

DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL DISABILITY SERVICES
FISCAL YEAR 2016 BUDGET TESTIMONY
APRIL 29, 2015

EXECUTIVE SUMMARY

DEPARTMENT MISSION AND FUNCTION

Mission: The Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) supports a vision of recovery, resilience, and self-determination. DBHIDS continues to transition to a model of care directed by the person in recovery. Professional treatment is one component, among many, that supports people in managing their own challenges while building their own recovery resources. The recovery process is viewed as a lifetime journey.

Description of Major Services: DBHIDS provides comprehensive behavioral health and intellectual disability services through a network of provider agencies. DBHIDS is comprised of four components: the Office of Addiction Services (OAS), the Office of Mental Health (OMH), Community Behavioral Health (CBH - Philadelphia's Medicaid managed care behavioral health program), and Intellectual disAbility Services (IDS). Prior to 2003, three of the four components, OMH, OAS, and IDS, were units within the Philadelphia Department of Public Health. The fourth component, CBH, is Philadelphia's not-for-profit managed care entity. The City established CBH in 1997 to manage behavioral health care services for Philadelphia's 475,000 Medicaid recipients. The creation of CBH served as the catalyst for the development of Philadelphia's current behavioral health system. DBHIDS also partners with multiple other systems including child welfare, homeless services, criminal justice and the School District of Philadelphia to promote recovery, resilience & self-determination.

PROPOSED BUDGET HIGHLIGHTS/FUNDING REQUEST

Budget Highlights: Ninety-nine percent (99%) of DBHIDS of Behavioral Health and Intellectual disAbility Services (DBHIDS) funding comes from the State and Federal governments, including over \$960 million from the State to provide managed behavioral health care for 120,000 city residents receiving medical assistance benefits annually. The greatest challenges facing DBHIDS involve unknowns concerning State and Federal budgets. General fund support for DBHIDS is used as a match to receive nine times the investment in State and Federal funds and will remain roughly on par in FY16 with the FY15 Current Projection. The FY16 budget appropriates an additional \$112 million to DBHIDS, primarily through the HealthChoices Behavioral Health Revenue Fund, to plan for potential changes in per person allocations received. The overall FY16 Proposed Operating budget for DBHIDS is 10% higher than the FY15 Current Projection.

The FY16 DBHIDS Operating Budget request totals \$1,230,225,490: \$13,875,576 in the General Fund, \$254,797,914 in the Grants Revenue Fund, and \$961,552,000 in the HealthChoices Behavioral Health Revenue Fund. The DBHIDS FY16 Budget will support 259 positions, 16 in the General Fund and 243 in the Grants Revenue Fund. Of the \$1,230,225,490, \$61,048,663, or 5%, is for intellectual disability and early intervention services, and \$1,169,176,827, or 95%, is for behavioral health services.

Fund	Class	FY14 Actual	FY15 Current Projection	FY16 Proposed Budget	FY16-FY15 Change	FY16-FY15 Percent Change
General	100	974,425	991,846	1,000,066	8,220	0.8%
	200	12,693,482	12,975,510	12,875,510	-100,000	-0.8%
	Total	13,667,907	13,967,356	13,875,576	-91,780	-0.7%
	Positions	15	16	16	0	0.0%
Other*	100	22,396,786	22,243,030	23,142,889	899,859	4.0%
	200	1,102,835,254	1,080,027,573	1,191,223,587	111,196,014	10.3%
	300/400	277,722	457,190	407,190	-50,000	-10.9%
	800	1,760,706	1,571,553	1,576,248	4,695	0.3%
	Total	1,127,270,468	1,104,299,346	1,216,349,914	112,050,568	10.1%
	Positions	225	249	243	0	-2.5%
All	100	23,371,211	23,234,876	24,142,955	908,079	3.9%
	200	1,115,528,736	1,093,003,083	1,204,099,097	111,096,014	10.2%
	300/400	277,722	457,190	407,190	-50,000	-10.9%
	800	1,760,706	1,571,553	1,576,248	4,695	0.3%
	Total	1,140,938,375	1,118,266,702	1,230,225,490	111,958,788	10.0%
	Positions	240	265	259	-6	-2.3%

* Other Funds includes: County Liquid Fuels Tax Fund, Special Gasoline Tax Fund, HealthChoices Behavioral Health Fund, Hotel Room Rental Tax Fund, Grants Revenue Fund, Community Development Fund, Car Rental Tax Fund, Housing Trust Fund, Water Fund, Water Residual Fund, Aviation Fund, and Acute Care Hospital Assessment Fund.

Staff Demographics Summary (as of January 23, 2015)

	Total	Minority	White	Female
Full-Time Staff	243	186	57	178
Executive Staff	8	5	3	3
Average Salary - Executive Staff	\$121,605	\$135,067	\$104,490	\$119,552
Median Salary - Executive Staff	\$122,422	\$129,375	\$104,490	\$120,643

Employment Levels (as of January 23, 2015)

	Budgeted	Filled
Full-Time Positions	259	243
Part-Time Positions	2	2
Executive Positions	8	8

Contracts Summary (*as of December 2014)

	FY10	FY11	FY12	FY13	FY14	FY15*
Total amount of contracts	\$7,047,196	\$6,683,218	\$8,935,044	\$11,247,368	\$11,667,684	\$13,317,812
Total amount to M/W/DBE	\$124,000	\$398,933	\$1,521,673	\$1,609,768	\$1,587,173	\$1,395,545
Participation Rate	2%	6%	17%	14%	14%	10%

