

DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL DISABILITY SERVICES
FISCAL YEAR 2025 BUDGET TESTIMONY
APRIL 15, 2024

INTRODUCTION

Good afternoon, President Johnson and Members of City Council. I am Dr. Jill Bowen, Commissioner of the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS). Joining me today is Dr. Tierra Pritchett, Deputy Commissioner of Administration, Finance, and Quality and Amanda David, Chief Program Officer/Director of the Division of Behavioral Health. I am pleased to provide testimony for the Department of Behavioral Health and Intellectual disAbility Services' Fiscal Year 2025 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, enjoy improved quality of life, and benefit from city services that residents can see, touch, and feel.

Plans for Fiscal Year 2025:

At the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) FY24 was a kick off and continuation of strategy for many of our efforts and is being deepened, expanded and continuing in FY25. DBHIDS has a priority vision that ensures that all of our efforts work collectively to Address Trauma, Achieve Equity, and Engage Community, encapsulated as TEC – Trauma, Equity, and Community. Through this lens, the Department has worked to revamp operations so that system responses are trauma-aware and equitable, and do not in and of themselves add trauma when a person is already in distress. DBHIDS has worked to reduce behavioral health disparities and promote racial equity within BIPOC communities, and we have transformed systems and approaches to actively involve and empower communities, integrating the insights of community and faith-based leaders, providers, advocates, individuals and families with lived experience, academicians, and community-based organizations into program development and operations at all levels. DBHID does this work in partnership with over 100 stakeholders.

To address Trauma, DBHIDS has utilized a multifaceted approach, including creating an External Stakeholder Learning Collaborative and subcommittees that provided multi-year recommendations, which are in various stages of implementation. The subcommittees focused on: traumas related to violence, the impact of trauma on children and families, prolonged trauma that people experience over time, secondary and vicarious trauma, and the intersections of trauma that can result when individuals and families interact with multiple safety net systems. Some of the recommendations and activities that we have already implemented, in a “recommendation to action” approach that moves with urgency to stand up these recommended initiatives, include: distribution of behavioral health resource cards to children, families, and communities throughout the city, reaching over 50,000 households; expanded Trauma-Focused Cognitive Behavioral Therapy, particularly in underserved areas; held focus groups with both perpetrators and survivors of gun violence to understand early risks and then to use that information to enhance upstream services for today’s at-risk youth; launched Trauma to Triumph, an initiative aimed at annually providing resources, support services, and opportunities for 100

youth living in high-crime and high-poverty areas. The community-based organizations have been selected and will be infusing resources and support services into the community in FY25.

To achieve Equity, DBHIDS: Continued our DEI efforts to diversify the provider network, creating an Open Network supporting entry for small and midsize providers; established the Social Determinants of Health Equity Unit to tackle disparities arising from systemic racism; and introduced the Forensic Equity Unit to address health-related needs of incarcerated individuals and those in the justice system. In addition, we hosted BIPOC provider focus groups, to identify and break down barriers to entry into the provider network. DBHIDS convened external stakeholders and BIPOC community leaders to develop sustainable strategies to address the devastating impact of trauma and the substance crisis on Philadelphia's BIPOC communities with the goal of increasing making it easier to navigate the healthcare systems and increase the number of professionals with cultural humility and linguistic competence within the DBHIDS/CBH provider network.

To engage Community, DBHIDS: Strengthened partnerships with community-based organizations combating gun violence and secured stable funding to bolster their infrastructure and address priority issues. Through the Community Wellness Engagement Unit (CWEU), DBHIDS deployed teams of Community Wellness Specialists with lived experience, including Peer Counselors, Recovery Specialists, and Autism Peer Specialists. In FY24, CWEU engaged in nearly 300 community activities aiding over 7,500 individuals; The Network of Neighbors, inclusive of community members trained to support and lead responses to stress, trauma, loss, and violence, responded to 135 requests related to children, gun violence, opioids, and suicide. In FY25, community engagement will intensify the collaboration strategy approach with all our city and community partners.

