PRIORITIZING TO ADDRESS
OUR CHANGING ENVIRONMENT

P.A.C.E.

A strategic framework to move us forward.

The Philadelphia Department of Behavioral Health and Intellectual disAbility Services
Strategic Framework
The Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) is recognized across the nation and around the world as a model system with the courage to dream, to innovate, to implement, and to continue to learn and evolve.

Let’s now pick up the pace and continue to evolve—together.

FROM COMMISSIONER DAVID T. JONES

We have worked collaboratively to develop this strategic framework. It now serves as a blueprint for the development of a comprehensive strategic plan that will guide our work over the next five years as we continue to evolve as a department, and as a city.

Throughout this process, we heard you and we thank you. Staff, providers, people with lived experience, and colleagues throughout Philadelphia—we greatly appreciate the time you took to give us your input and ideas. We asked, what are we doing well? Where do we need to improve? What should be our priorities and what should we stop doing? You responded, and we listened. Now we plan to act and create specific strategies and action plans within our six divisions that will help us navigate our evolution and become more united as one agency. We know this unity will help us serve more people in a more efficient and effective way.

It is critical that we acknowledge the work that has led us to this point—from deinstitutionalization to a recovery-oriented system of care to population health transformation—while we move forward with intention. Again, many thanks for your support and participation throughout this important process.
Milestones in our rich history include the formation of Intellectual disAbility Services (IDS) in the 1970s. IDS has a long track record of engaging individuals with intellectual disabilities, their families, and other stakeholders to hear their priorities and design services that meet their needs. Individuals with intellectual disabilities consistently express a core value: having opportunities to lead “everyday lives.” Responding to federal mandates and an increasing acknowledgment of the need to enhance opportunities for individuals to participate fully in their communities, and with a move from placing individuals in state psychiatric hospitals into community-based services, the City began to address the quality and infrastructure required for a rapidly growing community service system.

Another major milestone took place in 1997, with the formation of Community Behavioral Health (CBH), which continues to be the nation’s largest city-controlled managed behavioral healthcare organization. CBH is a not-for-profit corporation contracted by the City of Philadelphia to provide mental health and substance use services for Philadelphia County Medicaid recipients.

In 2003, we brought services for mental health, substance use treatment, and intellectual disabilities into a single system. Prior to 2003, these major components of DBHIDS—the Office of Mental Health, the Office of Addiction Services, and Intellectual disAbility Services—were units of the Philadelphia Department of Public Health. Bringing these entities together into one system set the stage for a comprehensive and integrated system of care. Also in the 2000s, IDS transformed its system to comply with federal and local mandates and become operational as an administrative entity within a standardized statewide system.

The Transformation Decade, launched in the mid-2000s, intensified our focus on whole-person wellness. DBHIDS’ transformation efforts included a thorough examination of our practices, policies, services, values, community relationships, and more. A key result of our system transformation work included the creation of Practice Guidelines for Recovery and Resilience Oriented Treatment, created with input from stakeholders throughout the system. Our championing of the voices, perspectives, and leadership of people and families participating in services is further evidenced by our partnership with and sponsorship of the annual Recovery Walk—the nation’s largest—which draws more than 20,000 participants and continues to grow each year.

Our current population health approach builds on our history and expands our reach. Recognizing the interconnectedness of our wellbeing and the value of safeguarding health, we see an important role for DBHIDS in promoting wellness for our entire community. Behavioral health challenges and intellectual and developmental disabilities affect families in every ZIP code. At the same time, the opioid epidemic, homelessness, poverty, and barriers to service are just some of the issues that can exacerbate vulnerability for some Philadelphians. As a safety net agency with a population health focus, our responsibility is to serve our most vulnerable residents while promoting health and wellness for all Philadelphians.
Now is a time to reflect on what has worked and to unflinchingly acknowledge what we can do better. To facilitate the next phase of our evolution, DBHIDS is creating a five-year strategic plan.

