

**Quarterly Philadelphia County/Community Behavioral Health (CBH)
HealthChoices and Unified Systems Monitoring Report
3rd Quarter 2017**

A. HealthChoices Initiatives

B. Network

I. Out of Network

During the third quarter of 2017, CBH developed nine single case agreements with out-of-state Residential Treatment Facilities (RTFs). We currently utilize in-state behavioral health providers on an as-needed basis for the Philadelphia Department of Human Services (DHS) youth placed in out-of-county foster care and group homes to address their behavioral health needs. Additionally, we are utilizing Behavior Analysis and Therapy Partners (BATP) as an out-of-network provider to assist in addressing our Behavioral Health Rehabilitation Services (BHRS) capacity concerns.

II. Provider Issues

Closed to Admissions

- Nueva Vida Mental Health Center, Mental Health Outpatient
- Sobriety Through Outpatient, Drug and Alcohol Outpatient and Intensive Outpatient and Mental Health Outpatient
- Children's Services, Inc., Mental Health Outpatient and Behavioral Health Rehabilitation Services
- Philadelphia Health Management Corporation, Forensic Family Treatment Program
- Philadelphia Consultation Center, Mental Health Outpatient
- Northern Children's Services, Behavioral Health Rehabilitation Services

Nueva Vida Mental Health Center: The Community Behavioral Health (CBH) Board approved the recommendation to terminate the provider agreement. Transition of CBH members will be completed by March 31, 2018.

Children's Services, Inc (CSI): Clinical Care Management staff are working with CSI to transition members to other Behavioral Health Rehabilitation Services providers.

The following providers are currently on Quality Improvement Plans (Level 2):

- Friends Hospital, Crisis Response Center
- Cognitive Behavioral Services, Mental Health Outpatient
- Tree of Life, Mental Health Outpatient
- theVillage – Residential Treatment Facility
- Gaudenzia Broad Street RINT
- Children's Services, Inc. (Behavioral Health Rehabilitation Services)

III. Behavioral Health Rehabilitation Services

As of October 2017, four in-network providers have met criteria for and been granted Applied Behavioral Analysis (ABA) designation status: Special People in Northeast (SPIN), Child Guidance Resource Center (CGRC), Epic, and Maternal Child Consortium (MCC). A fifth provider, Devereux, has also submitted an application and their status is pending. At least one of these newly designated providers has begun converting applicable BHRS cases to ABA and we anticipate that other providers will follow suit. The ABA designation will help ensure that children with neurodevelopmental disorders are being provided ABA in a manner that meets our performance standards for training and supervision that aligns with Behavior Analyst Certification Board (BACB) standards: Behavioral

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Specialist Consultant (BSC) services are delivered by Board Certified Behavioral Analysts (BCBAs) or by Behavioral Specialist Liaisons (BSLs) who are directly supervised by BCBAs in accordance with BACB expectations. In addition, Therapeutic Staff Support (TSS) workers have been trained and meet the competency requirements of a Registered Behavior Technician. We have also been monitoring the quality of treatment to ensure that it is truly functionally-based and data driven.

Unstaffed cases: 4% of children receiving BHRS had a portion of their TSS services unstaffed.

Staffing availability:

Seven agencies are available to staff BSC and Mobile Therapist (MT) positions; No agencies have available staffing for TSS.

Other CBH Clinical initiatives from the third quarter:

- Five providers (SPIN, CGRC, Children's Crisis Treatment Center [CCTC], Silver Springs and Interac) are enrolled in CBH's Rethink training initiative for Registered Behavior Technicians.
- Three BHRS providers (Bethanna, CCTC, Elwyn) enrolled in the 3-year Ecosystemic Structural Family Therapy (ESFT) training initiative

IV. Capacity/Access

Throughout the third quarter, we continue to struggle as do the other Pennsylvania Behavioral Health Managed Care Organizations (PA BH-MCOs) across the Commonwealth regarding the Residential Treatment Facility (RTF) placements for the behavioral intensive youth with severe aggression and elopement risks. We will be issuing a Request for Proposal (RFP) for two small community-based RTFs that will be expected to treat the youth who are currently presenting as placement challenges.

We contracted with Devereux to provide two family based teams to work with our youth currently placed in a Devereux RTF as a strategy to reduce RTF lengths of stay

Alcohol and Other Drug (AOD) Services RFP will shortly be moving to the contract negotiation phase. This RFP will be targeting some of the outlined service capacity expansion addressed in the Mayor's Opioid Task Force

We will be issuing a new Outpatient Capacity/Access survey by December 1, 2017. The survey will require our outpatient clinics to submit their appointment times for in-take, therapist and psychiatrist.

We continue to work on finishing our Network Adequacy/Gap Analysis Report.

V. Complaints/Grievances/Denials CBH issued 3383 denials in 3rd quarter. Approximately 12% of denials resulted in 1st level grievances. Approximately 64% of 1st level grievances were related to BHRS.

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C. Operations

I. Departmental Updates and Initiatives

Clinical Management

Two major changes have been initiated within CBH this year. The first is Care Management Transformation which began earlier in the year and continued throughout the third quarter. Care Management Transformation is a fundamental shift in the way in which we work with members, providers, and within CBH to impact the health and wellness of our community. CBH seeks to achieve the Triple Aim by ensuring our approach is population health focused, data driven, efficient, effective, customer service infused, member focused, proactive, and recovery oriented. CBH is initiating structural, functional, and cultural changes within the organization in order to optimally manage care at the member, provider, and network levels.

The second major change beginning in the third quarter is a restructuring of the Clinical and Medical Affairs Departments. This restructuring is underway and will provide more clearly defined Child and Adult divisions, more specialized teams, and new teams for previously unmanaged levels of care. Concurrently, trainings on transformed care management responsibilities are being provided and updated policies and protocols are being developed. Through Care Management Transformation, there will be a greater emphasis on care coordination, community-based work, and clinical interventions aimed at improving quality of services and reducing cost.

