



# **2022 Annual Report**





To Our Colleagues and Stakeholders:

As the Health Choices Executive Director at Behavioral Health Services of Somerset and Bedford Counties, Inc. (BHSSBC), I am pleased to provide you with access to our annual report.

BHSSBC began in July 2007 with the vision of providing quality care and timely access to HealthChoices Members in Somerset and Bedford Counties. BHSSBC has continued to work for our communities to ensure that evidence-based programs and the most up-to-date treatment options are available in our counties. Beginning July 1, 2019, BHSSBC began partnering with Community Care Behavioral Health Organization (Community Care) as the Managed Care Organization for Behavioral Health Services in Somerset and Bedford Counties.

This report covers Calendar Year 2022 which includes the Public Health Emergency (PHE) relating to Coronavirus. The PHE will be ending in 2023, and BHSSBC has closely monitored all information related to this topic throughout 2022 to prepare for this change. Throughout the PHE, Providers were able to apply for Alternative Payment Arrangements (APAs) and these APAs were an effort to keep the Provider Network operational and fiscally sound. We should note that due to the hard work of our Provider Network, we were able sunset the APA payments effective July 1, 2022.

Although Calendar Year 2022 continued to provide unexpected challenges for our Members, Communities, Providers, and our Nation as a whole, we did realize some important gains such as the continued use of Telehealth technology to provide needed services to members. In addition, the advances made in offering virtual platforms to the Provider Network for meetings and training opportunities are areas that have forever changed how we conduct business.

We appreciate the important role you play in ensuring the success of the local HealthChoices Program. By working together, members and families experiencing behavioral health and/or substance use complexities can live full, satisfying, and productive lives in our communities.

Should you have any questions, please contact Cathy Krinjeck, HealthChoices Executive Director, at 814-443-8182, extension 4121. **THANK YOU** for your continued commitment to our communities.

Sincerely,

A handwritten signature in black ink that reads "Cathy Krinjeck MA". The signature is written in a cursive style.

Cathy Krinjeck, MA  
BHSSBC Executive Director

A handwritten signature in black ink that reads "Sandra Benko". The signature is written in a cursive style.

Sandra Benko, M.Ed.  
BHSSBC Administrator  
Bedford-Somerset DBHS County Administrator

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# **BHSSBC ORGANIZATIONAL STRUCTURE**

## **Corporate Members – County Commissioners**

- Gerald Walker, Somerset
- Colleen Dawson, Somerset
- Pamela Tokar-Ickes, Somerset
- Barry Dallara, Bedford
- Deb Baughman, Bedford
- Alan Frederick, Bedford



## **Corporate Board of Directors**

- Mary Piatt-Bruner, Chairperson
- Leah Winegardner, Vice-Chairperson
- Sandra Benko, Administrator
- Pam Humbert
- Rose Zajdel-McKay
- Suzie Edwards
- Mary Gerhard
- Lori Gaskin
- Denise Ickes
- Lynn Plesnick



## **BHSSBC Management and Support Staff**

- Cathy Krinjeck, M.A., HealthChoices Executive Director
- Melissa Baker, B.S., Finance Director
- Tina Heinrich, Ed.S., Clinical Director
- Melissa Lenart, B.S., Quality Management Director
- Debra Thomas, B.A., Community Relations Specialist
- Kris Snelson, LPC, Clinical Care Manager
- Cathy Harriman, LSW, Clinical Care Manager
- Marion Kush, LSW, Clinical Care Manager
- Jackie McVicker, LSW, Clinical Care Manager
- Ayla Bowser, LCSW, Clinical Care Manager
- Wendy Farkosh, Fiscal Technician
- Linda Hayward, Administrative Assistant

# **INTRODUCTION**

HealthChoices is the Commonwealth of Pennsylvania's mandatory Medical Assistance (Medicaid) managed care program administered by the Department of Human Services (DHS). The HealthChoices Program has three primary goals:

1. Improve access to health care services for Medical Assistance recipients.
2. Improve the quality of health care available to Medical Assistance recipients.
3. Stabilize Pennsylvania's Medical Assistance spending.

This integrated and coordinated healthcare delivery system was introduced by the Commonwealth to provide medical, psychiatric, and substance use services to Medical Assistance recipients. The three components of the HealthChoices Program are:

1. Physical Health Services.
2. Enrollment Assistance Program; and
3. Behavioral Health Program (mental health and substance use treatment services).

The Office of Medical Assistance Programs (OMAP) administers the first two components. The Office of Mental Health and Substance Abuse Services (OMHSAS) oversees the third component.

DHS introduced the HealthChoices Program on a staggered basis, starting first in southeastern Pennsylvania and expanding the program throughout the state over a period of ten years. As of July 1, 2007, the HealthChoices program was fully implemented throughout the Commonwealth.

Because of the cross-cutting coordination needs of Medical Assistance recipients, the unique structure of the behavioral health and human services delivery systems administered by the counties, and their over 30 years' experience in administering behavioral health service programs, DHS determined that county governments would be offered the right-of-first opportunity to participate in a capitated contract with the Commonwealth to manage the Behavioral Health Program.

Somerset and Bedford Counties accepted the opportunity to manage the local HealthChoices Program and entered into a full-risk capitation contract with the Commonwealth. In 2006, Somerset and Bedford Counties formed a 501(c)3 corporation called Behavioral Health Services of Somerset and Bedford Counties, Inc. (BHSSBC). BHSSBC has the responsibility of overseeing the local behavioral health and substance use services funded through the Pennsylvania HealthChoices Program.

Effective July 1, 2014, BHSSBC changed to a full-risk model and contracted with PerformCare as an Administrative Service Organization (ASO) performing defined administrative functions. BHSSBC provided oversight and monitoring of all PerformCare's activities to ensure full compliance with its contract with the DHS. Through June 30, 2019, PerformCare completed all ASO functions as described below.

During FY 2018/2019, BHSSBC conducted and completed a Request for Proposals process that led to a new Behavioral Health Managed Care Organization to fulfill the ASO functions beginning FY

2019/2020. Community Care Behavioral Health Organization (Community Care) was fully implemented in Somerset and Bedford Counties effective July 1, 2019.

Services provided by the Behavioral Health Managed Care Organization include:

- 24/7 Member Services;
- Care Management;
- Community Education;
- Provider Network Development;
- Advocacy Assistance; and
- Claims Management.



For more information about  
Community Care, visit:  
<https://www.ccbh.com/>

The needs of the high-risk populations included in the HealthChoices Program requires broad-based coordination to assure appropriate access, service utilization, and continuity of care for Members with serious mental illnesses and/or substance use disorders. To meet these needs, BHSSBC provides clinical care management by employing five Clinical Care Managers to manage and coordinate care for complex, high risk, and high-cost Members.

The Clinical Care Managers (CM) at BHSSBC reside in our communities and are familiar with the Members we serve and the resources available in Somerset and Bedford Counties. They use a person-centered approach to care management, following the Members on their caseload through the various levels of care they are receiving. Following July 1, 2019, implementation, BHSSBC's CMs remained an integral part of the Member Serving system.

Community Care has three full-time Care Managers within Bedford-Somerset Counties to allow a personal hands-on approach to treatment and wellness. BHSSBC and Community Care assigned one Care Manager each as a Pre/Post Natal Care Manager. BHSSBC's Care Manager is assigned the Pre/Post Care Management for Bedford County and Community Care's Care Manager covers Somerset County.



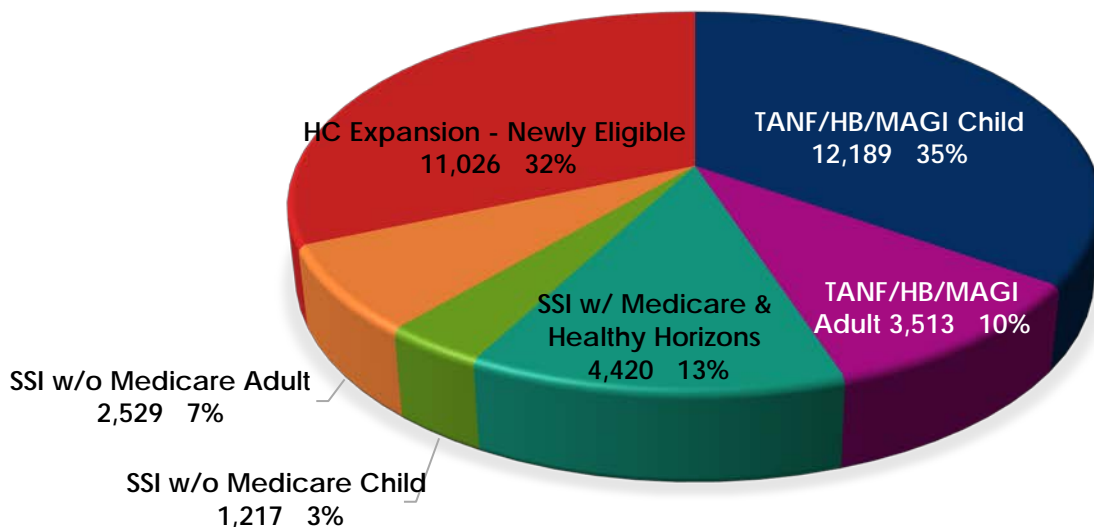
## DISCLAIMER REGARDING 2022 DATA REPORTS

Prior to the 2019/2020 BHSSBC Annual Report, all previous annual reports were based solely on the claims data and utilization trends. Due to the Coronavirus Pandemic Emergency Declaration in Pennsylvania effective on March 20, 2020, Behavioral Health and Substance Use providers were instructed to follow Center for Disease Control (CDC) directives regarding social distancing, masking, quarantine, and other guidelines. BHSSBC and Community Care worked to develop Alternative Payment Arrangements (APAs) for the provider network to keep providers' virtual doors open due to decreased service opportunities. The APAs were created to bridge the gap between the number of services providers were delivering prior to the Pandemic and the number of services that they had been able to successfully deliver under CDC guidelines and Member fears.

Throughout 2022, the Somerset-Bedford Provider System resumed face-to-face services and continued to offer telehealth and telemedicine opportunities. While our utilization has not rebounded to pre-pandemic levels, the Somerset-Bedford system has increased service delivery. Due to the increased utilization and the projected end of the Public Health Emergency, the APA's were discontinued effective July 1, 2022.

### Enrollment by Medical Assistance Category of Aid \*

**32,844 Members were enrolled in the Somerset and Bedford HealthChoices Program during CY 2022.**

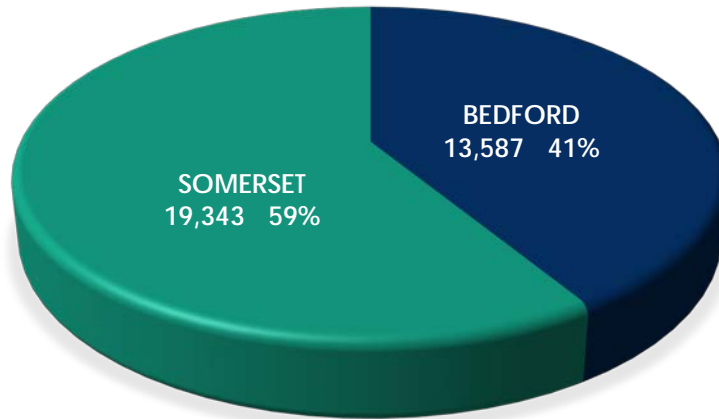


\* Some Members may have been enrolled through multiple categories during the Calendar Year.



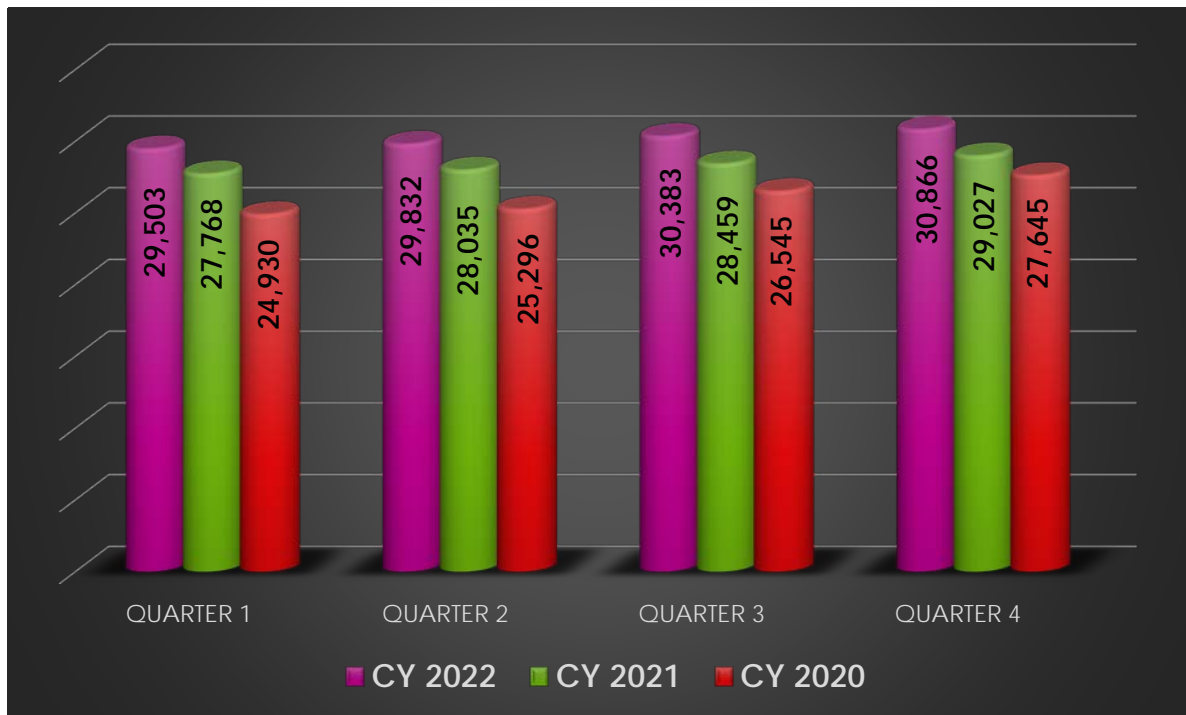
## Enrollment by County \*

Calendar Year 2022 enrollment reflects a **6%** increase in HealthChoices enrollment.



