

2017 Annual Report: Philadelphia Behavioral HealthChoices Program

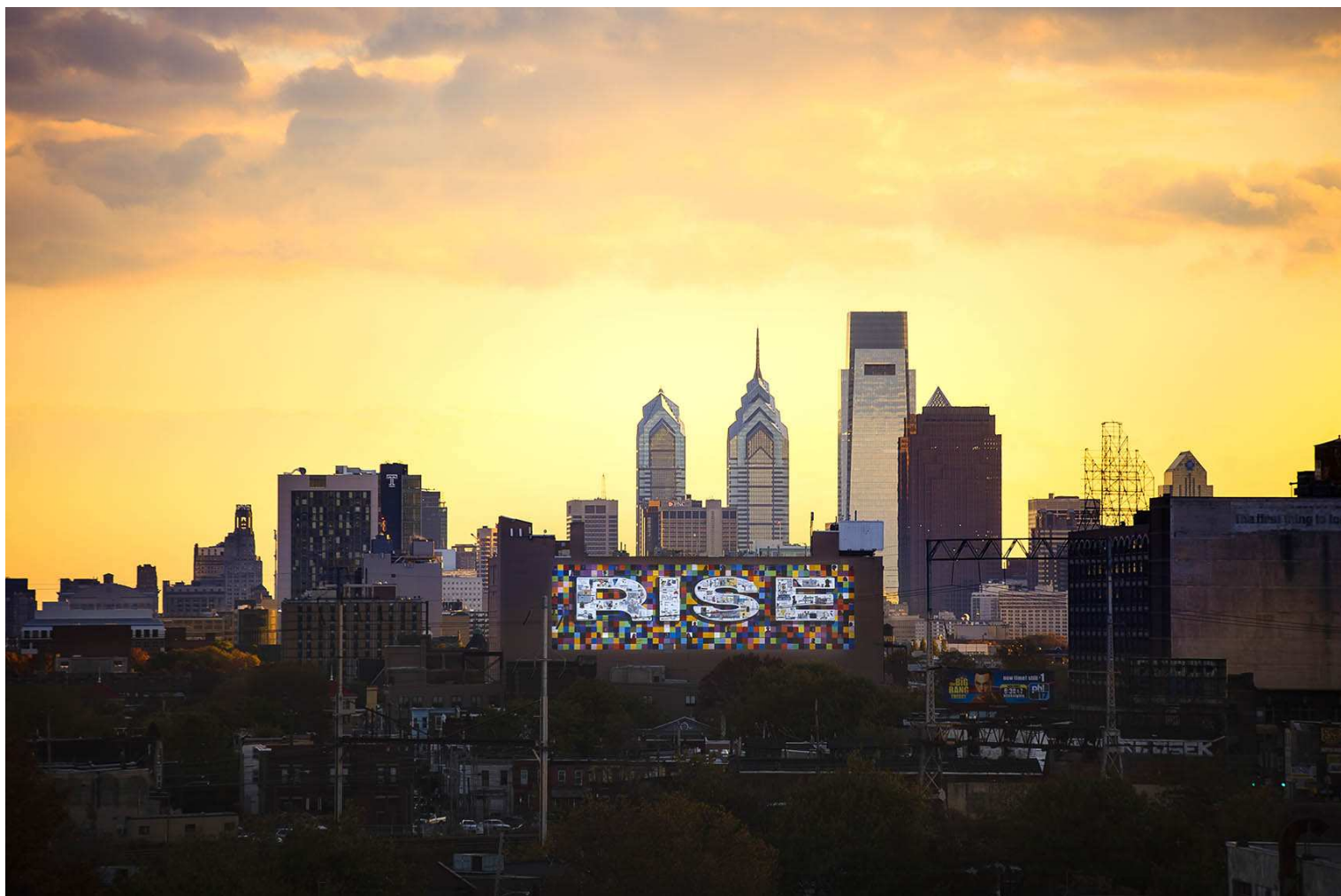


Table of Contents

Foreword	1
Introduction	2
2017 At a Glance	3
Our Members	6
Our Providers	17
Our Infrastructure	21
Looking Ahead	27

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 Friends,

On behalf of the Community Behavioral Health (CBH) Board of Directors and the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), we are pleased to present you with the 2017 Philadelphia HealthChoices Program annual report. The report describes our priorities and accomplishments, highlights our ongoing commitment to our members, and provides a preview of 2018 focus areas.

We are committed to Pennsylvania's HealthChoices program objectives of ensuring access, quality, and cost-effectiveness in health care services. We continue to utilize cross-systems collaborations to bolster member access points in our schools, courts, and community. Similarly, our enhanced collaborative relationships with Philadelphia physical health managed care organizations have helped to ensure members receive coordinated and integrated treatment. In 2017, we enhanced our continuum of children's services. For example, we bolstered our array of children's crisis services including launching two mobile services: Children's Mobile Crisis Teams (CMCTs) and Children's Mobile Intervention Services (CMIS).

As projected in our 2016 report, we began 2017 by playing a significant role in the Mayor's Taskforce to Combat the Opioid Epidemic in Philadelphia. The taskforce was co-chaired by former DBHIDS Commissioner Dr. Arthur C. Evans, with two of the five sub-committees co-chaired by CBH and DBHIDS staff members. The remainder of 2017 was spent working collaboratively on the implementation of the taskforce recommendations.

Finally, this report marks two milestones. February 1, 2017 marked the 20th Anniversary of CBH, which was commemorated through our 20th Anniversary Report that can be found on the DBHIDS website. 2017 is also a personal milestone as it marks my start as Commissioner of DBHIDS and Chairman of CBH Board of Directors. We are always striving to improve the behavioral health system to positively impact all Philadelphians, and I am proud of our accomplishments. This report is a celebration of those accomplishments as well as a road map of where we are heading.

Sincerely,



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



Introduction

Community Behavioral Health (CBH) is a non-profit 501c(3) corporation contracted by the City of Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) to manage the administration of the HealthChoices behavioral health program of the Commonwealth of Pennsylvania. This program covers mental health and substance use services for Medicaid recipients of Philadelphia County. In partnership with DBHIDS, services are delivered in accordance with HealthChoices, which is governed at the federal level by the Centers for Medicare and Medicaid Services (CMS) and administered at the state level through the Pennsylvania Department of Human Services (PA DHS) and the Office of Mental Health and Substance Abuse Services (OMHSAS).

CBH contracts with Medicaid enrolled and licensed service providers with the requirement that they deliver effective and medically necessary services to covered members 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.

Our Members

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

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 services for specialized populations such as individuals with autism, youth involved in the child welfare system, and forensic-involved adults reentering the community.

Our Infrastructure

To assure the capability of CBH to provide members with innovative, effective, and appropriate care, CBH is committed to sustaining its long term viability 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 a holistic approach to innovation, new technologies that maximize our effectiveness, and a continued exercise of fiscal responsibility.

