b>	<b>14,776</b>	<b>\$78,583,061.15</b>
LANCASTER	Child/Adol	7,841	\$51,209,523.70	7,907	\$50,075,234.45
	Adult	14,338	\$67,218,077.73	14,567	\$68,254,793.31
	<b>Total</b>	<b>21,912</b>	<b>\$118,427,601.43</b>	<b>22,193</b>	<b>\$118,330,027.76</b>
LEBANON	Child/Adol	2,447	\$13,287,478.98	2,451	\$15,301,836.35
	Adult	4,374	\$21,727,825.79	4,448	\$19,769,930.94
	<b>Total</b>	<b>6,724</b>	<b>\$35,015,304.78</b>	<b>6,802</b>	<b>\$35,071,767.29</b>
PERRY	Child/Adol	612	\$3,454,194.47	575	\$3,072,066.50
	Adult	1,047	\$3,152,228.75	1,020	\$3,191,127.42
	<b>Total</b>	<b>1,628</b>	<b>\$6,606,423.22</b>	<b>1,573</b>	<b>\$6,263,193.92</b>
<b>Grand Total</b>	C/A	17,678	\$109,375,230.88	18,170	\$113,036,411.55
	Adults	35,256	\$205,244,863.46	35,936	\$165,992,874.91
	<b>Total</b>	<b>52,316</b>	<b>\$314,620,094.34</b>	<b>53,471</b>	<b>\$279,029,286.46</b>

## **CHILDREN/ADOLESCENT MENTAL HEALTH SERVICES**

CABHC is committed to promoting the emotional wellbeing of Children/Adolescents and ensuring that C/A with emotional and behavioral health challenges have access to quality services. Having services available at an early age affords the best chance that C/A succeed as they enter adolescence and adulthood. All C/A behavioral health services are based on the Child and Adolescent Service System Program principles that services should be child centered, family focused, community based, multi-system, culturally competent and the least intrusive.

CABHC, along with PerformCare and the Counties, have monitored C/A services to evaluate access and to develop initiatives that will lead to an improvement in services. The following are those activities that were identified to be addressed in CY 2023.

### **1) Clinical Initiatives**

#### **1. Expand Residential Treatment Facilities (RTFs)**

Residential Treatment Services is an important level of care within the children's behavioral healthcare continuum. While PerformCare has many established RTF programs within their provider network to serve our children and youth, there was not a community program located within the Counties. Following the approval of the 2019 reinvestment plan, which included funding for the development of a RTF, CABHC issued a Request for Proposal for an RTF within our community. After a rigorous application and review process, Community Services Group (CSG) was selected to develop RTF services within the Collaborative. The location of the program was selected for Lancaster County. The service description was subsequently approved by both OMHSAS and OCYF and CSG obtained licensure by the fall of 2023. In November of 2023 CSG admitted the first PerformCare Member to the program. The program is designed to serve a total of 8 youth ages fourteen (14) to eighteen (18) who have severe emotional and behavioral disturbances. Youth ages 18 – 21 will be considered based on education. This RTF was specifically designed for youth with a history of complex needs.

#### **2. Expand Respite Services**

In 2023, Respite utilization among PerformCare children, youth, and adult Members decreased. The decline was explicitly caused by a lack of respite providers and staff who are able to provide temporary relief for primary caregivers. It should be noted that COVID was a major factor in the lack of staff and use of respite. While YAP Respite Management Agency (RMA) currently contracts with Pennsylvania Comprehensive Behavioral Services (PCBH), Youth Advocate Programs, and MedStaffers, only YAP has had staff to provide respite in CY 2023. YAP has contracted with thirteen individuals providing respite to family and friends but there are still many families who want this service. Consequently, the Respite workgroup has discussed various strategies to expand respite workers and to be able to increase access to respite services. Additionally, attempts by the RMA to attract potential staff to the respite network have yielded little growth. The workgroup is committed to continue its efforts to expand this service to Members and their families.

3. Monitor utilization and staffing of Family Based Mental Health Services  
As with many children’s services, FBMHS utilization has been affected by the decline in qualified staff to provide the service. This has resulted in longer wait times for Members approved for this specific level of care. Each month in CY2023, CABHC presents Member access reports with the CABHC Clinical Committee. These reports illustrate current access trends such as Members waiting, pending, and referred to FBMHS across the Collaborative. Supplemental reports, submitted by PerformCare, summarize trends within the FBMHS network’s availability to serve Members. CABHC and the Clinical Committee will continue to monitor FBMHS trends. The CABHC reports showed that throughout CY 2023, there was a steady decline in the number of C/As waiting for FBMHS, while new referrals hovered on average 17 each month. The PerformCare FBMHS teams report indicated a steady trend of gaining new teams one month, only to lose a team or two the next month. Providers noted issues with recruitment for this service.

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

Since 2013, CABHC along with PerformCare has been using the Child and Adolescent Needs and Strengths (CANS) that is an evidenced based evaluation tool, to improve prescription, authorization concurrence and measures outcomes by Member, provider and system. The CANS also provides valuable information for the team in the development of a Member’s treatment plan. There is an abundance of data that is collected through the use of the CANS that is available to assist with understanding the performance of the program. There is an opportunity to profile the performance of providers, develop a clear understanding of the strengths and needs of Members and demonstrate the outcomes that are being achieved through treatment. Outcome data is showing that 55% of children have fewer active needs for care when compared to their initial CANS score at the time of starting treatment. Additionally, when broken out by provider, the total number of actionable needs are decreasing as treatment progresses. Data trends are showing that the level of needs improves (less needs) correlating to the length of time in treatment. Spanish versions of the reports for families are planned for 2024. The utilization of the CANS is also embedded into the value-based purchasing models for Family Based Mental Health services, as outlined in the Value Based Purchasing section below.

CABHC strives to ensure that services are accessible to C/A when they are needed and that services are located geographically as close as possible to where the C/A consumer lives. For this reason, CABHC, through PerformCare, maintains a network of child/adolescent providers that includes individual practitioners and Mental Health providers across the counties.

Ambulatory mental health services utilized by C/A include the following:

- Crisis Intervention (CI)
- Targeted Case-Management (TCM)
- Mental Health Outpatient (MHOP)
- Partial Hospitalization Programs (PHP)
- Intensive Behavioral Health Services (IBHS)
- Summer Therapeutic Activity Programs (STAP)

- Family Based Mental Health (FBMH)
- After School Programs (ASP)
- Multi-Systemic Treatment (MST)
- Specialized In-Home Treatment Program (SPIN)
- Juvenile Firesetter Assessment Consultation Treatment Services (JFACTS)
- Functional Family Therapy (FFT)
- Peer Support Services

In addition, C/A utilized the following 24/7 services:

- Community Residential Rehabilitation Host Homes (CRR-HH)
- Residential Treatment Facilities (RTF)
- Inpatient Psychiatric Hospitalization (MHIP)

Table 3 identifies the number of C/A who utilized ambulatory mental health services listed above in CY 2023.

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

County	CI	TCM	MHOP	PHP	IBHS	ASP	FBMH	SPIN	JFACTS	MST	FFT
Cumberland	285	54	1,665	75	584	17	158	12	3	30	13
Dauphin	182	378	2,980	170	1,134	46	214	10	0	44	35
Lancaster	409	468	5,782	426	1,454	86	416	8	3	33	8
Lebanon	294	67	2,039	107	466	52	158	2	0	2	2
Perry	50	17	382	16	62	0	34	2	1	0	1
<b>Total</b>	<b>1,217</b>	<b>832</b>	<b>12,775</b>	<b>793</b>	<b>3,670</b>	<b>201</b>	<b>973</b>	<b>34</b>	<b>7</b>	<b>109</b>	<b>59</b>

Table 4 identifies the number of C/A in 2023 who utilized the three 24/7 mental health services listed above.

**Table 4: C/A 24/7 Mental Health Services**

County	CRR-HH	RTF	MHIP
Cumberland	4	34	146
Dauphin	2	35	234
Lancaster	9	75	328
Lebanon	0	27	137
Perry	1	9	30
<b>Total</b>	<b>7</b>	<b>173</b>	<b>872</b>

Under IBHS, C/A may receive individualized services that primarily consist of Behavioral Consultant (BC), Mobile Therapy (MT), and Behavioral Health Technician (BHT). C/A with an autism diagnosis are recommended for Applied Behavior Analysis (ABA) services which consist of Board-Certified Behavior Analytic (BCBA), Assistant BCBA and ABA-Behavioral Health Technician (BHT ABA). The IBHS regulations developed a group category which many IBH services fall into such as: After School Program, Summer Therapeutic Activity Program, Vista



School and Intensive Day Treatment. Services such as FFT, MST and SPIN fall into the Evidenced Based category of the IBHS regulations.

Table 5 highlights the number of C/A who received IBHS and the corresponding cost of those services for CYs 2022 and 2023. Table 6 shows the information by County. Children/Adolescents are eligible for IBHS up to and including the age of 21.

**Table 5: IBHS Utilization**

Service	2022 C/A	2022 Dollars	2023 C/A	2023 Dollars
BHT	510	\$6,022,376.19	420	\$5,123,811.78
BHT ABA	782	\$13,557,797.68	970	\$17,199,127.03
MT	466	\$1,910,118.54	393	\$1,509,013.74
BC	940	\$4,948,282.40	878	\$4,533,565.47
BCBA	718	\$4,750,216.13	855	\$6,401,671.92
BC-ABA	728	\$3,029,832.06	987	\$4,088,078.44
<b>Total</b>	<b>2,427*</b>	<b>\$34,218,623.01</b>	<b>2,531*</b>	<b>\$38,855,268.38</b>

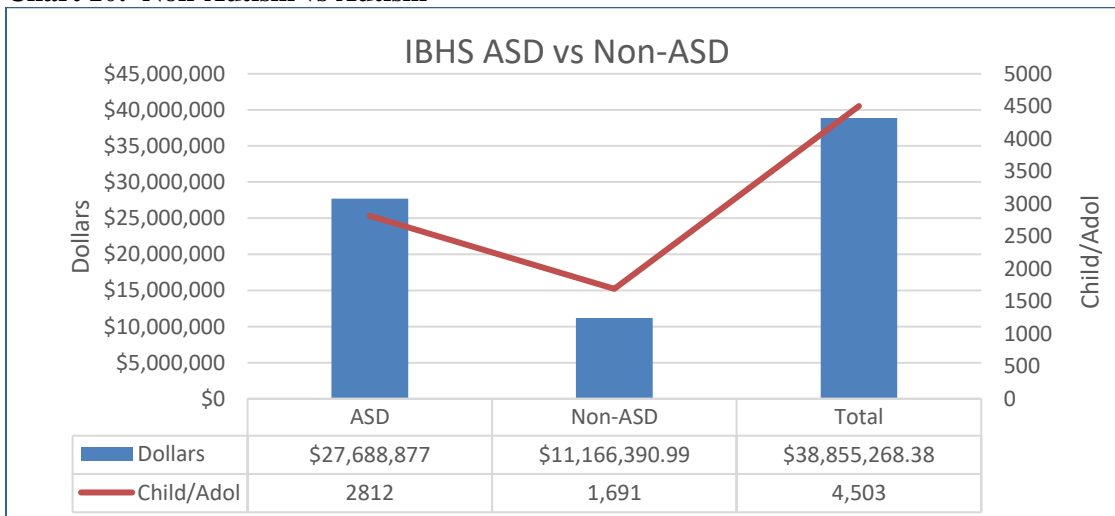
\*Unduplicated

**Table 6: IBHS Utilization by County**

County	2022 C/A	2021 Dollars	2023 C/A	2022 Dollars
Cumberland	405	\$5,525,391.82	434	\$6,147,644.98
Dauphin	819	\$12,070,989.83	902	\$12,891,152.91
Lancaster	1,105	\$20,312,713.81	1,125	\$22,005,866.56
Lebanon	365	\$5,138,629.09	356	\$5,454,216.75
Perry	49	\$586,970.22	44	\$643,938.19

In CY 2023, the total number of C/A who received IBHS increased 4.29% from CY 2022, and costs increased 13.55%. Individuals with an autism diagnosis comprise over half of all C/A receiving IBHS as shown in Chart 10 below.

**Chart 10: Non-Autism vs Autism**



**Crisis Intervention Services**

Crisis Intervention Services (CIS) is provided directly by Dauphin and Lancaster Counties, or through contractual arrangements with providers in Cumberland, Lebanon and Perry Counties. CIS is an immediate support to a person either by phone, walk-in or mobile services who may be experiencing one or more symptoms that is interfering with their behavioral health stability. CIS workers conduct risk assessments and help to link children/adolescents in crisis to services that will provide the most appropriate, least restrictive support or treatment. Table 7 provides data on the number of C/A and corresponding cost of CIS by County. In CY 2023, there was an 8.27% increase in the number of C/A who accessed CIS. The cost of CIS is paid through an alternative payment arrangement which is a retention model, and is based on the County approved operating budget and the allocation between HealthChoices Members and the total number of individuals served by Crisis in a year.

**Table 7: C/A Crisis Intervention Services**

County	CY 2022		CY 2023	
	C/A	Dollars	C/A	Dollars
CUMBERLAND	263	\$166,857.40	285	\$170,545.39
DAUPHIN	230	\$83,312.73	182	\$40,158.89
LANCASTER	339	\$44,390.88	409	\$75,576.01
LEBANON	217	\$79,356.75	294	\$112,620.09
PERRY	76	\$49,616.49	50	\$47,184.95
<b>Total</b>	<b>1,124</b>	<b>\$423,534.24</b>	<b>1,217</b>	<b>\$446,085.32</b>

**Specialized In-Home Treatment Program (SPIN)**

SPIN is an intensive, family-based mental health program to reduce sexual victimization by providing treatment services to youth who sexually act out or have offended, and by providing education and treatment services to family members of youth who sexually act out or offended, so that the youths have support to maintain low-risk behaviors. Diakon Child, Family and Community Ministries is the sole provider for this service. In CY 2023, 34 C/A received SPIN services which was four less than in CY 2022.

**After School Program (ASP)**

The ASP is offered by three providers that provide structured therapeutic opportunities during after-school hours for children and adolescents to develop and practice social skills in a peer-based environment. The goal of each program is to improve functioning in all life domains: home, school, and community. The After School Program experienced a decrease of 6.94% in attendance from CY 2022 to CY 2023.

**Functional Family Therapy (FFT)**

FFT is an evidence-based and strength-based approach that focuses on therapeutic interventions to address protective and risk factors within a youth’s family and environment to promote adaptive development. The service is provided by TruNorth Wellness. In CY 2023, 59 children/adolescents received FFT, 9 more than in CY 2022.

### Juvenile Firesetter Assessment Consultation Treatment Services (JFACTS)

JFACTS specifically addresses the needs of children and adolescents who engage in the inappropriate use of fire. An interdisciplinary team collaborates to determine the duration and frequency of services as well as to eliminate fire setting behavior across systems and settings. JFACTS provides a comprehensive assessment of fire setting behaviors, safety and crisis planning, and relapse prevention planning. Treatment planning is designed to reduce and eliminate the inappropriate use of fire with fire safety education provided to the child or adolescent and their family. In CY 2023, 7 C/A received JFACT services which was 5 less than in CY 2022. CSG reports that 60% of the discharges are successful, meaning they had no fire setting behaviors for at least 3 months leading up to discharge. Most discharge to Family Based Mental Health Services.

