

# Philadelphia HealthChoices Program

## 2016 Annual Report



*a component of*



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## Our Vision

A diverse, innovative, and vibrant organization in which we are empowered to support wellness, resiliency, and recovery for all Philadelphians.

## Our Mission

CBH will meet the behavioral health needs of the Philadelphia community by assuring access, quality, and fiscal accountability through being a high performing, efficient, and nimble organization driven by quality, performance, and outcomes.



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# Foreword

## A Letter From the Commissioner

Greetings! On behalf of the Board of Directors of Community Behavioral Health (CBH) and the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), I am pleased to present the CBH 2016 Annual Report. This report provides a clear overview of our work and priorities, as well as the investments we have made demonstrating our ongoing commitment to help our members lead healthier lives.

Additionally, this report highlights our continued commitment to the objectives of Pennsylvania's HealthChoices program ensuring access, quality, and cost-effectiveness in health care services. Our cross-systems collaborations have created access points at various sectors of the community, including schools, partner agencies and the court system. Our integrated care efforts have enhanced our ability to ensure we are addressing the unique treatment needs of our members in a coordinated manner. Through initiatives such as the Evidence-Based Practice and Innovation Center (EPIC) and Network Development department, capacity of our network has been bolstered, resulting in the delivery of evidence-based treatment and high quality care.

As the report will show, 2016 ushered in significant opportunities with the need to enhance and further develop programming to respond to the growth of CBH membership through Medicaid expansion. In addition, the opioid epidemic has prompted the profound need to systematically increase treatment capacity. We are proud of advances that include expanding capacity for Medication Assisted Treatment (MAT), providing training opportunities on best practices in prescribing, strengthening our partnership with the Philadelphia Department of Public Health, developing the substance use acute partial hospitalization program, and much more. These efforts in 2016 positioned us well to play a leading role in the Mayor's Taskforce to Combat the Opioid Epidemic in Philadelphia, which was launched in January 2017. CBH and DBHIDS are working to carry out recommendations brought forth by the taskforce to help individuals and families impacted by this devastating crisis.

I hope you find this report helpful in getting a better understanding of our work and our role in strengthening our entire community through improvements to our system of care.

Sincerely,



David T. Jones  
Chairman, CBH Board of Directors  
Commissioner, DBHIDS





# Introduction

## Who We Are

Philadelphia has created a comprehensive behavioral health system through a unique partnership between the City of Philadelphia's Department of Behavioral Health and Intellectual disAbilities (DBHIDS) and the Commonwealth of Pennsylvania. In 1997, Philadelphia launched its own managed care organization, Community Behavioral Health, to provide behavioral health coverage for its citizens in need. It is one of the few cities in the nation to do so.

Community Behavioral Health (CBH) is a non-profit 501c(3) corporation contracted by the City of Philadelphia to manage the delivery of mental health and substance use services for Medicaid recipients of Philadelphia County. Services are delivered in accordance with the state's HealthChoices Program, administered through the Office of Mental Health and Substance Abuse Services (OMHSAS). CBH authorizes payment for these services with the requirement that providers deliver effective and medically necessary services in the least restrictive, most developmentally appropriate, and culturally competent manner. In creating and maintaining this managed care system, CBH promotes maximum access, member and family participation, public accountability, and local control.

CBH authorizes payment for a vast array of services, including mental health and substance use outpatient programs, residential rehabilitation programs, inpatient psychiatric and addictions treatment programs, and family and community-based therapies.

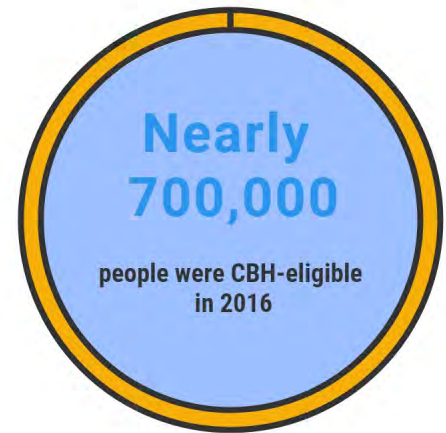




# Medicaid Expansion

In January 2015, the Commonwealth of Pennsylvania expanded Medicaid eligibility for individuals with incomes below 138% of the Federal Poverty Level (FPL) under a demonstration waiver called Healthy Pennsylvania (Healthy PA). The Commonwealth then continued expanded Medicaid eligibility under the provisions of the Affordable Care Act (ACA).

Between December 2014 and December 2015, every county in the Commonwealth experienced an increase in Medicaid enrollment that ranged from 14% to 28% (1). According to the U.S. Census Bureau's American Community Survey (ACS), the uninsured rate in 2014 was 8.5% of all civilian and non-institutionalized Pennsylvanians of all ages. In 2015, Pennsylvania's uninsured rate decreased by more than two percentage points to 6.4% for all ages, becoming the 15th lowest in the U.S.



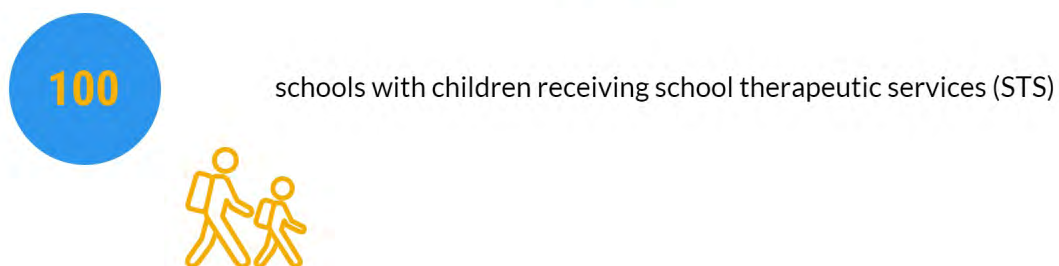
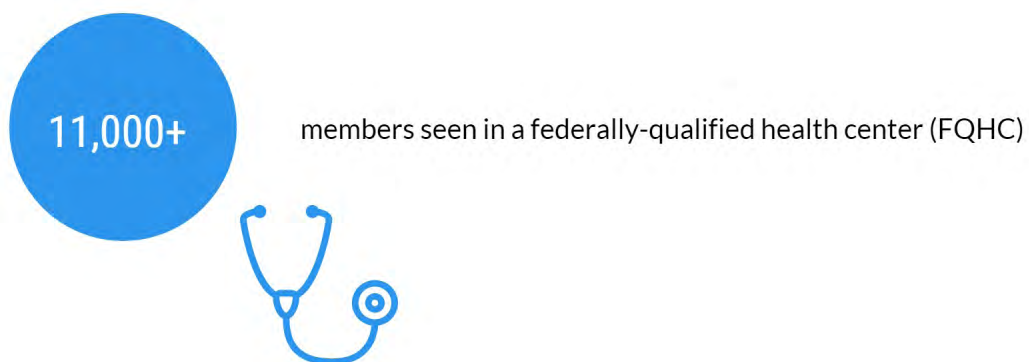
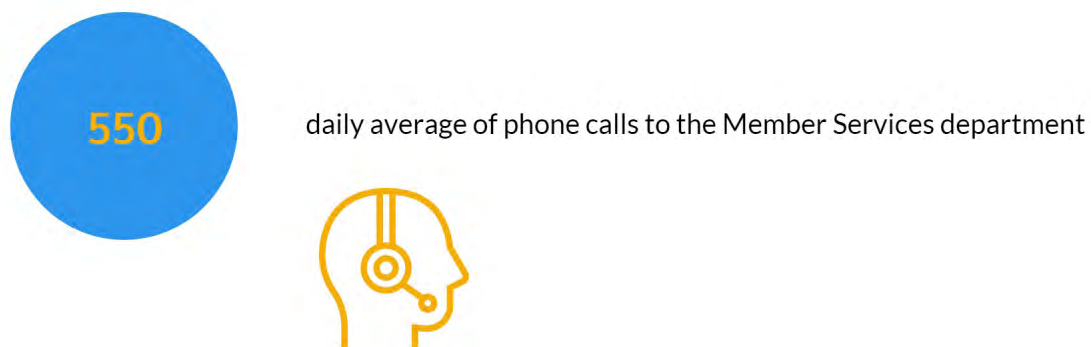
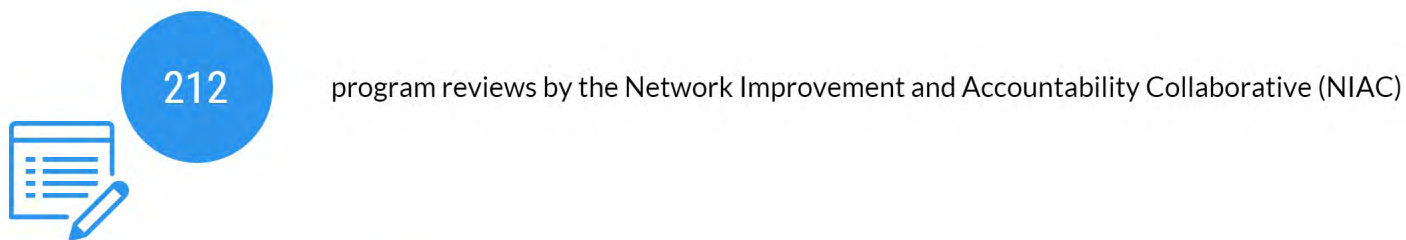
The ACA enabled over **120,000** people to gain CBH eligibility through HeathChoices (HC), a 21% increase between 2014 and 2016.