2017

At a Glance



278

programs reviewed by
Network Improvement &
Accountability Collaborative (NIAC)

175

in-network providers
with multiple sites

500

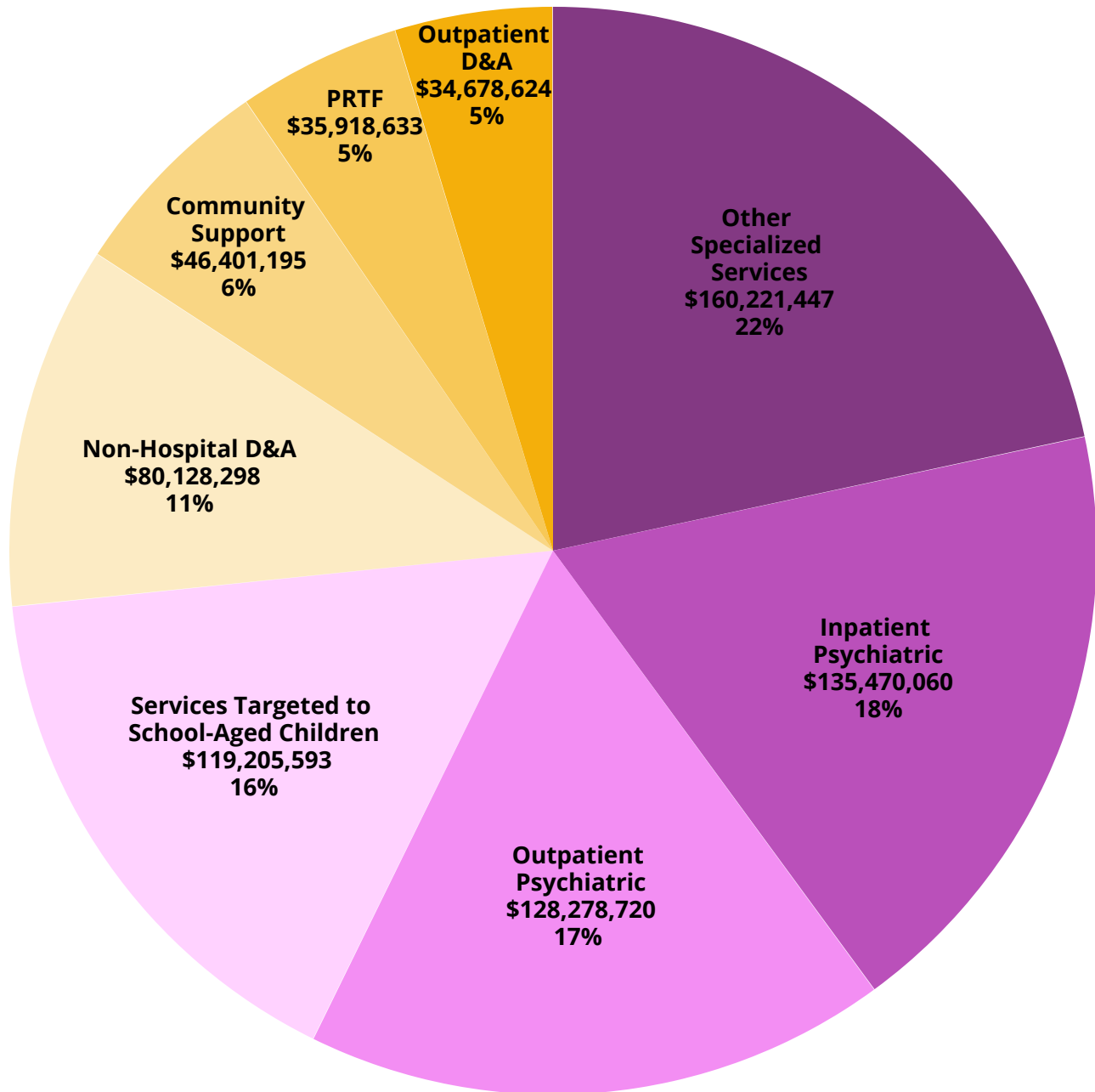
average daily phone calls
to Member Services

4,330

language interpretation
requests fulfilled

2017 Medical Expenses by Level of Care

When CBH first opened its doors in 1997, psychiatric inpatient stays accounted for 32% of overall medical expenses. Since then, a wide variety of treatment options have been made available in the community, leading to a 44% decrease in psychiatric inpatient spending out of total expenses.



Total= \$740,302,570

Abbreviations: D&A= Drug & Alcohol, PRTF= Psychiatric Residential Treatment Facility. Other Specialized Services includes: Inpatient D&A, Intensive Outpatient D&A Treatment (IOP), Community Integrated Recovery Centers (CIRCs), Assertive Community Treatment (ACT), lab services, and other services. Community Support includes: crisis residence, crisis intervention, family rehab, and specialized case management. Non-Hospital D&A includes all detoxification, rehabilitation, and residential services excluding inpatient D&A.

2017 Utilization Trends

Level of Care (LOC)	Unique Members Served*
Inpatient Psychiatric	14,144
Inpatient Drug & Alcohol	381
Intensive Outpatient Drug & Alcohol (IOP)	13,696
Non-Hospital Drug & Alcohol	8,167
Outpatient Psychiatric	91,013
Outpatient Drug & Alcohol	20,422
School-Based Services	11,586
Psychiatric Residential Treatment Facility (PRTF) Accredited	420
Psychiatric Residential Treatment Facility (PRTF) Non-Accredited	194
Residential Treatment Facility Adult (RTFA)	315
Ancillary	27,171
Community Support	11,829
Assertive Community Treatment	2,640
Community Integrated Recovery Centers	2,393
Other	21,100
Total Unique Count	118,458

Age	Unique Members Served*	DHS Address	Autism Diagnosis	SMI Diagnosis
0-5	4,192	678	1,176	55
6-12	18,624	2,807	2,886	2,155
13-17	12,696	3,326	1,268	4,300
18-20	5,186	1,264	418	2,720
21-44	46,144	588	435	28,947
45-64	34,607	-	89	26,477
65+	1,945	-	11	1,483
Total Unique Count	118,458	7,868	5,598	64,096

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

Abbreviations: 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.

OUR MEMBERS



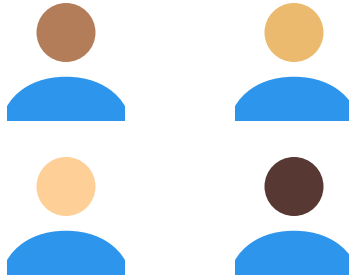
Participants in the Cooking with Confidence program, p.15

"After completing the 6-month program, I see a confidence I never felt before because I've always been intimidated or insecure with myself. If something didn't go my way, I would get angry or just break down and cry. My family was distant from me because of my erratic behavior, but they see a change in me."