\*Some Members may have lived in both counties at different times during the Calendar Year.

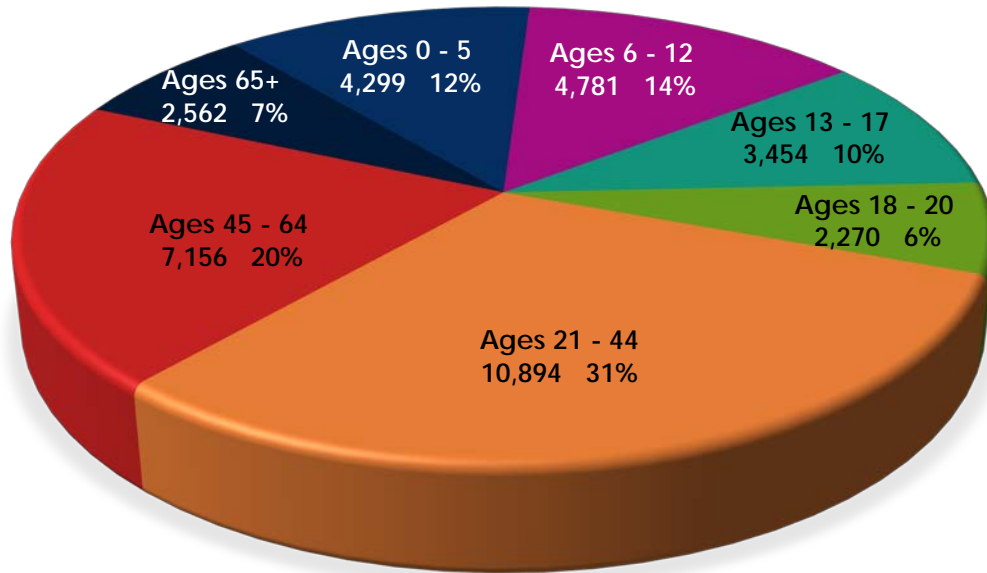
## Enrollment by Quarter



# MEMBER DEMOGRAPHICS

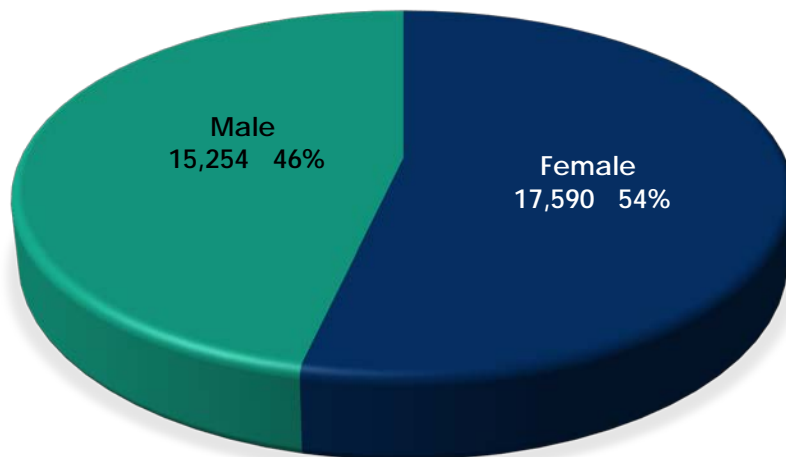
**32,844 Members were enrolled in the Bedford and Somerset HealthChoices Program during CY 2022.**

## Enrollment by Age Group\*

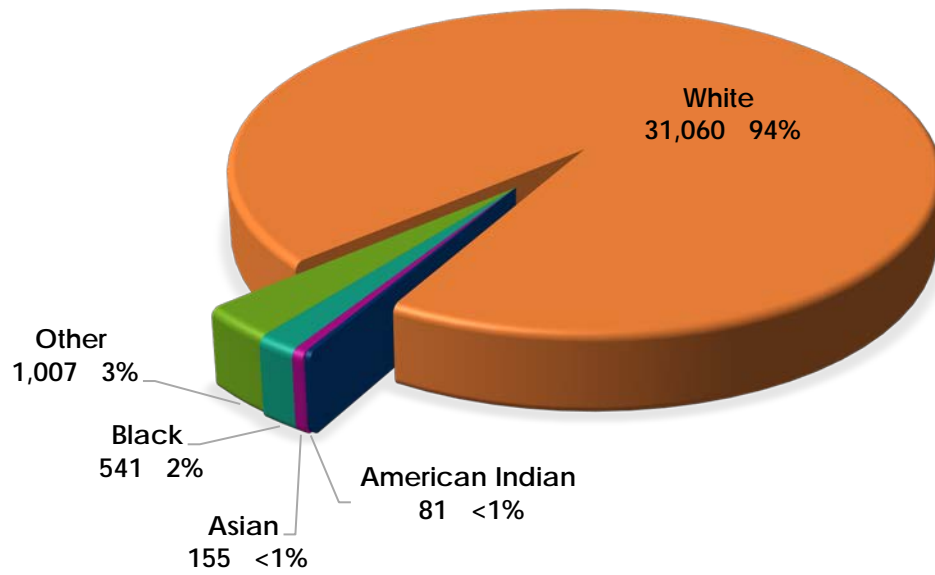


\*Some Members may fall into more than one Age Group during the Calendar Year.

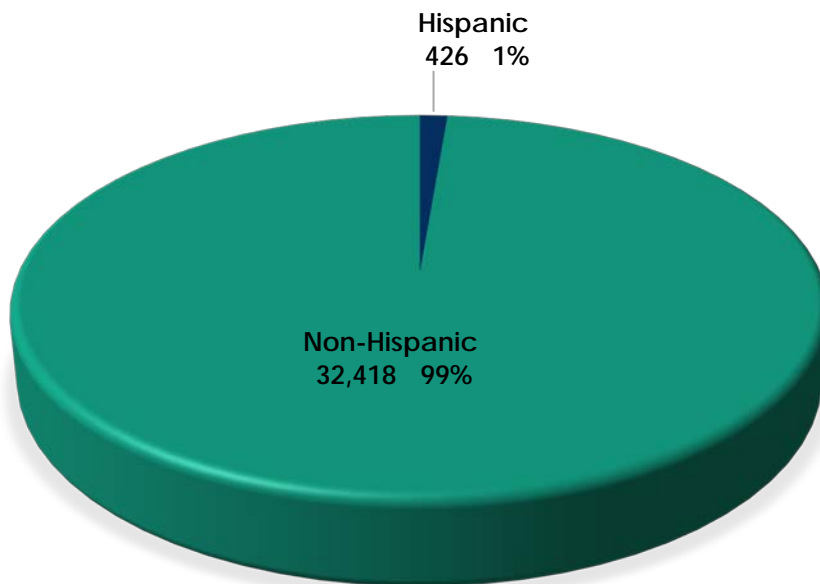
## Enrollment by Gender



## Enrollment by Race



## Enrollment by Ethnicity



# SERVICES

HealthChoices Members are eligible to receive state-plan services offered by their choice of at least two service providers as well as additional in lieu of services that have been approved for use by the Somerset and Bedford HealthChoices Program. Visit our website ([www.bhssbc.us](http://www.bhssbc.us)) for a description of each service.

## State Plan Services

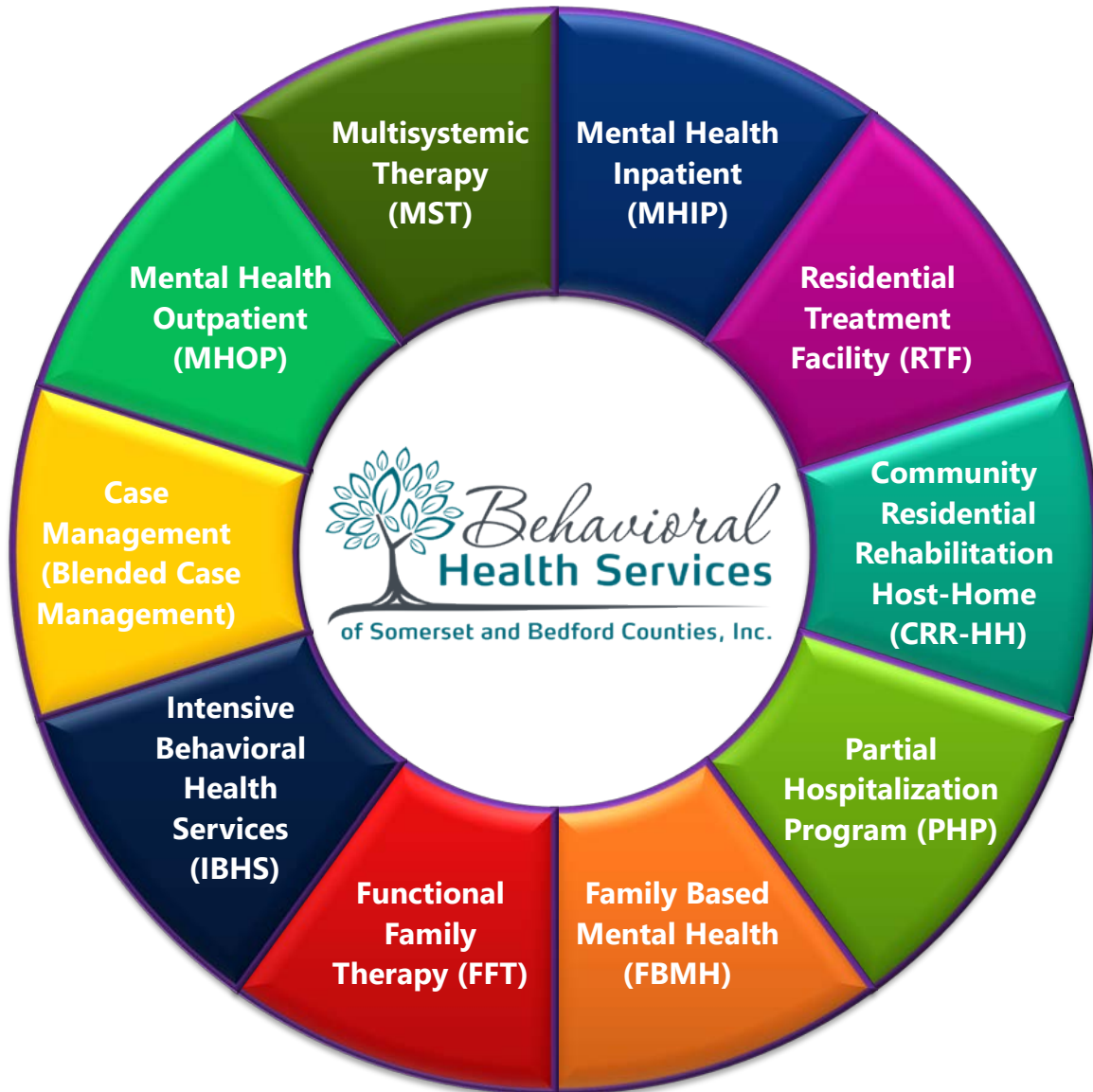
- Intensive Behavioral Health Services for Children and Adolescents (IBHS)
- Crisis Intervention Services
- Community Residential Rehabilitation Host Home (CRR-HH)
- Family Based Mental Health Services (FBMHS)
- Functional Family Therapy (FFT)\*
- Inpatient Drug and Alcohol Withdrawal Management and Treatment
- Inpatient Psychiatric Hospitalization
- Laboratory and Diagnostic Services
- Medication Management and Clozapine Support
- Mental Health Targeted Case Management
- Methadone Maintenance and Support
- Mobile Mental Health Treatment
- Multisystemic Therapy (MST)\*
- Outpatient Mental Health/Drug and Alcohol Counseling
- Parent-Child Interaction Therapy\*
- Peer Support Services
- Psychiatric Evaluation and Psychological Testing
- Psychiatric Partial Hospitalization Program (PHP)
- Residential Treatment Facilities (RTF)
- Telehealth

## In Lieu of Services

- Certified Recovery Specialist Services (CRS)
- Children's Services Enrolled as Program Exceptions
- Drug and Alcohol Intensive Outpatient
- Drug and Alcohol Level of Care Assessment
- Drug and Alcohol Partial Hospitalization
- Drug and Alcohol Targeted Case Management
- Dual Diagnosis Treatment Team (DDTT)
- Non-Hospital Drug and Alcohol Rehabilitation and Halfway House
- Psychiatric Rehabilitation

**\*Evidence-based practice**

## **BEHAVIORAL HEALTH CHILD/ADOLESCENT CONTINUUM OF CARE**



Services can be accessed at any level of care based on need.  
Visit [www.bhssbc.us](http://www.bhssbc.us) for a description of the available services.