### Targeted Case Management

Targeted Case Management (TCM) is a service that is comprised of Intensive Case Management (ICM), Blended Case Management (BCM) and Resource Coordination (RC). Table 8 highlights the utilization of TCM throughout the Counties for calendar years 2022 and 2023. Of the 18,172 C/A who utilized a mental health service in CY 2023, 4.58% accessed a form of TCM. Overall, there was a 11.4% decrease in C/A accessing TCM services and the cost of services decreased 9.97% from CY 2022. The total length of service for each County is not included due to the differences between the three TCM services.

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

County	Service	CY 2022			CY 2023		
		C/A	LOS	Dollars	C/A	LOC	Dollars
CUMBERLAND	ICM	18	144	\$44,489	21	152	\$65,886
	BCM	1	70	\$616	3	43	\$2,492
	RC	29	97	\$48,643	30	71	\$39,568
<b>Total</b>		<b>48</b>		<b>\$93,748</b>	<b>51</b>		<b>\$107,946</b>
DAUPHIN	ICM	0	0	\$0	1		\$13,415
	BCM	419	74	\$956,400	375	92	\$929,001
	RC	1	141	\$3,495	2	46	\$1,568
<b>Total</b>		<b>420</b>		<b>\$959,894</b>	<b>376</b>		<b>\$943,984</b>
LANCASTER	ICM	0	0	\$0	1	1	\$211
	BCM	146	119	\$469,424	296	87	\$632,773
	RC	218	52	\$504,423	171	65	\$135,365
<b>Total</b>		<b>360</b>		<b>\$973,846</b>	<b>326</b>		<b>\$768,349</b>
LEBANON	ICM	0	0	\$0	0	0	\$0
	BCM	96	37	\$86,147	67	64	\$79,203
	RC	1	0	\$3,501	0	0	\$0
<b>Total</b>		<b>97</b>	<b>37</b>	<b>\$89,648</b>	<b>67</b>	<b>64</b>	<b>\$79,203</b>
PERRY	ICM	7	150	\$38,773	6	231	\$33,201
	BCM	1	60	\$2,610	0	0	\$0
	RC	10	125	\$16,553	11	45	\$25,555
<b>Total</b>		<b>17</b>		<b>\$57,936</b>	<b>16</b>		<b>\$58,756</b>

All Counties	ICM	25	146	\$83,262	29	159	\$112,713
	BCM	661	75	\$1,515,196	737	88	\$1,643,468
	RC	258	57	\$576,615	214	65	\$202,057
Total		939	69	\$2,175,072	832	82	\$1,958,238

### Multi-Systemic Therapy (MST)

MST is an intensive, in-home, family-based treatment program that addresses problematic behaviors in the home, community, and school settings by working closely with the systems that have the greatest influence on the adolescent’s behavior (e.g., home, school, community, peers). The primary goal of this service is to reduce the rates of out of home placement of adolescents due to these problematic behaviors. There are three organizations that provide MST to children/adolescents in the network. The MST program is part of the CABHC Value Based Purchasing program that created an incentive for providers to achieve specified outcomes. In CY 2023, of the 109 adolescents who received MST, 57 achieved all three of the expected outcomes, four adolescents met two outcomes and eight met one outcome.

### IBHS Group

IBHS Group, formally called STAP, is a six-week summer program that provides a range of age-appropriate specialized therapies designed to aid in the development of interpersonal relationships, daily living, decision making, problem-solving and coping skills which requires appropriately qualified staff. These services are provided in a group setting for the purpose of furthering individualized therapeutic goals, as described in each person’s individualized treatment plan. In CY 2023, there was one STAP provider; Wellspan-Philhaven, who provided services to 69 children/adolescents. This is an increase from the 47 children/adolescent served in CY 2022.

### Children/Adolescent Outpatient Services

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

There was a 2.7% increase in the number of C/A that utilized outpatient services from CY 2022 to CY 2023, and a 4.81% increase in costs (Table 9). C/A can receive outpatient services within a school setting as part of licensed MH OP Clinics operating satellite clinics in the schools. In CY 2023, 3,809 C/A received outpatient services across all county school districts, from 14 different providers, which represents 25% of the total number of C/A who utilized outpatient services.

**Table 9: Children/Adolescent Outpatient Service**

Level of Care	CY 2022		CY 2023	
	C/A	Dollars	C/A	Dollars
MHOP Clinic	12,747	\$12,935,125	12,776	\$13,311,557
FQHC	735	\$446,549	867	\$626,397
Physician/Psychologist	2,191	\$2,023,102	2,483	\$2,207,301
<b>Total</b>	<b>14,555</b>	<b>\$15,404,776</b>	<b>14,948</b>	<b>\$16,145,254</b>

**Partial Hospitalization Service**

Partial Hospitalization is a short-term, intensive service where C/A participate in treatment Monday through Friday for three to six hours per day. Treatment is focused on individual and group therapy, coping, anger management, stress management, relationship skills, self-esteem and problem solving. In CY 2023, the number of C/A who received partial hospitalization services increased 7% from 740 in CY 2022 to 793 in CY 2023. There were no notable changes in utilization across the Counties between the two calendar years.

**Family Based Mental Health Services (FBHMS)**

FBMHS is a 32-week, intensive community-based service that utilizes a two-person therapist team to address the behavioral health needs of the C/A and provide parenting skills to the family. The team is on-call 24 hours a day in order to meet the needs of the family. There was a 2% increase in utilization from CY 2022 to CY 2023. While there continues to be a shortage of staff and wait times to access this service, which has been monitored through reporting and the Clinical Committee, CY 2023 had an increase in the number the Family Based Teams.

The following Table shows the percentage of C/A that have out of home placements after 90 days from being discharged from FBMHS and demonstrates that C/A have better outcomes (less out of home placements) when they stay engaged in treatment based on the model which is the 169-224 days. Lastly, CABHC and PerformCare collaborated on a value-based purchasing model for FBMHS providers that are able to reach specific outcome goals. See the Value Based Purchasing section.

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

Length of Stay	Discharges	MH Inpatient		RTF		CRR Host Home		All Placements	
		Adm*	%	Adm*	%	Adm*	%	Adm*	%
1-84 days	132	10	7.58%	3	2.27%	0	0.00%	13	9.85%
85-168 days	123	5	4.07%	5	4.07%	0	0.00%	10	8.13%
<b>169-224 days</b>	<b>339</b>	<b>14</b>	<b>4.13%</b>	<b>1</b>	<b>0.29%</b>	<b>0</b>	<b>0.00%</b>	<b>15</b>	<b>4.42%</b>
225+ days	100	7	7.00%	2	2.00%	0	0.00%	9	9.00%
<b>Total</b>	<b>694</b>	<b>36</b>	<b>5.19%</b>	<b>11</b>	<b>1.59%</b>	<b>0</b>	<b>0.00%</b>	<b>47</b>	<b>6.77%</b>

\*Adm = Admission

**CRR Host Homes (CRR-HH)**

CRR-HH is a service provided by caregivers that are under contract with Providers to offer a therapeutic and stable home life for C/A who are unable to live in their natural home.

PerformCare has closely managed the utilization of CRR-HH to assure each child or adolescent who meets criteria receives their prescribed treatment and Length of Stay (LOS) is monitored to reduce extended stays. The number of C/A who received this service decreased from 21 in CY 2022 to 16 in CY 2023. The average LOS decreased from 199 to 124 days.

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 must also provide enhanced treatment and therapy while the child/adolescent is in the home. Currently, there is one provider approved to provide this service. In CY 2023, 3 C/A received CRR-ITP services, which is four less than the previous year.

### Residential Treatment Facility (RTF)

Residential Treatment Facilities provide services for children/adolescents with serious mental, emotional and/or behavioral problems who require the coordinated, intensive and comprehensive treatment available from a multi-disciplinary team within a structured, 24/7 residential setting. Services are provided in an unlocked, safe environment for the delivery of psychiatric treatment. There were 22 facilities who served 184 children/adolescents in 2023. The number of C/A who utilized RTFs increased 5.14% and the costs for the services increased 25% (Table 11) when compared to 2022. Lebanon County had the largest increase in dollars spent (155%) for C/As at RTFs in CY 2023, with an increase in the number of C/As in an RTF (69%). However, the overall average length of stay across all Counties decreased by 11.23%.

**Table 11: Residential Treatment Facilities**

County	CY 2022			CY 2023		
	C/A	LOS	Dollars	C/A	LOS	Dollars
Cumberland	26	682	\$2,507,529	31	369	\$2,388,868
Dauphin	31	446	\$2,418,337	38	696	\$4,023,987
Lancaster	90	473	\$7,322,158	81	425	\$7,961,871
Lebanon	16	600	\$945,046	27	236	\$2,406,413
Perry	12	320	\$750,956	9	437	\$622,873
<b>Total</b>	<b>175</b>	<b>502</b>	<b>\$13,944,025</b>	<b>184</b>	<b>446</b>	<b>\$17,404,011</b>

### Children/Adolescents Inpatient Psychiatric Hospital Services

Inpatient hospitalization provides a secure setting for the purpose of stabilizing high risk behaviors. The service seeks to establish within the child/adolescent the self-control and/or capacity for constructive expression and more adaptive interpersonal skills necessary to continue treatment in a more natural and less restrictive setting. Inpatient hospitalization also introduces the youth to the use of medication and/or makes adjustments to existing medications in a safe setting.

Table 12 provides information on the number, LOS and cost of services for the C/A who received services at 23 different MHIP facilities in CY 2023. The number of C/A who utilized

MHIP services increased 9%, LOS decreased 17% and costs decreased 5% when compared to CY 2022.

**Table 12: Inpatient Psych Hospital**

County	CY 2022			CY 2023		
	C/A	LOS	Dollars	C/A	LOS	Dollars
Cumberland	124	18	\$1,880,761	146	16	\$2,106,648
Dauphin	194	25	\$3,871,162	234	17	\$3,785,522
Lancaster	318	22	\$7,480,027	328	19	\$6,434,911
Lebanon	141	21	\$2,537,529	137	21	\$2,599,271
Perry	26	19	\$524,055	30	19	\$589,998
<b>Total</b>	<b>802</b>	<b>22</b>	<b>\$16,293,535</b>	<b>872</b>	<b>18</b>	<b>\$15,516,350</b>

**Peer Support Services**

Peer Support Services (PSS) are specialized therapeutic services for individuals 14-18 (youth), that are conducted by self-identified current or former recipients of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community-integration process through the development of recovery plans. The service is designed to promote empowerment, self-determination, understanding, coping skills and resilience through mentoring and service coordination supports that allow individuals with severe and persistent mental illness and co-occurring disorders to achieve personal wellness.

In CY 2023, CABHC Members had access to four different providers who offer Peer Support Services. The number of individuals who used Peer Support Services in CY 2023 increased 94% from CY 2022, noting an increased use of this service for the ages 14-17. (Table 13).

**Table 13: Peer Support Services**

County	CY 2022			CY 2023		
	C/A	LOS	Dollars	C/A	LOS	Dollars
Cumberland	0	0	\$0	4	64	\$4,532
Dauphin	0	0	\$0	4	46	\$5,986
Lancaster	1	1	\$91	6	42	\$14,022
Lebanon	0	0	\$0	2	63	\$3,450
Perry	0	0	\$0	0	0	\$0
<b>Total</b>	<b>1</b>	<b>1</b>	<b>\$91</b>	<b>16</b>	<b>54</b>	<b>\$27,990</b>

## **ADULT MENTAL HEALTH SERVICES**

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

In CY 2023, 35,956 adults, 18 years of age and above, accessed one or more Mental Health (MH) services. This represents a 16.5% penetration rate which is the ratio of consumers to eligible Members for any given time period. The majority of adults who utilized mental health services accessed community-based outpatient treatment.

Adult MH services were provided by a network of 686 providers, many who are individual practitioners. Ambulatory services include:

- Targeted Case Management
- Peer Support Services
- Outpatient
- Mobile Psych Nursing
- Partial Hospitalization
- Psychiatric Rehabilitation
- Assertive Community Treatment/Community Treatment Team
- Crisis Intervention

Individuals with more acute needs additionally have access to:

- MH Inpatient
- Extended Acute Care

### **Targeted Case Management**

Targeted Case Management (TCM) is a service that is comprised of Intensive Case Management (ICM), Blended Case Management (BCM) and Resource Coordination (RC). Table 14 highlights the utilization of TCM across the Counties for calendar years 2022 and 2023. Of all the adults who utilized a mental health service in CY 2023, 5.35% accessed a form of TCM. The total number of adults who accessed TCM decreased 12.75% and the cost of services decreased 19.27% from CY 2022. The total length of service for each County and the grand total is not included due to the differences between the three TCM services. In July of 2023, Lancaster County transitioned all of their services to the BCM model.



**Table 14: Targeted Case Management**

County	Service	CY 2022			CY 2023		
		Adults	LOS	Dollars	Adults	LOS	Dollars
Cumberland	ICM	144	121	\$418,767	147	177	\$465,781
	BCM	18	164	\$22,395	23	67	\$38,263
	RC	171	91	\$252,805	164	64	\$326,597
<b>Total</b>		<b>318</b>		<b>\$693,967</b>	<b>325</b>		<b>\$830,640</b>
Dauphin	ICM	115	173	\$646,660	164	160	\$569,777
	BCM	948	87	\$2,271,312	806	99	\$2,315,592
	RC	1	22	\$1,256	7	38	\$4,070
<b>Total</b>		<b>1,051</b>		<b>\$2,919,229</b>	<b>971</b>		<b>\$2,889,439</b>
Lancaster	ICM	143	246	\$259,467	54	284	\$74,283
	BCM	257	93	\$871,700	372	91	\$1,044,954
	RC	195	82	\$402,950	103	145	\$113,250
<b>Total</b>		<b>545</b>		<b>\$1,534,117</b>	<b>407</b>		<b>\$1,232,487</b>
Lebanon	ICM	269	54	\$437,180	1	28	\$515
	BCM	1	17	\$380	215	105	\$460,320
	RC	270	54	\$437,560			
<b>Total</b>		<b>231</b>		<b>\$721,504</b>	<b>216</b>		<b>\$460,835</b>
Perry	ICM	16	156	\$31,677	17	116	\$48,547
	BCM	2	14	\$4,583	1	201	\$2,027
	RC	16	76	\$20,586	15	52	\$18,806
<b>Total</b>		<b>32</b>		<b>\$56,846</b>	<b>32</b>		<b>\$69,380</b>
All Counties	ICM	414	179	\$1,356,572	373	183	\$1,158,902
	BCM	1,487	82	\$3,607,169	1,403	97	\$3,861,156
	RC	384	85	\$677,977	285	85	\$462,724
<b>Total</b>		<b>2,204</b>		<b>\$6,791,718</b>	<b>1,923</b>		<b>\$5,482,781</b>

**Crisis Intervention Services**

Crisis Intervention Services (CIS) is provided directly by Dauphin and Lancaster Counties, or through contractual arrangements with providers in Cumberland, Lebanon and Perry Counties. CIS is an immediate support to a person either by phone, walk-in or mobile services who may be experiencing one or more symptoms that is interfering with their behavioral health stability. CIS workers conduct risk assessments and help to link adults in crisis to services that will provide the most appropriate, least restrictive support or treatment. Table 15 provides data on the number of adults and corresponding cost of CIS by County. In CY 2023, there was a 2.62% increase in the number of adults who accessed CIS. The cost of CIS is paid through an alternative payment arrangement which is a retention model, and is based on the County approved operating budget and the allocation between HealthChoices Members and the total number of individuals served by Crisis in a year.

