

**DEPARTMENT OF BEHAVIORAL HEALTH & INTELLECTUAL DISABILITY SERVICES  
FISCAL YEAR 2027 BUDGET TESTIMONY  
MAY 4, 2026**

**INTRODUCTION**

Good morning, President Johnson and Members of City Council. I am Kenny Solanke, and I serve as Commissioner for the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS). Joining me today is Amanda David, Deputy Commissioner overseeing the Behavioral Health Division. I am pleased to provide testimony on the Department of Behavioral Health & Intellectual disAbility Services' Fiscal Year 2027 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 an improved quality of life, and benefit from City services that residents can see, touch, and feel.

**Plans for Fiscal Year 2027:**

Thank you for the opportunity to present DBHIDS's FY27 priorities. Today's testimony will focus on three key areas:

1. the continued transformation and performance of our crisis response system,
2. progress and remaining challenges in substance use treatment access and outreach, particularly in Kensington, and,
3. how we are strengthening system awareness, accountability, and preparedness in the face of upcoming Medicaid changes.

I will also outline our FY27 priorities and the risks we are actively managing to ensure continued access to care for Philadelphia residents.

Our north star is a Philadelphia where every resident is thriving, connected to care, with access to what they need, resilient in the face of adversity, and treated with equity, regardless of who they are or where they live. The DBHIDS vision of Philadelphia where every individual can achieve health, well-being, and self-determination is realized through our continuum of services from crisis response to residential treatment, from street-level outreach to permanent supportive housing, and from prevention and early intervention to in-home supports and services.

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Over past budget cycles, the community and Council's feedback has been instrumental in driving measurable improvements across our behavioral health system. We have been asked to expand our crisis system; improve access to care and streamline referrals for substance use services; expand outreach and engagement in Kensington and citywide; increase public awareness of our services; increase transparency around HealthChoices spending and strengthen provider accountability. Today, I will report on our progress and outline our FY27 goals and the risks we are managing heading into next year.

### **Crisis System Transformation and Performance**

DBHIDS has built a comprehensive crisis continuum that includes the expansion of the 988 Crisis and Suicide Lifeline, expansion of adult mobile crisis teams, expansion of the adult Crisis Response Centers, and the establishment of the city's first adult Behavioral Health Urgent Care Center. This expansion has led to measurable improvement in our city's crisis response.

The calls to our Philadelphia Crisis Line (PCL) increased by 10% from 2024 to 2025. In 2025, PCL received approximately 79,061 calls, a 10% increase from the 71,983 calls in 2024. Calls to 988 saw a 20% increase in 2025, with 31,692 calls compared to the 25,487 calls in 2024. We know that our continuous 988 awareness campaign is reaching Philadelphians, and more residents know this is the first call for help.

Looking ahead, our Philadelphia Crisis Line will modernize through the integration of text options for 988, offering additional inroads into crisis care. We have also completed a comprehensive quality evaluation of our crisis system in partnership with the University of Pennsylvania, and the report has been submitted to Council. Preliminary outcomes indicate mobile crisis has avoided over \$4 million in acute inpatient psychiatric costs between 2022 and 2024.

With your support we were able to add bridge teams to expand our mobile team capacity, and we have seen an improvement in the median dispatch-to-arrival time as a result. The Community Mobile Crisis Response Teams (CMCRT) median dispatch-to-arrival time hovered around 46 minutes in 2024; in 2025, the median dispatch to response time was 38 minutes, a 17% improvement from the previous year. There was a 3% increase in number of dispatches from 2024 to 2025. The caller's experience of mobile crisis team response from the end of the call to on-site mobile team arrival is also improved because the mobile teams reach out to the caller within 15 minutes of our dispatch to discuss needs, obtain additional information and to provide estimated arrival time.

Faster response is meaningful, but equally as important is the pathway for resolution of each crisis. In 2025, 83% of all calls to 988 were resolved through telephonic intervention, and of the calls that necessitated a mobile dispatch, more than 50% were resolved through voluntary community stabilization.

In September 2024, we opened Philadelphia's first adult Behavioral Health Urgent Care Center and in the first 18 months, the center completed more than 3,000 encounters, providing same-day crisis assessments, medication management, and aftercare planning, with no appointment needed.

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Located in North Philadelphia, steps from Kensington, the center meets people before a difficult moment becomes a crisis, offering care and dignity to all residents.

### **Substance Use Disorder Access, Referrals, and Bed Capacity**

We have conducted competitive procurements and substantially expanded provider participation in administering residential treatment beds. This expansion added more than 400 residential treatment beds, with six newly contracted providers opening 12 sites across the city and three additional providers pending implementation. We currently have access to over 2,400 licensed substance use disorder beds across the full continuum of American Society of Addiction Medicine (ASAM) levels of care.

