

**DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL DISSABILITY
FISCAL YEAR 2022 BUDGET TESTIMONY
MAY 5, 2021**

INTRODUCTION

Good Morning President Clarke and Members of City Council. I am Jill Bowen, Ph.D., Commissioner. Joining me today are Roland Lamb Deputy Commissioner and Dr. Jean Wright, Director of the Behavioral Health and Justice Division. I am pleased to provide testimony on the Department of Behavioral Health and Intellectual disAbility's Fiscal Year 2022 Operating Budget.

DEPARTMENT MISSION & PLANS

Mission: The Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) envisions a Philadelphia where every individual can achieve health, well-being, and self-determination. The mission of DBHIDS is to educate, strengthen, and serve individuals and communities so that all Philadelphians can thrive.

Plans for Fiscal Year 2022:

I. Introduction and Oversight

DBHIDS oversees a network of providers who are responsible for serving children, youth, adults, and families in Philadelphia with behavioral health challenges and/or intellectual disabilities and acts as a safety net for the people of Philadelphia with the greatest needs; making every effort to ensure Philadelphians have access to treatment, supports, and services. A portion of this work occurs through four five of the seven divisions that comprise DBHIDS: 1. Intellectual disAbility Services (IDS), inclusive of the Early Intervention birth-to-three programs; 2. the Division of Behavioral Health (DBH), inclusive of services, as well as treatment for mental health and substance use disorders for the uninsured; 3. the Division of Behavioral Health and Justice Division (BHJD), 4. The Office of the Chief Medical Officer, and 5. Community Behavioral Health (CBH), which is the City-governed non-profit managed care entity that funds behavioral health services for individuals eligible for Medicaid. Collectively, over one-hundred thousand (116,659) Philadelphians received services, supports and/or participated in treatment 2019-20. Over seven hundred-and-twenty thousand (727, 678) about forty six percent (45.9%) of Philadelphians are eligible for Medicaid and the department continues to fight the stigma of mental illness and substance use disorders, that at times prevent people from seeking treatment. DBHIDS also provides services to uninsured and underinsured individuals with substance abuse problems through our Behavioral Health Special Initiative (BHSI) Program.

In 1997, in response to the gross under-utilization of behavioral health services, Philadelphia assumed responsibility for the HealthChoices Behavioral Health program and created Community Behavioral Health (CBH). The Philadelphia HealthChoices program that is administered by CBH has a twenty-four-year track record and has brought significant benefits to Philadelphians without the need to access general fund dollars from the City. In fact, CBH helps generate revenue and creates employment opportunities for the City of Philadelphia. CBH contracts with approximately 166 in-network providers across 500 locations. The number and types of providers and the scope of services have significantly increased over time, expanding the network to include more minority-led agencies, specialty providers that now include an array of services for those on the Autism Spectrum, children's crisis, substance use and medication assisted treatment (MAT), housing first, and community supports services to name a few. Investments have been made in evidence-based practices, funding training for agencies at no cost to improve the quality of Philadelphia's delivery system. The Philadelphia provider system has remained stable and

providers within this network have been strong partners in the success of the Philadelphia Behavioral HealthChoices System.

As a Medicaid managed care organization, members of CBH's provider network are subject to the extensive requirements and qualifications imposed by the state on all Medicaid managed care plans. There are regular state and independent audits conducted for fiscal and service delivery to ensure adherence to federal and state Medicaid rules. In addition, in the monitoring of the DBHIDS and CBH provider network, we utilize dedicated approaches for oversight which include: Quality Improvement, Compliance, the Consumer Satisfaction Team (CST), the Network Improvement and Accountability Collaborative (NIAC), the DBHIDS Clinical Quality Management team, and CBH provider profiles.

II. Overview of Supports/Services

People who experience traumatic events have an increased risk of developing a range of behavioral health concerns. DBHIDS has developed a variety of evidence-based practices and innovative approaches to raise the level of resilience and address the effects of trauma in the City of Philadelphia. DBHIDS offers behavioral health (mental health and substance use) treatment, intellectual disability supports, and early intervention services in one comprehensive integrated system. Our robust continuum of behavioral health services is delivered throughout the community via our network of approximately 200 provider agencies to adults, children, and families who are either uninsured, underinsured, or Medicaid recipients. We also collaborate with partners such as the Philadelphia School District, Department of Prisons, the Child Welfare and Judicial Systems, and other stakeholders to provide services in various settings.

DBHIDS' Crisis System Transformation

One of DBHIDS' priorities is transforming the behavioral health crisis system and continuing to collaborate with PPD to ensure the best possible response for individuals experiencing behavioral health crises in the community. In late September 2020, DBHIDS embedded a behavioral health navigator in the 911 Radio Room to monitor incoming 911 calls, advise radio room staff on how to handle calls with behavioral health components, assist in developing a behavioral health call-taker script, and help to develop a foundation for understanding which calls could be directed to co-responder teams versus a traditional police response. DBHIDS added an additional navigator in December 2020. DBHIDS developed and delivered CIT training to radio room staff. As of April 8, 2021: 92 trained, plus 8 Fire/EMS dispatcher staff for a total of 100 trained.

DBHIDS and PPD are collaborating to launch a pilot co-responder model to respond to 911 calls with a significant behavioral health component, with teams to be dispatched via the 911 Radio Room. Crisis Intervention Response Teams (CIRT) will pair CIT-trained Officers with behavioral health professionals, as well as resource coordinators and certified peer specialists (individuals with lived experience) for proactive follow-up and support. Behavioral health staff have finished classroom training and are scheduled for field training through May 2021.