-Recipient of Dialectical Behavior Therapy (DBT) at Merakey

2017: Our Members at a Glance

Over 714,000
eligible members



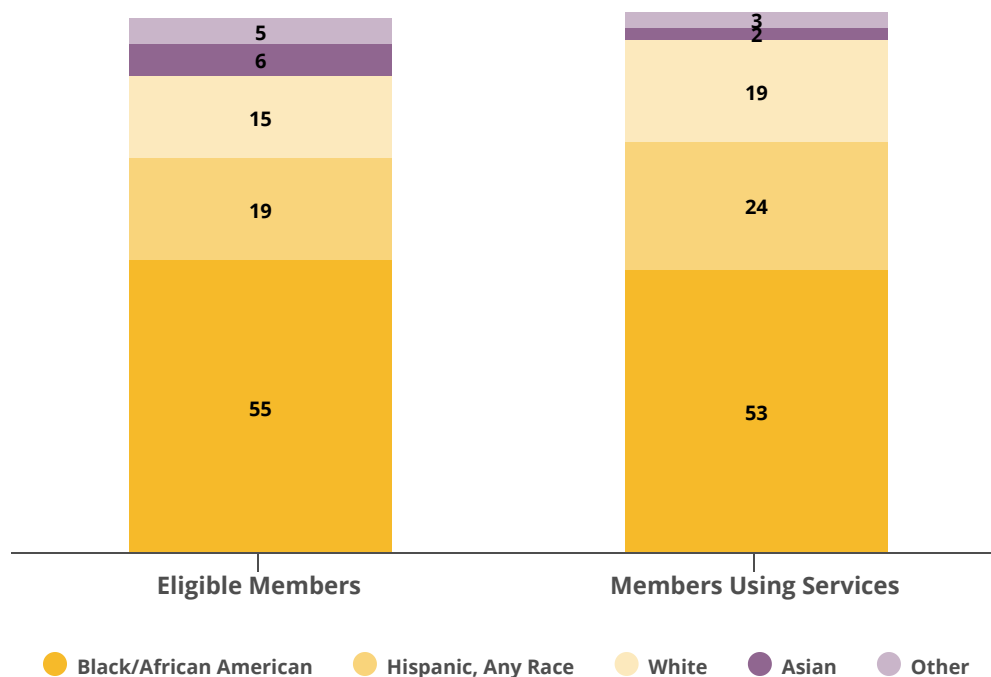
Over 118,000
used services

Eligible members:
46% Male
54% Female



Used services:
52% Male
48% Female

Race/Ethnicity of CBH Members (%)



Cross-Systems Collaboration



School Initiatives

The School District of Philadelphia, the City of Philadelphia, and DBHIDS/CBH partnered to create the Philadelphia Support Team for Education Partnership (STEP) Project. The STEP Project aims to ensure wellness for all youth and families by identifying drivers of behavioral issues early on and facilitating connections to appropriate resources. The ultimate goal is to reduce missed instructional time and prevent children from going into crisis. To reach this goal, a behavioral health support team will be placed in twenty-one District schools and one charter school.



A Case Manager who is mobile and able to work with children and families to facilitate connections with social services and/or treatment resources in the community.



A Social Worker who can identify the needs of youth and families, help navigate involvement in social support systems, and provide referrals for behavioral health evaluation and treatment opportunities.



A School Behavioral Consultant who can provide consultation on school-wide behavioral interventions, classroom management techniques, and behavioral health needs of students.

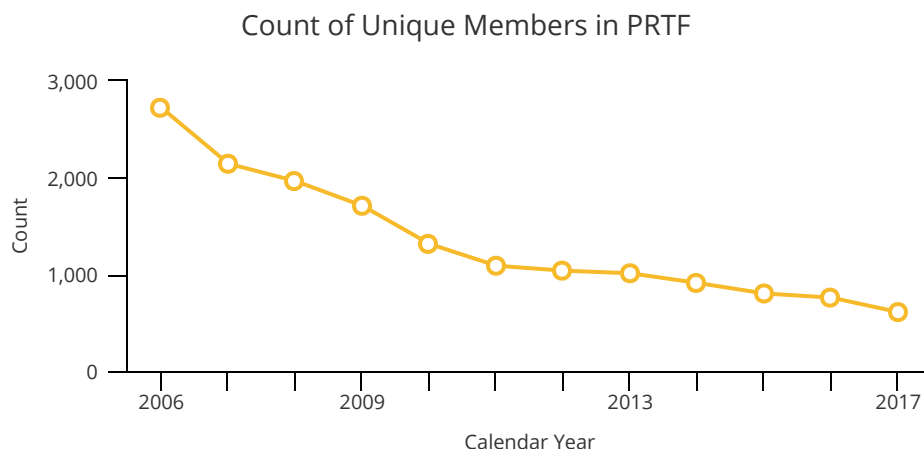


A Family Peer Specialist who is a specially trained caregiver with lived experience, supporting students through behavioral health or social issues that impact academic progress.



Philadelphia Department of Human Services (DHS)

CBH, in partnership with Philadelphia DHS, has decreased the number of children placed in Psychiatric Residential Treatment Facilities (PRTF) by nearly 78% from its peak in 2006 (2,723) to 609 in 2017. CBH and DHS implemented a more intensive monitoring strategy for PRTF programs with a focus on increased cross-departmental and cross-systems collaboration, and a “Community of Practice” Summit was held in December 2017 with participation from a wide variety of stakeholders. This meeting fostered multiple strategies to advance best practice implementation and adherence to those practices through a data-informed process.



Cross-Systems Collaboration



Forensic Services

DBHIDS and CBH have implemented programs that focus on the behavioral health needs of the forensic population, including expanded residential treatment facility-adult (RTFA) capacity for individuals discharged from the forensic unit at Norristown State Hospital. Treatment models for the current and upcoming programs include the Beck Community Initiative's recovery-oriented cognitive therapy approach, Dialectical Behavior Therapy (DBT), and Mobile Psychiatric Rehabilitation Services (MPRS) available as a step-down for members discharged from the RTFA program. In addition, DBHIDS collaborates with Philadelphia Department of Prisons to ensure the provision of medication-assisted treatment (MAT) in jail.



The Tobacco Recovery and Wellness Initiative (TRWI)

TRWI is a cross-system partnership with the Philadelphia Department of Public Health (PDPH) Tobacco Policy and Control Program and the University of Pennsylvania Comprehensive Smoking Treatment Program. TRWI recognizes tobacco use as a core behavioral concern deserving attention and resources along with other drugs of use and misuse.

In 2017, a series of Learning Collaborative calls were conducted to support the implementation of tobacco-free environments and the integration of tobacco cessation services across residential drug and alcohol treatment providers. The goal for TRWI is that all CBH contracted residential drug and alcohol providers will be tobacco-free by January 1, 2019.



