



2023 Annual Report



To Our Valued Colleagues and Stakeholders:

As the HealthChoices Administrator and the Executive Director at Behavioral Health Services of Somerset and Bedford Counties, Inc., (BHSSBC), we are pleased to provide you with access to our 2023 annual report.

The Commonwealth of Pennsylvania offered counties the right of first opportunity to administer the HealthChoices Behavioral Health Program to coordinate behavioral health services provided under Medical Assistance with the publicly funded behavioral health human services dollars. BHSSBC holds the agreement with the Department of Human Services; this agreement, along with the HealthChoices Program Standards and Requirements, are the standards that BHSSBC must monitor to ensure compliance. 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 subcontracted with Community Care Behavioral Health Organization (Community Care) as the Managed Care Organization for Behavioral Health Services in Bedford and Somerset Counties.

This report covers Calendar Year 2023 and provides aggregate information related to member enrollment, demographics, diagnoses, services offered, utilization, and costs. We also provide various initiatives implemented and accomplishments achieved by BHSSBC in 2023, along with upcoming projects planned in 2024.

We hope you find this information informative in reviewing behavioral health services provided to HealthChoices/Medical Assistance members in Bedford and Somerset Counties. We sincerely 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, appearing to read "Sandra Benko".

Sandra Benko, M.Ed.
Administrator

A handwritten signature in black ink, appearing to read "Cathy Krinjeck MA".

Cathy Krinjeck, MA
Executive Director

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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 (retired January 2023)
- Leah Winegardner, Vice-Chairperson (retired May 2023)
- Sandra Benko, Administrator, Chairperson
- Stacey Steele, Vice Chairperson (appointed May 2023)
- Pam Humbert
- Melissa Baker
- Suzie Edwards
- Mary Gerhard
- Lori Gaskin
- Denise Ickes (resigned August 2023)
- Lynn Plesnick

BHSSBC Management and Support Staff

- Cathy Krinjeck, M.A., HealthChoices Executive Director
- Tina Heinrich, Ed.S., Clinical Director
- Melissa Lenart, B.S., Quality Management Director
- Tyler Mosholder, B.S., Finance Manager
- Debra Thomas, B.A., Community Relations Specialist (resigned September 2023)
- 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.

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 five full-time Clinical Care Managers (CM's) 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. BHSSBC's CMs remain 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.



For more information about
Community Care, visit:

<https://www.ccbh.com/>

MEDICAL ASSISTANCE ENROLLMENT

Medical Assistance Categories of Aid:

Governed by federal regulations, Pennsylvania is required to cover a set of mandated services for specific groups of individuals to qualify for federal matching payments. The primary coverage groups in the Medical Assistance Program are:

TANF/HB/MAGI(Child) and TANF/HB/MAGI (Adult)

Temporary Assistance to Needy Families (TANF) is assistance to families with dependent children who are deprived of the care or support of one or both parents. Healthy Beginnings (HB) is assistance for women during pregnancy and the postpartum period. Modified Adjusted Gross Income (MAGI) is the adjusted gross income found on an individual's Federal Income Tax form used to determine Medical Assistance eligibility in accordance to established limits based on the Federal Poverty Level (FPL).

SSI + Healthy Horizons with Medicare

Supplemental Security Income plus Healthy Horizons with Medicare is assistance for people who are aged, blind, or disabled for over two years with income below 135% of the Federal Poverty Level (FPL).

SSI + Healthy Horizons without Medicare (Child) and SSI + Healthy Horizons without Medicare (Adult)

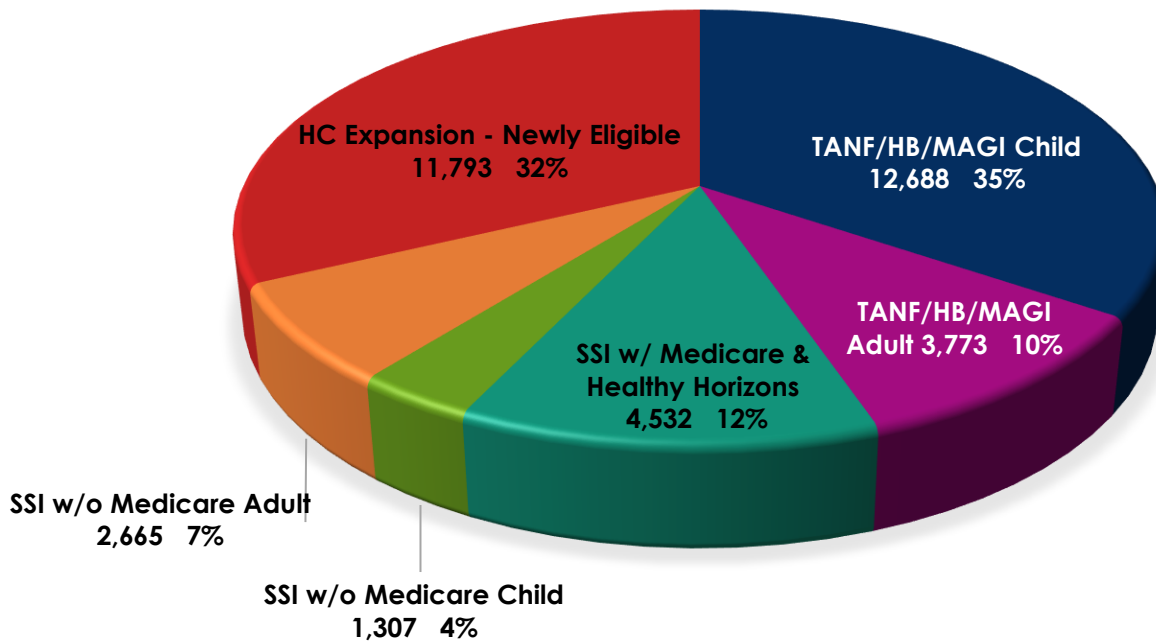
Supplemental Security Income plus Healthy Horizons with Medicare is assistance for people who are determined disabled for less than two years with income below 135% of the Federal Poverty Level (FPL).

HealthChoices (HC) Expansion – Newly Eligible

Childless adults with income less than or equal to 133% of the applicable Federal Poverty Level (FPL). Parents and designated care takers and individuals ages 19 or 20 with income between 4% and 133% of the applicable FPL.

Enrollment by Medical Assistance Category of Aid *

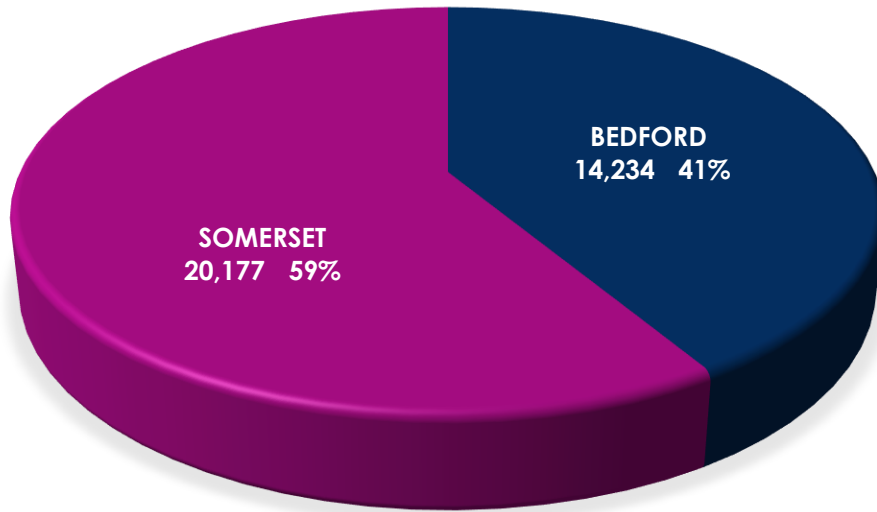
34,342 Members were enrolled in the Somerset and Bedford HealthChoices Program during CY 2023.



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

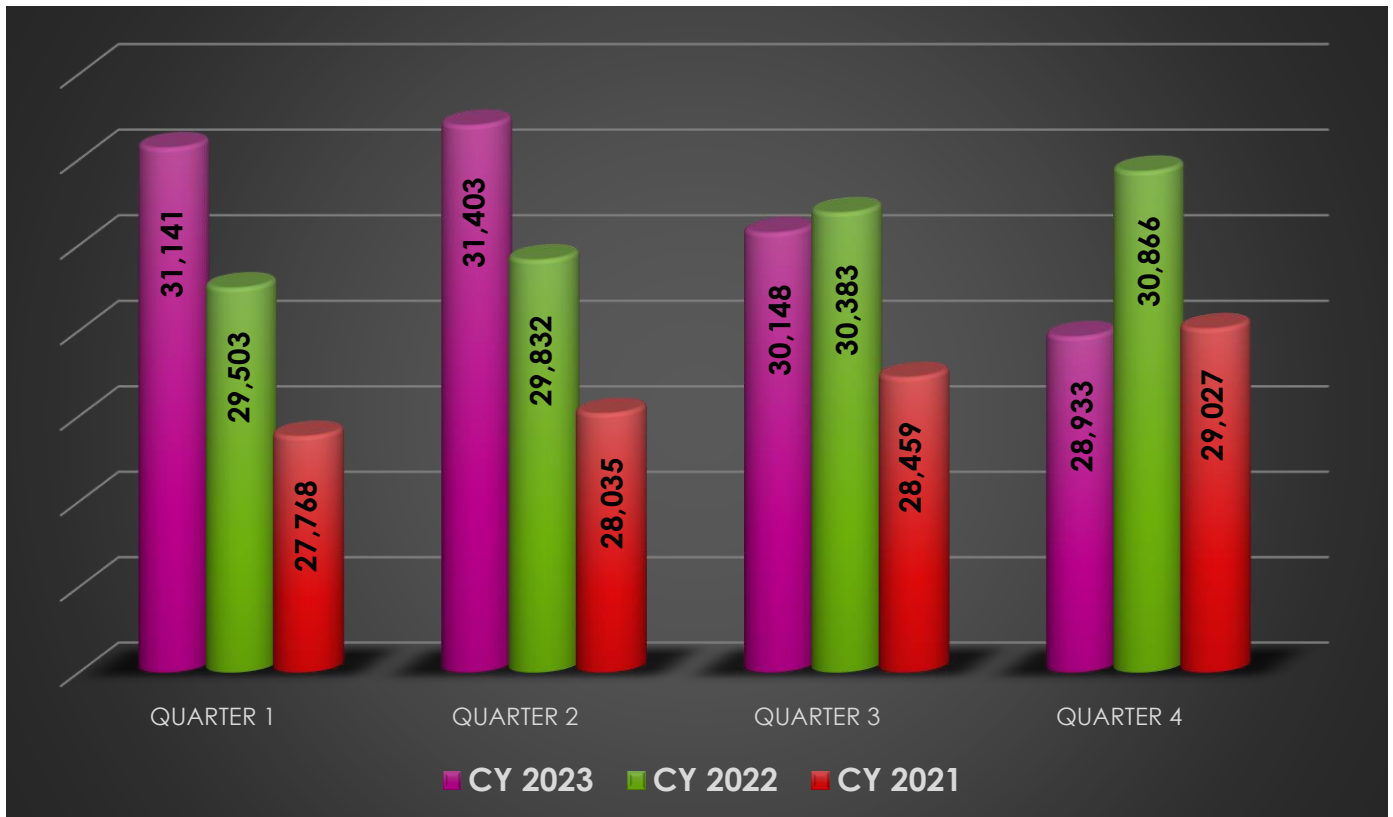
Enrollment by County *

Calendar Year 2023 enrollment reflects a **4.6%** overall increase in HealthChoices enrollment.