DBHIDS will expand staffing at the Philadelphia Crisis Line to enable the police radio room to transfer behavioral health related crisis calls to a behavioral health professional. DBHIDS will expand citywide Mobile Crisis Services 24/7 with the addition of mobile response team capacity (to a total of 4 teams) to respond to behavioral health related 911 calls and direct calls to the Philadelphia Crisis Line that do not require police involvement. A Request for Proposals (RFP) is scheduled to be issued in June 2021.

Trauma Informed Care

DBHIDS begins with a population-health perspective with regard to treating those recovering from trauma. We believe interventions that are implemented in the initial hours, days, or weeks after trauma exposure are most impactful. We focus on developing resiliency, maximizing protective factors, and ensuring the use of evidence-based practices to decrease the impact of trauma. One promising practice for intervention and prevention of future violence is warm hand-offs in the hospitals' emergency departments. Healing Hurt People is a trauma-informed hospital-based violence intervention program that was developed by Drexel University and is expanding its reach throughout Philadelphia. DBHIDS provides funding for trauma specific behavioral health, case management and other components of intervention and prevention of future violence through the Healing Hurt People (HHP) program. HHP's hospital-based violence intervention program serves young men and women exposed to violent injuries at Tier-One Trauma Centers across the City. Healing Hurt People provides trauma informed case management services, peer mentoring, and referral linkages coordination to individuals between 10 to 29 years of age.

HHP continues to operate in St. Christopher's Children's Hospital. HHP is collaborating with the following community partners: The Attic; Edison High School, Defenders Association; Einstein, Esperanza; Hebrew Immigrant Aid Society (HIAS); Jefferson Hospital, Moss Rehab, Magee Rehab; Mazzone Center, Mercy Hospital; Probation Dept, Valley Youth House; and West Philadelphia Promise Zone. For those successfully completing the program, there are measurable decreases in PTSD prevalence and depression. In addition, DBHIDS continues to support the efforts of Temple University's Cease Fire/Cure Violence program, a community-based violence intervention program which serves individual survivors of gun violence in the 22nd and parts of the 39th District. Cease Fire promotes early peer engagement, community outreach and engagement to reduce retaliation, and peer conflict mediation to reduce school and community violence.

Children's Trauma Services/Supports

To ensure we are prepared to serve children who have been exposed to potentially traumatic events, we offer state of the art trauma-specific evidence-based treatments. Including:

- Trauma screenings and assessments through the Philadelphia Alliance for Child Trauma Services (PACTS). Our Prolonged Exposure Initiative is an evidence based cognitive behavioral focused intervention. We also utilize Trauma Focused Cognitive Based Therapy (TF-CBT) and we have trained therapist to provide Child and Family Traumatic Stress Intervention to children and their families.
- The goal of School Based Prevention Services is to reduce incidents of abuse of alcohol, tobacco, and other drugs by Philadelphia residents and families through prevention, education, policies, and environmental strategies (reducing risk factors and increasing protective factors. Prevention programs are provided by 12 agencies in many venues, including youth and parent substance abuse education, drug and alcohol-free youth and family events, and after-school activities, among others.
- In Fall 2020, School Based Behavioral Health & Rehabilitative Services (BHRS) and School Therapeutic service (STS) were replaced by Intensive Behavioral Health Services (IBHS) to improve access and quality of care for children. IBHS includes individual therapy, family therapy, individualized services by a Behavioral Health Technician (formerly known as TSS), case management services, and family peer services. Students receiving IBHS will be supported across environments inclusive of home, school, and community. Providers will be trained and expected to deliver Cognitive Behavioral Therapy (CBT) and Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back which is group therapy for children who are

experiencing traumatic stress.

- DBHIDS maintains and established a partnership with the Father's Day Rally Committee (FDRC) to host weekly wellness sessions for young men 13-18yrs old at the JJSC, where they discussed mental health, coping mechanisms and designing a life plan for when they are discharged/released. In fiscal year 2019, they reached 399 young men and so far for fiscal year 2020 they have engaged 106.
- Neighborhood playgrounds and recreation centers are hubs where people come together to improve their health and connection to others. DBHIDS established a deeper partnership with Philadelphia Parks & Recreation (PPR) to provide optimal service and increase participation in Parks & Recreation Summer Camp programming for individuals with disabilities and special needs.
- DBHIDS provides **Respite Services** www.DBHIDS.org/Respite. This service offers families caring for a child with behavioral health needs, an opportunity for a much-needed break. The types of Respite Services offered are:
 - Saturday Respite – 12-5p on Saturdays providing recreation, lunch, and snacks.
 - Respite Mini Grants – Up to \$300 per child used by parent/guardian to select a relative or family friend as a Respite Provider. Families may use up to 3 grants per eligible child.
 - Winter Break and Spring Break Respite – Parent/guardian can choose from several Boys & Girls Club locations during Winter and Spring Breaks.

Community-based Programs and Training

In addition to our treatment approaches, we offer various community-based programs, including the Network of Neighbors Responding to Violence. The Network responds to the traumatic stress associated with community violence, sudden loss, tragic accidents, suicides, burnout, or ongoing circumstances such as living or working in a neighborhood plagued by high rates of gun violence. The Network trains community members to support—and lead—responses to trauma & violence within their own communities and aligns local and citywide supports to protect the safety, dignity, and voice of the impacted community.

The Network utilizes the Attitude, Skills, and Knowledge (ASK) Model, providing support when invited by the community. Rushed, reactive, and uninformed response efforts risk continuing the crisis and deepening the trauma by further taking away choice and control from the impacted community. In other words, when the community's voice does not drive the process, efforts to help can create further harm. The network responds to the IMPACT of the trauma, according to how it was experienced by the community. All supports are focused on strengthening local efforts, reducing stress and isolation, encouraging peer support and connection, and assisting the community to identify and care for members who may require additional levels of support. All Network interventions are free and take place in community-based settings. We are continuously looking for ways to enhance the footprint of Network of Neighbors across the city, this includes seeking out opportunities for additional funding and resources.