Network Improvement and Accountability Collaborative (NIAC) Activities:

NIAC conducted 7 site visits in the third quarter of 2017. There were 13 providers presented to the CBH Board of Directors during this time period. Of the 13 providers, there were a total of 69 programs presented, which resulted in the following:

- 0 programs received a 3 month credentialing status.
- 17 programs received a 6 month credentialing status.
- 35 programs received a 1 year credentialing status.
- 11 programs received a 2 year credentialing status.
- 6 programs received a 3 year credentialing status.

Network Development Activities

The Network Development Unit within the Provider Operations Department provided general technical assistance to the provider network during the third quarter of 2017:

Date	Topic	Total Participants
June 2, 2017	Clinical Supervision	34

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June 14, 2017	Assessment	22
June 21, 2017	Treatment Planning	26
June 28, 2017	Clinical Documentation	19
August 3, 2017	Co-Occurring Mental Health and Substance Part 1	28
August 4, 2017	Clinical Supervision	12
August 10, 2017	Co-Occurring Mental Health and Substance Part 2	31
August 10, 2017	RTF Training: A Guide for the Direct Care Staff	36
August 17, 2017	Daily Documentation for RTF: A Train the Trainer Model	7
August 11, 2017	BHRS Clinical Processes and Systemic Engagement	26
August 24, 2017	Co-Occurring Mental Health and Substance Part 3	28
September 12, 2017	Assessment (Spanish Version)	12
September 13, 2017	Assessment	13
September 19, 2017	Treatment Planning (Spanish Version)	12
September 20, 2017	Treatment Planning	22
September 21, 2017	Daily Documentation for RTF: A Train the Trainer Model	4
September 26, 2017	Clinical Documentation (Spanish Version)	14
September 27, 2017	Clinical Documentation	23
Total Number Trainings		Total Participants
18		369

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The Network Development Unit also provided the following agency-specific technical assistance during the third quarter of 2017:

Date	Provider and Topic	Participants
August 14, 2017	WES	15
Total Trainings 1	Total Number of Agency Trainings: 1	Total Participants 15

II. Reinvestment:

The two reinvestment highlights of the third quarter are the approval of the North Philadelphia Health Center (\$2.9 million for the lease agreement) and the School Based Behavioral Health Strategy- Philadelphia Support Team for Education Partnership (STEP) Project.

North Philadelphia Health Center

This is a request to utilize \$2.9 million of Reinvestment Funds as start-up to establish a new operation of a comprehensive behavioral health agency that will provide an array of inpatient and ambulatory psychiatric and substance use treatment services. These services include:

- Inpatient psychiatric services
- Methadone maintenance treatment
- Detoxification services
- Rehabilitation services including specialized services for Latino and/or homeless populations
- Outpatient substance use treatment services
- Outpatient mental health treatment services

This plan is targeted to serve Medical Assistance (MA) recipients in the North Philadelphia Health Enterprise Zone. The location of this plan is paramount, as this area of Philadelphia has been identified as an area of acute service needs.

Portions of the community are challenged with high levels of poverty, unemployment, crime, and high rates of both physical health and behavioral health problems.

School Based Behavioral Health Strategy- Philadelphia Support Team for Education Partnership (STEP) Project

The School Behavioral Health Supports Strategy is designed to increase access to behavioral health evaluations and treatment services administered by licensed professionals in a school setting. It will also create enhanced support coordination when a child presents with challenging behaviors. It aims to ensure wellness for all students and families by proactively identifying drivers of behavioral issues and connecting both students and families to appropriate

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resources. The pilot strategy supports the addition of Master's level Licensed Social Workers and Master's level Licensed School Behavior Consultants at selected schools.

Licensed Social Workers will be added to 15 schools and will serve to identify the behavioral health needs of students and families that interfere with learning, attendance, and positive behavior through screenings, assessments, and the provision of, or connection to, appropriate treatment.

Licensed School Behavior Consultants will be added to two schools and will provide consultation and support on multiple levels including school-wide and classroom-wide behavioral interventions, classroom management techniques, and individual behavioral health needs of students.

The proposed strategy will support youth and families as the program will increase early identification and will address behaviors for children across a continuum of needs consistent with established Positive Behavior Intervention and Supports (PBIS) infrastructures in the schools.

III. Policy/Contract:

There are no Policy or Contract updates to report for the third quarter. .

IV. Services:

Clinical Management Activities

Adult Leadership Team Activities

As a follow up to the Adult Psychiatric Provider Forum held earlier in the third quarter, Adult Utilization Review (UR) is planning another forum for both adult inpatient and outpatient providers tentatively scheduled for November 8th. The Addictions and Recovery Team (ART) is in the early stages of planning for the Substance Abuse Treatment Forum. Similarly to the Adult Psychiatric Provider Forum, we would like to include Intensive Outpatient Programs (IOPs) as well as inpatient substance abuse treatment providers. The tentative date is scheduled for November 30th.

Psychiatric Emergency Services (PES): The PES line began taking live calls on August 1st with the goals of more comprehensive evaluations and shorter member wait times. Providers will be able to contact the PES line, instead of Member Services, for information sharing, which will allow them to obtain a more robust clinical picture. Speaking with a Care Manager in real time will also alleviate waiting for a call back with the approval or denial of services. This will ideally expedite transition to the approved level of care as well.

During the Conrail clean-up, Clinical Management had a Care Manager on-site at Gurney Street as well as Episcopal Crisis Response Center (CRC). To address the ongoing concerns at Gurney Street, the PES line has an assigned CCM point person to complete precertifications and track calls from that location and there continues to be an on-site presence.

The CRC Monitoring team has been developed which includes staff from Clinical Management, Philadelphia Crisis Response (PCR), Behavioral Health Special Initiative (BHSI), the Consumer Satisfaction Team (CST) and is lead by Quality Management. The goal is to develop CRC standards and monitoring mechanisms. Monitoring is occurring onsite at least quarterly.

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Community Support Services (CSS): Psychiatric Rehabilitation Site visits began in September for the three Psychiatric Rehabilitation Providers that support the Permanent Supportive Housing (PSH) program. The purpose of the site visits is to assess the fidelity of the psychiatric rehabilitation model within PSH, interview members, and conduct compliance chart audits. Site visits will continue through mid-October.