PERFORMANCE, CHALLENGES AND INITIATIVES

DEPARTMENT PERFORMANCE (OPERATIONS)

The number of unique clients served in out-patient treatment facilities decreased by 3.4% from FY13 to FY14. As of the first half of FY15, 56,174 clients have been served, a decrease of 5.99% from the same period in FY14. These recent reductions in outpatient utilization result from the expansion of other levels of care including three recently established partial hospital treatment programs. Use of out-of-state Residential Treatment Facilities (RTFs) has dropped significantly over time, from 303 individuals in FY08 to 23 individuals in FY13 and FY14. However, there are a relatively small number of people who require highly specialized services that are not available in-state and would be cost prohibitive to establish locally. Further decreases in out-of-state RTF placements are unlikely as a result. The number of new RTF admissions was introduced as a performance metric in FY14. The number of new admissions has dropped significantly since FY08 from 1,689 to 665 in FY14. Performance for this measure showed little variance from FY13 to FY14 (3.3% drop) and is on pace to meet the target of 680 new admissions in FY15. Measures for inpatient psychiatric facility discharge and readmission have a reporting window of 120 days. As a result, data is not yet available for FY15. From FY13 to FY14, the percent of follow-up within 30 days of discharge from an inpatient psychiatric facility (to help connect individuals to outpatient services and reduce recidivism) decreased by 11%, and the percentage remains below the initial FY08 benchmark. DBHIDS still expects to meet its FY15 goal of 63%. The percent of readmissions within 30 days to an inpatient facility declined from 21.4% in FY08 to 17.2% in FY14, and DBHIDS is working toward the goal of decreasing this percentage to 12% for FY15 and FY16.

Performance Measure	FY08	FY13	FY14	FY14- FY13 Change	FY14 Q1-Q2	FY15 Q1-Q2	FY15- FY14 Q1-Q2 Change	FY15 Goal	FY16 Goal
Number of unique clients served in out-patient treatment facilities	46,189	77,760	75,142	-3.4%	59,751	56,174	-5.99%	70,500	70,500
Number of unique clients served in out-of-state Residential Treatment Facilities	303	23	23	0.0%	19	25	28.9%	28	28
Number of new admissions to Residential Treatment Facilities	1,689	688	665	-3.3%	352	279	-20.7%	680	680
Percent of follow-up within 30 days of discharge from an inpatient psychiatric facility	62.4%	67.2%	59.8%	-11.0%	59.1%	N/A	N/A	63.0%	63.0%
Percent of readmission within 30 days to inpatient psychiatric facility (Substance Abuse & non-Substance Abuse)	21.4%	16.2%	17.2%	6.2%	16.7%	N/A	N/A	12.0%	12.0%

Performance Incentives: 2014 marked the fifth year that DBHIDS awarded payment bonuses to service providers based on their performance corresponding to a range of established measures. Performance incentives were available to providers across 15 levels of care. Standards required to earn Pay-for-Performance (PFP) awards were raised this year, resulting in 17% of agencies, or 73 providers, qualifying for incentives in 2014. The prior year, 45% of providers received performance awards. Continued performance improvement was observed for multiple measures including the following: 30-Day follow-up of persons discharged from Adult Inpatient Psychiatric treatment (from 71% in CY12 to 73% in CY13); the percent of appointments occurring within seven days of referral for adult mental health outpatient treatment (from 47% in CY12 to 51% in CY13); and the percentage of individuals having case management contact within two days of inpatient treatment admissions (from 87.9% in FY13 to 89.3% in FY14). A new measure is being piloted in 2015 to assess the participation of outpatient providers in public behavioral health screening events. Another new 2015 pilot measure involves gathering outcome data directly from service recipients and families via surveys. Both of these new measures will enhance efforts to comprehensively assess and improve service quality.

Performance Improvement and Accountability: In 2011, DBHIDS instituted the Network Improvement and Accountability Collaborative (NIAC) to streamline the measurement and analysis of behavioral health contract agency performance. This comprehensive approach is being progressively refined and used to promote efficiency, service quality, accessibility, as well as individualized and holistic care. Emphasis is placed on building program strengths while promoting community support and mobilization. In 2014, the monitoring team visited 66 service sites and evaluated 299 behavioral health programs.

DEPARTMENT CHALLENGES

- Continued Impact of State Cuts: Efforts continue to manage the fallout from the 10% behavioral health funding reduction enacted by the State FY13 combined with the elimination of General Assistance payments. The void left by the loss of these funds and entitlements continues to diminish the quality of life for thousands of local residents. The proposed FY16 state budget includes a provision for the restoration of the prior ten percent (10%) funding cut. This recommendation is encouraging; however, it is unclear if the final version of the commonwealth's budget will restore these funds.
- School District of Philadelphia: DBHIDS has a long history of collaboration with the School District of Philadelphia to provide medically necessary behavioral health treatment to children and families. School-based care includes behavioral health prevention, early intervention, assessment, and clinical treatment. Plans to optimize the deployment of school-based interventions will be assessed and adjusted on an on-going basis until the School District of Philadelphia's budget has been finalized.
- Healthy PA: Ensuring that individuals have access to behavioral health services in the wake of health reform constitutes a foremost DBHIDS priority. Under the prior State Administration, Pennsylvania opted for an alternative Medicaid reform plan, reforming the State's prior Medicaid program. "Healthy PA" significantly altered the Medicaid plan, eliminating most of the current Medical Assistance (MA) categories and creating two new benefit categories (low and high risk) as well as a private coverage option. These changes placed many people into plans that were no longer comprehensive enough to meet their health needs. In February 2015, newly elected Governor Wolf announced the intent to eliminate the Healthy PA plan and create one adult Medicaid expansion benefit package. The new State plan addresses many of the challenges posed by Healthy PA; however, it will take until the fall for all individuals to be transitioned from the Healthy PA program.