Access the Community Care Behavioral Health Organization provider directory for Somerset and Bedford Counties by using the following link:

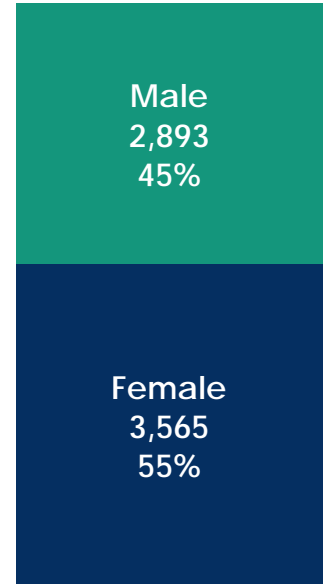
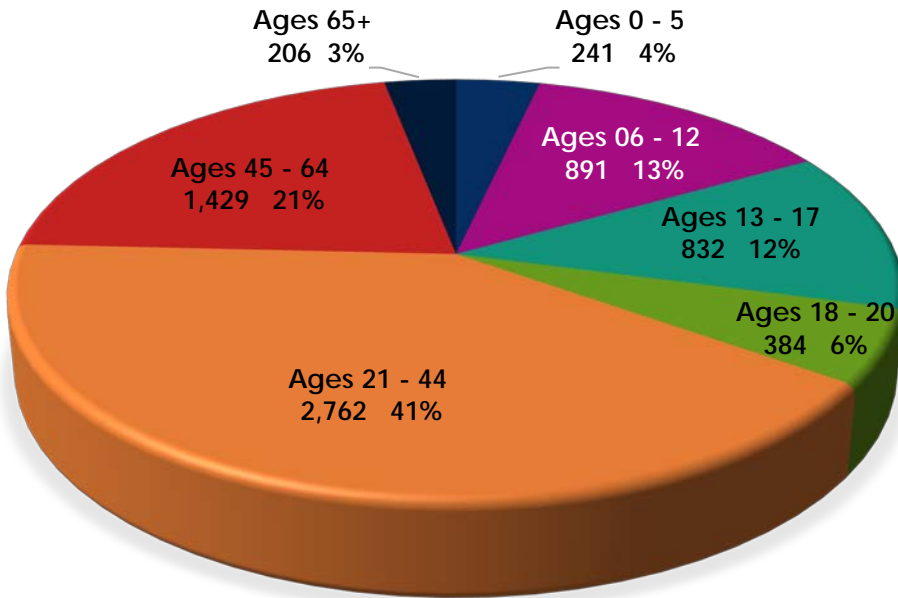
<https://members.ccbh.com/find-provider>

# UTILIZATION BY DEMOGRAPHIC

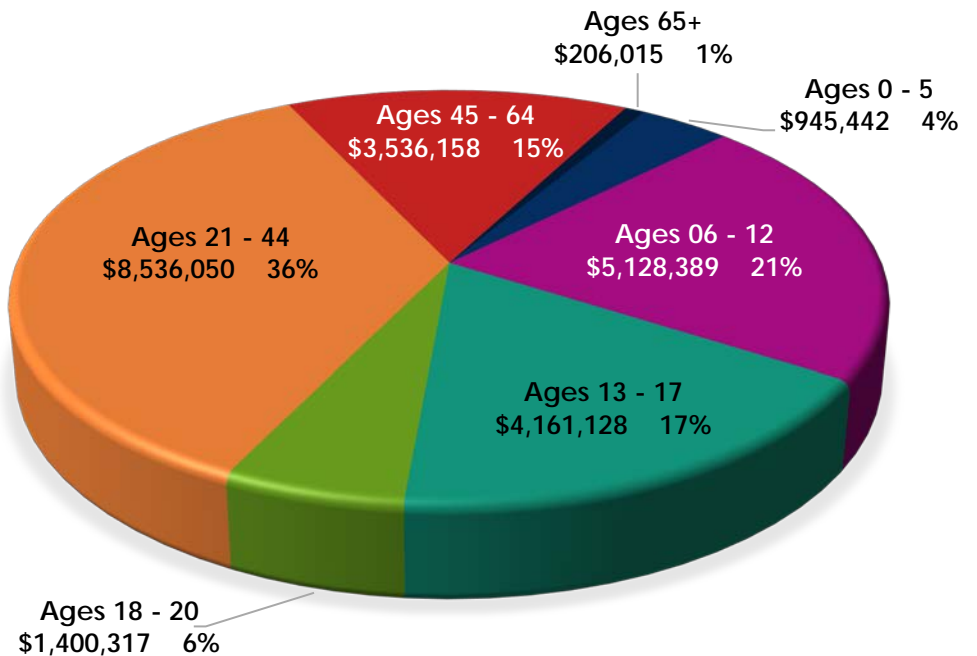
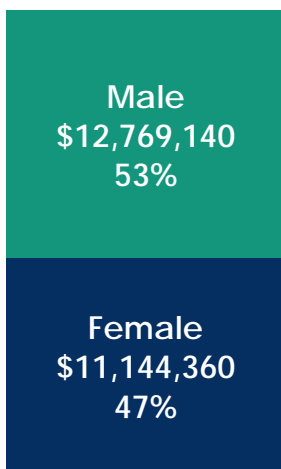
**Distinct Members Served: 6,458**

**Total Expenditures: \$23,913,500**

## Members Served\*



## Expenditures\*



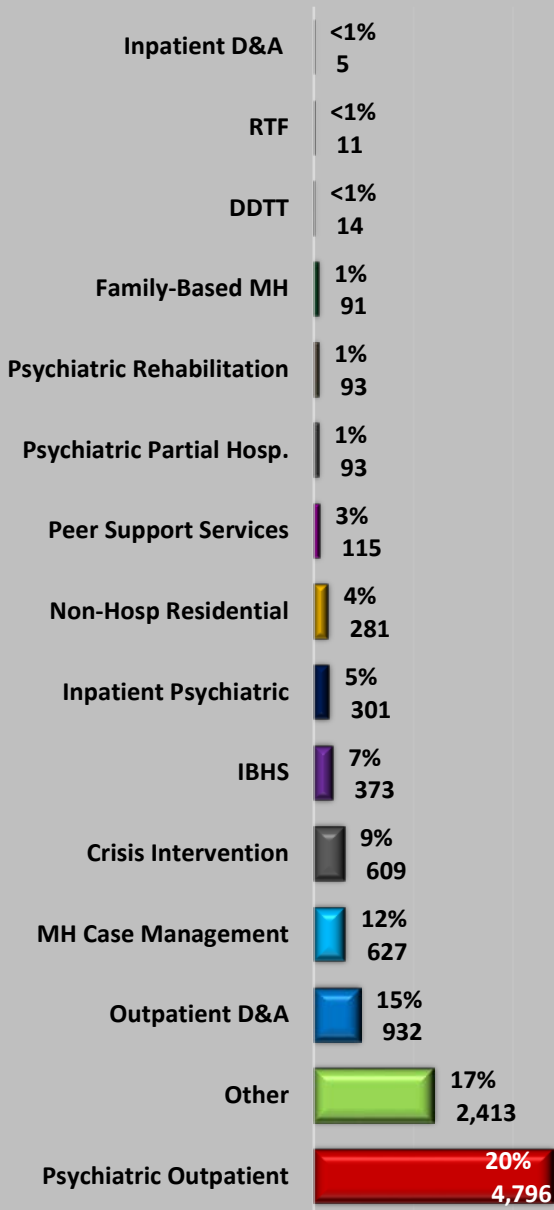
\*Some Members may fall into more than one Age Group during the Calendar Year.

# UTILIZATION BY LEVEL OF CARE

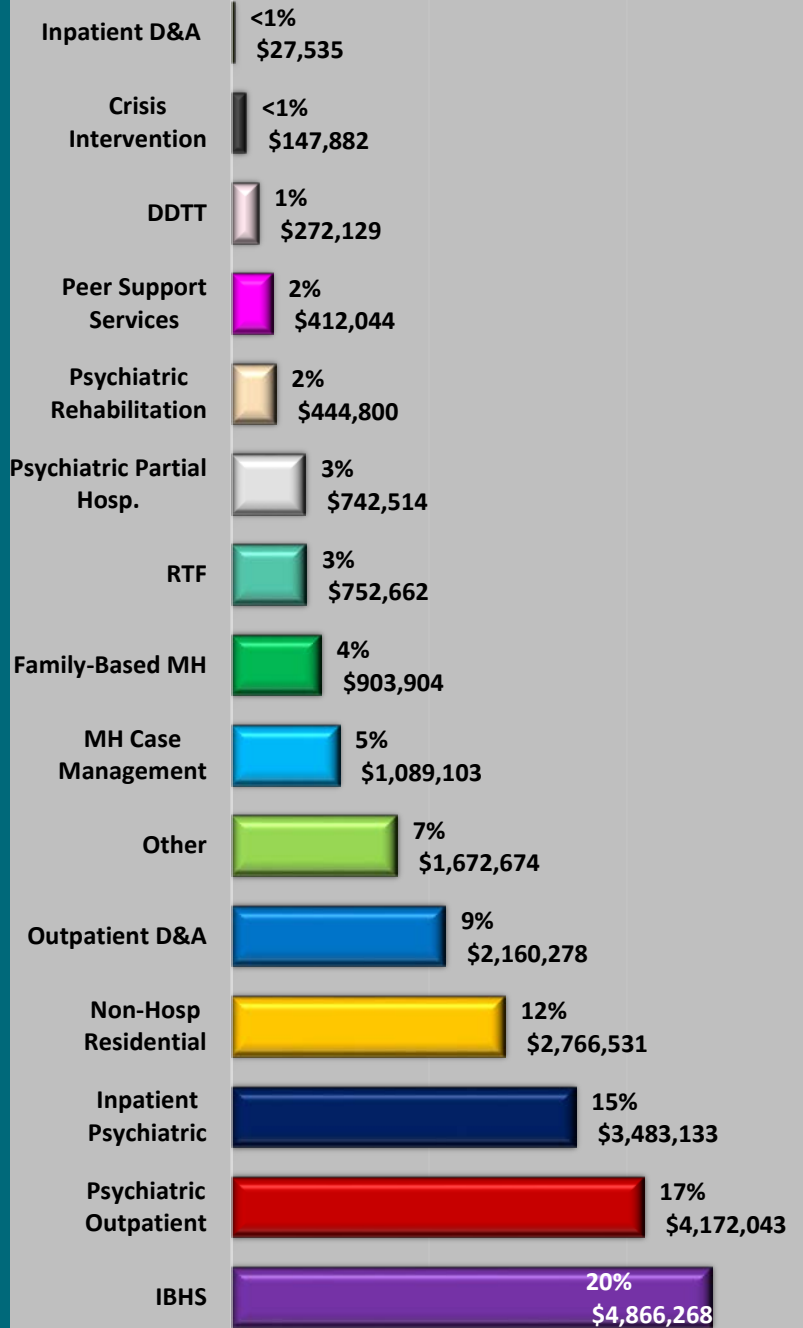
Distinct Members Served: **6,458**

Total Expenditures: **\$23,913,500**

## MEMBERS SERVED



## EXPENDITURES



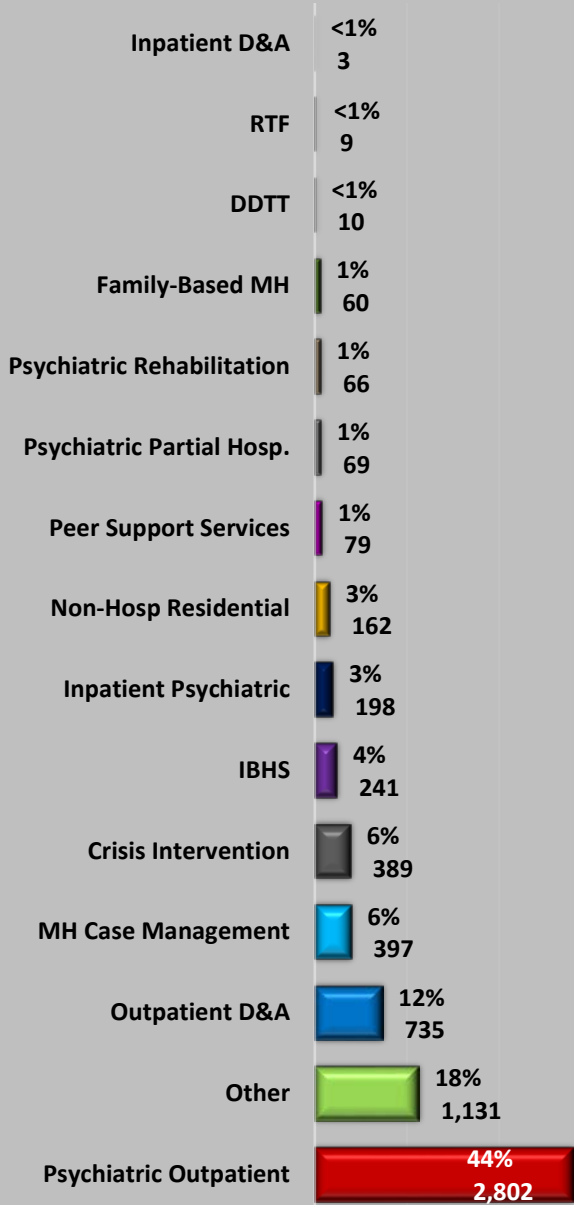
\*Some Members may have received multiple levels of care at different times during the Calendar Year.