DBHIDS is committed to creating a more trauma-informed system of care by promoting trauma-informed practices, policies, and environments:

- Launched in December 2018, Trauma Awareness: Our Story, Our Work, serves as an introductory trauma training aligned with the DBHIDS mission to promote education and thriving. Many participants acknowledged the value in discussing the impact of trauma, the role of empathy and resilience, and the importance of wellness practices to address factors such as, Vicarious Trauma. Many of the individuals we serve, have experienced numerous traumatic experiences which may include, forms of abuse, grief, and loss. It is important we take time to

review elements of trauma awareness as we move towards increasing trauma-informed practices. This training serves as an overview of trauma concepts related to the individuals around us while also encouraging reflection on our own experiences and resilience.

- DBHIDS partners with PPD to facilitate Crisis Intervention Training (CIT), which emphasizes the principles of violence prevention, de-escalation, and community collaboration. The purpose of the training is to promote empathy and understanding while increasing effective communication with community members when they are in some of the most vulnerable phases of their life. The training is based on a widely utilized and innovative model of crisis intervention.
- Mental Health First Aid (MHFA) is an eight-hour course that teaches the skills needed to identify, understand, and respond to signs of behavioral health challenges or crises. DBHIDS offers the training free of charge for individuals who live, work, or study in the City of Philadelphia. Certified aiders can recognize behavioral health signs and administer aid until appropriate treatment and supports are received, or until the crisis is resolved. Certification programs include adults, youth, public safety, veterans, older adult and higher education. Public trainings have been hosted at various community settings and private trainings can also be requested by organizations.
- In addition to free online screenings (www.healthymindsphilly.org/screening), more than 50 DBHIDS providers are trained to provide behavioral health screening events in the community. Providers offer these behavioral health screenings throughout the year across the entire city, especially near pinpoint areas. Screenings can be requested and coordinated within specific neighborhoods or areas.
- DBHIDS has recently launched a new messaging campaign “Boost Your Mood” to encourage Philadelphians to get a behavioral health booster for their minds while they're getting the COVID-19 vaccine to protect their bodies. Campaign materials have been distributed at vaccination sites throughout the city directing people to DBHIDS.org/boost for expert blogs. The Boost Your Mood site (dbhids.org/boost) also contains specific information acknowledging the connection between community violence and trauma. The site provides resources about the signs and symptoms of trauma and how to connect to trauma informed care. DBHIDS has partnered with Philadelphia More Beautiful to develop a strategy to ensure these resources are distributed to all 6,000 block captains across the city of Philadelphia.

Infant Toddler Early Intervention (ITEI) program

During FY 2020, 6,416 referrals were received by Philadelphia Infant Toddler Early Intervention Intake. Of these, 5,481 were first-time referrals. Of the 6,416 referrals, 5,207 were completed and assigned to an Infant Toddler Early Intervention Service Coordination entity. This represents a 24% decrease in children assigned in FY 2019, but this can be explained by the significant decrease in total referrals during the COVID-19 pandemic. Starting in May 2019, we started a new collaboration with DHS to receive monthly referrals of all children in out-of-home placement. During FY 2020, a total of 465 children were referred to ITEI from the Department of Human Services (DHS) and the Community Umbrella Agency (CUAs).

III. Additional Initiatives

Along with DBHIDS’ (PACE) initiatives; Addressing Trauma, Achieving Equity, and Engaging Community (TEC) was created. TEC provides a lens to prioritize and focus on transformation initiatives within the department. TEC is achieved by accomplishing the following:

Addressing Systemic Trauma

- Use a trauma-informed lens within PACE (prevention, intervention, treatment, integration, innovation)

- **Charge:** Reduce traumatic experiences within systems
 - Evaluate systems on the continuum: Identify processes and practices that add trauma
 - Change processes/practices to be trauma-responsive, trauma-informed, and trauma-mitigating
 - Shift systems to be trauma-reducing.

Achieving Equity

- **Charge:** Intentionally address structural and institutional racism
 - Evaluate systems on the continuum: Identify processes and practices that facilitate disparities
 - Review and evolve hiring, contracting, and community engagement processes/practices so that they reduce disparities and enhance equity and empowerment in Black, Indigenous, and People of Color (BIPOC) communities
 - Shift systems to achieve equity

Engaging Communities

- Leverage the wisdom of communities and the experience of providers
- **Charge:** Shift services from institutions into community settings
 - Evaluate systems on the continuum to identify processes and practices that facilitate institutionalization
 - Change processes/practices to enhance, support, and sustain community tenure
 - Shift systems to engage and empower communities

Minority, Women, Disable Owned Business Support (MWDSBE)

DBHIDS is committed to increasing diversity and economic equity and has implemented several intentional practices to do so. We are streamlining our internal processes to improve the efficient management of M/W/DSBE across our system, i.e., departmental integration of a smart tool to ascertain MWDSBE data from providers and eliminate duplicate requests. In 2020 DBHIDS established the monthly M/W/DSBE meeting lead by the Senior Director of Clinical Quality Management of Diversity, Equity, and Inclusion (DEI), to include internal division stakeholders, i.e., City Fiscal, Behavioral Health Division (BHD), Community Behavioral Health (CBH), along with the Office of Economic Opportunity (OEO), representation.