In 2016, over **42 million** was spent on non-hospital detoxification treatment (including rehabilitation, detoxification, halfway house, and more) for the newly-eligible HC Expansion group (group not shown below). Reversing Medicaid expansion would be devastating in this critical time when our communities are in need of drug and alcohol treatment.

	CY 2014 Users	CY 2014 Expenses	CY 2016 Users	CY 2016 Expenses	% Change Users	% Change \$
Inpatient Psychiatric	12,190	\$104,170,702	13,935	\$124,886,837	14%	20%
Inpatient D&A	302	\$905,103	270	\$919,748	-11%	2%
Non-Hospital D&A	6,927	\$71,336,832	7,923	\$78,166,747	14%	10%
Outpatient Psychiatric	83,728	\$123,095,369	89,771	\$136,057,805	7%	11%
Outpatient D&A	18,386	\$32,999,178	21,285	\$35,230,936	16%	7%
BH Rehab for Children	11,505	\$130,138,712	11,316	\$127,695,180	-2%	-2%
RTF Accredited	513	\$31,116,600	554	\$31,546,335	8%	1%
RTF Non-Accredited	412	\$14,575,916	222	\$9,945,076	-46%	-32%
Ancillary Support	23,238	\$6,149,348	27,164	\$5,444,628	17%	-11%
Community Support	9,353	\$38,874,342	11,463	\$44,757,425	23%	15%
Other	20,180	\$141,647,759	21,006	\$147,292,082	4%	4%
Total	107,693	\$695,009,862	116,936	\$741,942,798	9%	7%



# 2016 by the Numbers





# 2016 Trends

Level of Care (LOC)	Unique Members Served*
Inpatient Psychiatric	13,935
Inpatient Drug & Alcohol	270
Intensive Outpatient Drug & Alcohol	14,265
Non-Hospital Drug & Alcohol	7,923
Outpatient Psychiatric	89,771
Outpatient Drug & Alcohol	21,285
School-Based Services	11,316
Residential Treatment Facility Accredited	554
Residential Treatment Facility Non-Accredited	222
Residential Treatment Facility Adult	291
Ancillary	27,164
Community Support	11,463
Assertive Community Treatment	2,664
Community Integrated Recovery Centers	2,423
Other	4,697
Total	116,936

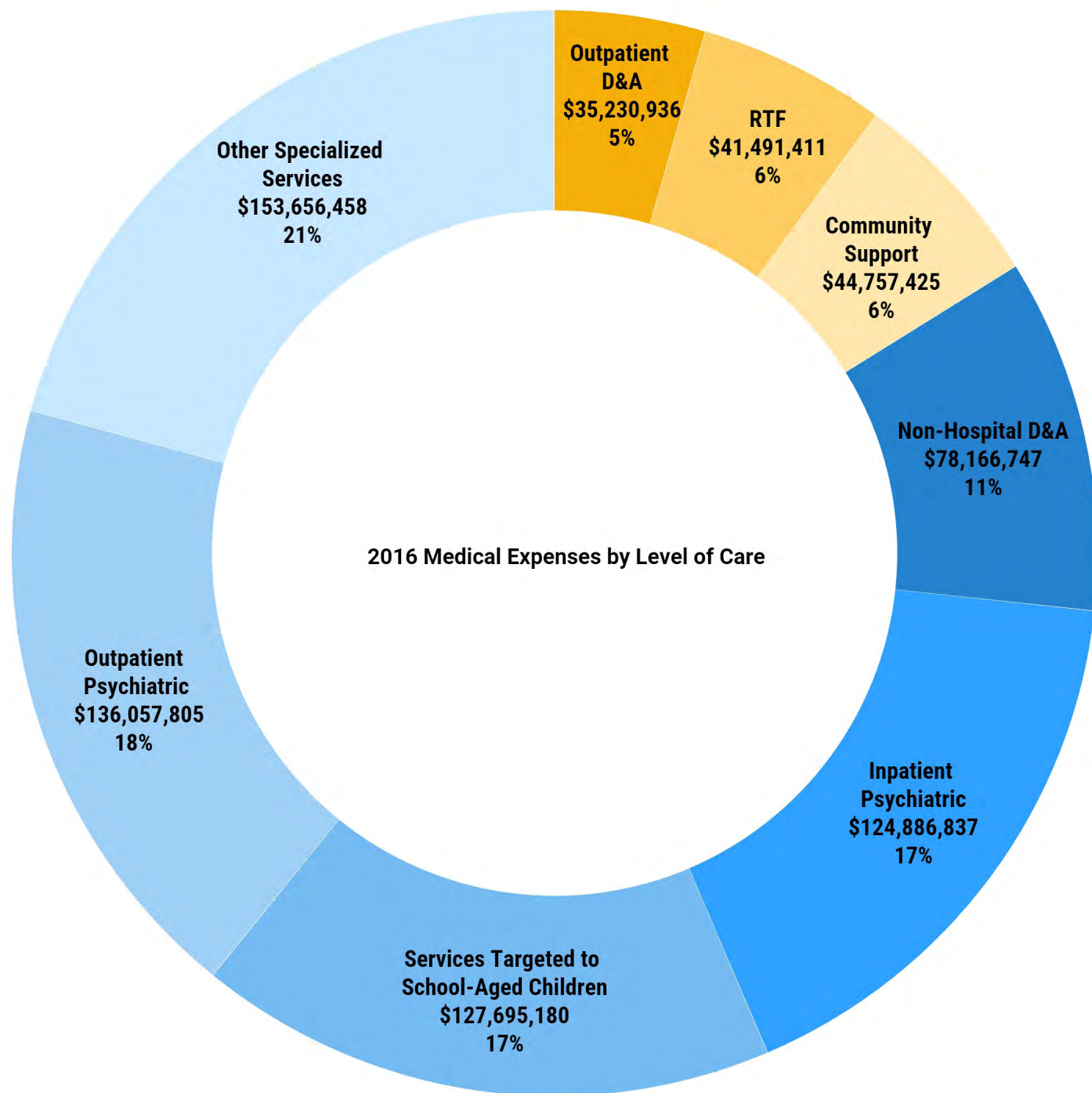
Age	Unique Members Served	DHS Address	Autism Diagnosis	SMI Diagnosis
0-5	4,245	569	1,139	48
6-12	18,657	2,517	2,429	1,394
13-17	12,811	3,286	1,006	3,155
18-20	5,129	986	282	2,166
21-44	44,850	154	302	25,368
45-64	34,460	-	61	24,189
65+	1,936	-	12	1,372
Total Unique Count	116,936	6,794	4,640	55,948

\*Counts are unique within each category, so totals will not add up to total unique members served.

DHS Address indicates member under care of Department of Human Services (undercount); SMI= Serious Mental Illness defined as primary or secondary diagnosis of Schizophrenia, Schizoaffective Disorder, Bipolar Depression, Major Depression, Psychotic Disorder, or Borderline Personality Disorder.



# 2016: Medical Expenses



Abbreviations: D&A= Drug & Alcohol, RTF= Residential Treatment Facility. Other Specialized Services includes: Inpatient D&A, Intensive Outpatient Treatment, Community Integrated Recovery Centers (CIRCs), Assertive Community Treatment (ACT), Other Case Management, Lab Services, and certain other specialized services. Community Support includes: crisis residence, crisis intervention, family rehab, and specialized case management.