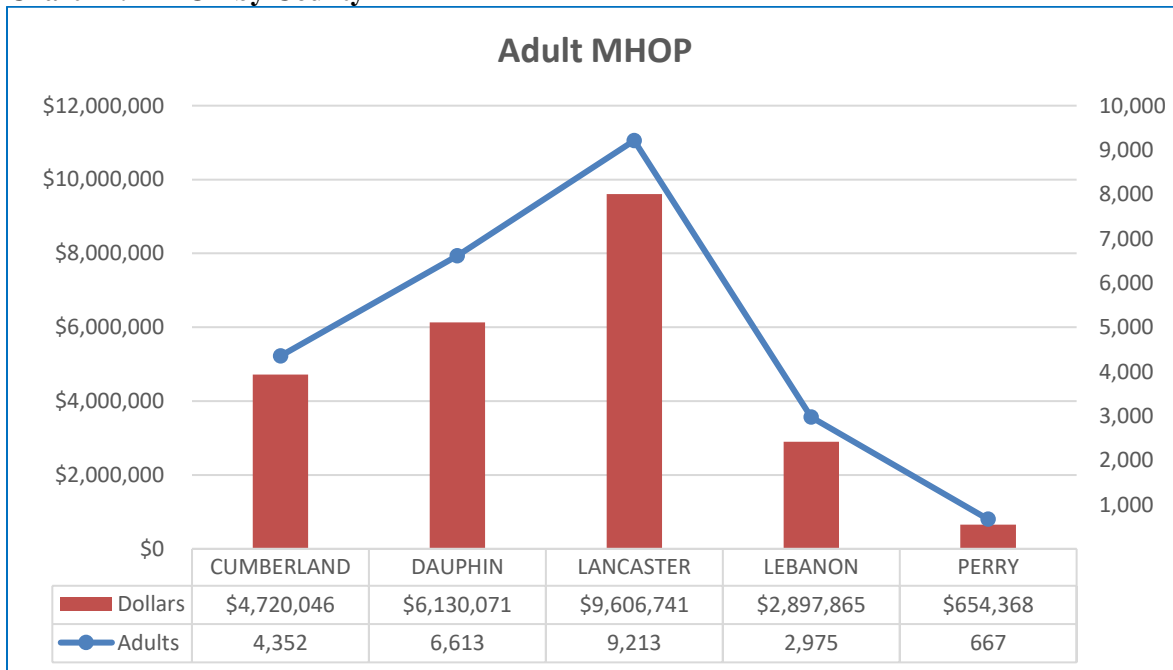
**Table 15: Crisis Intervention Services**

County	CY 2022		CY 2023	
	Adults	Dollars	Adults	Dollars
Cumberland	664	\$369,232	646	\$420,868
Dauphin	811	\$347,861	834	\$397,923
Lancaster	1,137	\$230,484	1,190	\$355,289
Lebanon	744	\$254,558	798	\$338,252
Perry	102	\$58,964	86	\$74,964
<b>Total</b>	<b>3,439</b>	<b>\$1,261,099</b>	<b>3,529</b>	<b>\$1,587,296</b>

**Outpatient Services**

Outpatient treatment is an ambulatory service in which the adult participates in regularly scheduled treatment sessions. Across the Counties adult Outpatient services include individual, group and family therapy, evaluations, medication checks and specialized assessments. Services were provided in one of 46 outpatient clinics, or by individual practitioners. Chart 11 shows the distribution of Consumers and cost by County who utilized MHOP services.

**Chart 11: MHOP by County**



In CY 2023, there was a 2.15% increase from CY 2022 in the number of adults who accessed outpatient services (Table 16). Females make up 62% of the adult population who utilized an outpatient service. The utilization of MHOP in a Federally Qualified Health Center (FQHC) increased 13%. In CY 2023, 20% of adults who utilized MHOP received their services on one or more occasions through the use of Telehealth, compared to 50% in CY 2022. This is potentially accounting for the PHE restrictions being lessened and individuals moving to more in person appointments.

**Table 16: Outpatient Services**

Service	Gender	CY 2022		CY 2023	
		Adults	Dollars	Adults	Dollars
MHOP	Female	10,870	\$12,404,872	10,717	\$12,032,544
	Male	6,992	\$6,902,756	6,912	\$6,575,981
<b>Total</b>		<b>17,629</b>	<b>\$18,608,525</b>	<b>17,629</b>	<b>\$18,608,525</b>
FQHC	Female	1,519	\$924,106	1,703	\$1,201,205
	Male	722	\$424,482	837	\$623,529
<b>Total</b>		<b>2,241</b>	<b>\$1,348,587</b>	<b>2,540</b>	<b>\$1,824,734</b>
Phys/Psych	Female	3,079	\$2,342,036	3,424	\$2,495,097
	Male	1,823	\$898,201	2,019	\$1,080,735
<b>Total</b>		<b>4,902</b>	<b>\$3,240,237</b>	<b>5,443</b>	<b>\$3,575,832</b>
<b>Grand Total</b>	Female	14,236	\$15,671,014	14,527	\$15,728,846
	Male	8,830	\$8,225,439	9,035	\$8,280,245
		<b>23,066</b>	<b>\$23,896,453</b>	<b>23,562</b>	<b>\$24,009,091</b>

**Mobile Psychiatric Nursing**

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

MPN is provided by two organizations; Behavioral Healthcare Corporation (BHC) and Merakey. The majority of BHC’s service is provided in Lancaster County and Merakey primarily serves individuals in Dauphin and Cumberland County. The information in Table 17 shows that the number of people who utilized MPN increased 5% in 2023, LOS increased 7% and the cost of services increased 13%.

**Table 17: Mobile Psychiatric Nursing**

County	CY 2022			CY 2023		
	Adults	LOS	Dollars	Adults	LOS	Dollars
Cumberland	27	141	\$159,002	43	147	\$189,246
Dauphin	66	79	\$314,588	64	198	\$311,656
Lancaster	86	343	\$463,331	81	312	\$549,298
Lebanon	7	507	\$46,407	8	157	\$56,936
Perry	10	98	\$52,167	11	271	\$61,527
<b>Total</b>	<b>195</b>	<b>210</b>	<b>\$1,035,494</b>	<b>205</b>	<b>225</b>	<b>\$1,168,662</b>

**Peer Support Services:**

Peer Support Services (PSS) are specialized therapeutic services for individuals 14-18 (youth), 18-26 (young adult) and 26 years of age and older that are conducted by self-identified current or

former recipients of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community-integration process through the development of recovery plans. The service is designed to promote empowerment, self-determination, understanding, coping skills and resilience through mentoring and service coordination supports that allow individuals with severe and persistent mental illness and co-occurring disorders to achieve personal wellness.

In CY 2023, CABHC Members had access to four different providers who offer Peer Support Services. The number of individuals who used Peer Support Services in CY 2023 increased 39% from CY 2022 while costs increased by 17%, and the average LOS decreased 25% (Table 18).

**Table 18: Peer Support Services**

County	CY 2022			CY 2023		
	Adults	LOS	Dollars	Adults	LOS	Dollars
<b>Cumberland</b>	43	89	\$65,466	51	138	\$96,639
<b>Dauphin</b>	98	115	\$224,926	142	68	\$276,858
<b>Lancaster</b>	122	210	\$569,626	170	141	\$596,349
<b>Lebanon</b>	51	120	\$196,073	71	110	\$251,147
<b>Perry</b>	4	103	\$3,961	9	135	\$16,707
<b>Total</b>	<b>317</b>	<b>143</b>	<b>\$1,060,052</b>	<b>440</b>	<b>107</b>	<b>\$1,237,701</b>

**Psychiatric Rehabilitation (Psych Rehab)**

Psychiatric Rehabilitation Services are designed to serve adults, ages 18 and over, diagnosed with schizophrenia, major mood disorders, psychotic disorders NOS, schizoaffective disorders, and borderline personality disorders. Services assist an individual to develop, enhance and retain skills and competencies in living, learning, working and socializing so that they can live in the environment of choice and participate in the community. Individuals may be seen at the program site, in their home or in the community depending on their individual need as identified in the individual rehabilitation plan.

As displayed in Table 19, there was an increase in the number of participants in CY 2023, 14%, and a 24% increase in costs, with a decrease on LOS of 10%. There was a slight decline in the number of consumers for Dauphin County, as the provider closed their program. In CY23 CABHC began the procurement process for a new provider through a reinvestment project. (See Attachment A).

**Table 19: Psychiatric Rehabilitation**

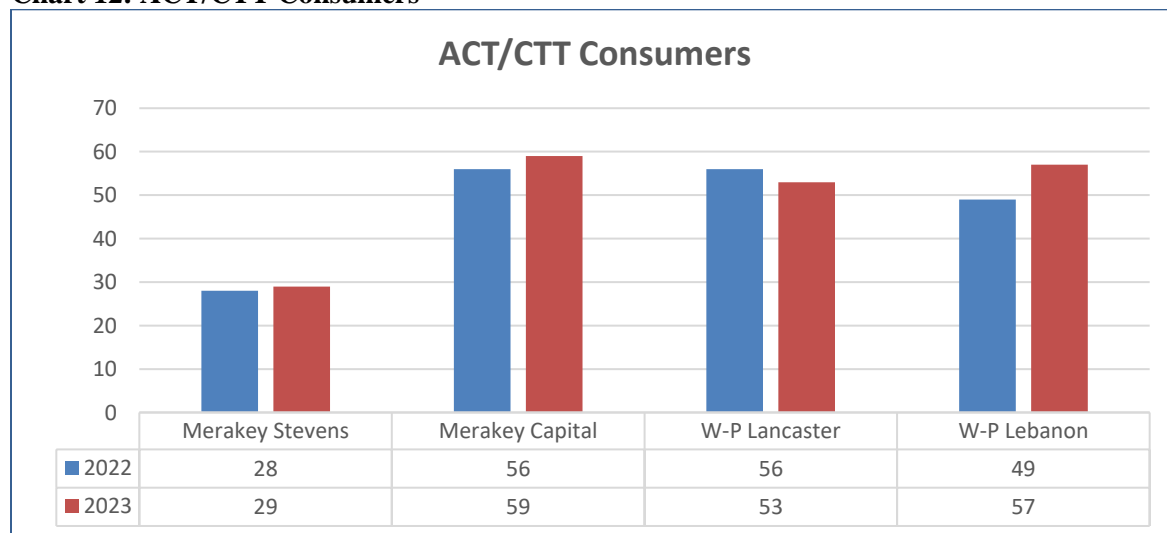
County	CY 2022			CY 2023		
	Adults	LOS	Dollars	Adults	LOS	Dollars
Cumberland	80	97	\$542,419	83	111	\$715,934
Dauphin	10	125	\$32,179	6	83	\$38,918
Lancaster	96	146	\$658,549	114	102	\$672,011
Lebanon	44	169	\$697,164	55	142	\$790,768
Perry	6	7	\$24,684	14	75	\$205,684
<b>Total</b>	<b>235</b>	<b>124</b>	<b>\$1,954,996</b>	<b>267</b>	<b>112</b>	<b>\$2,423,315</b>

**Assertive Community Treatment (ACT)**

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

CABHC has a relationship with two different providers; Merakey and Wellspan-Philhaven, who each support two teams. Merakey Capital serves Dauphin County, and Wellspan-Philhaven has one team that serves Lebanon County and one team that serves Lancaster County. The Merakey Stevens Community Treatment Team (CTT) program, which serves Cumberland and Perry Counties, was approved by OMHSAS to operate as a modified ACT program that has one less staff than a full ACT team due to the difficulty in maintaining a daily census in line with ACT fidelity standards. Chart 12 shows the number of individuals supported by each respective team compared between CY 2022 and CY 2023. Retention of staff, as well as recruitment of staff, was a notable challenge for the ACT/CTT teams in CY 2023. However, there was 5% increase in consumers served in CY 2023 compared to CY 2022.

**Chart 12: ACT/CTT Consumers**



Bi-annually the teams report outcome data to CABHC for analysis and consolidation so that it can be shared with all the teams. Table 20 is the CY 2023 ACT outcome data. The table includes the goals that have been established for each outcome. The teams are doing well with community involvement, stable housing and legal activity. CABHC meets with the teams to review outcomes, discuss challenges and consider additional training or resources that will lead to improved services. While the ACT/CTT teams reported some difficulty in maintaining staff for various positions, outcomes for CY 2023 have improved. There is consideration to reexamine the readmissions goals to better account for consumer’s acuity of symptoms that may lead to readmission and longer lengths of stay for stabilization.

**Table 20: ACT Outcomes**

	Goals established by CABHC for each Outcome					
	70 % Adults meeting employment goal	90% of Adults meet community activity goal	85% of Adults maintain stable housing	90% of discharges will have no readmissions	95% of readmissions will have LOS<12 days	90% will have no legal involvement
Merakey Cap	8.3%	99.1%	98.2%	10.0%	38.5%	96.3%
Merakey Stevens	11.5%	86.9%	96.7%	50.0%	0%	98.4%
Philhaven-Leb.	3.6%	95.2%	97.6%	31.3%	46.7%	98.8%
Philhaven-Lanc.	23.0%	95.4%	95.4%	55.6%	42.9%	98.9%
<b>Average</b>	<b>11.4%</b>	<b>95.0%</b>	<b>97.1%</b>	<b>33.3%</b>	<b>41.7%</b>	<b>97.9%</b>

**Partial Hospitalization Program (PHP)**

Adult partial hospitalization is a service designed for the treatment of adults with acute psychiatric illness who require a more intensive and supervised treatment program than that which is afforded by various types of outpatient programs. The goal of partial hospitalization is to increase the level of functioning while reducing the need for more acute services such as inpatient. The number of adults who accessed a PHP in CY 2023 increased 5%, length of service increased 39% and cost decreased 11% compared to CY 2022 (see Table 21). The most notable change in service utilization was for Perry County in which there was a 23% decrease in consumers and a 16% decrease in cost compared to CY 2022.

**Table 21: Partial Hospitalization Program**

County	CY 2022			CY 2023		
	Adult	LOS	Dollars	Adult	LOS	Dollars
Cumberland	84	85	\$534,364	111	125	\$584,224
Dauphin	217	86	\$1,535,952	220	121	\$1,318,531
Lancaster	138	54	\$683,922	130	62	\$529,099
Lebanon	64	47	\$216,546	69	49	\$242,133
Perry	13	80	\$48,521	10	144	\$41,006
<b>Total</b>	<b>510</b>	<b>71</b>	<b>\$3,019,306</b>	<b>537</b>	<b>98</b>	<b>\$2,716,202</b>

### Inpatient Services

In CY 2023, 2,685 adults utilized Inpatient Psychiatric services. Of the 35,956 adults who accessed mental health services during the year, 7.5% had at least one admission into a MHIP facility. Fifty-six providers were utilized in CY 2023, 9 less than the previous year.