Housing opportunities have become available to the extensive waiting list of members on the Blueprint Singles waiting list. Some of the subsidies offering opportunities are 811 program vouchers, Shallow Rent Subsidies, 1260 Housing subsidies, Bridge Vouchers, Philadelphia Housing Authority Blueprint Family Vouchers. All vouchers are targeted to members with mental health issues and a history of homelessness. Safe Havens and Journey of Hope programs have been priority for housing opportunities.

Pay for Success (PFS) is a funding mechanism to improve access to supportive housing for frequent utilizers of healthcare in Philadelphia. PFS is facilitated by the Corporation of Supportive Housing who has awarded Project Home funding to provide supportive housing to the Journey of Hope (JOH) population. The goal is to promote positive outcomes, support connections between individuals and their communities, and support innovative designs for addressing homelessness and substance use. Currently, the initiative is working towards identifying services that would be appropriate to target the JOH population as they transition to permanent supportive housing. This initiative involves several stakeholders such as JOH, Office of Supportive Housing (OSH), Catholic Social Services (CSS), DBHIDS, Corporation for Supportive Housing (CSH), Project Home, and other resources that could be beneficial to meeting the goals of the project.

CSS has been taking a closer look at PSH members who have Case Management and Tenant Service Coordination (TSC) only. It has been discovered that feedback reports from current supports have not been sufficient in adequately supporting these members. CSS workgroup has been in discussion about this process and how to efficiently capture data on member's progress. CSS has begun to develop cohorts for these members to better manage and monitor their care in the hope that they will be able to continue living independently. Cohorts are being developed based on PSH members who have been in inpatient treatment within last 12 months. Behavioral Liaison has also been doing biweekly site visits with TSC providers to follow up on TSC's adherence to outreach protocols for members.

CSS continues to participate in 100 Day Challenge, a collaborative initiative with Homeless Services in setting goals around housing opportunities for chronic street homeless individuals. CSS has been working closely with team with info-sharing and connecting with services when housing opportunities are available.

Children's Leadership Team Activities

Children's Acute Services Continuum

During the third quarter, two brick and mortar based sites have been selected to replace the single Child Serving Crisis Response Center, with one to begin provision of services in the fourth quarter of 2017. Additionally, three Mobile Community Based Program Providers were selected to provide crisis evaluation and short term community based stabilization services for youth. The providers will support a designated zone of the city to ensure geographic coverage of Philadelphia.

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Community Based Child and Family Services (CB-CAFS)

The school based team continues to support the transition of the Community and School Support Teams

(CASST) program from Meade, Penrose, and Cooke Elementary Schools. The School Based Team has been supporting the transition of the Wordsworth School Therapeutic Services (STS) program from Alcorn Universal Charter and the Carson Valley Children's Aid STS program from Locke Elementary Schools following requests from the school principals. Families have been notified by both CBH and their providers via letter and phone call. The providers, School District, and CBH are working to identify appropriate services to ensure continuity of care for affected families.

The School Based Team is also working with the School District of Philadelphia's Office of Climate and Safety and Office of Prevention and Intervention to develop new programs which will focus on supporting the district's infrastructure to appropriately support children across a multi-tiered system of support. The proposal, which includes school social workers, behavior consultants, case management, and family support partners, began implementation in a limited scope in September 2017.

Family Court

CBH continues to collaborate with DHS regarding referrals and tracking for Evidence Based Practices (EBPs) for youth and families involved in the Child Welfare System. CBH is currently partnering with DHS and the Community Umbrella Organizations (CUAs) to inventory the youth currently involved with Child Welfare to determine what behavioral health supports are in place and what youth require behavioral health supports but are not receiving them at the present time. During the third quarter, the CBH Clinical Coordinator has attended several meetings with systems partners and stakeholders regarding the Interim Children's Crisis Response Plan. The Clinical Coordinator has ensured that this messaging has been shared with our Philadelphia DHS partners, CUA, and Family Court.

Children's Acute Services

In the beginning of the second quarter, the team began having morning Flash Meetings to review all new admissions. Plans were formulated for the youth including expectations for treatment interventions prior to the first review as well as the time frame for physician consultation. This information was shared with the hospital staff immediately following the meeting. The goal was to proactively shape the trajectory of the admissions including involvement of child welfare, families and concurrent treatment providers as early in the admission as possible. Based on preliminary data, it appeared that the pilot was effective in reducing the length of stay for children under 14 years old. Depending upon the comparison group used, the average length of stay is between 5.6 and 8.6 days shorter for episodes that ended in the pilot time period. Moving forward, we will continue with this practice and conduct a more comprehensive data run based upon claims examining DHS vs Non-DHS involved youth as well as other factors.

Family Based Services (FBS)

In the second quarter, the CB-CAFS Team continued to work on expanding capacity to offer high quality ABA Services. MCC was the first provider to complete the designation process and become a CBH Designated ABA Provider effective June 15, 2017. The ABA Designation team had two additional applications under review and expected to receive two other applications in the near future.

In the third quarter, CBH has partnered with Devereux to develop a specialized FBS team to work specifically with youth in Devereux RTF and their families with the goal of decreasing length of stay in RTF, maintaining family engagement and treatment during an RTF stay, and transitioning youth to a successful return home to their community. This team began taking referrals July 6th. Devereux has also launched two general family based teams that are fully up and running.

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CBH also met with FBS providers in August to share the newly developed, data driven care management strategy which had been piloted with one provider. The care management strategy has been implemented across all FBS providers since September 1, 2017.

Integrated Care Plan (ICP)

On June 26th, Community Based Care Management (CBCM) Supervisor collaborated with Health Partners Plans (HPP) to provide an ICP training/webinar for HPP's traditional Care Management staff.

In the third quarter of 2017, the Integrated Care Plan (ICP) project continues to progress at multiple levels and remains a critical venture for Complex Care Management. The internal ICP Implementation team meets weekly and will soon transition to being a clinically focused meeting to concentrate on particularly challenging cases. The team is finalizing the ICP program description. Monthly meetings with HPP have increased to biweekly check-in meetings and monthly meetings of the intervention work groups continue, including an ICP SAA workgroup meeting, which was held August 15th. Workflows have been defined and improved for staff completing ICPs.