# OUR MEMBERS

The Philadelphia behavioral health system's population health approach takes a broader view of health, seeking to improve the health status of whole communities, not just those who are sick. This is the natural continuation of the important work we've done over the last two decades to transform our system of care. CBH's primary goal is to effectively address and support the overall health and wellness of Philadelphians across multiple domains, in partnership with other city agencies and physical health managed care organizations. CBH:

- Emphasizes community-level outcomes, not just outcomes for individuals with particular diagnoses
- Provides early intervention and prevention
- Addresses the social determinants of health
- Empowers individuals and communities to keep themselves healthy



# Cross-Systems Collaboration

CBH remains committed to partnerships that create opportunities to provide additional services to meet the health care needs of all city residents. CBH's unique role and relationship with the county allows for distinctive cross-systems collaborative work with DBHIDS, the Department of Human Services (DHS), the Office of Homeless Services (OHS), the School District of Philadelphia (SDP), the Philadelphia courts, and others.

**Housing-** The Community Support Services (CSS) team focuses on members awaiting housing to ensure behavioral health needs are met and they remain engaged and supported in the Permanent Supportive Housing process. 2017's focus is Pay for Success (PFS), a financial model that involves achieving successful outcomes at specific time points, as well as addressing the various social determinants for the vulnerable population of chronically homeless adults with addictions challenges. This is a partnership with DBHIDS, the Corporation for Supportive Housing, Project Home, the Urban Institute, and OHS.

**Crisis Response-** On-site clinical care managers (CCMs) conduct precertifications, assist with bed searches, and provide a clinical history of the CBH members who present for admission at the Temple and Friends crisis response centers (CRC)s. In some cases, community-based services are provided, preventing an unwarranted inpatient admission.

**Schools-** The Community Based Child and Family Services (CB-CAFS) team supports the ongoing integration of our school-based programs with the School District of Philadelphia, with partnerships in over 100 schools. CBH has also been supportive of the Mayor's Community Schools initiative and is engaged in planning to support the needs of each community to ensure access to a continuum of behavioral health supports for children and families.

**Courts-** Clinical staff work with DHS, community umbrella agencies (CUAs), and Family Court to help coordinate services as necessary.



1,223

*participants have leased their own apartments and have been authorized to (CSS) core services.*



2

*clinical and member services staff co-located at the CRCs*



1200+

*Interagency Service Planning Team Meetings (ISPTs) completed by the CB-CAFS team*



20

*clinical staff members co-located at the Family Court and DHS*



# Clinical Care Management

CBH is conducting its Care Management Transformation, representing a fundamental shift in the way we work with members, providers, and within CBH to impact the health of our community. Our vision is to create an efficient, data-informed system that utilizes evidence-based practices to manage both individuals and populations and coordinate member care. We are developing strategies that allow us to manage cohorts of individuals with complex conditions, create streamlined efficiencies for individuals who require limited interventions, track member outcomes, and meet the needs of our members as quickly and appropriately as possible.



Throughout 2016, clinical care managers (CCMs) implemented several pilot programs and evaluated the impact of transformation efforts. CCMs were increasingly present in the community, interacting with members and collaborating with providers and other systems. At the close of the year, the Foundations of Care Management training series was launched, where Clinical and Medical Affairs staff were trained on the transformed care management roles and responsibilities. **Through the Care Management Transformation, we are Creating Healthy Tomorrows, Today.**

## Integrated Care

**Community-Based Care Management (CBCM):** CBCM is a partnership with Health Partners Plans (HPP) that aims to improve the health of individuals with high-cost service utilization. To improve health outcomes, CBCM promotes interventions that address both the socioeconomic barriers and the physical and behavioral health needs faced by this population, thereby reducing the overall healthcare cost per member per year. Community health workers and a nurse care navigator were trained and placed in ten primary care practices in North Philadelphia to deliver this type of care. Additionally, CBH staff, including three care managers and two certified peer specialists, offer behavioral health care management and direct support to members and link individuals in need of addiction services to treatment. HPP reported preliminary data demonstrating a decrease in utilization of costly inpatient medical services. CBCM hopes to continue this trend and decrease emergency room (ER) utilization while maintaining an individualized interdisciplinary approach.

**Integrated Care Program (ICP):** The ICP is a collaborative effort between the HealthChoices behavioral health managed care organizations (BHMCOs) and physical health managed care organizations (PHMCOs) in Pennsylvania to improve outcomes for individuals with serious and persistent mental illness (SPMI) through enhanced care coordination between physical and behavioral health providers.

CBH is exchanging daily hospital (ER and inpatient psychiatric/medical) notification on its SPMI population with all four PHMCOs in Philadelphia (Aetna, Health Partners Plans, Keystone, and United Healthcare). CBH partnered with each PHMCO and its targeted case managers to identify members with SPMI who could benefit from collaborative care management and developed joint physical and behavioral health care plans for them.

Additionally, CBH developed a Complex Care Intake Assessment form to align with the requirements of the National Committee for Quality Assurance (NCQA) and capture key demographic and social determinant (e.g., housing, food security, adverse childhood experiences) information on all CBH members receiving complex care including members with SPMI.





# Addressing the Opioid Epidemic

In 2015, opioid overdoses (prescription and heroin) killed more than 33,000 people across the nation, with almost half of all opioid overdose deaths involving a prescription opioid (2). From 2014 to 2015, drug overdose death rates increased by 20% in Pennsylvania. Philadelphia's rate of overdose deaths is higher than other metropolitan cities, with 907 deaths in 2016- over 200 more than in 2015 (3).

CBH and DBHIDS continue to partner closely to increase addictions service access and engagement by employing peer specialists, increasing staff presence in the community, and providing multi-pronged trainings and technical assistance for health professionals. CBH will continue to enhance member access to evidence-based treatments, including medication-assisted treatments (MAT).



In 2016, **14,000** people were treated for an opioid use disorder

Nearly **27,000** people participated in CBH-funded care for drug and alcohol treatment

## 2016 Highlights

### Training

The Member Services department participated in the Naloxone (Narcan) Opioid Overdose Training. The training explained the Good Samaritan Act 139 and Pennsylvania's standing order for naloxone, reviewed harm reduction approaches to high-risk behaviors such as syringe exchange programs, and provided a dose of Narcan for emergency use to staff members and those working in the community. Additionally, DBHIDS issued a bulletin requiring all DBHIDS providers to maintain naloxone kits on site, ensure all shifts are staffed with someone trained in naloxone administration, inform members of the standing order for naloxone, and offer prescriptions to individuals as appropriate.

CBH held two forums regarding buprenorphine and benzodiazepines to educate the provider network and staff about best practices in medication-assisted treatments and benzodiazepine use.

### Community Partnerships

CBH worked collaboratively with the Philadelphia Department of Public Health to develop and draft clinical practice guidelines for safe opioid prescribing.

In October, we increased our staff presence at Prevention Point, the harm reduction and needle exchange site in North Philadelphia. Care managers and member services staff were deployed in this community-based setting to engage individuals who are actively using by removing barriers to care and connecting them to treatment.

CBH created a specialized Addiction Recovery Team within Clinical Care Management to enhance care coordination and management efforts for members with addictions.

(2) Centers for Disease Control and Prevention. October 23, 2017. Available at <https://www.cdc.gov/drugoverdose/index.html>

(3) Philadelphia Department of Public Health. April 2017. Available at: <https://www.phila.gov/health/pdfs/chart%20v2e7.pdf>



# Addressing the Opioid Epidemic

## Network Enhancements

CBH increased the number of buprenorphine treatment capacity slots to over 1,000.

The CBH network expanded to include a partial hospitalization program for co-occurring disorders, Public Health Management Corporation's (PHMC) "Pathways to Recovery." This program provides an integrated service incorporating evidence-based treatment for substance use and mental health (co-occurring) challenges, as well as opioid withdrawal management and MAT. The program also includes:



Intensive psychiatrist services for co-occurring disorders



24/7 telephonic support for program participants

On-site case management and peer support services



Flexible scheduling including several evenings per week and Saturday hours



On-site meals for participants

## 2017 Progress

CBH worked with The Mayor's Task Force to Combat the Opioid Epidemic in multiple capacities by helping to develop a comprehensive and coordinated plan to reduce opioid abuse, dependence and overdose in Philadelphia. The final report was distributed in May 2017. Additional 2017 progress includes the opening of six centers of excellence for opiate use disorder, hosting additional buprenorphine and other MAT trainings, further increasing access to MAT, and implementing the Task Force recommendations.