Currently, overall bed capacity exceeds utilization, with some providers experiencing unutilized bed occupancy. As a result, five service locations have closed since 2024 due to reduced utilization, facility costs, and financial strain. We are actively monitoring system performance and working with providers to ensure long-term sustainability, appropriate capacity alignment with community need, and continued access to high-quality care. We are confident that our system has sufficient capacity to meet the needs of our residents.

Treatment bed access remains available 24 hours per day, seven days a week. We are not aware of any systematic barriers preventing member access, and we continue to work to ensure appropriate placements for members with complex medical needs. In 2025, we also expanded access to Medication Assisted Treatment and launched our first Mobile Methadone Van, bringing treatment directly into the Kensington neighborhood.

We are also procuring a Centralized Bed Registry for real-time visibility and streamlined referral processing. Contract negotiations are in final stages, with the vendor beginning active work in May 2026 and initial implementation targeted for December 2026. This system will replace manual phone-based bed searches with a centralized view of current capacity across the provider network, reducing the time it takes for a resident to get placed and into care.

### **Outreach and engagement in Kensington and the Mayor's Wellness Ecosystem**

Kensington remains a top priority for the city. The Mayor's Wellness Ecosystem offers a coordinated citywide strategy to address homelessness, substance use, and the social determinants of health through integrated, low-barrier services. Riverview Wellness Village and Philly Home at Girard have created structured pathways from street-level engagement to stabilization, treatment, and recovery housing, giving our homeless outreach teams more options to connect individuals to the right level of support than ever before. Through our coordination with the Office of Community Wellness and Recovery, Office of Homeless Services, and other partners within Philadelphia's behavioral health system, in 2025 there were 323 placements into Philly Home at Girard and 474 placements into Riverview Wellness Village, aligning our shared goal of providing meaningful connection to care, and the Mayor's comprehensive public health and safety strategies. DBHIDS supports behavioral health wraparound services across every wellness ecosystem location, including Philly Home at Girard, Riverview Wellness Village, the Neighborhood

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Wellness Court, and the sites supporting Mayor Parker’s 1,000 shelter bed expansion. In partnership with the Office of Homeless Services (OHS) and the Office of Community Wellness and Recovery, DBHIDS also administers the One Philly Wellness vouchers supporting individuals in recovery from opioid use disorder in securing independent housing.

Our Homeless Outreach teams made 44,266 unique engagements across the city in 2025. Of those contacts, 64% took place in Districts 1, 5, and 7. Notably in District 7, where we see the most outreach activities in Kensington, there was a 19% decrease in contacts, yet a 24% increase in contacts resulting in placement.

Our Mobile Outreach and Recovery Services (MORS) Continuity of Care teams also support individuals seeking treatment for substance use disorder and provides recovery support services through assertive outreach and engagement in communities identified as high risk for substance misuse and opioid overdose, such as Kensington. The team operates through two components; the Continuity of Care Support team and the Special Operations Response Team and works alongside a range of City partners to deliver coordinated, person-centered interventions. Those partnerships include the Office of Homeless Services for homelessness and encampment resolution, the Office of Public Safety to provide case management for Neighborhood Wellness Court participants, and the Philadelphia Department of Public Health to support overdose prevention and rapid overdose response. In 2025, they were able to make 4,051 total engagements in Philadelphia.

To increase awareness of behavioral health services in Kensington, DBHIDS developed a targeted behavioral health resources mailer, in English and Spanish, delivered to 1,843 businesses and 22,579 residential addresses in the 19134 ZIP code. Also, in response to Council's expressed concerns about the impact of the opioid epidemic on children, we launched the Kensington Children's Task Force, a cross-agency, cross-system effort aimed at developing actionable plans across multiple domains to support children's well-being in the community. This progress reflects coordinated work across our outreach teams, provider partners, and colleagues throughout City government.

### **Reach Across Philadelphia, Public Awareness and Rebranding**

At last year’s budget hearing, Councilmembers noted that many Philadelphians are not aware of DBHIDS or the full range of services and support available to them. In response, in addition to our ongoing successful 988 campaign, we are expanding our social media presence, increasing advertising on various platforms, strengthening partnerships with city touchpoints like Neighborhood Community Action Centers, and launching a rebranding effort that will make DBHIDS more recognizable citywide. The goal is to ensure that when residents or their family needs support, they know exactly where to turn.

Our reach across Philadelphia is supported by the teams within our Planning Innovation Division. One of those teams is the Community Wellness Engagement Unit (CWEU), created in direct response to City Council’s request for citywide behavioral health outreach. This team aims to increase access to care by providing a visible and trusted neighborhood presence. The team is staffed by individuals with lived experience,

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including Certified Peer Specialists and Certified Recovery Specialists who have navigated behavioral health and recovery themselves and are best positioned to provide support and connection. In 2025, our team organized 3,496 activities across the city, across all Council Districts.