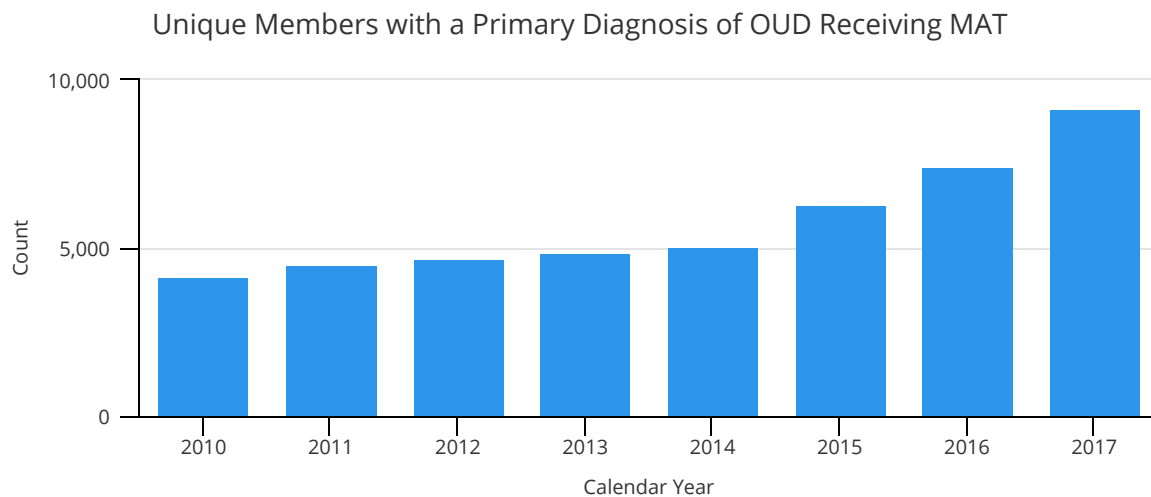
Penn Presbyterian went tobacco-free April 1, 2018

Addressing the Opioid Epidemic

In 2017, **1,217** unintentional drug overdose deaths occurred in Philadelphia, with 88% of cases involving opioids. On May 19, 2017, Mayor James Kenney's Task Force to Combat the Opioid Epidemic in Philadelphia released its final report and recommendations (1). The 18 recommendations – organized by Prevention and Education, Treatment, Overdose Prevention and Criminal Justice – provide actionable, evidence-based steps the City and its partners can take to reduce the harmful effects of opioids in our community. CBH is a crucial partner in this fight and has participated in the planning and implementation of several of these steps.

Ensuring Access to Medication-Assisted Treatment

The number of individuals with a primary diagnosis of opiate use disorder (OUD) who participate in some form of medication-assisted treatment (MAT) has increased since 2010. In 2017, **over 9,000 individuals received some form of MAT**, an increase of 23.3% from 2016.



Pennsylvania was one of the states that expanded Medicaid eligibility under the Affordable Care Act (ACA). Studies have shown that opioid prescribing rates are not significantly different between expansion and non-expansion states (2); however, rates of Medicaid-reimbursed MAT, particularly buprenorphine, have risen in expansion states (2,3). Increased access to behavioral health care is thus crucial to combating the opioid crisis.

1. Full report available at: https://dbhids.org/wp-content/uploads/2017/05/OTF_Report.pdf

2. Sharp, A., Jones, A., Sherwood, J., Kutsa, O., Honermann, B., & Millett, G. (2018). Impact of Medicaid Expansion on Access to Opioid Analgesic Medications and Medication-Assisted Treatment. *American journal of public health*, 108(5), 642-648.

3. Wen, H., Hockenberry, J. M., Borders, T. F., & Druss, B. G. (2017). Impact of Medicaid expansion on Medicaid-covered utilization of buprenorphine for opioid use disorder treatment. *Medical care*, 55(4), 336-341. Chicago

Philadelphia Medicaid Prescriber Dashboard Initiative

In Philadelphia, an alarming number of adults- **nearly 1 in 7**- are taking pharmaceutical opioids.



In addition to increasing treatment access, the Mayor's Opioid Task Force recommended supporting evidence-based approaches to changing opioid prescribing behavior and establishing insurance policies that support safer prescribing and appropriate treatment. In June 2017, CBH, PA DHS, PDPH, the University of Pennsylvania's Center for Mental Health Policy and Services Research (CMHPSR), and Philadelphia's four physical health managed care organizations (PH-MCOs) began collaboration on the Medicaid Prescriber Dashboard Initiative. The Initiative shares data (screenshot below) with the City's medical professionals that illustrates their prescribing patterns, including a summary of their prescribing history and how they compare to the average prescriber of the same specialty. The first distribution of the Philadelphia Medicaid Prescriber Dashboard reports was circulated to over 2,600 prescribers on December 29, 2017.

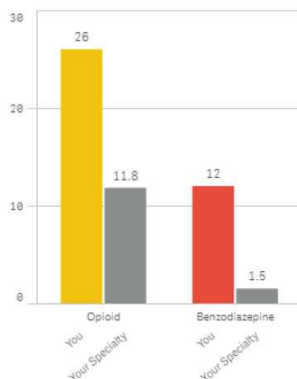
Philadelphia Medicaid Prescriber Dashboard Opioids & Benzodiazepines

National Provider ID:
Prescriber Name:
Specialty:

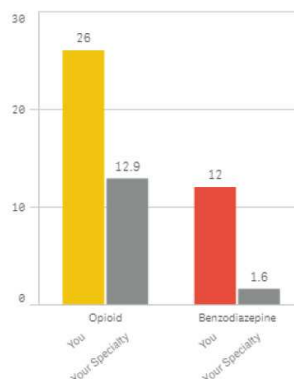
July 1, 2016 – June 30, 2017



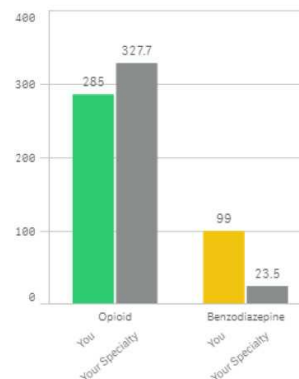
of Patients Prescribed



of Prescriptions Written



of Pills Prescribed



Number of your MA patients who received an opioid or benzodiazepine prescription from you, who also received substance abuse or addictive disorder treatment in the past two years:

4

Number of your MA patients who received a combination of opioid and benzodiazepine prescriptions with at least one from you:

12

Number of your MA patients who received at least an opioid prescription of more than 90 morphine milligram equivalents (MME) per day from you:

0

Number of your MA patients who received opioid or benzodiazepine prescriptions from three (3) or more prescribers with at least one from you:

19

Integrated Care



Physical & Behavioral Health (PH/BH) Interventions

Since 2008, CBH has developed and implemented programs and partnerships with providers, system partners, and PH-MCOs to promote health care integration for members with significant PH/BH needs. Integrated care initiatives include: the Behavioral Health Consultant model in federally-qualified health centers (FQHCs) and FQHC Look-Alikes, co-located behavioral health services in primary care sites, co-located physical health services in community mental health clinics, and Opioid Use Disorders Centers of Excellence. Two significant initiatives are highlighted below.