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

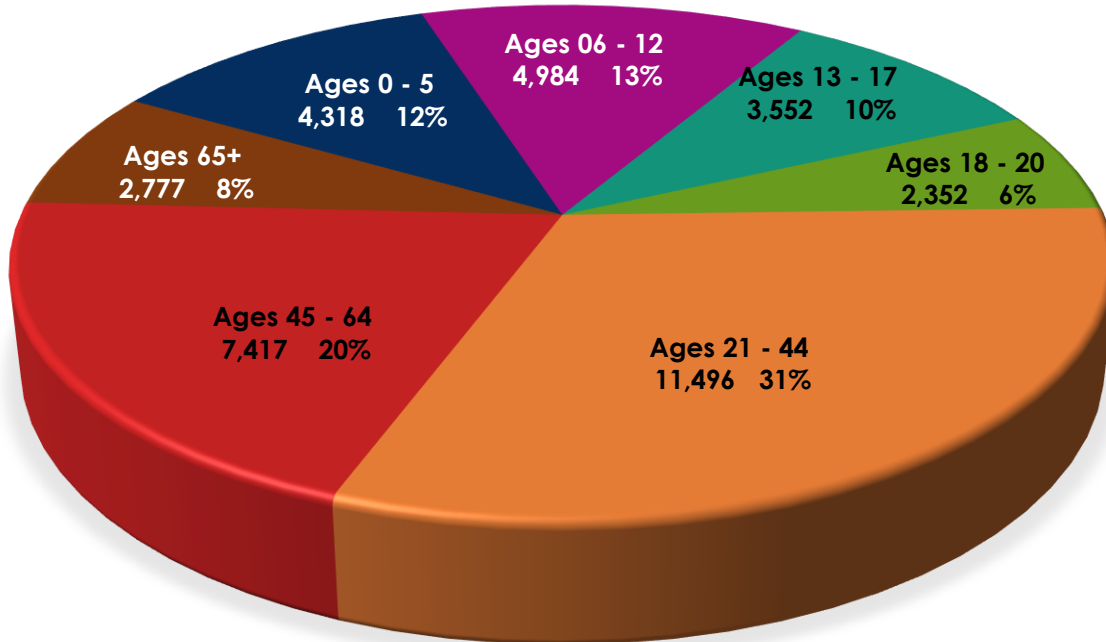
Enrollment by Quarter



MEMBER DEMOGRAPHICS

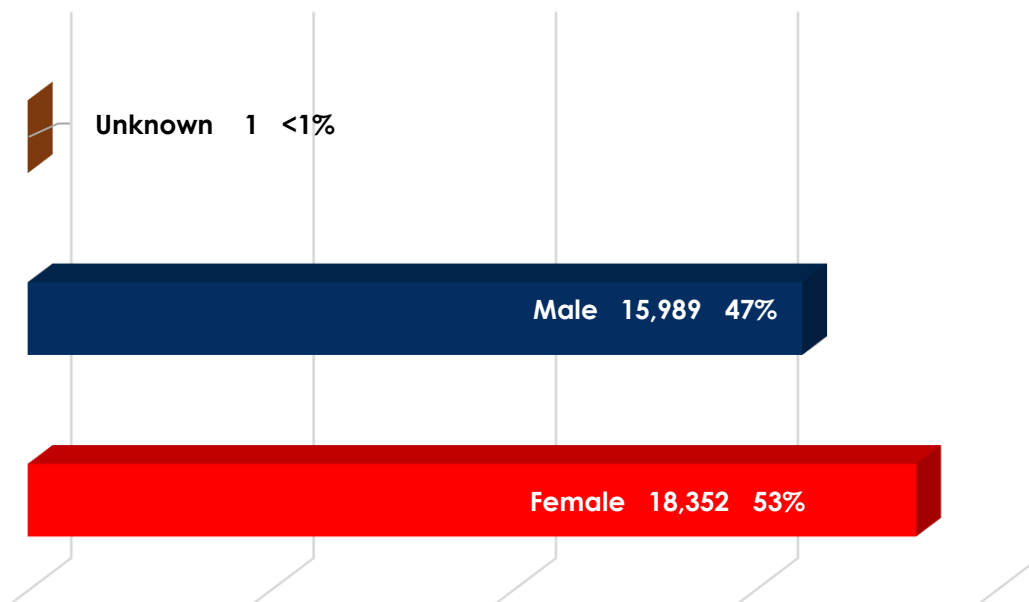
34,342 Members were enrolled in the Bedford and Somerset HealthChoices Program during CY 2023.

Enrollment by Age Group*

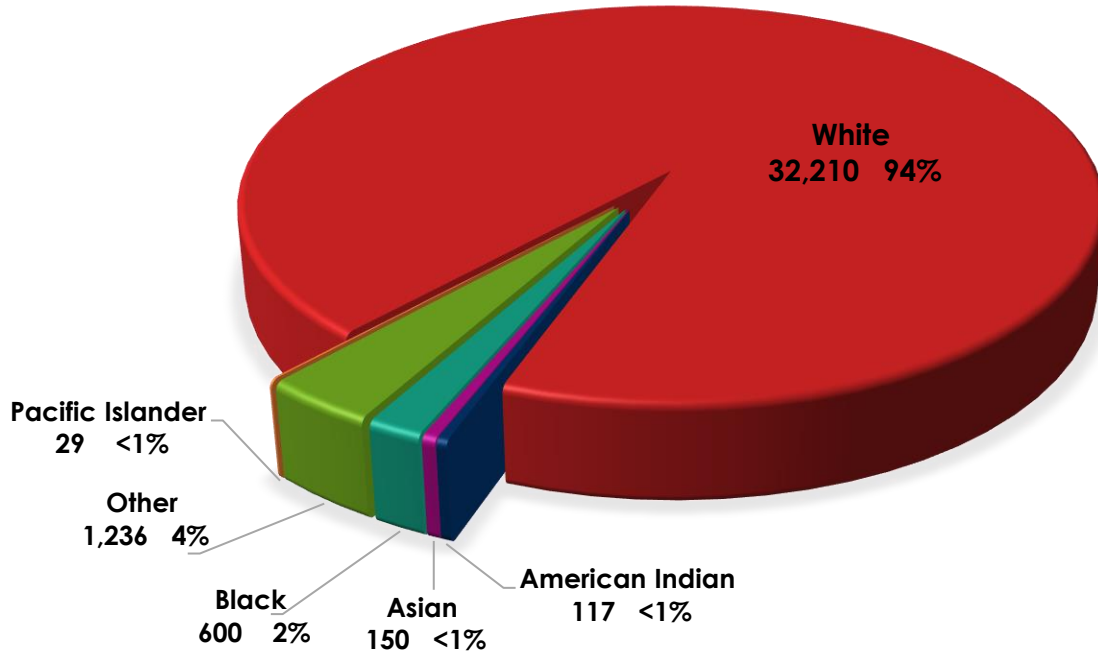


*Some Members may fall into more than one Age Group during the Calendar Year.

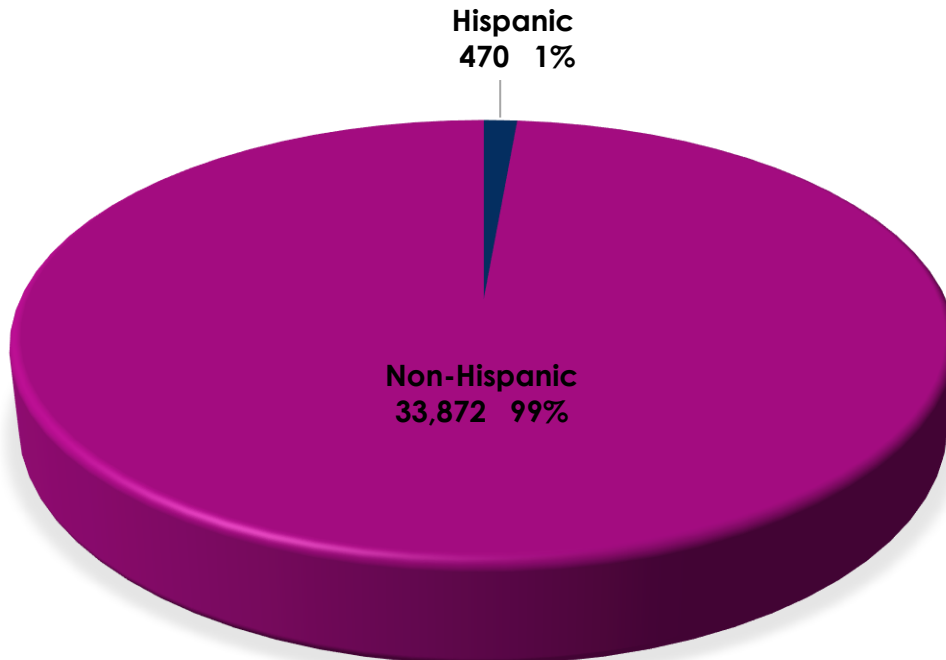
Enrollment by Gender



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) for a description of each service.

State Plan Services

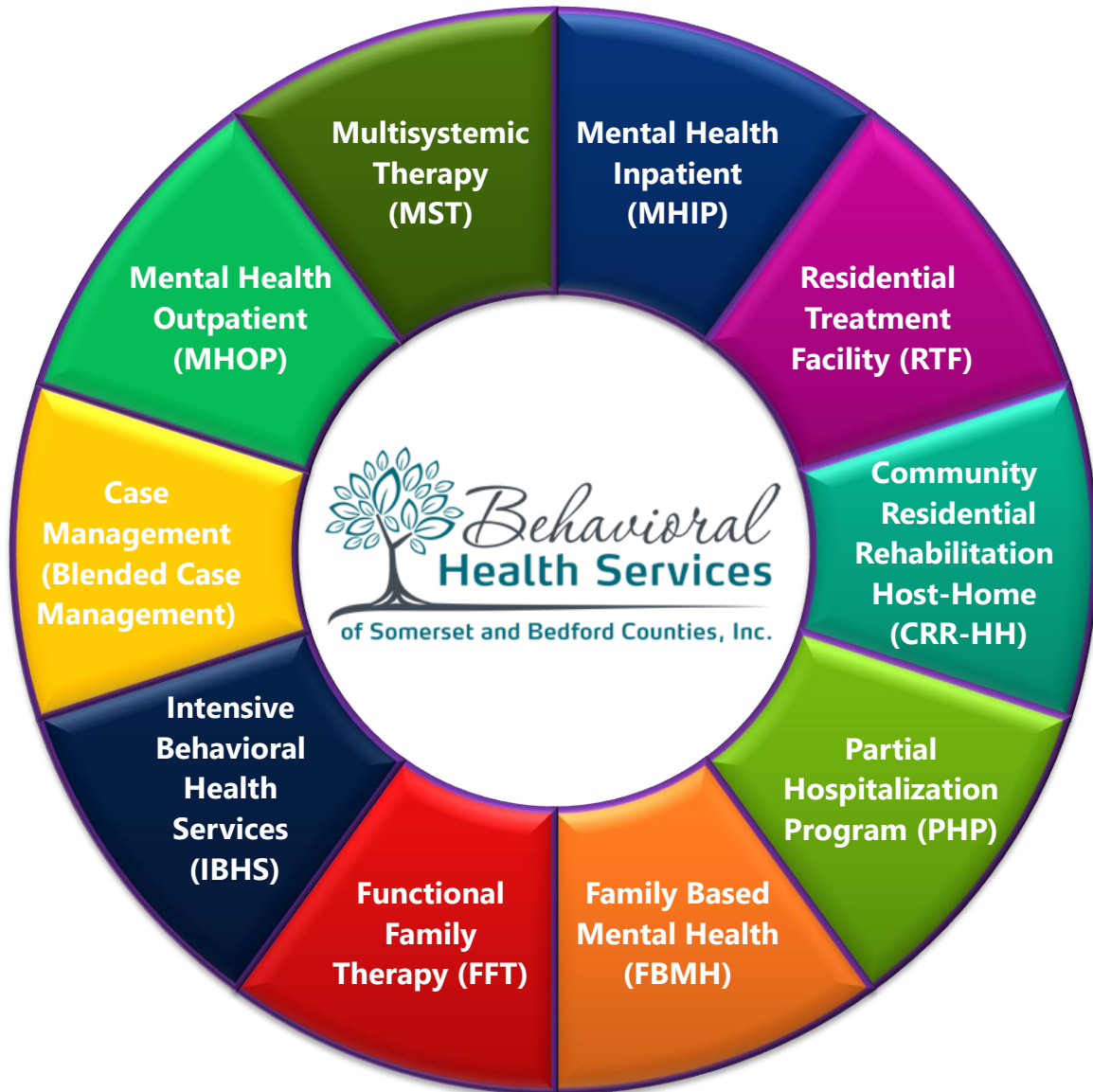
- Intensive Behavioral Health Services for Children and Adolescents (IBHS)
- Crisis Intervention Services
- Community Residential Rehabilitation Host Home (CRR-HH)
- Family Based Mental Health Services (FBMHS)
- Functional Family Therapy (FFT)*
- Inpatient Drug and Alcohol Withdrawal Management and Treatment
- 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 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:

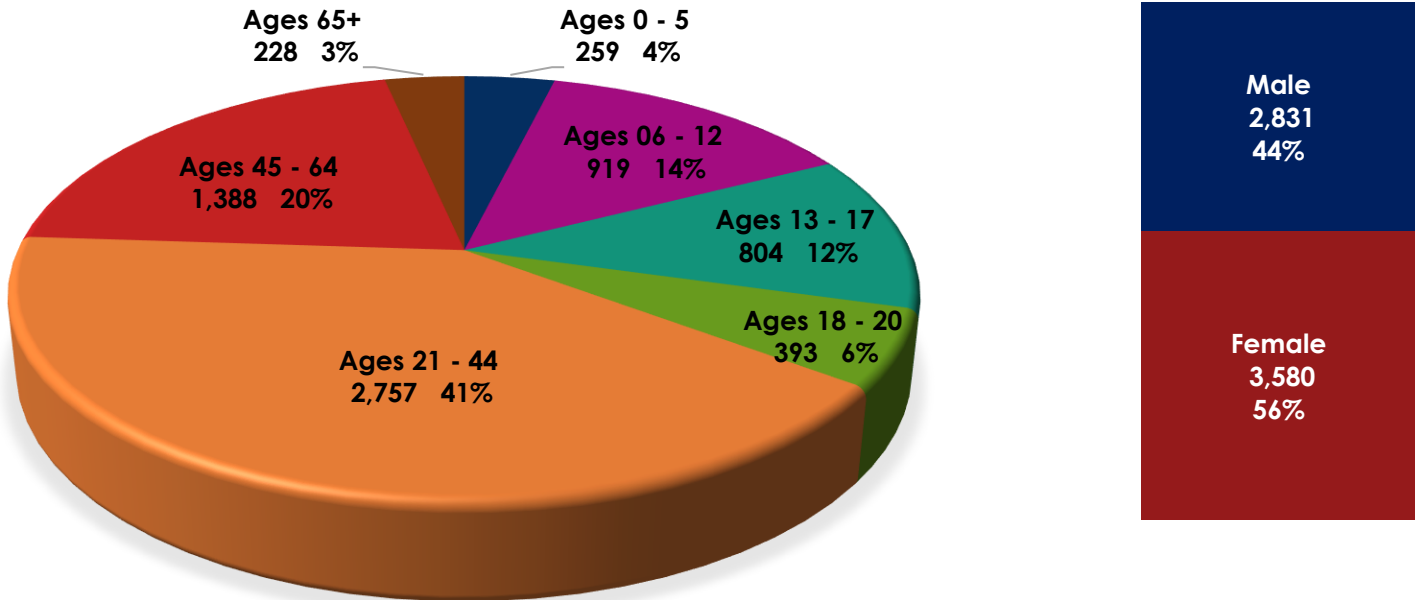
<https://members.ccbh.com/find-provider>

UTILIZATION BY DEMOGRAPHIC

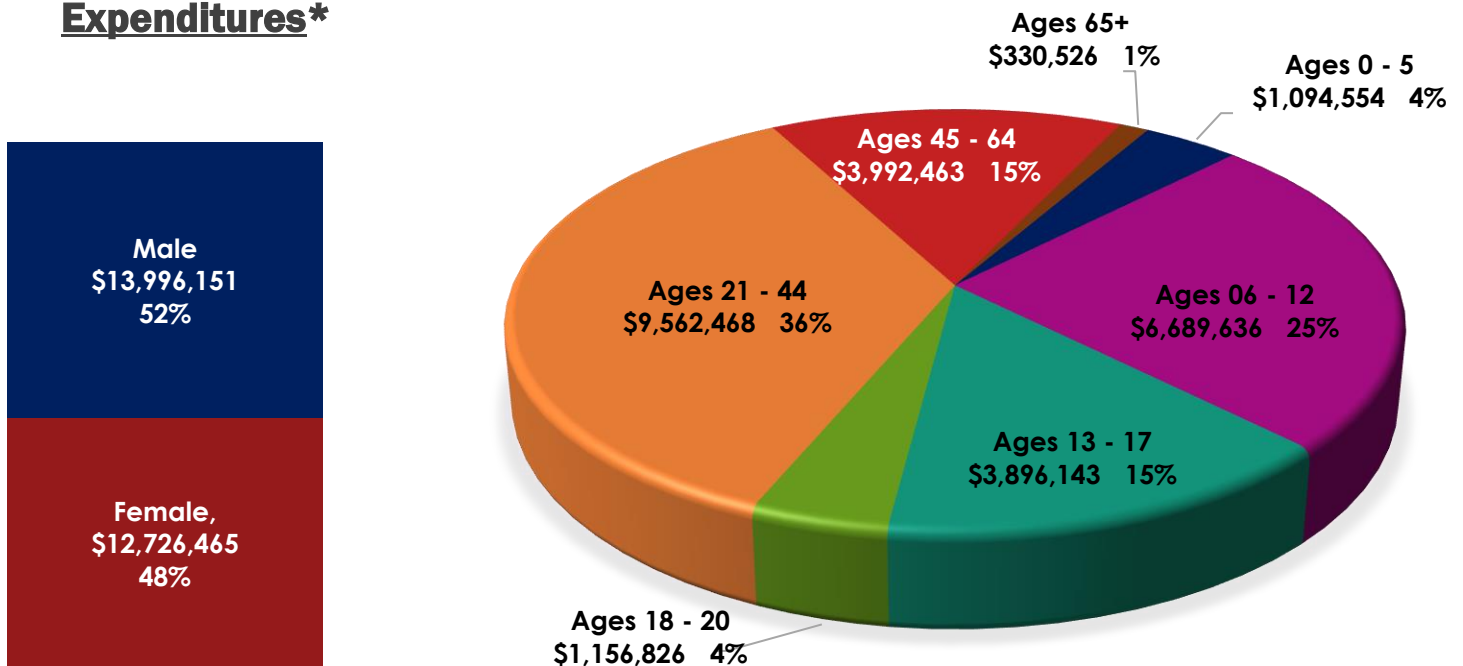
Distinct Members Served: 6,411

Total Expenditures: \$26,722,616

Members Served*



Expenditures*

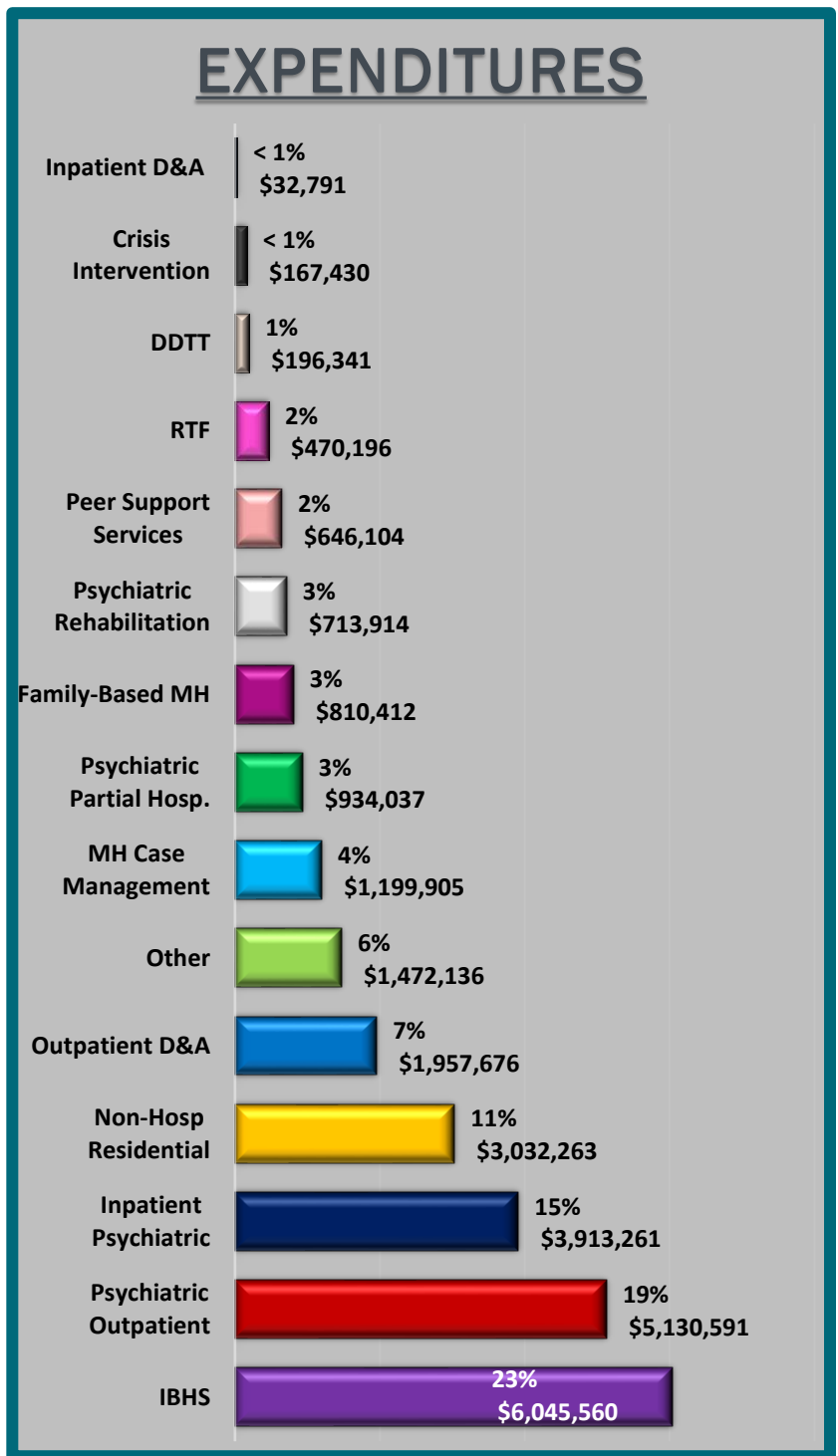
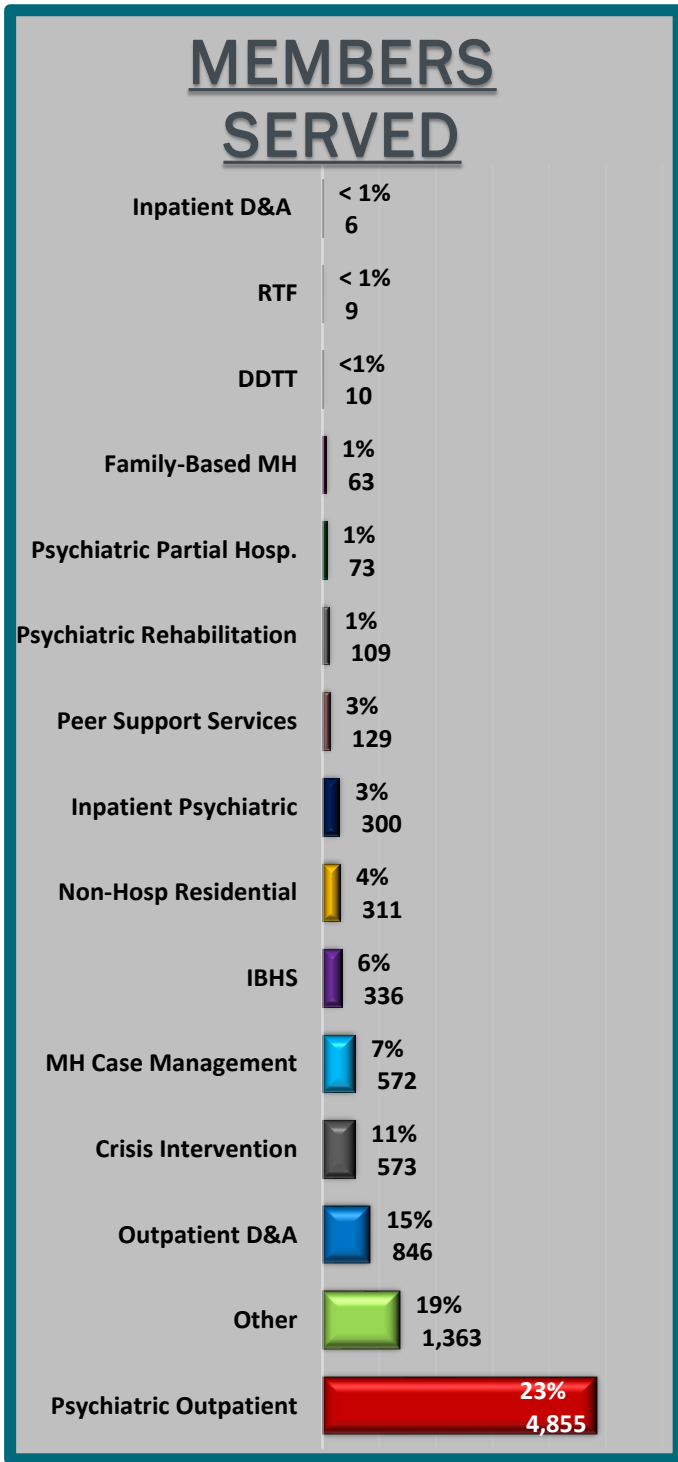


