Dear World
You cannot know where I have formed my history. Don’t judge me. My favorite color is blue.
I love stars, butterflies make me nervous ... wish I had wings. I know I can run just like the
sun. To be able to cook and provide for family and love ones. I stride with pride, vibrant,
rich, brilliant on my block. Still rising from the tainted atmosphere. My community will
have a different vibe. Unmovable, unstoppable, do what is possible. Laugh cry the waterfalls
that run deep. I know that I’m different but I’ll always be me. When I rewind, it should be
better. Make sure that all drugs are destroyed. Let every single mother know I got their back
Gratitude towards life that was given. Some don’t survive but we never stop living.
We are strong, we are forever. It’s not over yet. Live in full technicolor. Going is better
level.

P.A.C.E. Implementation Team
Katrina Pratt-Roebuck, Sr. Dir. of Systems Integration
Laura York, Assistant Director of Systems Integration
Pamela Sigman, Senior Director of Quality Mgmt
David Poyser, Quality Improvement Coordinator
Jeffrey Sensenig, Project Management Specialist

December 2021
To support high-level collaborations, partnerships, community inclusion, focused interventions, integrated service delivery, and champion-building while creatively planning for the future and innovating current practice within an ever-changing world.

MESSAGE FROM THE COMMISSIONER

From the beginning, the DBHIDS strategic framework Prioritizing to Address our Changing Environment (P.A.C.E) was designed, as is noted in its name, to address a changing environment. And never in most of our lifetimes has there been so drastic a change to our shared environment as there has been in the period since March 2020 when the COVID-19 pandemic made an impact in Philadelphia and the nation.

Thanks to our deliberate, well-planned efforts, however, DBHIDS did not miss a beat. “Adjusting Our P.A.C.E.” very suddenly became the directive, and we rose to that challenge. Already having embraced an approach to support nimbleness and flexibility as a strategy to ensure service delivery in an increasingly mobile manner -- to meet people where they are in the community, and to work as efficiently as possible -- the ability to remain engaged with our teams and our communities was much that more possible.

The vital, life-saving services we provide were not interrupted. Our extensive planning allowed us to sustain our provider network and pivot to a work-from-home strategy served as a model for other parts of City government. We developed new and meaningful ways to engage with the community, our stakeholders, and the provider network. We also facilitated groundbreaking telehealth procedures and worked with our partners to provide behavioral health supports, develop quarantine and isolation sites, support testing and food distribution sites, and provide necessary information on resources available to support behavioral health and wellness during these challenging times.

And we have brought a new lens to our efforts to ensure our work always strives to address Trauma, achieve Equity, and engage Community. That lens is known as TEC. It focuses our efforts to prioritize transformational initiatives that meet these TEC guidelines with an understanding that the multiple layers of trauma included the impact of the pandemic as well as structural racism, poverty, homelessness, the opioid and other substance use crises, and other critically impactful issues that exacerbate health disparities.

Moving forward, P.A.C.E. and our system will continue to evolve and improve. We are now at a point where P.A.C.E. data can help us better align our efforts, direct our decisions, and achieve our goals more efficiently as we continue on our mission to educate, strengthen, and serve individuals and communities so all Philadelphians can thrive.

Jill Bowen, PhD
Introduction

This document outlines our progress toward achieving our strategic goals over the past two years (CY2020-CY2021) as seven united divisions, while peeking towards the exciting things we plan to achieve in the coming two years (CY2022-CY2024). It provides an opportunity for DBHIDS employees to visualize how our work contributes to our larger goals through a series of strategies within each of the identified priority areas.

We look forward to expanding the projects that contribute to our overall goals in the coming years, while developing processes to ensure that our work is focused and aligned with our priority areas.

PHILADELPHIA DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL DISABILITY SERVICES

Mission To educate, strengthen, and serve individuals in communities so all Philadelphians can thrive

Vision We envision a Philadelphia where every individual can achieve health, wellbeing, and self-determination


Overview

DBHIDS' transformation period centered around improving quality of life and helping people become part of the community around them. It was then that DBHIDS focused on recovery, resilience, and self-determination. By 2003, DBHIDS integrated mental health, substance abuse, and intellectual disability programs all under one entity.

Mid-2000s Recovery-oriented Care

By 2005, DBHIDS intensified its commitment to innovative holistic care by developing Practice Guidelines to revolutionize the Philadelphia behavioral health system's delivery of services and supports that promote recovery, resilience, and self-determination in children, adults, and families. The guidelines, considered a national model, represent a shared vision from people in recovery, their family members, treatment providers, advocates, and system administrators, blended with the lessons learned from Philadelphia's transformation efforts over the past 30 years.

Population Health Evolution

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.
Adjusting our P.A.C.E. in 2020

In early March 2020, the Governor of Pennsylvania declared a disaster emergency throughout the state in response to the COVID-19 crisis 10. By the end of the same month, Philadelphia had tracked over 1,000 COVID-19 cases 11. As Philadelphians watched infection and death rates increase, patterns linking these numbers to socioeconomic status, zip code, and racial breakdown started to emerge. By the summer of 2020, it was apparent the preexisting health disparities were resulting in higher rates of infection and death among minority races and lower socioeconomic populations. The spike in infection rate in the fall of 2020 hit Black, Indigenous, and People of Color (BIPOC) communities the hardest.

At the start of the pandemic, DBHIDS immediately shifted efforts to support Philadelphians and employees. Our human resources departments worked together to build upon the federal guidelines as they were rolled out. Efforts shifted to a virtual setting immediately, protocols and procedures pivoted in response to need, and feedback loops were created to ensure changes were sensible for the services DBHIDS provides and supports.

A Pandemic’s Impact

Community Behavioral Health (CBH) in partnership with DBHIDS worked closely with providers in the early months of the pandemic to create Continuity of Operations Plans (COOP) which outlined the admission and referral process for services across the city. Providers worked hard to balance the need for employee and member safety with access to necessary treatment. Providers quickly shifted their programs to include physical space for necessary isolation and quarantine of individuals receiving treatment, enhanced cleaning, disinfecting, and sanitizing practices, use of personal protective equipment (PPE), COVID-19 testing protocols, protocols for symptomatic individuals and staff, as well as many other new or enhanced aspects of treatment necessary during this pandemic.

While CBH worked with providers to develop COOPs, it became apparent the pandemic would impact the workforce and census. Fewer individuals were seeking in-person treatment as the world was told to stay inside. The provider network started to see workforce shortages as employees needed to stay home to care for children and/or family members. Some of the workforce stayed home because they themselves were considered high risk. PPE shortages also led to hesitancy to report to work. Due to physical space limitations, some providers had to drastically decrease their census to allow for single occupancy rooms. It became obvious a new payment arrangement would need to be considered to keep providers solvent and able to support their full workforce. While the unemployment rate tripled from 6% prior to March 2020, to over 18% at the peak of the pandemic 12, CBH was able to quickly issue an alternative payment arrangement (APA) 13 that supported the continued employment of the network.

DBHIDS’ Role in Keeping Our Community Safe

PPE, Vaccinations, and Testing

The Vaccine Strategy Team was established in December 2020 to strategize and plan for COVID-19 vaccine roll-out among the provider network. Partnering with the Philadelphia Department of Public Health (PDPH), the team ensured Philadelphia’s most vulnerable populations were prioritized in phased vaccine distribution. The team advocated tirelessly for the inclusion of individuals with intellectual disabilities and individuals experiencing homelessness in the city’s vaccine distribution planning. Once the vaccine became available to all Philadelphians in April 2021, the team pivoted to address vaccine hesitancy among provider staff and the individuals we serve.

