

**DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL disABILITY SERVICES**  
**FISCAL YEAR 2015 BUDGET TESTIMONY**  
**April 15, 2014**

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**EXECUTIVE SUMMARY**

**DEPARTMENT MISSION AND FUNCTION**

The Mission of DBHIDS is to improve the health status of Philadelphians in need of behavioral health and/or intellectual disability services. This is accomplished through an emphasis on recovery and resilience-focused behavioral health services, as well as an emphasis on self-determination for individuals with intellectual disabilities. Our goal is to help individuals to realize their goals and attain the highest quality of life possible. We work with persons recovering from mental health and/or substance use, individuals with intellectual disabilities, families, and service providers to ensure that high quality services are accessible, effective and appropriate. We are committed to developing a system of care that is data-driven, employs evidence-based practices, promotes cultural competence and eliminates health care disparities. The Behavioral Health component of the department coordinates the City's mental health and substance use treatment system for 130,000 adults and children annually. The Intellectual disAbility Services (IDS) division is responsible for the development, coordination and monitoring of services for 14,000 infants, toddlers, children and adults with intellectual disabilities.

In FY14 DBHIDS continued its efforts to address the behavioral health and intellectual disability needs of Philadelphia's citizens and to ensure that the department employs a comprehensive, person-directed approach in its service delivery.

**PROPOSED BUDGET HIGHLIGHTS/FUNDING REQUEST**

The FY15 DBHIDS Operating Budget request totals \$1,201,251,364: \$13,832,747 in the General Fund, \$254,866,617 in the Grants Revenue Fund, and \$932,552,000 in the HealthChoices Behavioral Health Revenue Fund. The General Fund request is 0.7% (\$100,000) less than the FY14 Current Estimate. The DBHIDS FY15 Budget will support 268 positions, 16 in the General Fund and 252 in the Grants Revenue Fund. Of the \$1,201,251,364, \$61,558,279, or 5.1 percent, is for intellectual disability and early intervention services, and \$1,139,693,085, or 94.9 percent, is for behavioral health services. Class 100 totals \$22,596,625, Class 200 totals \$1,176,626,138, Class 300 totals \$221,250, Class 400 totals \$235,940, and Class 800 totals \$1,571,411.

The Department is not requesting City funds beyond those already allocated to support current operations for FY2015. Local resources are used to fulfill State match requirements such that every City dollar leverages \$9 dollars from the Commonwealth.

DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL DISABILITY SERVICES  
BUDGET SUMMARY AND OTHER BUDGET DRIVERS

**Financial Summary by Class - General Fund**

	Fiscal 2013 Actual Obligations	Fiscal 2014 Original Appropriations	Fiscal 2014 Estimated Obligations	Fiscal 2015 Proposed Appropriations	Difference FY14 - FY15
Class 100 - Employee Compensation	\$1,357,191	\$1,239,264	\$1,239,264	\$957,237	(\$282,027)
Class 200 - Purchase of Services	\$12,787,544	\$12,593,483	\$12,693,483	\$12,875,510	\$182,027
Class 300 - Materials and Supplies	\$0	\$0	\$0	\$0	\$0
Class 400 - Equipment	\$0	\$0	\$0	\$0	\$0
Class 500 - Contributions	\$0	\$0	\$0	\$0	\$0
Class 700 - Debt Service	\$0	\$0	\$0	\$0	\$0
Class 800 - Payment to Other Funds	\$0	\$0	\$0	\$0	\$0
Class 900 - Advances/Misc. Payments	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$14,144,735</b>	<b>\$13,832,747</b>	<b>\$13,932,747</b>	<b>\$13,832,747</b>	<b>(\$100,000)</b>

**Financial Summary by Class - All Funds**

	Fiscal 2013 Actual Obligations	Fiscal 2014 Original Appropriations	Fiscal 2014 Estimated Obligations	Fiscal 2015 Proposed Appropriations	Difference FY14 - FY15
Class 100 - Employee Compensation	\$22,133,468	\$21,869,787	\$23,196,811	\$22,596,626	(\$600,185)
Class 200 - Purchase of Services	\$1,031,264,053	\$1,147,255,602	\$1,113,711,801	\$1,176,626,138	\$62,914,337
Class 300 - Materials and Supplies	\$188,110	\$221,250	\$221,250	\$221,250	\$0
Class 400 - Equipment	\$130,239	\$152,500	\$235,940	\$235,940	\$0
Class 500 - Contributions	\$0	\$0	\$0	\$0	\$0
Class 700 - Debt Service	\$0	\$0	\$0	\$0	\$0
Class 800 - Payment to Other Funds	\$1,751,121	\$1,571,937	\$1,571,858	\$1,571,411	(\$447)
Class 900 - Advances/Misc. Payments	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$1,055,466,991</b>	<b>\$1,171,071,076</b>	<b>\$1,138,937,660</b>	<b>\$1,201,251,365</b>	<b>\$62,313,705</b>

**Staff Demographics Summary\***

Total	Minority	White	Female
241	76%	24%	73%
8	75%	25%	50%
\$114,956	\$116,298	\$110,932	\$101,843
\$116,375	\$116,375	\$110,932	\$98,277

**Employment Levels\***

Budgeted	Approved	Filled
265	265	241
3	3	3
8	8	8

**Contracts Summary\***

	FY09	FY10	FY11	FY12	FY13	FY14*
Total amount of contracts	\$20,264,073	\$7,047,196	\$6,683,218	\$8,935,044	\$11,247,368	\$11,667,684
Total amount to M/W/DBE	\$145,000	\$124,000	\$398,933	\$1,521,673	\$1,609,768	\$1,587,173
Participation Rate	1%	2%	6%	17%	14%	14%