*Some Members may fall into more than one Age Group during the Calendar Year.

UTILIZATION BY LEVEL OF CARE

Distinct Members Served: **6,411**

Total Expenditures: **\$26,722,616**



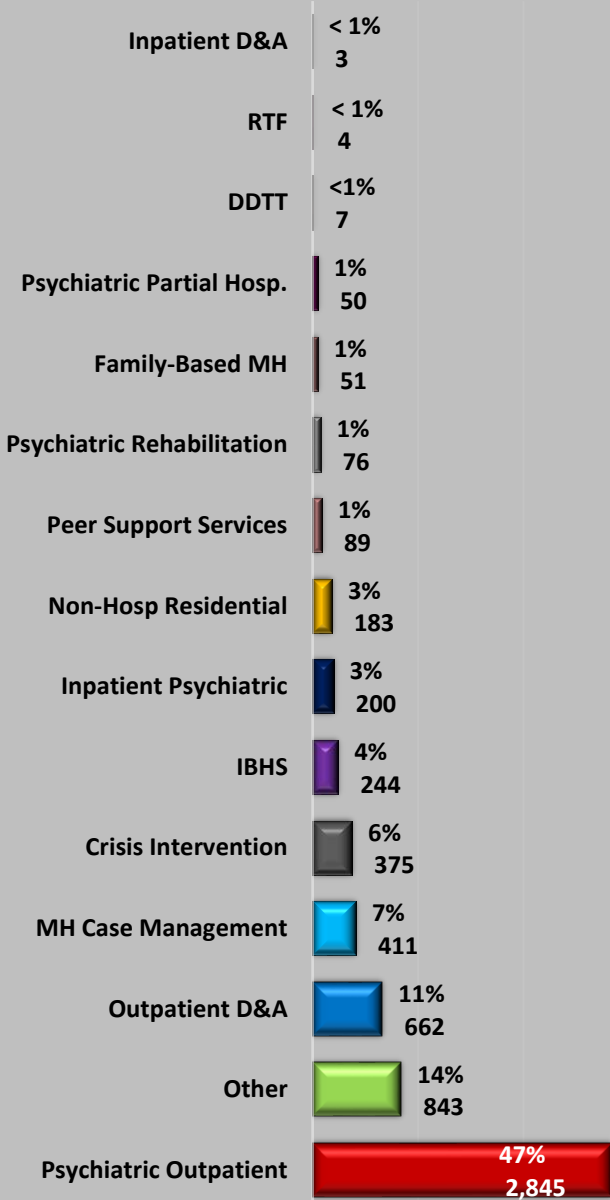
*Some Members may have received multiple levels of care at different times during the Calendar Year.

SOMERSET COUNTY: UTILIZATION BY LEVEL OF CARE

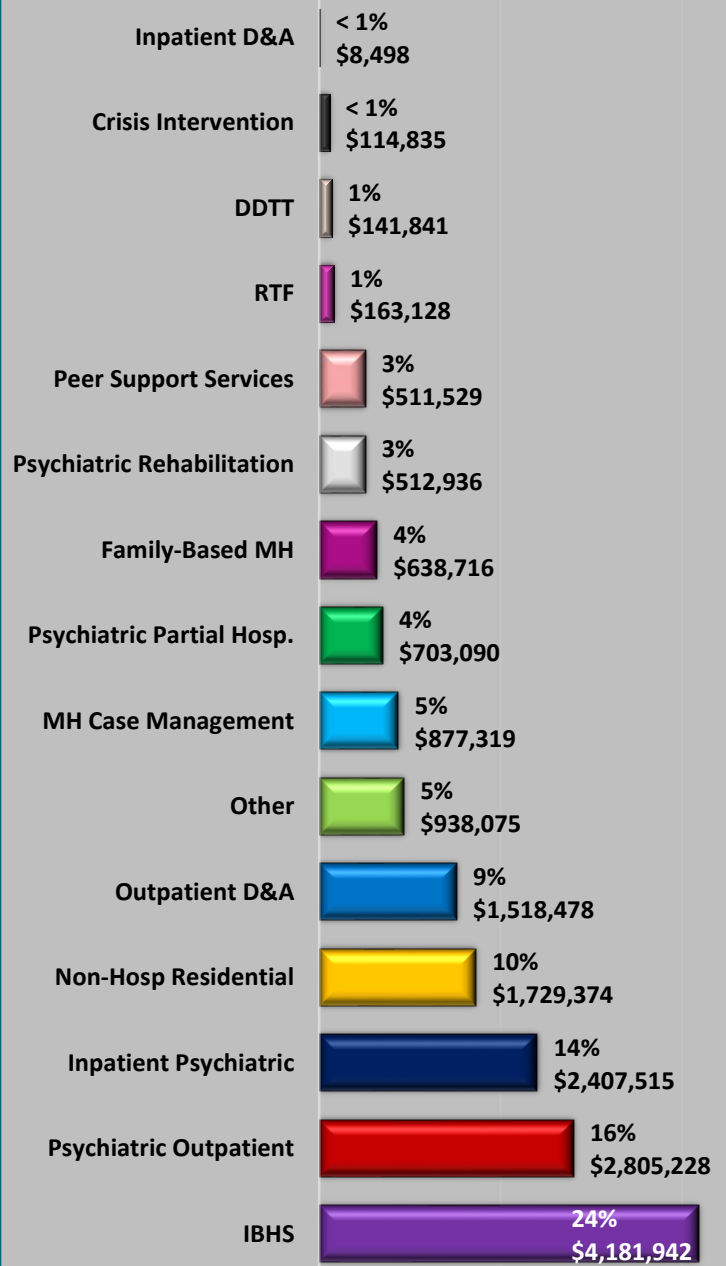
Distinct Members Served: **3,926**

Total Expenditures: **\$17,252,504**

MEMBERS SERVED



EXPENDITURES



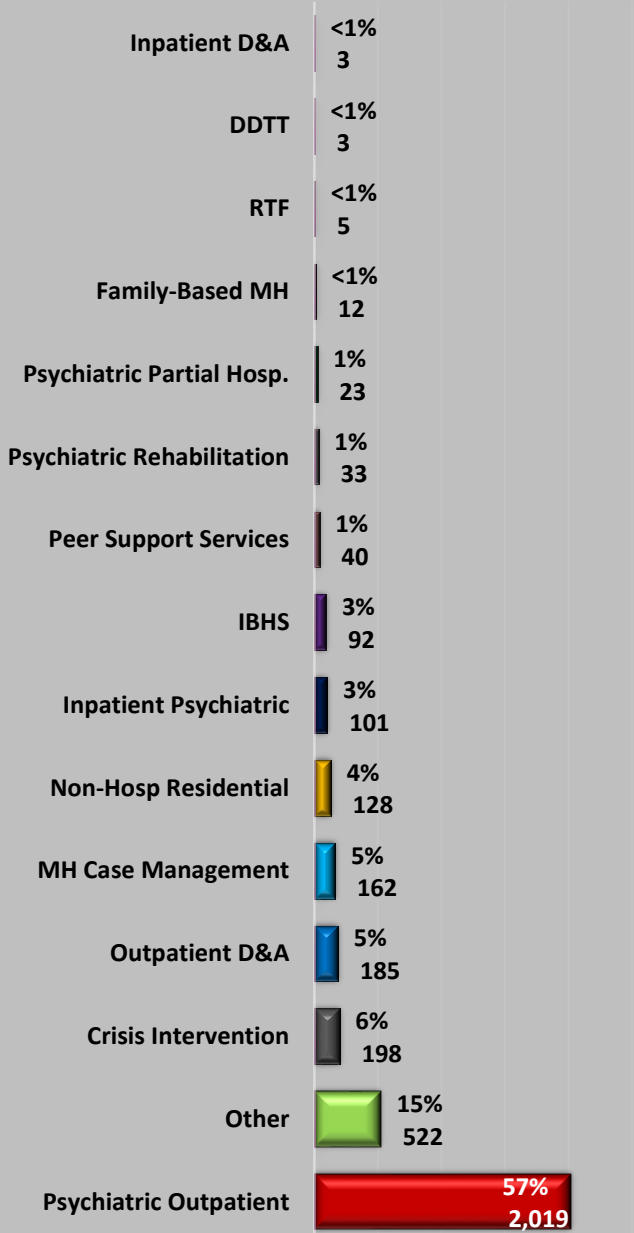
*Some Members may have received multiple levels of care and lived in both counties at different times during the Calendar Year.