# SOMERSET COUNTY: UTILIZATION BY LEVEL OF CARE

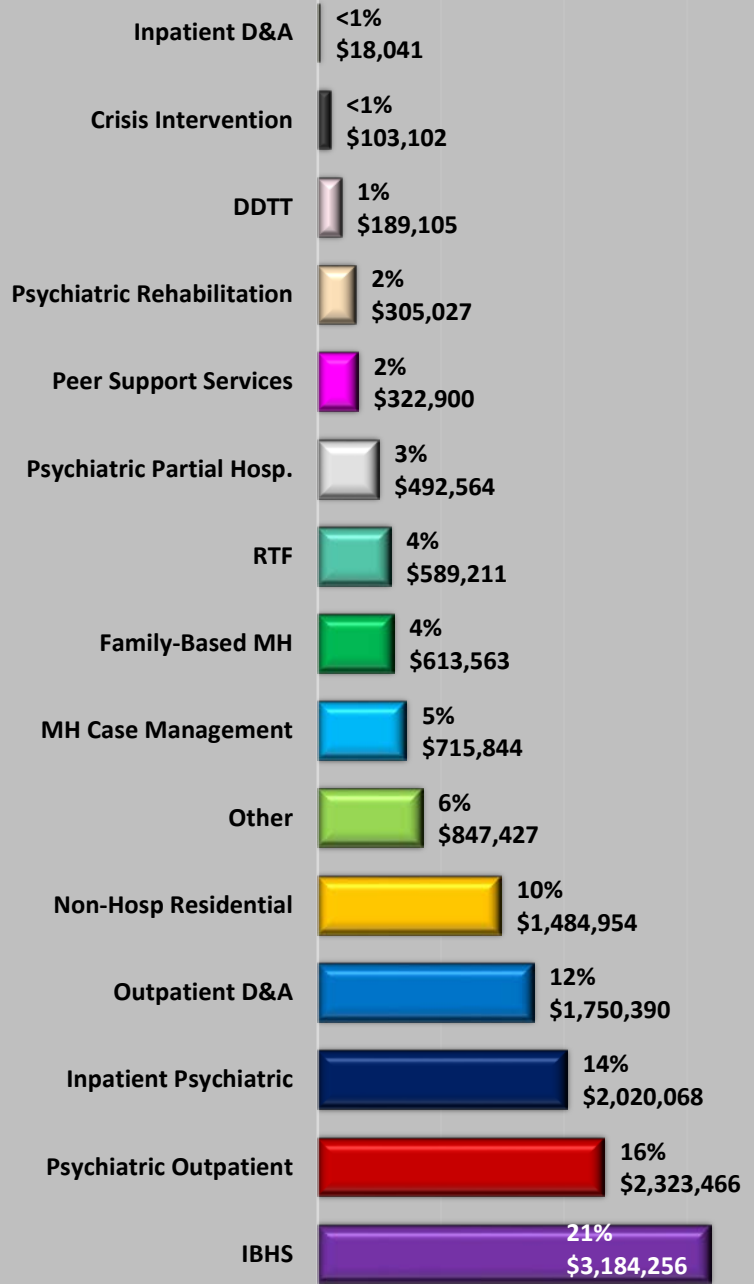
Distinct Members Served: **3,950**

Total Expenditures: **\$14,959,918**

## MEMBERS SERVED



## EXPENDITURES



\*Some Members may have received multiple levels of care and lived in both counties at different times during the Calendar Year.

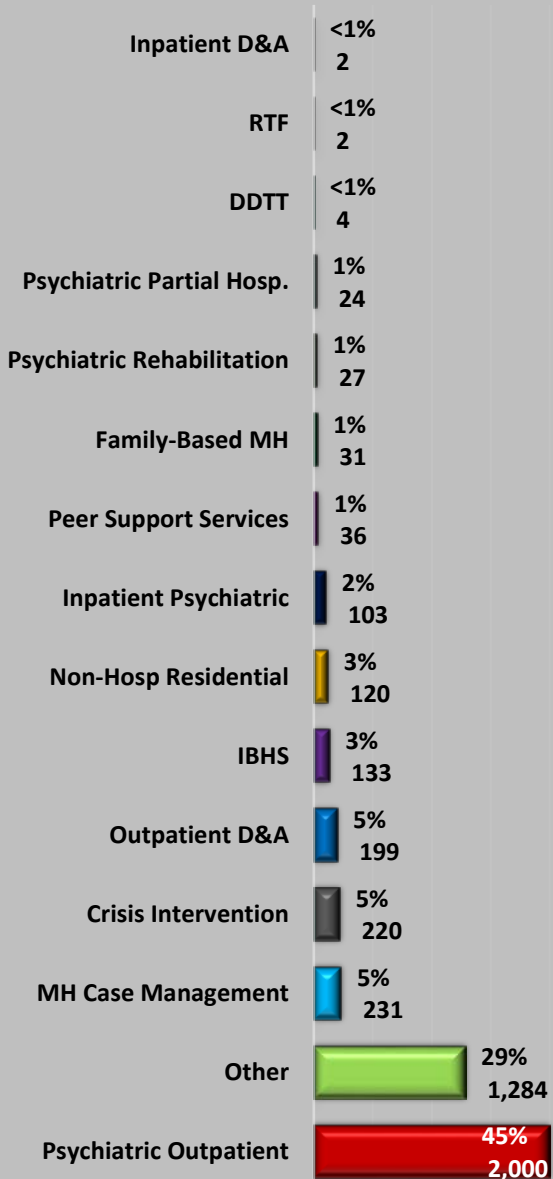


# BEDFORD COUNTY: UTILIZATION BY LEVEL OF CARE

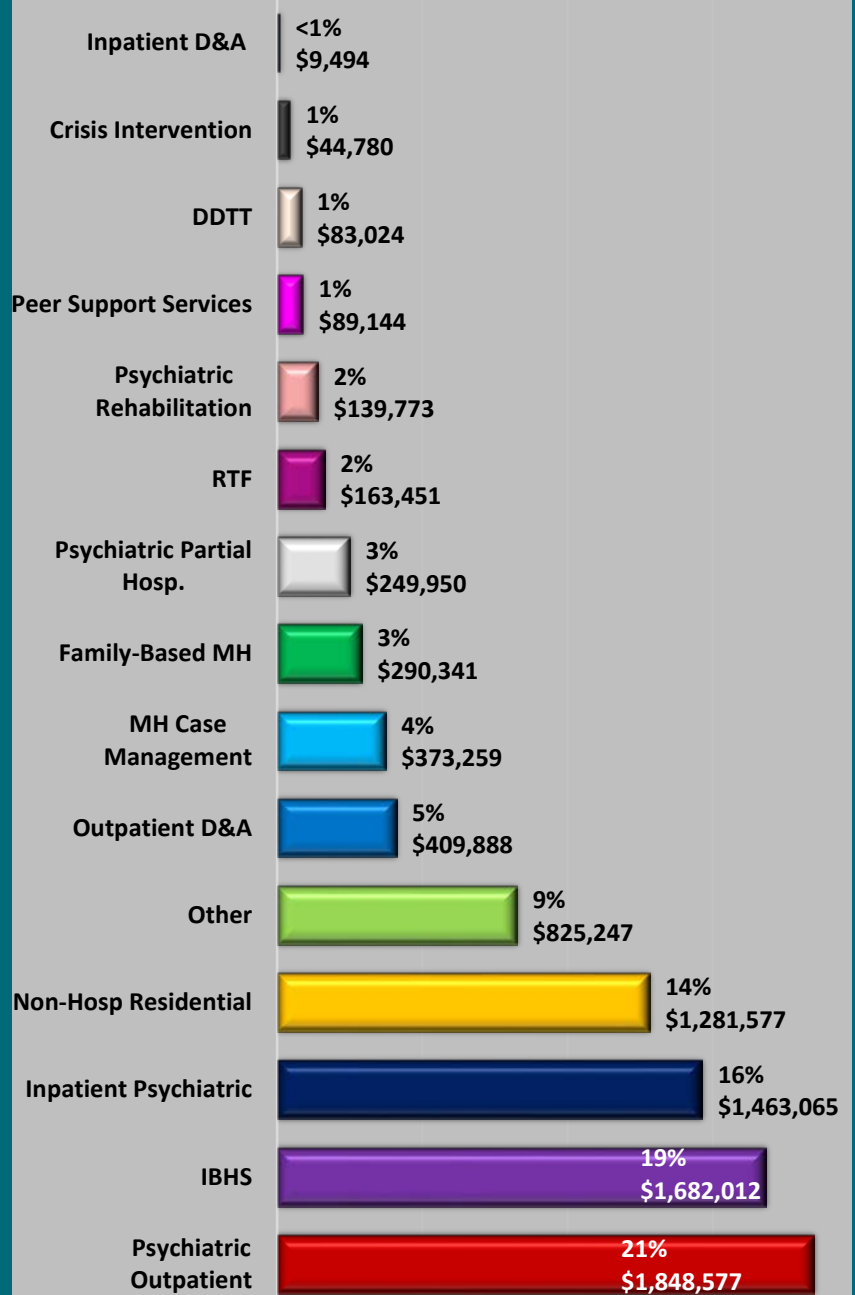
**Distinct Members Served: 2,519**

**Total Expenditures: \$8,953,582**

## MEMBERS SERVED



## EXPENDITURES



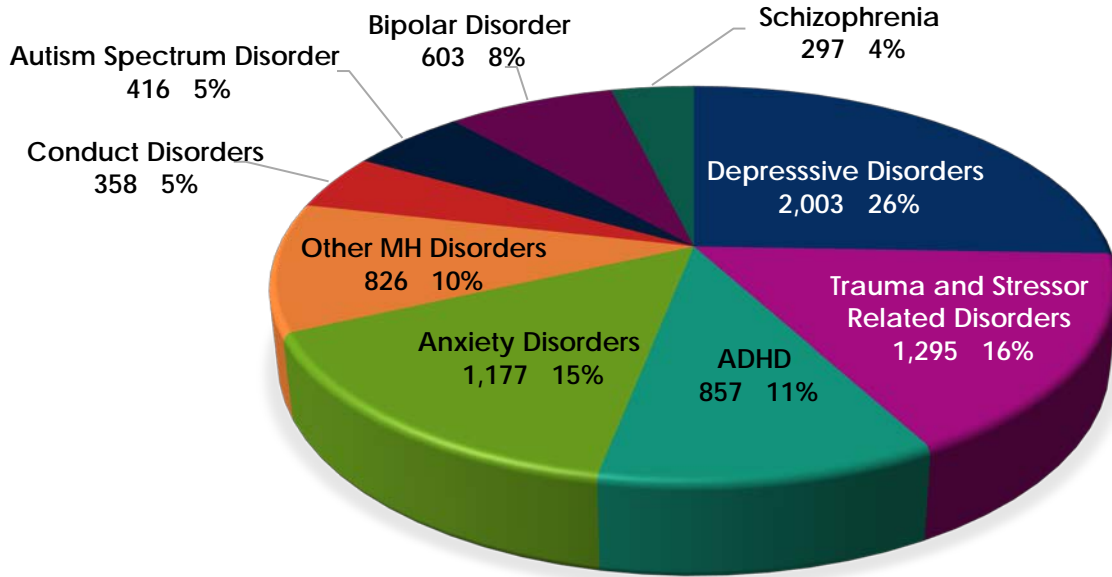
\*Some Members may have received multiple levels of care and lived in both counties at different times during the Calendar Year.

# UTILIZATION BY MENTAL HEALTH DISORDER

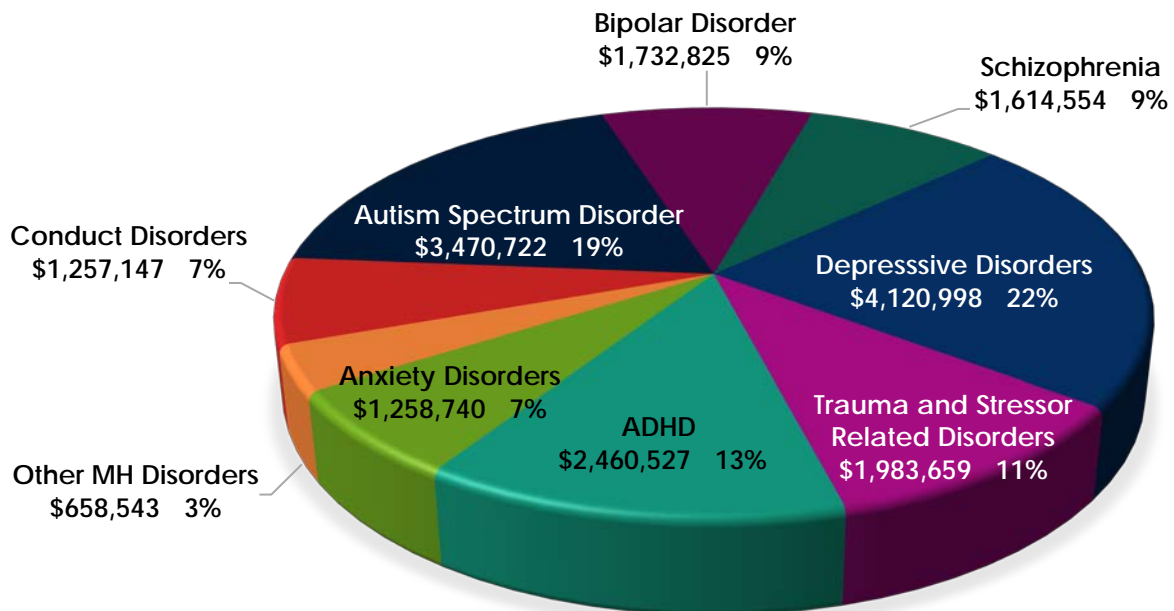
Distinct Members Served: **5,713**

Total Expenditures: **\$18,557,715**

## Members Served\*



## Expenditures\*



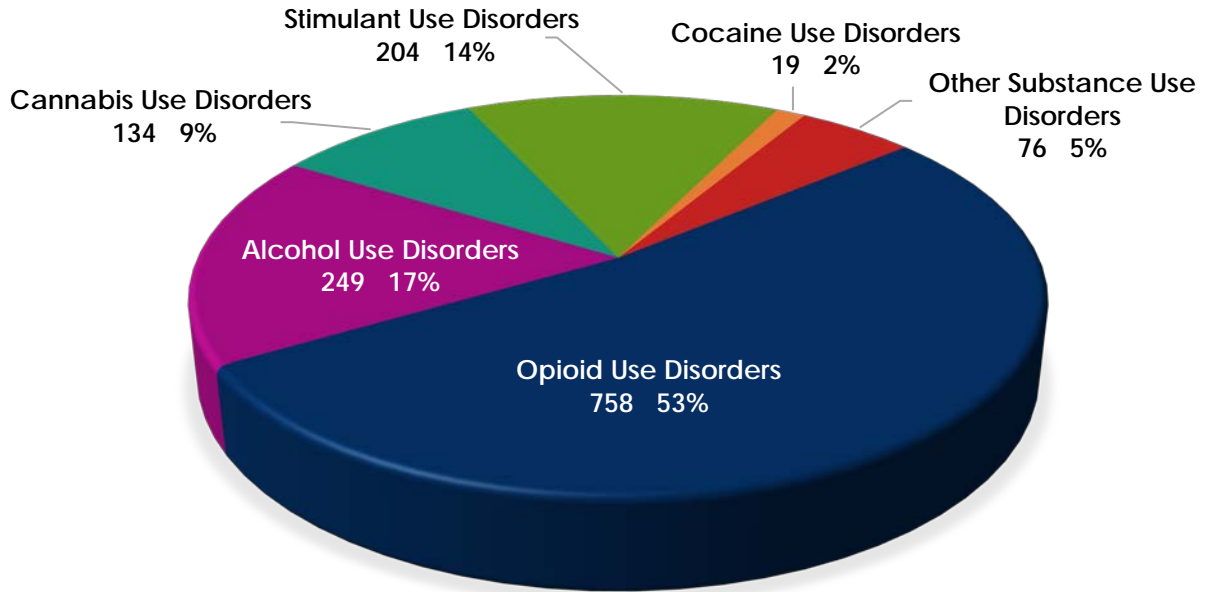
\*Some Members may have more than one diagnosis.