This road map will align the efforts of DBHIDS divisions to support the wellness of all Philadelphians. Additionally, it will dovetail with strategic plans developed by Health and Human Services (HHS), the Mayor’s Office, and the State. Developing a strategic plan does not conflict with our commitment to promoting recovery, resilience, and self-determination, nor does it replace our population health approach. On the contrary, a clear path forward will help DBHIDS set priorities for delivering services and programs in a manner that aligns with our values and with our population health approach. While many of our previous planning efforts have focused on developing a shared vision for what we ultimately hope to accomplish together, this current strategic planning process will identify how we will work together to accomplish those outcomes.

Likewise, a strategic plan in and of itself does not prevent the need to address urgencies on a day-to-day basis. Instead, a cohesive plan will enable us to boldly address our challenges, not be driven by them. Over time, the challenges we face as a community will change.

What will not change is our unwavering commitment to increasing access to the highest quality of services and supporting people in achieving their desired health and quality of life goals in a manner consistent with our values.

This document presents brief descriptions of the five planning areas that will frame the development of our strategic plan for the coming years. It also presents goals that were informed by a diverse group of stakeholders engaged by HHS in 2017, as well as in focus groups held at DBHIDS in June and July 2018, and vetted by the Executive Management team. This strategic framework is flexible and provides direction for the next phase of our work: developing a formal strategic plan. The strategic plan based on these planning areas will help to ensure that we are responsive to urgent community needs and will also position us to address emerging challenges. It will help to ensure that, together, we thrive.
Be intentional about promoting continued wellness and take action early to improve long-term outcomes.

The prevention and early intervention planning area is about creating policies and services that promote health, wellness, and resilience for all Philadelphians. Prevention services are the foundation of our population health approach in that they aim to help individuals, families, and communities protect their health, sustain their wellness, and enhance their development.

In the behavioral health realm, prevention services seek to keep health challenges from arising, whereas early intervention services seek to improve outcomes and develop or expand protective factors by helping individuals and families receive support for their conditions at the earliest possible point. Early intervention includes taking action to keep conditions from worsening unnecessarily or from causing associated concerns.

In the IDS realm, early intervention services target children from birth through age three, helping parents identify and address challenges related to intellectual and developmental disabilities.

Through programs like ChildFind, IDS has long engaged in outreach and collaborations with education, housing, child welfare, health, and other systems to identify and serve individuals with intellectual and developmental disabilities. The broad range of policies and services that promote prevention and early intervention can benefit individuals, families, and communities. Activities targeting individuals might include routine screening of adolescents and adults for substance use, targeted screening of new mothers for postpartum depression, and intervention services for infants born to chemically dependent mothers. At the family level, prevention and early intervention activities include providing families with the resources they need so that their loved ones living with intellectual and developmental disabilities have opportunities to participate in community activities, develop valued roles, and make meaningful contributions in their community. Additional examples include programs for children and parents that promote wellness across the lifespan, and programs that address social determinants of health, such as educating parents on how to develop nurturing attachments and set expectations for their children’s education and employment.

At the community level, examples of activities supporting this planning area include addressing unemployment, trauma, isolation, homelessness, and other social determinants of health, which can threaten health and wellbeing and contribute to health disparities. Community-level activities also involve infusing communities with a range of educational and other supports that increase the number of allies beyond the formal system. These may include mentoring programs, or ensuring that institutions, community-based organizations, and businesses understand and support the needs of individuals and families with behavioral health conditions or intellectual and developmental disabilities.

Partnersing with communities and other systems will increase the impact of prevention and early intervention services. Many individuals with intellectual and developmental disabilities or behavioral health challenges do not use DBHIDS services, so reaching them effectively will require collaborating with community and cross-system allies such as schools, places of worship, local housing authorities, child welfare services, primary care providers, and hospitals to develop relevant and coordinated approaches.

