



# Back to the Basics

**2023 Annual Report**

# A Message from our Executive Director:

I've been thinking about what elements comprise a satisfying life. What are the things that keep individuals functioning despite the stress of everyday life?

It comes down to the basics—Food, clothing, shelter, health, and enough income to support the basics. Not surprisingly, the same holds true for individuals seeking behavioral healthcare. For years, behavioral health treatment outcomes were overshadowed by the deficiencies our members experienced meeting their basic needs. While we recognized there was an impact on treatment when basic needs went unmet, there was a rigid division between healthcare and social services. The best we could do is provide a phone number or hope the individual could find a social service provider to help. Post COVID 19 pandemic, individuals experiencing difficulties meeting their basic needs increased significantly.

It's difficult to achieve improvement in your depression when bunking on a couch of a family member or friend because you can't find safe affordable housing. It's hard to have a positive attitude, if as a child, you are limited to third time hand me down shoes because your family struggles between clothing their children or putting food on the table. How does a widow raising her grandchild process her grief when the hundreds of dollars of fuel oil she just bought with the last of her monthly income has leaked from the tanks' disrepair? How can an individual with serious mental illness or substance abuse achieve stability when their provider of treatment can not recruit or retain adequately trained staff?

It's only recently that the Centers for Medicare and Medicaid Services have acknowledged the interrelation between unmet basic needs and the negative impact on health. Further, the agency has put into place mechanisms for healthcare providers and insurers to aid in providing resources for unmet needs.

So TMCA is going back to the basics ...We recognize that people need help finding and funding decent affordable housing; we know that every child deserves a new piece of clothing or footwear to improve their self-esteem; we recognize the difficult choices people are making between nutritious food for the day or the cost of a load of laundry at the laundromat; We believe that not only the users of our services but also the staff working in our provider network should earn a livable wage.

We are certain that because of this people's behavioral wellness will be improved.



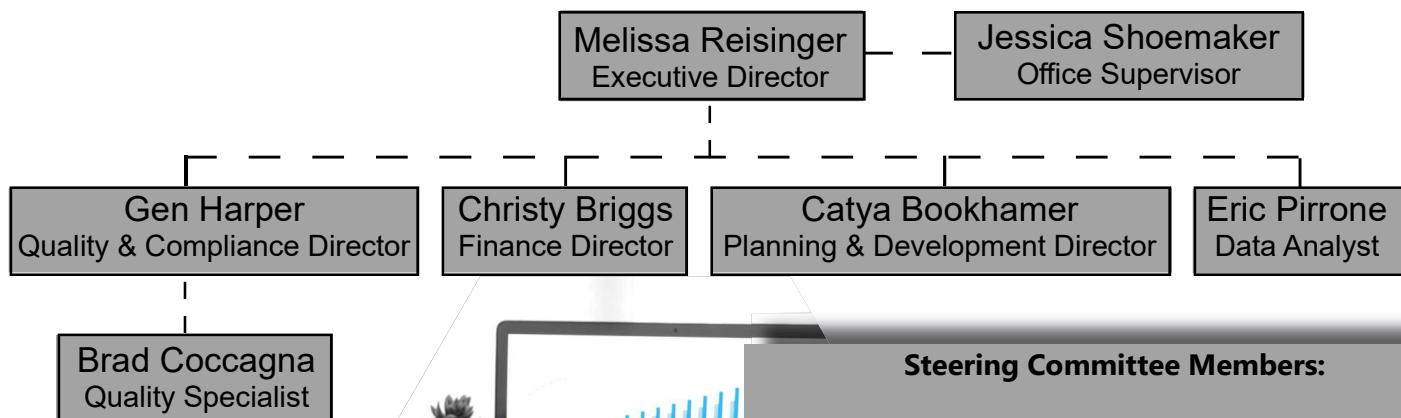
Melissa O'Neil-Wilerman  
Executive Director

## Mission Statement:

Tuscarora Managed Care Alliance was created to meet the medical and social service needs of the citizens of Franklin and Fulton Counties who experience substance use and/or mental health issues, and to administer a comprehensive and integrated network of locally accountable, publicly funded services for the purpose of promoting excellence in delivery of behavioral healthcare.