ACCOMPLISHMENTS & INITIATIVES

Transformation Decade: Over the past 10 years, DBHIDS has partnered with Mayor Michael Nutter, City Council, service recipients, family members, providers, other City Departments, and additional stakeholders to fundamentally transform the local network of care. Behavioral health and intellectual disability services have traditionally focused on symptom stability and crisis response. Over the past decade, DBHIDS has replaced these priorities with services and expectations promoting genuine recovery from behavioral health and addiction challenges, strengthening the resiliency of children, and offering individuals with intellectual disabilities opportunities to exercise choice and self-determination. Accomplishments achieved during this "Transformation Decade" have garnered local, national and international attention due to the incontrovertible fact that Philadelphia's approach is working.

A major component of this transformation has involved strategic and sustained investments to foster the broad adoption of state-of-the-art approaches to treatment. The pervasive use of evidence-based treatment models has resulted in decreased use of crisis services, diminished in-patient recidivism, increased clinical stability, and enhanced cost efficiency. Simultaneously, DBHIDS has progressively increased the number of people being served and improved outcome performance across many levels of care.

Local innovations have attracted visitors from across the United States and around the world who seek to replicate Philadelphia's success. DBHIDS' achievements have been recognized by major news outlets including the New York Times, National Public Radio, and most recently the Wall Street Journal. Numerous behavioral health journals and professional organizations have cited DBHIDS' progressive, forward thinking approaches, frequently referenced as the "Philadelphia Model." Additional acknowledgments are anticipated this year as DBHIDS sponsors a series of events celebrating accomplishments achieved over the last decade that have immeasurably improved the quality of life for thousands of Philadelphians.

Public Health Approach: DBHIDS' emphasis on advancing a Public Health approach to service delivery has been a cornerstone of the aforementioned transformation. This expanded orientation transcends behavioral health and intellectual disability services to include population health promotion, community wellness, and a focus on social determinants of health. DBHIDS has instituted a number of initiatives consistent with Public Health promotion that are detailed later in this testimony. Several Public Health events and accomplishments of particular note include the following:

- The first annual “I Will Listen Day” was hosted by Philadelphia on June 3rd when hundreds of people, including the Mayor and members of City Council, recorded personal video messages vowing to listen to others without passing judgment. Thousands of additional local citizens signed pledges indicating their commitment to the “I Will Listen” campaign.
- National Depression Screening Day, October 9, 2014, involved over a dozen events across the City including college campuses, the Free Library and City Hall. This event contributed significantly to a 434% increase in the total number of online screenings last year via the DBHIDS’ public health portal, HealthyMindsPhilly.org.
- Philadelphia pioneered the widespread application of Mental Health First Aid. This innovative early intervention and public education program teaches community members how to assist individuals experiencing behavioral health challenges. Per the Thomas Scattergood Foundation, “Philadelphia is using a public health approach to organize and implement Mental Health First Aid (MHFA) in a manner that will create change and impact all levels of society.”
- The 2014 Recovery Walks event in Philadelphia attracted 23,000 participants for this annual procession through historic Old City. To date, this is believed to be the single largest recovery event worldwide.

Recovery Transformation: While behavioral health systems across the nation are now engaging in recovery-oriented care, DBHIDS was the trailblazer in transitioning away from a system primarily focused on mitigating symptoms and responding to acute distress. The “Philadelphia Model” is designed to enable individuals to recover from mental illness or addictions via enhanced access to individualized care, including an emphasis on prevention, early intervention, recovery and treatment. This work was made possible through unprecedented collaboration between City Departments, DBHIDS’ network of service providers, service recipients, and family members, as well as top innovators and thinkers in the field of behavioral health.

Public Health Strategies to Address Behavioral Health Issues: A number of DBHIDS initiatives are consistent with an emphasis on a Public Health approach to service delivery, including the following:

- **Community Wellness Coalitions:** In 2014, DBHIDS established additional Community Wellness Coalitions (CWC). At a minimum, each Coalition consists of a community-based organization, a faith-based organization, a primary health care organization, and a licensed outpatient behavioral healthcare provider. These partners work together to share their resources, relationships and expertise to meet unaddressed behavioral health care needs presented by individuals in their shared communities. DBHIDS recently expanded this project to engage several populations facing unique challenges including Males of Color, refugees/immigrants, and Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual or Ally (LGBTQIA) communities. The Philadelphia Refugee Mental Health Coalition connects immigrant and refugee children to culturally appropriate mental health care where approximately 30-50 individuals receive service per day.
- **Behavioral Health Screenings:** Free behavioral health screenings are a component of Healthy Minds Philly, a DBHIDS public health strategy to extend non-treatment services to Philadelphians while offering treatment linkages as needed. DBHIDS, in partnership with the Scattergood Foundation and Screening for Mental Health, Inc., has created the nation’s first behavioral health screening kiosk located in a retail clinic setting, called QCare, at a ShopRite in North Philadelphia. Behavioral health screenings are quick, free and anonymous; they are not diagnostic; they are available in English and in Spanish both online and via paper forms. To date, 3,630 online behavioral health screenings have taken place; 1,835 have occurred since May 2014. Screenings are available any time online at www.healthymindsphilly.org/screenings.
- **Promoting Recovery through Art (The Porch Light Program):** DBHIDS is collaborating with the City of Philadelphia’s Mural Arts Program (MAP) to create a series of themed mural projects designed to promote community wellness, de-stigmatize mental health and addiction challenges, and create supportive, recovery-focused communities. To date, 27 projects have been completed. In 2014, one large scale mural was completed that conveyed universal themes of resilience, recovery, healing, as well as collective and individual strength. Murals currently in progress include “Community Wellness, “Southeast by Southeast,” “Finding Home”, and “My Brother’s Keeper.”
- **Cross Systems Contributions** Over the course of the past year, DBHIDS contributed funding to support other City Departments engaged in collaborative efforts to address the holistic needs of vulnerable populations. These contributions totaled over \$1 million and included the allocation of funds for services rendered to homeless persons involved with the Office of Supportive Housing (OSH).

Community Engagement Initiatives: The following initiatives are among those designed to involve and engage traditionally underserved populations:

- Faith-based initiatives: The DBHIDS Faith and Spiritual Affairs (FSA) Unit is dedicated to informing faith and spiritual communities regarding behavioral health care while reducing associated stigma. Recent accomplishments include multiple workshops, presentations, articles, as well as radio and television interviews promoting faith-based unity, collaboration and proactive behavioral health care. Attendance at the annual Philadelphia FSA Conference grew from 280 attendees in 2013 to 500 in 2014. Local faith-based efforts also attracted national attention resulting in an invitation for the DBHIDS FSA Director to attend a White House event acknowledging the role of this local initiative in promoting enrollment in the Affordable Care Act.
- Mini grants: DBHIDS issued 10 mini grants of \$5,000 each to address the issue of problem gambling. These two year grants, concluding in FY15, focus on gambling prevention, treatment, and education. Efforts were made to ensure that these resources benefitted a wide range of populations including African immigrants, Asian Americans, Vietnamese and Cambodian seniors, high school students, clergy, parents and children victimized by violence, mental health professionals, and homeless persons. To date, 6,492 individuals have participated in problem gambling prevention and education events provided by grant recipients.
- Re:Mind: Via this initiative, text messages are being employed to improve continuity of behavioral health care by supporting transitions to outpatient treatment following hospital stays. Specifically, this low cost mechanism issues outpatient appointment reminders via text messages to individuals who may be at risk of inpatient recidivism. 261 individuals, including adults and adolescents, have enrolled since this initiative was introduced in October 2014. Fifteen inpatient treatment providers from across the City are participating.

Creating a Stellar System – Expanding Evidence Based Practices: DBHIDS remains committed to the concept that Philadelphia residents who depend upon DBHIDS services should be afforded ample 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 is incorporating evidence-based expectations into our procurement and contracting processes. To enhance the impact of these approaches, DBHIDS has partnered with multiple internationally acclaimed originators of Evidence Based Practices (EBPs). To date, over 500 therapists from 60 programs have received EBP training. The following EBPs, promoting positive health outcomes, are supported by DBHIDS: Parent-Child Interaction Therapy, Child Parent Psychotherapy, Child Family Traumatic Stress Intervention, Trauma Focused Cognitive Behavior Therapy, Cognitive Behavior Therapy, Ecosystemic Structural Family Therapy, Functional Family Therapy, Multisystemic Therapy for Problem Sexual Behavior, Cognitive Behavior Therapy, Prolonged Exposure, Dialectical Behavior Therapy, Partners in Change Outcomes Management System, Assertive Community Treatment, and Beating the Blues Computer-based Cognitive Behavior Therapy. Detail regarding several EBPs is provided below:

- Ecosystemic Structural Family Therapy (ESFT): In partnership with Dr. Marion Linblad-Goldberg and the Philadelphia Child and Family Therapy Training Center, DBHIDS is currently training 24 therapists at 4 agencies to provide ESFT. Intensive training takes place twice each month over a 3 year period from January 2014-December 2016. This treatment approach is designed to assist families with children who are experiencing behavioral health problems and are at risk of out-of-home placement. Via ESFT, families learn 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): The Partners for Change Outcome Management System (PCOMS) is a federally recognized evidence-based, feedback-informed tool designed to improve service outcomes. This technology enhances outcomes for persons with challenging behavioral health needs through continual monitoring of achievements related to individualized recovery goals. PCOMS complements treatment by incorporating robust predictors of therapeutic success into an outcome management system that includes routine input from service recipients. To date, 21 programs across 13 local agencies have implemented this state-of-the art management system.
- Beating the Blues (BtB): Beating the Blues is a web-based, evidence-based, Cognitive Behavioral Therapy (CBT) program for the treatment of mild to moderate depression and anxiety. This resource is designed to benefit people who are awaiting therapy appointments and to foster increased communication and collaboration between clients and clinicians. The effectiveness of this user friendly, treatment modality has

been repeatedly confirmed via worldwide independent research studies. BtB was recently paired with peer support staff and piloted with 150 individuals who are unlikely to participate in traditional treatment options.