Other communities, such as immigrants, may also face barriers presented by differences in language and culture. Extra care must be taken to include communities that may not already be effectively connected to DBHIDS services. For example, Philadelphia Immigrant Affairs and Language Access Services recently conducted a series of listening sessions with several immigrant communities to learn about their priority behavioral health and intellectual and developmental disability needs. Partnering with communities is key to developing policies and programs that reflect the lived experiences, needs, and health and wellness goals of our city’s diverse population.

**EXAMPLES**

- FIRST STEP INITIATIVE EMPLOYMENT
- MENTAL HEALTH FIRST AID
- HEALTHY MINDS PHILLY
- ENGAGING MALES OF COLOR (EMOC)
Facilitate access to an effective and comprehensive array of services that promote health and wellness.

This planning area addresses the central role of DBHIDS to provide high-quality services and to expand access to them. It also includes ensuring that individuals who are enrolled in intellectual disability services have an individualized support plan and timely authorization of services.

DBHIDS divisions will define “high-quality” in a variety of ways, but some commonalities exist. For instance, to the extent possible, DBHIDS is committed to delivering services that are supported by current evidence. In addition, we assume responsibility for educating Philadelphians about evidence-based interventions and promising practices so they can make informed decisions about the services and supports that are right for them. We also encourage providers to participate in developing practice-based evidence, demonstrating the viability of their interventions.

The goal of providing high-quality services is not simply to manage symptoms or maintain functioning. Service goals also include providing people with the opportunities to grow and develop, enhance skills, improve their quality of life, and experience full inclusion in their community.

GOALS

- Strengthen cross-system collaboration.
- Strengthen workforce efforts (for DBHIDS staff, providers, peers, families, and university students).
- Increase services to vulnerable populations (people with co-occurring conditions, people experiencing homelessness, adolescents, undocumented residents, and veterans).
- Increase access to services; continue to create opportunities for treatment on demand.
- Enhance the quality and monitoring of services.
- Expand evidence-based practices.

Because barriers to service harm individuals, treatment on demand and integrated care are critical DBHIDS objectives. Increasing opportunities for individuals to obtain services in the least restrictive, most convenient, stigma-free settings is a key strategy for increasing access. Expanding opportunities for access in natural environments, such as homes, schools, and physical health settings, is facilitated through partnerships with individuals, family members, community members, and providers, and through ensuring that services are coordinated and—to the greatest degree possible—integrated.

DBHIDS is committed to addressing health inequities and promoting equal access to supports that address gaps in health outcomes across all of Philadelphia’s diverse populations. Costs, capacity, convenience, and numerous other issues encourage or inhibit access.

TREATMENT AND SERVICES

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These include trust, hope, and overcoming stigma. Partnerships pave the way for services that engender trust, increase hope for positive outcomes, and therefore encourage individuals to seek out and use these services in increasing numbers.

EXAMPLES

- CHILDREN’S MOBILE CRISIS UNIT
- EXPANSION OF MEDICATION-ASSISTED TREATMENT (MAT)
- SUPPORTS/SERVICE COORDINATION
- PROGRESS ON THE 18 RECOMMENDATIONS THAT EMERGED FROM THE MAYOR’S OPIOID TASK FORCE
Continually improve quality, value, and outcomes of services.

As a public institution, DBHIDS is accountable for providing access to high-quality behavioral health services in a cost-effective manner. At the same time, we seek to achieve quality-of-life outcomes and other results that matter most to the people we serve. So if we ensure cost-efficient services but haven’t improved people’s health or wellbeing, then we’ve addressed only a part of our mission. This planning area focuses on efforts to use cost and benefits data, along with other information, to provide the behavioral health services Philadelphians want, and to achieve the outcomes they deserve at a cost we can afford.

Please note that for IDS, future considerations may include a return of more local authority and responsibility through a managed care type of structure, which would require significant operational restructuring to address capacity, quality, and cost.

Health economics doesn’t demand a cold-hearted look at expenditures in isolation from other goals. On the contrary, health economics takes a holistic, person-focused, data-driven approach to assessing the impact of behavioral health services, which allows us to replace poorly performing services with services that achieve better outcomes.