Through our Engaging Males of Color (EMOC) initiative, DBHIDS collaborated with First Person Arts to produce *Trigger*, a deeply impactful film highlighting the experiences of those affected by gun violence in Philadelphia and their healing arc. Nearly 3,000 individuals have seen this film at screenings through educational institutions and community organizations, with an additional 3,300 viewers via WHYY.

ReCAST (Resilience in Communities After Stress and Trauma), a Substance Abuse and Mental Health Services Admin-funded initiative, specifically focused on addressing the traumatic impact of community violence on youth. It has funded a total of 67 community-based and -driven projects for youth that provide safe spaces for promoting social and emotional well-being, youth leadership, intergenerational communication, and community pride.

Our Faith and Spiritual Affairs (FSA) initiative is designed to empower faith communities to access behavioral health resources when needed. Clergy are available through the Philadelphia warm line for callers seeking faith-based supports. DBHIDS will host its 17th annual FSA Conference this year: "Rising Above: Empowering Youth to Heal from Trauma and Violence."

In addition to TEC, DBHIDS recognizes the vital role of addressing social determinants of health for comprehensive well-being and community success. In 2023, we piloted a program providing food, technology, and transportation to individuals who were receiving behavioral health treatment. The pilot affirmed the positive impact of addressing these needs, promoting food security, enabling access to telehealth and economic opportunities, and enhancing mobility for broader job prospects and social engagement.

Through our Children's Cabinet, DBHIDS created a strategic framework that outlines a set of priorities to implement, focused on the distress that our children are experiencing in this post-pandemic era, in light of the violence and substance crises that affect their everyday lives, and recognizing the negative impact of social media. This resulted in the development of Social Media Palm Cards, with useful approaches and how-to information (one for youth and one for parents) so that they have the information they need to understand and navigate the dangers and find alternatives for social connectedness. The Children's Cabinet will continue to focus on children and schools and further the trauma work related to gun violence.

DBHIDS has transformed the Behavioral Health crisis system. Between January 2022 and February 2024, nearly 153,000 calls were received by the Philadelphia crisis line, averaging 193 calls per day. There were nearly 3,000 warm transfers from 911 to 988. The Philadelphia Community Mobile Crisis Response Teams (CMCRT) provide regionalized citywide coverage through four providers managing 22 teams that operate 24/7. Preliminary results reflect the success of this model, with high ratings of satisfaction by those served by the CMCRT, and the majority of crises resolved in the community. Several other cities and states have been reaching out to learn how they may develop a similar approach.

In addition to the expansion of adult community mobile crisis response teams, in FY25, DBHIDS will expand the number of longer-term crisis intervention and stabilization teams (CIST) to provide up to 6 weeks of therapeutic intervention to individuals at risk of reemergence of crisis. DBHIDS is also supporting the establishment of the first adult Behavioral Health Urgent Care Center (BHUCC) in the city with the first center scheduled to open in early FY25, as part of the continuum of adult crisis services available to Philadelphians.

DBHIDS is also actively engaged in developing an evidence-based model of care for those with both Behavioral Health and Intellectual Disability (BHID) challenges and continuing to work with stakeholders trained in the evidence-based model of care in FY25 and beyond. Additionally, plans for future facilities will be finalized in FY25.

Substance Use Disorder continues to be of grave concern in Philadelphia, as well as many other cities across the country. DBHIDS offers a comprehensive range of treatment and support services, including peer support, outpatient treatment, residential treatment, licensed recovery houses, and hospital-level treatment. This past year the Department has stood up an innovative ASAM Level 4 program tied to acute and post-acute medical care, to shift the system so those who need intensive wound care treatment can also flow easily into substance use recovery. Since March 15, 2023, nearly 200 people were admitted to the program, with a majority completing the program and continuing their recovery. The DBHIDS Mobile Outreach and Recovery Services, the MORS Unit, works to provide linkages to recovery supports and substance use treatment. The MORS Unit has engaged over 2,400 individuals and facilitated 346 linkages to treatment. The Unit is able to facilitate more rapid access into treatment by providing assessment from within the community.