**Number of Unique Members Receiving Buprenorphine with a Primary OUD Diagnosis on a Behavioral Health Claim**



Count of Unique Members

# Children's Transformation

## Residential Treatment Facilities (RTF)

When an adverse event occurs that impacts our members in any way, we reflect on the event, look for any missed opportunities, re-examine our processes and those of our contracted provider agencies, and ask ourselves what could have been done differently. In 2017, CBH implemented a more intensive monitoring strategy for RTF programs, including but not limited to: increased cross-departmental and systems collaboration; increased participation in on-site meetings; increased opportunities for technical assistance and training; an enhanced clinical review process; and increased tracking of restraint trends. In response to a request from Philadelphia City Council, CBH conducted site visits to all in-network RTF providers to gain a better understanding of the processes in place and to identify best practices and opportunities for growth and improvement.

The findings from the site visits were discussed by a multidisciplinary team to identify themes and best practices. CBH leadership also met with the Philadelphia DHS to collaborate on their findings from their visits. The resulting recommendations build on the priorities of our children's system transformation and the efforts to enhance the service continuum. We do this work in partnership with families, youth, provider agencies, and other social services systems.

## Crisis Services

CBH is engaged in a comprehensive expansion of children's crisis services to focus on early intervention and crisis resolution. Community-based mobile crisis and intervention services are being developed, with teams assigned to distinct regions to ensure access throughout the city. Interventions will focus on resolving or ameliorating behavioral health episodes to allow children to remain in their natural setting. Timely access to support and treatment will be emphasized and alternatives to inpatient care will be offered in order to divert Crisis Response Center (CRC) and other emergency room admissions. A second procurement to develop two child and adolescent CRCs is underway, with the aim to address the volume of children in need of immediate crisis evaluation. This initiative will result in two CRCs with programming that also reflects resolution-oriented approaches to assessment and crisis intervention.

2017 Progress: Two site-based CRCs and three community-based mobile crisis teams have been selected. Implementation of these programs has begun and will continue into 2018.

## The Philadelphia Alliance for Child Trauma Services II (PACTS II): Reaching the Most Vulnerable Youth

SAMHSA awarded DBHIDS a five-year \$2,000,000 continuation grant to enhance the work performed through PACTS (October 2012-September 2016). PACTS II is a child and adolescent behavioral and physical health program, including universal trauma screening, education, prevention, and intervention. PACTS II focuses on the most vulnerable and underserved youth: young children ages 2 to 6; lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth; commercially sexually exploited children(CSEC); and intentionally injured youth(IY).

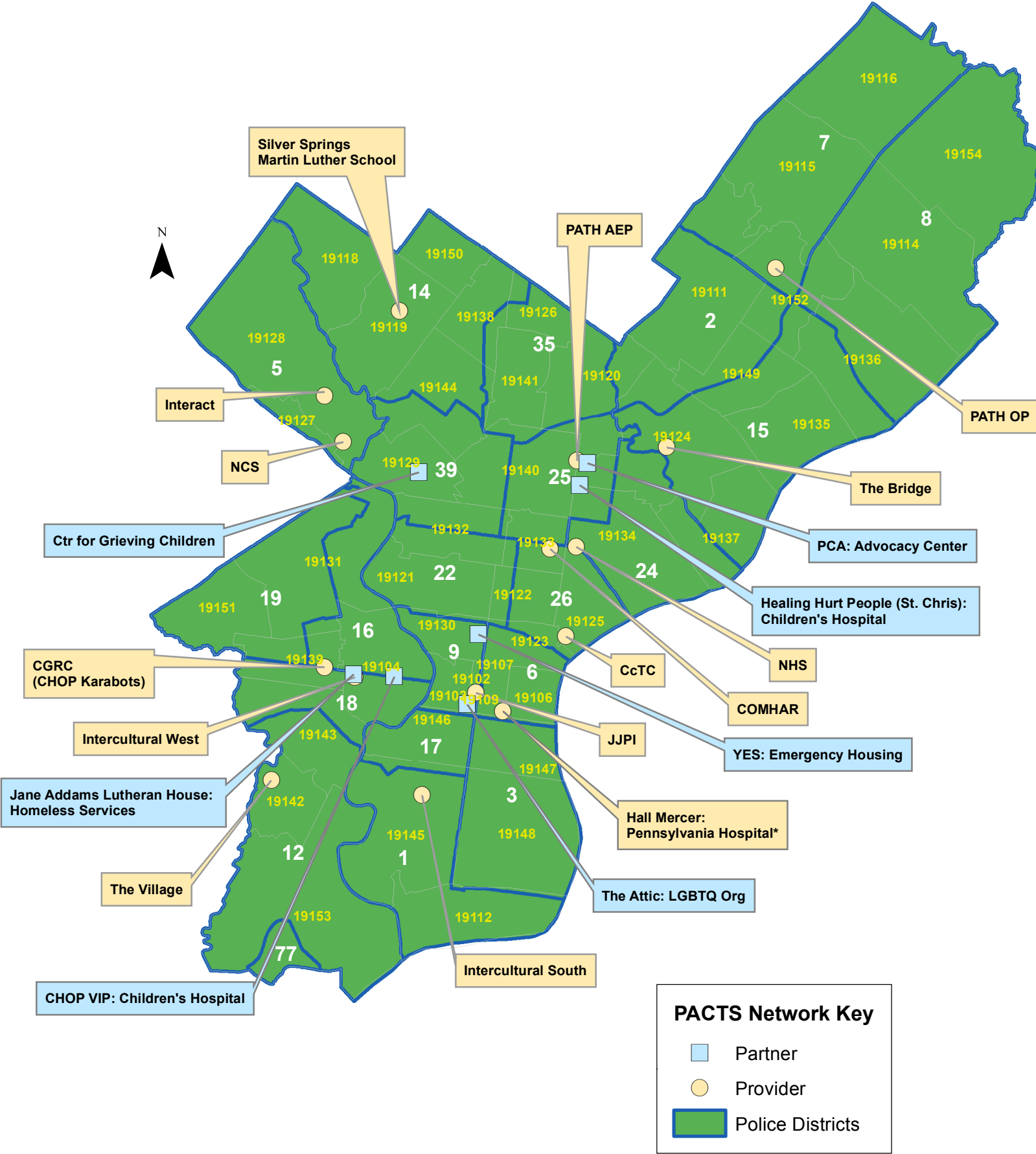
- There are 16 provider/partner agencies who provide geographical coverage of the city
- Four adolescents ages 16 to 19 continue to actively participate on the PACTS Youth Advisory Board
- Trauma referrals to Physical Health, Child Welfare, Juvenile Justice, School District of Philadelphia, Child Advocacy Center, Victims' Services, and other child-serving systems have significantly increased
- Over 14,000 youth have been screened for trauma exposure and traumatic stress symptoms since 2012
- 2,000+ youth have received Trauma-Focused Cognitive-Behavioral Therapy(TF-CBT)





# Philadelphia Alliance for Child Trauma Services (PACTS) Network Map

A City-Wide Child Trauma Initiative

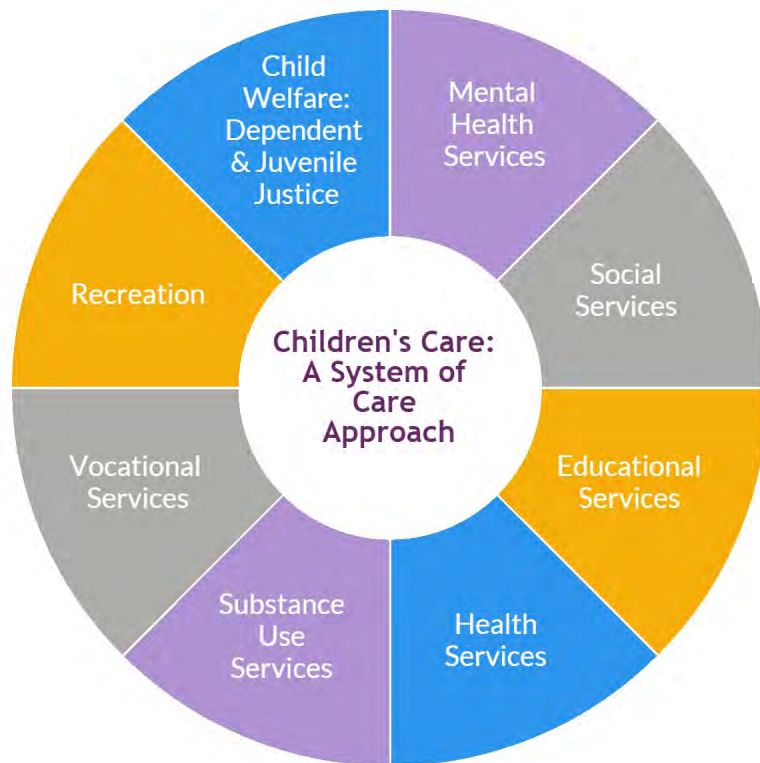


# Children's Transformation

The goal of the Children's Transformation is to drive the integration and coordination of care for the children and families of Philadelphia. We are charged with collaboratively working across departments and systems to enhance the quality of services, develop new programs, and increase treatment capacity through the Children's Service Continuum.