When considering what it means to make smart investments, we want to use all of our financial levers to promote the delivery of quality services. Mechanisms like outcomes-based payment models can help focus attention not only on the quantity of services delivered, but also on the impact of those services. Health economics can also guide decisions about the kinds of behavioral health services in which we invest. Smart investments in prevention, for example, can reduce the need for more costly services and are key to ensuring financial sustainability. Similarly, providing services to individuals in their homes and communities increases access and improves outcomes while saving costs. Programs that attend to their bottom line while ensuring high-quality service with proven outcomes have the best chance of success and sustainability.

Attention to health economics also means that DBHIDS makes smart investments with our cross-system partners, such as schools, prisons, housing, and child welfare, to reduce the demand for more costly interventions down the road. Embedding services and supports in schools, for instance, can contribute to improved graduation rates, which in turn can impact the quality of life and health outcomes for children and adults.

Similarly, investing in developing a strong network of community- and family-based supports for individuals with intellectual and developmental disabilities not only positions them to be supported in their own homes, but can also reduce the demand for costlier out-of-home services or interventions. A recent economic impact study by the Scattergood Foundation and the Lindy Institute for Urban Innovation at Drexel University found that, in addition to improved social and health outcomes for individuals using DBHIDS services, the department’s $1.12 billion spending brought almost $4 billion in economic impact to the city through jobs, tax revenue, and other effects. Attention to health economics will ensure that DBHIDS spending continues to have a strong and favorable impact on our city.

Health economics entails going beyond dollars and cents to ensuring that people have a positive experience with services and that services help individuals meet their goals. To obtain the desired impact in the most cost-efficient manner, we must first ensure that our services are driven by and developed in partnership with the individuals and family members participating in those services. Only then can we truly ensure that our services are engaging, relevant, and meaningful.

**Examples**

- Value-Based Purchasing
- Pay-for-Performance Model
- Journey of Hope Funding Model
- Potentially Incorporating IDS into Managed Care
Create a data-informed culture that continually learns and improves services.

Each division must have ready access to the specific information it needs to make evidence-based decisions, determine whether our services have the desired impact, and continually improve our system. This planning area aims to ensure that we have the right business intelligence to make timely, informed decisions, and that we have an organizational and managerial infrastructure that facilitates the flow of information across divisions and throughout the system. Sharing information across divisions and systems is a challenge for every organization. Our challenges have horizontal and vertical components: we must bridge silos at the department level while also considering state-level factors that arise from IDS’s designation as an administrative entity.

A sound approach to data governance can help us address these challenges. Data governance—ensuring that we are collecting, interpreting, and disseminating the right data in useful formats—is not achieved with computer systems or software. What’s more, data governance is not simply a matter of making DBHIDS databases compatible and user-friendly. Responsibility for data governance can’t simply be handed off to Information Technology (IT) staff.

Instead, DBHIDS leaders and subject matter experts across business units must be actively involved in defining the type of information each division needs to track progress, improve services, and meet its goals. Data governance is driven by division concerns and provides an opportunity for managers and IT staff to collaborate.

But even if the right data are available at the right time, we still need to work effectively together and with partners to provide services and supports and achieve “systemness.” So this planning area also refers to the systems and practices that help or hinder how information flows through the department’s many divisions. In this case, infrastructure refers to internal organizational structure; that is, to DBHIDS divisions and subdivisions and how they relate to one another. Structure also refers to management structure: lines of reporting and communication for accountability and improved performance. We must build an organization that facilitates information sharing across managerial and administrative boundaries, breaks down organizational silos, and increases coordination and collaborative decision making. Ultimately, we must envision ways to continually nurture a culture of collaboration. This requires that we continually work to build trust and refine our shared vision that guides all of our efforts.

Attention to infrastructure and intelligence will facilitate transparency and accountability not only across DBHIDS, but also between DBHIDS and providers, with individuals and families using services, and with the community at large. For example, an evolved organizational infrastructure equipped with up-to-date, relevant business intelligence will facilitate the department’s transition from paying for volume to paying for value while improving health outcomes for our city’s most vulnerable people, and will ensure a continued commitment to incorporating the voices of our community and members in decision making as we continue to evolve.