Between CY 2022 and CY 2023, there was a .07% increase in the utilization of MHIP services and a .86% decrease in cost (Table 22). The average length of service increased 4.11%. There were more males than females that accessed services. Overall, the Counties did not experience a significant change in MHIP utilization between CY22 and CY23. Cumberland (3.6%) and Dauphin (3.6%) had a slight increase in utilization, while Lancaster (-3.2%), Lebanon (-.56%) and Perry (-5%) Counties all had slight decreases in utilization.

**Table 22: Adult IP Services**

		CY 2022			CY 2023		
County	Gender	Adults	LOS	Dollars	Adults	LOS	Dollars
Cumberland	Female	201	25	\$3,078,407	211	19	\$3,194,971
	Male	187	23	\$3,620,877	191	18	\$3,556,169
<b>Total</b>		<b>388</b>	<b>24</b>	<b>\$6,699,285</b>	<b>402</b>	<b>18</b>	<b>\$6,751,140</b>
Dauphin	Female	326	28	\$6,139,834	376	19	\$7,558,157
	Male	394	21	\$9,980,986	370	28	\$9,637,439
<b>Total</b>		<b>720</b>	<b>24</b>	<b>\$16,120,819</b>	<b>746</b>	<b>23</b>	<b>\$17,195,596</b>
Lancaster	Female	583	17	\$9,017,409	562	19	\$9,192,371
	Male	599	20	\$12,378,828	582	22	\$12,070,809
<b>Total</b>		<b>1,182</b>	<b>18</b>	<b>\$21,396,237</b>	<b>1,144</b>	<b>21</b>	<b>\$21,263,180</b>
Lebanon	Female	167	23	\$3,442,075	172	25	\$2,834,854
	Male	188	18	\$4,367,370	181	27	\$3,501,825
<b>Total</b>		<b>355</b>	<b>20</b>	<b>\$7,809,445</b>	<b>353</b>	<b>26</b>	<b>\$6,336,679</b>
Perry	Female	32	10	\$249,267	28	14	\$365,245
	Male	28	12	\$332,103	29	14	\$244,443
<b>Total</b>		<b>60</b>	<b>11</b>	<b>\$581,370</b>	<b>57</b>	<b>14</b>	<b>\$609,688</b>
<b>Grand Total</b>	Female	1,301	22	\$21,926,993	1,340	20	\$23,145,597
	Male	1,382	20	\$30,680,163	1,345	23	\$29,010,685
		<b>2,683</b>	<b>21</b>	<b>\$52,607,156</b>	<b>2,685</b>	<b>22</b>	<b>\$52,156,282</b>

## DRUG AND ALCOHOL SERVICES

CABHC, in collaboration with the Single County Authorities (SCA) and PerformCare, have developed a comprehensive system of treatment and supports for individuals who experience a substance use disorder. Individuals who are in need of support have access to community-based treatment options such as outpatient services, Methadone and Medication Assisted Recovery Services, Partial Hospitalization, and resources such as Certified Recovery Specialists (CRS) and case management. Individuals with more acute needs can access a network of withdrawal management and inpatient rehabilitation providers. This allows a person to address and continue their recovery from substance abuse at a level that fits their need. CABHC continues efforts to support individuals in their recovery through the provision of Certified Recovery Specialists and expanding the availability of Medication Assisted Treatment (MAT) in licensed D&A outpatient clinics.

Drug and Alcohol (D&A) services are provided to children/adolescents and adults through an array of treatment options that includes:

- Hospital and Non-Hospital Detox and Rehabilitation
- Halfway Houses
- D&A Outpatient
- D&A Intensive Outpatient
- D&A Partial Hospitalization
- Methadone Maintenance
- Certified Recovery Specialist Support
- Medication Assisted Treatment including Care Coordination

From CY 2022 to CY 2023 there was a 15.7% increase in the number of C/A who utilized a D&A service along with a 2.57% increase in costs (Table 23). The number of adults who accessed a HealthChoices D&A service in CY 2023 increased 1.16% from CY 2022 (Table 24). Adult expenses increased 27.8%. Of the 10,227 adults who accessed a D&A service in 2023, 83% are considered co-occurring and 84% of the 273 C/A who accessed a D&A are considered co-occurring.

**Table 23: Children/Adolescent D&A Services**

Service	CY 2022			CY 2023		
	C/A	LOS	Dollars	C/A	LOS	Dollars
Non-Hosp Res - Detox	0	0	\$0	0	0	\$0
Non-Hosp Res - Rehab	42	78	\$940,929	40	84	\$902,134
OP D&A Clinic	201	38	\$111,591	215	31	\$114,439
Level of Care Assessments	13	1	\$1,050	16	1	\$1,288
Partial Hospitalization Program	8	13	\$7,967	10	20	\$27,836
D&A IOP	12	44	\$18,805	18	48	\$41,644
Opioid Use Disorder COE	0	0	\$0	0	0	\$0
<b>Total</b>	<b>236</b>		<b>\$1,105,294</b>	<b>273</b>		<b>\$1,133,663</b>



**Table 24: Adult D&A Services**

Service	CY 2022			CY 2023		
	Adults	LOS	Dollars	Adults	LOS	Dollars
IP D&A Hospital - Detox	50	5	\$157,260	54	7	\$298,879
IP D&A Hospital - Rehab	43	18	\$412,048	72	20	\$1,043,123
Non-Hosp Res - Detox	1,481	5	\$3,705,070	1,309	4	\$3,208,711
Non-Hosp Res - Rehab Clinic Mang	1,476	27	\$12,130,033	2,604	27	\$24,814,262
Non-Hosp Res - Rehab- Med Monit	49	26	\$433,128	59	25	\$551,657
Non-Hosp Res - Halfway	416	84	\$4,796,697	423	77	\$4,983,916
OP D&A Clinic	6,835	51	\$5,982,045	6,321	55	\$5,617,970
D&A Assessment	1,649	2	\$273,429	1,864	2	\$318,611
OP D&A Meth Main	2,042	307	\$7,799,197	1,948	437	\$6,244,117
D&A Partial Hospitalization	754	27	\$4,824,920	863	29	\$6,221,226
D&A - IOP	1,300	45	\$2,619,326	1,440	44	\$3,191,992
D&A Targeted Case Management	23	55	\$37,556	19	88	\$50,662
Certified Recovery Specialist Service	90	16	\$25,914	242	34	\$96,124
MAT Coordination (MARS)	337	54	\$174,267	150	89	\$111,807
Opioid - Centers of Excellence	1,118	20	\$2,168,969	1,153	28	\$1,537,639
<b>Total</b>	<b>10,110</b>		<b>\$45,714,388</b>	<b>10,227</b>		<b>\$58,402,998</b>

**Detox (Withdrawal Management)**

Detox or currently known as withdrawal management, is a service utilized to allow individuals to safely withdraw from the use of certain substances, such as alcohol or opioids. The process of withdrawal can be so uncomfortable that, in many cases, it can be the dominant reason that individuals do not pursue substance use treatment. Withdrawal Management is primarily a medically monitored process to keep a person safe and comfortable as they rid themselves of harmful substances that takes place before a person engages in other types of treatment. In CY 2023, individuals utilized 21 different Inpatient and Non-Hospital Detox facilities. There was a 12% decrease in the total number of adults who utilized Detox services, and a 10% decrease in cost for IP Detox between CY 2022 and CY 2023.

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

NH Rehab is an intensive level of treatment that provides adolescents and adults 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. Members received services from 33 different facilities in CY 2023. White Deer Run served the largest number of Members (811), with Pyramid serving the next highest number of consumers (669).

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

Individuals who complete treatment in a NH Rehab may not always be prepared to make an immediate successful transition out of higher levels of treatment into their community. NH-HH provides additional assistance to support individuals who are in early recovery from substance use 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 utilization of NH-HH increased 1.7% from CY 2022. The average length of stay for adults in CY 2023 decreased 7.51% from 84 days to 77 days in CY 2023.

### **Drug and Alcohol Outpatient (D&A OP)**

D&A OP services are provided in the community to help a person with a Substance Use Disorder (SUD). Services include assessment, individual, family and/or group therapy (1 or 2 times per week) and psycho/educational programs. The groups which are led by experienced counselors address a range of topics, and the specific content in any one group is influenced by the contributions of participants. In 2023, there was a 7% increase in the number of C/A who utilized a D&A OP service and a 8% decrease for adults. Total costs for D&A OP services decreased 5.9%

### **D&A Intensive Outpatient (IOP)**

Individuals who participate in D&A IOP treatment usually complete nine hours of therapy per week which is broken up into three-hour sessions spread across three days. As is the case with D&A OP, programs may offer IOP sessions at a variety of times, such as mornings and evenings, so that individuals can receive treatment while still meeting essential work, school, personal, or other responsibilities. Individual and family therapy sessions may be scheduled on an as-needed basis, but the core of IOP is an intensive curriculum that is addressed via group therapy sessions. In CY 2023, there was a 50% increase in the number of C/A who received IOP. Adults had a 11% increase in utilization and experienced a 3% decrease in the average length of stay.

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

PHP is an intensive D&A service where participants attend therapy sessions six hours per day, four days a week. Group therapy is the primary treatment; however, the PHP schedule includes individual therapy sessions each week. The PHP must also make psychiatric services available if it is determined to be clinically appropriate. Family therapy sessions may be scheduled on an as-needed basis. In CY 2023, the number of adults who utilized a PHP increased 14.4% and cost increased 29%. The largest increase in the number of adults served occurred with one provider who offers a hybrid residential/partial program which served 72% of all consumers accessing this service.

### **Methadone Maintenance**

Consumers that have an Opioid addiction have access to Methadone which is delivered in a licensed D&A OP clinic. Methadone services were available at 10 locations throughout the network in CY 2023. Utilization decreased 4.8% while length of time in treatment increased 30% and costs decreased by 25%. Beginning in April of 2023, Methadone services were unbundled for payment. Providers began to bill for dosing and outpatient separately, as previously the services were bundled into one rate. CABHC was able to begin to monitor providers' ability to provide outpatient services for consumers separate of their dosing. As a result of this monitoring, there were noticeable low amounts of therapy services being billed.

CABHC and PerformCare continue to work with the Providers to increase the amount of therapy provided to consumers, as well as provided financial assistance as revenues decreased during the transition period.

### **Certified Recovery Specialist (CRS) Program**

A CRS will assist individuals who chronically relapse and struggle to complete treatment, to stay in treatment and remain in sustained recovery. Recovery Specialists are matched with participants in order to provide support and education with the acquisition and maintenance of social determinants of health and learn the skills necessary to handle the challenges that will occur on the path to recovery. The RASE Project has been the single provider of CRS services in the CABHC network. In CY 2023, there was a significant increase in consumers accessing CRS of 90 to 242 from CY 2022.

In addition, through reinvestment funded projects, CRS services are also being expanded within D&A OP clinics across the Counties as well as procuring another stand-alone provider. (Appendix A). There are currently 5 providers and 10 locations across the Counties that have embedded a CRS into their D&A OP clinic. In CY 2023, there were 3 additional locations that were procured but had not started services yet. There were 293 individuals that received CRS support in CY 2022, compared to 438 that received CRS services in CY 2023, showing with the continued expansion of this service, more individuals have been able to receive this type of recovery support.

### **Medication Assisted Recovery Support (MARS)**

For those Members that are being treated with Suboxone (Buprenorphine) or Vivitrol that is prescribed by a certified physician, they can receive support through the MARS Program, a CABHC developed Medicaid supplemental service. The Program is administered by the RASE Project through participating physician groups. There was a 55% decline in the number of adults who accessed the Program in CY 2023.

## **PROVIDER NETWORK**

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

- Reviews the Routine Service Access Management reports on a bi-monthly basis. Results are compared to the standards and benchmarks the PRC has developed for each level of care. When access standards fall below established standards, PerformCare may be asked to complete a Root Cause Analysis for the specific level of care to identify barriers and develop solutions for improvement.
- Develop, distributes and analyzes a Provider satisfaction survey.
- Reviews and monitors Provider Profiling reports prepared by PerformCare and Credentialing Committee activities, which includes the review of Providers who are currently on Corrective Action Plans and Quality Improvement Plans.
- Reviews and approves the Complaint and Grievance audits prepared by the Quality Assurance Specialist prior to their presentation to PerformCare.

## **Provider Capacity**

During CY 2023, there were a total of 996 In-Network Providers available to CABHC Consumers, which includes individual practitioners, clinics/facilities and practice groups. There was a total of 511 providers credentialed (new and recredentialed) in CY 2023. Of those, 109 were Individuals (42 were new psychiatrists) and 35 new facilities and/or professional groups joined the network in CY 2023. Throughout the year, there were 66 Providers terminated from the Network. All of the providers who were terminated from the network were voluntary; either the provider requested the termination or the provider failed to respond to requests for re-credentialing. The provider turnover rate for 2023 was 6.63%. There were also out of network agreements with providers not currently in the Provider Network, increasing access to care for Members. In CY 2023, there were 401 out of network agreements completed, with continuity of care being the highest reason. Three of those providers then transitioned to an in-network Provider.

The three levels of care with the highest number of clinics/facilities are Mental Health Outpatient, followed by Mental Health Inpatient, and Substance Abuse Outpatient Services. On an annual basis, PerformCare completes a Geo-Access analysis to determine if the network meets the access standards set forth in the Program Standards and Requirements. An exception request was necessary for all quadrants for all 5 counties for hospital-based inpatient Detox and Rehabilitation for C/A and Adults. An exception request was required for MH Partial Hospitalization for Adults in the NE and NW quadrants of Lancaster County. The NW and SW quadrants of Dauphin County and the NE and SE quadrants of Lancaster County, and the NW and SW quadrants of Perry County required an exception for Residential Treatment Facilities. Lastly, an exception request was necessary for all quadrants for Lancaster County for Opioid Centers of Excellence.

## **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.

In November 2023, 517 surveys were sent via email to the provider network. Forty-six were completed in full, resulting in a 9% response rate. This is below the 25% response rate in 2022. As in the past, the survey could be completed using the web-based survey program QuestionPro, or by completing a paper version of the survey and returning it to CABHC. The survey uses a Likert scale with 1 being very dissatisfied and 5 being very satisfied.

The survey contained questions on five main categories, separated into 12 sub-sections: Communication, Provider Relations, Claims Department, Quality Improvement, and Clinical Department. Overall, the average total score for the survey was 4.2. There were seven sections in the survey that increased in scoring, three sections that had a slight decrease from the previous year and two that remained the same. Provider Orientation and Provider Relations were the highest scoring. Table 25 provides a summary of the Provider Satisfaction scores from CY 2018 through CY 2023. The 2023 Provider Satisfaction Survey was reviewed by the PRC and forwarded to PerformCare for any recommended follow-up, of which there were none. The PRC will also be assessing ways to increase the response rate.