1. DBHIDS continues to work towards achieving our equity goals and ensuring departmental compliance with the Mayor's new OEO executive order by doing the following:
2. DBHIDS has proposed to OEO that it is not optional but a requirement for our contracted providers to submit an annual "Organization Supplier Diversity Plan."
3. To encourage participation and promote economic and racial equity effective July 1, 2021 DBHIDS has eliminated the financial barrier by covering the M/W/DSBE non-refundable application and annual renewal fees for those qualified County contractors and sub-contractors in need of assistance.
4. DBHIDS has developed a M/W/DSBE overview guide for its workforce, contractors, and subcontractors to promote awareness of the benefits of being a part of the City's M/W/DSBE economic inclusion efforts.
5. Working closely with OEO, DBHIDS has deployed assertive outreach efforts to recruit qualified M/W/DSBE contractors and subcontractors by facilitating individual information and recruitment sessions. These sessions provide information about the different types and most appropriate

certification programs for our eligible contracts, i.e., sole proprietors and sole practitioners (of which the latter requires minimal paperwork and has no application/renewal fees).

6. To promote awareness and increase participation, DBHIDS, in partnership with OEO, plans to host virtual forums for our contractors and subcontractors on the requirements and benefits of M/W/DBE certification and OEO registration.
7. DBHIDS' internal stakeholders continue to explore matrices to reflect best our 111-certification ineligible non-profit contracted providers who are M/W/DSBE lead, i.e., board members, executive leadership, subcontractors, etc.

IV. Conclusion

In closing, we appreciate the ongoing support of Council and the opportunity to highlight behavioral health as well as intellectual disabilities services. The past year has been particularly challenging as our city has faced multiple layers of trauma. DBHIDS is committed to working with our city partners, community stakeholders, and provider network to safeguard the health and wellbeing of all Philadelphians. We look forward to working with Council and other stakeholders to advocate for resources to support our most vulnerable people. My staff and I welcome the opportunity to meet with Council members at your convenience to engage in further discussions regarding content I have presented before you today. At this time, I am happy to respond to questions.

BUDGET SUMMARY & OTHER BUDGET DRIVERS

Please refer to attached FY22 Budget Hearing Summary Charts in section 1: Staff Demographics Summary, section 2; Employment Levels, section 3: Financial Summary by Class, section 6: Participation Rate and Goal.

Proposed Budget Overview

Proposed Funding Request:

The proposed Fiscal Year 2022 General Fund budget totals \$23,546,932, an increase of \$8,069,530 over Fiscal Year 2021 estimated obligation levels. This increase is primarily due to the addition of funding to support mobile crisis teams, the Philadelphia crisis line, 911 triage, and the co-responder strategy.

The proposed budget includes:

- \$2,980,922 in Class 100, an increase of \$1,434,412 over FY21. This additional funding will primarily support a total of 23 new positions to staff the Philadelphia crisis line and BH embedded staff in 911 triage.
- \$20,522,810 in Class 200, an increase of \$6,591,918 over FY21. This will support \$180,000 in information technology consultant costs, \$6,399,198 in subrecipient costs, and \$12,720 in telecommunications costs which includes funds for mobile crisis teams, the Philadelphia crisis line, 911 triage, and the co-responder strategy.
- \$43,200 of new funding in Class 300/400 to purchase computers to support mobile crisis teams, the Philadelphia crisis line, 911 triage, and the co-responder strategy.

STAFFING LEVELS




The department is requesting **321** budgeted positions for FY22, an increase **23** positions over FY21 budgeted positions. These additional positions will support the Philadelphia crisis line and 911 triage.

NEW HIRES

Please refer to attached FY22 Budget Hearing Summary Charts in section 8: New Hires Information.

PERFORMANCE, CHALLENGES, AND INITIATIVES

Administration and Finance




Measure	 FY20 ACTUAL	 FY21 TARGET	 FY22 TARGET
Employee satisfaction¹	204	245	250
Employee participation in wellness activities	215	258	275

¹This measures the number of employees who have taken the employee satisfaction survey.

Program FY22 Strategic Goals

- Wellness – Full-implementation of monthly newsletter communicating resources and opportunities to promote staff health and well-being.
- Implement a voluntary Wellness Group (“Wellness Champions”) to serve as ambassador for the Department’s Wellness program.

Behavioral Health

Measure	 FY20 ACTUAL	 FY21 TARGET	 FY22 TARGET
Number of community-based behavioral health screenings events	123	100	125
Number of individuals trained in Mental Health First Aid	4,175	1,200	1,200
Number of EDs/CRCs with a Warm Handoff (WHO) process	3	12 EDs & 4 CRCs	15 EDs & 3 CRCs
Number of Innovative Community events/programming	183	300	300
Sponsored community events attendance	N/A	650	650

Program FY22 Strategic Goals

Community and Online Behavioral Health Screenings:

- Increase the number of Community Behavioral Health Screenings events (in-person or virtual) by 25% to 125.
- Actively engage non-traditional communities in non-traditional locations (office buildings, banks, malls, college student centers, outdoor food markets, nursing homes and gyms).
- Diversify demographics (through planned awareness campaigns) of those who take a screening in the community, online or via virtual events, and reach targeted populations through innovative partnerships such as The Food Trust and DBHIDS collaborations with physical health partners (i.e., Health Partners Plans, Independence Blue Cross (IBX)).
- Increase the number of eligible providers trained to host community screening events from 60 to 80 and increase the number of screenings in zip codes where there is less presence (i.e., Northeast Philadelphia and South Philadelphia).
- Expand online presence of screenings with a goal of 7,000 screenings per month.

Mental Health First Aid:

- Increase the number of people trained virtually and in-person. Target audiences are the workforce, public safety, and college campuses.
- Continue to offer trainings for the School District of Philadelphia staff utilizing a cohort of in-house instructors as well as District instructors.
- Reach out to organizations that were scheduled to conduct trainings in 2020 and reschedule in-person trainings as soon as permitted in 2021, offering virtual training opportunities.