BEDFORD COUNTY: UTILIZATION BY LEVEL OF CARE

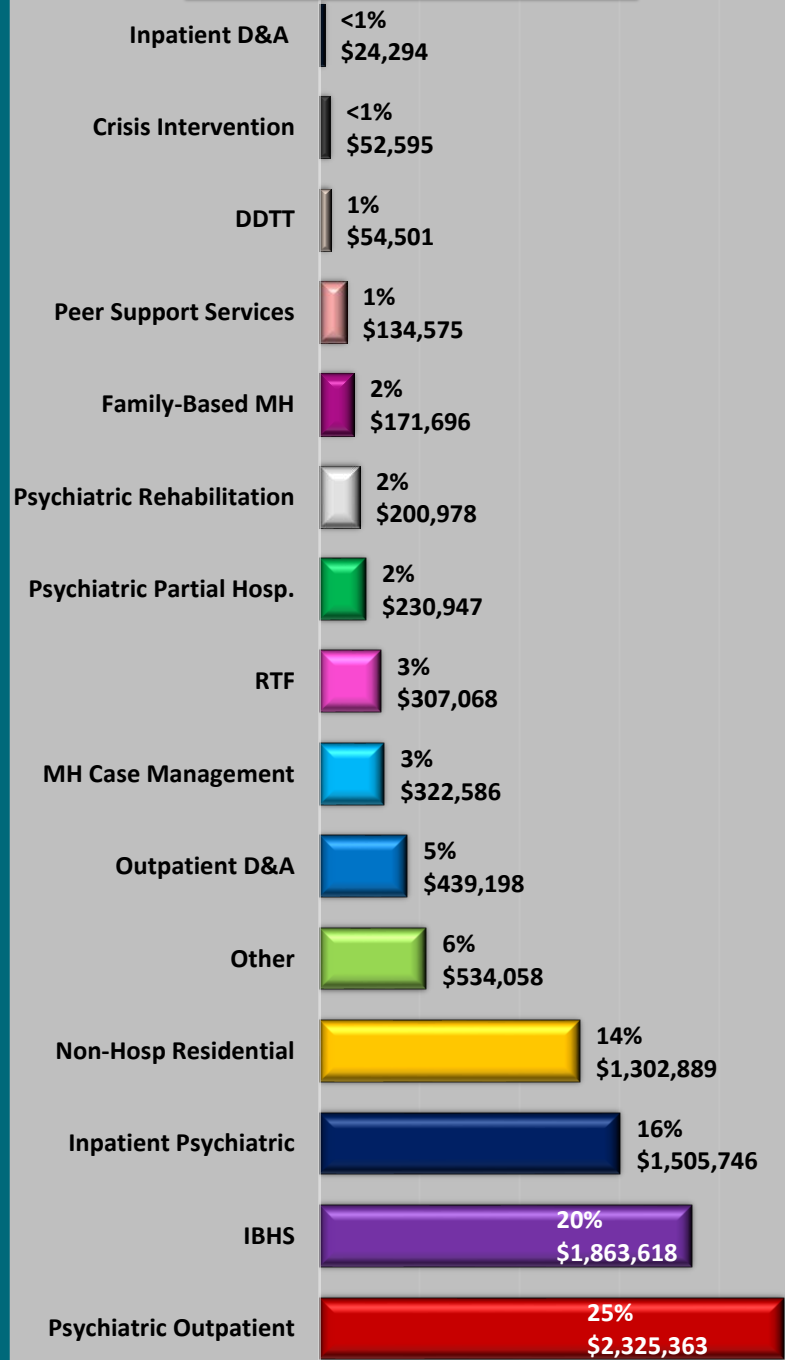
Distinct Members Served: 2,498

Total Expenditures: \$9,470,112

MEMBERS SERVED



EXPENDITURES



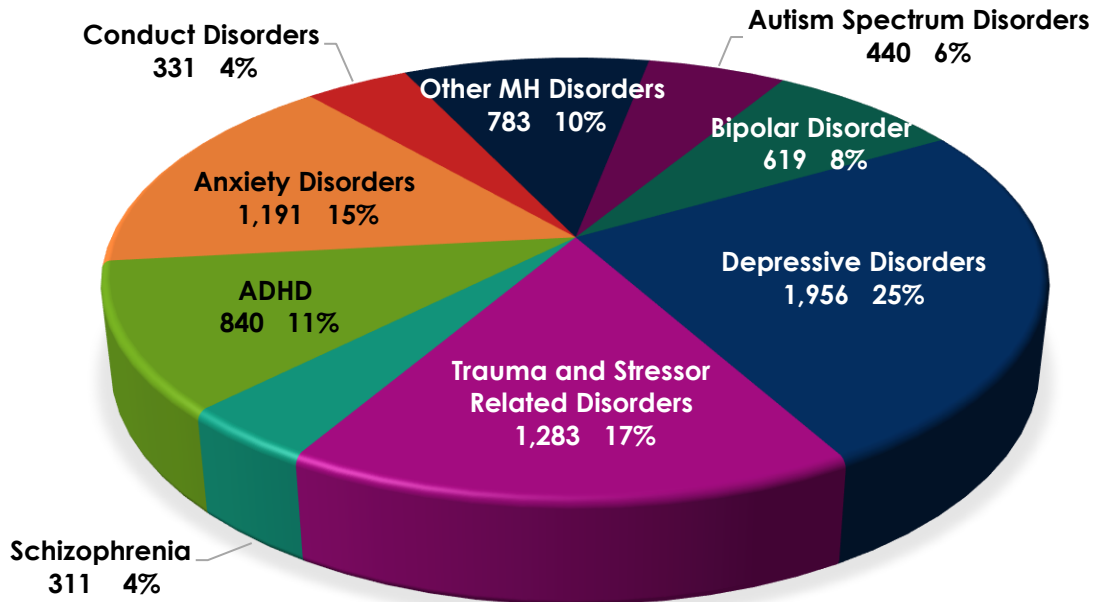
*Some Members may have received multiple levels of care and lived in both counties at different times during the Calendar Year.

UTILIZATION BY MENTAL HEALTH DISORDER

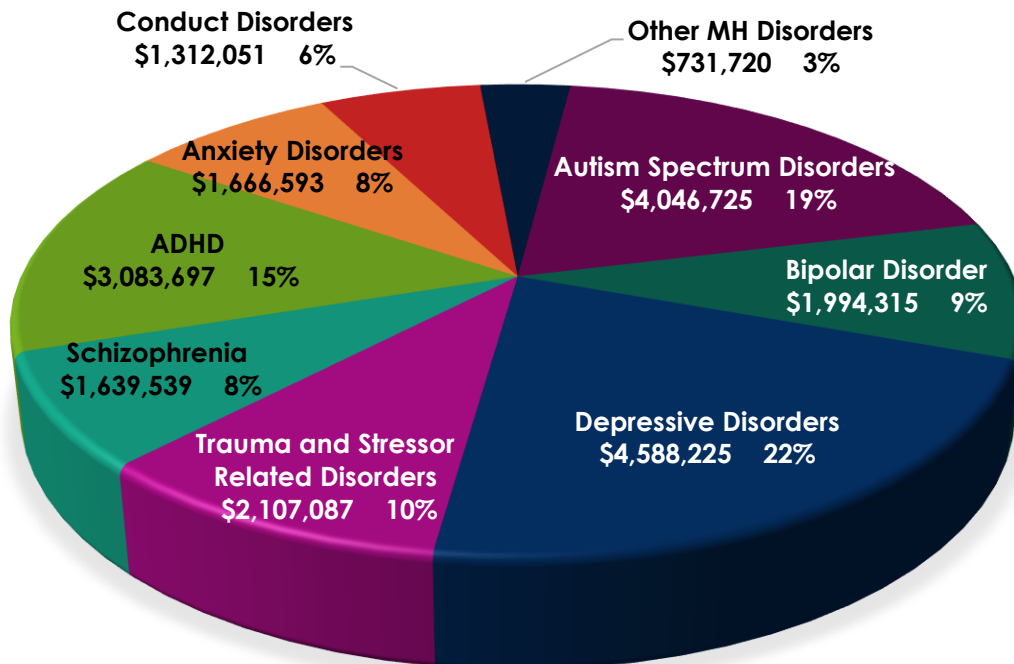
Distinct Members Served: **5,737**

Total Expenditures: **\$21,169,951**

Members Served*



Expenditures*



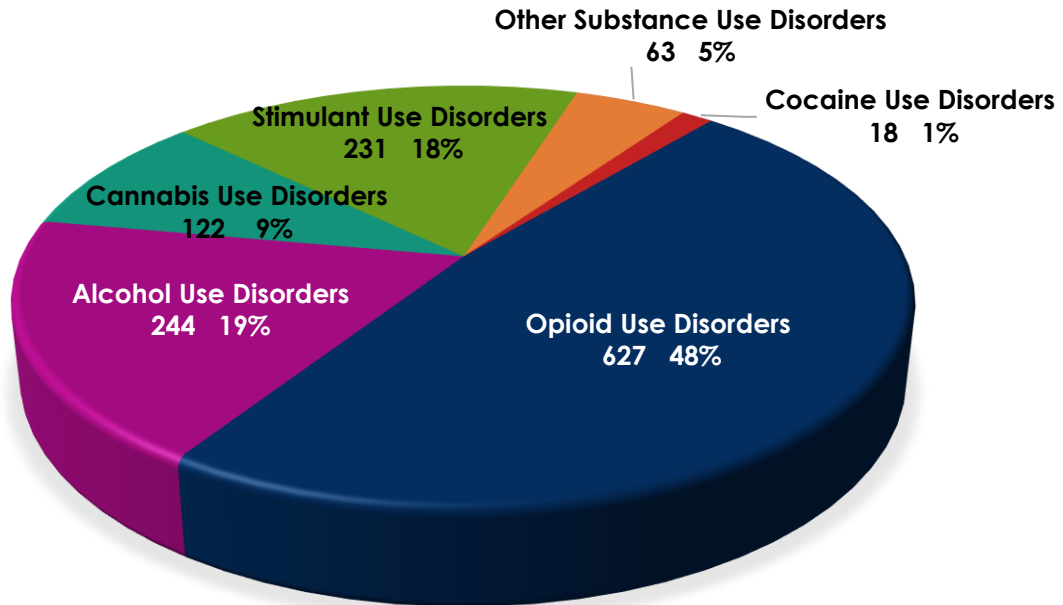
*Some Members may have more than one diagnosis.