The Vaccine Strategy team, in collaboration with PDPH, was able to host six live webinars for DBHIDS staff and providers to learn about vaccine hesitancy. They developed a 30-minute webinar for the Learning Management System (LMS) and on Healthy Minds Philly for providers and community members to access information about vaccines. They also hosted 12 on-site clinics at DBHIDS housing/homelessness programs, 10 on-site clinics at DBHIDS IDS programs, and established a memorandum of understanding (MOU) with PDPH to share data that matches IDS individuals with PDPH’s vaccine database targeting homebound individuals and their family members and caregivers.

Shifting to Work from Home

Though many DBHIDS employees were equipped with laptop computers prior to March 2020, making the full-time shift for all employees was no simple task. Over the course of seventy-two hours, we created a “remote work” boot-camp and brought every employee through to prepare them to utilize their laptops remotely with the appropriate connectivity for their job (private WiFi, mobile hotspot, virtual private network (VPN), etc.). We worked hard to ensure each employee had access to the necessary cloud resources to perform their job effectively and safely at home (e.g., Office 365, Zoom, Microsoft Teams) and DBHIDS was the first City of Philadelphia agency to implement multi-factor authentication to guard against the sharp increase in email-based phishing attempts during the pandemic.

Worldwide shipping delays made procurement of additional equipment, when needed, complicated at times, and information technology (IT) support needs reached an all-time high during the shift, but our IT units remained diligent and committed. Most importantly, it was able to make sure our technology was secure and continues to secure our members’ protected health information (PHI).

With schooling, work, and behavioral and physical health appointments transitioning to web-based platforms, we recognize that access to technology should be made available to every virtual private network. The social determinants of health (SDOH) work that the department leads is focused on providing technology (i.e., wireless internet and equipment) as needed to the people we serve.
TEC Lens: Addressing Trauma

Addressing Trauma means creating a system that is trauma-responsive, trauma-informed, and trauma-mitigating. DBHIDS recognizes institutional trauma as a type of systemic trauma that can result from institutional action and inaction. With TEC, DBHIDS is addressing various types of trauma, including institutional harm. We’re doing this by creating programs that aim to ameliorate the risk of institutional wrongdoing.

Diversity, Equity, and Inclusion (DEI) DBHIDS created the DEI team in 2019 to respond to an identified need for focused DEI work within the DBHIDS system and the community that DBHIDS serves. Thirty-minute confidential employee listening sessions are available by request to increase understanding of the diverse employee needs, with subsequent efforts focused on the external systems that DBHIDS influences. This approach recognizes that addressing structural trauma within an organization is a prerequisite to successfully implementing DEI principles externally.

“The Healing Space” The DBHIDS Diversity, Equity, and Inclusion team established “The Healing Space” in September 2020 in response to the National, racial uprising following the murder of George Floyd. The reoccurring virtual trauma-focused brave/safe space is designed for employees to meet each other where they are on their healing journeys; to lean on one another for support and strength during difficult times. This brave confidential space requires no registration to enter, and recording is prohibited to safeguard participants’ vulnerability. There have been 29 sessions with a combined 562 participants. Topics ranged from the Breonna Taylor grand jury decision to the 36th anniversary of the 1985 MOVE bombing & the disposal of their remains.

Evidence Based Practices and Innovation Center supports the implementation, sustainability, and accessibility of behavioral health evidence-based practices (EBPs) across CBH providers, including trauma-specific models such as Prolonged Exposure Therapy and Trauma-Focused Cognitive Behavioral Therapy, as well as the integration of trauma-focused strategies across EBPs as relevant. The Philadelphia Alliance for Child Trauma Services (PACTS) is focused on improving the mental health and emotional well-being of trauma-impacted youth and families in Philadelphia by advocating for vulnerable populations such as young children, BIPOC, LGBTQ+, and undocumented youth and families. PACTS supports healing in youth impacted by interpersonal, community violence, Commercial Sexual Exploitation of Children (CSEC) violence and all forms of racism and discrimination.

Crisis System Transformation The Philadelphia Crisis Line (PCL) has been shifting from its historic crisis assessment stance to a trauma-informed crisis intervention platform. Staff are trained in Life-line and related interventions with the intention of assisting callers in trauma-informed guidance where the effort is to facilitate utilization of least restrictive levels of care. The guided interview that is conducted by PCL delegates includes an acute understanding of how trauma can shape an individual’s perceptions and behavior. Interventions are made that recognize the ongoing and interdependent needs for a person’s sense of safety and connection, and for the management of emotions and impulses. Our trauma-informed care seeks to prevent re-traumatizing an individual in crisis, while empowering them to cope more effectively.

The Forensic 360 project is aimed at getting clinicians at the jail the best information possible to provide treatment and continuity of care to Philadelphia. This information will help make treatment staff aware of past services and trauma diagnoses. Alternatives to Detention Reentry supports continuity of care, a critical component for successful community reintegration for people returning from jail. Connections to treatment address trauma and ensure it is addressed in a timely and comprehensive manner.
Co-Response Services are aimed at preventing the trauma that occurs during arrest and incarceration by offering de-escalation and triage services. Philadelphia recorded 499 homicides in 2020,14 a figure the city hasn’t seen for 20 years.15 The early months of 2021 continued to show drastic increases in the rate of homicides across the city.16 A large part of this is due to gun violence; 2020 saw more than 2,000 incidents of gun violence across the city. Each time a tragedy like this occurs in our community, large numbers of individuals are impacted: the victim or survivor's family, their community, those who touch the case in the criminal justice and behavioral health systems. Instances like these result in far and wide-reaching trauma.

The Trauma Response and Emergency Preparedness (TREP) Unit within DBHIDS integrates emergency management and disaster planning with emerging models for community-directed trauma and violence response efforts, otherwise known as postvention or early intervention following exposure to violence and/or trauma. TREP's emergency preparedness and disaster planning arm serves as the DBHIDS liaison to the Office of Emergency Management (OEM) to assist with planning and response operations, ensuring that both are guided by best practices and an understanding of the mental and behavioral health impact of major events and disasters. TREP is also the seat of the Network of Neighbors Responding to Violence initiative, which coordinates trauma response efforts citywide following a community-directed, collaborative framework (the Ask Model) that centers the experience of the impacted community, elevates their voice to inform response efforts, taps into their natural strengths and resources, and strengthens each community’s capacity to support its own members (prevention). The Network trains community members in evidence-informed practices and utilizes these interventions by offering de-escalation and triage services.

14 pewtrusts.org/media/assets/2021/04/philadelphia-2021-state-of-the-city.pdf
16 phillypolice.com/crime-maps-stats

including the City of Philadelphia Office of Emergency Management, the Commerce Department, the Department of Public Health, Community Legal Services, DBHIDS Acute Services, the Defender Association’s Child Advocacy Unit, the Local Initiatives Support Corporation/Philadelphia Association of Community Development Cooperatives, U-School, Drexel Public Safety, Project Home, PEC, PowerCorps, and many more.

In some of these cases, intervention participants had direct experience with civil unrest, such as OEM, the U-School, and Drexel Public Safety. Many had indirect exposure, like working with clients or patients exposed to civil unrest, hearing stories, and supporting youth. All participants experienced some level of exposure to stress resulting from COVID-19, whether personally or professionally, due to rapidly changing job responsibilities, public pressure, or hearing stories of loss and hardship from their students, clients, and patients, or the public.

A second wave of civil unrest occurred in October and November of 2020, following the death of Walter Wallace Jr. at the hands of law enforcement in the city's Cobbs Creek Neighborhood. This time, the Network received four separate requests for support from community members and disaster planning arm members in the 19139 zip code. These community members were referred to the Network through community-based organizations and word-of-mouth, as well as a DBHIDS staff member with connections to the impacted community. One of these community points-of-contact had a direct connection to the neighbors on the block where the incident occurred, including neighbors who were witnesses. The Network provided the referral to CBH for these community members, who turned down Network of Neighbors' group supports. The Network also provided support to a local behavioral health agency with ties to the impacted community; they were referred to the Network through the DBHIDS system.