Warm Handoff Process (WHO)

- Reduce the rate of overdose fatalities citywide with the goal of having the WHO process in 15 Emergency Departments (EDs).
- Develop a sustainability plan for WHO programming as a Medicaid billable service.
- Enhance Telephonic/Telehealth and data collection capabilities of the WHO Program.
- Develop specific, measurable, attainable, realistic, and time-bound (SMART) objectives for hospital EDs and CRCs that serve individuals with substance use disorder (SUD) in FY22.
- After a critical analysis of FY21 service delivery data, DBH will work closely with these providers to outline service objectives and benchmarks that meet the needs of each hospital system.




Innovative Events

- Effectively track the number of participants at community engagement events.
- Increase the number of events to address gun violence and social injustice.
- Identify other innovative ways to increase community engagement in underserved targeted groups.

Sponsored Events

- Continue efforts to expand outreach into various communities in Philadelphia utilizing virtual platforms to engage targeted demographics.
- Create new strategies to address rising homicide numbers across the city by utilizing conversation and the arts to make authentic connections and impact.
- Partner with African and Caribbean communities to develop wellness strategies.

HealthChoices/Community Behavioral Health




Measure	 FY20 ACTUAL	 FY21 TARGET	 FY22 TARGET
Unduplicated persons served in all community-based services, including outpatient services	95,263	95,000	95,000
Number of admissions to out-of-state residential treatment facilities	41	50	50
Number of admissions to residential treatment facilities	310	600	600
Percent of follow-up within 30 days of discharge from an inpatient psychiatric facility (adults)	56.9%	50.0%	50.0%
Percent of readmission within 30 days to inpatient psychiatric facility (Substance Abuse & non-Substance Abuse) (adults)	13.6%	15.0%	15.0%
Percent of follow-up within 30 days of discharge from an inpatient psychiatric facility (children)	80.4%	80.0%	80.0%
Percent of readmission within 30 days to inpatient psychiatric facility (Substance Abuse & non-Substance Abuse) (children)	9.1%	10.0%	10.0%
Number of initiatives with Identified Outcome Measures and percent of initiatives with viable Sustainment Plans ¹	18 out of 26 initiatives have outcome measures and 7.5% of the initiatives had viable sustainment plans	26 out of 26 initiatives have outcome measures and 7.5% of the initiatives had viable sustainment plans	26 out of 26 initiatives have outcome measures and 12% of the initiatives had viable sustainment plans
Percent of providers that receive satisfactory credentialing status	70.1%	80%	85%

¹This measure has two parts; outcome measures have been identified for current reinvestment plans. The goal for FY22 is to obtain sustainment plans for two additional reinvestment initiatives.

Program FY22 Strategic Goals

- For FY22, CBH will embark on an evaluation of Value-Based Purchasing (VBP) for children’s crisis continuum to determine the impact on reduction in use of acute inpatient services.
- CBH will work to implement a VBP strategy for Psychiatric Residential Treatment Facilities that supports timely access and admission.
- CBH will work on expanding the number of children’s acute inpatient beds, having identified this as a community need.
- As required by the HealthChoices contract, CBH will implement a Community Based Care Management Strategy that will work on the following goals:
 - Improve performance on priority measures of child health; reduce inpatient hospitalizations and out-of-home placements; and create sustainable Alternative Payment Models
 - Improve the behavioral health outcomes for Medicaid-eligible pregnant, postpartum, and inter-conception women.
 - Enhance behavioral and physical health coordination of services, with a focus on targeted providers/organizations that serve a large volume of complex Medicaid recipients.
- Identify grants and other opportunities to create sustainability for reinvestment plans.
- Continue to create outcome and output measures for all reinvestment plans.
- Continue work with providers within the network to improve their overall credentialing status.

Intellectual disAbility Services

Measure	 FY20 ACTUAL	 FY21 TARGET	 FY22 TARGET
Number of referrals from all system partners, specifically DHS, PDPH, OHS, for children at special risk for social emotional concerns	766	760	833
Number of Early Intervention providers trained in evidence-based intervention for social emotional concerns.	N/A	30	43
Number of infants and toddlers who receive evidence-based interventions for social emotional concerns.	N/A	Set baseline	Set baseline

Program FY22 Strategic Goals

- Aligned with the Strategic Initiative of DBHIDS's Prioritizing to Address the Changing Environment (PACE), IDS will increase the number of referrals in ITEI from the Department of Human Services (DHS).

- In FY22, IDS will also begin training another group of Early Interventionists to be certified in Attachment Biobehavioral Catch-Up (ABC), to increase the availability of this highly effective intervention for families.

OTHER BUDGETARY IMPACTS

Federal and State (Where Applicable)

Each year, CBH receives a rate from the state which accounts for money that is expected to be spent on each member for approved services. The revenue that is received enables CBH to fund a network that provides essential medically necessary interventions such as case management, mobile psychiatric rehabilitation, peer supports, a wide range of treatment options, and much more. However, it should be noted that, while CBH does provide a wide continuum of options, there are strict Federal limitations on what services can and cannot be funded through this funding stream. As it currently stands, the Calendar Year 2020 HealthChoices rates received from the state of Pennsylvania were lower than our actuaries projected for the year. This is due in part to the fact that the cost of criminal justice-related services was not fully funded in the appropriated rate and the funding allocated to serve CBH members for substance-use-related services was not increased as quickly as the demand for services. This hinders our ability to support crucial city priorities.

Seventy-nine (79) percent, or \$1.24 billion of DBHIDS's budget is allocated via HealthChoices, Pennsylvania's Medicaid appropriation system, overseen by CBH, which provides services to the 727,678 Philadelphians on Medicaid. As a result of the Affordable Care Act (ACA) Expansion, 231,000 adults (one of every five adult Philadelphians) gained new Medicaid coverage. If the provisions afforded under the ACA were to be altered, diminished, or eliminated entirely, it would greatly affect the scope of services provided and the number of people who could be served.

CONTRACTING EXPERIENCE

Please refer to attached FY22 Budget Hearing Summary Charts in section 4: Contracts Summary.

