



CITY OF PHILADELPHIA

Department of Behavioral Health and Intellectual disAbility Services
Promoting Recovery, Resilience & Self Determination

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Commissioner

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May 23, 2018

The Honorable Darrell Clarke
City Council President
City Hall, Room 490
Philadelphia, PA 19107

Dear Council President Clarke,

This letter is in response to questions raised at the April 18, 2018 hearing before the Committee of the Whole on the Fiscal Year 2019 proposed budget for the Department of Behavioral Health and Intellectual disAbility Services. At this hearing, the following questions were asked:

1. **Councilwoman Parker:** Please provide the race and gender of the leadership and staff of your 177 providers (and codify non-profit vs for-profit).
2. **Councilwoman Parker:** Please provide the dollar amount given to the 177 providers, but especially the 81 M/W/DSBE providers (and codify non-profit vs for-profit).

Response to Questions 1 and 2:

I. Community Behavioral Health (CBH) Provider Network

The below reflects the for Profit/ Non- Profit Summary of Community Behavioral Health (CBH's) **176** unique providers. The number reported at the hearing (177) reflected the current number of providers as of April 2018. The 176 providers reflect the calendar year 2017 census, and aligns with the data provided. CBH is required to maintain a provider network concentrated on delivering effective and medically necessary services in the least restrictive, most developmentally appropriate, and culturally competent manner. Providers typically enter the network through a procurement process in response to geographic, programmatic, or other needs identified.

The CBH/provider contractual relationship is governed by the Provider Agreement which delineates the roles, responsibility, and authority of both parties. All providers must follow and remain in compliance with all Medicaid rules, and all in-network providers must also follow any Bulletin CBH puts forth.

CBH Provider Network (CY17)

Exempt - Local Government	1
For Profit	42
Independent Practitioner	13
Nonprofit	118
PA Non-Profit	2
Total	176

II. Community Behavioral Health Providers and Payments

Medical spending and rates of growth from **Calendar Year 2011-2017** were compiled utilizing the following criteria:

- For Profits – M/W/DSBE status, reported to the City of Philadelphia
- Not- For- Profit- M/W/DSBE status was derived from providers’ annual submissions to the City of Philadelphia Health and Human Services (HHS) and includes self-reported racial/ethnic make-up of workforce/board and executive staff.

<u>Dollars by Group</u>	<u>CY2011</u>	<u>CY2017</u>	<u>Rate of Growth</u>
Minority Providers (Men and Women)	\$173,001,291	\$ 239,274,631	38%
Non-Minority Men	\$406,698,817	\$352,650,943	-13%
Non- Minority Women	<u>\$109,174,724</u>	<u>\$140,664,800</u>	<u>29%</u>
TOTAL DOLLARS	\$688,874,832	\$732,590,374	6%

<u># of Unique Providers by Group</u>	<u>CY2011</u>	<u>CY2017</u>	<u>Rate of Growth</u>
Minority Providers (Men and Women)	40	41	3%
Non-Minority Men	196	93	-53%
Non-Minority Women	<u>38</u>	<u>42</u>	<u>11%</u>
TOTAL # of PROVIDERS	274	176	-36%

<u>Total Spend</u>	<u>CY2011</u>	<u>CY2017</u>
CBH IN- NETWORK	\$686,432,529	\$728,644,855

III. DBHIDS’ Commitment to Diversity

DBHIDS, including CBH, maintain a commitment and value for diversity. We will continue to develop innovative strategies that promote and encourage growth for minority providers. As such, M/W/DSBE-led providers have opportunities to grow within our provider network. Three M/W/DSBE-led providers are consistently among the top 15 revenue earners from Health Choices through CBH: Children’s Crisis Treatment Center (CCTC), Warren E. Smith (WES), and Community Council. Each agency also has contracts for other lines of business including DHS, School District of Philadelphia, Charter Schools, Early Intervention, Philadelphia DHS, Office of Homeless Services, and Intellectual disAbility Services. The following three Latino provider agencies experienced percentage increases in revenue from CY15 – CY17: Hispanic Community Counseling Services, Pan American, and APM. In the last three years, 36 new programs from M/W/DSBE-led providers have entered the CBH network in the following levels of care:

- Outpatient Behavioral Health Services in Southwest Philadelphia: WES, Dunbar Community Counseling Services, Juvenile Justice Center, and The Village
- Children’s Acute Partial Hospitalization: CCTC, RHD, and Wordsworth
- Community and School Support Team (CASST): PATH

- North Philadelphia Behavioral Health Outpatient Programs: NET, APM, Hispanic Community Counseling Services, Pan-American
- Community Based Children's Crisis Services: PATH, Bethanna
- Core Substance Use Disorder Services: Temple-Episcopal, Mercy Health System
- Federally Qualified Health Centers: Spectrum, Delaware Valley Community Health, Project HOME, Greater Philadelphia Health Action, Philadelphia FIGHT
- High School Based Pilots: Consortium, Dunbar Community Health, Do What You're Built for/Teen Wellness
- Silver Springs Trauma Outpatient Mental Health Program
- Women Against Abuse

In 2015, CBH added an innovative incentive for providers to support DBHIDS's goal of minority engagement. The Disparities in Engagement measure was included in Pay-for-Performance for Mental Health and Substance Use Outpatient providers. Engagement rates are calculated by provider for each racial/ethnic group and compared to the provider's overall engagement rate. Although many other managed care organizations have implemented Pay-for-Performance models, ***ONLY CBH*** created a measure to incentivize providers to serve diverse racial/ethnic groups. Providers are rewarded for ensuring minorities not only participate in services, but that disparities are eliminated. This intervention was effective - resulting in improvement in disparities in engagement for Adult Mental Health Outpatient providers between 2015 and 2017. The findings from our racial disparity evaluation also informed service expansion decisions. For example, the Latino population was underutilizing substance use services. As a result, Latino substance use services were expanded through a Request for Proposals. Of note, the rates of both Asian and Hispanic populations using more services over time has increased.

Much work continues within our department to increase provider diversity, and we look forward to working collaboratively on innovative strategies to further develop the comprehensive provider network.

If you have any additional questions, please feel free to contact my office.

Thank you,



David T. Jones, Commissioner