The Network of Neighbors is an additional critical part of DBHIDS' efforts to support communities with the immediate and ongoing impacts of trauma. This trauma response team provides communities impacted by acute, or ongoing experiences of stress, trauma, loss, or violence, with Psychological First Aid, Post-Traumatic Stress Management (PTSM), and trainings on best practices relating to trauma and safety building. The Network of Neighbors program is available to any community requesting support and has supported many city agencies in their trauma response needs including the Office of Emergency Management, 911 Dispatchers, License and Inspections Emergency Response Unit, Streets Department, the Medical Examiner's Office, and the Citizens Police Oversight Commission.

### **How Our Partnerships Across Philadelphia Systems Extends Our Reach**

Behavioral health does not operate in isolation, and some of our most consequential work happens at the intersection of systems. DBHIDS has embedded staff and established active partnerships with the School District of Philadelphia, the Department of Human Services, the criminal justice system, Philadelphia 911 Radio Dispatch Room, and the Office of Homeless Services to ensure that Philadelphia residents in contact with those systems can access behavioral health support, without having to navigate the system on their own.

Our justice partnerships include the Neighborhood Wellness Court, Mental Health Court, and direct coordination with the District Attorney's office and the courts to divert individuals with behavioral health needs from incarceration toward treatment. These partnerships reflect a shared understanding across City government that jails and prisons are not appropriate substitutes for treatment. Through our partnership with the Office of Homeless Services, DBHIDS ensures that individuals experiencing homelessness have a direct pathway to behavioral health assessment and services.

### **HealthChoices Spending and Provider Accountability**

The HealthChoices behavioral health managed care insurance program administered through Community Behavioral Health (CBH) remains the largest source of funding for behavioral health services for Medicaid enrolled individuals in Philadelphia.

In CY 2024, CBH spent \$973,019,938 on medical expenses. These expenditures represent Medicaid reimbursable treatment services delivered by Medicaid enrolled treatment providers to Medicaid beneficiaries. Pennsylvania's Medicaid program is funded 55% by the federal government; 45% by the state. Detailed information on CY25 spending, service utilization, quality measures, and outcomes, is available in the 2025 CBH Annual Report submitted to Council.

We recognize City Council's interest in ensuring strong oversight and accountability across our provider network, and we share that commitment. CBH maintains a comprehensive and rigorous infrastructure governing provider participation at every stage, from initial network entry and

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credentialing to ongoing monitoring and performance review. All providers are subject to thorough credentialing and recredentialing processes, as well as continuous compliance oversight to ensure adherence to contractual, regulatory, and ethical standards. We employ robust safeguards to detect and prevent fraud, waste, and abuse, supported by dedicated auditing, data analytics, and oversight functions. In parallel, we actively monitor and support clinical quality of care through evidence-based standards, performance measurement, and targeted quality improvement initiatives. Together, these efforts ensure that the care delivered to our members is not only accessible, but accountable, high-quality, and aligned with the expectations of the communities we serve. Protecting patients and taxpayer resources depends on our ability to make independent, evidence-based determinations about provider participation in our network, and to take timely, appropriate action when standards are not met.

### **Fiscal Year 2027 Goals**

Our FY27 goals and priorities are grounded in our strategic framework of strengthening connection, preserving access, building resilience, and advancing equity (CARE). In conjunction with the Managing Director's Office, Office of Community Empowerment and Opportunity, and Philadelphia Department of Health, we will work together to sustain and stabilize our behavioral health infrastructure, and respond to the most acute pressures while preparing our system for significant federal Medicaid changes taking effect in January 2027. We know these policy changes will reduce the number of Philadelphians with Medicaid behavioral health coverage, destabilize the providers who deliver care, and erode the state and federal funding that underpins the system. Our primary objective in FY27 is to develop and implement mitigating strategies that protect residents and reduce risk, and this is work we cannot do alone.

This effort will require strong partnership with community-based organizations, providers, advocates, and other trusted partners who are closest to the individuals most at risk. Together, we will work with Pennsylvania's Department of Human Services and City partners to identify members at risk of losing coverage and connect with them directly through coordinated, community-driven outreach. We will protect access by equipping our partners with tools and resources to help Philadelphians navigate and maintain continuous coverage, and build resilience by preparing our behavioral health system, our providers, our workforce, and our shared infrastructure to adapt to these changes. Finally, we will advance equity by ensuring that our collective mitigation efforts are targeted where the impact will be greatest, among Philadelphians with the fewest resources to navigate the system on their own.