In CY 2023, DBHIDS Homeless Outreach engaged over 8,000 unique individuals and connected nearly 5,000 people to services. Tracking for follow-up from the 2018 and 2019 Encampment Resolution Pilot (ERP), 97% are no longer being seen or actively engaging with homeless outreach teams. Only 9 people from the ERP By Name List (BNL) have been seen on the streets throughout the city.

DBHIDS also works closely with the First Judicial District's specialty court programs, where individuals with behavioral health challenges may be diverted from a traditional trial track. Programs include Veterans Court, AMP Court, Drug Treatment Court, and Mental Health Court.

Our work at DBHIDS is outlined in the TEC Comprehensive Plan that can be reviewed at DBHIDS.org/TEC. In FY25, DBHIDS will continue to scale up all our efforts outlined in our TEC plan that have been effective for FY25 and beyond. All of our partners contribute to these efforts. The support of City Council has been critical in helping to address the deep challenges to behavioral wellness and the trauma that has so widely impacted Philadelphians. We appreciate the ongoing support of Council and the opportunity to highlight the work of DBHIDS. My colleagues and I are happy to respond to questions at this time.

PROPOSED BUDGET OVERVIEW

| General Fund Financial Summary by Class | | | | | | |
|---|------------------------------|-------------------------|------------------------------|----------------------------|------------------------------|-----------------------|
| | FY23 Original Appropriations | FY23 Actual Obligations | FY24 Original Appropriations | FY24 Estimated Obligations | FY25 Proposed Appropriations | Difference: FY25-FY24 |
| Class 100 - Employee Compensation | \$3,590,639 | \$3,114,848 | \$3,661,271 | \$3,661,271 | \$3,661,271 | \$0 |
| Class 200 - Purchase of Services | \$23,723,599 | \$24,823,599 | \$25,259,177 | \$25,259,177 | \$25,233,432 | (\$25,745) |
| Class 300/400 - Materials, Supplies & Equipment | \$0 | \$47,970 | \$104,000 | \$104,000 | \$104,000 | \$0 |
| Total | \$27,314,238 | \$27,986,417 | \$29,024,448 | \$29,024,448 | \$28,998,703 | (\$25,745) |

| Grants Revenue Fund Financial Summary by Class | | | | | | |
|---|------------------------------|-------------------------|------------------------------|----------------------------|------------------------------|-----------------------|
| | FY23 Original Appropriations | FY23 Actual Obligations | FY24 Original Appropriations | FY24 Estimated Obligations | FY25 Proposed Appropriations | Difference: FY25-FY24 |
| Class 100 - Employee Compensation | \$33,335,182 | \$32,737,947 | \$34,843,153 | \$34,289,311 | \$35,886,196 | \$1,596,885 |
| Class 200 - Purchase of Services | \$274,596,336 | \$270,840,218 | \$279,341,230 | \$275,200,204 | \$281,013,276 | \$5,813,072 |
| Class 300/400 - Materials, Supplies & Equipment | \$253,600 | \$253,600 | \$297,500 | \$297,500 | \$330,000 | \$32,500 |
| Class 800 - Payments to Other Funds | \$111,640 | \$107,960 | \$117,317 | \$116,694 | \$120,853 | \$4,159 |
| Total | \$308,296,758 | \$303,939,725 | \$314,599,200 | \$309,903,709 | \$317,350,325 | \$7,446,616 |

| HealthChoices Fund Financial Summary by Class | | | | | | |
|--|------------------------------|-------------------------|------------------------------|----------------------------|------------------------------|-----------------------|
| | FY23 Original Appropriations | FY23 Actual Obligations | FY24 Original Appropriations | FY24 Estimated Obligations | FY25 Proposed Appropriations | Difference: FY25-FY24 |
| Class 100 - Employee Compensation | \$33,335,182 | \$32,737,947 | \$34,843,153 | \$620,168 | \$621,881 | \$1,713 |
| Class 200 - Purchase of Services | \$274,596,336 | \$270,840,218 | \$279,341,230 | \$1,437,624,797 | \$1,432,481,800 | (\$5,142,997) |
| Class 300/400 - Materials, Supplies & Equipment | \$253,600 | \$253,600 | \$297,500 | \$ - | \$ - | \$0 |
| Class 800 - Payments to Other Funds | \$111,640 | \$107,960 | \$117,317 | \$100,000 | \$100,000 | \$0 |
| Total | \$308,296,758 | \$303,939,725 | \$314,599,200 | \$1,438,344,965 | \$1,433,203,681 | (\$5,141,284) |