In CY20, TREP Network of Neighbors, (which includes TREP's Director, the Network of Neighbors Coordinator, and approximately 40 trained volunteers) provided support to 242 communities, including 50 schools. Approximately 60 communities were supported in response to incidents of ongoing circumstances of gun violence.

Achieving Equity

Achieving Equity requires DBHIDS to intentionally identify and address institutional and structural racism, transform systems to reduce behavioral health disparities, and promote racial equity for BIPOC. DBHIDS’ Diversity, Equity, and Inclusion (DEI) unit is constantly working to inform programs and processes to reduce health equity within the department and externally to the provider network and the community at large.

Diversity, Equity, and Inclusion (DEI) team was created in 2019 to respond to an identified need for focused work within the department and the community. In an interdisciplinary, interagency manner, the team is responsible for the clinical quality management of the DEI agenda. The strategic plan utilizes a 3-pronged approach incorporating research, data, and target population input to inform its work. Additionally, the DEI team models inclusive work practices to promote diverse perspectives, creative viewpoints, and innovative ideas. Systematic process intentionally started with addressing the internal environment of DBHIDS as an organization by establishing comprehensive guiding policies and principles, i.e., DEI and language access policies, vision statement, and core competencies. As well as the 20-member six-month rotating steering committee modeling best practice to ensure staff from all seven divisions, all levels, and functions can participate and contribute their diverse perspectives, creative viewpoints, and innovative ideas. Building on this foundation, DEI implemented a collection of data characterizing aspects of equity, i.e., the first-ever DBHIDS DEI Employee Survey, to establish a qualitative baseline for the employee's perspective of leadership's attitudes and practices. And the first-ever Departmental Employee Diversity Gap Analysis, a quantitative baseline comparing DBHIDS' workforce composition with Philadelphia's population.

Public Health and Policy provides a public health
Prioritizing to Address our Changing Environment

framework to DBHIDS advances health equity and ensures that no Philadelphia resident is dis-advantaged from achieving full health potential because of social position or socially determined circumstances.

Alternatives to Detention Reentry and Forensic 360 work enhances equity as the jail population significantly over represents the African American population. By providing more resources to jail treatment providers and improving connections to treatment, reincarceration will decrease resulting in a more equitable justice system. African Amer-icans are overrepresented across Philadelphia’s justice system. We can promote equity by reducing the number of people arrested and supporting those leaving the jail. Reducing justice system involvement for people of color and improving diversity, equity, and inclusion are key metrics for BHJD and will be furthered by this work.

Crisis System Transformation increase access to services in zip codes where current treatment options are lacking improves equity for those who would not otherwise be able to get to treatment. Expansion of Crisis Response Centers (CRCs), Mobile Teams, and the development of a behav-ioral health urgent care center will improve access to treatment across the entire city, where services will be readily available 24/7 in each part of the city.

DEI Cultural Transformation of the department’s culture, the DEI team has created various mech-anisms to enhance knowledge gaps, promote awareness and deep understanding of cultural diversity and ethnic inclusion, and justice equity for employees and external stakeholders.

Communication Banners disseminated monthly:
• Celebrating Diversity
• Advocating for Equity
• Conscious Awareness

Virtual Platforms:
• SkillUP, a 20-minute monthly educational session
• Lean-in ChatUP, a monthly noontday brave and safe space
• The Healing Space, a trauma-focused, brave, and safe space for employees

Best Practice/Person-first Language is an employee resource guide that provides up-to-date and accurate DEI terminology, concepts, and language to eliminate bias and break down systemic barriers to strengthen employee and community connections.

Minority, Women, and Disabled-owned Business Enterprises (MWDSBE) enforces anti-discrim-ination policies relating to the participation of MWDSBE in City contracts. DBHIDS eliminated the financial barrier by covering the MWDSBE non-refundable application and annual renewal fees for qualified County contractors in need of assistance to promote racial and economic equi-table inclusion.

CBH, like many organizations, felt the impact of the nation’s racially traumatizing events of 2020 reverberate throughout its workforce. The change of executive leadership in 2020 marked the start of new commitments that inspired the organiza-tion to be intentional about diversity, equity, and inclusion practices. CBH’s quick response to begin comprehensive assessment with the support of Philadelphia-based consulting partners, Statera Coaching and Leadership, yielded a socially-justic-based DEI training work-plan resulting in 70% compliance in under one year’s time. The estab-lishment of DEI strategy aimed at creating bench-marks and reducing workforce disparities related to equitable pay, career advancement opportu-nities, and disproportionate non-management or entry-level positions across the BIPOC staff have bolstered long-term plans to align with disparity work also recognized by the City of Philadelphia. These efforts, while still early in their implemen-tation, enable the organization and its workforce to address long-standing challenges in real-time.

Director, Diversity, Equity, and Inclusion (DEI)
The creation of the newly hired DEI position sup-portsthe organization’s formal commitment to addressing the needs of the workforce through the DEI lens. This position will engage all levels of CBH and utilize its current partnership with Statera Coaching & Leadership Consultants to develop robust DEI initiatives aimed at improving organizational climate and reducing disparities across a broad range of areas.

Justice, Equity, Diversity, and Inclusion Training is a comprehensive training model based in social justice theory and provides culturally sensitive interpersonal skills training and coaching. The additional element gained through this train-ing allows for greater historical perspective and encourges the dismantling of barriers experi-enced by marginalized groups, and specifically, Black Indigenous People of Color (BIPOC). The extended benefits resulting from this dynamic, hands-on training leads to a more resilient work-force where empathy is realized through mean-ingful dialogue and a shared respect for diverse perspectives. Additional topics covered include microaggressions, intersectionality, and privilege.

Deconstructing Privilege: To Walk, or Not exam-ines the intricacies of privilege and the ways that individuals benefit and enjoy the privileges, or not, that are attached to being members of one’s social identity group. This facilitator-led activity is an integral part of understanding bias and when supported correctly, allows for illuminat-ing self-awareness that enhances our ability to be better advocates for social justice.

Annual Organizational Climate Survey is an annual tool designed to measure the organization and the workforce’s perceptions about management prac-tices and behaviors that support diversity, equity, inclusion, and belongingness. The survey assesses attitudes, behaviors, and experiences, examined by social identity. The survey tool also explore perceptions based on response to reports of injus-tice and/or discrimination.

Engaging Community

Engaging Community encourages DBHIDS to con-nect individuals to community-based services and integrate community wisdom into program development and operations. DBHIDS recognizes the importance and effectiveness of fully integrat-ing programs into the community and is working actively to shift our programs in this direction as much as possible. We also want communities to have a voice in program development as a way of ensuring successful implementation of commu-nity-based programs.

Crisis System Transformation is family and community advocates through the Crisis Reform Committee provided feedback for the Request for Information (RFI) prior to dissemination and will be a part of the procurement review process. Will continue ongoing efforts monthly with this family advocacy group to better understand the needs of the communities we serve and how we can continue improving service delivery. They will continue to have a voice in the development of the Request for Proposal (RFP) for adult crisis services.

Public Health and Policy work is actively engaging schools of public health and the next generation of public behavioral health leaders by hosting students with interdisciplinary interests. The goal of this work is to include community members in the DBHIDS Policy Lab.

Alternatives to Detention Reentry attends com-munity events to explain the services they provide and offer additional provider-based peer support services for returning citizens with behavioral health challenges.