Community Based Care Management Team (CBCM)

Monthly conference calls continued to occur with Health Partners Plan (HPP), CBH, and practice site administration to discuss implementation including staffing, training, and overall updates on the project. CBCM staff continued to attend monthly practice site meetings with the individual provider sites to allow for more detailed discussions of issues related specifically to workflow and particular cases as needed. The structure of these meetings was enhanced to provide detailed information on CBH contacts and connections. Monthly clinical case rounds resumed on-site at HPP on April 25, 2017, and continued on a monthly basis. A Nurse Navigator began at the Temple Pediatrics Lehigh site in April, and this site, in addition to the Center for the Urban Child at St. Christopher's Hospital, became fully operational. On July 10th, a CBCM retrospective meeting was convened at CBH to review the program since its inception in fall of 2015 and plan for its future. CBCM clinical case rounds were held at HPP on July 17th with all staff in attendance. The launch meeting for the Esperanza 5th Street location was held on July 27th. The team is organizing and orienting at this new site and is working to enhance collaboration between CBH and the BHCs at the practice site.

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Evidence-based Practices (EBPs)

Evidence-Based Practice and Innovation Center (EPIC) has focused on the development of strategies to provide financial and policy incentives for delivery of EBPs throughout 2017. Third quarter highlights from this work include the following:

Program Standards

During the third quarter of 2017, EPIC has made considerable strides in preparing to launch the EPIC EBP Program Designation. The goal of the EBP Program Designation is to identify and roster providers who are offering high quality evidence-based and evidence-supported practices and to increase the number of individuals who receive evidence-based services. The EPIC EBP Program Designation outlines a set of standards that are expected for implementing an EBP Program and will enable CBH to set up mechanisms for monitoring and incentivizing the delivery of EBPs. Providers who receive the EBP Program Designation will be included on referral lists utilized by CBH Member Services and CBH Clinical Management and made available to members and the general public. This Designation is expected to launch October 2017.

Financial Incentives

During the third quarter of 2017, EPIC launched an enhanced rate pilot for select outpatient EBP providers offering: Dialectical Behavior Therapy (DBT), Parent Child Interaction Therapy (PCIT), Prolonged Exposure (PE) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). These EBPs were chosen due to their involvement in our EBP initiatives. This rate recognizes the time and resource investment that is required from clinical and administrative staff to ensure access and sustainability of high quality EBP programs. The delivery of these EBPs will be tracked in claims data.

EBP Initiatives

Several EBP Initiatives are underway that align with current Strategic Priorities (CBT, DBT, PCIT, PE, & TF-CBT). Each of the initiatives includes clinical training and program-level implementation supports. Request for applications (RFAs) were issued during the third quarter in order to expand capacity within ESFT, CBT, and PE.

Pay for Performance (P4P)

In the third quarter of 2017, P4P project staff met with data analysts to operationalize any finalized changes to the measures. Data analysts delivered the data output for the first group of levels of care on July 31, 2017. P4P staff also continued to work with outside vendors on the expanded inclusion of member and family voice in P4P. In the third quarter of 2017, one of our vendors completed the third year of data collection for a Family Engagement Survey that will be included in our 2017 STS P4P results. Also in the third quarter of 2017, another vendor completed collection of information on a satisfaction survey with members receiving Mental Health Outpatient services. These results will be included in this year's mental health outpatient reports, although the results will not count towards a provider's total score until 2018. Performance Evaluation, Analytics and Research (PEAR) P4P staff also began sending providers their member-level P4P data, which is provided to them each year upon request.

PEAR P4P staff also continued to work with Penn's Center for Mental Health Policy and Services Research on the evaluation of its P4P process in the third quarter of 2017. Several changes to the P4P process, which were proposed

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by the evaluation team and accepted by Joan Erney (CBH, Chief Executive Officer) and David Jones (DBHIDS, Commissioner) in the second quarter of 2017, were incorporated into the templates used for the 2017 reports. These changes involved how we assess providers across levels of care. Also in the third quarter of 2017, CBH staff convened the third P4P Advisory Committee, which is comprised of representatives from departments across CBH and CBH providers. The Advisory Committee will provide input into the measures and methodologies used to assess provider performance, as well as the challenges that providers face in improving performance.

Also in the third quarter of 2017, PEAR met with the outside vendor that has assisted CBH with refining the P4P data structure and logic. This vendor will be completing the development of the P4P database, which contains the historic results as well as benchmarks and weights for all P4P metrics, during the fourth quarter of 2017. The P4P database will allow PEAR to assess historic trends in provider performance (both individually and by level of care), and how P4P has impacted our provider network in service delivery. This database will also be used to generate reports on provider performance more quickly and efficiently through the automated reporting process.

V. Compliance Initiatives

Compliance reports on the numbers from the previous quarter. In this report, data from the second quarter of 2017 is presented. Data from the third quarter will be available on November 15th and will be reported in the fourth quarter monitoring report.

1. Cost Avoidance

During the second quarter of 2017, CBH recorded \$47,311.15 in savings associated with a claim edit related to IOP billing. The claim edit enforces a rule that limits billing of IOP services to “under 10 hours” per week. CBH Compliance, after review with numerous stakeholders, determined that the most effective limit would be 9.75 hours per week.

CBH Compliance continues to lead the Business Rules Workgroup, comprised of representatives from other CBH departments and CBH’s claims software vendor, in order to institute more claim edits to reduce the necessity to “pay and chase”. Claim edits currently in process include those to:

- limit the billing of psychiatric consultations to two per medical admission per state rule
- limit/eliminate the ability of lab providers to bill for services while a member is hospitalized
- eliminate billing for specific levels of care beyond the date of death for members
- eliminate potential billing for services considered identical for BHRS related services to members with an ASD diagnosis

2. Recoupments

During the second quarter of 2017, CBH recouped \$436,311.15 through Compliance related activities. This includes ongoing repayments from Northern Children’s Services and several self-audits. There are several other audits currently in process. Compliance audits are finalized only after the provider has been notified and given the ability to challenge any findings. Compliance audits are considered final and reported to the Commonwealth after the provider response has been reviewed and the applicable claim file(s) processed by CBH Finance.