# UTILIZATION BY SUBSTANCE USE DISORDER

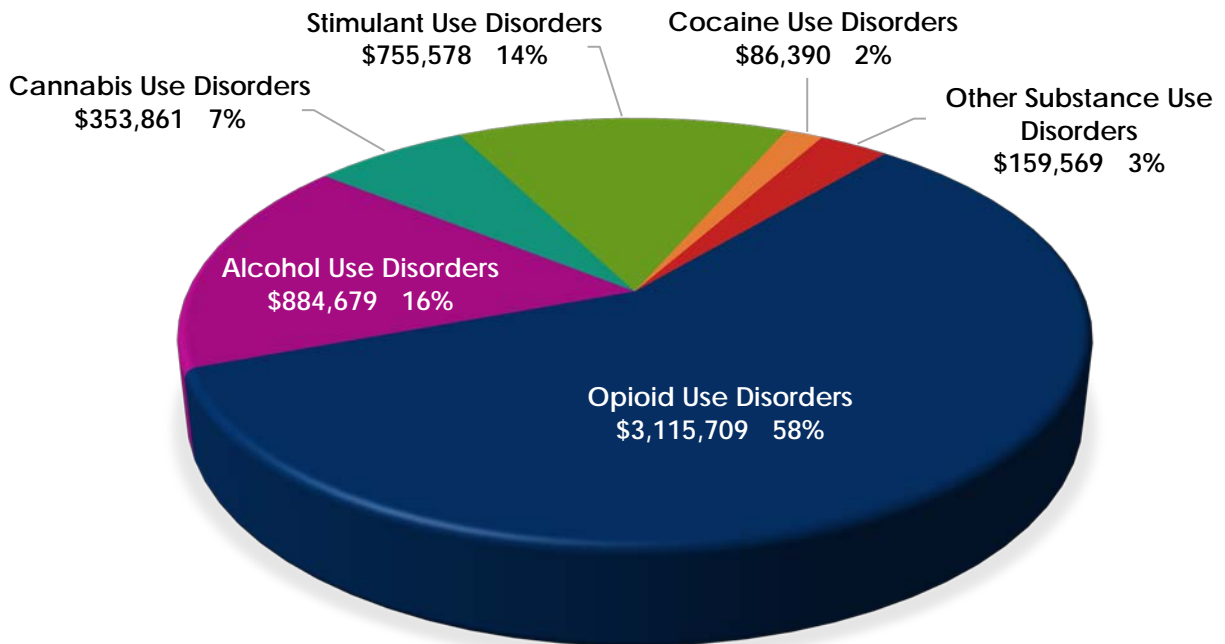
Distinct Members Served: **1,246**

Total Expenditures: **\$5,355,786**

## Members Served



## Expenditures



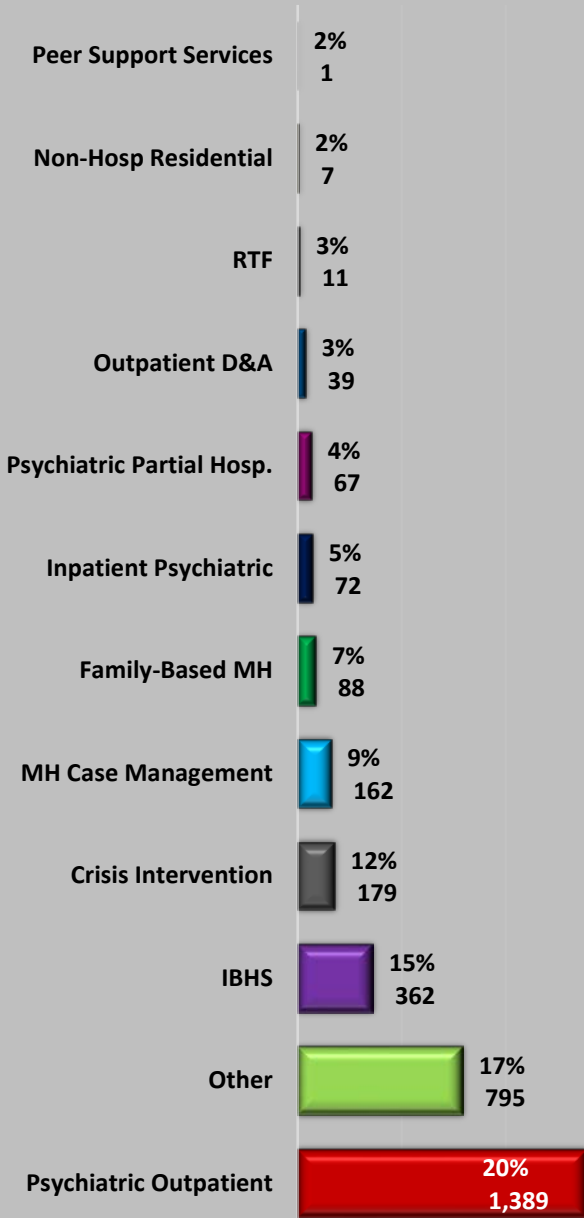
\*Some Members may have more than one diagnosis.

# YOUTH: UTILIZATION BY LEVEL OF CARE

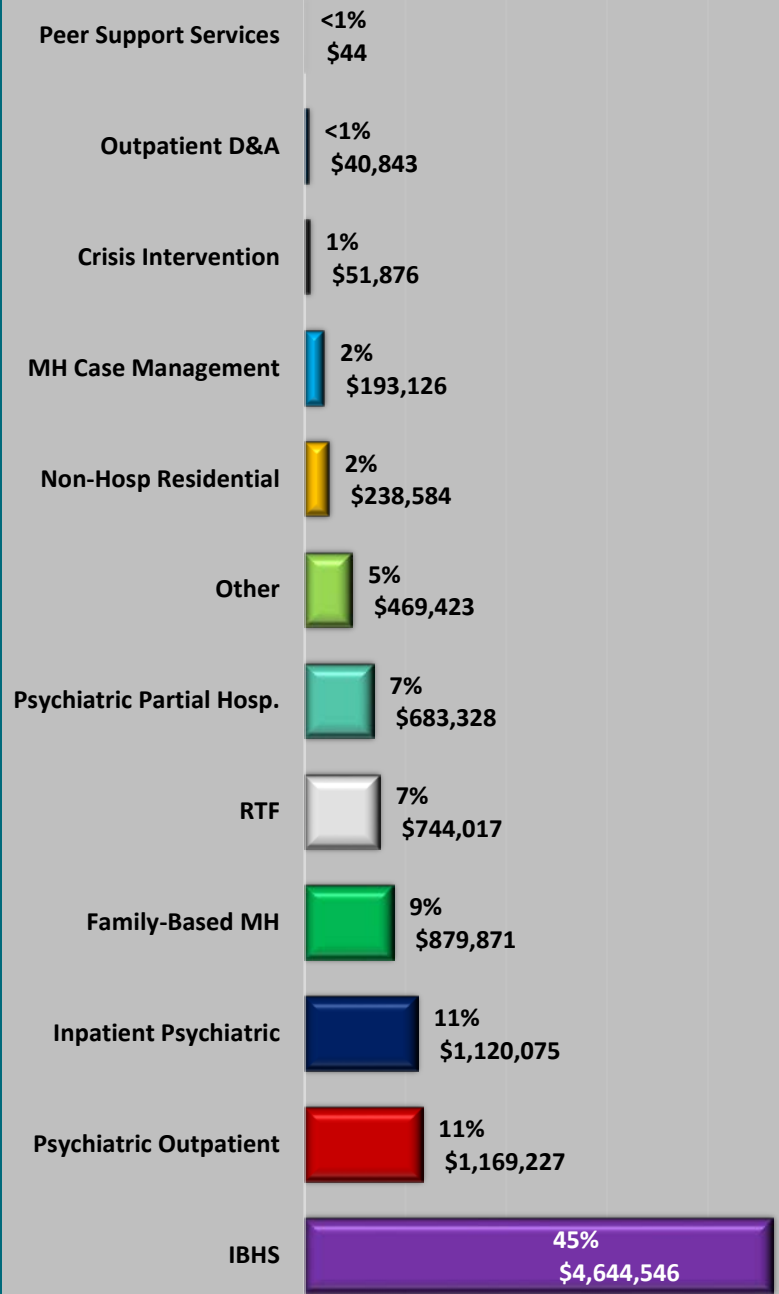
Distinct Members Served: 1,843

Total Expenditures: \$10,234,959

## MEMBERS SERVED



## EXPENDITURES



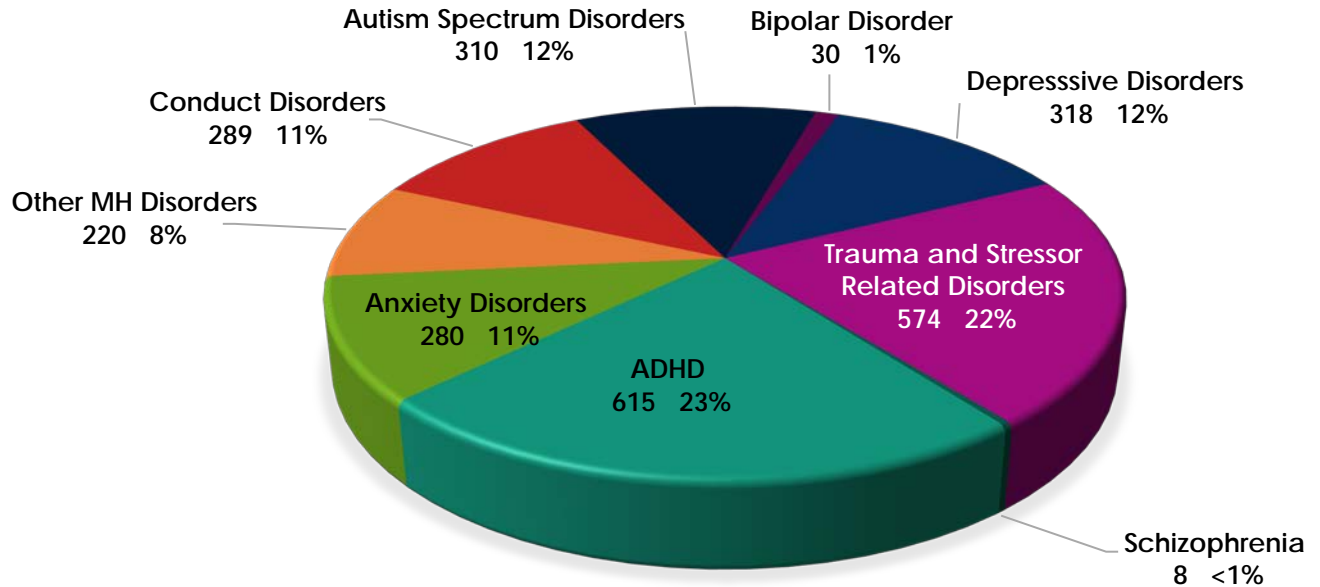
\*Some Members may have received multiple levels of care at different times during the Calendar Year.