Immigrant and Refugee Community Engagement promotes equity and inclusion through the new Immigrant and Refugee Community Specialist position to support the community engagement efforts. To educate and increase community awareness of behavioral health, intellectual dis-abilities, and department resources and treatment services.
• Hosted, co-hosted, and supported
hundreds of immigrants and refugee community COVID-19 pandemic behavioral health wellness events through stakeholder partnerships.

- Dissemination of COVID-19 vital information and resources including PHL COVID-19 Fund and Small Business Relief Fund, statements from the Office of Immigrant Affairs, Philadelphia Commission on Human Relations, and the Attorney General Office

Community Healing Circles collaborative efforts with the Mayor’s Office of Public Engagement to replicate DBHIDS’ employee-focused “Healing Space” to provide a brave/safe space for the residence of Philadelphia County to process the traumatic impact of institutional racism, systemic discrimination, and justice inequity. And coordinates trauma-informed facilitators and crisis intervention support for the City’s “Healing Circles.”

Homeless Outreach services offer hope for individuals experiencing prolonged street homelessness in the community by building trusting relationships that lead to choices and opportunities. Outreach engages individuals on the street with dignity and respect, with the objective of helping them recover and access resources needed, including supportive housing and treatment options, that will allow them to address barriers to coming inside. The goal is to end chronic street homelessness in Philadelphia, while supporting individuals in a path towards recovery, resilience, wellness, and self-sufficiency.

Throughout the COVID-19 pandemic, all 8 DBHIDS homeless outreach teams continued to work to engage the unsheltered population in the community. Their role expanded to include support in getting food and basic needs to individuals on the street, as many of the day programs and meal programs closed during much of this time. The teams also focused on providing education on the street around COVID-19, handing out pamphlets from the Dept of Health on the virus, educating around social distancing and sanitation, and guiding individuals on the street to new hand washing stations and portable restrooms that were installed by the city in areas frequented by the homeless, as well as working to place the elderly and medically fragile homeless in the City’s COVID-19 Prevention Sites. As the vaccine became available in early 2021, the outreach teams began to assist homeless individuals in getting vaccinated by offering education and information on local vaccination clinics, providing transportation to health centers and clinics, and working with the Dept of Health to host several vaccination events at “hot spots” across the city. Similar efforts by the outreach were made to distribute a vaccine out over this same period, and included providing education, hand sanitizer, hygiene kits, condoms, and other materials.

As homelessness numbers and encampments increased across the country over the past 2 years, several major encampments developed here in Philadelphia as well. Outreach teams, along with other key stakeholders, were instrumental in facilitating several successful encampment resolutions placing many individuals into housing, social services, medical care and behavioral health treatment from areas that were affected such as Benjamin Franklin Parkway, Philadelphia International Airport, PACTO and SEPTA transportation hubs, Reading Terminal, Schuykill River Trail, and Kensington area. Most recently, increased efforts have been made by outreach teams to partner with nurses, doctors, and other medical supports on the street to address the growing need for wound care and acute medical conditions among the unsheltered population.

The Community Wellness Engagement Unit (CWEU) is designed to provide greater access to Behavioral Health support, guidance, and linkages to care on a community level. CWEU began in July 2019, standing up a bilingual Spanish-speaking team in Council District 7. During the COVID-19 pandemic, CWEU added a Certified Recovery Specialist (CRS) to Council District 1. CWEU teams are led by a Behavioral Health Specialist and include a Certified Peer Specialist (CPS) and Certified Recovery Specialist (CRS). CWEU also benefits from the expertise of a Family Navigator (FN) and a Community Autism Peer Specialist (CAPS).

In 2020 as Covid-19 began to impact the ability of outreach to engage communities, CWEU was able to pivot and provide immediate assistance to the City’s COVID-19 Quarantine Site starting on 4/1/2020. The role of CWEU was to provide peer support as well as wellness checks to all the guests at the site. We also provided a link to the administrator of the site, ensuring that the needs of all guests were being addressed. Having a bilingual Spanish-speaking team at the Quarantine site meant that folks could feel a level of comfort in conveying their needs and confidence that they were being heard.

As other priorities emerged, CWEU played a pivotal role in connecting 2 community partners to the Philadelphia Department of Public Health (PDPH). Through CWEU’s ongoing collaborations, Esperanza Health Center and Rock Ministries were able to connect the communities of Kensington, Fairhill, Frankford and Port Richmond to the PDPH Covid Testing site in Kensington. CWEU joined the effort to ensure community members were connected to behavioral health services.

Step Up to the Plate was another important service provided to the community at the start of the pandemic to address food insecurity for Latinx communities in Fairhill, Kensington and Frankford. Partnering with Prevention Point of Philadelphia and Outreach Ministries, CWEU was asked to provide behavioral health supports. This program remains active and CWEU continues to support weekly.

Additional projects during the pandemic which included behavioral health and peer supports from CWEU include:

- The Drop-in Center at Visitation
- Community Clean-ups

As we’ve begun to move back to in-person engagements, CWEU has continued to grow. CWEU now has 6 teams and our engagements have expanded to communities in North and South Philadelphia, Northwest Philadelphia, Northeast Philadelphia as well as communities in Olney, and West Oak Lane. Although our workforce is primarily working from home, CWEU has expanded its physical presence in communities. We have a Hub at the Police Assisted Diversion (PAD) site in Kensington as well as touch-down spaces at Finley Recreation Center in Northwest Philadelphia and Self-Help Movement in Northeast Philadelphia. We continue to expand our ability to reach diverse communities and can engage residents who have language access needs in Spanish, Russian and Hebrew. Additionally, we have a virtual bi-weekly CAPS meeting led by our Autism Peer Specialist to engage individuals on the Autism Spectrum. The meetings are also open to individuals who are neurotypical to expand and enhance awareness of Autism Spectrum Disorder.

Social Determinants of Health Lens

Social determinants of health (SDOH) are defined as the “conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” DBHIDS has taken a population health approach to address the SDOH, noting that the various factors impacting an individual’s health status are unique yet interactive.

SDOH Workgroup Launch formed in Nov. 2020, is comprised of management and team members across the seven divisions in our department. Together, they use an innovative lens to collaborate, strategize, and operationalize our approach to population health and address the SDOH for our members across Philadelphia. Through the
Prioritizing to Address our Changing Environment

Sharing of respective areas of expertise in areas such as housing, food insecurity, peer culture, and immigrant and refugee affairs, the workgroup meets monthly to achieve equity for our members by reviewing and setting new goals to ultimately increase access to services and treatment.

### Food Plan

As each SDOH domain is addressed through our work at DBHIDS, we develop a related short- and long-term strategy to mitigate related health disparities and inequities that exist in the physical and behavioral health spheres. For food insecurity, for example, we developed a food plan using a data- and place-based approach to eliminating healthful food access concerns for our members. The DBHIDS Food Plan was created to document all the steps taken to develop this approach, as well as the funding, objectives, and outcomes anticipated. In 2022, we hope to utilize the information gathered in our Food Plan to initiate a food delivery pilot for members who are most at-risk of food insecurity and disruption of engagement in behavioral health services as a result. We have identified several food justice organizations and providers with whom we look forward to partnering to serve our members’ needs.

### Consultant Collaboration & Best Practice Scan

In addition to internal meetings and work to address the SDOH, DBHIDS initiated a partnership with Strategy Arts, a local nonprofit consultant firm, to identify SDOH best practices across the country and gain knowledge about actionable steps that we can take as an organization to remain innovative and helpful in service to our members. Work with Strategy Arts was comprised of two phases, including interviews with subject matter experts and leaders across the U.S. in the employment, food insecurity, and transportation sectors, as well as the write-up of a best practice scan and development of language to use for grant funding proposals.