\*As of December 2013

## DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL disABILITY SERVICES PERFORMANCE, CHALLENGES AND INITIATIVES

### DEPARTMENT PERFORMANCE (OPERATIONS)

DBHIDS reports on the following performance measures in the Quarterly City Manager's Report and the Five Year Financial and Strategic Plan:

Performance Measure	FY08	FY12	FY13	FY13- FY12 Change	FY13 Q1-Q2	FY14 Q1-Q2	FY14- FY13 Q1-Q2 Change	FY14 Goal	FY15 Goal
Percent of claims paid within 45 days*	98.7%	99.9%	99.6%	-0.3%	99.6%	98.6%	-1.0%	100.0%	100.0%
Number of clients served in out of state residential treatment facilities**	233	28	23	-17.9%	15	20	33.3%	19	25
Number of new admissions to Residential Treatment Facilities	1,651	678	679	0.1%	338	339	0.3%	700	700
Percent of follow-up within 30 days of discharge from an Inpatient psychiatric facility***	62.4%	68.5%	67.2%	-1.9%	68.5%	N/A	N/A	90.0%	90.0%
Percent of readmission within 30 days to Inpatient Psychiatric facility (SA & Non-SA)***	21.4%	14.9%	16.2%	8.7%	17.6%	N/A	N/A	15.0%	15.0%

\* Due to the 45 day payment processing window, FY14 Q2 data is not available for this measure. FY14 Q2 data is an estimate, updated data will be provided in FY14 Q3.

\*\* FY08 statistics for Out of State Clients included duplicated count of individuals. From FY11 forward this measure has been reset to reflect unique individuals.

\*\*\* Due to follow-up period (30 days post discharge) and claims lag (i.e. providers have up to 90 days from date of service to submit claims for payment), data for FY14 Q1 are estimates, FY14 Q1 and Q2 data will be updated in Q3.

The number of children served in out-of-state Residential Treatment Facilities (RTFs) decreased by 17.9% between FY12 and FY13. Further decreases are unlikely due to the fact that many out-of-state RTF placements involve the purchase of specialty care services that are not available in-state. Congregate residential (3 or more individuals residing in a single dwelling) program capacity reductions, being progressively enacted by the Department of Human Services, are also expected to increase the demand for RTF services. In light of these realities and performance to date this fiscal year, the target goal for FY15 has been increased by 3 to 25 placements per year. The number of new RTF admissions is a new measure for the Department starting in FY14. The target goal for FY14 is not to exceed 950 new admissions. For comparison purposes, DBHIDS has provided prior data (FY13 Q1 and Q2) not previously reported. Performance for this measure is on target with projected goals and shows little variance in the FY14/FY13 comparison. A minimal decrease was observed in the percent of claims paid within 45 days from FY12 to FY13 (0.6%). As of the first quarter of FY14, this measurement has decreased by 1.3% compared to the first quarter of FY13. Efforts will be made to improve performance to insure that all contracted providers receive timely payment in compliance with the Medicaid HealthChoices contract and DBHIDS' standards. The last two performance measures have a reporting window of 120 days. As a result, data are not yet available for FY14 Q1 and FY14 Q2. DBHIDS has steadily increased the percent of follow-up within 30 days of discharge from an inpatient psychiatric facility but, at 69.9% for the first half of FY13, performance remains significantly below the goal of 90% for FY13. Regardless of performance to date, DBHIDS is retaining this target as a worthwhile goal and because it is consistent with a national standard reported broadly for Inpatient providers who serve Medicaid recipients. Nationally, approximately 70% of individuals discharged from inpatient treatment receive behavioral health follow-up within 30 days. DBHIDS has steadily decreased the percent of readmissions within 30 days of discharge from an inpatient psychiatric facility and performance for the first half of FY13 (15.5) is close to the FY13 goal (15%). The goal for this measure has been reset to 13.5% for FY14 and FY15 to prompt further performance improvement.

Additionally, the Department is proceeding with efforts to improve the effectiveness and efficiency of behavioral Health services via the expanded application of Pay for Performance (PFP) expectations. Specifically, PFP is designed to provide incentives for contract providers to improve recovery and resilience outcomes for adults, children and adolescents across a growing number of levels of care. The initiative now involves over 100 measures across a wide variety of services including mental health inpatient, substance use rehabilitation, behavioral health outpatient, and case management. In FY14, PFP was expanded to include Intensive Outpatient (IOP) treatment. A pilot to capture the experiences of service recipients will be introduced in FY 2015. Early positive outcomes resulting from PFP include decreased inpatient treatment readmissions within 30 days, and increased follow up by case managers for people recently discharged from inpatient units.

It should be noted that PFP and all other measures employed by the Department are intended to advance the goals included in the DBHIDS Transformation Practice Guidelines. These priorities include the following:

- Integrating behavioral health, primary care and ancillary support services.
- Creating an atmosphere that promotes strength, recovery and resilience
- Developing inclusive, collaborative services and processes
- Providing services, training and supervision that supports recovery and resilience
- Providing individualized services to identify and address barriers to treatment
- Promoting successful outcomes through empirically supported approaches
- Supporting recovery and resilience through evaluation and quality

#### DEPARTMENT CHALLENGES

Challenges confronting the Department in fiscal year 2015 include the following:

1. **Addressing Co-Occurring Intellectual Disability and Mental Illness:** Philadelphia is home to many individuals who struggle with both intellectual disabilities and co-occurring mental illness. It is currently estimated that approximately 40% of people with an intellectual disability also have significant mental health issues. In Philadelphia, this estimate translates into as many as 18,000 with these co-occurring conditions. Actual numbers may be higher since mental illness is frequently undetected and under reported within the intellectual disability population due to communication challenges and clinical oversights. Specialized resources are clearly required to more adequately address these individual's unique and complex needs. Despite these challenges, efforts will continue to develop resources and strategies to better serve these individuals and their families.
2. **Continued Impact of State Cuts:** Efforts continue to manage the fallout from the 10% behavioral health funding reduction enacted by the State in 2012. These cuts dramatically reduced the availability of outpatient services for the uninsured resulting in treatment delays for many of Philadelphia's most vulnerable citizens. The combined impact of these cuts and the simultaneous elimination of General Assistance payments further weakened the safety net intended to care for people who have no alternative resources. The void left by the loss of these funds and entitlements continues to diminish the quality of life for thousands of local residents.

#### STAFFING LEVELS

Departmental staffing levels and related detail, including efforts to expand the number of minority/women/disabled-owned subcontractor agencies, are summarized below:

The Department continues to be committed to supporting the Administration's goals for participation by minority, women, and disabled-owned businesses (M/W/DSBE). This year, the DBHIDS' for-profit participation goal was set at 8 percent. The Department was able to exceed this goal and achieve 14 percent participation. The Department's efforts related to M/W/DBE participation include the following:

1. Non-profit participation by minority and women in the leadership and workforce composition among DBHIDS non-profit contract service providers remains high. Specifically, 75.9% of the total workforce and 65% of executive staff of non-profit contract agencies are comprised of minority or female employees.

2. Overall, DBHIDS' for-profit M/W/D participation is \$1.6 million of a total of \$11 million in contracts awarded. This represents 34 total contracts. Of the 34 for-profit contracts awarded, two (2) are minority male-owned, three (3) are minority woman-owned, and four (4) are self-verified women/minority women. It should also be noted that six (6) other for-profit contracts, amounting to \$2.6 million, are owned and operated by minority women who have not opted to be certified. DBHIDS will continue to work with these providers to encourage certification.
3. DBHIDS continues to collaborate with the Office of Economic Opportunity (OEO) to build supplier diversity within the not-for-profit sector:
  - Sending Request for Proposals (RFPs) to OEO for range setting.
  - Inviting OEO to participate in pre-bid meetings, RFP pre-proposal meetings, and evaluation teams.
  - Participating on the OEO Nonprofit Leadership Team.
4. DBHIDS has 241 current full-time employees. This complement is comprised of 175 females (142 minorities and 33 Caucasian) and 66 males (40 minorities and 26 Caucasian). Ten current staff are bilingual.
5. DBHIDS has twenty-eight (28) new positions comprised of eight (8) males and twenty (20) females including twenty-seven (27) minority individuals and one (1) Caucasian.
6. The eight person DBHIDS' Executive Management Team includes: four (4) males, four (4) females, three (3) minority males, three (3) minority females, one (1) Caucasian male and one (1) Caucasian female.
7. The DBHIDS' HealthChoices contract is sub-contracted to Community Behavioral Health (CBH) and is considered a critical component of the behavioral health system. The executive management of CBH is comprised of: one (1) minority male, seven (7) Caucasian females, seven (7) minority females, and six (6) Caucasian males. In addition, the CBH Board of Directors consists of eight (8) members: Three (3) minority males, two (2) females, two (2) minority females, and one (1) Caucasian male.
  - CBH contracts for approximately \$6.9 million in non-fixed administrative services. In calendar year 2013, CBH contracted for over \$900,000 in services from M/W/D providers.
  - CBH for-profit service contracts amounted to \$140 million in 2013; of that amount, \$36 million (or 26 percent) were with minority or women-owned businesses.

## PAST INITIATIVES

Departmental initiatives that have achieved notable recent success include the following:

1. **Promoting Mental Health Awareness** (Mental Health First Aid -MHFA) was launched in collaboration with the Mayor's Office in January of 2012. This groundbreaking public education and early intervention program enables the public to identify, understand and respond to signs of behavioral health challenges. Philadelphia is the largest metropolitan area to launch a campaign designed to educate and support the general public in responding to behavioral health crisis and non-crisis situations. Over 3,100 local individuals have received MHFA training to date. 124 of these individuals have achieved instructor status that qualifies them to provide this training to others in their work places and communities. Ten community hubs have been established across the City that offer MHFA training to the public. Strategic partnerships have been developed with many local stakeholders including the American Red Cross, the School District of Philadelphia, the Scattergood Foundation, Enon Baptist Church, the National Constitution Center, Friends Hospital, Community College of Philadelphia, the Muslim Community, the Philadelphia Free Library, and PECO.
2. **Promoting Behavioral Health Recovery** (Cognitive Behavioral Therapy – The Beck Initiative): Over 200 therapists and 300 additional staff from 35 agencies have received Cognitive Behavioral Therapy (CBT) training. In partnership with Dr. Aaron T. Beck from the University of Pennsylvania, this project equips clinicians to extend this state of the art treatment approach to adults and children in a range of settings including schools, hospitals, and addiction treatment programs. This treatment modality focuses on identifying and supporting recovery goals, addressing long-standing feelings of discouragement, and facilitating transitions to less restrictive, community-based treatment settings.

## CURRENT INITIATIVES

The initiatives below provide an overview of innovative projects consistent with Departmental values and priorities.