Even absent the forthcoming federal Medicaid changes, our behavioral health system is already operating under financial and workforce strain. This is not a Philadelphia problem alone. The Health Resources and Services Administration projects national shortages of nearly 88,000 mental health counselors and 114,000 addiction counselors by 2037, and turnover rates across the field currently run between 25 and 60 percent annually. Our network reflects these national pressures, continuing to face persistent difficulties with recruitment, retention, and offering competitive compensation in a labor market that does not favor direct care work. Reversing these trends requires coordinated action from educators, regulators, and policymakers, not just from systems like ours. These pressures directly impact access to services and the stability of care for Philadelphia residents. In FY27, DBHIDS will continue to work in close partnership with providers and other stakeholders to identify and advance strategies

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that support workforce stability and provider sustainability, recognizing that a strong provider network is essential to maintaining access to high-quality behavioral health care across Philadelphia.

### **Conclusion**

In closing, there are three key points to carry forward.

First, our collective investments are working. We have expanded crisis response, improved access points, and strengthened outreach, resulting in more residents receiving care in community-based settings. Behavioral health is foundational to the Mayor's vision of a safer, cleaner Philadelphia with access to economic opportunity for all, residents who are connected to care are better able to participate in their communities, sustain employment, and contribute to the city's economic life.

Second, our system is under pressure. Provider capacity, workforce challenges, and shifting utilization require continued alignment to ensure sustainability and access. A stable behavioral health system is part of the infrastructure that makes economic opportunity real for all Philadelphians. Philadelphia provider advocacy organizations and DBHIDS have raised with the Pennsylvania Department of Human Services and Office of Mental Health and Substance Abuse Services the need for three state-level commitments to address the behavioral health workforce crisis: statewide funding to invest in competitive wages, training, and provider infrastructure; a statewide recruitment campaign that builds a clear pipeline into behavioral health careers; and the establishment of a long-term workforce commission to develop a sustained, county-specific workforce plan.

Third, federal Medicaid changes represent the most significant risk ahead. With tens of thousands of Philadelphians at risk of losing coverage, our FY27 strategy is focused on mitigation, continuity, and equity. Protecting that access is inseparable from the Mayor's commitment to a safer, more equitable Philadelphia; residents who lose behavioral health coverage do not disappear from the challenges we are all working to address together.

DBHIDS remains committed to building a system that is responsive, coordinated, and accessible, ensuring that every Philadelphian can connect to care when and where they need it.

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**PROPOSED BUDGET OVERVIEW & OTHER BUDGET DRIVERS**

<b>General Fund Financial Summary by Class</b>						
	FY25 Original Appropriations	FY25 Actual Obligations	FY26 Original Appropriations	FY26 Estimated Obligations	FY27 Proposed Appropriations	Difference: FY27 Proposed-FY26 Estimated
Class 100 - Employee Compensation	\$3,661,271	\$3,684,008	\$3,934,703	\$4,093,919	\$4,154,985	\$61,066
Class 200 - Purchase of Services	\$25,233,432	\$25,233,431	\$27,395,405	\$26,570,514	\$28,145,405	\$1,574,891
Class 300/400 - Materials, Supplies & Equipment	\$104,000	\$102,159	\$204,000	\$1,028,891	\$204,000	(\$824,891)
	\$28,998,703	\$29,020,548	\$31,534,108	\$31,693,324	\$32,504,390	\$811,066

<b>All Funds Financial Summary by Class</b>						
	FY25 Original Appropriations	FY25 Actual Obligations	FY26 Original Appropriations	FY26 Estimated Obligations	FY27 Proposed Appropriations	Difference: FY27 Proposed-FY26 Estimated
Class 100 - Employee Compensation	\$40,169,667	\$35,548,867	\$43,601,203	\$42,612,901	\$46,666,600	\$4,053,699
Class 200 - Purchase of Services	\$1,738,728,508	\$1,668,644,951	\$1,822,055,575	\$1,815,473,930	\$1,825,361,458	\$9,887,528
Class 300/400 - Materials, Supplies & Equipment	\$434,000	\$394,822	\$684,000	\$1,503,891	\$968,250	(\$535,641)
Class 500 - Contributions	\$0	\$950	\$0	\$0	\$0	\$0
Class 800 - Payment to Other Funds	\$220,853	\$173,325	\$231,365	\$228,627	\$240,905	\$12,278
	\$1,779,553,028	\$1,704,762,915	\$1,866,572,143	\$1,859,819,349	\$1,873,237,213	\$13,417,864