### Transportation Pilot – Innovatively Increasing Access to Treatment and Services

In 2022, we anticipate launching a pilot in which members who are otherwise unable to attend behavioral health, medical, employment, and other appointments due to financial constraints will be given SEPTA passes to access these resources. We will partner with CBH and local providers to ensure that those members most at-risk of missing appointments due to transportation concerns are supported and able to attend.

### Technology Pilot – Improving Infrastructure and Intelligence for Our Members

Although the federal government rolled out funding for internet subsidies in Philadelphia through the Emergency Broadband Program in 2021, Philadelphia-based internet service providers did not offer the additional technology equipment benefit. In 2022, DBHIDS is eager to partner with external stakeholders to extend free tablets or laptops to its members so they may access needed telehealth, employment, and other resource-related appointments from the safety and comfort of their own homes.

### Community Based Care Management

Community Behavioral Health (CBH) is required to implement a Community Based Care Management (CBCM) with the goal of improving behavioral health outcomes, mitigating social determinants of health (SDOH), enhancing physical and behavioral health care coordination, reducing healthcare disparities, encouraging the use of preventative services, and partnering with community-based organizations (CBOs). CBH will be implementing three (3) programs:

- **One program will target Medicaid-eligible pregnant, postpartum, and inter-conception women who reside in Philadelphia County and are seeking care at an obstetrics/gynecology (OB/GYN) practice associated with a birthing hospital.**
- **Another will target children ages birth to 21 who are being served at St. Christopher’s Hospital for Children receiving treatment in the Center for the Urban Children or the Center for Children and Youth with Special Health Care Needs.**
- **The third program has been underway for several years. The initial target population was Health Partners Plans’ highest cost/most complex members capitated to one of the participating practice sites. CBH will expand its target population to include members with both high behavioral health and physical health care utilization, needs related to SDOH, and individuals with a Serious and Persistent Mental Illness (SPMI) diagnosis.**

CBH will also be working with adult acute inpatient in-network providers to implement the Community Based Organization (CBO) Value Based Purchasing (VBP) Initiative. The target population for this initiative is adults (18+) admitted to an acute inpatient psychiatric (AIP) setting who have been deemed to have a housing barrier. The goals are to reduce inpatient lengths of stay, reduce readmission rates, and improve quality of life for our members.

### Quality Management Lens

The goal of the DBHIDS Quality Management (QM) Unit is to proactively provide the required structure and processes necessary to define, measure, analyze, and improve the quality of care and services that we provide to the individuals we serve. Data is essential to inform processes and to influence improvement and models of standards of excellence. The effective use of data allows us to quantify the quality work being done within the department, celebrate success, and intervene when opportunities for improvement are identified.
Standardizing Documentation simplifies record keeping, and encourages collaboration between all seven divisions and the sharing of documented resources.

Fostering Unambiguous Communication helps individuals and teams clarify goals, expectations, and mutual needs to gain common understanding and, in turn, increases the opportunity to achieve shared positive outcomes.

Clarifying Roles and Responsibilities increases our efficiency by enhancing accountability and ownership, encourages a productive work culture, and enhances team performance as well as overall individual job satisfaction.

Quantifying the Quality of Work performed by DBHIDS allows us to tell the complete story about the quality of the services delivered. Setting goals and pairing them with measurable outcomes allows us to track our performance over time, predict and plan for the future, guide improvements, and track the effectiveness of changes made to enhance processes.

Maximizing value through a process of continuous quality improvement allows us to track progress, effectively allocate resources to enhance existing or create new processes and improve efficiency. This empowers us to demonstrate the value proposition of existing services and provide rationale for growth.
Mission and Vision
To educate, strengthen, and serve individuals in communities so all Philadelphians can thrive. We envision a Philadelphia where every individual can achieve health, wellbeing and self-determination.

Values

Priority Areas

Prevention and Early Intervention
Further develop services around community needs
Increase the number of community engagement activities by 20%

Treatment and Services
Increase access to service
Increase community access to assessment and treatment by 10% through community-based and mobile entry points

Health Economics
Improve processes and practices to enhance cost effectiveness
Increase number of initiatives by 20% with improved outcomes

Infrastructure and Intelligence
Increase the use of business analytics and information flow to inform service delivery and improve outcomes
Increase the number of new request for dashboards by 10%

Innovation
Innovate to improve programs, processes, and efficiency
Increase the number of programs that have transitioned to sustainability by 25%

Goal
Link Philadelphians to resources
Educational guidance and advocacy
In-person supports

Evidence-based treatments
Growing and adjusting network
Making connections for vulnerable populations

Assess value of initiatives internally and externally
High quality training
DBHIDS employee wellness

Information sharing
Data management systems
Policies, procedures, and protocols

Sustainment plans
Philanthropy
Efficiency and meaning

KPIs
P.A.C.E. Framework
Prioritizing to Address our Changing Environment

PREVENTION AND EARLY INTERVENTION

These services are the foundation of our population health approach. This priority area aims to help individuals, families, and communities protect their health and sustain their wellness.

Goal
Further develop services around community needs

Key Performance Indicators
Increase the number of community engagement activities by 20%

Community Engagement Activities

<table>
<thead>
<tr>
<th>Baseline</th>
<th>Target</th>
<th>Progress (June 2020 - 2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>304</td>
<td>365</td>
<td>1924</td>
</tr>
</tbody>
</table>

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Strategy #1

Link Philadelphians to Resources

- Encourages the use of underutilized services
- Increases awareness of resources available to people
- Normalizes behavioral health resources thereby reducing stigma
- Encourages people to prioritize their behavioral health and wellness

---

Strategy #2

Educational Guidance and Advocacy

- Provides information to community about behavioral health
- Promotes the individualized needs of community

- Two hub sites in the community, allowing our outreach teams to further integrate into community (July 2020 – June 2021)
- 92% occupancy rate for TIP housing and residential services in FY20; 1,550 people served (July 2020 – June 2021)
- 2,494 people served in Recovery Housing in FY20 (July 2020 – June 2021)
- Two hub sites in the community, allowing our outreach teams to further integrate into community (July 2020 – June 2021)
- 92% occupancy rate for TIP housing and residential services in FY20; 1,550 people served (July 2020 – June 2021)
- 2,494 people served in Recovery Housing in FY20 (July 2020 – June 2021)
- 592 referrals from system partners for Early Intervention (July 2020 – June 2021)
- 237 people living in Recovery Housing have been referred to employment resources (November 2020 – September 2021)

---

Strategy #3

In-person Supports

- Directly engages the community by providing the support first-hand
- Individualizes supports based on needs of community

- 1,548 people trained to use life-saving Narcan (as of June 2021)
- 5 shelters participated in mindfulness training in partnership with DEA to teach children and adolescents about substance use disorders (March 2021 – July 2021)
- 25 collaborations with youth to develop youth informed ATOD policies (July 2020 – June 2021)
- 592 referrals from system partners for Early Intervention (July 2020 – June 2021)
- 237 people living in Recovery Housing have been referred to employment resources (November 2020 – September 2021)
Prioritizing to Address our Changing Environment

TREATMENT AND SERVICES
Address the central role of DBHIDS. We aim to provide and expand access to quality services are inclusive, trauma-informed, and individualized to each person’s needs.