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3. Providers on a Corrective Action Plan

CBH Compliance is currently involved in the review and monitoring of the following providers via a Corrective Action Plan (CAP):

- Adolescent Treatment Alternatives, Inc (October 2017 Follow-Up)
CAP as a result of the following error types: late note entries, absent documentation, treatment plan concerns, notes with identical content, and insufficient clinical documentation
- Sobriety Through Outpatient, Inc (Visit scheduled for October 25, 2017)
CAP as a result of the following error types: treatment plan concerns, late note entries, discrepant information, billing for incorrect service types, and billing for services not provided
- Philadelphia Mental Health Clinic (November 2017 Follow-Up)
CAP as a result of the following error types: treatment plan concerns, billing for non-billable activities, late note entries, and discrepant information
- Elwyn (Second Follow-Up Visit planned January 2018)
CAP as a result of the following error types: treatment plan concerns, clock times not documented, service type errors, discrepant information, unit errors, improper corrections, and billing for non-billable activities
- The Village (November 2017 Follow-Up)
CAP as a result of the following error types: billing for incorrect service type and treatment plan concerns
- Pan American (November 2017 Follow-Up)
CAP as a result of the following error types: insufficient clinical information and failing to have an adequate policy related to exclusion list checks
- Dr. Warren E. Smith (November 2017 Follow-Up)
CAP as a result of a number of issues that include treatment plan concerns, services provided by unqualified staff, re-use of identical content, late note entries, etc.
- Nueva Vida (no further follow-up planned)
CBH Compliance involvement in monitoring the directed corrective action plan ended with the decision to terminate the provider agreement with Nueva Vida. The termination will be reported on the next Quarterly Report
- Juvenile Justice Center (November 2017 Follow-Up)
CAP as a result of the following error types: treatment plan concerns, re-use of identical content, discrepant information, and improper corrections

4. Self-Reports

During the second quarter of 2017, CBH completed processing of 14 provider self-audits totaling \$96,336.10 in take backs. Specific information about the providers and services involved were provided in the Quarterly Report previously submitted.

In addition, CBH Compliance is currently assisting the following providers with significant self-audits:

- Mental Health Partnerships (MPH; formerly MHA)
MHP self-reported concerns identified with two specific case managers. The case managers were determined to have billed for services that were not provided. CBH Compliance is working with MHP to

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identify statistically sound random samples (SSRS) to determine the financial impact and amount to be recouped

- **COMHAR**
COMHAR self-reported concerns with treatment plans being completed as required in their American Street location. Their preliminary investigation suggested that the problems were more prevalent in the TF-CBT program at that location. As a result, CBH Compliance is working with COMHAR to prepare two SSRS to determine the financial impact and amount to be recouped. One sample will focus solely on the TF-CBT program and the other on other services provided out of the American Street location
- **Best Behavioral Health (BBH)**
BBH requested CBH assistance in investigating concerns related to five specific staff previously employed by BBH. CBH Compliance is working with BBH to identify SSRS to determine the financial impact and amount to be recouped.

VI. Claims Processing

There are no Claims Processing updates to report for the third quarter.

D. Corrective Action Plan Updates

We are awaiting the final Program Evaluation Performance Summary (PEPS) review report for review year 2016 from OMHSAS.

F. Quality Management

Performance Improvement Project (PIP)

Work on the expansion of PIP interventions continued during the third quarter of 2017. Barrier analysis for the 314 intervention continued through the ongoing readmission survey that is administered at Acute Inpatient (AIP) providers by CBH clinical staff when a member is readmitted to an AIP within 30 days of an initial admission. The survey is typically completed during a seven day window, which begins three days following a member's admission to an AIP. As of October 2, 2017, 380 readmission surveys have been completed. The PEAR Team completed the initial analysis of the readmission survey data spanning a period of eight months (May through December 2016). Key findings from the survey included: the most commonly cited primary support for members were counselors or Intensive Case Managers (ICMs), just over half of members reported understanding their aftercare plan, and 91% of people that do not understand their aftercare plan do not follow through with the plan. Findings from the readmission survey were shared at the Inpatient/ Outpatient Provider Forum that took place at CBH on June 21, 2017. The Clinical Care Management Teams continue to share provider-specific readmission data at individual AIP Provider Meetings. In the fourth quarter, the PEAR Team will complete a second analysis of the readmission survey data spanning a period of eight months (January through September 2017). Findings from the survey will be presented to the Clinical Care Management Leadership Team.

The Long Acting Injectables (LAI) Intervention barrier analysis continued during the third quarter of 2017. The ongoing barrier analysis led to the development of the In-Home Psych Nursing Pilot for individuals that are prescribed an LAI while at an AIP facility. The PEAR Team analyzed data for the following process and outcome measures for the pilot: length of stay for this service; length of time between AIP discharge and outpatient claim submitted; three

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and six month pharmacy claims to determine percentage of LAI retention; and AIP recidivism for the pilot group. The Clinical Department targeted three acute inpatient providers, Kirkbride, Friends, and Temple Episcopal for the pilot intervention. The LAI Home Psych Nursing Pilot ran for approximately six months and provided additional insight into the barrier analysis for the LAI intervention. As a result, the CBH LAI pilot team developed a toolkit for AIPs which includes LAI pre-authorization forms, Case Management Application, Physical Health Managed Care Organization formulary information for LAIs, a list of CBH outpatient providers that can administer LAIs, FAQ Sheet, One Page Toolkit Reference Guide, and information about pharmaceutical companies that offer care coordination services. This information was shared at the CBH LAI Toolkit Webinar that took place on September 27, 2017. The LAI Toolkit Webinar targeted AIP facilities, outpatient facilities that administer LAIs, and Community Integrated Recovery Centers (CIRCs). Presenters at the webinar included: Fran Register-Joyner (DBHIDS Director of Targeted Case Management Unit), Marta Warner (CBH Clinical Coordinator for Complex Care Management), Dr. Chris Tjoa (CBH Medical Director of Population Health), and Jeffrey Sensenig (CBH Quality Reporting Specialist).