Community-Based Care Management (CBCM)

CBH partners with Health Partner Plans (HPP) to target members with high-cost and high utilization of health care services.

1,140 members **3,782** contacts **10** sites

In late 2017, CBH implemented its second CBCM team in partnership with KeystoneFirst, adding behavioral health clinicians and certified peer specialists into contracted primary care sites and hospital emergency departments.

Pay for Performance Integrated Care Program (ICP)

In partnership with 4 PH-MCOs, CBH's PA-required ICP seeks to improve health care quality and reduce expenditures through enhanced care coordination for members with SMI.

3,136 integrated care plans completed by 2017

ICP Outcome Measure Results

Measure	Directional Goal	2015 Rate	2016 Rate
PH/BH Admissions	↓	25.6*	22.7*
PH/BH 30-Day Readmissions	↓	21.8%	18.8%
Initiation of AOD	↑	25.75%	22.30%
Engagement of AOD	↑	18.46%	13.90%
SAA	↑	66.63%	64.30%
ED Utilization	↓	142.81*	158.61*

CBH recently learned that progress on two outcome measures (PH/BH Admissions and 30-Day Readmissions) will result in the receipt of a Pay for Performance Award in 2018. Several interventions are underway to ensure CBH continues to improve across all ICP performance measures.

Abbreviations: AOD= Alcohol and Other Drug Dependence Treatment, SAA= Adherence to Antipsychotic Medications for Individuals with Schizophrenia, ED= Emergency Department.

*Expressed as events per 1,000 SPMI-defined member months for members with SPMI history.

Children's Services Continuum

The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded DBHIDS two continuation grants totaling \$6 million over nine years. CBH has an integral role in the implementation of both grants.



Philadelphia System of Care (PSOC)- The PSOC expansion grant aims to create a family-driven, youth-guided, trauma-informed and culturally and linguistically competent network of services and supports for youth and their families. The primary population focus is youth ages 8-18 in or at risk for PRTF placement, the majority of whom are also involved in the child welfare and/or juvenile justice systems. Some of PSOC's major goals are reducing PRTF utilization and length of stay as well as better coordination of care for multi-system involved youth and their families.

2017 Key Accomplishments

- **New High Fidelity Wraparound (HiFi Wrap) team established with a specific focus on youth in DHS custody without identified adult supports**
- **Family peer specialist training developed by the Family Run Executive Director Leadership Association (FREDLA), in partnership with OMHSAS**
- **Specialized PRTF model developed with technical assistance from Building Bridges Initiative, a national leader in transforming RTF care**
- **Family Legacy Organization established and Youth MOVE expanded, an organization driven by youth with lived experience**



The Philadelphia Alliance for Child Trauma Services (PACTS) II: Reaching the Most Vulnerable Youth- PACTS II is a child and adolescent behavioral and physical health system-wide trauma initiative promoting universal trauma screening, education, prevention, and intervention. The focus is on: young children ages 2-6; lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth; commercially sexually exploited children (CSEC); and intentionally injured youth (IY).

2017 Key Accomplishments

- **2,750+ youth screened for trauma exposure and traumatic stress reactions**
- **900+ Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) cases opened**
- **5 youth ages 16-20 actively participate on the PACTS Youth Advisory Board**
- **PACTS Caregiver Advisory Board established in partnership with COMHAR Latino Treatment Program (LTP)**

Children's Services Continuum



Expansion of Children's Crisis Resources

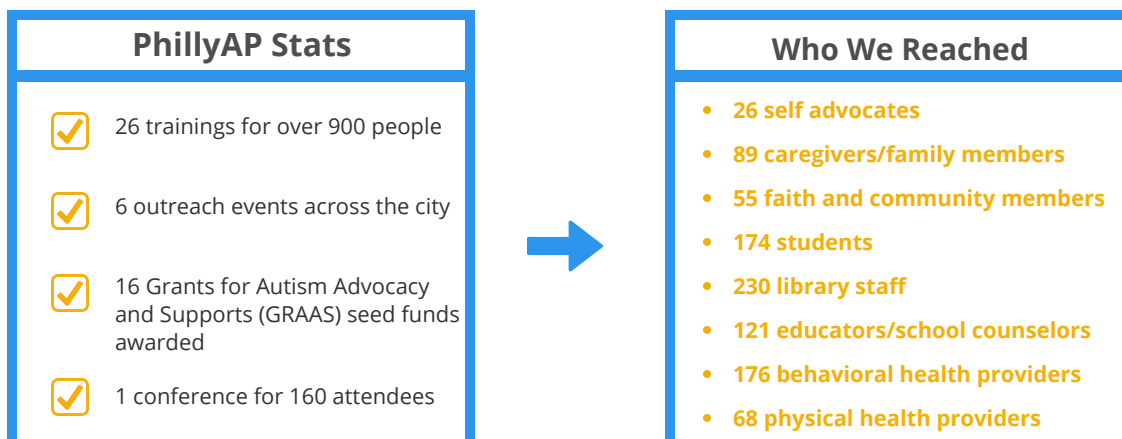
In 2017, crisis services for ages 0-21 were expanded to include two new mobile services: Children's Mobile Crisis Teams (CMCTs) and Children's Mobile Intervention Services (CMIS). In addition, the new Philadelphia Children's Crisis Response Center (CRC), a partnership with Belmont Behavioral Hospital, Children's Hospital of Philadelphia (CHOP), and the city of Philadelphia, opened in January 2018. The service array focuses on rapid response, early intervention, and short-term treatment that specializes in a resolution-focused and family-driven approach.

- **CMCTs: short-term rapid response, crisis stabilization, and case management services. Services are provided for 72 hours following the initial referral to ensure immediate stability and linkage to supports**
- **CMIS: provides brief intensive interventions, psychiatric assessment, case management, and medication management as needed for up to six weeks**
- **CRC: provides emergency treatment, assessment and referral services on a 24/7 basis**



Autism Services

Children diagnosed with an Autism Spectrum Disorder (ASD) receive approximately half of all Behavioral Health Rehabilitation Services (BHRS) managed by CBH. Over the last year, CBH supported six providers in attaining the Performance Standards for Applied Behavior Analysis (ABA) Designation. Since that time, over 260 children have received services and ABA referrals continue to increase at a rapid pace. CBH has bolstered efforts targeted to individuals with autism by collaborating with the School District of Philadelphia to support the sustainability of grant-funded ABA in ASD classroom initiatives and through a partnership with the Philadelphia Autism Project (PhillyAP). City Councilman At-Large Derek S. Green continued his leadership of and commitment to PhillyAP, with 2017 highlights below.