# Meet the Staff:



## Board Members:

Randy Bunch, Chair  
John Flannery, Vice-Chair  
Robert Ziobrowski, Secretary  
David Keller, Treasurer  
Stuart Ulsh, Board Member

## Steering Committee Members:

Julie Dovey, Chair  
Fulton County Human Services Director

Stacie Horvath, Vice-Chair  
Franklin County Human Services Administration

Paula Shives  
Fulton County Commissioner

David Keller  
Franklin County Commissioner

Teresa Beckner  
Franklin County Fiscal Department

John Thierwechter  
Franklin County Assistant Administrator

Christine McQuade  
Fulton County Services for Children

Stacey Brookens  
Franklin/Fulton MH/IDD/EI Department

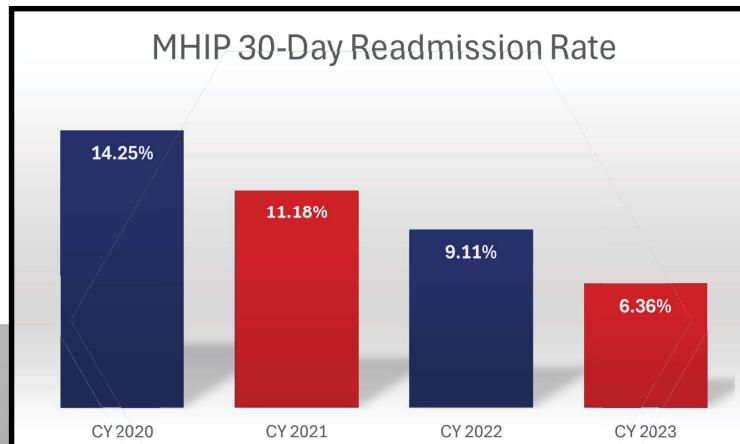
Lorna Blanchard  
Franklin, Consumer/Family Representative

James Eagler  
Franklin/Fulton Drug and Alcohol

## Back to Basics of Behavioral Health:

Behavioral HealthChoices was implemented by the Commonwealth in 1996 with three goals: Improve access to behavioral health services, improve the quality of behavioral health services and decrease the trajectory of cost of Medicaid Services. We focused on these basic tenets during 2023.

TMCA partnered with our local inpatient provider through a value-based purchasing initiative to address readmission within 30 days to Inpatient Mental Health. The results of improved transitions from Inpatient to Community settings has resulted in the lowest Mental Health Readmission rate (6.3%) in TMCA's History.



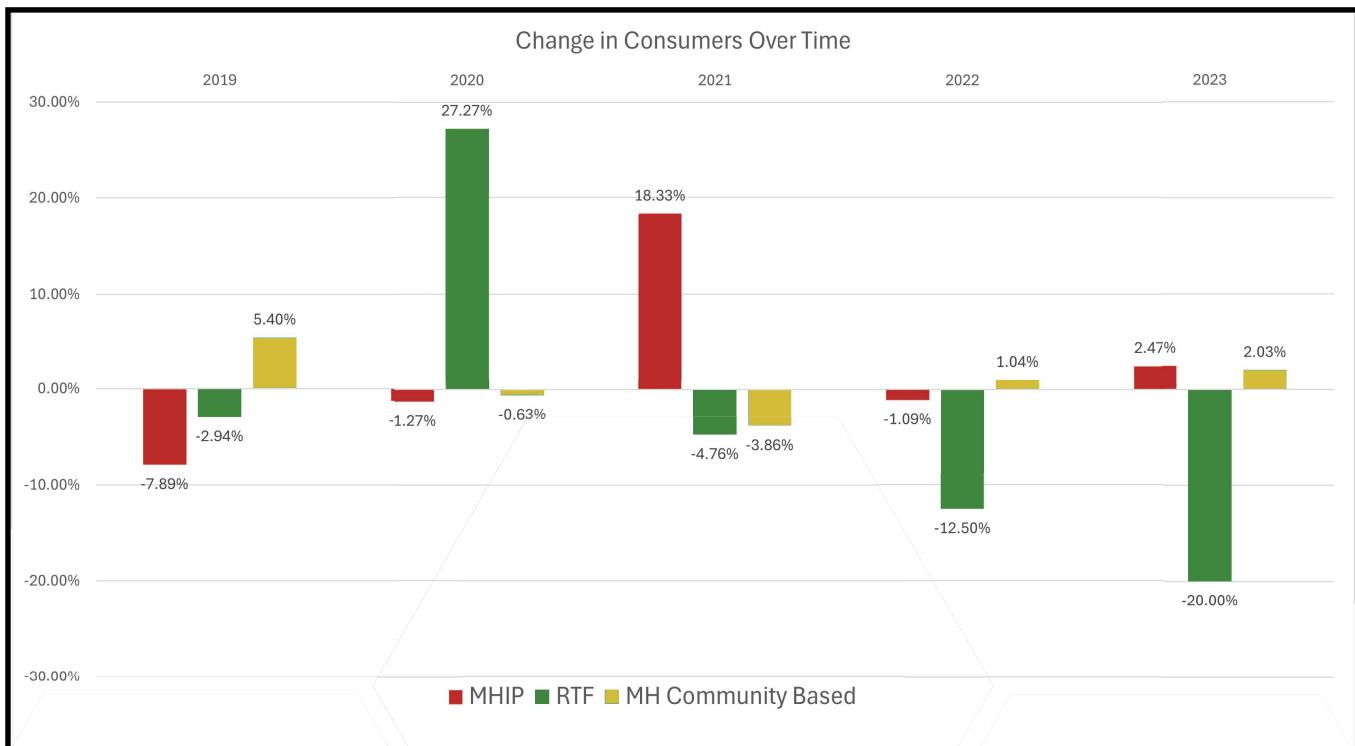
## Improved Quality of Whole Person Care:

The Department of Human Services incentivized Behavioral HealthChoices programs to address improvements in the combined health of the Serious and Persistent Mentally Ill population we serve because historically the populations poor health outcomes resulted in premature mortality. TMCA and our subcontracted Behavioral Health Managed Care Company, PerformCare, have focused on improving the overall health of our members. DHS annually validates each county's performance through combined physical health and behavioral health claims data. The 2021 metrics released in 2023 demonstrates our commitment to improving our members overall health.

Integrated Care Performance Measures	TMCA vs State	2021 MY
ED Utilization for Individuals with SPMI per 1,000 SMI-defined Member Months	TMCA Rate	109.9
	State Rate	125.1
Combined BH-PH IP admission utilization for individuals with SPMI IP d/c per 1,000 MM	TMCA Rate	16.6
	State Rate	24.3
Diabetes Screening SPMI (SSD)	TMCA Rate	72.3
	State Rate	69.1
Cardiovascular Monitoring - LDL-C test (SMC-ICP)	TMCA Rate	51.2
	State Rate	58.3
Pay for Performance HEDIS Measures		
(BHR) Readmission within 30 days of an IP MH discharge	TMCA Rate	9.5
	State Rate	13.2

## Access to Care:

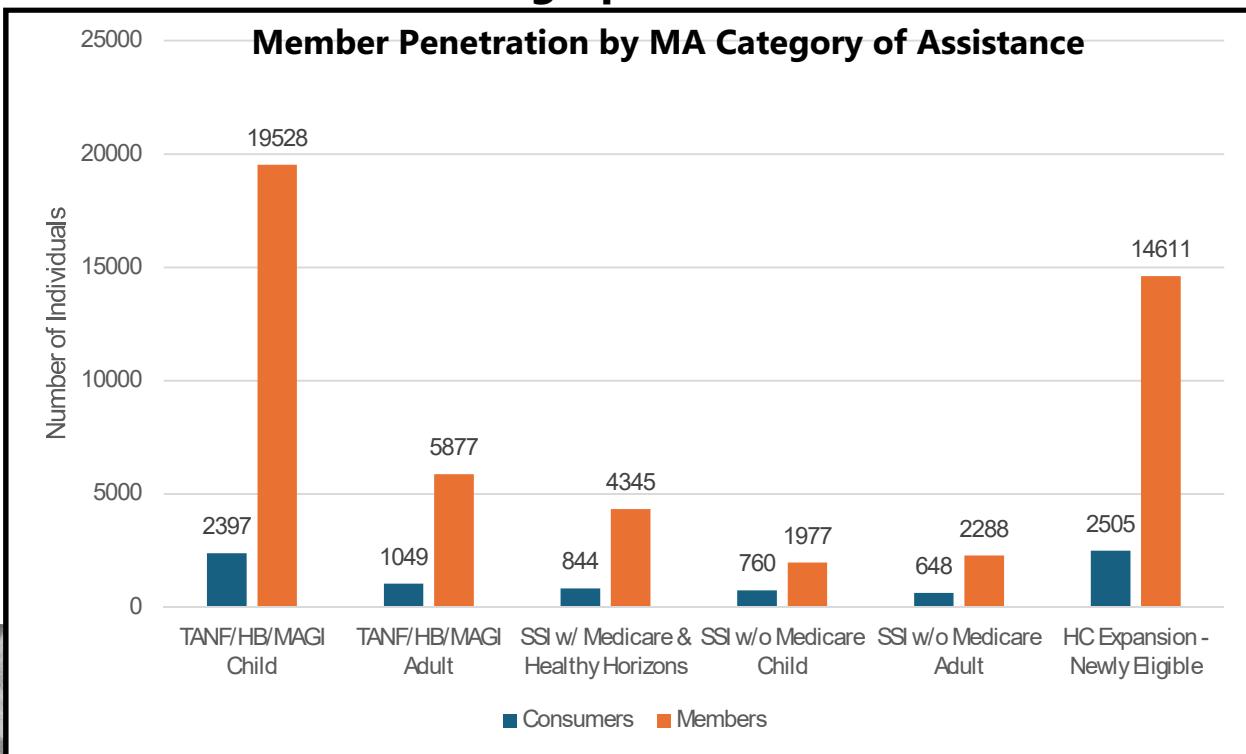
During 2023 more individuals using behavioral health services were accessing community-based levels of care and fewer are needing more intensive residential care.