Addressing Community Trauma: DBHIDS is engaged in a multiyear, multifaceted, trauma transformation effort. Beginning with behavioral health practitioners and reaching out to partners across the City, DBHIDS is combining evidence-based practices and other innovative approaches to raise levels of resilience and heal the effects of trauma. The comingled impacts of trauma induced stress are often associated with chronic illness, mental health challenges, addiction, patterns of victimization, destructive relationships, as well as 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 are among those designed to address trauma-related symptoms and suppress trauma recurrence.

- **Early Trauma Intervention (Healing Hurt People - HHP):** Healing Hurt People is a trauma intervention program based in medical emergency departments that provides assistance to individuals and families victimized by physical violence. Youth and young adults who present in Emergency Rooms with violence precipitated injuries are screened to assess levels of need for behavioral health and social services. Licensed social workers assist 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 by victims or their families, and facilitate behavioral health service linkages. Currently these services are provided on-site at Hahnemann Hospital and St. Christopher's Hospital for Children. In 2015, HHP will expand to include Temple University Hospital. Further expansion is projected in FY16.
- **Mental Health First Aid:** Philadelphia has emerged as a national leader in the public promotion of behavioral health via the Mental Health First Aid (MHFA) initiative. MHFA is a groundbreaking early intervention, public education program that teaches community members how to identify, understand, and respond to individuals experiencing behavioral health challenges. MHFA training dispels stigma and misinformation about behavioral health challenges that impedes efforts to connect individuals with appropriate care. This training has been made available to the public, faith communities, the Police and Fire Departments, the School District, and many other organizations. This project is on track to have trained 10,000 individuals by the end of 2015.
- **Treating Post Traumatic Stress: Prolonged Exposure Trauma Training,** designed to treat Post Traumatic Stress Disorder (PTSD), has been provided for 33 therapists across 10 addiction treatment agencies that serve parenting and non-parenting women. Anticipated outcomes include increased understanding of trauma impacts and expanded public awareness of symptoms and resources. Further trainings are being targeted to key populations including faith-based organizations, LGBTQIA groups, and a range of other community stakeholders.
- **Preventing Suicide and Self-Harm (Dialectical Behavior Therapy):** 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. Dialectical Behavior Therapy (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. To date, 40 clinicians from six agencies have received intensive DBT training. DBHIDS has partnered with the Treatment Implementation Collaborative (TIC) to ensure that the delivery of DBT treatment is supported and retained in the local system of care. In 2015, TIC will tailor trainings to address areas of need identified by providers, including advanced behavioral assessments and trauma treatment. This initiative has been expanded to include the provision of this state-of-the-art treatment to high need adolescents.
- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT):** TF-CBT is a psychotherapy model with exceptionally strong research evidence confirming its effectiveness as a treatment for children and youth who have experienced trauma. Via TF-CBT, children and families are equipped with the skills needed to manage intrusive and upsetting trauma memories; reduce or eliminate avoidance of trauma triggers, and address depression, anxiety, sexualized behaviors and dysfunctional behaviors. To date, 151 Therapists and Supervisors from 15 Behavioral Health Agencies have received TF-CBT training.
- **Child and Family Traumatic Stress Intervention (CF-TSI):** CF-TSI is a brief, intensive intervention designed to decrease the negative impact of exposure to potentially traumatic events including sexual and physical abuse, domestic violence, and motor vehicle accidents, for children ages 7 to 18. Treatment is designed to be

delivered within the first 45 days of exposure to a potentially traumatic event to prevent onset of Post-Traumatic Stress Disorder (PTSD). Treatment goals include improved screening and identification of children impacted by traumatic stress, reduced traumatic stress symptoms, improved communication between caregiver and child, enhanced skills to master trauma reactions, and assessments of need for longer-term treatment. To date, CF-TSI training has been provided to 18 clinicians from three behavioral health and two hospital-based violence intervention programs (Children Hospital Of Philadelphia's Violence Intervention Program (VIP) and St. Christopher's Hospital).

- Promoting Safety (The Sanctuary Model): The Sanctuary Model is a trauma-informed approach, designed to create organizational change. This model promotes creation of safe therapeutic communities for staff and service recipients. Emphasis is placed on tailoring services to respond to the varied impacts of trauma and establish organizational cultures where individuals and families are able to recover in safe therapeutic environments. To date, personnel from thirty-three agencies have received trauma-focused, evidence-based training.
- Responding to Emergencies (Community Response Teams - CRT): Community Response Teams provide emotional support to communities affected by disasters, emergencies, or other large scale events, including community violence, that require community support and intervention. Teams focus on reducing stress, supporting individuals and impacted communities, providing as needed service referral assistance, and following-up with individuals to track progress. All team members are trained in Psychological First Aid. Over the course of last year, teams responded to incidents of community violence involving shootings, fatal auto accidents; and fire fatalities including the active duty death of Firefighter Craig Lewis. Response Teams have also collaborated in city-wide, cross-systems planning and response efforts to insure that coordinated emergency supports and services are provided as needed.