Children's Services Continuum

Philadelphia Autism Project (PhillyAP)



Cooking with Confidence:

The Free Library of Philadelphia Culinary Literacy Center partnered with PhillyAP to offer free hands-on cooking classes. The participants included individuals receiving waiver services, individuals recruited from the general public, and Philadelphia high school Students. Participants prepare meals, share it with the group, and go home with a new recipe to cook with family and friends.



PhillyAP Annual Conference :

CBH hosted the Fostering Connections: Living, Working and Building Relationships conference, offering a variety of learning topics including: employment innovations, transportation supports, self-advocacy, building relationships, establishing community connections and changes to the Autism and intellectual disability (ID) programs in PA.



Grants for Autism Advocacy and Support (GRAAS):

Funding was awarded to individuals with autism and their families to start or strengthen self-advocacy and/or peer support groups for individuals living with autism in Philadelphia.



Children's Services Continuum

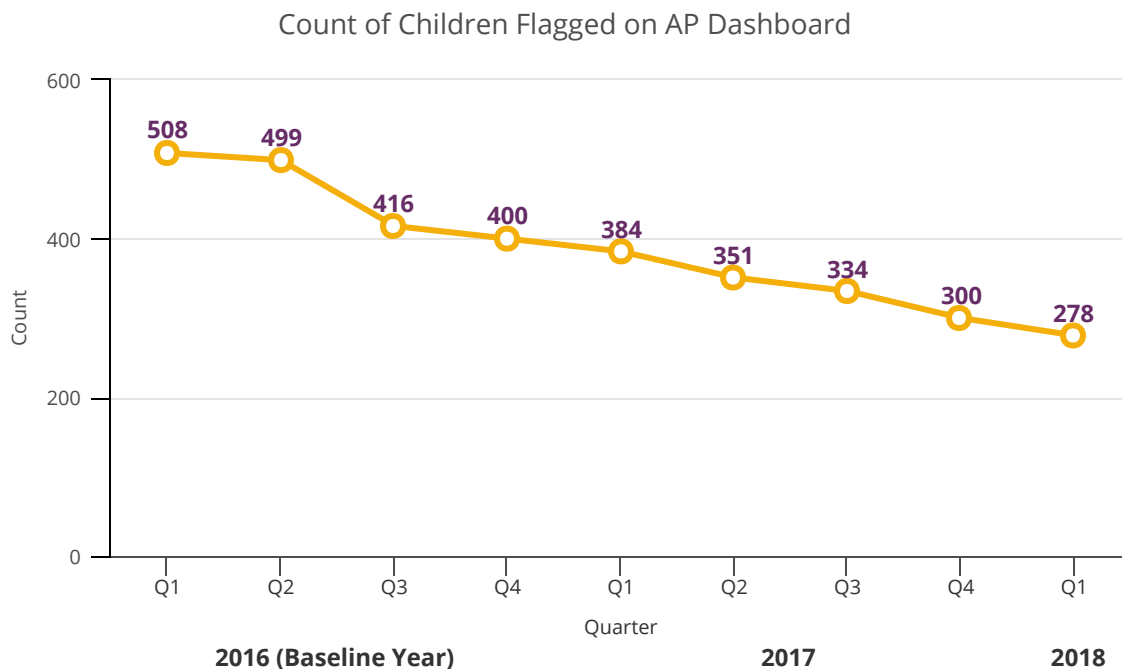


Children's Antipsychotic (AP) Dashboard- A partnership between Pennsylvania Department of Human Services (PA-DHS), Philadelphia DHS, Philadelphia PH-MCOs, and CBH.

Did you know ?

Approximately 60% of PA youth in the custody of child welfare authorities who were prescribed antipsychotic medications **did not have clinically indicated behavioral health diagnoses.**

Use of AP medication is four times higher among children in the custody of child welfare authorities compared to children with Medicaid alone (4). In response, PA-DHS implemented the Children's Electronic AP Dashboard to enhance monitoring of psychotropic medication use among this population. The AP dashboard is based on member-level information and has 11 red-flag indicators, which collectively highlight potential quality of care concerns regarding the treatment of children (up to 21 years old) in out-of-home dependent placements. CBH is expanding the scope beyond that population, by systematically implementing protocols to ensure that all children enrolled in Medicaid who are receiving AP medications are being appropriately monitored and treated.



The number of children with red flags has steadily decreased since 2016. The AP dashboard project is likely a contributing factor to this downward trend, along with other efforts by PA-DHS.

4. Matone, M., Zlotnik, S., Noonan, K., Miller, D., & Rubin, D. (2015). Antipsychotic prescribing to children: an in-depth look at foster care and Medicaid populations. Evidence to action: PolicyLab, The Children's Hospital of Philadelphia, 1-16.

OUR PROVIDERS



Photo courtesy of Steve Weinik, Mural Arts

"With a post-traumatic stress disorder (PTSD) rate of approximately 47% in the agencies we have worked with, we are so happy to see that Prolonged Exposure Therapy for PTSD is reaching individuals in Philadelphia who need it the most. It is amazing to see the dedication of agency leadership to the PE initiative and the hard work that clinicians put into getting trained and implementing the therapy. The initiative, and everyone involved in it, is truly making Philadelphia a better community."

-Dr. Edna Foa, Developer of Prolonged Exposure Therapy (PE)

Network Development

Year-End Highlights



8 clinical procurements issued:

Including: specialty addictions services, extended acute care, and psychiatric residential treatment facilities (PRTF).



22 programs received technical assistance:

Including: PRTF, Family-Based, Crisis, Substance Use, and Mental Health Outpatient Services.



48 trainings conducted in English and Spanish:

Including BHRS systemic engagement, co-occurring disorders, treatment planning, and chart documentation modules.

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.



70+ guiding documents created for internal & external stakeholders:

Including: Child and Adolescent Inpatient Performance Standards, revised Medical Necessity Criteria, provider notices, news blasts, and bulletins, designation applications, and revisions to the Provider Manual.



4 new focused clinical trainings developed, including:

A Guide for PRTF Direct Care Staff, PRTF Daily Documentation: A Train-the-Trainer Model, BHRS Clinical Processes & Systemic Engagement Model, and Co-occurring Mental Health & Substance Use Series.



Implementation support provided for 5 new programs at 16 agencies:

Site and Community-Based Children's Crisis Services, Substance Use Acute Partial Hospitalization Program, Forensic Residential Treatment Facilities for Adults, and Enhanced Behavioral Health Outpatient Services.