EMPLOYEE DATA

Please refer to attached FY22 Budget Hearing Summary Charts in section 7: Staff Demographics.

LANGUAGE ACCESS

1. **Provide the name of your language access coordinator, the date of your last department training, and a link to the posting of your language access plan.**
 - DBHIDS Language Access Coordinator is Sarornng Sorn, Director of Immigrant/Refugee Affairs and Language Access Services
 - With the Pandemic, DBHIDS developed and implemented Language Access E-Learning Course for its staff in October of 2020.
 - Language Access virtual training for providers took place on March 12, 2021, and E-Learning Course is being launched right now, April 2021.
 - [DBHIDS Language Access Plan can be reviewed here.](#)

2. **Breakdown new hires and existing staff by race and language. Breakdown how many front-line personnel are trained to provide language access services.**
 - DBHIDS Diversity, Equity, and Inclusion (DEI) Team has a new hire, Naimul Islam, DEI Community Specialist to conduct more community outreach, engagement and share resources with immigrant/refugee serving organizations.
 - All DBHIDS staff has access to Language Access E-Learning Course and procedures on how to provide language access services. Over 700 employees had completed the Language Access E-Learning Course.
 - For existing staff by race and languages, please see the table below:

DBHIDS Diversity Composition	
DBHIDS 2019 Workforce Source: HR components City, CBH, PMHCC	976
Gender Identity	
Female	68 percent (665)
Male	31 percent (307)
Source: DEI Employee Survey	14
Transgender	0.03 percent (14)
Race and Latinx Origin	
Black	55 percent (539)
White	31 percent (306)

Hispanic or Latino, a, x	5.0 percent (49)
Asian	5.0 percent (52)
Native American/Alaskan Native	0.02 percent (2)
Native Hawaiian and Other Pacific Islander	0.0 percent (0)
Two or More Races	0.07 percent (7)
Ethnic Diversity/Identity	
Source: DEI Employee Survey	
African American	218
African	18
Caribbean	26
East Asian	12
Eastern European	26
European	81
Latino/a/x	25
Middle Eastern	2
Southeast Asian	8
South Asian	10
Language Diversity	
Source: DEI Employee Survey	

3. **How many requests for language access services did your department receive in the past year? How many language access services were delivered by staff? Breakdown language access services provided, by language, including but not limited to the language line, translation of public notices and documents, website language services, and advertisement/publication services.**

- DBHIDS does not provide direct services. Services are provided by providers of DBHIDS and manage care component of DBHIDS, Community Behavioral Health (CBH).
- However, DBHIDS manages language access services for uninsured and underinsured individuals with Limited English Proficiency (LEP) and those who are deaf or hard of (DFHH).
- Below are top languages requested in recent years:

FY19 and FY20 Top 10 Languages	
FY19 Top 10 Languages	FY20 Top 10 Languages
Spanish	Spanish
Mandarin	Mandarin
Russian	Arabic
Vietnamese	Russian
Arabic	Portuguese
Burmese	Cantonese
Cantonese	Haitian Creole
French	Bengali
Swahili	Vietnamese
Nepali	Cambodian

- Number of Services Requests in DBHIDS in 2020.

FY20			
Service	Utilization	Served	Cost
In-Person	311 hours	12	\$40,999
Telephonic	331 calls	331	\$1,927

Deaf-Hearing	32.5 hours	8 -Meetings/Trainings	\$2,160
Document Translation Services	Unknown	4 -Documents	\$349
Total Combined Cost			\$45,435

Please note, prior to COVID, in prior year, DBHIDS translated Resource Guide, Mental Health First Aid and Healthy Mind Philly information sheets into 15 languages. Also, there has been an increased in video remote interpretation, and will reflect in the next report.

4. Explain what your department has done to improve language access services over the past year.

- DBHIDS has established the DEI Team in 2019 with Pamela McClenton, LCSW, as Senior Director of DEI.
- Established Language Access Steering Committee in 2018
- Hired a multilingual and multicultural DEI Specialist, in addition to work with Director of Immigrant/Refugee Affairs and Language Access Services, the DEI Team, in collaboration with DBHIDS internal and external stakeholders.
- DBHIDS has developed language access plan, policy and procedures for its employees and providers to ensure access to care for LEP and DFHH individuals
- DBHIDS had developed and implemented in person, virtual and e-learning language access course.
- Translated resource materials into various languages.

DBHIDS DEI has developed strategies and objectives to promote diversity, equity, and inclusion through the following DEI Objectives as follow:

1. Prevention and Early Intervention

- Increase access to a continuum of care for immigrant/refugee and special populations.
 - Expand service delivery capacity for the limited English proficient (LEP) and special populations such as the neurodivergent and deaf and hard of hearing (DFHH) populations.
 - Promote education/awareness to reduce the associated BH and ID stigma

2. Health Economics

- Provide leadership and coordination of all clinical quality functions associated to DEI
 - Enhance economic and equitable inclusion for Minority/Women/Disabled-owned Business Enterprises (MWDSBE) contracted providers and subcontractors.
 - Fiscally sustain federally entitled language access services (LAS) 1964 Civil Rights Act Title VI

3. Infrastructure and Intelligence

- Develop internal mechanisms to manage, standardize and monitor DEI.
 - Departmental diversity composition gap analysis
 - Annual DEI Employee Survey
 - Build out sexual orientation and gender identity (SOGI) and ethnic diversity data characteristics.

CLIMATE CHANGE

1. How has climate change affected your department's provision of services?

Provision of services has begun to shift to increased flexibility of service in the community with more mobile teams and expanded mobile treatment opportunities, further engagement of community leaders as partners, increased services in schools, increased focus on wellness and prevention in order to support and maintain resilience, training and incentivizing evidence based practices, including skill building for children and families. Our workforce has developed over the past several years into one that is technologically equipped and capable to work from home or any location in which they are needed or in which circumstance impacted by climate change require re-location. Training opportunities are increasingly offered for city staff as well as the provider network through on-line Learning Management Systems.