The work that began in the first quarter of 2017, on resurrecting the reminder intervention, continued during the third quarter of 2017. CBH resumed the vendor search process for the reminder intervention by engaging Media Fusion Technologies Inc. Media Fusion signed the Service Agreement and the Business Associates Agreement for the reminder intervention service and platform on June 14, 2017. They have projected that the web-based platform, training, and support will take approximately 90 days to develop; the Project Charter meeting was on August 8, 2017, with a projected start date being November 6 2017. Connect Point is the new name that has been selected for the CBH reminder intervention platform and service. The name change provides a clear distinction between the platform and services offered by our previous vendor and the enhanced services that will be developed and administered by Media Fusion Technologies. The CBH Connect Point Project Team received the first walkthrough of the Connect Point web application with the developer on September 29, 2017. User Acceptance Testing for the application will take place during October 2017.

The Enhanced Aftercare intervention continued to focus on issues of timely receipt of discharge information and follow-up during the third quarter of 2017. The Clinical Department completed a telephonic discharge pilot to address the Enhanced Aftercare Intervention goal of following up with members within seven days of discharge from an AIP facility. The pilot ran from May 15, 2017, through June 11, 2017, and involved six AIP facilities. To ensure that discharge reviews were being completed within 24 hours, Clinical Care Managers completed all discharge reviews telephonically prior to conducting utilization reviews. The PEAR Department tracked the following measures: average days to receipt of discharge information, average days to completion of a discharge template, percentage of discharge templates completed, and average time to complete a telephonic discharge review with an AIP facility.

Findings Summary:

The pilot met all of the goals identified in the charter:

1. Average days to receipt of discharge information (decreased from 2.8 days down to 1.6 day)
2. Average days to completion of discharge template (decreased from 3.90 days down to 1.4 days)
3. % of discharge templates completed (increased from 82.8% up to 95.5%)

Related Member Services measure

4. 7 day Member follow-up goal (decreased from 7.7 days down to 4.9 days)

The PEAR Department presented the findings from the pilot to the Clinical Department during the week of June 26, 2017. The second phase of the pilot ran from July 10, 2017, through August 6, 2017, and included five additional AIP

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facilities. The PEAR Department presented the findings from the second phase of the pilot to the Clinical Department during the week of September 11, 2017. After reviewing the results, the Clinical Department determined that the telephonic pilot should be expanded to include all CBH AIP facilities. The third and final phase of the pilot began on October 3, 2017 and includes the seven remaining AIPs. The PEAR Team will again assess the data from the third phase of the pilot after a four week period, and present the findings to the Clinical Department.

CBH Clinical Procurements Monthly Status Report

September 2017

Closure of Program

RFP	Community and School Support Teams (CASST)	<ul style="list-style-type: none"> ● Assigned Network Development Specialist: Gerard Holmes ● Executive Sponsor: Kamilah Jackson ● Selected Providers: Devereux and PATH ● Funding Source: Health Choices ● Funding Amount: Reinvestment ● Current Status: The Clinical team, along with several other staff from CBH, conducted a family focus group at Penrose on the evening of May 23, 2017. An additional focus group was conducted with administrators of both providers on June 5, 2017. Network Development completed a survey to be distributed to remaining CASST staff to gather information related to coaching and clinical care management. Internally, the workgroup met on June 1, 2017 to gather updates and plan for final closure. CASST was due to be removed from provider contracts on August 31, 2017. Final reports from all departments will be submitted by the end of the calendar year, to allow time for analysis of final claims and service utilization.
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Implementation Phase

RFP	Substance Abuse Acute Partial Hospitalization Program (SUAPHP)	<ul style="list-style-type: none"> ● Assigned Network Development Specialist: Mark O'Dwyer ● Executive Sponsor: Rose Julius ● Selected Providers: PHMC ● Funding Source: Reinvestment (start-up for 6 months); then transition to Health Choices- refer to Schedule A.
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		<ul style="list-style-type: none"> ● Funding Amount: startup funding of \$481,000 of \$600,000 reimbursed to PHMC. ● Current Status: Implementation support being provided by Network Development. PHMC opened the permanent site on January 30, 2017 and held an open house on June 1, 2017. The census has remained near maximum capacity (50) for the past 4 months, though dropped to 40 for the past month. PHMC submitted their third Quality Monitoring Report and a preliminary Outcomes Evaluation report as well as a Quality Monitoring Report on August 4, 2017. A meeting to review the findings with PHMC is scheduled for October 3, 2017. Since opening in October 2016, 81% of participants within the program with opiate use disorder have received medication assisted treatment. CBH Clinical has completed two provider meetings with the program and found clinical operations to be in good working order.
RFP	Intensive Behavioral Health Services	<ul style="list-style-type: none"> ● Assigned Network Development Specialist: Ruby Maldonado ● Executive Sponsor: Geoffrey Neimark ● Funding Source: Health Choices ● Funding Amount: Varies depending on LOC. Please refer to schedule A. ● Current Status: Development of new services has been placed on hold. Network Development will continue to provide support to Belmont as needed. An updated new service development timeline is forthcoming.
RFQ	Forensic RTFA	<ul style="list-style-type: none"> ● Assigned Network Development Specialist: Stephanie Wiseman ● Executive Sponsor: Jean Wright ● Funding Source: CHIPPS; transition to Health Choices as of January 1, 2017 for CBH eligible members. ● Funding Amount: Refer to schedule A; contracts are finalized and providers are actively billing. ● Current Status: Admissions to both programs continue on a rolling basis. Weekly implementation calls are occurring with New Vitae to support implementation efforts at the Walnut Street site programs. The opening of the second site at Walnut Street (West 2) is on hold due to reported staffing/workforce challenges and also challenges with elopements occurring at the West 1 site. CBH/DBH's Clinical and Quality teams conducted a chart review on September 7, 2017 in order to provide feedback to New Vitae and also determine other areas where they may benefit from further assistance. CBH & DBH Clinical teams hold joint provider meetings occurring monthly with both New Vitae and Gaudenzia since July 2017. Clinical consultation continues through the Beck Community Initiative with both providers, with an additional