**Table 25: Provider Satisfaction Scores****Year to Year Comparison**

<b>Survey Category</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Communication	3.6	3.7	4.1	4.0	4.0	4.0
Provider Relations	3.9	3.8	4.3	4.2	4.4	3.8
Provider Orientation	3.5	4.0	4.1	4.7	4.6	4.4
Provider Meetings & Trainings	3.7	3.8	3.6	3.9	4.2	4.1
Claims Processing	3.8	3.7	4.0	3.9	3.9	3.9
Administrative Appeals	3.4	3.5	3.8	3.9	3.8	3.4
Credentialing & Re-credentialing	3.5	3.8	4.0	3.9	4.0	4.1
Complaints	3.6	4.0	3.9	4.3	4.1	4.0
Grievances	3.5	4.0	4.3	4.2	4.3	3.0
Treatment Record Reviews	3.8	4.1	4.0	4.0	4.4	4.4
Clinical Care Management	3.9	3.8	4.1	4.0	4.1	4.2
Member Services	3.9	3.8	4.0	4.0	4.1	4.0
<b>Average Total Score</b>	<b>3.7</b>	<b>3.8</b>	<b>4.0</b>	<b>4.1</b>	<b>4.2</b>	<b>4.0</b>
Total Number of Respondents	98	86	90	104	116	46
Response Percentage of Total Surveys Sent	34%	31%	33%	31%	25%	9%

**Routine Access Service Monitoring**

The OMHSAS Program Standards and Requirements require that routine access services are provided within seven days of request. The routine access dashboard which includes nine levels of care, is reviewed by the Provider Relations Committee at their bi-monthly meetings. In 2023, there were five levels of care that met or exceeded access goals established by the PRC that included: Family Based, MH-PHP, D&A PHP, IOP D&A and MH-TCM, same as CY 2022. Most notable improvement in access were Psychiatric evaluations, which increased from 16% to 26% in CY 2023, as well as Peer Support increased from 50% to 63%. Two levels of care had a decrease in the routine access scores; Family Based decreased 4% since CY 2022 and both MH PHP and SA PHP decreased 7%.

**Provider Profiling**

CABHC, through the PRC, monitored the progress of PerformCare in producing and distributing Provider Profiling reports. The PRC reviews the reports that are presented by PerformCare during regular committee meetings. Committee members have the opportunity to ask questions of PerformCare staff and provide feedback on the reports. The Provider Profiling reports are meant to be used to make meaningful comparisons between providers based on claims data, authorization data, quality reports, complaints, Consumer/Family Satisfaction Team reports and

demographic information. The reports include BHRS, Community Based Services, Mental Health Inpatient Services, Mental Health Outpatient Services, and Substance Use Services. The reports are completed twice per year and include a mid-year and final annual report. All the reports are made available to the provider network and are posted to the PerformCare website. All of CY 2023 results will be presented with the year-end reports in July 2024.

### **Provider Performance**

Treatment Record Reviews (TRRs) are conducted by PerformCare on Providers in-sync with their credentialing cycle, which is every three years. They can also occur more frequently if quality of care concerns are brought to the attention of PerformCare, or a follow-up to a previous TRR is warranted. PerformCare utilizes the results of TRRs as a tool to review compliance with applicable HealthChoices standards and PerformCare policies. If a Provider scores below the benchmark, follow-up TRR's will be completed on a yearly basis until the provider scores above the benchmark.

The benchmark for Providers in CY 2023 was 80% for all levels of care. Providers that score below 80% are required to submit a Quality Improvement Plan (QIP). In the 2023 review cycle, PerformCare conducted 47 TRRs: 41 for credentialing, 3 QIP follow up reviews, and 3 courtesy reviews. There were six providers that required a QIP due to their low benchmark scores: 1 FQHC, 1 MHIP, 2 MHOP, and 2 SUD residential providers. Follow up included quarterly collaboration between PerformCare and the providers to assess progress on their QIPs.

### **CONSUMER/FAMILY FOCUS COMMITTEE**

CABHC values and encourages the participation of Members in the oversight of HealthChoices, and supports their involvement in all CABHC Committees, Board Meetings, and Workgroups. The Consumer/Family Focus Committee (CFFC) is the center of this principle and operates as the main venue to increasing and ensuring Member participation. In the beginning of the year, the CFFC selects topics that are of interest to the Committee. Arrangements are made for individuals to attend a CFFC meeting and provide a presentation on the selected topic. In CY 2023, CABHC facilitated presentations for the CFFC that included Casey Pegg from PHAN who discussed HealthCare Rights, and Dr. Jennifer Shook with Penn State Health on Eating Disorders.

### **County-wide Training**

Each year, the CFFC selects a major topic related to behavioral health for a training that can be open to a broad audience from across the Counties. For CY 2023, the Committee members selected "Population in Crisis: Behavioral Health in Older Adults". The training was held on October 12, 2023. There were 37 people who attended the training. Linda Shumaker from Optimize Aging, LLC, presented on the topic. The sessions were interactive and they received positive feedback from people in attendance.

### **PEER SUPPORT SERVICES STEERING COMMITTEE**

The Peer Support Services Steering Committee (PSSSC), which is supported by CABHC, provides a forum for Certified Peer Specialists (CPS), Peer Support Service (PSS) Providers, the

Counties, CABHC and PerformCare to assess the program and develop ways to improve the delivery of PSS.

The PSSSC met twice in CY 2023, April and November, to continue to discuss and assess the improvement of the delivery of PSS. CABHC, in collaboration with the PSSSC, manages a CPS Scholarship program that provides the financial support for individuals interested in becoming a CPS by attending the CPS two-week training. CABHC held a contract with Recovery International that secures an opening for up to three individuals to attend a training. Applicants must apply to CABHC for a scholarship, and after review by the Member Relations Specialist, the applicant is interviewed by a panel of the PSSSC and CABHC. Applicants that are approved by the panel are eligible for CPS scholarship. In CY 2023, the panel approved and CABHC sponsored 10 CPS scholarships, this is five more than CY 2022.

### **PHYSICAL HEALTH/BEHAVIORAL HEALTH (PH/BH) INTEGRATION**

CABHC supports the integration of physical and behavioral health care that can lead to an improvement in the overall quality of Members' lives. By improving the collaboration and integration between physical and behavioral health entities, we would expect coordinated supports leading to improvements of physical well-being and overall recovery of Members. CABHC and PerformCare, along with the Counties, have actively participated and supported the development of projects that achieve this objective. The following PH/BH integration activities took place in CY 2023.

#### **Pay for Performance**

In 2015, the DHS issued Appendix E that required all Physical Health and Behavioral Health MCOs implement an integrated PH/BH pay for performance project. Since the issuance of Appendix E, CABHC has worked with PerformCare on implementing the two main objectives of the program, which includes the development of individualized Integrated Care Plans and improvement in the required performance measures, which for CY 2023 expanded to two additional measures. All 10 measures are listed below:

- Improved initiation and engagement of alcohol and other drug dependent treatment
- Improved adherence to antipsychotic medication for individuals with schizophrenia
- Decreased combined PH/BH IP 30-day readmission rates for individuals with SPMI
- Decreased emergency department utilization for individuals with SPMI
- Decreased combined PH/BH IP admission utilization for individuals with SPMI
- Diabetes Screening for People with SPMI who are using Antipsychotic Medications (SSD-SPMI)
- Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9/0%) (HPCMI-SPMI)
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC-SPMI)
- Increase Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence for Individuals with SMPI

- Increase Follow-up after Emergency Department Visit for Mental Illness for individuals with SPMI

In CY 2023, PerformCare developed Integrated Care Plans (ICPs) on 1,178 individuals and conducted case rounds with the PH-MCOs to share relevant information that was used to identify potential care gaps and develop care plans for individuals. Information gathered during the clinical round discussion was added to the Member's electronic medical record to provide Clinical Care Managers with easy access to this information and to incorporate the key physical health information into clinical work with Members.

In an effort to improve performance with the ten measures, PerformCare maintained a workgroup that met bi-weekly throughout CY 2023 that included CABHC, Tuscarora Managed Care Alliance, PH-MCOs including AmeriHealth Caritas and Gateway, and various subject matter experts. PerformCare incorporated hospital notifications into the Active CCM Strategies and clinical work with Members to address care gaps. In CY 2023, PerformCare continued to send letters to providers to notify them of Members who had five or more ER visits within the past 12 months, with at least one visit for a BH primary need, and to request that there is outreach to the Member. Notable outcomes from the interventions in CY 2023 included referrals to and the use of the paramedicine program, and the notification of high ER utilizers to TCM and ACT providers to complete Member outreach and support.

CABHC included three new interventions to impact three of the measures in CY 2023: 1) Monitoring the use of and impact of Mobile Psych Nursing (MPN) on Member's diabetic screening, diabetic screening in poor control and lipid monitoring, 2) the impact of Community Health Workers on ED utilization, Inpatient utilization and Readmission to inpatient, and 3) the expansion of MAT into the SUD Clinics to impact initiation and engagement rates for SUD treatment. Reports indicated that for MAT services, 18 individuals met the specifications for this measure with 7 meeting the initiation measure and 11 meeting both the initiation and engagement measures. Members with SPMI, receiving MPN and are taking antipsychotic medications, data showed that 73% had gotten a diabetic screening completed in 2023. However, data showed that SPMI Members receiving MPN that had a diagnosis of diabetes, 26% had a HbA1c that was in poor control, and for SPMI Members diagnosed with cardiovascular disease, 38% had a lipid test in 2023. With these interventions being new for CY 2023, there is no comparison data to draw any conclusions to date on the impact MPN has on these measures. Discussions will assess follow up needed in 2024 with MPN providers and barriers to ensure Members are getting the testing and support for consumers with diabetes. Data for the Community Health Workers was not available at the time of this report.

CABHC, PerformCare and Lancaster EMS (LEMS) began a relationship in mid-2022 for support for people who discharge from MHIP, with the goal to reduce IP readmissions and improve follow-up to treatment. Services for this program began in January 2023. There were 36 referrals made to LEMS and 16 Members seen in the program. After the first year of the program, the follow up rate for those 16 individuals was 50% within 7 days of discharge from MHIP and 83% within 30 days of discharge, and only 3 readmissions.



In an effort to improve performance with D&A Initiation and Engagement, CABHC and PerformCare opened up discussions with two providers to utilize Certified Recovery Specialists (CRS) as part of the discharge process from D&A inpatient services. The CRS would make contact with individuals in Rehab treatment to develop a connection and provide education in an effort to encourage the individual to continue with their treatment and recovery post discharge. Assessment of this pilot project occurred throughout 2023 and since neither of the CRS providers could connect with the rehab facilities, the pilot project had been put on hold.

### **Federally Qualified Health Centers (FQHC)**

FQHCs provide comprehensive health care for uninsured and underinsured persons throughout the Counties. To improve the holistic approach to care in the FQHCs, behavioral health treatment is integrated and co-located in the Centers. Each of the FQHCs offer a combination of assessment, treatment and referrals to other behavioral health providers when treatment needs exceed what can be provided by the FQHC. Individuals access one of four FQHCs that include Union Community Care, Family First Health, Hamilton Health Center, and Sadler Health Center. Keystone Rural Health Center located in Chambersburg also serves Cumberland and Perry County Members. The total number of Members who accessed behavioral health services at a FQHC in CY 2023 was 3,390 compared to 2,667 in CY 2022.

### **Community Based Care Management Program**

Community Based Care Management Program (CBCMP) is a Medicaid funded initiative that began with the HealthChoices Physical Health contracts and was expanded to the Behavioral HealthChoices contracts beginning in CY 2021. The core elements of this program are to provide case workers, or many times referred to as Community Health Workers (CHW), that can assist HealthChoices eligible members to gain access to needed treatment and assist the person and their family to access Community Based Organizations (CBOs) who support and provide various services that address Social Determinants of Health (SDoH).

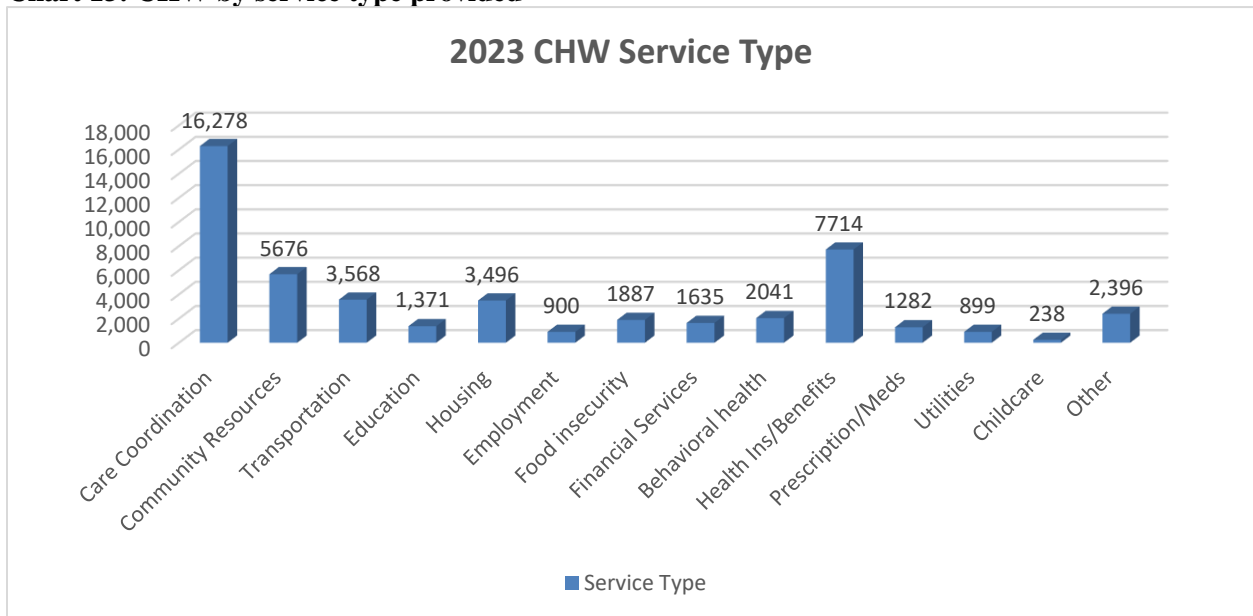
CABHC partnered with the four FQHCs physically located in the Counties, who received funding from CABHC and hired CHW(s) in at least one of their Centers. The FQHC developed service descriptions describing how they will utilize the CHW within their operations to achieve the stated core objectives:

1. Mitigate fundamental social determinants of health as exemplified but not limited to the following key areas:
  - a. Childcare access and affordability
  - b. Clothing
  - c. Employment
  - d. Financial Strain
  - e. Food insecurity
  - f. Housing instability/ homelessness
  - g. Transportation
  - h. Utilities
2. Enhance coordination of services for behavioral and physical health
3. Promote diversion from