2. How might worsening climate change increase costs and demands for your department?

COOP plans to include protection of those we serve and those who serve at both provider and city building sites require evacuation planning and protection of sensitive material, as well as maintaining the privacy of information and the ability to retrieve it safely on demand. The enhancement of Telehealth, Telepsych and Telecourt needs to become ubiquitous and intuitive. We need to expand provider network interconnectivity and information sharing in order to seamlessly utilize services in the safest locations in the event of natural or other climate induced challenges. Staff needs expanded cross training to ensure full continuation of services in a variety of challenging situations.

3. How does your department intend to mitigate and adapt to climate change?

In addition to steps noted above in increasing flexibility, mobility, and technological supports; increased focus on trauma is underway. Trauma supports have been expanded to respond to immediate events, but DBHIDS is also engaged in developing processes to support those facing prolonged trauma exposure. Similarly, we are developing an enhanced acute crisis continuum to offer a full array of services, ensure surge capacity, increase accessibility and interconnectivity. This will encourage earlier reach-out as well as ongoing supports to prevent over burden on any one component of this critical system. These efforts maintain the integrity of the system as well as focusing on the strengths of those the system serves.

1. Staff Demographics Summary

Staff Demographics Summary (as of December 2020)				
	Total	Minority	White	Female
Number of Full-Time Staff	251	195	56	174
Number of Exempt Staff	32	19	13	15
Number of Executive Staff (deputy level and above)	5	3	2	2
Average Salary, Full-Time Staff	\$74,982	\$73,754	\$79,259	\$74,855
Average Salary, Exempt Staff	\$75,006	\$70,940	\$80,949	\$76,616
Average Salary, Executive Staff	\$136,791	\$126,616	\$152,053	\$152,053
Median Salary, Full-Time Staff	\$73,386	\$73,186	\$75,230	\$73,111
Median Salary, Exempt Staff	\$69,320	\$59,143	\$81,340	\$66,281
Median Salary, Executive Staff	\$131,021	\$126,328	\$152,053	\$152,053

2. Employment Levels

Employment Levels (as of December 2020)		
	Budgeted	Filled
Number of Full-Time Positions	321	251
Number of Part-Time Positions	1	1
Number of Exempt Positions	40	32
Number of Executive Positions (deputy level and above)	6	5
Average Salary of All Full-Time Positions	\$71,765	\$74,982
Median Salary of All Full-Time Positions	\$72,969	\$73,386

3. Financial Summary by Class

Some departments may also want to provide financial summary tables for other funds, such as the Grants Fund. Departments should delete any budget lines that have \$0 in every year (i.e. if a department has no Class 500 appropriations, actuals, or proposed appropriations, the Class 500 row should be deleted).

General Fund Financial Summary by Class						
	FY20 Original Appropriations	FY20 Actual Obligations	FY21 Original Appropriations	FY21 Estimated Obligations	FY22 Proposed Appropriations	Difference: FY22-FY21
Class 100 - Employee Compensation	\$1,534,468	\$1,550,431	\$1,546,510	\$1,546,510	\$2,980,922	\$1,434,412
Class 200 - Purchase of Services	\$14,360,976	\$14,360,976	\$13,930,892	\$13,930,892	\$20,522,810	\$6,591,918
Class 300/400 - Materials, Supplies & Equipment	\$0	\$0	\$0	\$0	\$43,200	\$43,200
	\$15,895,444	\$15,911,407	\$15,477,402	\$15,477,402	\$23,546,932	\$8,069,530

4. Contracts Summary

This table focuses on large professional services contracts with for-profit vendors. "Large" is defined as meaning that an RFP was required. Departments should focus on contracts that have been conformed to date. Any departments that have large contracts with non-profit providers are encouraged to provide board makeup information in the optional "Non-Profit Vendor Demographics" table below.

M/W/DSBE Participation on Large Professional Services Contracts											
Top Five Largest Contracts, FY21											
Vendor Name	Service Provided	Dollar Amount of Contract	RFP Issue Date	Contract Start Date	Ranges in RFP	% of M/W/DSBE Participation Achieved	\$ Value of M/W/DSBE Participation	Total % Participation - All DSBEs	Total \$ Value Participation - All DSBEs	Local Business (principal place of business located within City limits) [yes / no]	Waiver for Living Wage Compliance? [yes / no]
Goldstar Rehabilitation, Inc.	Early Intervention Services	\$3,630,000	2/12/2020	7/1/2020	MBE: 3%-5%	0%	\$0	0%	\$0	No	Yes
					WBE: 3%-5%	0%	\$0				
					DSBE: 3%-5%	0%	\$0				
Kutest Kids Early Intervention	Early Intervention Services	\$3,300,000	2/12/2020	7/1/2020	MBE: 3%-5%	0%	\$0	0%	\$0	Yes	Yes
					WBE: 3%-5%	0%	\$0				
					DSBE: 3%-5%	0%	\$0				
Kids & Family, Inc.	Early Intervention Services	\$2,220,000	2/12/2020	7/1/2020	MBE: 3%-5%	0%	\$0	0%	\$0	No	Yes
					WBE: 3%-5%	0%	\$0				
					DSBE: 3%-5%	0%	\$0				
Dynamicare, LLC	Early Intervention Services	\$2,150,000	2/12/2020	7/1/2020	MBE: 3%-5%	0%	\$0	0%	\$0	No	Yes
					WBE: 3%-5%	0%	\$0				
					DSBE: 3%-5%	0%	\$0				
JayCare, LLC	Early Intervention Services	\$1,940,000	2/12/2020	7/1/2020	MBE: 3%-5%	0%	\$0	0%	\$0	No	Yes
					WBE: 3%-5%	0%	\$0				
					DSBE: 3%-5%	0%	\$0				