Proposed Funding Request:

The proposed General Fund budget for Fiscal Year 2025 amounts to \$28,998,703, a reduction of \$25,745 compared to the estimated obligation levels of Fiscal Year 2024. This modest decrease primarily stems from the scheduled reduction of General Fund match contributions for a Behavioral Justice and Mental Health Collaboration grant.

The proposed budget includes:

- The proposed allocation of \$3,661,271 in Class 100 remains consistent with the estimated FY24 Class 100 obligations, and constitutes just under 13%% of the total proposed General Fund budget. This funding will be used for personnel costs.
- The proposed allocation of \$25,233,432 in Class 200, represents a decrease of \$25,745 from the estimated FY24 obligations of \$25,259,177. Class 200 spending represents 87% of the total proposed General Fund budget. This funding aims to sustain the provision of quality, culturally competent, trauma-responsive behavioral health care and advance our racial equity action plan. Increased accessibility to care for BIPOC populations is a direct outcome of the department’s funding, ensuring improved service levels.
- The proposed \$104,000 in Class 300/400 remains consistent with estimated FY24 Class 400 obligations, and represents less than 1% of the total proposed General Fund budget. This allocation is designated for replacing aging technological infrastructure. With many of our devices surpassing their useful lifespan, this investment will facilitate the replacement of electronic devices, supporting operational efficiency and modernization efforts.

The proposed Grants Revenue budget for Fiscal Year 2025 amounts to \$317,350,325, an increase of \$7,446,616 or 2.4% compared to the estimated obligation levels of Fiscal Year 2024.

The proposed HealthChoices budget for Fiscal Year 2025 amounts to \$1,433,203,681, a reduction of \$5,141,284, less than half of a percent of the estimated obligation levels of Fiscal Year 2024.

STAFFING LEVELS

The department is proposing 341 budgeted positions for FY25, representing an increase of 8 positions compared to the budgeted positions in FY24. Approximately 53 positions, constituting 16% of the total, are funded through the General Fund, with the remainder being funded by Grants funds.

| Employment Levels (as of December 2023) | | |
|--|---------------|----------------------------|
| | FY25 Budgeted | Filled as of December 2023 |
| Number of Full-Time Positions | 341 | 263 |
| Number of Part-Time Positions | 1 | 1 |
| Number of Exempt Positions | 35 | 25 |
| Number of Executive Positions (deputy level and above) | 4 | 4 |
| Average Salary of All Full-Time Positions | \$78,723 | \$80,948 |
| Median Salary of All Full-Time Positions | \$78,851 | \$79,476 |

NEW HIRES

| New Hires (from 7/1/2023 to December 2023) | |
|---|---------------------------|
| | Total Number of New Hires |
| Black or African American | 6 |
| Asian | 3 |
| White | 1 |
| Total | 10 |

PROGRAM BASED BUDGETING:

Program Name: BEHAVIORAL HEALTH

Program Number: 01/02

FY25 Proposed General Fund: \$21,444,651

Program Description: The Behavioral Health Division ensures the availability of state-mandated mental health and substance use disorder services to residents of Philadelphia. Services include prevention, intervention, and treatment delivered through a continuum of care. The continuum of care includes outpatient and residential treatment; emergency services, which are facility-based and mobile; case management; supportive housing; and mobile supports. Each of the services is aimed at providing supportive environments for individuals and their families.

FY25 Strategic Goals:

Warm Hand Off:

- In FY25, each warm hand off program will bill Medicaid (MA) for reimbursement.

Crisis Services Expansion:

- Evaluation of the crisis system transformation efforts (Crisis 2.0) through targeted performance evaluation of each service, starting with Community Mobile Crisis Response Teams (CMCRT), as well as overall evaluation of the crisis system.
- Continue 988 communication and messaging campaign across Philadelphia to increase awareness of 988 and available behavioral supports in the city.