## Access to Care:

Aggregate Category	CY 2022	CY 2023	% Change
Psychiatric Outpatient	6,270	6,566	4.7%
Outpatient D&A	872	825	-5.4%
Targeted MH Case Management	614	652	6.2%
Crisis Intervention	718	730	1.7%
IBHS	331	303	-8.5%
Inpatient Psychiatric	364	364	0.0%
Non-Hosp Residential (D&A)	292	322	10.3%
Family-Based MH	166	175	5.4%
Peer Support Services	145	171	17.9%
RTF	35	28	-20.0%
<b>Totals</b>	<b>9,807</b>	<b>10,136</b>	<b>3.4%</b>

## Member Demographics and Utilization:



### Consumers by County and Age with Penetration Rate (2023):

Age Group:	County:	Consumers:	Total Members:	Total Penetration:
Child/Adol	FRANKLIN	2480	17045	14.55%
	FULTON	179	1607	11.14%
Adult	FRANKLIN	4796	25135	19.09%
	FULTON	427	2699	15.82%
<b>Grand Total</b>		<b>7775</b>	<b>45695</b>	<b>17.02%</b>

### Consumers by Age and Service Category (2023):

#### Child/Adolescent

Mental Health Inpatient	93
Residential Treatment Facility	26
Mental Health Partial Hospital	6
Crisis	260
Family Based Mental Health Services	169
Intensive Behavioral Health Supports	305
Targeted Case Management	210
MH Peer Support	5
Mental Health Outpatient	2433
Substance abuse Outpatient	39

#### Adult

Mental Health Inpatient	280
Substance Use Disorder Inpatient	320
Crisis	472
Mental Health Case Management	450
Mental Health Peer Support	166
Mental Health Outpatient	4237
Substance Abuse Outpatient	792

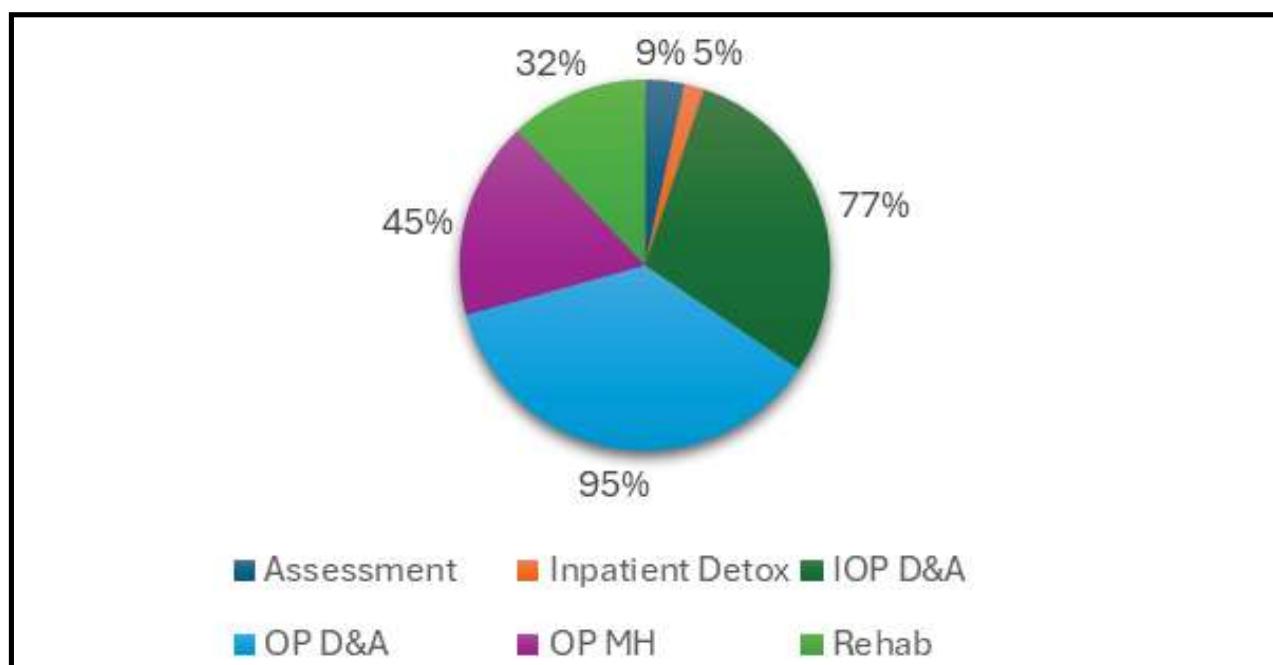
## Meeting Basic needs through Reinvestment Funds:

Starting in 2021 TMCA began to invest funding, derived through savings generated from effective management of behavioral health services, to enhance behavioral health treatment outcomes by addressing the basic needs of the Medical Assistance community we serve. In 2023, further development and expansion of our programming occurred.

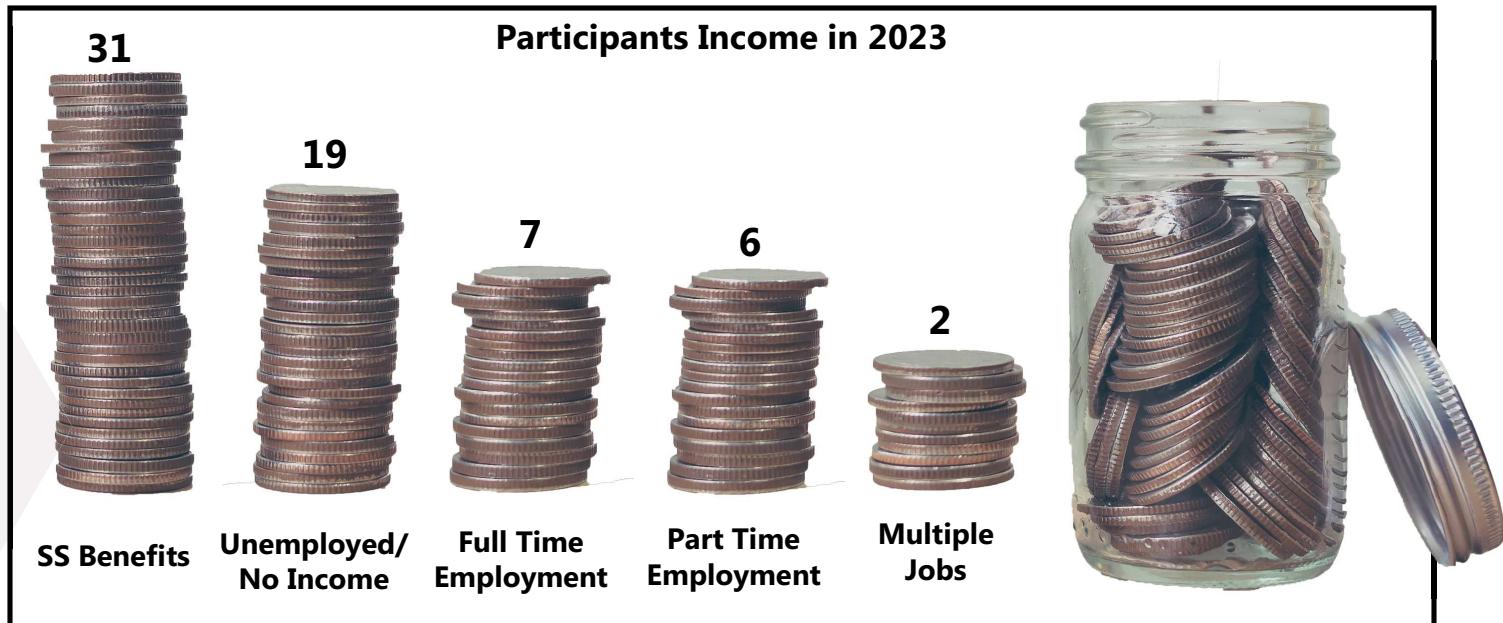
### Shelter

TMCA oversees a variety of housing programs. TMCA's longest existing housing program, Recovery Housing, has provided a substance free, structured environment for 39 individuals who are new in their recovery journey in 2023. Twenty two out of the 39 individuals were engaged in behavioral health treatment either prior to their residency in Recovery Housing or during their time in their Recovery Housing. Of those individuals attending behavioral health services, 95% engaged in OP Drug and Alcohol services, 77% in Intensive OP Drug and Alcohol services, 45% in Mental Health Outpatient, 32% were engaged in non-hospital Rehabilitation, 9% in Drug and Alcohol Assessment and 5% engaged in Inpatient Detox.