Goal Increase access to services
Key Performance Indicator Increase community access to assessment and treatment by 10% through community-based, mobile, and virtual entry points

Evidence Based Treatment
Aims to provide the most effective care possible
Most efficient method of getting to desired outcome

167 communities supported following a crisis with evidence-based or evidence-informed interventions (July 2020 – June 2021)
44 providers with EBP designation (July 2020 – June 2021)
92 of programs with EBP designation (July 2020 – June 2021)

Strategy #1
Evidence Based Treatment
Aims to provide the most effective care possible
Most efficient method of getting to desired outcome

Goal Increase access to services
Key Performance Indicator Increase community access to assessment and treatment by 10% through community-based, mobile, and virtual entry points

Baseline Target Progress (June 2020 - 2021)

Strategy #2
Growing and Adjusting Network
Allows us to fit the individual needs of the community

Transitioned all SUD programs from PCPC to ASAM per State mandate (July 2020 – June 2021)
Added 20 of Certified Autism Peer Specialists (July 2020 – June 2021)

Strategy #3:
Making Connections for Vulnerable Populations
Ensures our most vulnerable are aware of needed care

Using the Behavioral Health Quick Screen, referred 332 people to CBH services from OHS (March 2021 – August 2021)
Using the BH Quick Screen, linked 99 people to CBH services from IDS (February 2021 – September 2021)
HEALTH ECONOMICS

Health Economics is aimed at creating efficiency and effectiveness, while also increasing value in what we do.

Goal: Improve processes and practices to enhance cost effectiveness

Key Performance Indicator: Increase number of initiatives by 20% with improved outcomes

---

Strategy #1

Assess Value of Initiatives Internally and Externally

Improve alignment, coordination, and integration of work

Determined value of initiatives leads to more strategic decision making

- 115 internal collaborations initiated or facilitated by Systems Integration Unit
- Creation of P.A.C.E. Priority Advisory Group
- Creation of the Quality Management Dashboard will allow DBHIDS to get a clear picture of the quality of work happening across the department

---

Strategy #2

High Quality Training

Education improves knowledge, knowledge improves process-building

- 13 Trauma Resilience trainings facilitated
- 9,508 learners in the DBHIDS learning hub system

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Strategy #3

Employee Wellness

Increases retention, decreases attrition

Supports mental wellbeing of workforce

Increases productivity of workforce

Models prioritization of wellbeing for our providers

- 398 employees engaged in Wellright portal (July 2020 – June 2021)
- 102 employees attended DBHIDS wellness day in 2021
INFRASTRUCTURE AND INTELLIGENCE

Bolstering the infrastructure of DBHIDS by utilizing data in a more efficient manner to drive decision making and strategy development.

**Goal**: Increase the use of business analytics and information flow to inform service delivery and improve outcomes

**Key Performance Indicator**: Increase number of new requests for dashboards by 10%

### Requests for New Reports and Dashboards

<table>
<thead>
<tr>
<th></th>
<th>FY 20</th>
<th>FY 21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
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<td>41</td>
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<tr>
<td>Target</td>
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<td>45</td>
</tr>
<tr>
<td>Progress</td>
<td>54</td>
<td>66</td>
</tr>
</tbody>
</table>

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**Strategy #1**

**Information Sharing**

- Data-driven quality care
- Data-driven strategies
- Aligning, coordinating, integrating information

11 teams within CBH fully functioning in Psychconsult/MCO (July 2020 – June 2021)

228,178 people engaged in DBHIDS website (July 2020 – June 2021)

146 programs and initiatives in DBHIDS Directory (July 2020 – June 2021)

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**Strategy #2**

**Data Management Systems**

- Improving use of DMS to reflect needs of DBHIDS
- Aligning and coordinating different DMS across DBHIDS
- Connecting DMS across stakeholders

**Strategy #3**

**Policies, Procedures, and Protocols**

- Standardizing across system
Prioritizing to Address our Changing Environment

INNOVATION
Innovation is the implementation of ideas to improve quality or discover new methods of addressing challenges.

**Goal** Innovate to improve programs, processes, and efficiency

**Key Performance Indicator** Increase the number of programs that have transitioned to sustainability by 25%

---

**Strategy #1**

Sustainment plans
Ensures new programs have a sustainable funding plan
Aligns new programming with state and federally recognized programming
Shifts pilot programs to sustained programs

100% of projects that start under Reinvestment Funding now have identified outcomes

---

**Strategy #2**

Philanthropy
Makes it possible to fund beneficial programming doesn't fall under state-recognized programming
Supports SDOH needs of Philadelphians

- Started department-wide SDOH workgroup

---

**Strategy #3**

Efficiency and Meaning
New ideas for addressing challenges
New ideas for creating meaning in the work we do internally, externally

- 43 innovative ideas evolved into P.A.C.E. Projects

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**Percentage of Model-building Programs with Sustainability Plans**

<table>
<thead>
<tr>
<th>Baseline</th>
<th>Target</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>75%</td>
<td>100%</td>
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</table>
Divisional Efforts

Our divisional P.A.C.E. Champions were critical in pulling together this section of the document. Each of the seven divisions within DBHIDS responds to challenges with a slightly different angle, resulting in multifaceted strategies that help move the department forward with strength and creativity.
ADMINISTRATION, FINANCE AND QUALITY

The division of Administration, Finance, and Quality (AFQ) has an overarching responsibility to support the efforts of all DBHIDS divisions in alignment with a health economics approach. The division supports the provision of services in a fiscally responsible manner to ensure the sustainability of programs and the ability to continually improve.

2020 Accomplishments

Prior to FY20, AFQ developed a monthly reporting mechanism reviewed reinvestment spending across all 7 divisions. In FY20, the Quality Management Unit was created, and alongside the Special Advisor, developed outcome measurements for all active reinvestment plans. Along with closely monitoring the spending of reinvestment plans, we were able to find sustainment and billability for two reinvestment plans.

The Human Resource Department expanded the Employee Wellness Program to include Wellness Day, Wellness Walks, Mindful Meditation, Weekly Virtual Workouts, and Holiday Celebration. The virtual Wellness Day was expanded to span across a two-day period with a plethora of activities including all-abilities yoga & Zumba, a Wellness Recovery Action Plan information session, boxing training, guided meditation, two nutrition education seminars, an arts-based approach to wellness, and a virtual group walk. We also developed a Wellness Day feedback form and received helpful input from staff related to their interests, ability to participate, and impact on their wellbeing. We implemented an annual Employee Wellness Survey in the fall of 2020 to garner information and data for improvements and enhancements moving forward. A monthly employee wellness newsletter was created in January 2021, communicating resources and opportunities to promote staff health and well-being. We expanded the inter-divisional Wellness Partners Committee to ensure each DBHIDS division is represented and is equipped with a wellness liaison. Staff who have their wellness prioritized and are supported by their employer are engaged, able to perform at their wellness prioritized and are supported by their wellness prioritized and are supported by

The Quality Management (QM) Team created a dashboard to be used as a tool to gather, present, and visualize data in an accessible format to show progress towards project outcomes. The QM dashboard provides dynamic views of data and allows us to view high level project specific trends as well as drill down to monthly outputs. At this point in the project, we have collaborated with all P.A.C.E. and Reinvestment stakeholders to develop goals, objectives, outcomes, numeric baselines, and targets. In addition, we have created a monthly data submission process that allows us to record monthly or quarterly outputs, milestones, timeline updates, and barriers to progress. The QM initiative outcomes are to monitor P.A.C.E. and Reinvestment outcomes, outputs, trends, and efficiency, and to analyze the impact of DBHIDS’ work on the individuals we serve. The corresponding outputs for these outcomes are the Percentage of P.A.C.E. and Reinvestment projects submitting outputs on a monthly or quarterly basis, and, secondly, the Percentage of P.A.C.E. and Reinvestment projects reaching target goals. Our target for both measures is 100%, with a goal of maintaining that target once it is achieved.