# YOUTH: UTILIZATION BY MENTAL HEALTH DISORDER

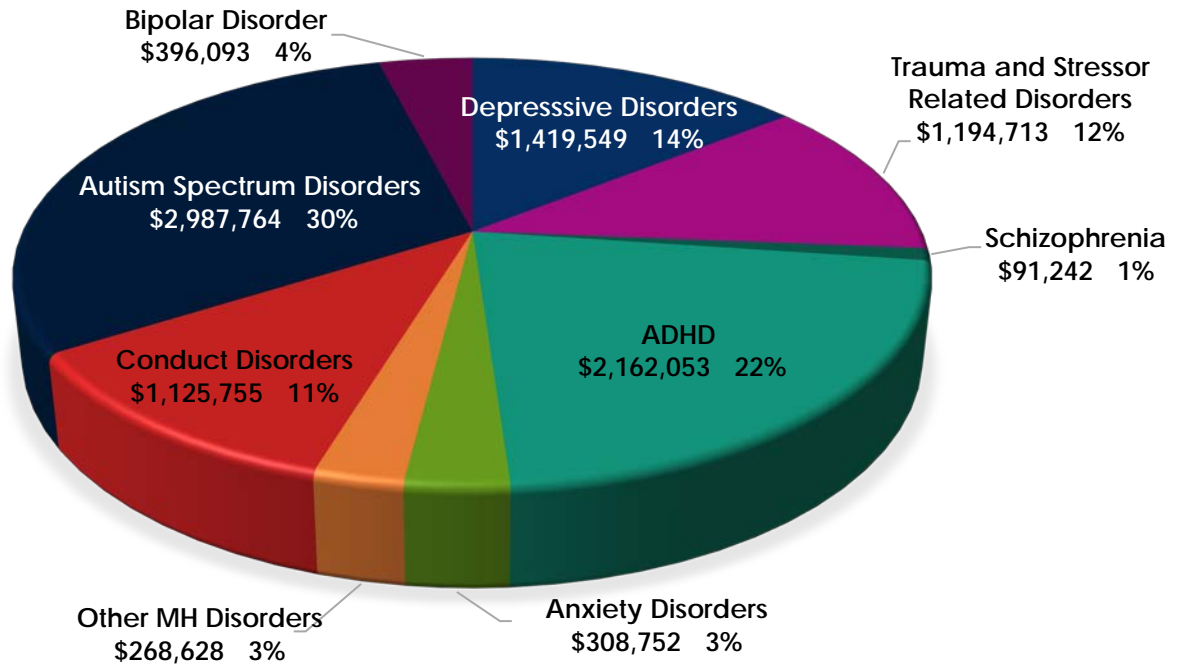
**Distinct Members Served: 1,823**

**Total Expenditures: \$9,954,549**

## Members Served\*



## Expenditures\*



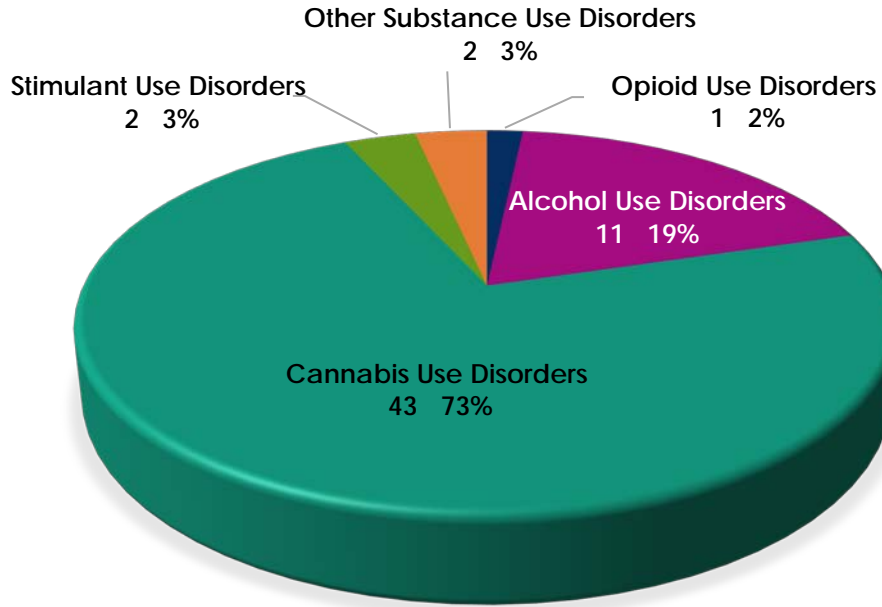
\*Some Members may have more than one diagnosis.

# YOUTH: UTILIZATION BY SUBSTANCE USE DISORDER

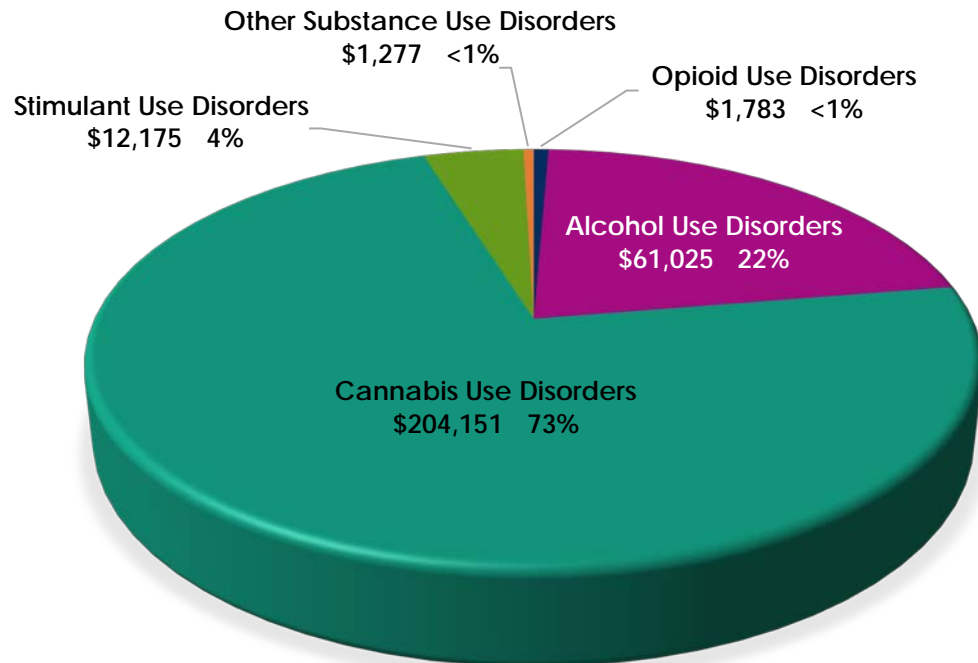
**Distinct Members Served: 56**

**Total Expenditures: \$280,410**

## Members Served\*



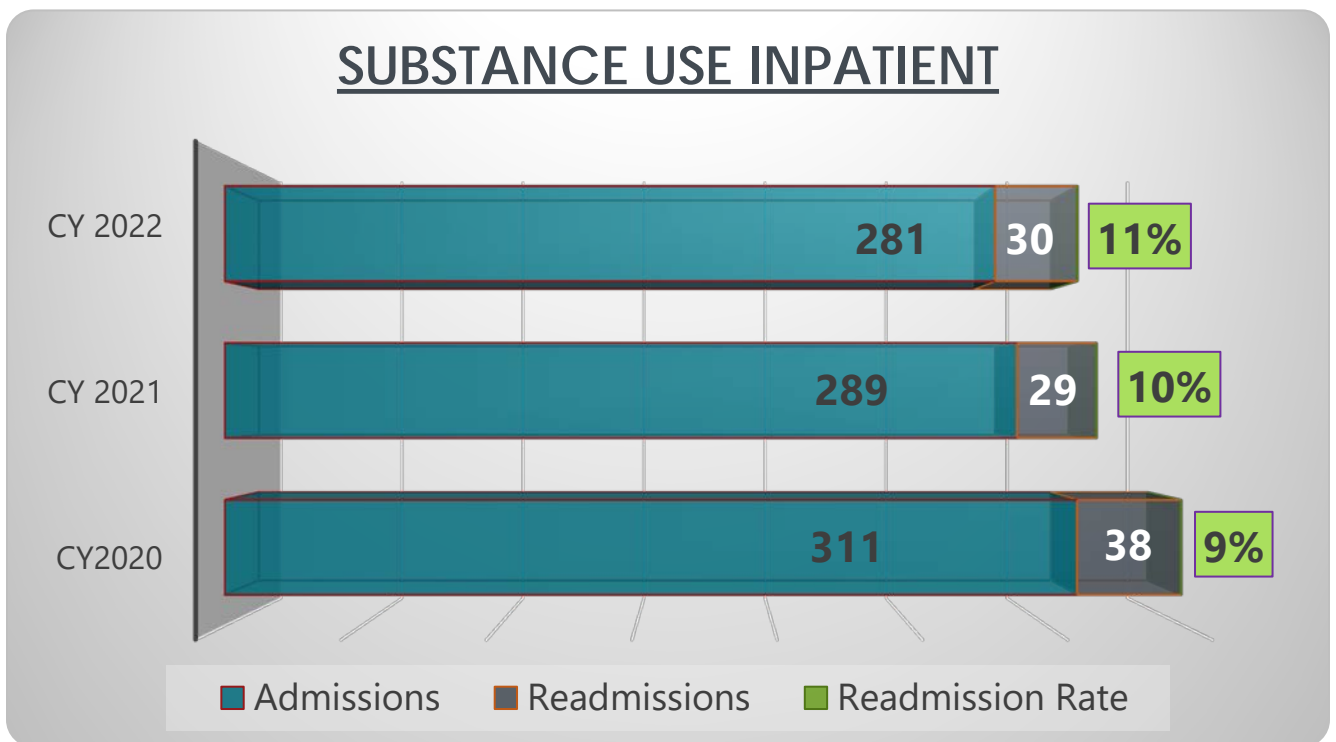
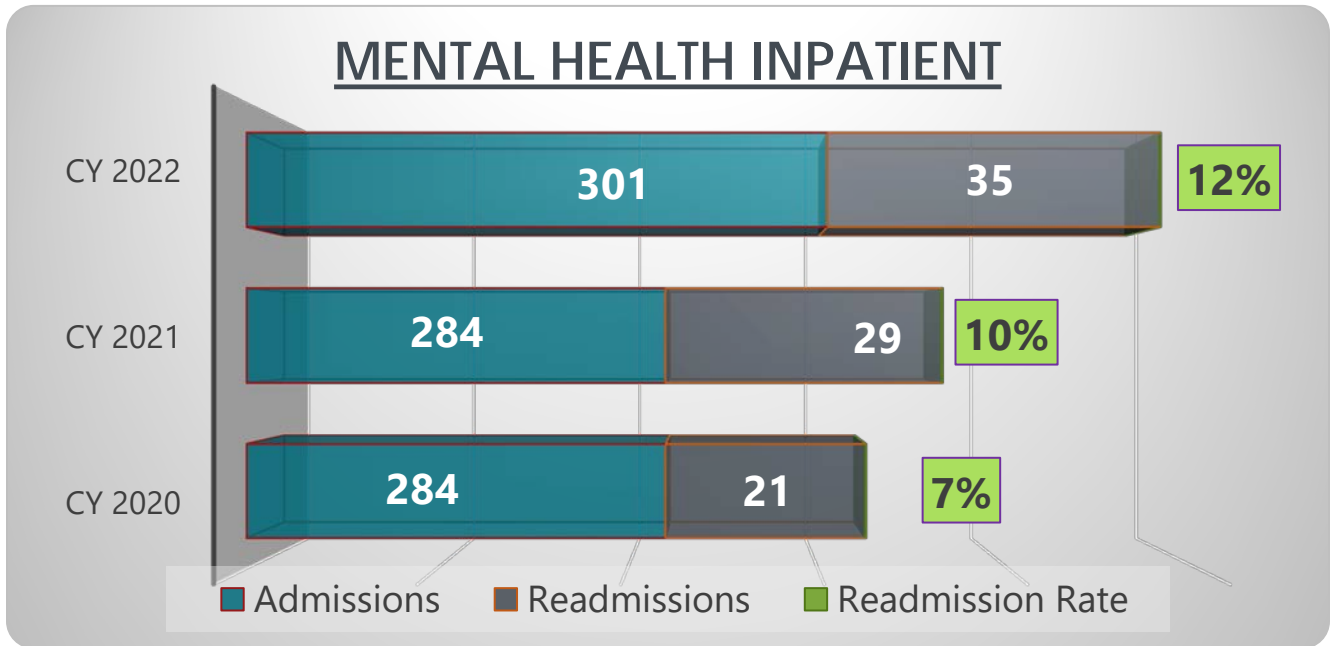
## Expenditures\*



\*Some Members may have more than one diagnosis.

## INPATIENT TREATMENT

The following charts show the total number of admissions (by Unduplicated Members), the number of readmissions after 30 days, and the overall readmission rate for both mental health and substance use inpatient treatment.



# **QUALITY ASSURANCE**

## **Complaints**

A Complaint is a dispute or objection regarding a Network Provider or the coverage, operations, or management of a BH-MCO, which has not been resolved by the BH-MCO and has been filed with the BH-MCO or with Pennsylvania Insurance Department's (PID) Bureau of Consumer Services (BCS), formerly Bureau of Managed Care (BMC), including but not limited to:

1. a denial because the requested service is not a covered service; or
2. the failure of the BH-MCO to meet the required time frames for providing a service; or
3. the failure of the BH-MCO to decide a Complaint or Grievance within the specified time frames; or
4. a denial of payment by the BH-MCO after a service(s) has been delivered because the service(s) was provided without authorization by a provider not enrolled in the Pennsylvania Medical Assistance Program; or
5. a denial of payment by the BH-MCO after a service(s) has been delivered because the service(s) is not a covered service(s) for the Member; or
6. a denial of a Member's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other Member financial liabilities; or
7. a Member's dissatisfaction with the BH-MCO or a Provider.

If the first level Complaint disputes one of numbers 1 - 6 listed above, the Member may file a request for a Fair Hearing, a request for an External Review, or both a request for a Fair Hearing and a request for an External Review of the first level Complaint decision. For all other Complaints (7), the Member may file a second level Complaint. The Member may file a request for an External Review of the second level Complaint decision.

BHSSBC closely monitors Complaints filed by HealthChoices Members. There were six (6) level one Complaints filed in CY 2022 (4 Bedford County; 2 Somerset County), which was a decrease from CY 2021. Four (4) Complaints were related to Quality of Care; one (1) Complaint was related to Attitude and Service; 1 Complaint was related to Billing and Financial. The decisions were: three (3) substantiated and three (3) unsubstantiated. There was one (1) Complaint withdrawn in CY 2022. There were no level two Complaints.