1. **Implementing Public Health Strategies to Address Behavioral Health Issues:** A public health oriented system of care requires a shift from focusing solely on treating individuals with a diagnosable behavioral health condition to focusing on population health promotion, community wellness, and attention to social determinants of health. Existing treatment systems tend to focus on a narrow percentage of the population and, as a result, miss many individuals requiring assistance. For example, 25% of adults and 20% of children experience a mental health disorder; however, fewer than 1 out of 3 adults and 1 out of 2 children with a diagnosable mental disorder receive mental health services. This means that a significant number of people experience mental health challenges, but never receive treatment. Conversion to a public health approach will address this concern by focusing on universal or population health, as well as individual health. DBHIDS has instituted a number of initiatives that support public health approaches, including the following:
  - Empowering Community-Based Coalitions: These Coalitions are designed to build on the strengths community-based and faith-based organizations have developed from years of working with neighborhood constituents and the knowledge derived from that experience. Coalitions work in areas of the city where there are significant numbers of children, youth, and families considered vulnerable in terms of their prospects for living in a safe, healthy, stable and supportive environment. Coalition groups are comprised of community-based and faith-based organizations, community primary healthcare providers and licensed behavioral healthcare treatment providers, as well as additional community stakeholders such as local politicians, police, block captains, athletic coaches, and schools.
  - Promoting Recovery through Art (The Porch Light Program): This project involves a unique collaboration between DBHIDS and the City of Philadelphia's Mural Arts Program (MAP) to mine the power of community-based public art to promote healing, resilience, and wellness. Through this process deep community connections are cultivated to bring powerful and positive messages to local communities about the need to reduce stigma, illuminate new ways to understand and address city-wide challenges, and create opportunities for connection and healing.
  - Responding to Emergencies (Community Response Teams - CRT): provide emotional support to communities affected by disasters, emergencies, or other large scale events, including community violence, that require community support and intervention. The teams focus on: 1) reducing stress, 2) supporting individuals and impacted communities, 3) providing referrals to necessary service supports, and 4) following-up with individuals to keep track of progress or further needs, as necessary. Team members are trained in Psychological First Aid.
2. **Addressing Community Trauma:** The Department is engaged in a multiyear, multifaceted, trauma transformation effort. Beginning with behavioral health practitioners and reaching out to partners across the City, the Department is combining evidence-based practices and innovative approaches to raise the level of resilience and heal the effects of trauma. The effects of stress and trauma are complex and often associated with chronic illness, mental health challenges, addiction, patterns of victimization, destructive relationships and problems at home, work and school. DBHIDS has introduced a growing number of initiatives intended to counteract the effects of trauma and prevent repeated traumatization. The following resources, including many evidence-based interventions, are among those designed to address trauma-related symptoms and suppress trauma recurrence.
  - Providing Early Trauma Intervention (Healing Hurt People - HHP): This violence and trauma intervention program, based in medical emergency departments, provides family-focused services in community settings to individuals and families who have been victimized by physical violence. Youth and young adults who are treated in emergency rooms for violence precipitated injuries are screened to assess their need for behavioral health and social services. Licensed social workers help young victims of intentional injury to access services intended to moderate the impact of trauma and encourage rapid recovery. Follow-up supports are provided in hospital settings and in



family homes to decrease repeat victimization, prevent retaliation from victims or their families, and facilitate behavioral health service linkages.

- Treating Post Traumatic Stress (Prolonged Exposure Treatment): Forty therapists and supervisors from 10 agencies have been trained to provide Prolonged Exposure Therapy designed to recognize and effectively treat symptoms of Post-Traumatic Stress Disorder (PTSD). This training is being provided in partnership with the originator of this approach, Dr. Edna Foa with the University of Pennsylvania. To date, Prolonged Exposure Therapy training has been provided to therapists employed in mental health and addictions outpatient settings as well as residential treatment programs.
  - Preventing Suicide and Self-Harm (Dialectical Behavior Therapy): To date, 40 therapists from 7 agencies have received evidence based, Dialectical Behavior Therapy (DBT) training. This highly specialized treatment approach was conceived to help adults and adolescents who engage in very high risk behaviors including repeated attempts to harm themselves or commit suicide. DBT focuses on improving emotion self-regulation skills that allow individuals to remain safe, avoid crisis events and hospitalizations, utilize less restrictive levels of care, and increase their quality of life. The Department secured the services of Dr. Marsha Linehan from the University of Washington to provide this training. Dr. Linehan has received international acclaim as the developer of this highly effective treatment that has positively impacted countless individuals who failed to benefit from more traditional treatments.
  - Addressing Children and Family Trauma (Trauma-Focused Cognitive Behavior Therapy (TF-CBT) and Child and Family Traumatic Stress Intervention (CF-TSI): Through the Philadelphia Alliance for Child Trauma Services (PACTS), supported by a federal SAMHSA grant, DBHIDS provided training in two evidence-based treatments focusing on the needs of children and families who have experienced traumatic events. TF-CBT is a treatment for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. This treatment equips children and families with skills needed to help process negative thoughts and feelings, enhance safety, and support parent's abilities to meet their children's needs. CF-TSI is a short-term intervention that promotes early identification and treatment of children who have recently experienced traumatic events. 115 therapists from 12 agencies have received TF-CBT training. To date, CF-TSI training has been provided for 18 clinicians from 5 programs.
  - Mental Health First Aid: As noted previously (Section 4. Public Health Strategies), Mental Health First Aid provides training for community members and public safety personnel (e.g., police, fire) to help them identify, understand and respond to signs of behavioral health conditions and crises. This training is structured to promote a caring and informed citizenry which will in turn diminish traumatic events and improve the behavioral health and wellness of individuals, neighborhoods, communities and the City at large.
  - Promoting Safety (The Sanctuary Model): The Sanctuary Model is a component of trauma informed care that has been introduced across the behavioral health system to provide a framework for understanding the universal impact of toxic stress and trauma related to individuals, organizations and communities. A central theme of the Sanctuary Model is that the process of change and healing is essentially the same whether it is experienced by a service recipient, a service provider, an organization, a family or a community. Guiding principles of this practice include a commitment to nonviolence, open communication, social responsibility, and growth and change.
3. **Expanding the Availability of Evidence Based Practices:** The Department is firmly committed to the concept that Philadelphia residents who depend upon DBHIDS services should be afforded widespread access to state of the art behavioral health interventions. Based on this commitment, DBHIDS continues to expand the availability of evidence-based treatment and technologies and has begun including evidence-based expectations in our procurement and contracting processes. In an effort to optimize the impact of these approaches, the Department has collaborated with the internationally acclaimed originators of multiple Evidence Based Practices (EBPs). As a result, over 500 therapists from over 60 programs have received EBP training. Efforts to advance, support and monitor EBPs are