Project Management

The goal of this project in 2020 was to implement Wrike Project Management software for DBHIDS. DBHIDS has many unique projects developed, implemented, and managed by a wide range of employees with varying degrees of project management experience. Wrike software will improve communication of project statuses and goals, facilitate identification of measurable outcomes, and clarify project roles and responsibilities. The initial phase of the Wrike Implementation, which began in June 2020, focused on training individual Project Leads for P.A.C.E. and Reinvestment Projects. The goal was to create Project Plans for each project and to track the regular submission of outcome and output data for each project. The initial phase of implementation involved training two groups of users and offering ongoing user support and consultation.

Current Efforts

• We are preparing to implement comprehensive Employee Stress, Trauma, Resilience and Wellness services.
• We are providing leadership to the City Wellness Workgroup to bring sustainable employee wellness supports and services to all city departments.
• We are preparing quarterly wellness related trainings and activities.
• The next phase of the QM Dashboard will be to incorporate information from Wrike Project Plans including Project Milestones and detailed descriptions. The QM Dashboard will be expanded in coming years to allow users a dynamic view of data, with the ability to zoom in to a granular project level and an ability to zoom out to a portfolio level to gauge the overall health of a collection of projects such as P.A.C.E.
• The next phase of the Wrike Implementation involves the expansion of Wrike users from the initial group of 50 users up to 100 users. The focus of this second phase of implementation will be to increase collaboration and communication among team members managing projects in Wrike. The second phase of the Wrike Implementation project began in the second quarter of 2021 and will continue throughout the remainder of the year. Additional information from Wrike Project Plans will be incorporated into the QM Dashboard in 2021 including Project Milestones and detailed descriptions.
• Outcomes/output measures and sustainability plans will be created for new reinvestment plans currently on the horizon.

Future Endeavors

• Continued implementation and evaluation of the effectiveness and viability of the Employee Stress, Trauma, Resilience and Wellness services.
• Implement the option for all who staff who would like to creative a Wellness Recovery Action Plan to be able to do so.
• Identify grants and other opportunities to create sustainability for new reinvestment plans and continue to create outcome and output measures for all new reinvestment plans.
BEHAVIORAL HEALTH AND JUSTICE

BHJD works to provide equal opportunities for treatment, support, and community integration for justice involved Philadelphians with behavioral health challenges by changing system outcomes.

2020 Accomplishments

A 911 Triage Desk was installed at the 911 Radio Room with the embedding of a Behavioral Health Navigator to support the identification and triage of behavioral health related calls through partnership with Managing Directors Office Criminal Justice (MDOCJ) and the Philadelphia Police Department (PPD).

BHJD initiated intensive reentry planning in partnership with the Philadelphia Department of Prisons (PDP) to enhance the reentry process for individuals with a Serious Mental Illness (SMI). Work with these individuals begins during incarceration, continues through release and community reentry, and will include linkage to treatment and other support services. In response to the COVID-19 pandemic, thousands of individuals were released to reduce the jail population, and BHJD staff developed reentry plans for individuals with SMI and co-occurring SMI/Substance Use Disorder (SUD). Planning and support continue for individuals with SMI returning from PDP custody to the Philadelphia community with the goal of serving more individuals with SMI released from PDP in the coming year.

BHJD partnered with the Behavioral Health Training & Education Network to develop and deliver a forensic training series for the provider network.

BHJD assumed a leadership role in management of PHMC’s Forensic Intensive Recovery (FIR) program, which serves a variety of court-based programs. A new Forensic Intensive Recovery program Management Team was formed from staff across DBHIDS to ensure this important provider service offered the best and most effective services.

BHJD went through the Measurement and Alignment Process (MAP) which involved each program or initiative meeting with the Business Intelligence Team (BIT). During these meetings they reviewed their monthly outputs reports, quarterly outcomes reports, and ensured activities measured aligned with BHJD’s mission, goals, and Key Performance Indicators (KPIs). Each program and initiative was also assessed for alignment with DBHIDS’ P.A.C.E. and TEC lenses. Another accomplishment is the progress made in implementing access to Forensic 360 at Philadelphia’s County jail, aimed at sharing data with the jail treatment providers to improve the delivery and connection to services. While the tool was not yet in use in 2020, legal progress was made, and training materials were developed.

ATD Reentry is a new program that started collecting data in April 2020. Over the course of the year, it served 547 unique people and provided 731 encounters from April to December 2020. BHJD’s BIT team has maintained a comprehensive monthly report for BHJD programs and initiatives for several years. We were able to build off this capacity by management revising BHJD’s mission, goals, and strategic plan, which informed the development and execution of the MAP process. The ATD Reentry program was able to increase the people it served. Progress on Forensic 360 contributes to DBHIDS’ KPI of increasing dashboard development. The MAP process contributes to improving access to services and improving BHJD’s ability to capture outcomes data. ATD Reentry increases access to services, improves the quality of the data BHJD has access to, and aligns programs with BHJD’s mission and goal to ensure better outcomes.

Forensic 360 and ATD Reentry support quality of care and continuity of care. ATD Reentry’s work included providing reentry service data BHJD has access to, and aligns programs with BHJD’s mission and goal to ensure better outcomes. Forensic 360 and ATD Reentry support quality of care and continuity of care. ATD Reentry’s work included providing reentry service data BHJD has access to, and aligns programs with BHJD’s mission and goal to ensure better outcomes.

Current Efforts

Funded by the MacArthur Safety and Justice Challenge and the City General Fund, and in partnership with MDOCJ and PPD, BHJD is developing a pilot Co-Responder Program to pair Crisis Intervention Team (CIT) trained police officers with clinicians to respond to behavioral health related police incidents. The goal will be to increase early intervention for individuals with mental illness during law enforcement encounters, decreasing the likelihood individuals will be arrested, and increasing their access to community-based services. Services are slated to begin FYQ1 2021.

The Co-response services will increase people’s trust of the police as it provides de-escalation and solution-focused interventions that reduce arrests and increases connections to care. The Resource Hub will create opportunities for Philadelphians to access the behavioral health system more easily and reduce justice involvement.

Funded through Community/Hospital Integration Projects Program (CHIPPs), BHJD is developing an 8-bed Peer Run Crisis Residence program for people with serious mental illness released from Philadelphia County Jail (PDP), State Prison (DOC), and Norristown State Hospital (NSH) at risk for psychiatric decompensation without additional support. The program aims to support successful community transitions using a peer led milieu and Certified Peer Specialist (CPS) staffing on-site 24/7, external case management support, and rapid connections to community-based services.

Future Endeavors

BHJD will continue to pursue its KPIs centered on reducing justice involvement for people with serious mental illness. This will entail standing up CIRT Co-response teams across the city in collaboration with the Philadelphia Police Department and Managing Directors Office of Criminal Justice, monitoring and supporting PCL’s protocols with the 911 radio room, expanding reentry care coordination and services upon release, opening a Peer Run Crisis Residence, and expanding behind the walls reentry planning.
Prioritizing to Address our Changing Environment

CHIEF MEDICAL OFFICER

The division of the Chief Medical Officer (CMO) serves as the trusted and reliable clinical voice for the Philadelphia system.

- Optimal population health for Philadelphians
- Reflected in behavioral health of the city report
- Summarized in P.A.C.E. goals

Through policy and advocacy, system engineering, and 'measuring what matters.'

2020 Accomplishments

Crisis System Transformation

For the year of 2020 the CMO Division has been working to develop and implement the Crisis 2.0 framework outlines how DBHIDS and our collaborative partners will begin to deliver crisis services over the next several years. Key components of the framework hinge on DBHIDS having "no wrong door" for accessing behavioral health crisis related services. The Philadelphia Crisis Line (PCL) is at the helm of access and linkages to crisis services across the city and there has been a substantial amount of work around expanding and improving the efficient service delivery of PCL. This includes an increase in staff trained in national crisis call standards to improve call quality, the implementation of a national three-digit number (988), where crisis calls will be routed directly to the PCL call line, the expansion of mobile crisis teams to address crisis in the community as they come in through PCL, as well as process mapping the throughput and flow of individuals who access Philadelphia’s Crisis Response Centers (CRCs). The CMO also added a dedicated position, the Director of Crisis Related Services, who will devote 100% of their time to overseeing the crisis system re-engineering effort in Philadelphia.