**BH Services Accessed by Individuals in our Recovery Housing Program**



The largest housing program, the Housing Development Program, saw substantial growth in 2023. This program provides guidance navigating the HUD system, assists low income individuals with locating rental units and provides long term in home and community supports to maintain housing. The program serves both individuals and families. The participants typically have at least one source of income.



The program housed, or prevented evictions of, a total of 26 participants and their families (resulting in 65 individuals overall) in 2023: 53 residing in Franklin County and 12 residing in Fulton County.

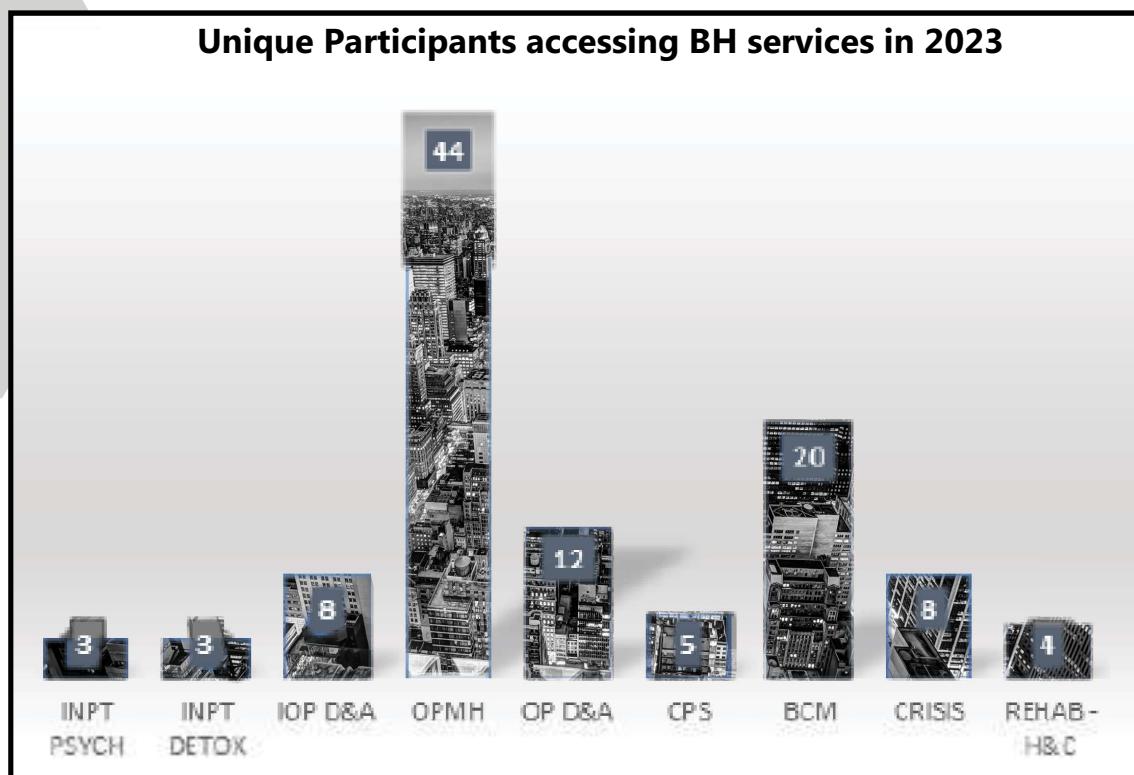
One of the unanticipated outcomes of the housing program was the prevention of nine evictions that accounted for 28 household members avoiding homelessness. In doing so, we are maintaining the routines and structure of the household. We know that disruption to routines can cause acute, or even long term behavioral health concerns for children and families.



The chart below shows the range of length of time between intake date with the Transition Coordinator to the individual being housed.

	Eviction Prevented	Housed (Moved or Applied Voucher)
Shortest Time from Intake To...	9 Days	24 Days
Longest Time From Intake To...	40 Days	332 Days
Average	23.8 Days	102.89 Days

The participants of the Housing program utilized the following behavioral health services while in the program in 2023. It is proven through various SDoH initiatives throughout the Commonwealth, that when people have their basic needs met, the intensity of their behavioral health symptoms decreases. That is evident in our participants utilization of our outpatient, community-based services, instead of our high intensity inpatient and crisis intervention services.