Community Outreach and Engagement:

- Conduct the newly revised community engagement process to increase both awareness and the number of staff available to support community events.
- Conduct quarterly community engagement training and in-service sessions as new DBHIDS campaigns are rolled out.
- Target zip codes with little or no events to ensure our resources are reaching every community.

Suicide Prevention:

- Collaborate with the Philadelphia Police Department and the local FBI to support the reporting of aggregate suicide deaths associated with law enforcement to the Law Enforcement Suicide Data database.
- Develop a data warehouse to collect, manage, and analyze the Healthy Minds Philly community and online screenings.
- Increase the diversity of voices and narratives reflected in the Healthy Minds Philly blog sections.

FSA and Suicide Prevention:

- Faith and Spiritual Affairs (FSA) will be hosting bi-annual discussions with faith leaders and faith communities about suicide prevention and resources.
- Special Population sub-committee for the Suicide Prevention Task Force, will send out a quarterly bulletin to the suicide prevention listserv regarding suicide prevention tips/tools, resources and community events supporting suicide prevention.

Crisis Services Expansion:

- DBHIDS continues to support crisis response services to ensure a “no wrong door” approach to behavioral health crisis response in Philadelphia. Implementation of a new Care Traffic Control (CTC) advanced integrated platform technology will provide real-time reporting and performance outcomes to track available mobile crisis teams and their response times and real-time communication. Evaluation will provide insights into improvements in health outcomes.

Community Outreach and Engagement (COE):

- COE will review data collected to identify zip codes where no events have occurred to ensure full community engagement. COE created and implemented the new Community Engagement Policy. The COE will conduct community engagement training for staff interested in supporting community events.

Suicide Prevention:

- DBHIDS will continue to support suicide prevention programming including community events and virtual/in-person screenings. In line with DBHIDS TEC approach, the team will also continue to manage the Suicide Prevention Task Force, Survivors of Suicide Loss Groups, and Adults Fatality Review Panel. DBHIDS will work towards creating an internal Pediatric Suicide Fatality Review Panel and collaborate across the Department to create a data warehouse to enhance the intelligence capabilities for the Healthy Minds Philly program.

Diversity, Equity, and Inclusion (DEI):

- DBHIDS provides DEI employee educational opportunities and is advancing its Racial Equity strategic plan to increase BIPOC understanding of DBHIDS and how to access services. DBHIDS will strive to further diversify our provider network to ensure that all Philadelphia communities have access to humane and linguistically competent continuum of care.

FY25 Performance Measures:

| Measure | FY23 Actual | FY24 Target | FY25 Target |
|---|-------------|-----------------------------|-----------------------------|
| Number of community-based behavioral health screenings events | 163 | 167 | 167 |
| Number of individuals trained in Mental Health First Aid* | 1,724 | 1,500 | 1,700 |
| Number of Emergency Departments with a Warm Handoff (WHO) process | 6,527 | 5% increase over prior year | 5% increase over prior year |
| Number of DBHIDS participated activities in or with community** | 1,343 | 1,000 | 1,000 |
| Number of attendees at DBHIDS organized activities in the community | 15,537 | 15,000 | 15,000 |

*Trainings picked up due to marketing/promotion and offering multiple training formats to the Philadelphia communities.
 **Increased demands on the workforce impact the number of events the Department is able to conduct in FY24 and FY25.

PROGRAM BASED BUDGETING:

Program Name: HEALTHCHOICES

Program Number: 03

FY25 Proposed HealthChoices Fund: \$1,433,203,681

Program Description: The HealthChoices/Community Behavioral Health (CBH) Division provides effective and medically necessary mental health and substance abuse services for Philadelphia Medicaid recipients, while achieving management and operational efficiencies to lower healthcare costs.

FY25 Strategic Goals: In 2024, CBH plans to enhance its member engagement and outreach initiatives by developing and launching a Member Portal and rolling out two-way messaging communication via mPulse to provide members with access to resources as well as appointment reminders. In the coming year, CBH plans to develop community-based residential facilities in Pennsylvania for members with complex needs. CBH plans to improve ABA access concerns for CBH youth by increasing provider utilization of digital therapeutics for psychoeducation and foundational skill-building tools for youth and families receiving first time Autism Spectrum Disorder diagnoses.