Non-Profit Vendor Demographics		
Resources for Human Development	Minority %	Female %
Workforce	63.53%	74.90%
Executive	33.33%	75.00%
Board	42.86%	42.86%
Merakey (IDD/Phila/Woodhaven/Parkside)	Minority %	Female %
Workforce	83.75%	76.73%
Executive	14.29%	57.14%
Board	59.09%	31.82%
Public Health Management Corporation	Minority %	Female %
Workforce	74.96%	75.95%
Executive	51.72%	79.31%
Board	54.55%	40.91%
Horizon House, Inc.	Minority %	Female %
Workforce	74.54%	66.91%
Executive	44.44%	33.33%
Board	13.33%	13.33%
PMHCC, Inc.	Minority %	Female %
Workforce	65.75%	68.71%
Executive	33.33%	66.67%
Board	37.50%	62.50%

5. Performance Measures Table

Please refer to the FY22 Budget Testimony narrative for Performance Measure data.

6. Participation Rate and Goal

The Contract Participation Goal table is for **all** contracts (Public Works, SS&E, and Professional Services, combined).

Contracts Summary (Professional Services only)						
	FY18	FY19	FY20	FY21	FY22	FY21 YTD (Q1 & Q2)
Total amount of contracts	\$15,665,706	\$16,292,306	\$20,426,065	\$21,627,586	\$22,000,000	\$21,627,586
Total amount to M/W/DSBE	\$1,863,690	\$1,680,244	\$1,375,242	\$1,353,109	\$1,353,109	\$1,353,109
Participation Rate	12%	10%	7%	6%	6%	6%

Total M/W/DSBE Contract Participation Goal (Public Works; Services, Supplies & Equipment; and Professional Services combined)			
	FY20	FY21	FY22
M/W/DSBE Contract Participation Goal	6%	6%	6%

7. Staff Demographics

Biracial employees should be included under "Other."

Staff Demographics (as of December 2020)					
Full-Time Staff			Executive Staff*		
	Male	Female		Male	Female
	African-American	African-American		African-American	African-American
<i>Total</i>	43	128	<i>Total</i>	3	0
<i>% of Total</i>	17%	51%	<i>% of Total</i>	60%	0%
<i>Average Salary</i>	\$76,812	\$74,473	<i>Average Salary</i>	\$126,616	N/A
<i>Median Salary</i>	\$77,647	\$73,111	<i>Median Salary</i>	\$126,328	N/A
	White	White		White	White
<i>Total</i>	25	31	<i>Total</i>	0	2
<i>% of Total</i>	10%	12%	<i>% of Total</i>	0%	40%
<i>Average Salary</i>	\$76,125	\$81,786	<i>Average Salary</i>	N/A	\$152,053
<i>Median Salary</i>	\$73,736	\$77,047	<i>Median Salary</i>	N/A	\$152,053
	Hispanic	Hispanic		Hispanic	Hispanic
<i>Total</i>	5	6	<i>Total</i>	0	0
<i>% of Total</i>	2%	2%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$67,400	\$57,248	<i>Average Salary</i>	N/A	N/A
<i>Median Salary</i>	\$73,586	\$63,629	<i>Median Salary</i>	N/A	N/A
	Asian	Asian		Asian	Asian
<i>Total</i>	4	5	<i>Total</i>	0	0
<i>% of Total</i>	2%	2%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$63,195	\$70,582	<i>Average Salary</i>	N/A	N/A
<i>Median Salary</i>	\$63,137	\$69,340	<i>Median Salary</i>	N/A	N/A
	Other	Other		Other	Other
<i>Total</i>	0	4	<i>Total</i>	0	0
<i>% of Total</i>	0%	2%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	N/A	\$65,095	<i>Average Salary</i>	N/A	N/A
<i>Median Salary</i>	N/A	\$54,769	<i>Median Salary</i>	N/A	N/A
	Bilingual	Bilingual		Bilingual	Bilingual
<i>Total</i>	12	18	<i>Total</i>	0	0
<i>% of Total</i>	5%	7%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$72,270	\$64,382	<i>Average Salary</i>	N/A	N/A
<i>Median Salary</i>	\$70,785	\$63,629	<i>Median Salary</i>	N/A	N/A
	Male	Female		Male	Female
<i>Total</i>	77	174	<i>Total</i>	3	2
<i>% of Total</i>	31%	69%	<i>% of Total</i>	60%	40%
<i>Average Salary</i>	\$75,270	\$74,855	<i>Average Salary</i>	\$126,616	\$152,053
<i>Median Salary</i>	\$76,478	\$73,111	<i>Median Salary</i>	\$126,328	\$152,053

Detail for non-binary employees, if applicable: N/A

*Effective June 2021, one African American female will join the Executive Staff.

8. New Hire Information/Language Access

Date range is 7/1/20 to December 2020 increment run. Detail for any hires since then can be added in the text box below the table.

New Hires (from 7/1/2020 to December 2020)		
	Total Number of New Hires	Haitian Creole
Black or African American	3	1
Asian	0	0
Hispanic or Latino	0	0
White	0	0
Other	1	0
Total	4	1

Detail for new hires since December 2020, if applicable: 4 new hires since December 2020.

All Staff	
	English
Black or African American	7
Asian	0
Hispanic or Latino	0
White	1
Other	0
Total	8

of employees charged in DBHIDS General Fund only.

Frontline Staff	
	English
Black or African American	4
Asian	0
Hispanic or Latino	0
White	0
Other	0
Total	4

of employees charged in DBHIDS General Fund only.