# Clothing



**379** children received much needed clothing through our Clothing Connection program with local CBOs.



# Food



In 2023 we provided meal boxes for **145** MA eligible Franklin County Veterans and their families through our partnership with the MilitaryShare project with Franklin County Veterans Affairs.

# TMCA's Retained Revenue:

Total Gross Capitation	\$56,651,382
Assessment Tax	(\$11,495,673)
Interest Earned	\$537,395
DHS Performance Award	\$138,601

Net Capitation:  
**\$45,831,705**

Retained Revenue:  
**\$7,540,442**

Claims Expense	\$31,454,911
Performcare Admin	\$3,708,754
TMCA Admin	\$3,127,598

Net Expenses:  
**\$38,291,263**



# Risk and Contingency Plan:



## Self Funded Risk Instruments:

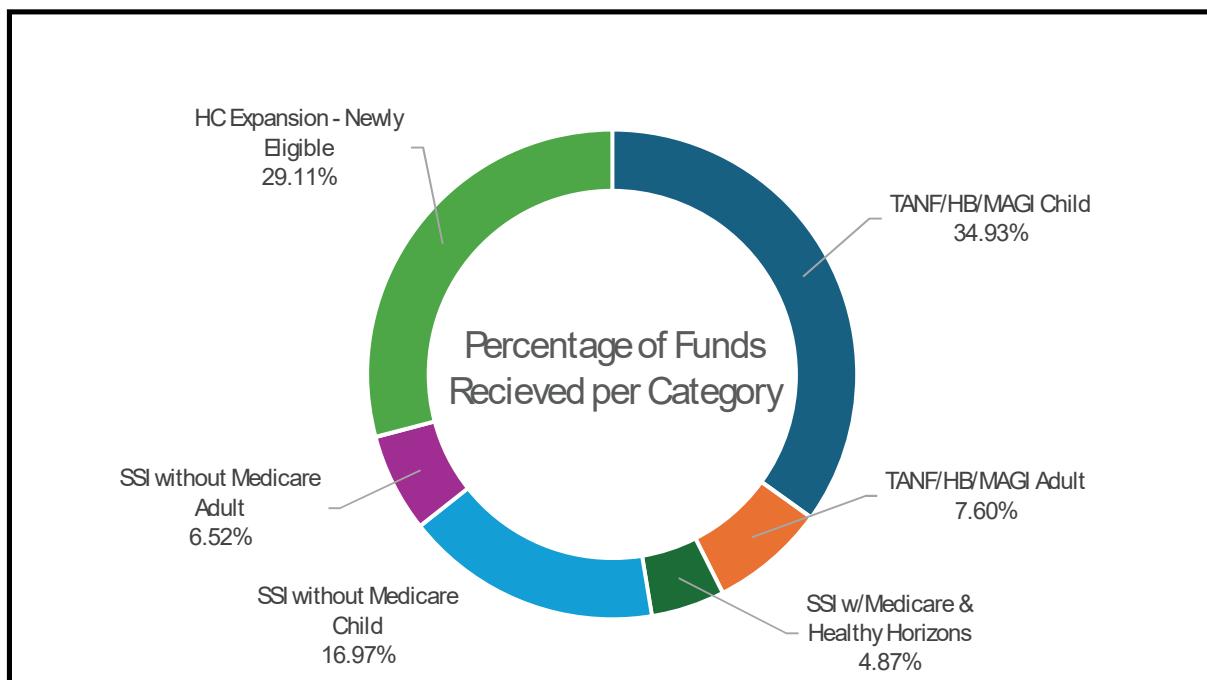
### Risk and Contingency Account

Restricted (60 days)	4,934,483.67
Unrestricted (30 days)	2,467,241.84
Current R&C Total	<b>\$7,401,725.51</b>
Amount Over/(Under) Maximum R&C	\$0.00

### Equity Account

Current Equity Totals	<b>\$2,370,674</b>
Minimum Amount Allowed	2,257,785
Maximum Amount Allowed	2,370,674
Amount Over/(Under) Minimum Equity	\$112,889
Amount Over/(Under) Maximum Equity	\$0