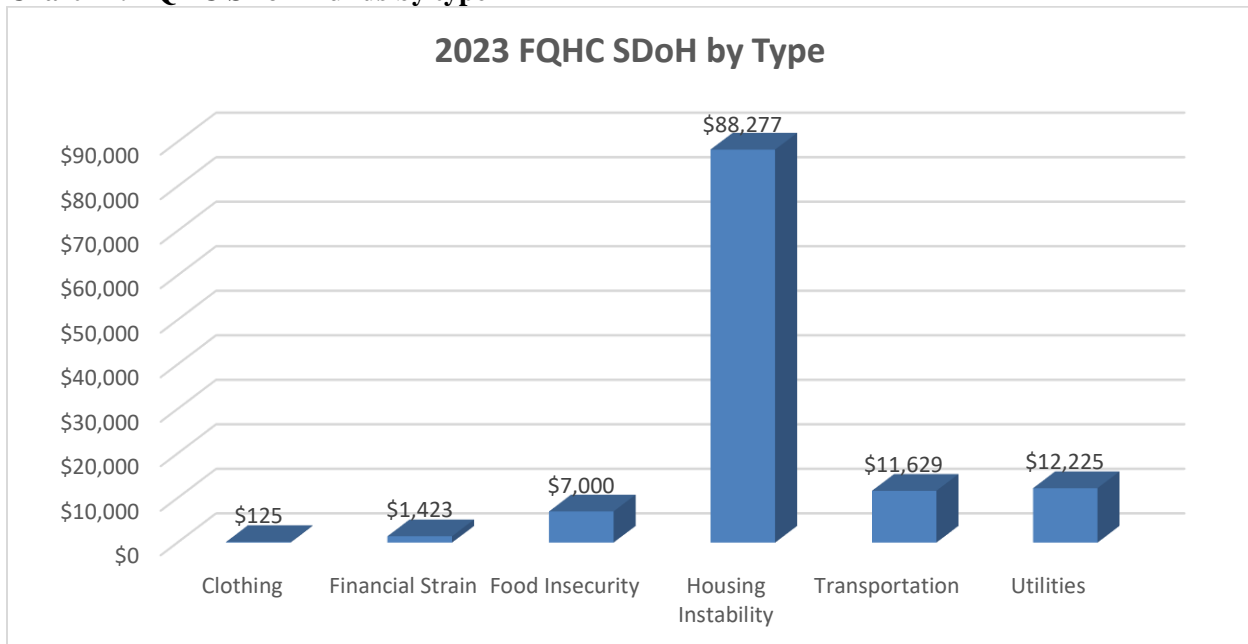
- a. Inpatient Facilities
- b. Residential treatment facilities
- c. Emergency Departments
- 4. Reduce healthcare disparities

CABHC has contracts with the FQHCs to achieve the stated objectives. Throughout CY 2023, the FQHCs collected encounter data with CHWs and Member engagement, and reported back to CABHC through a web-based portal. Across the four FQHCs, CHWs engaged 13,557 unduplicated Members within their clinics. The highest service provided was regarding care coordination; assistance with health insurance/benefits was the second highest, and third was referrals to community resources (Chart 13). CABHC continued to provide financial support to the FQHCs to make purchases that will address Member’s SDoH needs. This data was also reported to CABHC through a web-based portal. By mid CY 2023 all four FQHCs had their SDoH programs operational. Amongst the 4 FQHCs, they served 318 consumers for SDoH needs, with housing instability being the highest SDoH need funded (Chart 14).

**Chart 13: CHW by service type provided**



**Chart 14: FQHC SDoH Funds by type**



### **VALUE BASED PURCHASING (VBP)**

In an effort to transition providers from volume to value payment models, payment model strategies are to be incorporated into the Provider Network. The initiative is to support improvements in quality, efficiency of services and therefore reducing costs. Appendix U outlines the approved payment strategy types that are tied to low risk (Performance-based contracting), medium risk (Shared Savings, Shared Risk, Bundled Payments), and high risk (comprehensive Global Payments). The payment arrangements must include quality benchmarks that contain financial incentives, penalties, or both. All VBP arrangements must be approved by OMHSAS.

In CY 2023, PerformCare and CABHC incorporated both a performance based VBP model and a Shared Savings medium risk model to performance standards. A performance-based model was incorporated with FBMHS and MST service, linked to quality outcomes and the proceeding financial incentive for meeting those quality outcomes.

FBMH providers operate under a value-based funding model that utilizes a case rate payment structure based on the length of time an individual is engaged with the Family Based team as well as an incentive shared savings model based on outcomes measured through the CANS. The case rate model was created with the premise that C/A will achieve better results if they stay engaged in service for the model's designated amount of time. In CY 2023, providers had an increase in earnings with the case rate model for a total of \$2,969,092, compared to if they were only paid by the Fee-For-Service model. Table 26 shows the shared savings incentive for the FBMHS providers for 2023if they met both the case rate and the CANS outcomes.

**Table 26: FBMHS VBP 2023**

Providers	Total FBMHS discharges in 2023	Tier 3 or 4 Met (YES)	CDR CANS Outcomes Met (YES)	Both Tier 3/4 & CANS Met (YES)	FB Bonus payout
CSG FBMH	46	29	8	8	\$13,699
DIAKON FBMH	37	25	7	7	\$11,986
FRANKLIN FAMILY SERVICES	6	5	1	1	\$1,712
JEWISH FAMILY SERVICES FBMH	23	15	1	1	\$1,712
LAUREL LIFE SERVICES FBMH	23	15	2	1	\$1,712
MERAKEY STEVENS CENTER FBMH	19	14	7	4	\$6,849
PA COUNSELING SVCS FBMH	292	201	76	68	\$116,438
TEAMCARE BH FBMH	49	26	19	16	\$27,397
WELLSPAN PHILHAVEN FBMH	87	66	35	33	\$56,507
YOUTH ADVOCATE PROG FBMH	55	35	8	7	\$11,986
<b>Grand Total</b>	<b>637</b>	<b>431</b>	<b>164</b>	<b>146</b>	<b>\$250,000</b>

A performance-based model was also incorporated for mental health inpatient follow up rates. The performance payout is based on the number of consumers that have a follow up appointment within 7 days of the inpatient discharge at either a MHOP clinic or Partial Hospitalization program. The incentive is paid to the MHOP clinic or the PH program that was able to meet the 7 day follow up appointment measure. There is a tiered incentive bonus outlined below.

The plan tiers the incentive bonus from \$0 to \$200 dependent upon each provider’s performance on this HEDIS measure. The incentive is administered according to the following criteria:

- If provider 7-day follow up percentage is <50%, the bonus incentive per qualifying follow up appointment will not be applied (\$0).
- If provider 7-day follow up percentage is ≥50% to <80%, the bonus incentive per qualifying follow up appointment will remain \$150.
- If provider 7-day follow up percentage is ≥80% to 100%, the bonus incentive per qualifying follow up appointment will be increased to \$200.

In CY 2023, Quarter 1 and 2, 9 providers met the highest bonus incentive of \$200, 26 providers met the 50%-80% benchmark and 8 providers did not meet the benchmark at all. In Quarters 3

and 4, there was an increase in the number of providers able to meet the 50%-80% benchmark and a slight decrease in providers not able to meet the benchmark at all with; 11 providers met the highest benchmark, 23 providers met the 50%-80% benchmark and 8 providers did not meet the benchmark at all.

For the Shared Savings program with MHIP facilities for readmission rates, the benchmark to qualify for the financial incentive, all the providers collectively need to meet the 12.9% 30-day readmission rate. This incentive is applied to the 15 high volume providers in the network, which account for 90% of all MHIP admissions. In order for Shared Savings to be initiated, the overall readmission rate for the 15 facilities must be at or below 12.90%, which represents 5% improvement compared to baseline. If there is not a reduction to 12.90% or less in the overall readmission rate, there is no shared savings distribution. Distribution of the shared savings is calculated and distributed to the qualifying facilities through the following methodology.

- Criteria for eligibility is either the provider's readmission rate is  $\leq 12.9\%$  or the provider had a 5% or greater improvement compared to baseline
- Payments are based on proportion of discharges of qualifying facilities

In CY 2023, the providers met the 12.9% threshold, from a total of 3,249 qualifying discharges across the 15 high volume MHIP providers. The total payout was \$250,000 distributed among the providers, with amounts based on the proportion of qualifying discharges.

Lastly, Appendix U added a required VBP model, Transitions to Community component. This initiative is to standardize performance measures to increase the support for consumers transitioning from MHIP level of care to community-based services across the entire healthcare system. CABHC and PerformCare enhanced the MH IP readmission plan to include a follow up after hospitalization (FUH) measure to MHIP facilities. This measure is scored independently from the Shared Savings readmission measure.

The combined measure is for MHIP Providers and MH OP Clinic/PHP Providers who have shared Members between the MHIP Facility who discharged the Member after an indexed or first admission to a facility and the MH OP Clinic/PHP provider for Members who meet both the 7-day HEDIS FUH standard and who are not readmitted to an IP facility within 30 days of discharge from one of the 15 MH IP VBP facilities.

The incentive payment will be made for Members who have both-a FUH visit within 7 days and who is not readmitted to any IP facility within 30 days after discharge. These Members meet both the HEDIS 7-day standard for an appointment after discharge from an index admission and are Members who are not readmitted to any MH IP facility within 30 days of discharge from the index admission.

The combined MH IP and MH OP Clinic/PHP shared savings pool is capped at \$250,000. PerformCare calculated the number of Members who are discharged from one of the 15 MH IP VBP facilities who have both a FUH within 7 days and who are not readmitted within 30 days to an MH IP unit. The total number of Members who meet both the Readmission and FUH benchmarks will be divided into the second shared savings pool to arrive at a per Member incentive amount. That amount will then be shared 50% with the MH IP Unit and 50% with the

FUH OP/PHP provider. In CY 2023, there were 710 qualifying discharges that met the standard or 26.31% of all discharges. Fourteen of the fifteen high volume MHIP providers received incentive payments and 36 OP/PHP service programs across 24 unique providers received incentive payments. Nine of the 36 service programs/locations were partial hospitalization providers.

## **REINVESTMENT**

Reinvestment Projects are developed from available HealthChoices treatment funds that are not expended during a given fiscal year, as well as any County or CABHC surplus administrative funds. If these funds are not designated to secure risk and contingency reserves or administrative costs, then they can be designated for reinvestment, capped at a maximum of 3% qualified revenue. Reinvestment funds can be used as start-up costs for In-Plan Services, development and purchase of Supplemental Services (in lieu of or in addition to in plan services) or non-medical services that support Members' behavioral health.

There were three ongoing reinvestment projects that were approved through OMHSAS that were part of the reinvestment priorities monitored for CY 2023, highlighted below. Overall, in CY 2023 there were 19 reinvestment priorities monitored. CABHC receives and evaluates monthly performance information to determine if stated objectives are occurring for each project. The information is reviewed for frequency, quantity, location of services and alignment with the stated objectives to assure that the needs of the individuals enrolled in each service are being met. The financial status of each project is monitored to verify that reinvestment funds are expended appropriately and the projects stay within budget.

### **1. Respite**

CABHC provides reinvestment funding to support the provision of Respite services to children/adolescents and adults. Respite services have been provided to Members since 2004. The service is utilized primarily by children and adolescents and is typically provided in the Member's home, but adults can also make use of the program. Management of the service is provided by a respite management agency, Youth Advocate Program (YAP), who is under contract with CABHC. Monitoring Respite utilization is provided by the CABHC Respite Workgroup which consists of representatives from CABHC, PerformCare, the Counties, stakeholders, and YAP. In 2023, the Respite Workgroup met to review utilization and discuss the challenges of expanding respite workers. Many respite providers reported lack of staff to deliver services. This led to a continued decline in utilization. The workgroup continues to discuss ways to expand the Respite network.

The Respite outcome data presented in Table 27 reflects the difficulty in recruiting and retaining respite workers. The number of Members served decreased from 54 to 43 in CY 2023, and the total number of respite hours provided decreased from 418 in CY 2022 to 353 in CY 2023. Total expenditures amounted to \$27,845.

**Table 27: Respite Services CY 2023**

County	# Members Served	In Home Hours
Cumberland	1	18
Dauphin	4	24
Lancaster	8	162
Lebanon	16	141
Perry	1	8
<b>Total</b>	<b>43*</b>	<b>353</b>

\*Unduplicated

## 2. Specialized Transitional Support for Adolescents

This Reinvestment program targets adolescents and young adults from the age of 16 up through the age of 24 who have a mental health diagnosis and need support in the areas of employment, education, independent living and community involvement and socialization. Transition Coordinators working with the youth conduct educational groups and/or individual sessions in order to work on the steps needed to reach individualized goals. The outcome of this program is to foster and encourage success in adulthood. The annual reports submitted by each program at the end of the fiscal year indicate successful outcomes for the majority of the program participants, especially those who stay engaged in the program. The programs report quarterly on goal progress in the areas of education, employment, engagement with recommended treatment, independent mobility, stable housing and community life. Activities in the programs addressed goal areas such as cooking, money management, job skills, and living skills and Members had opportunities to practice some of these skills through various activities within the community. From January 1 through December 31, 2023, a total of 162 youth participated in the four programs.

**Table 28: Specialized Transitional Support**

County	Program	Members
Cumberland/Perry	NHS Stevens Center	41
Dauphin	The JEREMY Project, through CMU	52
Lancaster	Community Services Group	45
Lebanon	The WARRIOR Project, PA Counseling Services	24

## 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 June 2022, the Pennsylvania Department of Drug and Alcohol Programs (DDAP) initiated a licensure program for recovery houses that receive funding or referrals from public sources. As funding for CABHC's Recovery House Scholarship Program stems from Medicaid dollars,

licensure is a requirement of any participating recovery house. Since this new licensure process, the network of Recovery Houses that have received licensure to be utilized for the scholarship program has continued to grow over CY 2023. As of December 31, 2023, a total of 22 licensed recovery house organizations were participating in the Program, offering 712 beds for men and women across 63 houses. In CY 2023, CABHC issued scholarships to 212 individuals, which is an increase from 170 in CY 2022.

All participating Recovery Houses are required to submit a follow-up individual questionnaire for each scholarship recipient. Questionnaires are required to be submitted to CABHC upon a recipient's departure or at the end of 90 days of residency. The information collected through these questionnaires is compiled and presented in an annual report that is shared with CABHC's Drug & Alcohol Workgroup and Board of Directors. The information revealed that 53% of people left voluntarily and 35% were asked to leave the recovery house for different reasons. Seventy two percent of the individuals were employed and another 10% were looking for work, and 58% were compliant with house rules. There were 161 (80%) Members that reported that they participated in treatment and 70% of the responses stated that they were able to maintain sobriety while living in the recovery house.

In addition to the three sustained reinvestment projects mentioned above, there were an additional fifteen 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, 2023.

## **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 that consumers of these services have a strong voice in evaluating the services that are being provided both from an individual provider review as well as from a HealthChoices Behavioral Health system review. CABHC contracts with CSS to provide and report on the Member and family satisfaction surveys.