overseen by the DBHIDS' Evidence-based Practice and Innovation Center (EPIC). The following EBPs, promoting positive health outcomes, have been introduced by the Department:

- Providing Behavioral Health Treatment for Families and Children (Ecosystemic Structural Family Therapy - ESFT): In partnership with Dr. Marion Linblad-Goldberg and the Philadelphia Child and Family Therapy Training Center, DBHIDS trained 30 therapists and supervisors from 7 outpatient agencies to provide Ecosystemic Structural Family Therapy (ESFT). This evidence based approach focuses on children and adolescents who are experiencing significant behavioral health challenges. As a result of ESFT, families learn the skills needed to support their children at home and in community settings, alleviating the need for more intensive services.
- Improving Service Outcomes (Partners in Change Outcomes Management System - PCOMS): To date this year, 70 recovery coaches and supervisors at 4 Community Integrated Recovery Centers (CIRC) received training in the use of PCOMS. This evidence based technology improves outcomes for individuals with challenging behavioral health needs through the continual monitoring of achievements related to individualized recovery goals. Nine additional programs are scheduled to receive PCOMS training this year.
- Expanding Treatment Access (Beating the Blues - BtB): This is a web-based, evidence-based, Cognitive Behavioral Therapy (CBT) program for the treatment of mild to moderate depression and anxiety. This EBP is designed to benefit people who are awaiting a therapy appointment as well as individuals who are not ready or interested in traditional therapy. The effectiveness of this peer supported, user friendly, treatment modality has been repeatedly confirmed via worldwide independent research studies. In partnership with the Mental Health Association of Southeastern Pennsylvania, BtBs is currently being piloted in Philadelphia pending plans for further promotion and expansion.

4. **Addressing Behavioral Health Disparities:** The Department seeks to encourage those promising efforts aimed at eliminating racial and ethnic health disparities as an overall part of achieving health equity and wellness for all people. The Surgeon General's report documented disparities in access, availability, quality and outcomes that many minority groups experience. To address these disparities DBHIDS has implemented initiatives that promote access, engagement and retention of individuals in care, as well as the delivery of effective services and resources contributing to positive health outcomes. DBHIDS' recent efforts to reduce health disparities include the following:

- Engaging Communities to Address Disparities (Behavioral Health Disparities Learning Collaborative): Via a competitive process, DBHIDS identified (3) community based provider organizations that received extensive training and technical assistance focused on addressing documented disparities in 3 geographic areas of the City. The first round of partnership awards were designed to increase the behavioral health service engagement of children and adults in those targeted areas serving African American and Asian communities. The data on the first round of this collaborative is currently being analyzed.
- Engaging Men of Color (EMOC): The Department hosted a symposium focusing on "Reducing Health Disparities by Engaging Men of Color" with special guest Dr. Derrick Gordon of Yale University, School of Medicine. The outcome of the symposium was the identification of ten key issues most relevant in the reduction of disparities for Men of Color across the Philadelphia region. As a result, the Engaging Males of Color (EMOC) Initiative was created to highlight and address challenges confronting both men and boys of color. A central focus of this forum involved consideration of systematic approaches to reversing low engagement and poor overall health outcomes. DBHIDS will continue to explore and support strategies to positively impact the lives of people in this demographic group.
- Improving Access to Behavioral Health Outpatient Treatment: In January 2014, two new outpatient programs were established to expand behavioral health treatment access for adults and children living in historically underserved communities. Specifically, these resources were created to address long standing service access disparities in targeted areas of Southwest Philadelphia. These high quality treatment resources have the combined capacity to serve up to 400 individuals at a



total annual cost of approximately \$400,000, reimbursed via Medical Assistance billing. Cost offsets are anticipated due to decreased use of acute inpatient treatment and crisis services.