We want to ensure that services are:

- Easily accessible
- Timely in delivery
- Respectful of the heritage of the child and family
- Connecting children and families with natural supports
- Tailored to the child and family in the best setting
- Designed and implemented in collaboration with the child and family
- Fostering independence
- Designed and implemented in collaboration with others involved in treatment
- Using best behavioral health practices
- Focused on functional outcomes



## The Philadelphia System of Care Grant

The Philadelphia System of Care (PSOC) is a SAMHSA grant aimed at creating a trauma-informed, community-based network of supports for youth ages 8 to 18 years old who have serious behavioral health needs and are involved in child welfare and/or juvenile justice systems. Networks include both structural and natural supports and are family and youth driven. In 2016, the System of Care ideals were put into practice by hiring a family specialist and youth specialist who lead initiatives to enhance: The DBHIDS Family Committee and YouthMove Philadelphia.

## 2017 Progress

- Hiring High Fidelity (HiFi) Wraparound team to be based out of CBH
- Establishing plan and timeline to implement the Building Bridges RTF initiative
- Completing trauma-informed systems training for judges and child welfare partners
- Establishing a Family Legacy organization board



# Place Matters

A partnership with the Scattergood Foundation

Neighborhood characteristics such as poverty, lower education, and crime levels are linked with poorer mental health outcomes. Having a sense of community trust, however, can help protect against the negative impact of unsafe neighborhoods. CBH, in partnership with the Scattergood Foundation, used statistical and spatial (mapping) analyses to better understand how perceived neighborhood trust and safety protects against mental illness. Population-level risk factors were used in a novel application in combination with claims data to assess service need and adequacy of community resources.

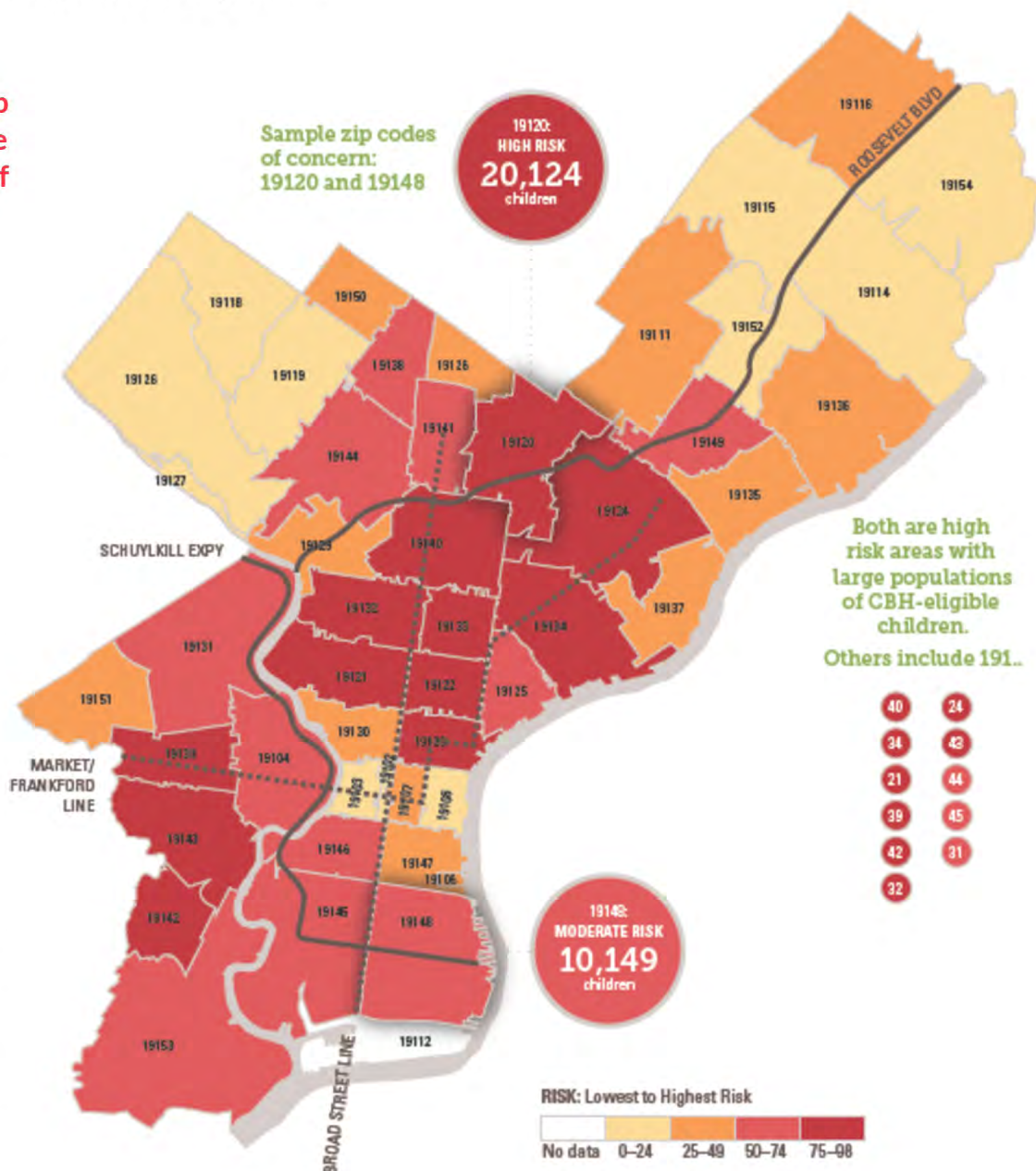
Risk factors were derived from the 2013 Philadelphia Expanded Adverse Childhood Experiences (ACE) Survey. The survey polls individuals on community-level ACEs (witnessing violence, feeling discrimination, feeling unsafe or unsupported in neighborhood, etc.) in addition to conventional ACEs (exposures related to abuse, neglect, and household stress). Neighborhood-level data on indicators such as age distribution, education levels, and crime rates were derived from the U.S. Census and the Philadelphia Police Department.

**Of Philadelphia's 46 zip codes, 39 (85%) are above the national average of need.**

The 2016 analysis showed that social support and safety had a protective effect on adverse mental health outcomes, even when controlling for other socio-economic factors.

Understanding the city from a population level allows policy makers and service providers to work toward increasing protective assets such as health care providers, playgrounds, and other community spaces in areas that have higher risk for poor health outcomes.

Supplementing city planning and geographic information with risk factor data can help strengthen our network so that the city can serve as a comprehensive model for effective and efficient care for its most vulnerable citizens.





# Autism

## Autism Spectrum Disorder (ASD) Services

CBH's Clinical Management and Network Development departments launched performance standards for Applied Behavior Analysis (ABA) at a provider forum in December 2016. These standards demonstrate our commitment to families impacted by ASD by ensuring they are able to access high quality, evidenced-based services. The standards exceed the State's minimum requirements and provide a blueprint for providers delivering ABA services to children with ASD. CBH has continued work on this effort through the development of additional ABA BHRS programs as well as by offering training, creating an ongoing learning collaborative, and providing technical assistance when needed. In 2017, EPIC and the Clinical Management and Network Development departments rolled out a process for providers who offer fidelity ABA programs to receive ABA program designation.



## Philadelphia Autism Project

2016 marked several noteworthy transitions for the Philadelphia Autism Project (PhillyAP). Councilman-At-Large and original PhillyAP stakeholder Derek S. Green continued City Council's ongoing commitment to the PhillyAP and has been a valued leader. CBH has taken on a more significant leadership role in PhillyAP activities as several key PhillyAP members transitioned their work to CBH, most notably Dennis M. O'Brien. The 119 PhillyAP initiatives, proposed by more than 130 stakeholders, continue to be realized under the direction of Dr. Lindsay Shea, Director of the ASERT Collaborative Eastern Region at the A.J. Drexel Autism Institute at Drexel University. Highlights include numerous trainings, website enhancements to [www.phillyautismproject.org](http://www.phillyautismproject.org), development of new toolkits, and targeted outreach to underserved and underrepresented communities as well as faith-based organization and the LGBTQIA community. 2017 has many exciting efforts underway including the expansion of seed funding, the second annual citywide conference in May 2017, the foundation for creating a Certified Peer Specialist in Autism curriculum, and much more.