UTILIZATION BY SUBSTANCE USE DISORDER

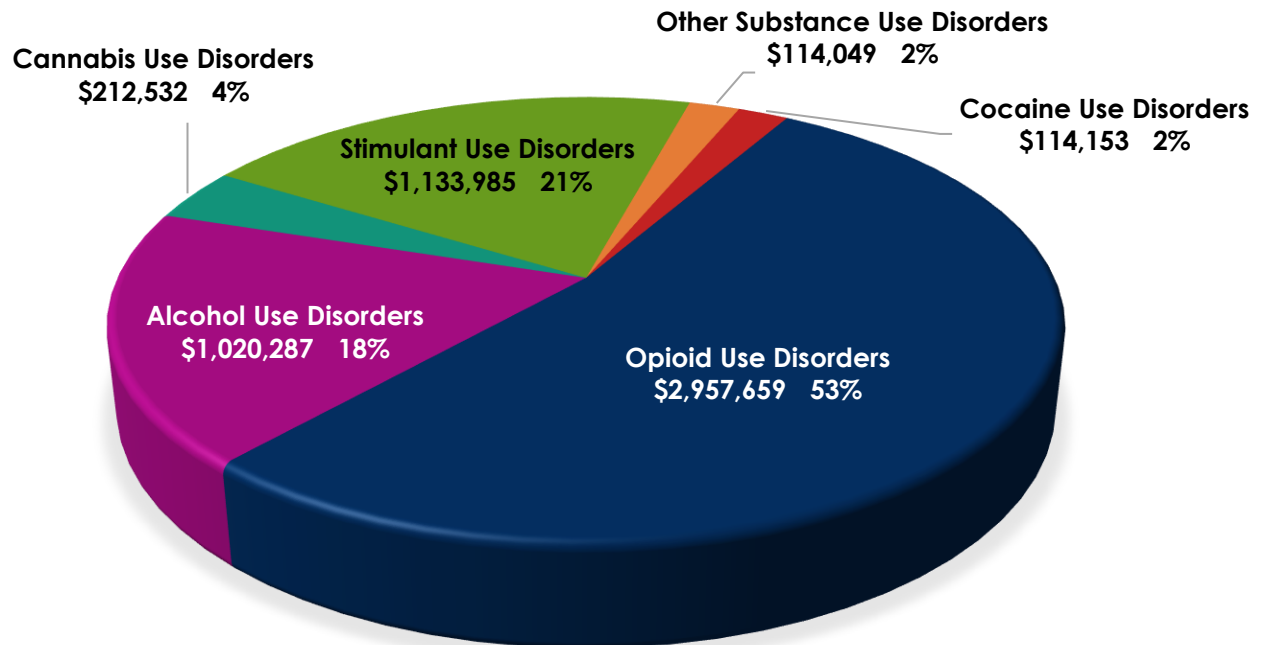
Distinct Members Served: 1,105

Total Expenditures: \$5,552,665

Members Served



Expenditures

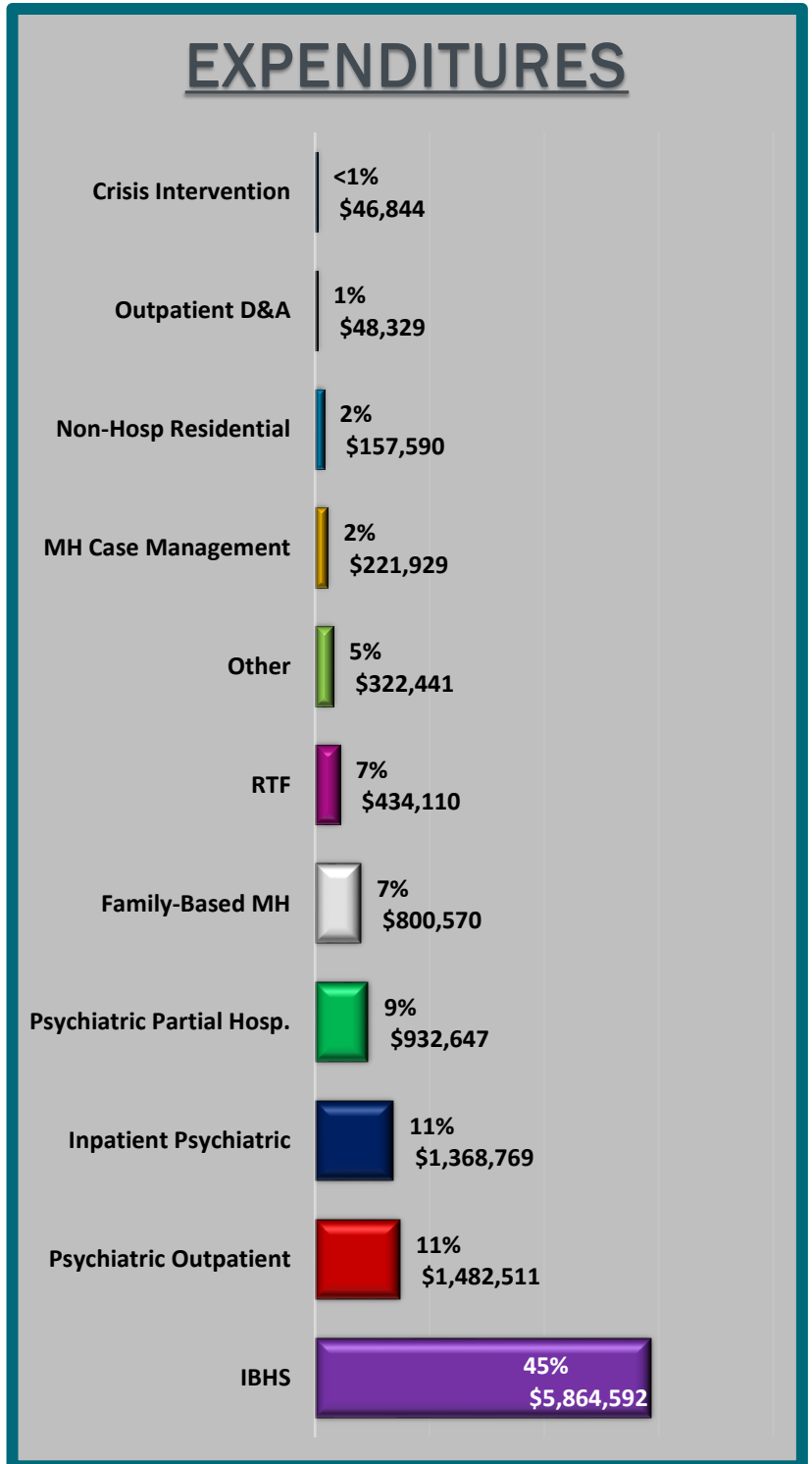
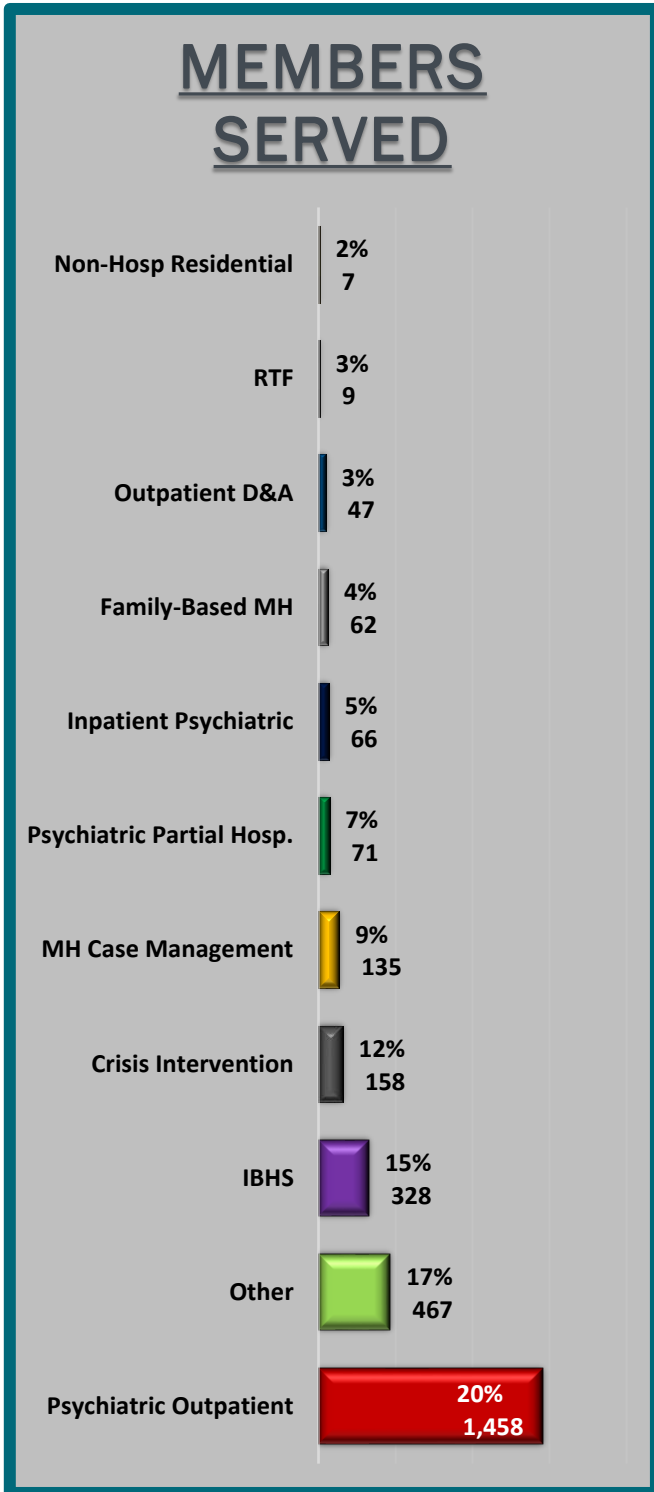


*Some Members may have more than one diagnosis.

YOUTH: UTILIZATION BY LEVEL OF CARE

Distinct Members Served: 1,852

Total Expenditures: \$11,680,332



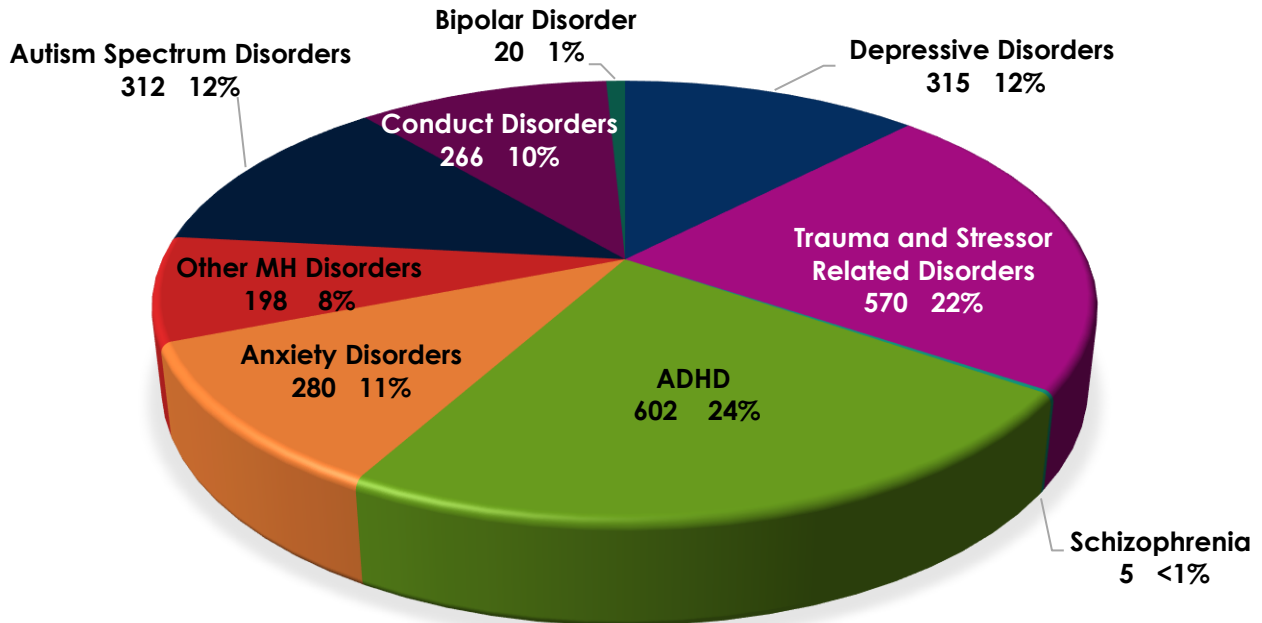
*Some Members may have received multiple levels of care at different times during the Calendar Year.