## **Denials**

A denial of service is a determination made by the BH-MCO in response to a Provider's or Member's request for approval to provide a service of a specific amount, duration, and scope which:

1. disapproves the request completely; or
2. approves provision of the requested service(s) but for a lesser amount, scope, or duration than requested; or
3. approves provision of the requested service(s) but by a Network Provider; or
4. disapproves provision of the requested service(s) but approves provision of an alternative service(s); or
5. reduces, suspends, or terminates a previously authorized service.

A denial of a request for service must be based upon one of the following five reasons, along with an explanation for the reason, which must be explicitly stated on the notice of action:

1. the service requested is not a covered service; or
2. the service requested is a covered service but not for this particular Member (due to age, etc.); or
3. the provider is not a Network Provider; or
4. the information provided is insufficient to determine that the service is medically necessary; or
5. the service requested is not medically necessary.

The number of service denials decreased in CY 2022, with a total of six (6) service denials (1 Bedford County; 5 Somerset County). The highest number of denials were for IBHS BHT (3), followed by RTF (2), and MH-PHP (1). This is the lowest number of denials since the implementation of the HealthChoices Program for Bedford and Somerset Counties in 2007. Although there are multiple possible reasons for the overall decrease in denials it is believed that the implementation of the 1135 Waiver, brought on by the COVID-19 pandemic, had the greatest impact on the denial rate.



## **Grievances**

A Grievance is a request to have a BH-MCO or utilization review entity reconsider a decision concerning the medical necessity and appropriateness of a covered service. A Grievance may be filed regarding a BH-MCO's decision to:

1. deny in whole or in part payment for a service; or
2. deny or issue a limited authorization of a requested service, including a determination based on the type or level of a service; or
3. reduce, suspend, or terminate a previously authorized service; or
4. deny the requested service but approve an alternative service.

All filed Grievances follow the BH-MCO's internal Grievance process. The Member may file a request for a Fair Hearing, a request for an External Review, or both a request for a Fair Hearing and a request for an External Review of the BH-MCO's Grievance decision.

There were 3 Grievances filed in CY 2022 (0 Bedford County; 3 Somerset County). One (1) Grievance was for the denial of MH-PHP and two (2) Grievances were for the denials of RTF. The Grievance decisions were: one (1) partially overturned; two (2) overturned. The decrease in Grievances for CY 2022 is in proportion to the decrease in service denials.

## **External Reviews / Fair Hearings**

An External Review is a review of a Complaint or Grievance by a doctor chosen by the Pennsylvania Department of Health.

A Fair Hearing is a hearing conducted by the Department of Human Services' (DHS) Bureau of Hearings and Appeals or a Department designee. A Member must file a Complaint or Grievance with the BH-MCO and receive a decision on the Complaint or Grievance before filing a request for a Fair Hearing. If the BH-MCO failed to provide written notice of a Complaint or Grievance decision within the specified time frames, the Member is deemed to have exhausted the Complaint and Grievance process and may request a Fair Hearing.

There was one (1) External Review of a Grievance for the denial of RTF in CY 2022. The decision of the one (1) External Review was to uphold the denial. There were no Fair Hearing requests of Complaints or Grievances and no requests for an External Review of Complaints.

## **CONSUMER/FAMILY SATISFACTION TEAM (C/FST)** **SURVEY RESULTS**

The purpose of the Consumer and Family Satisfaction Team (C/FST) Program is to determine whether adult behavioral health service recipients and children and adolescents with serious emotional disturbance and/or substance use disorders and their families are satisfied with services and to help ensure that problems related to service access, delivery, and outcome are identified and resolved in a timely manner.

BHSSBC contracts with Center for Behavioral Health Data Research, Inc. (CBHDR) to conduct C/FST surveys. During CY 2022, there were a total of **658** C/FST surveys completed (58% by face-to-face interview; 42% by phone) with **403** adults, **145** families, and **110** youth. Face-to-face surveys were reinitiated throughout 2022 as more members returned to in-person services following the Covid-19 pandemic. The following data show the replies to the questions requested by the Department of Human Services, Office of Mental Health and Substance Abuse Services.

### **What effect has the treatment you've received had on the overall quality of your life? (Answered, "Much Better/A Little Better")**

Adult – 91%  
Family – 79%  
Youth – 90%

### **Were you (and your child) given the chance to make treatment decisions? (Answered, "Yes")**

Adult – 90%  
Family – 93%  
Youth – 84%

### **In the last twelve months, were you able to get the help you needed? (Answered, "Yes")**

Adult – 96%

### **In the last twelve months, did you have problems getting (your child) the help you needed? (Answered, "No")**

Family – 87%  
Youth – 93%

## **REINVESTMENT**

HealthChoices reinvestment funds:

- provide a unique opportunity for a financial incentive to reward sound financial management practices;
- allow the creative use of funds to fill identified gaps in our service system;
- test new innovative treatment approaches;
- develop cost effective alternatives to traditional services; and
- develop supplemental services and approved specialized services that are not in the state plan and would not be available in the state plan.

The Commonwealth uses reinvestment funds to achieve continuous quality improvement of a comprehensive treatment system that supports recovery for persons and families with mental health or substance use treatment needs. At the end of the fiscal year, BHSSBC can apply to OMHSAS to retain capitation revenue and investment income that was not spent during the contract year. Once a reinvestment plan is approved, these funds can be used to reinvest in programs and services in our communities.

### **Transitional Age Youth Assertive Community Treatment Team Reinvestment Program (TAY ACT)**

A Transitional Age Youth Assertive Community Treatment Team (TAY ACT) is being funded through HealthChoices reinvestment funds. BHSSBC has contracted with Merakey for this initiative.

The primary target population for the TAY ACT Team is HealthChoices members with a high utilization of inpatient services, especially those members with co-occurring psychiatric and substance use disorders that are “transition age” young adults/adolescents (generally defined as between ages 16 and 24) moving from a child serving system to less intensive/intrusive adult services in more independent living environments. During 2022, Merakey utilized Reinvestment funding to secure an office location and work towards hiring the ACT team. The goal is to begin providing TAY ACT services during 2023.

## **Social Determinants of Health Reinvestment Program (SDoH)**

In 2022, BHSSBC utilized reinvestment dollars to fund the Social Determinants of Health (SDoH) Reinvestment Program. Within Bedford and Somerset Counties there has been an identified need to address social determinants of health that impact the overall whole health of children, adolescents and adults within the Medicaid population which ultimately serves to keep members within their community and out of higher levels of mental health and substance use services. Social Determinants of Health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The Pennsylvania Department of Human Services mandated that beginning 2021 Primary Contractors and BH-MCOs addressed the following SDoH domains:

- a) Childcare accessibility
- b) Employment training
- c) Financial Hardship
- d) Food insecurity
- e) Housing instability
- f) Transportation
- g) Utilities

BHSSBC worked with two Community Based Organizations (CBOs), The Center for Community Action in Bedford County and The Community Action Partnership for Somerset County (Tableland) for this initiative. The CBOs assess the needs of the individuals and families to gain an understanding of their SDoH needs. 469 individuals were able to be assisted with SDoH needs during 2022.



Tableland Services, Inc, Somerset



Center for Community Action, Bedford

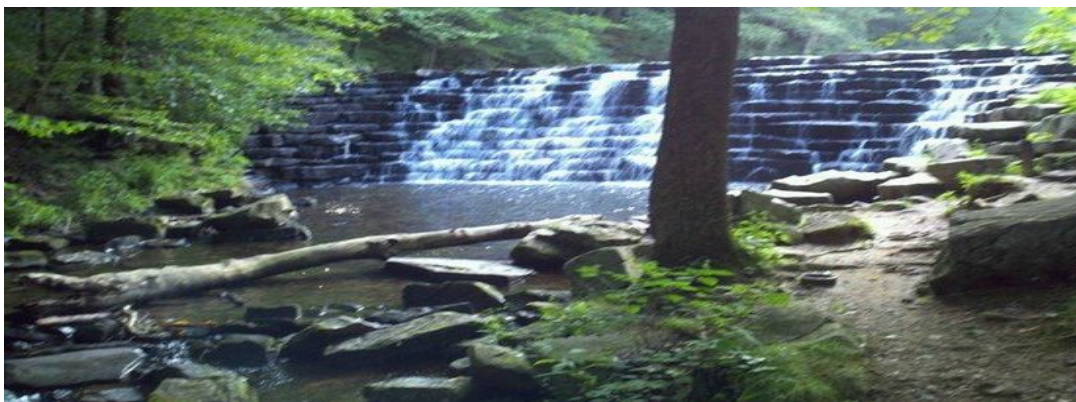
## **ACCOMPLISHMENTS**

BHSSBC is committed to ensuring that Members and families experiencing mental health and/or substance use complexities can live full, satisfying, and productive lives in our communities. The following outlines the various initiatives and accomplishments achieved by BHSSBC during CY 2022.

### **Community Based Care Management**

In accordance with the HealthChoices Program Standards and Requirements of 2021 and continued in 2022, BHSSBC and Community Care created a partnership with Community Action Partnership for Somerset County and The Center for Community Action in Bedford County as the Community Based Organizations (CBO). The CBOs also participate in the Inpatient/Ambulatory Value Based Purchasing (VBP) Plan to synergize partnerships between service providers and community resource programs to meet the needs of members. The CBOs provide a variety of resources and services relating to the Social Determinations of Health (SDoH) including food insecurity, housing, transportation, childcare, employment, utility and clothing assistance, and financial strain. The CBOs report data on Members who have been engaged with services and resources; the SDoH the CBO has addressed with the member; invoicing to identify the use of the staffing and administrative allocated CBCM funds and to ensure funding is not used for services or commodities.

Community Care hired a Community Health Worker (CHW) in July 2021, who works to bridge service delivery in the Medicaid system and CBO referrals and involvement. The Community Health Worker is coordinating with the Care Managers to assist members with their needs. In 2022, the CHW engaged 42 members. For July – December of 2022, the CHW followed up, attempted, or completed 264 calls, and completed Behavioral Health coordination for 17 members. The CHW referred 36 members to the CBOs and 83 members to non-contracted Community Programs from July – December 2022.



## **Health Resources and Services Administration Grant (HRSA)**

BHSSBC in conjunction with Community Care, the County SCAs and The Center for High Value Health Care received the Health Resources and Services Administration (HRSA) grant. HRSA is a three-year, federally funded project that aims to enhance access, quality, and outcomes for individuals in Bedford and Somerset Counties with substance use disorders, particularly opioid use disorder. BHSSBC has 3 goals:

1. Refine initial community needs assessment to identify specific education needs and deliver ongoing education and provide resources to community stakeholders, families, and caregivers.
2. Determine the trainings requested by providers through surveys and meetings. Conduct the trainings as specified in the needs assessment.
3. Providers will be surveyed to determine interest in expanding existing SUD services or adding additional services.

The third and final year of the HRSA grant began in September 2022. The focus of the third year of the grant is stigma. Activities include utilizing radio spots and billboards within the community and a resource activity to provide information regarding changing perspectives and addressing stigma in relation to substance use and recovery. Changing Perspectives and Addressing Stigma campaign emails were sent to 433 recipients weekly for 21 weeks. Stigma and Recovery billboards are placed around the counties. And finally, radio advertisements are ongoing and well received. Other highlights of grant activities include trainings, the creation of two workgroups, the Champion workgroup and Bedford Overdose Awareness and Education Group, school education programs and Red Ribbon week. The Somerset SCA established MAT services in Somerset. Narcan distribution is ongoing in both counties. Recovery events occur monthly in Somerset County and Be A Loving Mirror (BALM) Family Recovery in Bedford County. Other community outreach efforts include advertisements in the paper, placed with local events, including sporting events and musicals, and the Naloxbox program with an estimated 20 locations in Bedford County.



**UPMC** Center for High-Value Health Care

## **Training**

As part of our on-going commitment to our provider network, BHSSBC offers free behavioral health training on various topics that promote service excellence.

During CY 2022, BHSSBC coordinated 16 training courses (81.5 training hours) with 212 participants. The overall average evaluation rating for all training courses was 4.8 (5 being the highest score). During 2022, all but one training were held via a virtual format to accommodate the restrictions due to COVID-19. BHSSBC was able to hold an in-person intensive Relapse Prevention training facilitated by Dr. Dennis Daley.

## **Pre- and Post-Natal Care**

As part of the Community Based Care Management initiative, Community Care developed a Pre/Post Natal Care Management (P/PN CM) program in 2021 to enhance support for pregnant and post-delivery members. In Bedford and Somerset counties, 1 P/PN CM was assigned for each county. P/PN CMs through Community Care and BHSSBC outreach and engage pregnant members and members identified post-delivery who have an identified behavioral health need and assist them with linkages and coordination. For those members who do not have behavioral health needs, the P/PN CMs coordinate with the Physical Health MCO Maternal Health and Prenatal Health Programs to transfer the member for ongoing services and support. The P/PN CM does not duplicate efforts with the PH MCO to avoid confusion for the member and ensures the most efficient use of services.

In 2022, the P/PN Care Managers engaged 34 members, made 151 Pregnancy follow-up calls and 103 Post-delivery calls, coordinated care for 32 members, and completed screenings for Social Determinants of Health, substance use and mental health concerns.