Crisis intervention training provided for 200 police officers



Collaborative training and resource development with the Free Library of Philadelphia



ASD 101 for social work students



Early intervention resource developed in English/Spanish



Justice system and transition services training for child welfare professionals



Birth to 5 and funding work groups established to support early and adult ASD services



Hispanos Unidos Para Nino's Excepcionales (HUNE) parent support group resource navigation training



ASD 101 and transition services trainings for Office of Vocational Rehabilitation





# OUR PROVIDERS

CBH is committed to ensuring Philadelphians receive an array of quality, cost-effective, recovery-oriented, and evidence-based services. Targeted efforts include developing and expanding a wide array of community-based alternatives to restrictive settings, as well as developing specialized services for individuals with autism, youth involved in the juvenile justice and child welfare systems, and our chronically homeless population. Some of the ways we are working to boost provider supports include:

- **Incorporating value-based contracting and alternative payment arrangements**
- **Continuing to expand training opportunities, including for evidence-based practice trainings**
- **Enhancing the Pay-for-Performance program**
- **Conducting network capacity assessments**

# Network Development

## Year-End Highlights



### **4 new trainings developed, including:**

Clinical Processes for Individuals with Co-Occurring Disorders, Understanding Your Role in the RTF, Trauma Informed Framework for Clinical Practices, Effective Supervision Part II



### **4 new LOC implementations supported:**

Community and School Support Teams, Substance Use Acute Partial Hospitalization Program, Forensic Residential Treatment Facilities for Adults, and Intensive Behavioral Health Services



### **14 new programs credentialed at 7 agencies:**

Including FQHC, RTFA for forensic populations, substance use acute partial hospitalization, and school-based outpatient mental health services

Network Development strives to empower the provider community to reach their maximum potential by providing best-practice trainings, supporting organizational change, and facilitating the introduction of new services into our provider network.



### **25 programs received technical assistance:**

Including RTF, LTSR, Partial Hospitalization, School-Based, Substance Use and Mental Health Outpatient Services



### **11 clinical procurements issued:**

Including North Philadelphia outpatient, children's crisis services, and forensic adult residential treatment facilities (RTFA)



### **83 trainings conducted in English and Spanish:**

Including assessment, treatment planning, chart documentation, and effective supervision modules.



# Pay For Performance (P4P)

CBH has been using a Pay-for-Performance (P4P) model as a financial incentive to motivate providers to improve service quality since 2010. Service providers who achieve a certain level of performance receive a bonus payment at the end of the subsequent fiscal cycle based on their performance during measurement period.

CBH's P4P efforts over the past seven years have resulted in a complex financial incentive program for a population (Medicaid) and specialty (behavioral health) that has not typically received pay-for-performance application. In 2016, CBH assessed 10 levels of care (90% of paid services):

- BHRS (Wraparound and School-based Treatment Services)
- Community Integrated Recovery Centers (CIRCs)
- Drug & Alcohol Outpatient
- Drug & Alcohol Intensive Outpatient
- Drug & Alcohol Non-Hospital Residential Rehabilitation
- Inpatient Psychiatric (Adult, Child, and Extended Acute)
- Journey of Hope (Chronically Homeless)
- Mental Health Outpatient
- Residential Treatment Facilities for Children (RTF)
- Targeted Case Management

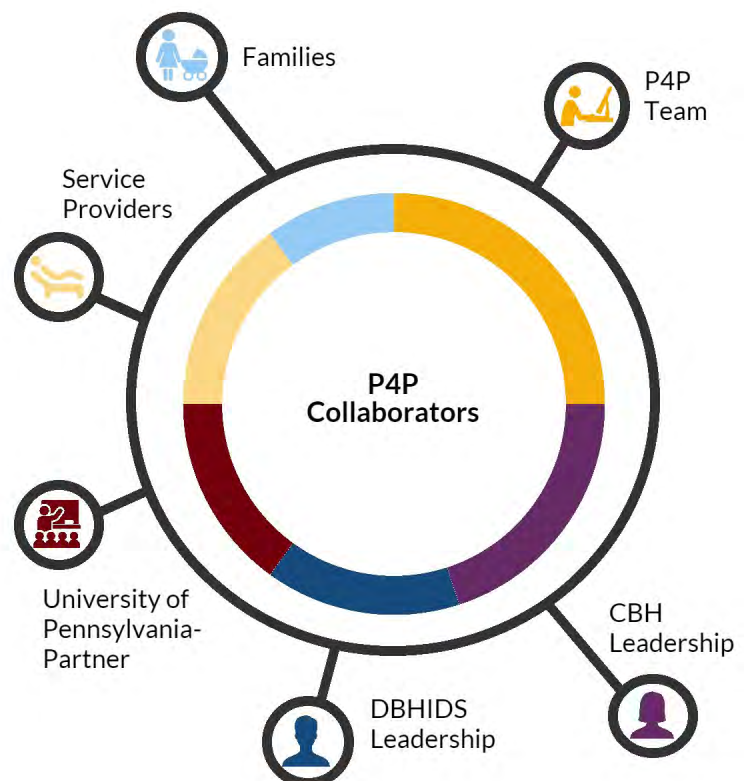
In a continuing effort to include member and family voice in P4P assessment of provider performance, CBH utilized satisfaction surveys with parents of children receiving school therapeutic services (STS). The survey gathered information on provider engagement of families in their children's services, parents satisfaction with that level of engagement, and parent satisfaction overall with their children's STS providers.

## 2017 Progress

In 2017, PEAR is piloting a satisfaction survey with adults who are receiving Mental Health Outpatient services. Survey use for other levels of care will be incremental as we strive to meet our goal to include satisfaction data in P4P.

CBH formed a P4P Advisory Committee in response to providers' requests, which is comprised of providers, PEAR P4P staff, and other DBH and CBH representatives.

The Advisory Committee serves as a forum for providers to give consistent input on the P4P process and to share ideas around performance improvement. The first Advisory Committee meeting was held in March 2017.

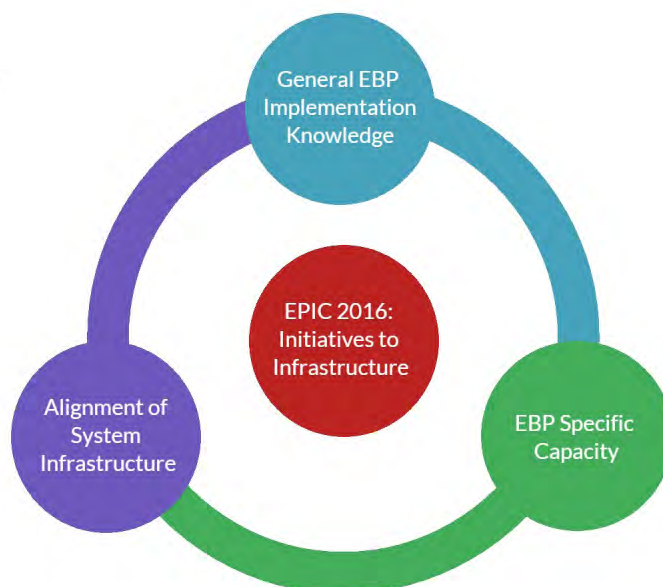


# Evidence-Based Practice & Innovation Center (EPIC)

EPIC's 2016 strategic plan focused on the following 3 goals:

- 1 Bolstering evidence-based practice (EBP) and implementation knowledge
- 2 Increasing EBP specific capacity
- 3 Integrating EBPs in system operations

Take a look below for a few of our key accomplishments.



## BOLSTERING EBP KNOWLEDGE:

Hosted numerous events to increase understanding of evidence-based practices, implementation science and to connect with providers doing strong EBP work.

- EPIC Seminar Series – 5 seminars with a combined total of 420 attendees
- Collaborative Case Conferences – 5 conferences with a combined total of 360 attendees
- EPIC Open House – 30 providers highlighted, 21 EBP champion awards given, 3 guest speakers. 250+ attendees
- EPIC Mailing List – 1,600 contacts registered to date
- EPIC Newsletter- highlighting EBP related events and accomplishments

## INCREASING EBP SPECIFIC CAPACITY- SUPPORTING EBP INITIATIVES

EPIC supports the proliferation of EBPs by offering expert training, consultation and implementation support for several EBP initiatives (CBT, DBT, PCIT, PE, & TF-CBT). Take a look at our accompanying provider map to see the extent of our EBP reach.