Addressing Behavioral Health Disparities: DBHIDS seeks to encourage promising efforts designed to eliminate racial and ethnic health disparities and promote health equity and wellness for all people. The Office of the Surgeon General has documented nationwide disparities impacting minority groups including factors such as service access, availability, quality, and outcomes. To address these disparities, DBHIDS has implemented initiatives to enhance service access, engagement, and treatment retention. Recent efforts to reduce health disparities include the following:

- Engaging Men of Color (EMOC): Engaging Males Of Color (EMOC) is a project that seeks to promote an enhanced awareness of the behavioral health challenges experienced by males of color across the Philadelphia region. EMOC is focused on cultivating equity by addressing the impact of health, economic and educational disparities. The goal is to improve overall quality of life for this marginalized population. These efforts incorporate transformative approaches that emphasize recovery, resilience and self-determination. These measures are intended to result in the development of a continuum of engagement approaches. Target populations include African-American, African, Asian, and Latino men and boys who live in Philadelphia. To date, EMOC has served over 100 men and boys. In partnership with the Mural Arts program, EMOC is creating the first mural in the country dedicated to the lived experience of men and boys of color. In January of 2015, EMOC held its first Martin Luther King Day of Service project at the Juvenile Justice Services Center (JJSC), benefitting 30 youth and young men housed in that facility. Monthly workshops will be conducted at JJSC on a range of relevant topics including resilience, overcoming challenges, and making positive decisions.
- Improving Access to Behavioral Health Outpatient Treatment: In January 2014, two new outpatient programs were established in Southwest Philadelphia to expand behavioral health treatment access for adults and children living in historically underserved communities. A third outpatient facility opened in mid 2014 and a fourth program is projected to become operational in 2015. The fourth and final outpatient site is being developed in partnership with West African community stakeholders. These new resources were created to address long standing service access disparities in targeted areas of Southwest Philadelphia. These new, high quality treatment programs have a combined capacity to serve 400 individuals at a total annual cost of approximately \$400,000, reimbursed via Medical Assistance billing. Cost offsets are anticipated resulting from participants' decreased utilization of acute inpatient treatment and crisis services.

Embracing Health Care Reform: DBHIDS continues to partner with local, state and federal organizations to acquire, apply and disseminate Healthcare Reform information relevant to the local behavioral health system. These efforts

include monthly newsletters, bimonthly policy updates, the use of social media, and a regularly updated website. Technical support is being extended to internal staff and external partners regarding varied provisions of the Affordable Care Act. DBHIDS also tracks 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 stakeholder' needs are being addressed.

Intellectual disAbilities Services: DBHIDS serves approximately 7,700 children and adults with intellectual disabilities annually. 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. Specific accomplishments include the following:

- Philadelphia Infant Toddler Early Intervention: This initiative served over 6,300 infants and toddlers in FY14; 200 more children than were served the prior year.
- Employment: In FY14, 500 individuals with intellectual disabilities were employed which marks a 3% increase in comparison to FY13.
- Implementing Behavioral Health/Intellectual Disability Community Treatment: A mobile service was established to provide intensive supports, including case management and psychotherapy, to people with co-occurring mental illness and intellectual disabilities. Special emphasis is placed upon decreasing hospitalizations and crisis visits, promoting recovery outcomes, and allowing individuals to remain in their homes and communities. The team accepted their first referral in 2014 and finished that year with 18 enrolled participants. It is anticipated that by the conclusion of FY15, the caseload will grow to 90 service recipients.

Intellectual disAbility Employment: In FY16, efforts to increase employment for individuals with intellectual disabilities will include the following:

- Working with schools to support transition planning that includes connections to employment and plans to facilitate transitions at earlier ages.
- Use of a peer support model to encourage families to pursue employment and employment supports.
- Collaboration with parents to help identify employment resources in their communities that may benefit their family members.
- Continued involvement in the Commonwealth's 'Futures Planning,' to promote county-based, employment strategies.

Improving Autism Services: DBHIDS continues to explore and provide person and family directed approaches for those impacted by Autism Spectrum Disorders (ASD). Interventions for this condition continue to evolve and emerge. Recent efforts by DBHIDS to provide additional ASD supports include the following:

- Specialized ASD Services: DBHIDS continues to expand the number of specialized autism treatment services provided to youth and families. In FY14, 4,952 unique youth accessed ASD services; this constitutes a 5.56% increase in comparison to FY13. Community-based treatment supports have increased and hospitalizations have decreased. The continuum of specialized ASD resources now includes Extended Assessment Services (EAS), Outpatient Therapy, Medication Management, Behavioral Health Rehabilitation Services, Blended Case Management, Summer Programs, After-School Programs, and Family Based Services. Provider agencies are also developing a range of educational and support groups.
- Establishment of Autism Centers of Excellence (COEs): Autism Centers of Excellence enhanced their treatment service continuum by implementing after school programming in 2014. They also provided opportunities for family training and support, including the establishment of a Parent Advisory Board. Furthermore, COEs have developed relationships with community stakeholders including academic centers, the School District of Philadelphia, parent and advocacy groups, and the Eastern Region Autism Services, Education, Resources and Training (ASERT) Collaborative (a statewide initiative funded by the Bureau of Autism Services, PA Department of Human Services). The provision of advocacy and psychoeducation trainings for families and community stakeholders is ongoing.