The following are highlights from the CSS Annual Report for CY 2023:

CSS surveyed 1,788 consumers from the Counties that represent 1,288 (72%) and 500 children/adolescents (28%). Of all the adult consumers who were surveyed, 1,239 (96.2%) responded for themselves. For C/A, 474 (94.8%) had a parent/guardian respond for them, and 9 (.7%) responded for themselves with a parent/guardian present. There was a slight increase in the number of face-to-face surveys conducted compared to CY 2023, as shown in Table 29. Remnants from the impact of the COVID pandemic continue to affect the number of face-to-face surveys.



**Table 29: Total Interviews and Face-Face**

Report Period	Adult			Child			Total		
	Adult	F-F	%	Child	F-F	%	Total	F-F	%
<b>CY 2021</b>	1,093	90	8.20%	645	2	0.30%	1,738	92	5.30%
<b>CY 2022</b>	2,184	545	24.95%	2,240	49	2.18%	4,424	594	13.40%
<b>CY 2023</b>	1,288	535	41.54%	500	61	12.20%	1,788	596	33.30%

In CY 2023, there were 15 treatment levels of care that were surveyed by CSS. Data was collected by nine interviewers from 79 treatment facilities that include:

Levels of Care	Surveys	%
Crisis Intervention	566	31.7%
Partial Hospitalization	318	17.8%
SUD Inpatient Rehabilitation	211	11.8%
Mental Health Inpatient	175	9.8%
TCM Blended Case Management	172	9.6%
TCM Resource Coordination	105	5.9%
Psychiatric Rehabilitation	78	4.4%
SUD Halfway House	35	2.0%
Mobile Psychiatric Nursing	35	2.0%
TCM Intensive Case Management	29	1.6%
Residential Treatment Facility	26	1.5%
EIBS	10	0.6%
Medication Assisted Recovery Services	18	1.0%
Extended Acute Care	6	0.3%
CRR Hose Home	4	0.2%
<b>Total</b>	<b>1,788</b>	<b>100.0%</b>

There was a total of 28 items that were included in the calculation of the Total Satisfaction Score (TSS). Scores of 113-140 indicate a high level of satisfaction, scores of 85-112 indicate some level of satisfaction and scores below 84 indicate some level of dissatisfaction. Overall, the majority of individuals who accessed treatment were satisfied with their services that are reflected in the combined satisfaction score of 115.19, which is slightly higher than 113.15, from the CY 2022 surveys.

Of the 28 items or questions, 17 are focused on level of satisfaction with the services that an individual receives and 11 questions address the outcome of services, and how much individuals feel their life has improved as a result of receiving services. A service score between 68 and 85

and an outcome score between 44 and 55 indicate high levels of satisfaction. The following chart indicates that the scores show some level of satisfaction for C/A outcomes and high levels satisfaction for services and are in the high-level of satisfaction for outcomes and services for adults.

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



The full CSS, Inc. report provides detailed information on the satisfaction scores by age, county, race, implementation, outcomes and analysis of each question. The complete CSS CY 2023 Consumer Satisfaction report can be viewed on the CABHC web site at <https://www.cabhc.org/reports/consumer-surveys/>.

**FISCAL OVERVIEW**

During CY 2023, the Public Health Emergency due to the COVID-19 pandemic ended and continuous coverage began to unwind which triggered eligibility reevaluation of Members that were enrolled but may no longer be eligible for the HealthChoices Behavioral Health Program. An outreach plan was implemented to communicate with Members through various sources about the ending of the continuous coverage and provide support during the renewal process.

Also, at the end of 2023, the CABHC Board of Directors made the decision to permanently increase ambulatory services rates by 4% and increase all MH IP Rates to a base minimum rate of \$1,000, with an effective date in early 2024.

As in every year, financial oversight of CABHC and PerformCare’s financial position, and the HealthChoices Program remains an ongoing, shared endeavor between CABHC fiscal staff,

CABHC's Fiscal Committee and the Board of Directors. Below is each oversight area that is discussed in further details.

### **CABHC Fiscal Year Financial Performance**

CABHC's administrative financial performance was very positive during CY 2023 even with the decrease of membership during the FY of -10.78%. As discussed above, this larger than normal decrease in membership was due to the ending of the COVID-19 federal public health emergency and the unwinding of the continuous coverage of enrollees. One variable that contributed to the positive financial performance of CABHC was the significant increase in interest income earned on all CABHC bank accounts. CABHC's administrative expenditures remained stable from the prior year. The County administrative expenditures also remained stable from the prior year. The administrative capitation received by both the Counties and CABHC in excess of related expenses was used to continue ongoing reinvestment priorities and developed a number of new priorities.

CABHC's Fiscal Committee is responsible for monitoring and reporting on the financial position of CABHC, reviewing financial statements and presenting the information to the Board of Directors on a monthly basis. CABHC had an audit conducted at the end of the calendar year. CABHC's contracted auditors, The Binkley Kanavy Group, conducted the corporate audits at the close of each period resulting in no reportable findings.

### **Monitoring of PerformCare Financials**

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

During CY 2023, the Fiscal Committees review of the PerformCare financial statements included the monitoring of vacant positions, and where these positions were in the corporation's approval process for hiring. These open positions were then also discussed when reviewing the reported salaries/benefits/payroll taxes expenditures compared to the budget.

Another area of focus was the monitoring of management and service fees PerformCare pays to PerformCare's parent company, AmeriHealth Caritas. The current contract with PerformCare contains requirement that they provide an explanation to CABHC of increases in these fees over a certain percentage threshold. At the end of CY 2023, the management fees and services fees were below the budget target range.

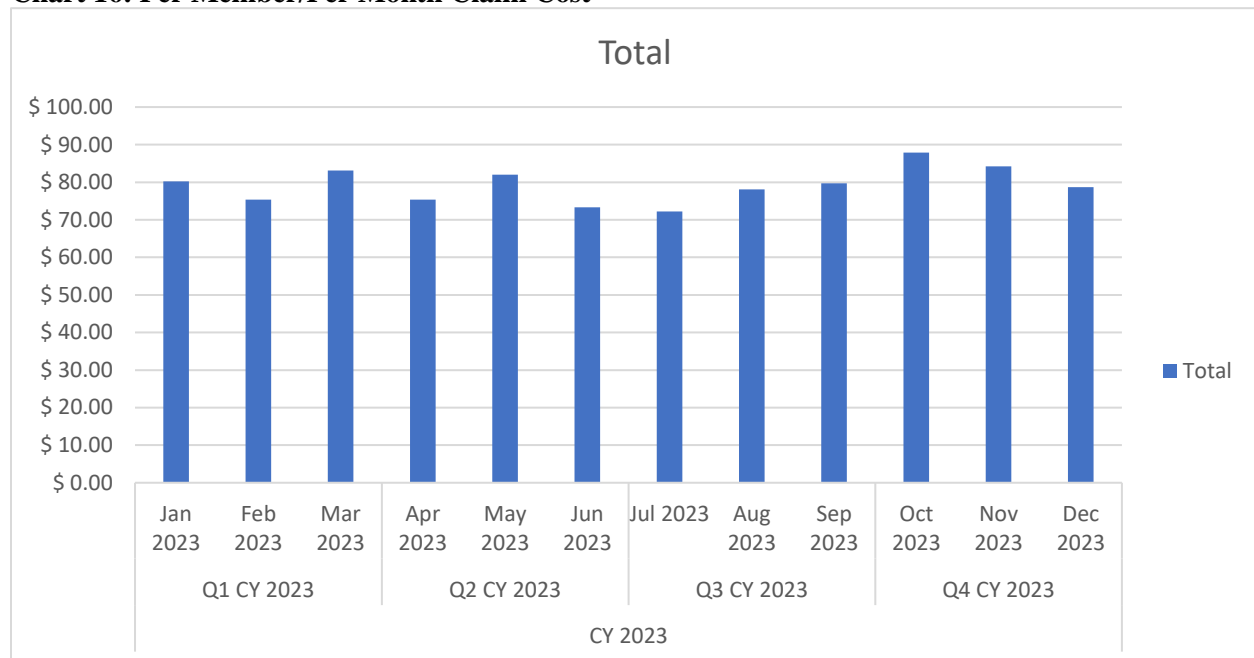
PerformCare ended the fiscal year with excess administrative surplus above the contract stated profit cap and therefore was required to return funds to CABHC. CABHC will use these excess funds along with other excess funds to replenish risk reserves to the maximum allowable amount, continue ongoing reinvestment priorities, and develop a number of new reinvestment priorities.

### HealthChoices Program Performance

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

The Chart below reflects the Per Member Per Month medical claims cost paid during each month for January 2023 – December 2023. The program paid claims with a PMPM cost of \$79.08 for January 2023- December 2023.

**Chart 16: Per Member/Per Month Claim Cost**



The HealthChoices medical revenue received in CY 2023 exceeded the medical expenses paid; therefore, excess funds up to the 3% shared reinvestment savings will be used to fund risk reserves to maximum allowable amounts, continue ongoing reinvestment priorities and develop new reinvestment priorities.

For CY 2023, the Binkley Kanavy Group also conducted an audit of various aspects of the HealthChoices program, which included claims processing, MIS/Encounter data reporting, MCO subcontractor profit cap arrangements, and financial management and reporting for the fiscal year. The audit included quarterly claims data testing, an annual trip to CABHC, and data requests from PerformCare. The Binkley Kanavy Group issued the opinion that the financial schedules were presented fairly, in material respects and in conformity with accounting principles prescribed by the Commonwealth of PA, Department of Human Services, and contained no reportable findings.

## **CONCLUSION**

The CABHC HealthChoices Behavioral Health program is responsive to the need for both mental health and substance abuse services for children/adolescents and adults. The success of CABHC is dependent on Counties, PerformCare and stakeholders who work together and are committed to providing valuable feedback about the program and contributing their time and resources, and the Providers in the network that make sure services are available so that Members have access to high quality services. Over the past year, CABHC and PerformCare continually monitored the Program due to the many challenges that continued such as staffing shortages and the PHE unwinding, in order to sustain and create alternatives to fund services and being flexible in the provision of service.

The strong cooperation between CABHC, County partners, Providers, PerformCare, OMHSAS and Stakeholders helps to provide a forum to come together in efforts to make improvements to the HealthChoices Behavioral Health program that leads to more efficient and high-quality service. Our priorities for the HealthChoices program moving forward have been and will continue to include an emphasis on integration of behavioral and physical health services. This priority will be addressed through continued identification of services and supports that promote whole person care, along with continued collaboration with PHMCOs to increase care coordination. Another initiative will be to work with providers to develop approaches that support improved health outcomes and measuring this objective with improved BH outcomes. The other aspect to whole person care is the integration of Social Determinants of Health through innovative funding approaches.

## **CABHC BOARD OF DIRECTORS**

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Judy Erb		Lancaster County
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Kristin Varner		Dauphin County

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Melissa Hart, Chief Financial Officer

Amanda Treadwell, Director of Program Management

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Tracye E. Johnson, Member Relations Specialist

LeeAnn Fackler, D&A Specialist

Nikki McCorkle, Quality Assurance Specialist

Ramona Williams, Provider Relations Specialist

Akendo Kareithi, Accountant

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Theresa Bingaman, Consumer  
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Jeff Bowers, Consumer  
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Abby Robinson, CSS

Tracye E. Johnson, CABHC  
Becky Mohr, Lancaster County  
Denyse Keaveney, Consumer  
Annie Strite, Cumberland/Perry County  
Denise Wright, Consumer  
Pam Jones, Consumer  
Elizabeth Bowman, Consumer  
Jeremy Sipes, Consumer  
Sherri Cummings, Consumer  
Latisha Brown, Consumer  
Frank Magel, Dauphin County

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Annie Strite, Cumberland/Perry County  
January Abel, Recovery-Insight, Inc.  
Kasey Felty, Lebanon County MH/ID  
Thalia Catino, Peer Star  
Karen Speece, Keystone Service Systems  
Greg Snyder, Lancaster County

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Kim Maldonado, Philhaven  
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Brian Wilson, Cumberland Perry County

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Megan Johnston, Cumberland/Perry County  
Christine Kuhn, Lancaster County  
Robin Tolan, Cumberland/Perry County  
Kasey Felty, Lebanon County

Amanda Treadwell, CABHC  
Jenna O'Halloran-Lyter, CABHC  
Nikki McCorkle, CABHC  
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Erica Scanlon, Lancaster County  
Janine Mauser, Lebanon County  
Annie Strite, Cumberland County

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Scott Suhring, CABHC  
Janina Kloster, PerformCare  
Ramona Williams, CABHC

Holly Leahy, Lebanon County  
Lynn Pascoa, Dauphin County  
Denise Wright, CFFC Representative  
James Donmoyer, Lebanon County

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Sue Douglas, Lebanon County  
Erin Watts, Lancaster County  
Judy Erb, Lancaster County

Linda McCulloch, Cumberland/Perry County  
Rick Kastner, Lancaster County  
Ryan Simon, Cumberland/Perry County  
Joe Scott, Lancaster County  
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Chief Executive Officer  
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Chief Financial Officer  
Children's Specialist  
Provider Relations Specialist  
Quality Assurance Specialist  
Drug & Alcohol Specialist  
Member Specialist



**Appendix A:**

<b>Reinvestment Project</b>	<b>County</b>	<b>Provider</b>	<b>Plan Year</b>	<b>Start Date</b>	<b>Status</b>
<b>Respite Care</b>	All	YAP	17/18, 19/20	12/1/2004	Operational
<b>Description:</b>					
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.					
<b>Status:</b> Update 12/2023: For the month of October 2023 total units delivered were 385 in the amount of \$1,836. Totals spent for the year-to-date is \$23443. YAP RMA will outreach to community churches, college psychology, social work, and education departments to expand the network. YAP will maintain a running list of all contacts and status of contacts.					

<b>Reinvestment Project</b>	<b>County</b>	<b>Provider</b>	<b>Plan Year</b>	<b>Start Date</b>	<b>Status</b>
<b>Specialized Transitional Support for Adolescents</b>	All	Jeremy, NHS, Warrior CSG	19/20	Various	Operational
<b>Description:</b>					
This project was started with the goal of giving support to adolescents from the age of 16-22 years who are HealthChoices Members. These Members all are at a point where there is a need to begin planning their transition from children to adult services. The transitional program is designed to focus on four basic target domains to assist these individuals in becoming successful adults, including: Education, Employment, Independent Living, and Community Involvement. There are currently four providers for transitional services, The Jeremy Project in Dauphin County, Merakey (formerly NHS Stevens Center) in Cumberland and Perry Counties, PCS Warrior in Lebanon County and CSG in Lancaster County.					
<b>Status:</b> Update 12/2023: For the month of October, 82 Members participated in the STSA project. Total units delivered were 1,681 bringing the total units delivered in CY23 to 19,088. STSA Coordinators reported a decline in client interest and participation due to the transition from the summer months. Each program has identified ways to increase participant interest in the winter months. Each program provided a summary of group meetings/activities for the month. Activities addressed goal areas such as cooking, money management, job skills, and living skills. Members had opportunities to practice some of these skills through various activities within the community.					