Improving Quality

Pay for Performance (P4P) & Value-Based Purchasing (VBP)

In 2010, CBH began a P4P model to create financial incentives designed to motivate providers to improve service quality. Philadelphia continues to have the most robust and coordinated P4P program in the state, where providers that achieve a specific level of performance during the measurement period receive a bonus payment at the end of the subsequent fiscal cycle. Measurement standards are based on the initial distribution of scores, and improvement in the scores from year to year informs future goals. As providers improve, the measurement standards are raised until we reach a level of excellence across the system.

At the direction of CMS, Pennsylvania is now requiring its Medicaid managed care plans to transition to VBP programs. The difference between these and P4P is that VBP programs generally include some financial consequence for providers when the performance of a specific program does not meet the goals. Over the next few years, under direct coordination with DBHIDS, CBH will transition much of P4P to VBP. To assist in this transition, CBH is engaging with multiple stakeholders, including the Provider and P4P Advisory Committees. The P4P process and provider collaboration has helped to inform and lay the groundwork for the transition. Additionally, quality measures for VBP will be partially selected from existing P4P measures.

81 out of 168 providers eligible for P4P* received awards for performance on scored metrics totaling \$6.3 million



Evidence-based Practice and Innovation Center (EPIC)

EPIC was established in 2013 to advance system-wide strategies that support the usage, sustainability, and accessibility of behavioral health evidence-based practices (EBPs) in Philadelphia. An EBP is a specific treatment technique, model, or program that has been shown to improve outcomes through research evidence, and are available to children, adults, and families in a variety of settings to address experiences with trauma, relational difficulties, and issues related to substance use. Examples of EBPs offered by CBH's providers include:

- **Child-Adult Relationship Enhancement (CARE)**
- **Child and Family Traumatic Stress Intervention (CFTSI)**
- **Child-Parent Psychotherapy (CPP)**
- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**
- **Ecosystemic Structural Family Therapy (ESFT)**
- **Functional Family Therapy (FFT)**
- **Assertive Community Treatment (ACT)**
- **Prolonged Exposure (PE)**
- **Cognitive Behavioral Therapy (CBT)**
- **Dialectical Behavior Therapy (DBT)**



*Not all providers are eligible for P4P awards

"It works if you believe in what you are doing. You have to be dedicated to it. There are people at my clinic, like my therapist, who will take that journey with me."

People see the change in me and ask me what happened. I tell them about these PE sessions and they want to be a part of it. A lot of them got involved with it because of me. I tell them it's not because of me- you wanted to get better."

-Member, PE participant

"It's a toolset. Sometimes I get away from it and stop using it, but then the pot boils over so I have to go back to the skills so the pot stays boiling."

Play is a big part and something I try to do with him. I try to praise him while he is doing his homework and then give him a directive. I don't even think [he] knows I'm doing it."

-Mother, PCIT participant

EPIC engaged in sharing information about EBPs to mental health professionals and the community through learning events, the creation of printed and online resources, and other venues, including:



Overview of EPIC and EBPs in forums with inpatient/outpatient providers



Presentation of cases and findings at multiple national conferences



Infant Mental Health Breakfast Series (overview of EBPs for young children)



Creation of "Introduction to EBPs" web course available on EPIC website

CBH is piloting an enhanced rate for select outpatient EBPs in recognition of providers' time and resource investment in ensuring access to and sustainability of high quality programs. The enhanced rate will be available to providers that demonstrate current capacity and a commitment to sustaining the EBP within their outpatient program through: 1) intensive initial training and consultation in the model; 2) creating processes to identify and engage individuals who would benefit from delivery of all components of the EBP; and 3) quality assurance strategies including EBP-specific supervision, documentation, fidelity checks and outcome measurement.

OUR INFRASTRUCTURE



"As one of the first few staff hired in pre-operational CBH, it's been amazing to see us take those first few awkward steps to an organization poised to ensure quality services that half the entire city can access. The last few years have seen us migrating off of our legacy systems in virtually every area, and establishing new systems that will not only provide more flexibility for staff, but better care for members as we collaborate more closely with our committed providers. We'll be seeing more data in real time that not only helps us, but also our providers and members. It's going to be very exciting, and it's been my honor to be a small part of this for 23 years."

-Peter Bezrucik, CBH Chief Administrative Officer

Human Resources

Human Resources are our Greatest Resource

It takes a large group of very talented and committed individuals to achieve our success. Our team isn't just an administrative unit that forwards resumes and completes health insurance forms; they are a dedicated group of long-term employees and more recent additions that believe in the work we do. This commitment broadcasts out at the job fairs they attend, the college campuses they visit, the one-to-one and social media recruiting practices, *and* in the workplace they are striving to make an "Employer of Choice".

CBH invests in our staff by making a commitment to their professional development, helping them achieve a positive work/life balance, and, most importantly, ensuring they are able to make meaningful contributions to the work we do and the people we serve. The people that choose to work at CBH are a microcosm of our city itself.

Employee Development & Employee Resource Groups

Employees have access to many skill development resources through conferences, seminars, certifications, and other learning experiences. Our professional development and cultural sensitivity efforts keep our employees abreast of new ideas and practices, and our generous tuition assistance program encourages employees to build upon their achievements. Additionally, CBH is partnering with the City to provide crisis prevention/intervention training to improve customer service for our members. Employee resource groups provide our employees with networking opportunities across the organization and serve as a venue to support and learn about each other. Our commitment to creating an environment that embraces diversity and inclusion is paramount in building a great place to work, and ensures that the care and guidance provided to our network is always at its best.

- **VOCES/VOICES- Created to bridge communication, education and outreach between CBH and the communities we serve.**
- **ECO- Encouraging Creative Outlets**
- **LEG UP- Licensure, Education and Growth for United Professionals**
- **MOSAIC- Celebrating CBH's Multiculturalism**
- **WOW- Women Organized in the Workplace**



Bring Your Child to Work Day

Human Resources

Employee Wellness Initiatives

Be Happy! Be Healthy! Be Fit! is a comprehensive, holistic wellness program encouraging healthy lifestyle behaviors that promote a thriving workforce. Employees have the opportunity to earn quarterly rewards for participating in any of the following wellness activities:

- Free onsite 1:1 nutrition counseling
- Free onsite fitness classes including yoga, Zumba, & circuit training
- Step and active minute challenges
- Discounts on wearable activity tracking devices & gym memberships
- Monthly reduced-cost "Farm Stand"
- Tobacco recovery support
- Mindfulness programming
- Onsite flu shots and screenings
- Onsite health fairs and workshops
- Private lactation rooms for breastfeeding moms
- Onsite, no-cost fitness center

Breaking the trend of rapidly growing employer health insurance costs, the CBH wellness program has significantly impacted our Independence Blue Cross (IBC) projected medical premiums. CBH's 5-year average medical premium increase of 3.1% came in 64.3% less than what IBC projected over 5 years. Annual biometric screenings alert employees of the onset of metabolic syndrome, connecting them to health care they didn't know they needed.