FY25 Performance Measures:

| Measure | FY23 Actual | FY24 Target | FY25 Target |
|---|-------------|-------------|-------------|
| Number of admissions to out-of-state residential treatment facilities* | 6 | 50 | 17 |
| Number of admissions to residential treatment facilities** | 45 | 350 | 117 |
| Percent of follow-up within 30 days of discharge from an inpatient psychiatric facility (adults)*** | 49.3% | 46.0% | 48.0% |
| Percent of readmission within 30 days to inpatient psychiatric facility (Substance Abuse & non-Substance Abuse) (adults)**** | 15.8% | 11.8% | 11.8% |
| Percent of follow-up within 30 days of discharge from an inpatient psychiatric facility (children)***** | 72.5% | 46.0% | 46.0% |
| Percent of readmission within 30 days to inpatient psychiatric facility (Substance Abuse & non-Substance Abuse) (children)***** | 11.0% | 11.8% | 11.8% |
| Number of reinvestment initiatives that reported outcomes and outputs***** | N/A | 100.0% | 100.0% |
| Percent of providers that receive satisfactory credentialing status | 95.0% | 90.0% | 100.0% |

*Medicaid (MA) members are unduplicated within the quarter, and the goal is to be below the target. The year-to-date total may contain duplicated clients if they were served in multiple quarters. Community Behavioral Health’s goal is to treat all of the children needing services within the state and not have to look to out-of-state alternatives, so the goal is to keep this number low. The FY24 target is in line with city residential task force expectations.

**Medicaid (MA) members are unduplicated within the quarter, and the goal is to be below the target. The year-to-date total may contain duplicated clients if they were served in multiple quarters. The FY24 target is in line with task force expectations.

***The FY24 target is aligned with Office of Mental Health and Substance Abuse Services and Commonwealth of Pennsylvania benchmarks.

****The goal for this measure is to be below the target. The variability in readmission may be related to staffing shortages in the community. Community Behavioral Health (CBH) is working to prioritize service connection for individuals stepping down from higher levels of care. The CBH Quality Department has incorporated improvement on 30-Day Readmission to Inpatient Psychiatric Facility into the existing Quality Improvement Plan for 7 and 30 Day Follow-up from Acute Psychiatric Inpatient (AIP) Hospital.

*****The target of 46% is based on state regulations.

*****The goal for this measure is to be below the target. The variability in readmission for children may be related to staffing shortages in the community. Community Behavioral Health is working to prioritize service connection for youth stepping down from higher levels of care.

*****Until recently, the reinvestment initiative has been unable to access the database where all outcomes are reported. Project leads have begun to submit past outcomes into the database, until all past outcomes are entered an accurate report on all data is not possible.

PROGRAM BASED BUDGETING:

Program Name: INTELLECTUAL DISABILITY SERVICES

Program Number: 04

FY25 Proposed General Fund: \$7,100,637

Program Description: The Intellectual disAbility Services (IDS) Division ensures the availability of state-mandated intellectual disability and early intervention services to residents of Philadelphia. Services include, but are not limited to, residential, community-based, case-management, vocational, employment, respite, and transportation services to provide supportive environments for clients and their families.

FY25 Strategic Goals: IDS anticipates Systemic Therapeutic Assessment Resource and Treatment (START) to be fully operationalized between FY25-FY28 with two start-up teams and complementary step-down units, to serve 100 Philadelphians in its first year and continue to grow in the number of individuals served over the following years. IDS’ Infant Toddler Early Intervention, funded by the Department’s four-year System of Care grant, will support five Early Interventionists to complete their certification in Attachment Biobehavioral Catch-up (ABC), an evidence-based intervention to address the social, emotional, behavioral, and trauma concerns of very young children.