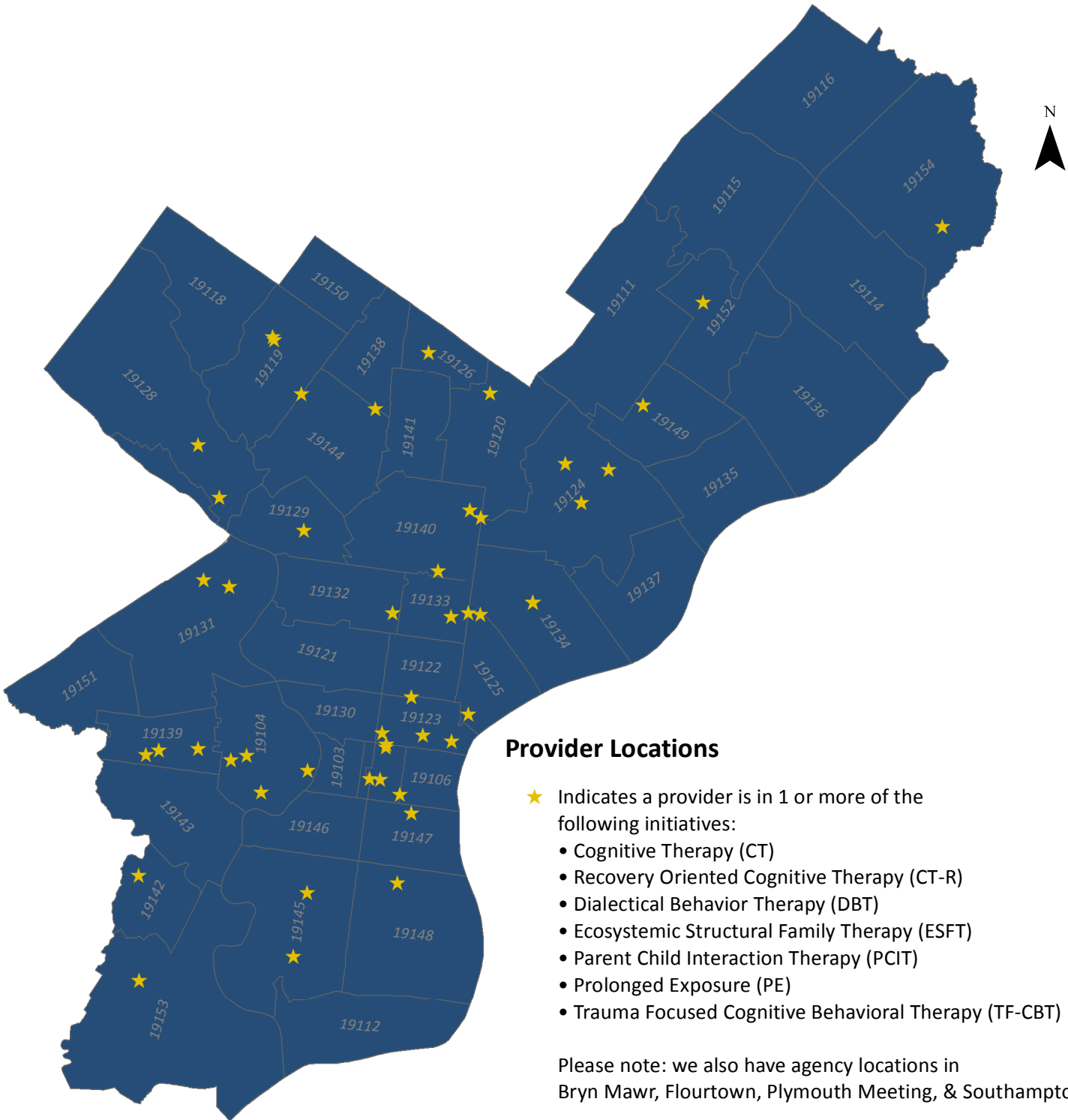
## INTEGRATING EBPs IN SYSTEM OPERATIONS- 2017 Progress

Collaborated with academic, system and provider stakeholders in the development of strategies including financial incentives and a way to recognize providers doing strong EBP work.

- Development of EBP verification and tracking process
- Embedded EBPs in procurements, including: EBP initiative RFAs & RFPs for new services
- Creation of departmental EBP Champions (Clinical & NIAC): helping to integrate EBPs into daily operations



# DBHIDS Evidence-Based Practice Initiatives



0 1.25 2.5 5 Miles



# OUR INFRASTRUCTURE

CBH is committed to ensuring long-term viability and success by: enhancing our infrastructure; attracting and retaining a talented and diverse workforce; focusing on outcome measures; and adopting a cross-agency total quality improvement philosophy. Our vision and mission will be complemented by an embrace of innovation, new technologies that maximize our effectiveness, and a continued exercise of fiscal responsibility.

A few of our goals within this domain are:

- Achieve “Employer of Choice” status
- Increase utilization of data and analytics in decision making
- Attain National Committee for Quality Assurance (NCQA) accreditation
- Create the framework for a competency-based training and professional development program
- Enhance agency-wide focus on Total Quality Management (TQM)
- Develop a formalized internal compliance plan



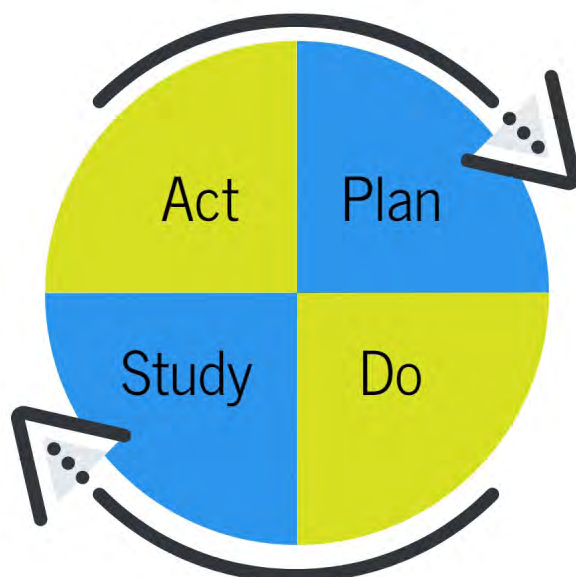
# Quality Management

CBH ensures providers in our network follow best practices so that our members receive the best healthcare services.

The quality management program receives oversight from Quality Council, a quality improvement committee composed of leadership representatives from DBHIDS, CBH, OMHSAS, and the Consumer Satisfaction Team (CST). Quality Council also receives input from the provider community through the Provider Advisory Council, a sub-committee of Quality Council.

## Our Approach to Quality

- 1** Population Health: CBH wants to create a community in which every member can thrive. We work toward promoting health, wellness, and self-determination. CBH recognizes that poor health is also caused by non-medical factors and works to address social and environmental problems in the community.
- 2** The Triple Aim: Our goal is to improve our practices so our members will have better health and better care at better costs.
- 3** Dimensions of Quality: We believe all health care should be safe, effective, consumer-centered, timely, efficient, and equitable.
- 4** Continuous Quality Improvement: CBH follows a quality improvement process known as the Deming Cycle (Plan-Do-Study-Act). This means that we plan a quality improvement activity by determining a goal. Next, we complete one or more activities to achieve our goal. We study the results of our activity and then we make changes based on our results.



# Quality Management

## Quality Management Department

The quality management department consists of three teams: Complaints and Grievances, Provider Monitoring, and Quality Reporting. Quality management staff are responsible for monitoring services provided by CBH staff and providers to make sure members receive high quality services.

The Complaints and Grievances team is responsible for processing all complaints and grievances received from members.

The Provider Monitoring team monitors significant member incidents and quality concerns. Team members work with providers to develop an action plan to improve the quality of care given to members. The provider monitoring team also works with providers to evaluate the effectiveness of service programs.

The Quality Reporting team is responsible for working with CBH departments to set goals for the development of the annual work plan. The Quality Reporting team monitors CBH processes to determine how well we meet our goals through an annual evaluation. Results of the annual evaluation are reported to the Pennsylvania Department of Human Services Office of Mental Health and Substance Abuse Services (OMHSAS) and highlights of the annual evaluation are described in this annual report.