Leadership Development: DBHIDS remains committed to encouraging and equipping department personnel to acquire the skills and abilities needed to optimize productivity and advance careers. The Leadership Development

Program serves as a cornerstone of these efforts. This initiative prepares leaders and those aspiring to positions of leadership to grasp organizational challenges, embrace professional development opportunities, and implement DBHIDS' transformational vision. The Leadership Development Program is based on evidence-based research that employs comprehensive instruction, personality assessments (Myers Briggs), shadowing of senior staff and action learning projects that encourage innovation, teambuilding, and skill application. As of June 2015, 449 DBHIDS employees will have graduated from this training, including 214 supervisors/managers and 235 front line staff.

Peer Specialists: The infusion of Peer Specialists into multiple levels of care across the local, behavioral health network has served as a cornerstone for system transformation. Since the inception of the Certified Peer Specialist (CPS) program in 2006, over 700 Peer Specialists have been trained and certified in Philadelphia. In FY16, DBHIDS will continue to increase peer staff opportunities across the provider network with an emphasis upon impacting specialized populations (forensic, youth, veterans, LGBTQIA communities, etc.). Consistent with these efforts, DBHIDS is restructuring the Certified Peer Specialist training to promote better employment outcomes for these individuals and provide enhanced, ongoing support of peer staff. In FY12, DBHIDS introduced the Philadelphia Warmline, staffed by Peer Specialists, as a resource for citizens who are experiencing anxiety, depression, loss, relationship difficulties, or other life challenges. From November 1, 2013 through November 30, 2014, Peer Specialists staffing the Warmline received 812 calls.

Homelessness: DBHIDS has introduced best practices and evidence-based, data-driven strategies to better serve people confronted with behavioral health challenges who are experiencing homelessness. Partnerships with the Office of Supportive Housing, the Philadelphia Housing Authority, and other organizations have greatly expanded housing and supports, including Medical Assistance funded services, for this highly vulnerable population. More than 2,000 homeless individuals and 1,200 homeless families have benefited to date. This work has garnered praise as a national model and prompted visits from across the country.

Permanent Supported Housing (PSH): Permanent Supported Housing combines DBHIDS behavioral health services, including case management, with approximately 700 rental subsidies provided by affordable housing funding sources including the Philadelphia Housing Authority. This project is intended to promote recovery and independence via a blend of flexible supports provided to people with significant behavioral health needs who are living in stable, subsidized housing arrangements. It has been determined that participants used far less inpatient and other acute care services one year post PSH placement, in comparison to one year before entering this program. Acute care savings were estimated to total \$6.6 million across the entire population of PSH residents over a three year period.

Partnership with the School District of Philadelphia: DBHIDS continues its longstanding, strong partnership with the School District of Philadelphia to make schools safer and healthier learning environments. The investment in school-based, behavioral health services is unparalleled across the nation and specifically designed to support at-risk students before they need help. These efforts include School Therapeutic Services where clinicians are deployed to provide mental health supports for students, guided by treatment plans developed in collaboration with teachers, students, parents, and other care givers. In the FY14 academic school year, more than 37,000 students received drug and alcohol prevention services. Addiction prevention services are expected to reach 38,000 students in FY15 and 39,000 students in FY16. The goal for other school-based, behavioral health services is to maintain existing levels of support and endeavor to address emerging needs as they become evident. Efforts are currently underway to apply for a Federal System of Care cooperative agreement to expand the provision of behavioral health services to children, youth and families.

Acquisition and Application of External Resources: DBHIDS continues to explore opportunities to pursue additional funding and resources including government and foundation grants. Recent successes include the following grant awards:

- Comprehensive Assessment for Placement and Services for the First Judicial District Mental Health Court (FJDMHC): This federal grant funded project began in October 2014 and is scheduled to conclude in September 2016. The project seeks to improve the FJDMHC's response to justice-involved persons with severe mental illnesses in order to decrease criminal recidivism and improve behavioral-health functioning and recovery among court participants. DBHIDS plans to evaluate current FJDMHC practices and facilitate the

implementation of a more evidenced-based protocol that includes: (1) screening/assessment of both criminogenic and behavioral health risk/needs; (2) enhanced interventions that target criminogenic risk/needs and behavioral challenges; and (3) linkages to recovery-fostering supports.

- Access to Recovery Program Accomplishments: The Access to Recovery (ATR) Program was an \$11 million, four-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This grant provided uninsured or underinsured adults struggling with alcohol or drug challenges with an array of options and choices to obtain clinical and enhanced recovery support services. Over the course of 4 years, concluding in December 2014, this project served 11,648 people, surpassing the goal of 10,705. The ATR initiative succeeded in reducing levels of homelessness among this population by 63.1% and increasing substance use abstinence by 30%. Additionally, 30.9% of participants achieved their personal goals related to education or employment.