5. **Improving Intellectual disAbility Services:** Annually, the department serves approximately 7,700 children and adults with intellectual disabilities. An additional 6,100 infants and toddlers receive Early Intervention Services each year. The Infant Toddler/Early Intervention program has a significant impact on the developmental trajectory of children from birth to age three. As a result, many of these children enter elementary school without the need for additional supports.
  - In 2013, 93% of Philadelphia respondents to a State survey indicated that the services they received helped them to support their child's development at home and 95% of families indicated that they used the information learned from Early Intervention services to support their child's learning and development. Ninety-four percent (94%) of families said that the service providers understood their family's culture, beliefs and traditions and 93% said that services were provided at times that met the family's needs.
  - The Lifesharing project presents opportunities for individuals of all ages with Intellectual disAbilities to live in caring homes that provide enriching environments supportive of community inclusion. Lifesharing enhances the development of social roles and relationships and permits participants to remain in their home communities. As of December 2013, 236 people were enrolled in the Lifesharing program. Fourteen percent (14%) of these individuals are gainfully employed. Over the last two years, enrollment has increased by more than 9%.
  - "Employment First" is national effort that supports the basic principle that people with disabilities should be employed in the general workforce and that employment is the first and preferred outcome for all working age individuals with disabilities without regard to their level of disability. In FY 2014, this project is focused on several priorities including helping people transition from school to work, the award of mini grants to promote employment, and enhancing data collection and reporting. This initiative involves a partnership with the School District of Philadelphia and the Commonwealth Department of Labor and Industry, Office of Vocation Rehabilitation to prepare students for employment or post-secondary education upon graduation. Mini grants of \$8,000 have been awarded to three agencies in response to a competitive proposal process inviting innovative and creative approaches to the delivery of employment services. During the first 7 months of this fiscal year, 485 individuals with an intellectual disability were employed and 784 received employment services. Total wages earned by participants during this period were nearly \$1.5 million.
6. **Embracing Health Care Reform:** In FY 2014, DBHIDS' continues to partner with local, state and federal organizations to acquire, apply and disseminate information relevant to the Philadelphia behavioral health system. These efforts include monthly newsletters, bimonthly policy updates, the use of social media, and a regularly updated webpage. Technical support is being extended to internal staff and external partners regarding the provisions of the Affordable Care Act. The Department will also continue to track state Medicaid laws and their impact on behavioral health services. Monthly Lunch & Learn educational sessions will continue and an evaluation of these efforts will be conducted to ensure that we are meeting the needs of all of our stakeholders.
7. **Improving Autism Services:** The Department continues to explore and provide person and family directed approaches for those impacted by Autism Spectrum Disorders (ASD) as interventions for this condition continue to evolve and emerge. Recent efforts by DBHIDS to provide additional ASD supports include the following:
  - Establishment of Autism Centers of Excellence (COEs). Between July 2012-December 2013, 727 children and families received services from these Centers including case management, outpatient treatment, and family based interventions. Fifty-five percent (55%) of these recipients were not previously enrolled in HealthChoices/Community Behavioral Health services. In FY14, the role of the COEs will be expanded to include full implementation of afterschool programs and transitional services for older youth.
  - Councilman Dennis O'Brien has invited DBHIDS to partner with the Councilman's Office to plan for the creation of a Citywide Autism Taskforce. This Taskforce will undertake a thorough assessment

of the ASD needs presented by Philadelphia residents. This needs assessment will inform the generation of recommendations regarding strategies and resources required to support individuals and families confronted by ASD. The Autism Taskforce will convene for a period of six months and will involve a wide range of stakeholders including persons with ASD, family members, service providers, the school district, advocacy organizations, local universities, and multiple City Departments.

## NEW INITIATIVES

The following resources and initiatives are recent additions or are planned for implementation in FY15:

1. **Implementing Behavioral Health/Intellectual Disability Community Treatment:** A highly specialized new resource to support people who have an intellectual disability as well as mental health challenges will be implemented later this calendar year. This mobile service is designed to provide intensive supports, including case management and psychotherapy, to people with complex and challenging needs. Special emphasis is placed upon decreasing hospitalizations and crisis visits, promoting recovery outcomes, and allowing individuals to remain in their homes and communities.
2. **Expanding Outpatient Access:** Two new outpatient service sites have recently been added in Southwest Philadelphia to address disparity concerns. During calendar year 2014, additional outpatient programs will be established in the City to improve access to treatment for adults and children who have historically been underserved.
3. **Expanding Performance Evaluation:** Priority emphasis will be placed upon efforts to develop and implement routine processes to track and analyze outcomes and outputs produced by evidence-based interventions and Pay for Performance levels of care. The results of these evaluations will serve as the basis for ongoing modifications designed to enhance outcomes, optimize productivity and control costs.
4. **Acquiring External Resources:** The Department continues to explore opportunities to pursue additional funding and resources including government and foundation grants. Recent successes include the following grant awards:
  - Child and Family Traumatic Stress Intervention: This four year, \$1.6 million federal grant (\$400,000 per year) from the Substance Abuse and Mental Health Services Administration (SAMHSA) provides training and services using evidence-based modalities to treat children and their families, including veterans, who have been impacted by trauma. This grant involves collaboration with the University of Pennsylvania Center for Youth and Family Trauma Response and Recovery, and the National Child Traumatic Stress Network.
  - Veteran's Court Expansion: This SAMHSA grant provides \$750,000 over three years (\$250,000 per year) to enhance integrated substance use services for veterans who are adjudicated through the Philadelphia Veteran's Court. A major goal of the project is to divert veterans from the criminal justice system via the provision of behavioral health services. This federal grant will fund services, including evidence-based modalities, for veterans with substance use, mental health, and/or trauma related issues who are not willing or able to obtain assistance through the Veteran's Administration. In addition to providing behavioral health services, this grant supports the provision of HIV care, life skills training, family support groups, and veteran peer mentors.
  - Problem and Pathological Gambling Prevention Services: This one-year grant from the Pennsylvania Department of Drug and Alcohol Programs provides \$1.07 million this fiscal year to develop a range of gambling related prevention services. Training is provided to enhance the ability of clinicians to identify and counsel individuals with gambling addiction issues. Problem and pathological gambling prevention education will be offered to adolescents and to at risk community members via grassroots partnerships.