"I'm so lazy that if it weren't for the convenience of the wellness program, I would be a complete couch potato! Seriously, having classes onsite avoids jostling with other commuters on the El at rush hour, over-snacking at home as I change, and steeling myself to walk out of the front door one more time, especially when the weather is not ideal. The cats are less confused and more relaxed if I don't rush in and out."

-Suet Lim, Research Director, Planning & Innovation Unit

Giving Back

CBH partnered with the Woodstock Family Center to donate clothing and other essentials to approximately 64 families during the 2017 holiday season. The Woodstock Family Center provides emergency shelter and supportive services for homeless women with children. Two "Giving Trees" were set up in the workspace and held an ornament for each family detailing their needs. CBH staff were very enthusiastic and eager to find perfect gifts for these vulnerable families. Staff volunteers delivered all the items to the Woodstock families at their holiday party. There were lots of smiles and expressions of gratitude, and it was a great time for all!



Oversight and Monitoring



HealthChoices

The HealthChoices program standards require that significant oversight is embedded into CBH's performance review. CBH has three levels of oversight requirements, including the completion of numerous audits throughout the year. Level 1 and Level 2 oversight is through the federal and state mandate on appropriate spending of Medicaid funds and performance and reporting requirements. Additionally, regular audits and reviews of medical/clinical management, financial reporting, claims processing standards, coordination of benefits/cost avoidance standards, and adherence to regulations and guidelines are conducted throughout the year. Level 3 of the oversight model is provided by DBHIDS through its coordinated initiatives and innovative service-blending strategies. Under the direction of DBHIDS and through joint leadership, strategy development, and program implementation, the Philadelphia HealthChoices program can participate in community programs for all Philadelphians.



Compliance

CBH's Compliance Program is designed to support ethical conduct and adherence to policies, procedures, and regulations governing the HealthChoices program and the agency. The Compliance Officer oversees both internal compliance and the Fraud, Waste and Abuse oversight of the provider network. The Compliance Department staff and the Manager of Internal Compliance & Risk Management are resources for all CBH members and contracted providers. CBH is currently enhancing its internal compliance program through risk assessment and risk management activities. CBH departments work in collaboration to ensure that monitoring and auditing systems are capable of detecting and remediating potential risks and ensuring that all CBH departments implement effective risk management and compliance strategies.



Continuous Quality Improvement



Quality Management

The quality management program receives oversight from the Quality Improvement Committee (QIC), which comprises leadership representatives from DBHIDS, CBH, OMHSAS, the Consumer Satisfaction Team (CST), and practitioner representatives from the provider network. QIC also receives input from the provider community through the Provider Advisory Council sub-committee. CBH's approach to quality encompasses the following:

- **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.
- **The Triple Aim:** Our goal is to improve our practices so our members will have better health and better care at better costs.
- **Dimensions of Quality:** We believe all health care should be safe, effective, consumer-centered, timely, efficient, and equitable.
- **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 Department: Three Teams, One Mission

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 corrective action plans to improve the quality of care given to members when opportunities are identified through monitoring. 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 then 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 (OHMSAS), and highlights of the annual evaluation are described in this annual report.

Continuous Quality Improvement



How does the Quality Management department infuse quality throughout CBH?

- We meet with CBH departments to review their performance on Health Choices Program Standards & Requirements.
- We work with CBH departments to identify interventions to improve our performance on:
 1. National (HEDIS) and PA-specific standards for 7- and 30-day follow-up after hospitalization for mental illness
 2. Statewide Performance Improvement Project (PIP) goals
 - a. Reducing readmissions within 30 days of an inpatient psychiatric discharge
 - b. Increasing adherence to antipsychotic medication by individuals diagnosed with schizophrenia
 - c. Improving discharge management planning to ensure members are connected to outpatient services
- We are leading CBH's efforts to obtain National Council Quality Assurance (NCQA) accreditation.
- We work with departments to incorporate feedback received from the Provider Satisfaction survey to improve CBH departmental operations.
- We oversee the organization's 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.



Information Technology

The end of 2019 will mark the end of a five-year information technology project aimed at modernizing our claims processing and clinical operations systems. These changes are focused on automation of workflow, improved access to data for analytical purposes, and the enabling of electronic data exchanges with our provider network. Since the start of the project in 2015, we have processed over 39.5 million claim lines in the new systems. In addition, our clinical staff have created over 340,000 individual member contacts, over 140,000 authorizations, and our network operations and claims staff have created over 10,000 provider contacts. These improvements are key to maintain compliance with federal regulations for claims processing and the electronic data interchange. Additionally, enhancements made as part of this five-year project ensure our staff have leading edge tools to support efficiency and quality of their work.

Looking Ahead

A Letter from the CEO

I want to thank the Community Behavioral Health Board of Directors and CBH staff for their hard work and efforts in 2017. These efforts have provided a solid foundation for the many key initiatives that will be completed through 2018 and into 2019. Among the highlights are:

- The Philadelphia Children's Crisis Response Center was launched in January of 2018, rounding out a full complement of children's crisis services. Continued enhancements to residential care will be a significant priority area for 2018 and will include a reduction in children treated in residential settings, decreasing the length of stay for children in residential placements and full implementation of CBH High-Fidelity Wraparound teams who work in partnership with a DHS social worker on family finding. We will also be convening juvenile justice leadership to focus on best practices as well as provide intensive training for all levels of PRTF staff through the Building Bridges Initiative. By the end of 2018, we anticipate the Family Legacy Organization will be incorporated with a board of directors.
- For families impacted by autism, 2018 marks initiatives that span the age range and the spectrum. Specifically, we will be creating a family navigator position that will support individuals with autism and their families through the many transitions. We will also finalize a training to create Certified Autism Peer Specialists (CAPS) who will support young adults and adults with autism, much like our mental health peer and recovery specialists do now.

As we look ahead to 2018, there are still great challenges to be addressed. Notably, Philadelphia's rate of fatal overdoses continued to rise significantly. Focusing on these challenges as opportunities to innovate in service delivery, there are specific projects aimed at expanded access to medication-assisted treatment (MAT), and we are working with providers to develop novel approaches to assure that any Philadelphian who needs help can get that help quickly. In 2018, we are working to fully implement the recommendations from the Mayor's Opioid Task Force. Our approaches include, but are not limited to, issuing another opioid prescriber dashboard and an expansion of ambulatory stabilization centers and halfway houses.

We will continue to maintain strong partnerships with our provider network, city and academic partners, and other community stakeholders who share our common mission. I am confident we will reflect on 2018 and see many successes and continued improved outcomes for the members we serve.



Joan Erney, JD
Chief Executive Officer, CBH



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