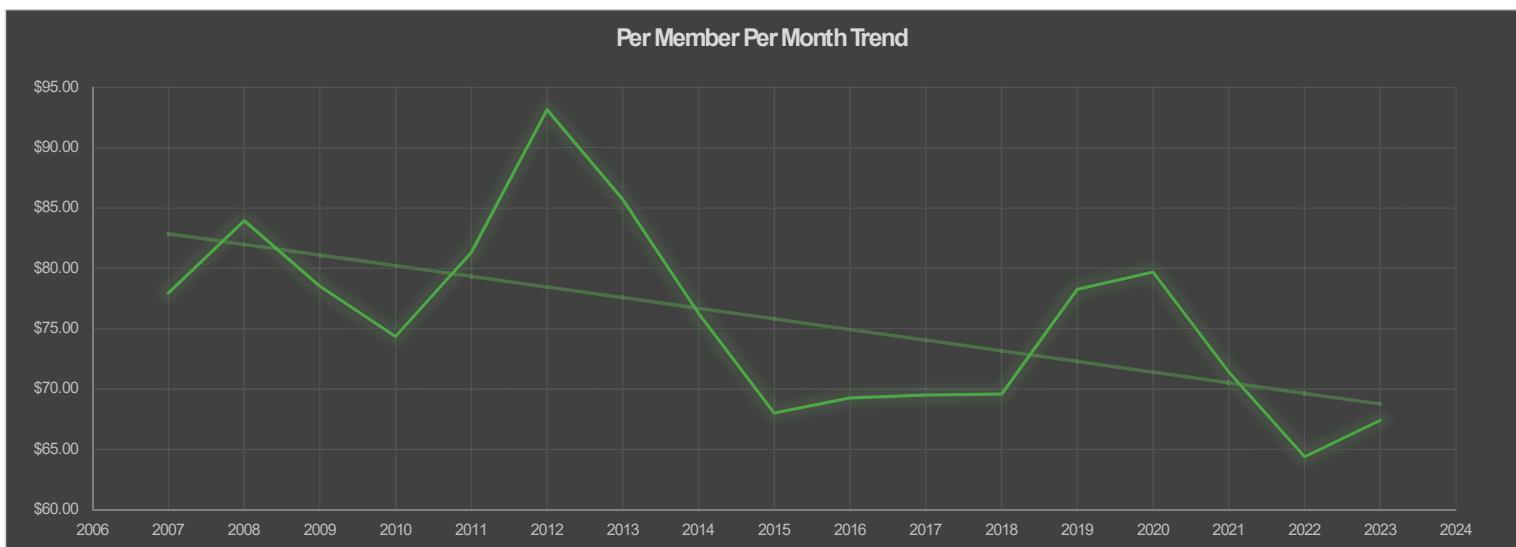
## Funding by Category of Aid (2023):





## **Decreasing the trajectory of Medicaid Costs through the years**

As mentioned previously, one of the basic tenets of the HealthChoices Programs in Pennsylvania was to decrease the trajectory of growth in Medicaid spending for Behavioral Health treatment. The industry unit of measure for medical expenses is "Per Member Per Month" which accounts for the fluctuations in number of recipients, unit cost and volume and differing population characteristics. The Per Member Per Month unit is the average cost of each enrolled member each month. Below is our performance history towards reducing our trajectory of cost.



## **Investing in TMCA's Provider Network:**

In the past 5 years TMCA has granted various rate increases for our provider network in efforts to keep our Provider Network viable and financially healthy:

### **2019:**

- 3% Increase to the Community Support Levels of Care (Peer Specialist, Targeted Case Management)
- Increases for 2 Mental Health Inpatient Facility
- Increases for 4 Child and Adolescent Residential Treatment Facilities
- Matched Increases for Drug and Alcohol Non Hospital Residential from PA Single County Authorities
- Keystone FQHC 9% variable Rate Increase for Outpatient Psychiatric services retroactive to 2016

### **2020:**

- Increase for 1 Mental Health Inpatient Facility
- Matched Increases for Drug and Alcohol Non Hospital Residential from PA Single County Authorities
- 4% Increase for local Community Based Providers (Family Based Mental Health Services, Intensive Behavioral Health Services, Peer Support, Certified Recovery Specialists, Crisis, Drug and Alcohol Outpatient, Mental Health Outpatient)
- Rate increase for 5 Residential Treatment Facilities

### **2021:**

- Keystone FQHC 26-28% variable Rate Increase for Outpatient Psychiatric services retroactive to 2018
- Rate increases for 7 Mental Health Inpatient Facilities
- Matched Increases for Drug and Alcohol Non Hospital Residential from PA Single County Authorities and added ASAM Alignment increase

### **2022:**

- Matched Increases for Drug and Alcohol Non Hospital Residential from PA Single County Authorities
- 18% All Community Based Providers
- Rate increase for 5 Residential Treatment Facilities

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**\$6,370,619.00**

*TMCA estimated net impact of the collective 5-year provider rate increases, if utilization and staffing remained consistent.*