## **OTHER BUDGETARY IMPACTS**

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As noted previously, the full impact of the loss of General Assistance cash assistance in 2012 has not yet registered in terms of the effect upon the local behavioral health care system. This includes the progressively increased demand for supports that serve as a safety net for persons without insurance. The fact that this safety net funding was also reduced by the State in 2012 dramatically compounds this problem. Failure to expand Medicaid eligibility in Pennsylvania will further stress highly vulnerable Philadelphia residents, many of whom are coping with co-morbid mental health and substance abuse challenges along with living at or below the federal poverty level.

### **OTHER**

We appreciate the continuing support of Councilmembers in the ongoing effort to highlight public health issues and to secure the resources required to meet the growing demand for behavioral health and intellectual disability services. My staff and I would welcome the opportunity to meet with Councilmembers at your convenience to engage in further discussion regarding these issues. I would also like to extend a personal invitation to you and your staff to participate in Mental Health First Aid Training.

## CONTRACTING EXPERIENCE - FOR-PROFITS

## M/W/DBE Participation on Large Contracts

FY14 Contracts

Vendor	Service Provided	Amount of Contract	RFP Issue Date	Contract Start Date	Ranges in RFP	% of M/W/DBE Participation Achieved	\$ Value of M/W/DBE Participation	Total % and \$ Value Participation - All DSBEs	Living Wage Compliant?
Kids & Family	IDS/EI	\$1,487,407	5/10/2011	7/1/2014	MBE: 0-0% WBE: 0-0% DSBE: 0-0%	0% 0% 0%	\$0 \$0 \$0	0% 0% \$0	Yes Yes Yes
Goldstar Rehabilitation	IDS/EI	\$1,245,558	7/15/2010	7/1/2014	MBE: 20-35% WBE: 20-35% DSBE: 0-0%	0% 0% 0%	\$0 \$0 \$0	0% 0% \$0	Yes Yes Yes
ResCare	IDS/EI	\$1,034,598	5/10/2011	7/1/2014	MBE: 0-0% WBE: 0-0% DSBE: 0-0%	0% 0% 0%	\$0 \$0 \$0	0% 0% \$0	Yes Yes Yes
Sunny Days	IDS/EI	\$978,129	5/10/2011	7/1/2014	MBE: 0-0% WBE: 0-0% DSBE: 0-0%	0% 0% 0%	\$0 \$0 \$0	0% 0% \$0	Yes Yes Yes
Resilient Business Solutions	Database/Systems Administration	\$810,000	10/18/2011	7/1/2014	MBE: 10-15% WBE: 10-15% DSBE: 0-0%	0% 100% \$0	\$0 \$810,000 \$0	100% 100% \$810,000	Yes Yes Yes

## EMPLOYEE DATA

## Staff Demographics

Full-Time Staff

Executive Staff

	Male	Female		Male	Female
Total	66	175	Total	4	4
% of Total	27%	73%	% of Total	50%	50%
	African-American	African-American		African-American	African-American
Total	31	133	Total	3	3
% of Total	13%	55%	% of Total	38%	38%
	White	White		White	White
Total	26	33	Total	1	1
% of Total	11%	14%	% of Total	13%	13%
	Hispanic	Hispanic		Hispanic	Hispanic
Total	6	4	Total	0	0
% of Total	2%	2%	% of Total	0%	0%
	Asian	Asian		Asian	Asian
Total	2	3	Total	0	0
% of Total	1%	1%	% of Total	0%	0%
	Other	Other		Other	Other
Total	1	2	Total	0	0
% of Total	0%	1%	% of Total	0%	0%
	Bi-lingual	Bi-lingual		Bi-lingual	Bi-lingual
Total	0	0	Total	0	0
% of Total	0%	0%	% of Total	0%	0%

## CONTRACTING EXPERIENCE - NON-PROFITS

## M/W/DBE Participation on Large Contracts

## FY14 Contracts

Vendor	Service Provided	Amount of Contract	RFP Issue Date	Contract Start Date	Ranges in RFP	% of M/W/DBE Participation Achieved	\$ Value of M/W/DBE Participation	Total % and \$ Value Participation - All DSBEs	Living Wage Compliant?
Resources for Human Development	Mental Health	\$18,507,208	N/A	7/1/2014	MBE: N/A WBE: N/A DSBE: N/A	N/A	N/A	N/A	Yes
NHS Philadelphia	Mental Health	\$10,659,571	N/A	7/1/2014	MBE: N/A WBE: N/A DSBE: N/A	N/A	N/A	N/A	Yes
Horizon House	Mental Health	\$7,195,786	N/A	7/1/2014	MBE: N/A WBE: N/A DSBE: N/A	N/A	N/A	N/A	Yes
Citizens Acting Together Can Help	Mental Health	\$5,569,534	N/A	7/1/2014	MBE: N/A WBE: N/A DSBE: N/A	N/A	N/A	N/A	Yes
Mental Health Association of Southeastern PA	Mental Health	\$5,538,536	N/A	7/1/2014	MBE: N/A WBE: N/A DSBE: N/A	N/A	N/A	N/A	Yes