## **LOOKING AHEAD**

### **Trauma-Informed Counties**

In our lifetime, we may experience trauma, a distressing event that causes a lasting response. Trauma can lead to or exacerbate behavioral health issues, substance use, and physical health conditions. Trauma-Informed Care is an approach that recognizes the need to understand an individual's life experiences in order to provide effective services. Trauma-Informed Care promotes environments of healing and recovery rather than practices and services that may re-traumatize the individual. In an integrated, whole health system of care, effective treatment must involve addressing the impact of trauma. Understanding these concepts, BHSSBC along with Community Care are working to explore and identify the components of an approach to support the implementation of Bedford and Somerset Counties becoming trauma informed.

To achieve this goal, our initial steps are to develop a work plan, explore funding opportunities, and develop a process to support the Provider Network in learning to develop a trauma-informed culture. We will also research trauma-informed care training and evidence-based certifications for our Mental Health Professionals and examine various trauma-specific assessment tools. We are anticipating this initiative will be a multiple year plan.

### **Provider Relations**

BHSSBC has always strived to maintain a strong relationship with our Provider Network. We collaborate with the Provider System and have quarterly Provider Advisory Committee (PAC) Meetings to ensure the Provider Network has a forum to express issues and provide feedback regarding the HealthChoices Behavioral Health Program and is informed on all Federal and State regulatory changes. In 2022, we began to schedule individual Provider meetings to allow a one-on-one opportunity to discuss concerns, barriers, or seek clarification on topics. We look forward to continuing these meetings throughout 2023 and work to ensure all Providers have a continued voice in the HealthChoices Program.

## **Needs Assessment**

Behavioral HealthChoices of Somerset and Bedford Counties (BHSSBC) is committed to continuous improvement in our Behavioral HealthChoices Program to improve the overall quality of care, by making behavioral health care more person-, family-, and community-centered, reliable, accessible, and safe. BHSSBC continuously analyzes our system and processes to determine what can be done to provide better, more efficient behavioral health care.

One goal in BHSSBC's 2023 strategic plan is to work in conjunction with Community Care Behavioral Health to develop and complete a needs assessment of Bedford and Somerset Counties. A needs assessment is a collaborative process that can help BHSSBC successfully identify, understand, and better address challenges in our communities by seeking input and information from various stakeholders, including members, providers, educators, and other system partners. The purpose is to evaluate the strengths and needs, or gaps, within our communities and create or improve services based on the identified needs/gaps. The needs assessment process is an important first step in improving the effectiveness of behavioral health care that leads to better outcomes for members and the community at large.



## **APPENDIX A: ACRONYMS**

- ABA: Applied Behavioral Analysis
- ACA: Affordable Care Act
- ACT: Assertive Community Treatment
- ADHD: Attention Deficit Hyperactivity Disorder
- ASAM: American Society of Addiction Medicine
- ASD: Autism Spectrum Disorder
- ASO: Administrative Service Organization
- BCM: Blended Case Management
- BH: Behavioral Health
- BH-MCO: Behavioral Health Managed Care Organization
- BH-PH: Behavioral Health/ Physical Health
- BHSSBC: Behavioral Health Services of Somerset and Bedford Counties, Inc.
- BMC: Bureau of Managed Care
- C/FST: Consumer/Family Satisfaction Team
- CAO: County Assistance Office
- CASSP: Child and Adolescent Service System Program
- CBCM: Community Based Care Management
- CBHDR: Center for Behavioral Health Data Research, Inc.
- CBO: Community Based Organization
- CBT: Cognitive Behavioral Therapy
- CCBH: Community Care Behavioral Health
- CCM/CM: Clinical Care Manager
- CHC: Community HealthChoices
- CMS: Centers for Medicare and Medicaid Services
- COB: Coordination of Benefits
- COD: Co-Occurring Disorder
- CQI: Continuous Quality Improvement
- CRE: Certified Review Entity
- CRR: Community Residential Rehabilitation
- CRR-HH: Community Residential Rehabilitation Host Home
- CRS: Certified Recovery Specialist
- CSP: Community Support Program
- CY: Calendar Year
- CYS: Children and Youth Services
- D&A: Drug and Alcohol
- DBHS: Developmental and Behavioral Health Services
  - DDAP: Department of Drug and Alcohol Program
- DDTT: Dual Diagnosis Treatment Team
- DHS: Department of Human Services
- DOH: Department of Health
- DRN: Disability Rights Network
- DSM: Diagnostic and Statistical Manual
- EBT: Evidence Based Therapy
- EMDR: Eye Movement Desensitization and Reprocessing
- EPSDT: Early and Periodic Screening Diagnostic and Treatment
- ER: Emergency Room
- FBA: Functional Behavioral Assessment
- FBMHS: Family Based Mental Health Systems
- FFS: Fee-For-Service
- FFT: Functional Family Therapy
- FQHC: Federally Qualified Health Center
- FY: Fiscal Year
- HC: HealthChoices
- HEDIS: Healthcare Effectiveness Data and Information Set
- HIPAA: Health Insurance Portability and Accountability Act
- HMO: Health Maintenance Organization
- HOPES: Helping Our People Emotionally and Socially Drop-in Center
- HRSA: Health Resources & Services Administration
- IBHS: Intensive Behavioral Health Services
  - Asst BC-ABA: Assistant Behavior Consultant- Applied Behavior Analysis
  - BA: Behavior Analytic
  - BC: Behavior Consultation
  - BC-ABA: Behavior Consultation- Applied Behavior Analysis
  - BCaBA: Board Certified Assistant Behavior Analyst
  - BCAT: Board Certified Autism Technician
  - BCBA: Board Certified Behavior Analyst
  - BHT: Behavioral Health Technician
  - BHT-ABA: Behavioral Health Technician-Applied Behavior Analyst
  - MT: Mobile Therapy
  - RBT: Registered Behavior Technician
- ICD: International Classification of Diseases
- ICM: Intensive Case Management

- ICSP: Individualized Child Services Plan
- IDD: Intellectual or Developmental Disability
- ICP: Integrated Care Plan
- IOP: Intensive Outpatient Program
- IP: Inpatient
- ISP: Individualized Service Plan
- ISPT: Individualized Service Plan Team
- JCAHO: Joint Commission on the Accreditation of Healthcare Organizations
- JPO: Juvenile Probation Office
- LCSW: Licensed Clinical Social Worker
- LMFT: Licensed Marriage and Family Therapist
- LOC: Level of Care
- LOS: Length of Stay
- LPC: Licensed Professional Counselor
- LSW: Licensed Social Worker
- LTSS: Long-Term Support Services
- MA: Medical Assistance or Medicaid
- MAGI: Modified Adjusted Gross Income
- MAID: Medical Assistance Identification Number
- MAT: Medication-Assisted Treatment
- MATP: Medical Assistance Transportation Program
- MCO: Managed Care Organization
- MH: Mental Health
- MHFA: Mental Health First Aid
- MHIP: Mental Health Inpatient
- MHOP: Mental Health Outpatient
- MNG: Medical Necessity Guidelines
- MST: Multisystemic Therapy
- MSW: Master of Social Work
- NCQA: National Committee for Quality Assurance
- OCYF: Office of Children, Youth, and Families
- ODP: Office of Developmental Programs
- OLTL: Office of Long-Term Living
- OMAP: Office of Medical Assistance Programs
- OMHSAS: Office of Mental Health and Substance Abuse Services
- OP: Outpatient
- OVR: Office of Vocational Rehabilitation
- PCIT: Parent-Child Interaction Therapy
- PCP: Primary Care Physician
- PHI: Protected Health Information
- PH-MCO: Physical Health Managed Care Organization
- PHP: Partial Hospitalization Program
- PID: Pennsylvania Insurance Department
- PMHCA: Pennsylvania Mental Health Consumers Association
- PMPM: Per Member Per Month
- PROMISE: Provider Reimbursement and Operations Management Information System in electronic format
- PSS: Peer Support Services
- PTSD: Post Traumatic Stress Disorder
- QA: Quality Assurance
- QI: Quality Improvement
- QM: Quality Management
- QPR: Question Persuade Refer
- RC: Resource Coordination
- RFP: Request for Proposal
- RHC: Rural Health Clinic
- RTF: Residential Treatment Facility
- SAMHSA: Substance Abuse and Mental Health Services Administration
- SAP: Student Assistance Program
- SCA: Single County Authority
- SCO: Support Coordination Organization
- SDoH: Social Determinants of Health
- SED: Serious Emotional Disturbance
- SSA: Social Security Administration
- SU: Substance Use
- TANF: Temporary Assistance to Needy Families
- TAY: Transition Age Youth
- TCM: Targeted Case Management
- TF-CBT: Trauma Focused Cognitive Behavioral Therapy
- TPL: Third Party Liability
- VBP: Value Based Purchasing
- YYA PSS: Youth and Young Adult Peer Support Services

## **APPENDIX B: TERMINOLOGY**

### **ADMISSION RATE**

The number of admissions into services per 1,000 HealthChoices enrollees.

### **AUTHORIZATION**

A process that is related to the payment of claims by which a provider receives approval from the BH-MCO to provide a service. Authorizations typically limits the number of units and the time in which the service can be provided. If a service requires authorization for payment, the lack of authorization will result in an unpaid claim.

### **BEHAVIORAL HEALTH**

As defined by SAMHSA: Mental/emotional well-being and/or actions that affect wellness. Behavioral health problems include substance use disorders; alcohol and drug addiction; and serious psychological distress, suicide, and mental disorders.

### **CAPITATION**

A set amount of money received or paid out; it is based on Membership rather than on services delivered and is usually expressed in units of PMPD (per Member per day) or PMPM (per Member per month). Under the HealthChoices program, capitation rates vary by categories of assistance.

### **CLAIM**

A request for reimbursement for a behavioral health service.

### **COMMUNITY RESIDENTIAL REHABILITATION (CRR) HOST HOME**

Family homes that provide 24-hour living arrangements and mental health treatment for youth whose emotional or behavioral needs cannot be treated effectively in their own home but can still benefit from treatment in a home-like setting within their community. Families are expected to be involved in treatment.

### **DIAGNOSIS**

A behavioral health disorder based on DSM or ICD diagnostic criteria.

### **DIAGNOSTIC CATEGORIES**

Subgroups of behavioral health disorders. These subgroups include:

- **ANXIETY DISORDERS:** a group of disorders that includes Panic Disorder, Social Phobia, Generalized Anxiety Disorder, and other specified and unspecified Anxiety Disorders
- **BIPOLAR DISORDERS:** a group of mood disorders that includes Bipolar I Disorder, Bipolar II Disorder, Cyclothymic Disorder, and other specified Bipolar Disorders
- **DEPRESSIVE DISORDERS:** a group of mood disorders that includes Major Depressive Disorder, Persistent Depressive Disorder, and other specified Depressive Disorders
- **DISRUPTIVE IMPULSE CONTROL and CONDUCT DISORDERS:** includes Intermittent Explosive Disorder, Conduct Disorder, and Oppositional Defiant Disorder
- **NEURODEVELOPMENTAL DISORDERS:** includes Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Intellectual Disability, and Tic Disorders
  - **AUTISM SPECTRUM DISORDER:** A neurodevelopmental disorder that affects social interaction, communication with others, and may include behavioral challenges.

- **INTELLECTUAL DISABILITY:** A disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. Includes mild, moderate, severe, and profound intellectual disability.
- **SCHIZOPHRENIA AND PSYCHOTIC DISORDERS:** a collection of thought disorders such as Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, and Psychotic Disorder
- **SUBSTANCE USE DISORDERS:** Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.
- **TRAUMA AND STRESSOR RELATED DISORDERS:** Includes Posttraumatic Stress Disorder (PTSD), Reactive Attachment Disorder, Acute Stress Disorder, Disinhibited Social Engagement Disorder and Adjustment Disorders

**DSM**

The Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. This manual provides a diagnostic coding system for mental health and substance use disorders.

**ENROLLMENT**

The number of Medicaid recipients who are active in the Medical Assistance program at any given point in time.

**ICD**

The International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.

**MEDICATION-ASSISTED TREATMENT**

Combines behavioral therapy and medications to treat substance use disorders.

**MEMBER**

Eligible Medical Assistance recipients enrolled in the HealthChoices program during the reporting period.

**QUALITY ASSURANCE**

The maintenance of a desired level of quality in a service, especially by means of attention to every stage of the process of delivery.

**READMISSION RATE**

An admission to an acute care hospital within 30 days of discharge from the same or another acute care hospital.

**RESIDENTIAL TREATMENT FACILITY (RTF)**

A self-contained, secure, 24-hour psychiatric residence for children and adolescents who require intensive clinical treatment, recreational, educational services, and supervision.

**UTILIZATION**

The amount of behavioral healthcare services used by Medicaid recipients. Utilization is based on encounter (paid claims) information.

# Resources are Available in Our Community to Help Cope with Social, Behavioral Health, and Substance Use

Bedford & Somerset Counties Crisis Line <i>Available 24 hours a day, 7 days a week</i>	1.866.611.6467
Somerset County Mental Health Referrals	814.443.4891 (Toll-free: 877.814.4891)
Bedford County Mental Health Referrals	814.623.5166 (Toll-free: 877.814.5166)
National Suicide Prevention Lifeline	988
Línea Nacional de Prevención del Suicidio	988
CrisisTextLine	Text "PA" to 741741
Safe2Say ( <a href="http://www.safe2saypa.org">www.safe2saypa.org</a> )	1.844.723.2729
Veteran Crisis Line	988, press option 1
Disaster Distress Helpline	1.800.985.5990
Bedford County Substance Use Referrals	814.623.5009
Somerset County Substance Use Referrals	814.445.1530
Get Help Now Hotline (substance use disorders)	1.800.662.4357
To help manage anxiety and other challenging emotions due to the COVID-19 emergency; the toll-free, round-the-clock support line is available	1.855.284.2494 (TTY: 724.631.5600)
Community Care Member Services	1.866.483.2908

"911" Call if you can – Text if you can't



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