GOALS

- Increase use of current data to inform service delivery and improve quality.
- Increase collaboration through systems that promote data sharing within DBHIDS and with other systems.
- Increase DBHIDS staff access to data.

EXAMPLES

- ENTERPRISE MASTER DATA MANAGEMENT INITIATIVE
- CBH’S PROCESS FOR EARNING NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) ACCREDITATION
- DBHIDS LEARNING HUB
- PELICAN (PA ENTERPRISE TO LINK INFORMATION FOR CHILDREN ACROSS NETWORKS)
Envision “impossible” results and design imaginative ways to achieve them.

As a community, we face unprecedented, complex challenges. The need for innovative approaches that increase access and capacity, improve efficiency, enhance quality, and eliminate waste is more pressing than ever. Our current challenges beckon us to build on our rich history as an innovative system to create the next wave of services, processes, systems, and structures that will add value to our community and address critical needs. This planning area reflects our efforts to continually press forward to build on our successes and improve on our past accomplishments. We can strengthen our reputation for innovation by using cutting-edge, technology-based therapeutic interventions to advance the population health agenda. Investments in technology help to get ahead of the curve and change the nature of our work.

Innovation is not just about working harder or creating something new; it’s about changing the way we approach our daily work. Innovation entails reimagining what’s possible, being open to new technologies and approaches, and working outside our comfort zone to take risks, try new ideas, and learn from the implementation of promising approaches. Given the complexity of the issues before us, we need a culture that is dynamic, nimble, and responsive, along with mechanisms to identify new ideas and test them rapidly. A culture of experimentation and adaptation will better prepare us to address today’s challenges, as well as challenges that arise in the future.

Innovation is not just the role of organizational leaders, but of everybody at DBHIDS and those who provide and receive services. To bring about a culture of innovation at DBHIDS, we will all need to dream, to think critically about what we do and how we do it, and to resist becoming comfortable with the status quo. We must work together to build and sustain a culture that embraces change, supports creative ideas, and advances our commitment to supporting recovery, resilience, and self-determination.

GOALS

» Innovate to improve staff wellness and morale.
» Innovate to improve programs.
» Innovate to improve community and cross-system outreach.
» Innovate in the use of technology.
» Innovate to improve coordination/communication within DBHIDS.

EXAMPLES

- Evidence-Based Practice and Innovation Center (EPIC)
- My City, My Place
- Faith-Based Initiative
- Partners for Change Outcomes Management System
- Text Alerts (such as Be Kind 2 U Model) that remind subscribers to be kind to themselves
- Behavioral Health and Intellectual Disability Councilmatic Teams (10 teams throughout Philadelphia)
- Creating Avatars as a Component of a Therapeutic Process
This is a framework, not a strategic plan.

The real work of determining how each DBHIDS division will operationalize our goals is yet to be done. Next, we will work with NIATx, who will assist each division in developing concrete ways to bring our collective vision to fruition.

Our overarching challenge throughout the strategic planning process is to look at our communities—and especially to those who use our services—ourselves, and our collective dreams for a better Philadelphia and then to commit to taking concrete, measurable steps to get there.

While honoring our past, we must remain committed to the future and the potential it holds.

We must evolve with intention.

WITH APPRECIATION AND GRATITUDE

This planning process has been a valuable learning experience for many throughout DBHIDS. While it was a lot of work, the process was a great way to bring staff together to have honest and in-depth conversations about our work, process and culture, but most importantly, about the services we provide and our impact. It was also a valuable way for us to engage our partners, providers, and stakeholders, as well as the members and communities we serve. Thank you to everyone who worked hard to make this happen, and to those who contributed their time and ideas.

THE STRATEGIC PLANNING COMMITTEE

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THE EXECUTIVE MANAGEMENT TEAM

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