## Resources for Human Development

Workforce  
Executive  
Board

Minority or Female %

83.9%  
44.4%  
61.5%

## Citizens Acting Together Can Help

Workforce  
Executive  
Board

Minority or Female %

73.6%  
65.0%  
57.1%

## NHS Philadelphia

Workforce  
Executive  
Board

Minority or Female %

92.3%  
0.0%  
16.7%

## Mental Health Association of Southeastern PA

Workforce  
Executive  
Board

Minority or Female %

71.2%  
46.7%  
75.0%

## Horizon House

Workforce  
Executive  
Board

Minority or Female %

84.3%  
63.6%  
33.3%

## DBHIDS TOTAL

Workforce  
Executive  
Board

Minority or Female %

75.9%  
65.0%  
55.4%



**APPENDIX - DEPARTMENT OF BEHAVIORAL HEALTH & INTELLECTUAL DISABILITY SERVICES**

**CONTRACTING EXPERIENCE - FOR PROFITS**

**M/W/DBE Participation on Large Contracts**

**FY13 Contracts**

Vendor	Service Provided	Amount of Contract	RFP Issue Date	Contract Start Date	Ranges in RFP	% of M/W/DBE Participation Achieved	\$ Value of M/W/DBE Participation	Total % and \$ Value Participation - All DSBEs	Living Wage Compliant?
Kids & Family	IDS/EI	\$1,487,407	5/10/11	7/1/12	MBE: 0% WBE: 0% DSBE: 0%	0%	\$0	0%	Yes
Goldstar Rehabilitation	IDS/EI	\$1,012,396	7/15/10	7/1/12	MBE: 0% WBE: 0% DSBE: 0%	0%	\$0	0%	Yes
ResCare	IDS/EI	\$1,034,598	5/10/11	7/1/12	MBE: 0% WBE: 0% DSBE: 0%	0%	\$0	0%	Yes
Sunny Days	IDS/EI	\$1,134,358	5/10/11	7/1/12	MBE: 0% WBE: 0% DSBE: 0%	0%	\$0	0%	Yes
Resilient Business Solutions	Database/Systems Administration	\$810,000	10/18/11	7/1/12	MBE: 10%-15% WBE: 10% - 15% DSBE: 0%	71%	\$575,100	71%	Yes
						0%	\$0	\$575,100	Yes

**M/W/DBE Participation on Large Contracts**

**FY12 Contracts**

Vendor	Service Provided	Amount of Contract	RFP Issue Date	Contract Start Date	Ranges in RFP	% of M/W/DBE Participation Achieved	\$ Value of M/W/DBE Participation	Total % and \$ Value Participation - All DSBEs	Living Wage Compliant?
Kids & Family	IDS/EI	\$1,181,838	5/10/11	7/1/11	MBE: 0% WBE: 0% DSBE: 0%	0%	\$0	0%	Yes
Goldstar Rehabilitation	IDS/EI	\$458,756	7/15/10	7/1/11	MBE: 20%-35% WBE: 20%-35% DSBE: 0%	0%	\$0	0%	Yes
ResCare	IDS/EI	\$731,049	5/10/11	7/1/11	MBE: 0% WBE: 0% DSBE: 0%	0%	\$0	0%	Yes
Sunny Days	IDS/EI	\$1,200,740	5/10/11	7/1/11	MBE: 0% WBE: 0% DSBE: 0%	0%	\$0	0%	Yes
Resilient Business Solutions	Database/Systems Administration	\$690,000	10/18/11	1/1/12	MBE: 10%-15% WBE: 10% - 15% DSBE: 0%	71%	\$489,900	71%	Yes
						0%	\$0	\$489,900	Yes

**APPENDIX - DEPARTMENT OF BEHAVIORAL HEALTH & INTELLECTUAL DISABILITY SERVICES**

**CONTRACTING EXPERIENCE - NONPROFITS**

**M/W/DBE Participation on Large Contracts**

***FY13 Contracts***

Vendor	Service Provided	Amount of Contract	RFP Issue Date	Contract Start Date	Ranges in RFP	% of M/W/DBE Participation Achieved	\$ Value of M/W/DBE Participation	Total % and \$ Value Participation - All DSBEs	Living Wage Compliant?
Resources for Human Development	Mental Health	\$20,580,998	N/A	7/1/12	MBE: N/A WBE: N/A DSBE: N/A	N/A	N/A	N/A	Yes
NHS Philadelphia	Mental Health	\$12,359,114	N/A	7/1/12	MBE: N/A WBE: N/A DSBE: N/A	N/A	N/A	N/A	Yes
Horizon House	Mental Health	\$8,606,522	N/A	7/1/12	MBE: N/A WBE: N/A DSBE: N/A	N/A	N/A	N/A	Yes
Citizens Acting Together Can Help	Mental Health	\$5,386,929	N/A	7/1/12	MBE: N/A WBE: N/A DSBE: N/A	N/A	N/A	N/A	Yes
Mental Health Association of Southeastern PA	Mental Health	\$5,529,879	N/A	7/1/12	MBE: N/A WBE: N/A DSBE: N/A	N/A	N/A	N/A	Yes

**M/W/DBE Participation on Large Contracts**

***FY12 Contracts***

Vendor	Service Provided	Amount of Contract	RFP Issue Date	Contract Start Date	Ranges in RFP	% of M/W/DBE Participation Achieved	\$ Value of M/W/DBE Participation	Total % and \$ Value Participation - All DSBEs	Living Wage Compliant?
Resources for Human Development	Mental Health	\$20,532,098	N/A	7/1/11	MBE: N/A WBE: N/A DSBE: N/A	N/A	N/A	N/A	Yes
NHS Philadelphia	Mental Health	\$22,650,000	N/A	7/1/11	MBE: N/A WBE: N/A DSBE: N/A	N/A	N/A	N/A	Yes
Horizon House	Mental Health	\$9,983,029	N/A	7/1/11	MBE: N/A WBE: N/A DSBE: N/A	N/A	N/A	N/A	Yes
Citizens Acting Together Can Help	Mental Health	\$6,197,455	N/A	7/1/11	MBE: N/A WBE: N/A DSBE: N/A	N/A	N/A	N/A	Yes
Mental Health Association of Southeastern PA	Mental Health	\$6,332,730	N/A	7/1/11	MBE: N/A WBE: N/A DSBE: N/A	N/A	N/A	N/A	Yes