YOUTH: UTILIZATION BY MENTAL HEALTH DISORDER

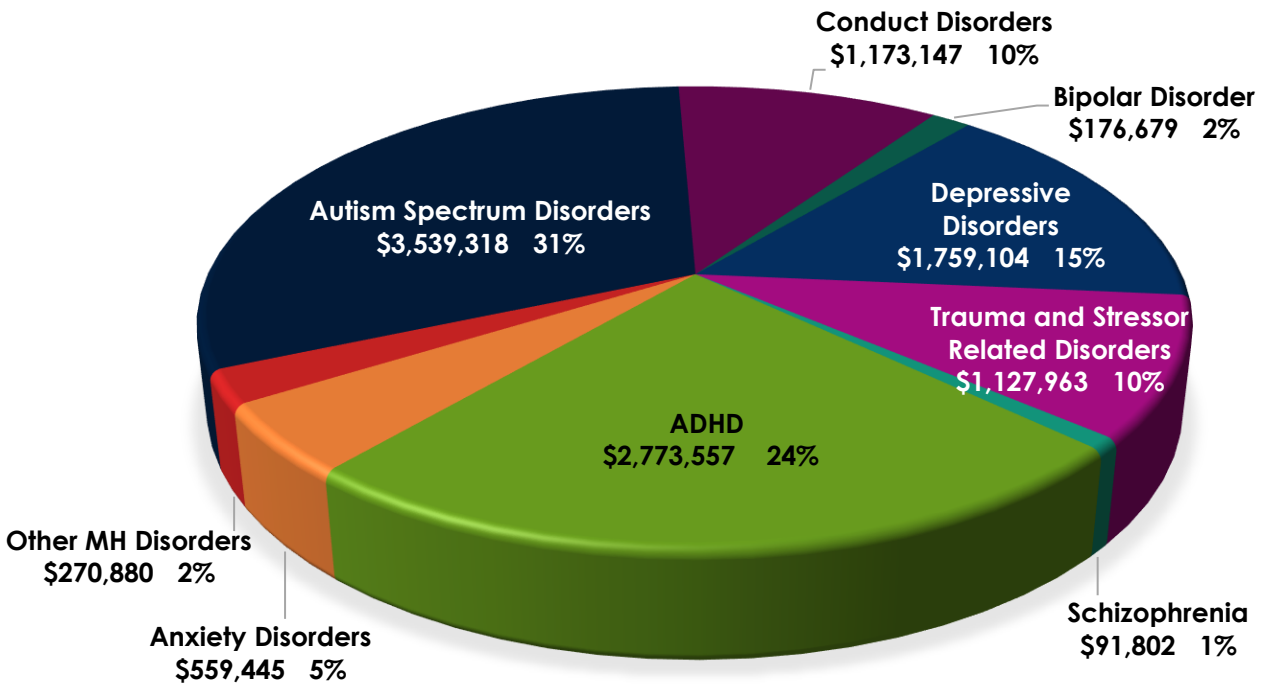
Distinct Members Served: 1,835

Total Expenditures: \$11,471,895

Members Served*



Expenditures*

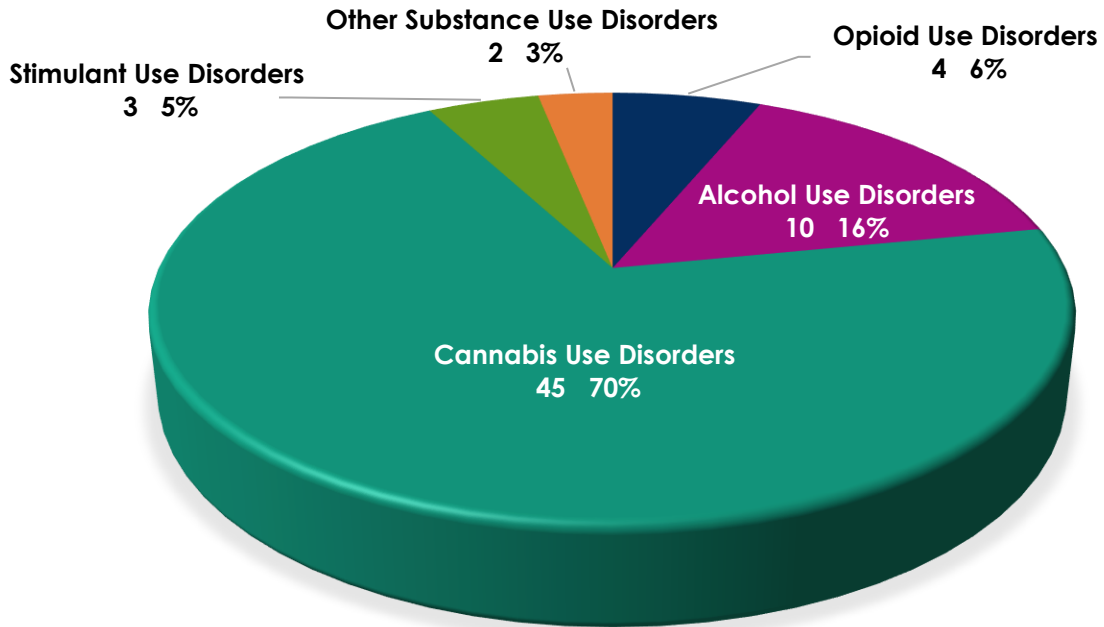


*Some Members may have more than one diagnosis.

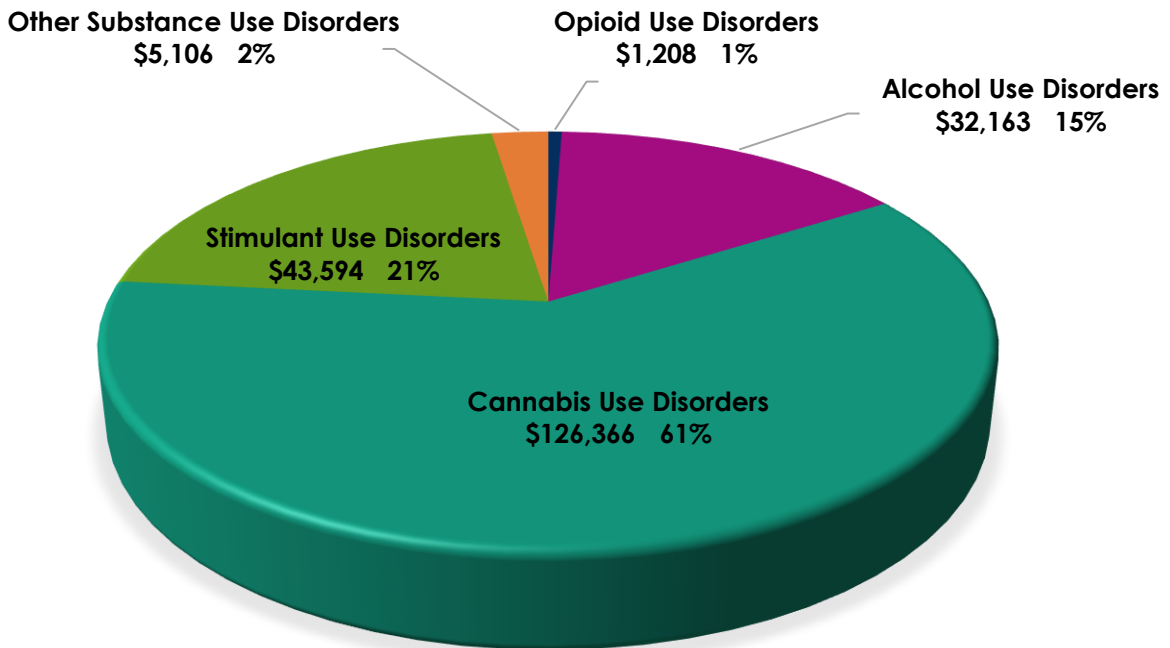
YOUTH: UTILIZATION BY SUBSTANCE USE DISORDER

Distinct Members Served: 54
Members Served*

Total Expenditures: \$208,437



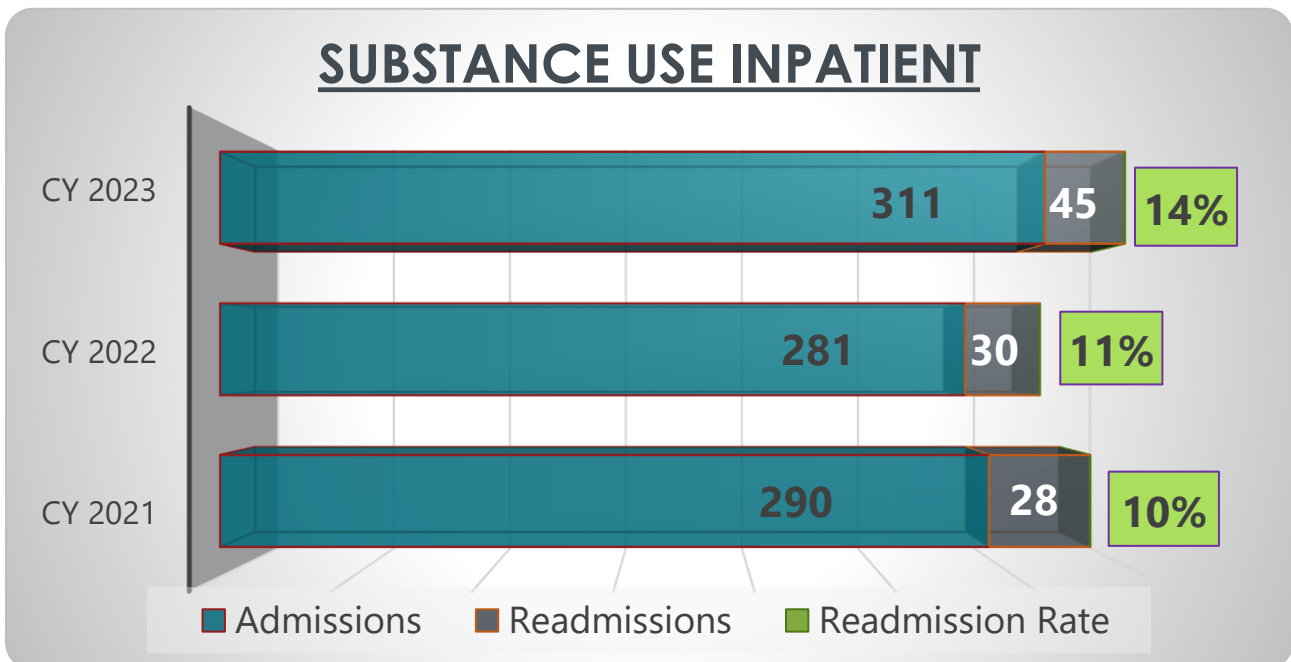
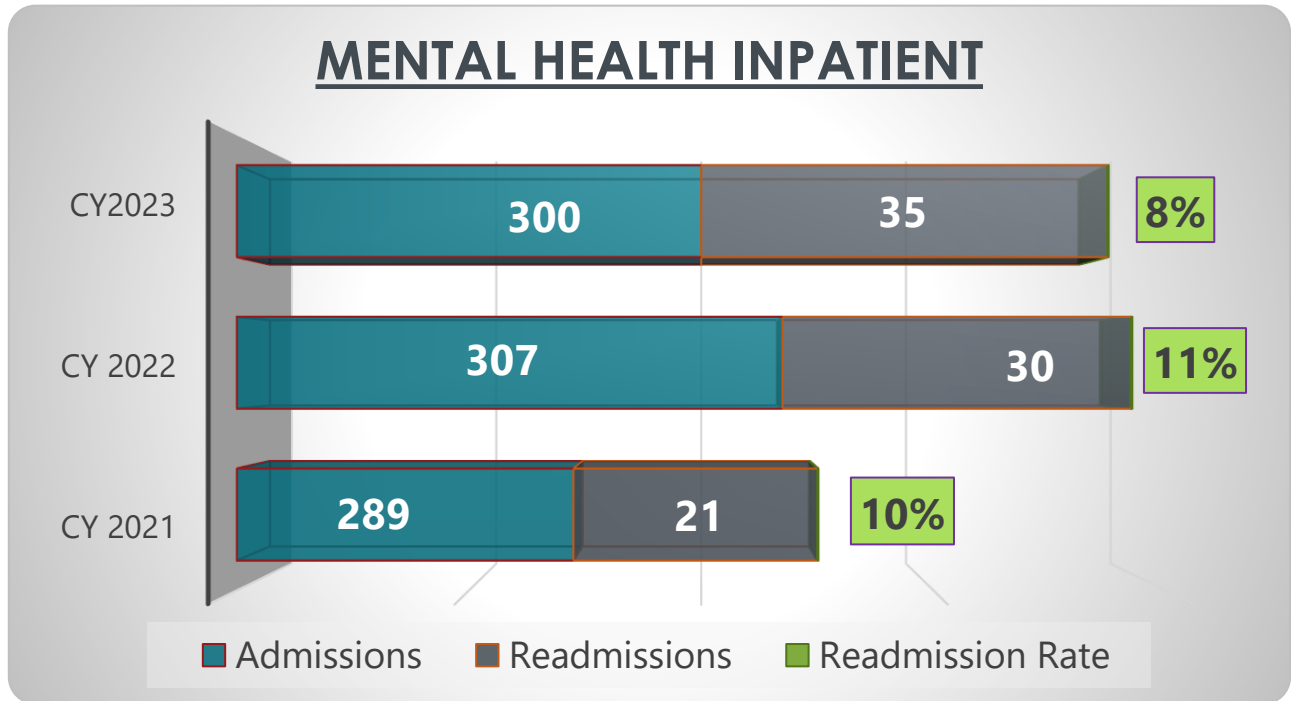
Expenditures*



*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 seven (7) level one Complaints filed in CY 2023 (2 Bedford County; 5 Somerset County), which was a slight increase from CY 2022. Six (6) Complaints were related to Quality of Care; one (1) Complaint was related to Attitude and Service. The decisions were: two (2) substantiated and five (5) unsubstantiated. 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 increased in CY 2023, with a total of eleven (11) service denials (2 Bedford County; 9 Somerset County). The highest number of denials were for IBHS BHT (4), followed by RTF (2), MH-PHP (2), Neuropsychological Testing (2), and FBMHS (1). Although there are multiple possible reasons for the overall increase in denials it is believed that the discontinuation of the 1135 Waiver, that was initiated during the COVID-19 pandemic and allowed for a decrease in pre-certifications, as well as decreased administrative expectations to approve a service, had the greatest impact on the denial rate.



Photo: "Hall's Mill Covered Bridge" image courtesy of Bedford County Visitors Bureau

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 2 Grievances filed in CY 2023 (2 Bedford County; 0 Somerset County), which was a slight decrease from CY 2022. Both (2) Grievances were for the denials of RTF. The Grievance decisions were: two (2) overturned.

External Reviews / Fair Hearings

An External Review is a review of a Complaint or Grievance by a Certified Review Entity (CRE) chosen by the Pennsylvania Insurance Department's (PID) Bureau of Managed Care (BMC).