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		<p>Beck CT-R training being offered at CBH at the end of October 2017. Internal cross-departmental implementation meetings held on a monthly basis, along with ongoing communication about program needs/challenges via email or other meetings amongst the team.</p>
RFP	North Philadelphia Mental Health Outpatient Programs	<ul style="list-style-type: none"> ● Assigned Network Development Specialist: Mark O'Dwyer ● Executive Sponsor: Geoffrey Neimark ● Funding Source: Health Choices ● Funding Amount: No start up available; refer to the enhanced outpatient rate sheet. ● Current Status: Awardees posted on the DBHIDS website on August 3, 2016 and include: (MH Only) CCTC, NET, Pan American/Interamerican, and The Wedge; (Co-Occurring) APM, COMHAR, and HCCS. Contract negotiations have concluded with all awardees. CCTC initially elected to not pursue the award, but is now in the process of re-evaluating potential outpatient sites in North Philadelphia. SPIN has joined the project via an alternate procurement pathway, is participating in the learning collaborative, and began providing enhanced services at their 10541 Drummond Road July 1, 2017. The Wedge opened an enhanced outpatient clinic on May 15, 2017. NET was scheduled to open an enhanced MHOP clinic by September 30, 2017. PanAmerican is in the initial credentialing process to open a traditional site at 511 W. Courtland St. COMHAR enhanced their existing location at 2055 Allegheny Avenue on August 1, 2017 and will open a traditional clinic at 100 W. Lehigh Avenue by October 2017. APM delayed their opening of an enhanced site at their existing location at 4301 Rising Sun Avenue and traditional clinic at 2927 N. 5th Street as they received their second provisional license for MHOP, which has typically prevented the licensure of an additional satellite location. As a result of these items, opening dates are to be determined. HCCS has agreed to open an enhanced outpatient clinic with a tentative opening date of December 2017. The implementation support learning collaborative most recently met on September 28, 2017 and will continue to meet monthly, at the awardees' request, on a monthly basis through December 2017. The quarterly quality monitoring process will begin by October 2017. Network Development is in the process of providing additional individualized implementation support to ensure enhanced standards, reporting measures, and billing processes are successfully implemented.
RFA	Applied Behavior Analysis (ABA) Training	<ul style="list-style-type: none"> ● Assigned Network Development Specialist: Stephanie Wiseman ● Executive Sponsor: Tamra Williams (new ES, as of September 15, 2017) ● Funding Source: Health Choices

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		<ul style="list-style-type: none"> ● Funding Amount: None at this time; still determining is RFP is needed. ● Current Status: 5 BHRS providers and 4 internal departments are participating in the Rethink online training. Implementation is ongoing with Rethink and participants have until May 2018 to complete the training. Applications for ABA Designation continue to be accepted on a rolling basis and the review process continues with collaborative efforts by Clinical & Network Development, including the review of all applications by an interdisciplinary internal team. MCC and SPIN have been approved for ABA Designation. CGRC and Epic Developmental Services have been recommended for designation and will be presented in early October 2017 to Officers. Monthly internal cross departmental ABA network discussion meetings continue to take place. The last provider Learning Collaborative Session was held in July 2017, with planning for a session in December 2017 under discussion internally.
RFP	Children's Crisis Continuum	<ul style="list-style-type: none"> ● Assigned Network Development Specialist: Ruby Maldonado ● Executive Sponsor: Kamilah Jackson/Lawrence Real ● Funding Source: Reinvestment/Health Choices – Cost based funding ● Funding Amount: \$900K for 6 months start up for Community Based RFP. Funding structure and budgets are being finalized. ● Current Status: Site-based Crisis RFP issued on the eContracts website on November 25, 2016. Belmont/CHOP and Fairmount Behavioral Health were selected for the right to negotiate. Contract negotiations began on May 1, 2017. Community-based Crisis RFP was issued on the eContracts website on December 16, 2016. Selected applicants include: PATH, Elwyn, and Bethanna. Contract Negotiations began in early June 2017 and concluded in September 2017. A learning collaborative with awardees of both RFPs began in July 2017. Additional implementation support and training being provided by SAMHSA consultant. Interim CRC planning is also occurring with awardees. Service start dates are as follows: Belmont/ CHOP: September 5, 2017 Fairmount: TBD PATH: Urgent Care and CMIS- September 5, 2017; CMCT- October 1, 2017. Elwyn: CMCT- September 5, 2017; CMIS- October 1, 2017 Bethanna: CMCT/CMIS- October 1, 2017

Contracting Phase

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RFP	Extended Acute Care	<ul style="list-style-type: none"> ● Assigned Network Development Specialist: Laura York ● Executive Sponsor: Geoffrey Neimark ● Funding Source: Healthchoices ● Funding Amount: Approximately 12.3 mil; however, may need to be reassessed during contract negotiations given change in scope of services (likely contracting as LTSR vs. EAC) ● Current Status: RFP issued to the DBHIDS website on April 20, 2017. Bidders Conference held on May 1, 2017; 3 providers in attendance. Q&A posted by May 12, 2017. There was 1 proposal received by May 24, 2017. Due to low interest, submission deadline was extended to June 12, 2017. An addendum was received from initial proposal. No other applicants submitted bids. Multidisciplinary group in process of reviewing proposal. Recommendations were presented to CBH Officers the first week of July 2017. A targeted written response was requested of NHS and received on July 28, 2017. Notification of right to negotiate was posted on the DBHIDS website on August 29, 2017. Contract negotiations scheduled to begin in November 2017.
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Review Phase