## How Is the Quality Management Department Working to Infuse Quality throughout the Organization?

- We meet with CBH departments on a quarterly basis to review their performance on Health Choices Program Standards & Requirements
- We work with CBH departments to identify interventions to improve our performance on:
  - a. National (HEDIS) and PA-specific standards for 7 and 30 day follow-up after hospitalization for mental illness*
  - b. Statewide Performance Improvement Project (PIP) goals*
    - i. reducing readmissions within 30 days of an inpatient psychiatric discharge;
    - ii. increasing adherence to antipsychotic medication by individuals diagnosed with schizophrenia;
    - iii. improving discharge management planning to ensure that our members are connected to outpatient services.
- We are leading CBH's efforts to pursue National Committee for Quality Assurance (NCQA) accreditation.
- We are revamping the Provider Satisfaction Survey to allow for multiple levels of feedback from the provider network and incorporating the feedback received to improve CBH departmental operations.
- We are developing an organization-wide inter-rater reliability program to ensure consistent decision making across the organization.
- We are responsible for reporting on quality improvement goals, reviewing the overall effectiveness of our quality management program, and reporting the results in our annual evaluation. Quality improvement activities address multiple areas to ensure members receive quality services from CBH and our provider network.

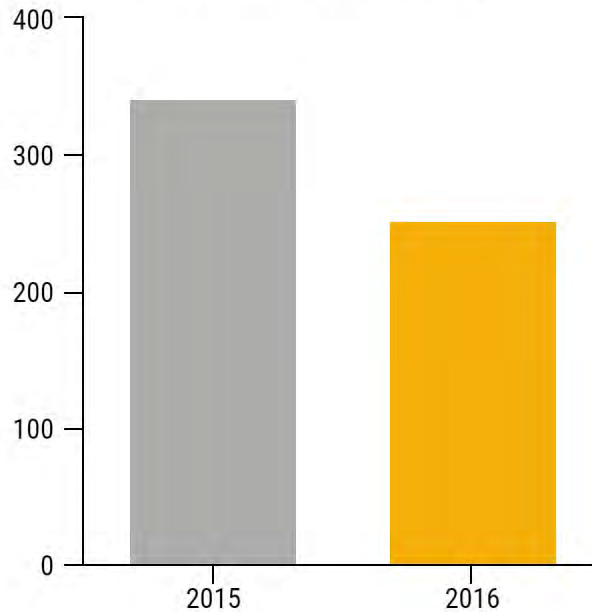


# Compliance

## Internal Compliance

CBH utilizes a shared services model as its internal controls mechanism. The goal of the model is to allow each CBH department to design, implement, and assess its unique compliance activities. Each department within CBH has procedures to ensure that no CBH employee engages in any fraudulent activity and that daily operations are conducted in a manner consistent with the requirements governing the specific work function. Such procedures are also designed to detect and mitigate against any suspected violations. The shared services model drives accountability within each department, making it inherently easier to monitor and manage processes and to reduce incidences of FWA, thereby assisting CBH with more focused and effective risk management.

# Program Audits Conducted



## External Compliance

CBH Compliance has shifted from a routine, schedule-based auditing system to one that utilizes randomized, statistically significant samples related to the potential of specific concerns. As a result, the number of audits has dropped dramatically as the routine system has been scaled back. The represented numbers include routine, education, targeted, and self-audits constructed and processed.

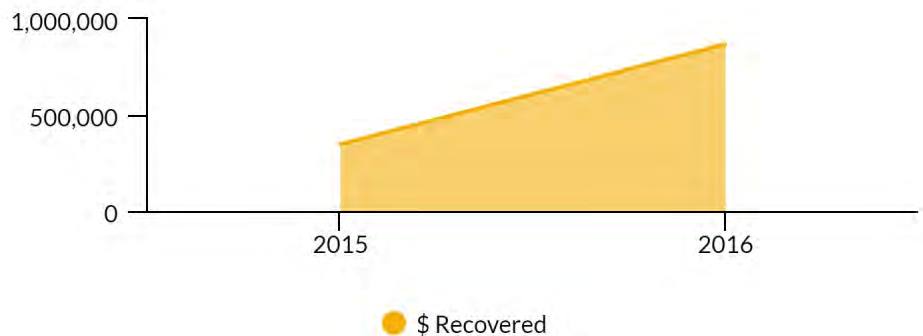
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As the number of providers audited from 2015 to 2016 has dropped, the training and education component has increased to include individual provider agency trainings, the, 'Compliance Matters' quarterly newsletter, and the annual Compliance Forum.



## Self-Audit Recoveries

Provider-initiated self-audits now account for nearly half of all recoveries, a clear result of increasing the emphasis on training and educating providers and staff on the importance of combating fraud, waste, and abuse (FWA).

# Looking Ahead

I want to thank the Community Behavioral Health Board of Directors and all of the CBH staff for their efforts to ensure 2016 was another successful year. I am proud of the role CBH plays as an integral part of the Philadelphia social services system, serving as a strong partner to other city departments and providing support to major city priorities. Our collaborative approach positions us to have a greater impact on the health and well being of all Philadelphians.

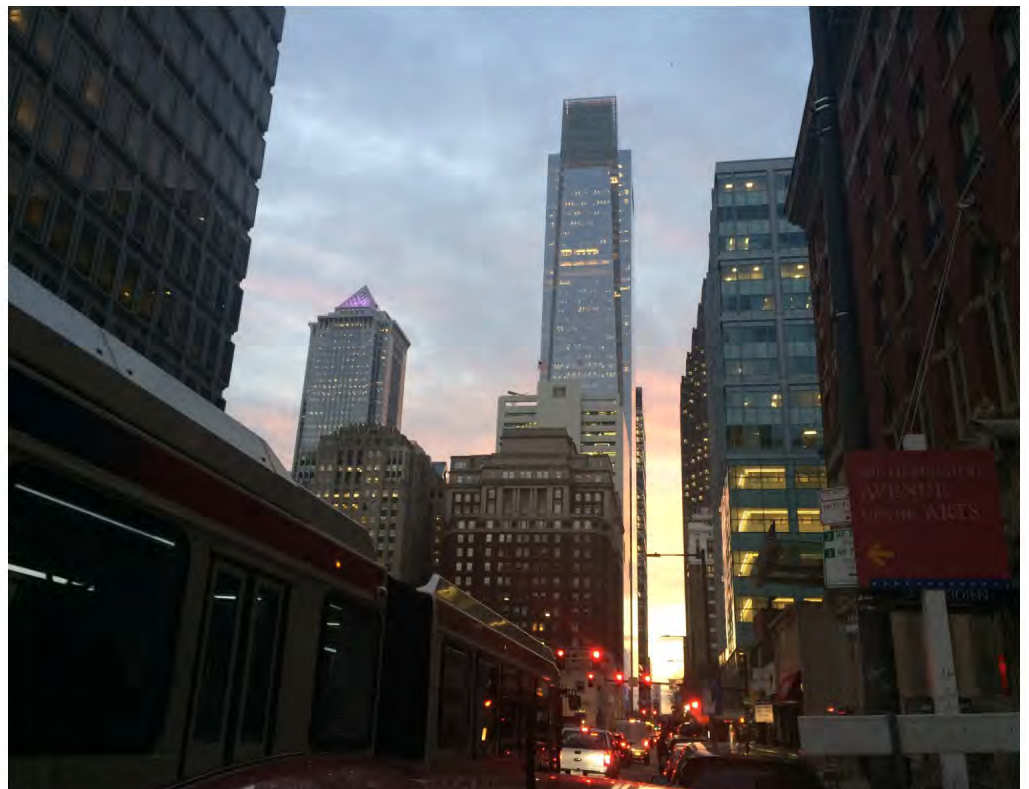
In calendar year 2016, we made significant progress in our efforts towards transforming the children's services continuum. We laid the groundwork to enhance school-based behavioral health supports available to our children to help ensure educational success. We also revitalized our children's mobile crisis services, with the goal of supporting families in the community, resolving real-time crises, and preventing unnecessary inpatient hospitalizations. Our enhanced monitoring of residential treatment facilities, in collaboration with Philadelphia's Department of Human Services, has yielded many lessons learned and created a road map of next steps. These efforts and more marked significant change and progress to transform services for our youth, and 2017 will be a year where many of these efforts are fully realized.

With over 900 overdose deaths in 2016, the opioid epidemic sadly impacted our city. Growing recognition that opioid use was quickly becoming a local crisis created a multi-faceted response, including vast expansion of medication-assisted treatment (MAT) slots, development of a partial hospital program for individuals with co-occurring disorders, and trainings for prescribers and emergency responders on best practices and harm reduction approaches.

We face challenging financial times ahead. Our ability to foster strategic partnerships with city departments, academic partners, and other community stakeholders will be key to our success. Most importantly, CBH's partnership with our provider network will be the crucial factor for ensuring our members' needs are met. I am confident we will continue to make progress and improve our system.



Joan L. Erney, JD  
Chief Executive Officer, CBH







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