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 Grievance process and may request a Fair Hearing.

There were no External Reviews or Fair Hearing requests of Complaints or Grievances in CY 2023.

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 2023, there were a total of **600** C/FST surveys completed (70% by face-to-face interview; 30% by phone) with **391** adults, **116** families, and **93** youth. The following data show the replies to the questions requested by the Department of Human Services, Office of Mental Health and Substance Abuse Services.

DHS Question: What effect has the treatment you (your child) received had on the overall quality of your life? (Answered, “Much Better/A Little Better”)

Adult – 91%
Family – 94%
Youth – 96%

DHS Question: Were you (and your child) given the chance to make treatment decisions? (Answered, “Yes”)

Adult – 94%
Family – 98%
Youth – 90%

DHS Question: In the last twelve months, were you able to get the help you needed? (Answered, “Yes”)

Adult – 95%

DHS Question: In the last twelve months, did you have problems getting (your child) the help you (they) needed? (Answered, “No”)

Family – 87%
Youth – 95%

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 invest in programs and services in our communities.

Assertive Community Treatment Team Reinvestment Program (ACT)

Originally, BHSSBC reported in the 2022 annual report that a Transitional Age Youth Assertive Community Treatment Team (TAY ACT) is being funded through HealthChoices reinvestment funds. BHSBSC contracted with Merakey for this initiative.

However, due to staff recruitment issues, Merakey was not able to obtain licensure until December of 2023. In addition, referral issues were surfacing and BHSSBC, Community Care, and Merakey worked with OMHSAS to revise the Service Description to change the programming from a TAY ACT program servicing members 16 – 24 to an ACT Program which can provide services to members 16 and older.

ACT provides a full range of services to members who have been diagnosed with a serious mental illness. The primary target population for the ACT Team is HealthChoices members with a high utilization of inpatient services, including those members with co-occurring psychiatric and substance use disorders. ACT is designed to support individuals who have been unsuccessful with traditional mental health services.

Merakey has been working with Bedford and Somerset members and is open to accepting referrals for this valuable level of service.

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 in 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

In 2023, due to the overwhelming need and success of this project, BHSSBC expanded this plan to include additional funding. BHSSBC continued to work 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. 540 individuals were able to be assisted with SDoH needs during 2023.



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 2023.

Needs Assessment

Behavioral Health Services of Somerset and Bedford Counties, Inc. (BHSSBC) and Community Care Behavioral Health completed a Needs Assessment survey. Input was solicited from community stakeholders to evaluate the strengths/needs or to reveal gaps within the mental health and substance use service system in Bedford and Somerset Counties. The survey was sent to 507 stakeholders and 126 respondents participated. Survey results revealed the top barriers to treatment are lack of providers/staff shortage/waitlist, followed by transportation at a distant second. Survey respondents also identified pay and benefits, staff stress and burnout, and lack of qualified staff applying as the biggest barriers to recruitment. Most survey respondents believe that Trauma-Informed Services are needed in Bedford and Somerset Counties, and they ranked the top 3 services in most need of resources as:

1. Children's Services,
2. Family-Based Services, and
3. Crisis Intervention Services.

The information from this survey is being used to create new, and/or enhance existing services that can improve behavioral health care and lead to better outcomes for our community. A Needs Assessment Committee consisting of BHSSBC, Community Care, and various community stakeholders (members, providers, school districts, and other community services) began meeting in September 2023 and continues to meet monthly. The group has discussed gaps, barriers, and workforce deficits, and is now exploring possible new services and/or methods to improve behavioral health treatment in Bedford and Somerset Counties.

Health Resources and Services Administration Grant (HRSA)

In 2020, BHSSBC in collaboration with Community Care Behavioral Health Organization, Bedford and Somerset County SCAs, and the UPMC Center for High-Value Health Care received a grant from the Health Resources and Services Administration (HRSA) Rural Communities Opioid Response Program (RCORP). This three-year project aimed to enhance access, quality, and outcomes for individuals in Bedford and Somerset Counties with substance use disorders, particularly opioid use disorder.

BHSSBC played a key role in accomplishing the project’s activities, including:

1. Refined initial community needs assessment to identify specific education needs, delivered ongoing education and provided resources to community stakeholders, families, and caregivers.

Throughout the project period, BHSSBC surveyed community members and providers during committee meetings and sent a survey to community members and providers to gauge interest in SUD-related training topics. The survey yielded fifty-seven responses from community members, with the top three areas of interest being: 1) Family Wellness, 2) Medical Marijuana, and 3) Introduction to Substance Use Disorders. There were 48 provider responses with the top four being: 1) Relapse Prevention, 2) Family Wellness, 3) Motivational Interviewing and Cognitive Behavioral Therapy (CBT) (tied), and 4) Stigma and Introduction to Substance Use Disorders (tied).

2. Determined the trainings requested by providers through surveys and meetings. Conducted the trainings as specified in the needs assessment.

Over the three-year project, BHSSBC, along with other project partners, facilitated and hosted the trainings on the following topics / content areas:

Training Topic / Content Area	Number of Participants
Family Wellness, Stigma, and Introduction to SUD	100 community members and providers
All About Methamphetamine	78 community members and providers
Certified Recovery Specialist	23 individuals
Relapse Prevention	19 providers
Changing Perspectives and Addressing Stigma	Weekly email distributed to 433 recipients over 21 weeks

3. Providers were surveyed to determine their interest in expanding existing SUD services or adding additional services. This was completed by the SCAs in conjunction with BHSSBC and Community Care.

The HRSA grant which concluded on August 31, 2023, improved access and outcomes for over 7,400 individuals with substance use disorders (SUD) across Somerset and Bedford Counties. Some notable outcomes of the project include: a 39% increase in recovery support service referrals from 53% to 87%; the number of persons receiving Medication Assisted Treatment and Psychosocial Therapy increased 314%; and the counties saw a 78% increase in the number of people who had received MAT uninterrupted for three months or more. Additionally, the number of community sites offering at least one harm reduction service increased by 225% and naloxone distribution across both counties increased by 77%.

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 2023, BHSSBC coordinated 19 training courses (131 training hours) with 343 participants. The overall average evaluation rating for all training courses was 4.8 (5 being the highest score). During 2023, BHSSBC was able to hold three in-person trainings, *Certified Recovery Specialist* training series at Personal Solutions in Bedford, *Treating Depression and Addiction* at the Community Care Behavioral Health office in Somerset, and *Mind Over Monsters* at the Somerset Event Center in Somerset. The remaining sixteen training courses were held via a virtual format.

BHSSBC collaborated with Personal Solutions, Bedford to sponsor Certified Recovery Specialist Training. The training, a 10-week training series, was held March through May. The training was provided by PRO-A, the Pennsylvania Recovery Organizations Alliance, to Somerset and Bedford counties Drug and Alcohol Recovery professionals.

BHSSBC continues to sponsor Adult and Youth Mental Health First Aid, QPR Suicide Prevention, Mental Health Advanced Directives, and Ethical Principles for Mental Health Professionals bi-annually.

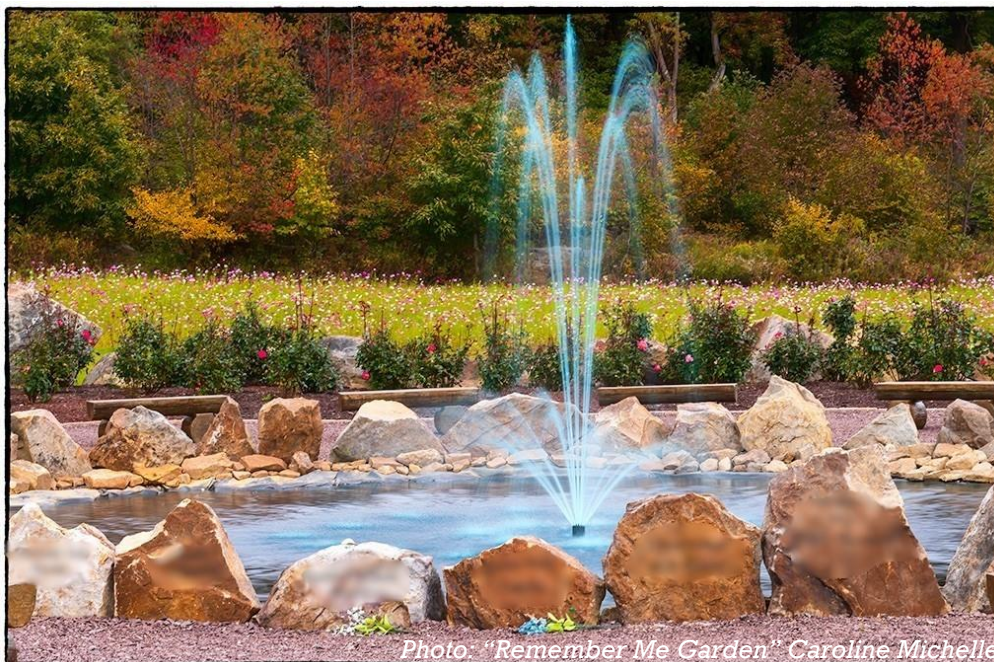


Photo: "Remember Me Garden" Caroline Michelle

LOOKING AHEAD

Behavioral Health Advocates

In 2024, BHSSBC will implement the newly created workgroup called the Behavioral Health Advocates Workgroup (BHA). This workgroup restructures the Co-Occurring Disorders (COD) Workgroup to include our Champions Workgroup. The focus of the workgroup is to ensure that members have access to the best substance use and mental health services that are available to them. The goal of the workgroup is to be a collaborative working space among providers and community stakeholders to discuss current events in behavioral health, trends in services, and how to best provide services to members. The Behavioral Health Advocates Workgroup will review data, discuss access to services, discuss ways to reduce stigma and to determine if there is a need to expand services or create new services.

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 and Community Care will work with participating providers to implement a full organizational change, including agency culture, regarding trauma. BHSSBC submitted a Reinvestment Plan that was approved by the Office of Mental Health and Substance Abuse Services (OMHSAS). Throughout 2023, the Trauma-Informed Counties Committee developed a comprehensive workplan that includes a robust provider training component. This is a long-term objective which will take three years to facilitate and implement. BHSSBC will offer trainings for all agency staff from front desk staff and maintenance to clinicians and CEO. These trainings will include Trauma 101, 102, 103, Seeking Safety, as well as evidenced-based modalities such as Trauma-Focused Cognitive Behavior Therapy (CBT), Eye Movement and Desensitization and Reprocessing (EMDR), and Dialectical Behavior Therapy (DBT).

Providers will participate in learning collaboratives to assist in achieving trauma-informed designations. The designations are Trauma Aware, Trauma Sensitive and Trauma Informed. The providers will work towards achieving the highest level - Trauma-Informed designation.

BHSSBC will launch this initiative during the 1st quarter of 2024.

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, BHSSBC began individual Provider meetings to allow a one-on-one opportunity to discuss concerns, barriers, or seek clarification on topics. BHSSBC continued these meetings in 2023 and look forward to collaboration throughout 2024 as we work to ensure all Providers have a continued voice in the HealthChoices Program.

Workforce Development

As noted above, Behavioral Health Services of Somerset and Bedford Counties, Inc. (BHSSBC) and Community Care Behavioral Health completed a Needs Assessment survey in 2023. The survey revealed one of the top barriers to treatment is a lack of providers, staff shortages, and waitlists for members seeking treatment. Survey respondents also identified pay and benefits, staff stress and burnout, and lack of qualified staff applying as the biggest barriers to recruitment.

As a result of this important information, BHSSBC will be forming a Workforce Development Committee and will begin meetings in the second quarter of 2024. Our goal is to work to foster interest in the behavioral health field by developing stronger relationships with school districts and colleges in our region. We will also work closely with the provider network and incorporate their suggestions regarding some of the problems outlined above. In addition, our Trauma-Informed Initiative may also assist providers in reducing on the job stressors and burnout for staff.



Photo: "The Bison Corral" image courtesy of Bedford County Chamber of Commerce

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 (www.safe2saypa.org)	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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