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<b>Contracts Summary (Professional Services only)</b>						
	FY23	FY24	FY25	FY26	FY26 YTD (Q1 & Q2)	FY27 Projected
Total amount of contracts	\$30,554,003	\$20,734,512	\$20,118,043	\$23,572,899	\$23,572,899	\$24,000,000
Total amount to S/LBE	N/A	N/A	N/A	N/A	N/A	N/A
Total amount to M/W/DSBE	\$1,493,308	\$1,113,538	\$1,291,043	\$1,566,412	\$1,566,412	
S/LBE Participation Rate	N/A	N/A	N/A	N/A	N/A	N/A
M/W/DSBE Participation Rate	5%	5%	6%	7%	7%	

*\*S/LBE data not yet available as the City works to build the S/LBE registry.*

<b>Total S/LBE Contract Participation Goal (Public Works; Services, Supplies &amp; Equipment; and Professional Services combined)</b>			
	FY25	FY26	FY27 Projected
S/LBE Contract Participation Goal	N/A	N/A	N/A

*\*S/LBE data not yet available as the City works to build the S/LBE registry.*

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### **Proposed Funding Request:**

The proposed Fiscal Year 2027 General Fund budget totals \$32,504,390, an increase of \$811,066 over Fiscal Year 2026 estimated obligation levels. This increase is primarily due to additional FY27 funding to support mental health services.

The proposed budget includes:

- \$4,154,985 in Class 100, a \$61,066 increase over FY26 estimated obligations. This funding will support 52 full-time General Fund positions and sustains contractually obligated wage increases for exempt, non-represented, DC47, and DC33 employees.
- \$28,145,405 in Class 200, a \$1,574,891 increase over FY26 estimated obligations due to additional FY27 funding to support mental health services. This funding will support an array of mental health, addiction, and intellectual disability services and ensures the continued provision of high quality, culturally competent, and trauma-responsive behavioral health services. Note that wraparound services administered by DBHIDS as part of the Shelter Bed Expansion are funded under the Office of Homeless Services.
- \$204,000 in Class 300/400, a decrease of \$824,891 from FY26 estimated obligations due to one-time funding in FY26 for equipment and furniture upgrades. This funding will support recurring infrastructure and operational supply and equipment needs and contribute to the phased replacement of outdated technological infrastructure from FY27 through FY31, improving operational efficiency and modernizing departmental systems.

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**STAFFING LEVELS**

The department is requesting 350 budgeted positions for FY27, a decrease of 12 positions from FY26.

The decrease is attributed to ongoing position management and alignment of staffing with operational needs and funding, while maintaining service delivery.

Employment Levels (as of November 2025)			
	FY26 Budgeted	Filled as of November 2025	FY27 Proposed
Number of Full-Time Positions	362	293	350
Number of Exempt Positions	22	28	28
Number of Executive Positions (deputy level and above)		5	
Average Salary of All Full-Time Positions		\$86,312	
Median Salary of All Full-Time Positions		\$84,864	

**NEW HIRES**

New Hires (from 7/1/2025 to November 2025)	
	Total Number of New Hires
Black or African American	6
Asian	1
Hispanic or Latino	3
White	5
Total	15

*\*Between November 2025 and April 2026, the department had nine new hires.*

**VACANCY RATE AND ALLOWANCE**

Vacancy Rate Summary (General Fund)						
	FY25 Actual Vacancy Rate	FY26 Budgeted Vacancy Allowance	FY26 Vacancy Rate	FY26 Budgeted Vacancy Allowance Rate	FY27 Budgeted Vacancy Allowance	FY27 Budgeted Vacancy Allowance Rate
Departmental Total	13.2%	(\$490,175)	11.1%	12.0%	(\$557,663)	13.1%

## **OTHER BUDGETARY IMPACTS**

### **Federal and State (Where Applicable)**

Changes at the federal level, continue to shape the Department’s fiscal environment entering FY27, and the City continues to monitor the federal environment. Federal funding streams to DBHIDS support prevention, recovery supports, and care coordination.

Beginning January 1, 2027, new work requirements, reduced eligibility for legally present immigrants, and more frequent recertification mandates could result in tens of thousands of Philadelphians losing Medicaid coverage, disproportionately impacting those with the fewest alternatives. In anticipation of these changes, the Managing Director's Office has engaged a consultant with deep Medicaid experience to work across City departments and external partners on enrollment and reenrollment, community engagement, financial assessment, and technology solutions. DBHIDS is an active partner in that effort and is working in parallel to prepare our provider network and workforce for the coverage and revenue impacts ahead.

DBHIDS continues to monitor utilization and system trends across core programs, including Behavioral Health Special Initiatives (BHSI), which supports uninsured and underinsured individuals in need of substance use disorder treatment.

In parallel, the Department is closely tracking Community Behavioral Health (CBH) projections, which indicate emerging structural pressures in the behavioral health system. At the state level, Pennsylvania’s proposed FY2026–27 budget includes continued investments in behavioral health infrastructure, including funding for 988 crisis response systems, crisis stabilization centers, and community-based transitions through CHIP. Additional investments in school-based mental health, rural behavioral health access, and workforce development further reinforce statewide priorities that align with DBHIDS system needs. The Department will continue to assess how these targeted investments intersect with local service demand and existing program structures.