<b>Reinvestment Project</b>	<b>County</b>	<b>Provider</b>	<b>Plan Year</b>	<b>Start Date</b>	<b>Status</b>
<b>Recovery House Scholarship Program</b>	All	Various	16/17, 19/20	12/1/2007	Operational
<b>Description:</b>					
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.					
<b>Status:</b> Update 12/2023: The Recovery House Scholarship program awarded 21 new scholarships in October and 34 in November, bringing the total number of scholarships issued YTD to 191. Scholarship payments YTD total \$133,517. Issuing of					

new scholarships and enrollment of new houses resumed on a house-by-house basis upon confirmation of DDAP licensure. There are 21 RH organizations with 62 RH sites licensed and enrolled in the scholarship program through November.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
<b>Housing Initiative</b>	All	Pending	19/20	Varied	Under Development
<b>Description:</b>					
Each County has its own housing initiative plan as presented to OMHSAS.					
<b>Status:</b> 12/2023: Cumberland County has moved forward with the development of the Senior Living project, Citrus Grove. Dauphin County has moved forward with the Sycamore Housing project to develop a quality affordable housing development within Harrisburg City.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
<b>Embedding RSS in D&amp;A OP Clinics</b>	All Counties	PHS	17/18, 19/20	9/2018	Under Development
<b>Description:</b>					
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.					
<b>Status:</b> Update 12/2023: Perry Human Services reported that their CRS saw five (5) consumers in October. They have provided CRS services to seven consumers YTD. This service expanded to embed a CRS into the following four additional SU OP clinics: Ponessa Behavioral Health in Dauphin Co., PCS in Cumberland County, Naaman Center in Lebanon, and ARS in Lancaster. All of these additional sites have hired a CRS as of July and encounter data is being reported through Sync now that service delivery has started. Plans for additional CRS expansion across the Counties are under development as of this report.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
<b>RTF Development</b>	All	CSG	16/17	TBD	Under Development
<b>Description:</b>					
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.					
<b>Status:</b> Update 12/2023: In December, CSG received the finalized OCYF budget documentation. CSG continues to review referrals from PerformCare. CSG scheduled and held a meet and greet. They continue to maintain communication with PerformCare regarding referral status. The second admission to the program is scheduled for 12/14/23. The current onboarded staff -1 PD, 1 APD, 1 MHP, 3 F/T MHW, 4 P/T MHW, 1 LPN and 2 RN. Additional on-call nursing support is being provided by existing CSG staff. CSG is continuing to review all position postings, sign on bonuses, and advertising with CSG recruiter. CSG continues to process applicants received and conduct interviews for remaining open positions, which include 1 Clinical Supervisor (offer pending), 1 F/T MHW, 3 P/T MHW and additional RN's for on-call/PRN rotation schedule.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
<b>Re-Engineered Discharge (RED) MHIP</b>	All	Holy Spirit Hosp.	19/20	TBD	Not completed – funds reallocated

<b>Description:</b>
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:
<b>Status:</b> Update 12/2023: Funds have been reallocated due to lack of interest from HSH executive management.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
<b>Recovery House Licensing Support</b>	All	Varied	19/20	July, 2022	Operational
<b>Description:</b>					
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.					
<b>Status:</b> Update 12/2023: No updates this month. Seven of the nine RH organizations who received a grant through this project have become licensed with DDAP and all seven have been re-enrolled in CABHC’s recovery house scholarship program as of this report. The remaining two RH organizations are in various stages of pursuing DDAP licensure and were each given contract extensions to 12/31/23.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
<b>D&amp;A MAT Expansion</b>	All	Varied	19/20	TBD	Under Development
<b>Description:</b>					
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).					
<b>Status:</b> Update 12/2023: This service expanded into Dauphin County (Gaudenzia Harrisburg OP), Lancaster County (BluePrints), and C/P Counties (Roxbury). Roxbury hired a doctor and has started Suboxone maintenance at their IP and residential levels of care. They are hopeful that services will expand to the OP clinic, either by this doctor or a different physician who might be willing to do a few hours of MAT OP. Three proposals were received for additional MAT expansion in Dauphin, Lancaster, and Lebanon Counties (none were received for C/P). These proposals have been distributed to the respective SCAs for review.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
<b>SDOH Projects</b>	All	Varied	19/20	TBD	Operational
<b>Description:</b>					
Services are targeted to support adults and children/adolescents (children) who are enrolled in MA. The target population will either be part of the OMHSAS approved CBCMP FQHC program model, or through the County’s Case Management Unit/Crisis Intervention Service. This priority will utilize reinvestment funds to support the funding of SDoH supports as provided by CBOs in our Counties. The first model ties the funding of SDoH as part of the OMHSAS approved Community Based Care Management Program that we operate with our four FQHCs utilizing Community Health Workers. Reinvestment funds will be leveraged to provide access to SDoH supports through a needs assessment conducted by the CHWs. The second					

model will operate similarly to the first model but will broaden the population to be served by allocating funds to each of the Counties for use by their Case Management programs and Crisis Intervention. The funds will broaden support to members that are not involved with the FQHC/CHWs but are just as much in need of supports with their SDoH.

**Status:** Update 12/2023: The FQHC's continue to submit data related to CHW contacts. YTD CHW encounters: Family First (3 locations) has served 204 individuals; Hamilton Health (4 locations) has served 2,096 individuals; Sadler (1 location) has served 714 individuals; and Union Community Care (6 locations) has served 5,968 individuals. All four FQHC's have an approved Service Description related to addressing SDoH needs and have fully implemented their SDoH programs. YTD SDoH supports: Family First has provided assistance to 19 individuals for a total of \$5,340.37; Hamilton Health has assisted 48 individuals for a total of \$12,085.96; Sadler has assisted 102 individuals for a total of \$10,106.53; and Union Community Care has assisted 79 individuals for a total of \$86,577.67.

Lebanon, Lancaster, Cumberland, and Perry Counties have all implemented their County level SDoH projects. Dauphin County now has an approved service description and will complete the data training and begin providing support in the new year. YTD SDoH supports: Lebanon has assisted 27 individuals for a total of \$27,847.98; Lancaster has assisted 103 individuals for a total of \$10,447.92; Cumberland has assisted 27 individuals for a total of \$18,989.27; and Perry has assisted 3 individuals for a total of \$3,562.38.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Recovery Center Enhancement Grants	All	Varied	19/20	July, 2022	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.

**Status:** Update 12/2023: No updates this month. The last of the contract extensions ended on 6/30/23. RASE still had funds to draw down but no addition extension was granted, so CABHC is in the process of collecting the final invoices and required paperwork from them. Recovery Centers will each be monitored for a period of 5 years as part of their contract with CABHC.

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.

**Status:** Update 12/2023: PA C. Karl's annual liability will be paid in December and they're considering loan forgiveness. PA Chelsea Fought is expected to move to FT 32 hours on January 2, 2024. RFPs were sent to PPI and Penn State Health Holy Spirit back in September/October 2022; however, they have not responded to date to take advantage of the opportunity to improve psychiatric access.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
<b>Child/Adolescent Partial Hospitalization Program</b>	Cumb/Perry Dauphin		19/20	TBD	Operational
<b>Description:</b>					
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.					
<b>Status:</b> Update 12/2023: Project is completed. Waiting on final invoicing to CFO.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
<b>D&amp;A NH 3.5 Rehab</b>	Lancaster	Nuestra Clinica	19/20	TBD	Under Development
<b>Description:</b>					
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.					
<b>Status:</b> Update 12/2023: No update. Scott and Rick met with Nuestra's new CEO and leadership team to get a better understanding of this project's status. No update from (or since) that meeting was available as of this report.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
<b>BH Urgent Care</b>	Dauphin/Lancaster		19/20	TBD	Under Development
<b>Description:</b>					
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).					
<b>Status:</b> Update 12/2023: LGH working with architect for floor plans.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
<b>ABFT</b>	All	Varied	19/20	TBD	In Progress
<b>Description:</b>					
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.					
<b>Status:</b> 12/2023: The ABFT training workshops were held September 19, 20, and 21, 2023. There were 27 confirmed therapists from 7 providers (Wellspan, Campbell Counseling, Center for Hope and Healing, CHI-Lancaster, CSG, and PA Counseling) who attended the training. The second workshop is currently being planned for April 2024.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Peer Support Services	All	Recovery Insight	19/20	8/2022	Under Development
<b>Description:</b>					
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).					
<b>Status:</b> 12/2023: In November, they received two adult referrals across the expanded service area. Referral sources were advised that RI lacked availability of a female CPS as requested. Two adults were discharged. They are currently serving seven individuals in the expanded area, two are youth aged 14 to 18. At the end of November, the difficult decision was made to discontinue services in the expanded area effective January 1, 2024.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
MH drop-in Center/Social rehab enhancement grants	All	Various	2021	5/2023	In Progress
<b>Description:</b>					
Mental Health Drop-in Centers/Social Rehab Centers provide a location in the community that adults with SMI can go to socialize, receive support in SDOH and to develop meaningful activities amongst their peers. The funds will be distributed through a grant application process that each of the 9.25 Drop-in/Social Rehab Centers will be solicited to respond. Funds can be used to improve the services at the Center through purchases that are many times difficult to accomplish when Centers rely primarily on donations and charitable fund-raising events, this project will greatly assist these programs in their vital role in supporting our Members.					
<b>Status:</b> 12/2023: Centers are beginning to utilize the funds.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Behavioral Health Supports for Nursing Home Facilities	All	Varied	2021	TBD	Under Development
<b>Description:</b>					
This project is designed to develop a nursing home behavioral consultation service targeted to Community Health Choices Members who are residents in Nursing Facilities (NF) with a diagnosis of dementia with behavioral disruption. The service would be delivered by master's or doctoral level clinicians with experience in functional behavioral assessment, behavioral plans, and/or experience working with the target population. The service also includes in person, hands on training for direct care nursing facility staff to implement, monitor and adjust behavioral plans as needed. The service will include periodic reassessments and changes or updates to behavioral plans. The duration of the consultation and training services is short term.					
<b>Status:</b> 12/2023: No new updates. Two Nursing homes are to be identified to work with in this project, as well as a provider that will house the Behavioral Consultant.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Dauphin County Psych Rehab Services Provider	All	CSG	2021	TBD	Under Development
<b>Description:</b>					
CABHC and PerformCare has developed Psychiatric Rehabilitation services as an In Leu of Service in all of the Counties. Dauphin County has been operating Psychiatric Rehabilitation services for the past several years, offering primarily site-based					

services, with some ability to deliver Mobile Psych Rehab. Recently, Keystone Human Services made the decision to close their Psych Rehab program leaving Dauphin County without a Psych Rehab provider. It is the intent of this plan to fund the procurement and start-up of a new Psych Rehab provider to re-establish the service in Dauphin County.

Status: 12/2023: CSG located two sites for possible location of service. Comparing construction costs to determine best option and location for the service.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
<b>Access to Telehealth Support for Members</b>	All	Naaman	2021	TBD	In progress
<b>Description:</b>					
<p>This project would provide funding that would be managed by selected providers to eliminate barriers such as maintaining an equipment loan program, paying internet charges, hot spot equipment, and others that would be viewed as supportive. An RFI will be issued to selected providers in both the MH and SUD network to manage the funds that will assist Members and their families to obtain access to telehealth. Selected providers must offer telehealth as an option for treatment when clinically appropriate. A selection committee will develop the format of the RFI and will focus on innovative strategies that can help reduce the inequities of access to telehealth.</p>					
<p>Status: 12/2023: One provider submitted a proposal, Naaman Center.</p>					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
<b>Contingency Management for Adults Training</b>	All	Naaman, Blueprints, Gaudenzia	2021	TBD	In progress
<b>Description:</b>					
<p>Contingency management refers to a type of behavioral therapy in which individuals are ‘reinforced’, or rewarded, for evidence of positive behavioral change. These interventions have been widely tested and evaluated in the context of substance misuse treatment, and they most often involve provision of monetary-based reinforcers for submission of drug-negative urine specimens. This project will contract with a vendor who is recognized to provide training, mentoring of fidelity and eventual certification in CM by participating clinicians. The project would identify 5 D&amp;A OP Clinics who would agree to the implementation of CM and to identify up to 5 therapists that are qualified to participate in the training.</p>					
<p>Status: 12/2023: CABHC with TSS Arena completed the project kick-off meetings with each of the providers. Providers will begin the training modules in early January.</p>					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
<b>MHPs with Mobile CIS</b>	All	Varied	2021	TBD	Under Development
<b>Description:</b>					
<p>OMHSAS has adopted the plan for Crisis Intervention Service to come into compliance with the SAMSHA National Guidelines for Behavioral Health Crisis Care. Community-based mobile crisis services use face-to-face professional and peer intervention, deployed in real time to the location of a person in crisis, in order to achieve the needed and best outcomes for that individual. Most community-based mobile crisis programs utilize teams that include both professional and paraprofessional staff. RFPs will be developed and sent out to selected providers.</p>					
<p>Status: 12/2023: This project is being rolled into the new Crisis programs within the 5 Counties.</p>					

<b>Reinvestment Project</b>	<b>County</b>	<b>Provider</b>	<b>Plan Year</b>	<b>Start Date</b>	<b>Status</b>
<b>Peer Support with Mobile CIS</b>	All	Varied	2021	TBD	Under Development
<b>Description:</b>					
OMHSAS has adopted the plan for Crisis Intervention Service to come into compliance with the SAMSHA National Guidelines for Behavioral Health Crisis Care. Community-based mobile crisis services use face-to-face professional and peer intervention, deployed in real time to the location of a person in crisis, in order to achieve the needed and best outcomes for that individual. Most community-based mobile crisis programs utilize teams that include both professional and paraprofessional staff. RFPs will be developed and sent out to selected providers.					
Status: 12/2023: This project is being rolled into the new Crisis Program within the 5 Counties.					

<b>Reinvestment Project</b>	<b>County</b>	<b>Provider</b>	<b>Plan Year</b>	<b>Start Date</b>	<b>Status</b>
<b>Psychiatric Residency Program</b>	All	Penn State	2021	TBD	Under Development
<b>Description:</b>					
In concert with the Capital Area Behavioral Health Collaboratives, its Counties and their Members, Penn State Psychiatry Community Psychiatric Resident Track will expand an additional residency slot dedicated to work in partnership with community providers to support the training of 4 new psychiatrists and to have them work in ambulatory locations throughout the Counties.					
Status: 12/2023: No updates at this time.					

<b>Reinvestment Project</b>	<b>County</b>	<b>Provider</b>	<b>Plan Year</b>	<b>Start Date</b>	<b>Status</b>
<b>D&amp;A RSS Services, standalone program</b>	All	Varied	2021	TBD	Under Development
<b>Description:</b>					
This project would build on existing success of CRS services, and bring into the network a second free standing provider who will offer RSS in the Counties. A provider will be selected that will be located in our Counties and will receive referrals from other providers, the SCAs, and self-referrals seeking to benefit from the recovery support that RSS can offer. The implementation will support the hiring of 10 CRSS that will be assigned to a specific County or Counties based on the demand and the mix of where referrals reside. This service is to support the more formal treatment while addressing many of the life challenges persons face every day, most notable social determinants of health and resource access.					
Status: 12/2023: Letters are being sent to 10 recovery community organizations on 12/1/23 to determine those that have an interest in developing this program. Responses are due to CABHC 12/29/23 and the RFP will be issued soon thereafter.					