STAFFING

Staff Demographics (as of January 23, 2015)

<i>Full-Time Staff</i>				<i>Executive Staff</i>			
		Male	Female			Male	Female
	African-American		African-American		African-American		African-American
<i>Total</i>	32		136	<i>Total</i>	3		2
<i>% of Total</i>	13.0%		56.0%	<i>% of Total</i>	37.0%		25.0%
	White		White		White		White
<i>Total</i>	25		32	<i>Total</i>	2		1
<i>% of Total</i>	10.0%		13.0%	<i>% of Total</i>	25.0%		12.0%
	Hispanic		Hispanic		Hispanic		Hispanic
<i>Total</i>	5		5	<i>Total</i>	0		0
<i>% of Total</i>	2.0%		2.0%	<i>% of Total</i>	0.0%		0.0%
	Asian		Asian		Asian		Asian
<i>Total</i>	2		3	<i>Total</i>	0		0
<i>% of Total</i>	1.0%		1.0%	<i>% of Total</i>	0.0%		0.0%
	Other		Other		Other		Other
<i>Total</i>	1		2	<i>Total</i>	0		0
<i>% of Total</i>	1.0%		1.0%	<i>% of Total</i>	0.0%		0.0%
	Bi-lingual		Bi-lingual		Bi-lingual		Bi-lingual
<i>Total</i>	5		5	<i>Total</i>	0		0
<i>% of Total</i>	2.0%		2.0%	<i>% of Total</i>	0.0%		0.0%
	Male		Female		Male		Female
<i>Total</i>	65		178	<i>Total</i>	5		3
<i>% of Total</i>	27.0%		73.0%	<i>% of Total</i>	62.0%		38.0%

FY15 New Hires		
	Men	Women
Black	2	10
White	1	1
Hispanic	1	0
Asian	0	0
Other	0	0
Total	4	11

Two of the new hires are bilingual. The languages spoken are Spanish and Russian.

CONTRACTING

Philadelphia 21st Century Minimum Wage and Benefits Standards: DBHIDS contracts with over seventy agencies to provide a range of behavioral health services for children and adults across the City. Originally, fifteen contractors submitted requests for wage and/or benefit waivers pertaining to the new Standards. In dialogue with DBHIDS, twelve of the fifteen contractors subsequently achieved compliance and withdrew their waiver petitions. Ultimately, only three contractors pursued and were granted waivers based on rationales that included collective bargaining or training considerations. DBHIDS will continue to encourage and promote universal compliance with the new standards across our contract service network.

Minority/Women/Disability Provider Participation: Participation by minority and women in both leadership positions and workforce composition among DBHIDS non-profit contract service providers remains high. Specifically, 91.1% of the total workforce and 72.2% of executive staff of non-profit contract agencies are comprised of minority or female employees. It should also be noted that the number of contract providers with formal plans to promote diversity increased from 50% in FY13 to 65.8% in FY14.

**M/W/DBE Participation on Large Contracts
FY15 For Profit 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	Living Wage Compliant ?
Kids & Family	IDS/EI	\$1,325,000	4/18/14	7/1/15	MBE: 0-0%	0%	\$0	0%	Yes
					WBE: 0-0%	0%	\$0		
					DSBE: 0-0%	0%	\$0		
Goldstar Rehabilitation	IDS/EI	\$1,748,000	4/18/14	7/1/15	MBE: 20-35%	0%	\$0	0%	Yes
					WBE: 20-35%	0%	\$0		
					DSBE: 0-0%	0%	\$0		
Sunshine Therapy Club (1)	IDS/EI	\$1,208,000	4/18/14	7/1/15	MBE: 0-0%	0%	\$0	0%	Yes
					WBE: 0-0%	0%	\$0		
					DSBE: 0-0%	0%	\$0		
Sunny Days (1)	IDS/EI	\$736,000	4/18/14	7/1/15	MBE: 0-0%	0%	\$0	0%	Yes
					WBE: 0-0%	0%	\$0		
					DSBE: 0-0%	0%	\$0		
Resilient Business Solutions	Database/System Administration	\$610,000	TBD	7/1/15	MBE: 10-15%	0%	\$0	100%	Yes
					WBE: 10-15%	100%	\$610,000		
					DSBE: 0-0%	0%	\$0		

(1) Woman-owned noncertified provider

**M/W/DBE Participation on Large Contracts
FY15 Non Profit 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	Living Wage Compliant?
Resources for Human Development	Mental Health	\$17,623,028	N/A	7/1/15	MBE:	0%	\$0	0%	Yes
					WBE:	0%	\$0		
					DSBE:	0%	\$0		
NHS Philadelphia	Mental Health	\$11,862,179	N/A	7/1/15	MBE:	0%	\$0	0%	Yes
					WBE:	0%	\$0		
					DSBE:	0%	\$0		
Horizion House	Mental Health	\$6,050,355	N/A	7/1/15	MBE:	0%	\$0	0%	Yes
					WBE:	0%	\$0		
					DSBE:	0%	\$0		
Mental Health Association of Southeastern PA	Mental Health	\$6,404,036	N/A	7/1/15	MBE:	0%	\$0	0%	Yes
					WBE:	0%	\$0		
					DSBE:	0%	\$0		
COMHAR	Mental Health	\$4,736,002	N/A	7/1/15	MBE:	0%	\$0	0%	Yes
					WBE:	0%	\$0		
					DSBE:	0%	\$0		

Resources for Human Development:	Minority or Female	NHS Philadelphia:	Minority or Female
Workforce	84.50%	Workforce	93.20%
Executive	44.40%	Executive	61.00%
Board	60.00%	Board	17.30%
Citizens Acting Together Can Help:		Mental Health Assoc of Southeastern PA:	
Workforce	74.00%	Workforce	73.00%
Executive	65.00%	Executive	46.70%
Board	52.00%	Board	75.50%

OTHER BUDGETARY IMPACTS

FEDERAL AND STATE (WHERE APPLICABLE)

See the aforementioned detail in DBHIDS Challenges section (1st and 3rd paragraphs).

OTHER

Not applicable.