The Commonwealth’s broader fiscal approach, including proposed new revenue sources and continued reliance on federal participation, presents both opportunities and variables that may influence behavioral health funding over time. DBHIDS will continue to monitor these developments, including implementation pathways and eligibility considerations, to ensure alignment with City priorities.

The City’s federal priorities emphasize behavioral health access, crisis system capacity, and continuity of care.

Overall, DBHIDS will continue to track federal and state funding developments, as well as internal system utilization and cost trends, to inform planning, ensure alignment with evolving policy priorities, and position the Department to most effectively leverage available resources in support of its mission.

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**CONTRACTING EXPERIENCE**

M/W/DSBE Participation on Large Professional Services Contracts											
Top Five Largest Contracts, FY26											
Vendor Name	Service Provided	Dollar Amount of Contract	RFP Issue Date	Contract Start Date	Ranges in RFP	% of M/W/DSBE and SBE Participation Achieved	\$ Value of M/W/DSBE and SBE Participation	Total % Participation - All DSBEs	Total \$ Value Participation - All DSBEs	Local Business	Waiver for Living Wage Compliance?
JayCare LLC	Early Intervention Services	\$4,386,549	5/12/2025	7/1/2025	MBE: BGFE	0%	\$0	0%	\$0	No	No
					WBE: BGFE	0%	\$0				
					DSBE: BGFE	0%	\$0				
					S/LBE: BGFE	0%	\$0				
Goldstar Rehabilitation Inc.	Early Intervention Services	\$3,654,436	5/12/2025	7/1/2025	MBE: BGFE	0%	\$0	0%	\$0	No	No
					WBE: BGFE	0%	\$0				
					DSBE: BGFE	0%	\$0				
					S/LBE: BGFE	0%	\$0				
Dynamicare, LLC	Early Intervention Services	\$3,481,411	5/12/2025	7/1/2025	MBE: BGFE	0%	\$0	0%	\$0	No	No
					WBE: BGFE	0%	\$0				
					DSBE: BGFE	0%	\$0				
					S/LBE: BGFE	0%	\$0				
Kutest Kids Early Intervention Co.	Early Intervention Services	\$2,868,929	5/12/2025	7/1/2025	MBE: BGFE	0%	\$0	0%	\$0	Yes	No
					WBE: BGFE	0%	\$0				
					DSBE: BGFE	0%	\$0				
					S/LBE: BGFE	0%	\$0				
Kids and Family Inc.	Early Intervention Services	\$1,874,890	5/12/2025	7/1/2025	MBE: BGFE	0%	\$0	0%	\$0	No	No
					WBE: BGFE	0%	\$0				
					DSBE: BGFE	0%	\$0				
					S/LBE: BGFE	0%	\$0				

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<b>Non-Profit Vendor Demographics</b>		
<b>Horizon House, Inc.</b>	<b>Minority %</b>	<b>Female %</b>
Workforce	79.21%	64.77%
Executive	50.00%	50.00%
Board	38.46%	16.67%
<b>Merakey Philadelphia</b>	<b>Minority %</b>	<b>Female %</b>
Workforce	81.88%	66.67%
Executive	13.64%	59.09%
Board	66.67%	33.33%
<b>Philadelphia Mental Health Care Corporation, Inc.</b>	<b>Minority %</b>	<b>Female %</b>
Workforce	66.16%	65.52%
Executive	42.86%	71.43%
Board	37.50%	62.50%
<b>Project H.O.M.E.</b>	<b>Minority %</b>	<b>Female %</b>
Workforce	71.01%	64.71%
Executive	41.18%	72.73%
Board	44.00%	-
<b>Resources for Human Development</b>	<b>Minority %</b>	<b>Female %</b>
Workforce	68.05%	65.63%
Executive	50.00%	25.00%
Board	25.00%	37.50%

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**PROGRAM BASED BUDGETING:**

**Program Name:** Administration, Finance, and Quality

**Program Number:** 05

**FY27 Proposed General Fund:** \$477,939

**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 continually improve.

**FY27 Strategic Goals:**

- The Education and Training Unit will increase language access to Person-First and Trauma Trainings by translating these trainings into the three most commonly spoken languages in Philadelphia (Spanish, Mandarin, and Vietnamese). The IT Unit will continue improving enterprise governance by further standardizing administrative and technology processes to expand quality-driven data workflows, improve consistency and accountability, strengthen security awareness, and to optimize platforms.
- The Network Improvement and Accountability Collaborative (NIAC) monitors Philadelphia County Providers' implementation of the Network Inclusion Criteria (NIC) practices. The provider network, including the Department of Drug and Alcohol Programs (DDAP) and Single County Authority (SCA), will advance its system-level quality improvement and accountability efforts by finalizing the revised NIC: Standards for Excellence. This update will strengthen alignment with regulatory requirements for the County Funded Provider Network and formally incorporate the DBHIDS C.A.R.E. (Connected, Access, Resilience, and Equitable) framework to extend its message and principles to the provider community.