RFA	Prolonged Exposure (PE) Therapy	<ul style="list-style-type: none"> ● Assigned Network Development Specialist: Carrie Comeau and Amberlee Venti ● Executive Sponsor: Lawrence Real ● Funding Source: CBH Provider Training ● Funding Amount: \$220,000 ● Current Status: Expansion for upcoming RFA to focus on MH and DA outpatient. RFA issued on DBHIDS website on June 20, 2017. Information session occurred on July 11, 2017; approximately 10-12 providers were in attendance. Q&A posted on the DBHIDS website by July 17, 2017. Four applications were received by the July 21, 2017 deadline. JEVS and NHS were selected to participate in the training program. Training is scheduled to begin in the fall of 2017.
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RFA	Ecosystemic Structural Family Therapy (ESFT)	<ul style="list-style-type: none"> ● Assigned Network Development Specialist: Carrie Comeau and Amberlee Venti ● Executive Sponsor: Kamilah Jackson ● Funding Source: CBH Provider Training ● Funding Amount: \$16,000 – September – December 2017 ● Current Status: Expansion for RFA focuses on community based providers
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		<p>with prior ESFT training. RFA issued to the DBUDS website on July 7, 2017. Bidders Conference is scheduled to occur on July 18, 2017. Q&A was posted on the DBHIDS website on July 26, 2017. Six applications were received by the August 4, 2017 deadline. Bethanna, CCTC, CFAR, Elwyn, and SPIN were selected to participate in the training program. Training is scheduled to begin in fall 2017.</p>
RFP	Core Alcohol and Other Drug (AOD) Services	<ul style="list-style-type: none"> ● Assigned Network Development Specialist: Mark O'Dwyer ● Executive Sponsor: Rose Julius ● Funding Source: Health Choices ● Funding Amount: Approximately \$15M for first year ● Current Status: RFP for Core Addictions services includes withdrawal management and short-term residential rehabilitation (4 A&B, 3 A&B), long term residential rehabilitation for dual diagnoses (3C), long term residential rehabilitation for chronically homeless (JOH 3C), and ambulatory withdrawal management and stabilization. RFP was issued on DBHIDS website on July 14, 2017. Bidders' conference was held on July 28, 2017; approximately 25 providers were in attendance. Q&A was posted on the DBHIDS website on August 9, 2017. 17 proposals were received on August 21, 2017 for the various RFP levels of care and consensus review was completed on September 21, 2017. Notification of awardees is scheduled to be posted to the DBHIDS website in October 2017. Targeted program start date: March 1, 2018.
RFP	Specialty Alcohol and Other Drugs (AOD) Services	<ul style="list-style-type: none"> ● Assigned Network Development Specialist: Laura York Executive Sponsor: Rose Julius ● Funding Source: Health Choices ● Funding Amount: Approximately 7M for the first year ● Current Status: RFP includes a continuum of bed-based AOD services for specific populations, including women, mother/child, transitional youth, chronically homeless women, and Latino populations. RFP was issued on DBHIDS website on July 14, 2017. Bidders' conference was held on July 28, 2017; approximately 25 providers were in attendance. Q&A was posted on the DBHIDS website on August 9, 2017. DBHIDS received 11 proposals by the August 21, 2017 deadline. Due to a limited number of applications received for each proposed service, DBHIDS extended the submission deadline for the Specialized Addictions Services RFP to September 12, 2017. DBHIDS received 4 additional proposals, which are currently undergoing clinical and finance review. Notification of awardees was scheduled to be posted to the DBHIDS website in October 2017. Targeted program start date: March 1,

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		2018.
RFA	Beck Community Initiative Training in Intensive Outpatient Programs	<ul style="list-style-type: none"> ● Assigned Network Development Specialist: Carrie Comeau and Amberlee Venti ● Executive Sponsor: Lawrence Real ● Funding Source: Reinvestment ● Funding Amount: \$47, 061 ● Current Status: Expansion to focus on intensive outpatient programs. Final draft submitted for executive review on August 17, 2017. RFA was issued to the DBHIDS website on August 31, 2017. Information session was scheduled to occur on September 14, 2017. Q&A was posted to the DBHIDS website on September 19, 2017. DBHIDS received 1 application by the September 22, 2017 deadline. Notification of awardees will be posted to the DBHIDS website by October 13, 2017. Training scheduled to begin in November 2017.

Development Phase

RFP	Residential Treatment Facilities-Specialized	<ul style="list-style-type: none"> ● Assigned Network Development Specialist: Gerard Holmes ● Executive Sponsor: Kamilah Jackson ● Funding Source: Health Choices ● Funding Amount: Rate ranges of \$550 - 600 indicated in RFP ● Current Status: Needs and resources assessment, which included a series of conference calls with other systems and current in-network RTF site visits, is finished. Initial draft was completed on July 13, 2017. Final draft under executive review. Targeted issuance by October 11, 2017.
RFQ	Behavioral Access Center	<ul style="list-style-type: none"> ● Assigned Network Development Specialist: Elizabeth Merrell ● Executive Sponsor: Rose Julius ● Funding Source: Healthchoices ● Funding Amount: Approximately \$3 million ● Current Status: Final draft was under executive review; however, deferred for FY 2017. There is a potential opportunity to develop a pilot program with Temple University Hospital. A meeting with Temple Episcopal is scheduled for October 13, 2017, to discuss expansion of the Crisis Response Center, in order to accommodate more D&A evaluations.

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Future Procurements

RFP	Crisis Response Center (CRC) for Adults in Northeast Philadelphia	<ul style="list-style-type: none"> ● Assigned Network Development Specialist: Sara Fernandez-Marcote ● Executive Sponsor: Geoffrey Neimark ● Funding Source: Health Choices/County Funding ● Funding Amount: \$2,277,694 ● Current Status: Final draft was under executive review; however, project was deferred until 2018. Project will re-group in February 2018.
RFQ	Behavioral Health Outpatient Programs	<ul style="list-style-type: none"> ● Assigned Network Development Specialist: Mark O'Dwyer ● Executive Sponsor: Geoffrey Neimark ● Funding Source: Health Choices ● Funding Amount: TBD ● Current Status: Full timeline to be developed as project was deferred for FY 2017.