FY25 Performance Measures:

| Measure | FY23 Actual | FY24 Target | FY25 Target |
|---|-------------|-------------|-------------|
| Number of referrals from all system partners, specifically DHS, PDPH, and OHS, for children at special risk for social emotional concerns | 450 | 600 | 600 |
| Number of Early Intervention providers trained in evidence-based intervention for social emotional concerns* | 33 | 33 | 33 |
| Number of infants and toddlers who receive evidence-based interventions for social emotional concerns** | N/A | 500 | 500 |

*Compared to FY22, FY23 ended with an increase in trained Early Interventionists by 1. There have been fewer Early Interventionists enrolling in training, as well as Early Interventionists seeing families for services that do not require certification. ITEI is expecting a number of Early Interventionists to become certified within the coming months.

**Final data is not available due to an issue with the data reporting application. Data will be provided when available.

PROGRAM BASED BUDGETING:

Program Name: ADMINISTRATION AND FINANCE

Program Number: 05

FY25 Proposed General Fund: \$453,415

Program Description: The Division of Administration, Finance, and Quality has an overarching responsibility to support the efforts of all DBHIDS divisions in alignment with a health economics and quality lens. The Division supports the provision of services in a fiscally responsible manner to ensure the delivery of programs and the ability to improve continually.

FY25 Strategic Goals:

Office of the Chief Digital Officer (OCDO):

- OCDO will build the Behavioral Health and Intellectual Disability 360 Dashboard (BHID 360). This tool will support the development and tracking of by-name-lists for referral to the Philadelphia START (Systemic, Therapeutic, Assessment, Resources and Treatment) program, under the oversight of the IDS Division.
- This dashboard will incorporate the Dynamic Information Warehouse (DIW), along with other source data systems, to establish detailed profiles of service recipients, service histories, and overall key performance indicators related to the population and the services they have received.
- OCDO will implement and support the new Care Traffic Control (CRC) system for the Philadelphia Crisis Line (PCL). CTC will provide new Call Center and Mobile Dispatch capabilities for PCL Crisis Counselors and management.
- CTC data also will now be integrated into the DBHIDS Enterprise Data Warehouse, where person-level data will be mastered and integrated with all other person-level data to provide a more complete “360” view of service delivery to Philadelphians.

The Education and Training Unit:

- Train 1,700 youth, community organizations, and partnering with city departments to train staff to become certified Mental Health First Aiders by end of FY2025.
- Complete second and third Compliance Training in the series.
- Translate community-focused e-Learnings into the top five languages spoken in Philadelphia.

Quality, Monitoring and Compliance Team:

- Develop and implement a comprehensive DBHIDS Compliance Risk Plan and organize and operationalize a newly created DBHIDS Compliance Committee.
- The Network Improvement and Accountability Collaborative (NIAC) team is expanding its review of county funded programs and will start with Recovery Houses. NIAC will update provider orientation to focus on county funded providers.

FY25 Performance Measures:

| Measure | FY23 Actual | FY24 Target | FY25 Target |
|---|--------------------|--------------------|--------------------|
| Employee Wellness survey participation* | 24 | 250 | 250 |
| Employee participation in wellness activities** | 235 | 400 | 400 |

*Wellness Survey participation did not meet expected outcome goal despite distributing via email, newsletters and in-meeting announcements. The lower than expected survey response numbers may be due to the format, which may not be an ideal way to engage staff and gather their feedback. Going forward, other means of requesting staff feedback regarding well-being will be explored.

**The reasons for participation targets not being met may be attributed to staff continuing to adjust to the hybrid work environment in FY23, and that the various wellness activities offered may not always appeal to all staff. Additionally, staff who are interested in certain activities may not always be able to attend due to schedules and workload. Where possible, some sessions are recorded and made available to staff to view at their convenience. The Wellness Newsletter is distributed monthly to all staff and contains a wide range of diverse wellness resources, the impact of which is not necessarily reflected in this participation data.

OTHER BUDGETARY IMPACTS

Federal and State (Where Applicable)

Two percent of our budget comprises General Fund allocations, while the remainder is sourced from Grants and Federal funding. A reduction in State and Federal allocations may potentially impact the scope and quality of services extended to residents of Philadelphia.