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**FY27 Performance Measures:**

Measure	FY25 Actual	FY26 Target	FY27 Target
Number of employees who complete department wellness survey <sup>1</sup>	172	250	190
Number of employees who participate in department-hosted wellness activities <sup>2</sup>	792	≥ 440	≥ 800

<sup>1</sup> The FY27 target reflects results in FY25 and the first two quarters of FY26. The goal of 190 is approximately a 10% increase from FY25 actuals.

<sup>2</sup> The FY27 target reflects results in FY25 and thus far in FY26. Wellness activities are available to City, Community Behavioral Health, and Philadelphia Mental Health Care Corporation-embedded employees.

**PROGRAM BASED BUDGETING:**

**Program Name:** Behavioral Health

**Program Number:** 01/02

**FY27 Proposed General Fund:** \$24,884,265

**Program Description:** The Behavioral Health Division ensures that Philadelphia residents have access to state-mandated mental health and substance use disorder services. These services span a comprehensive continuum of care that includes prevention, intervention, and treatment. The continuum of care encompasses outpatient and residential treatment programs; facility-based and mobile emergency services; case management; supportive housing; and mobile supports. Each service is designed to provide a supportive environment for individuals and their families.

**FY27 Strategic Goals:**

- The Single County Authority (SCA), which oversees substance use treatment, prevention, and recovery services for individuals experiencing substance use disorder and related issues, will develop and implement a standardized request form for individuals, providers, and organizations to order overdose prevention supplies such as naloxone and test strips for fentanyl, medetomidine, and xylazine. This new system will allow the Department to more accurately track the volume and type of requests by requester category (e.g., individual, provider) and by specific supply type. In addition, the SCA will expand public awareness efforts focused on overdose prevention, substance use disorder treatment options, and available support for individuals and families affected by substance use.
- DBHIDS will launch a unified system that provides real-time visibility into psychiatric bed availability across the provider network, replacing manual phone inquiries with a centralized dashboard that displays current capacity throughout the acute care system. This enhancement will allow Crisis Response Center (CRC) staff to more efficiently identify available inpatient beds, reduce time spent contacting facilities, and decrease boarding times in CRCs and emergency departments by streamlining patient flow to the appropriate level of care. By reducing delays in admission, the system will also help alleviate the distress experienced by individuals waiting for inpatient treatment.
- The Planning Innovation Division will launch the Peer Institute Platform, a centralized, web-based hub designed to expand access to peer culture resources, training opportunities, supervisory guides, and employment listings within the peer support professions. The platform will serve Certified Peer Specialists, Certified Recovery Specialists, Community Autism Peer Specialists, Community Health Workers, and other peer-based roles, fostering professional development and connection across the peer support community.

DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL DISABILITY SERVICES

**FY27 Performance Measures:**

Measure	FY25 Actual	FY26 Target	FY27 Target
Number of community-based behavioral health screenings events	147	150	170
Number of individuals trained in Mental Health First Aid during the reporting period <sup>1</sup>	3,033	2,200	2,800
Number of activities DBHIDS participated in or held with community	2,816	2,112	2,500
Number of attendees at DBHIDS-organized activities in the community	32,102	24,076	30,798

<sup>1</sup>DBHIDS is maintaining a conservative target for this measure due to variances in the amount of trainings offered quarterly.

DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL DISABILITY SERVICES

**PROGRAM BASED BUDGETING:**

**Program Name:** HealthChoices/Community Behavioral Health

**Program Number:** 03

**FY27 Proposed HealthChoices Fund:** \$1,524,327,000

**Program Description:** The HealthChoices/Community Behavioral Health (CBH) Division oversees the delivery of effective, medically necessary mental health and substance abuse treatment services for Philadelphia’s Medicaid recipients while promoting operational efficiency and cost-effective care management.

**FY27 Strategic Goals:**

- CBH will continue to educate and empower members through active community engagement and accessible behavioral health information.
- CBH will continue to maintain a comprehensive provider network to ensure accessible, high-quality behavioral health services covered under Pennsylvania Health Choices.
- CBH will work with providers to identify and implement improvements to respond to the evolving healthcare environment, including advancements in telehealth and workforce development strategies.
- CBH will continue to promote clinical excellence and measurable outcomes across the provider network by emphasizing evidence-based diagnosis and adherence to clinical practice guidelines.
- Because the success of the HealthChoices program in Philadelphia depends on actuarially sound rates aligned with current medical expenses, CBH will continue to advocate the state and federal levels to sustain program quality and financial integrity.

DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL DISABILITY SERVICES

**FY27 Performance Measures:**

Measure	FY25 Actual	FY26 Target	FY27 Target
Number of admissions to out-of-state residential treatment facilities <sup>1</sup>	4	< 15	< 15
Number of admissions to residential treatment facilities <sup>1</sup>	42	< 105	< 90
Percent of follow-up within 30 days of discharge from an inpatient psychiatric facility (adults) <sup>2</sup>	53.9%	≥ 48.2%	≥ 48.2%
Percent of readmission within 30 days to inpatient psychiatric facility (substance abuse & non-substance abuse) (adults) <sup>3</sup>	16.5%	≤ 11.8%	≤ 11.8%
Percent of follow-up within 30 days of discharge from an inpatient psychiatric facility (children) <sup>2</sup>	76.0%	≥ 48.2%	≥ 48.2%

DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL DISABILITY SERVICES

Percent of readmission within 30 days to inpatient psychiatric facility (substance abuse & non-substance abuse) (children) <sup>4</sup>	12.4%	≤ 11.8%	≤ 11.8%
Percent of providers that receive satisfactory credentialing status <sup>5</sup>	63%	≥ 90%	≥ 90%

<sup>1</sup> The target for this measure is informed by recommendations from the Philadelphia Youth Residential Placement Taskforce, which brought together a coalition of stakeholders to examine the residential placement system.

<sup>2</sup> The target is a state regulation set by the Office of Mental Health and Substance Abuse Services.

<sup>3</sup> The target is a state regulation set by the Office of Mental Health and Substance Abuse Services. CBH has been working with providers to identify alternative discharge resources for members and how to better engage members at risk at time of discharge.

<sup>4</sup> The target is a state regulation set by the Office of Mental Health and Substance Abuse Services. Staffing shortages among community-based providers can limit timely access for some children and contribute to readmissions; Community Behavioral Health monitors provider capacity and requires corrective action plans to address recruitment and retention gaps.

<sup>5</sup> FY25 results reflect changes to the evaluation process, with many providers being evaluated for the first time. DBHIDS expects improved results going forward.

**PROGRAM BASED BUDGETING:**

**Program Name:** Intellectual disAbility Services

**Program Number:** 04

**FY27 Proposed General Fund:** \$7,142,186

**Program Description:** The Intellectual disAbility Services (IDS) Division ensures that Philadelphian residents have access to state-mandated services for individuals with intellectual disabilities, autism, and for infants and toddlers requiring early Intervention. Services options include early intervention to address developmental concerns; residential and community-based supports; service and supports coordination; vocational and employment programs; respite care; and transportation services. Each service is designed to promote inclusion, independence, and well-being for individuals and their families.

**FY27 Strategic Goals:**

- As part of the IDS Division, the Infant Toddler Early Intervention (ITEI) program will support Early Interventionists in obtaining certification in Attachment Biobehavioral Catch Up (ABC) and will connect infants, toddlers, and their families to this evidence-based intervention addressing social, emotional, behavioral, and trauma concerns. IDS will also expand its pool of certified Early Interventionists to 34, increasing access to high-quality early support for Philadelphian families.
- DBHIDS has begun developing a coordinated system of care for individuals with intellectual or developmental disabilities and co-occurring mental health conditions. The evolving system focuses on expanding new capacity while strengthening existing resources across both the mental health and intellectual disability services networks. As part of this effort, IDS will implement a specialized Intermediate Care Facility for individuals with Behavioral Health and Disabilities (ICF-BHDD). The facility, along with the Residential Treatment Facility for Adults (RTFA) and other inpatient resources, will provide intensive, integrated care for up to eight individuals. IDS will also manage system capacity through the State’s Multi-Year Program Growth Strategy (MYPGS), which guides intentional, data-driven expansion of the intellectual disability service system and supports efforts to eliminate the waiting list for services. MYPGS establishes waiver capacity thresholds (Person/Family Directed Support (P/FDS) < 20% vacancy, Community Living Waiver (CLW) < 15% vacancy, Consolidated Waiver (CW) < 5% vacancy) and promotes optimal use of existing resources based on assessed needs, utilization trends, and state priorities.

DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL DISABILITY SERVICES

**FY27 Performance Measures:**

Measure	FY25 Actual	FY26 Target	FY27 Target
Number of early intervention providers trained in evidence-based intervention for social emotional concerns	26	34	34
Number of infants and toddlers who receive evidence-based interventions for social emotional concerns	397	400	450