Utilizing data to understand the efficiency and quality of crisis related services will allow the CMO division to begin working toward implementing improvements around access towards future development and procurement of crisis services such as the development of a fifth Crisis Response Center (CRC), a Behavioral Health Urgent Care Center, and Crisis Intervention Stabilization Teams. All these services will work to ensure those needing acute crisis services can access them without barriers and at the appropriate levels of care. Those needing more intense crisis services will be able to access them free from bottlenecks and barriers to treatment.

Health Promotions' Vision mission is to enhance the lives of all Philadelphians by increasing mental health awareness and reducing stigma. Through early intervention and access to services, we support recovery, resilience, and self-determination.

The Health Promotion Unit enhances population health through a variety of activities intended to improve mental wellbeing across all of Philadelphia. Programs include Philadelphia Mental Health First Aid®, community and online behavioral health screenings, Healthy Minds Philly® website, and online resource center.

Since inception of Mental Health First Aid, DBHIDS has coordinated and sponsored 2,090 in-person classes, training 39,600 people as Mental Health First Aiders. (We were on track to add approximately 6,000 more people trained in 2020, and paused in March 2020 due to the COVID-19 pandemic.) In FY20, DBHIDS sponsored 219 trainings, with an average class size of 20 individuals, across all Philadelphia communities where 4,175 people became aiders. In FY21, 33 people have been trained in a newly piloted virtual course made available nationally in September 2020. The virtual training is a complete overhaul of our training registration process, training content, training and teaching platform, and attendance monitoring. All internal and external instructors are currently re-certifying to conduct virtual trainings.

Behavioral Health Screenings As a complement to Mental Health First Aid® trainings, the Health Promotion team oversees community and online anonymous behavioral health screenings hosted on our Healthy Minds Philly® website. Screenings have helped promote early detection of mental health symptoms and immediate connections to resources and treatment options. For example, National Depression Screening Day (NDSD) is an in-person event held every October. In FY20, 182 people took an in-person screening on NDSD at the West Philadelphia YMCA and across various zip codes in Philadelphia, and 386 completed an online check-up through Healthy Minds Philly®. This day promotes awareness around depression and the importance of seeking support. In FY20 Health Promotion attended several large, in-person community events (such as MLK Day at Girard College) as well as monthly screening check-ins at a local corner store at 7th & Fairmount through a partnership with The Food Trust Heart Smarts® program. In partnership with our CBH provider network across the city, we hosted 123 community screenings events, combined in-person and virtual, in FY20.

Public Health and Policy Public health approaches to behavioral health care recognize the clinical provision of services alone does not meet the behavioral health needs of a population. Drawing from the CDC's Health in All Policies® framework, it is plausible nearly every policy (imaginable) could impact population behavioral health. Population-based approaches to mental health can be defined as nonclinical interventions and activities intended to improve mental health outcomes, and the determinants of these outcomes, among a group of individuals who are defined by shared geography, sociodemographic characteristics, or clinical service utilization. DBHIDS has a reputation as an innovative leader of behavioral health approaches not only in the City of Philadelphia, but also nationally. As such, DBHIDS is well positioned to advocate for public policies that would improve population behavioral health.

The Population Health unit of the CMO division is responsible for carrying out the vision of the creation and development of the DBHIDS PolicyLab. When fully established, the DBHIDS PolicyLab will draw on expertise from Philadelphia’s robust academic and community-based public health resources to inform DBHIDS’ policy on public behavioral health. The PolicyLab will aim to achieve optimal behavioral health and wellness for all Philadelphians by informing policy changes through interdisciplinary research using an evidence to action approach.

Additionally, suicide prevention work falls under the population health work of the CMO Division. The suicide prevention work spans a broad scope, from collaboration with the Evidence-based Practice and Innovation Center (EPIC) to inform clinical programming at CBH, to leveraging the Philadelphia Suicide Prevention Task Force to inform city-wide community prevention efforts.

Current Efforts

Crisis System Transformation

- Continued systems re-engineering which includes process improvement recommendations and implementation within CRCs and related crisis services
- Developing a Behavioral Health of the City Report
- Procurement for the expansion of Crisis Mobile Response Teams (short and long term)
- Development of reinvestment plans for the expansion of CRCs and adding a Behavioral Health Urgent Care Center
- Standardizing PCL Processes under Lifeline Standards
- Implementation of 988
- Improving EPICs reach throughout the organization
- Vetting Care Traffic Control Systems

[10 cdc.gov/policy/hiap/index.html]
for real-time crisis data that will inform immediate service delivery
• Improving suicide prevention efforts across the city
• Embedding Social Determinants of Health data and information into the way we operationalize our collaborative efforts throughout the system

Public Health and Policy
• Drafting a RoadMap to DBHIDS PolicyLab that will outline several key steps to develop the policy work at DBHIDS – this will include several timelines/milestones
• Developing several position statements for DBHIDS website
• Goal to convene the first Policy Think Tank in Fall 2021 – we are working on positioning this under the DBHIDS Advisory Board
• Developing a Behavioral Health of the City Report to be released publicly in February 2022
• Improving suicide prevention efforts across the city
• Embedding Social Determinants of Health data and information into the way we operationalize our collaborative efforts throughout the system
• Goal to develop a policy brief on Prolonged Trauma by Winter 2022 through a subcommittee of trauma experts from the DBHIDS Advisory Board.

Health Promotions
• Coordinating with community organizations (e.g., 52nd St. YMCA & Sayer Health Center) to focus on decreasing violence in the community through the practice of MHFA and BH Screenings

Future Endeavors
• Remain agile and understand the need to prioritize based on changes occurring in our environment while working towards our goals
• The CMO division will be working toward system engineering a comprehensive crisis system that will reduce bottlenecks and reduce the time it takes for individuals to access services. These initiatives include increase crisis mobile services, a potential expansion through procurement for an additional Crisis Response Center, and a data infrastructure system to determine in real time access issues and bed availability.
COMMUNITY BEHAVIORAL HEALTH

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.

2020 Accomplishments

There was an extraordinary amount of work accomplished at CBH in 2020 despite the pandemic. In addition, CBH welcomed several new members to the leadership team in 2020. Below are a few highlights of the work accomplished in 2020; it is not intended to be an all-inclusive list.

Access to Services

There were several initiatives underway in 2020. There was an expansion of services of the Family Based Services (FBS) program, including specialty teams; there was a Request for Qualifications (RFQ) for inpatient psychiatric services and Independent Practitioners; an expansion of Rehab services; and a Hep C program was launched. Intensive Behavioral Health Services (IBHS) was launched, providing access to behavioral health services for all youth in Philadelphia public schools.

Quality of Services

As one of the HealthChoices goals is to continually increase the quality of services delivered to our members, several initiatives were developed in response. The Medication Assisted Treatment (MAT) requirement became fully operational for the network. New Value-Based Purchasing (VBP) models were developed. Performance Standards were developed for Intensive Behavioral Health Services (IBHS) and American Society of Addiction Medicine (ASAM). Additionally, the Tobacco Recovery and Wellness Initiative (TRWI) was rolled out to outpatient providers.

Provider Network Support

CBH continued to support the provider network in a variety of ways throughout 2020. A Claims Converter system was put into place to allow for ease in the submission of claims for many providers; the Claims Department provided hands-on technical assistance to support the implementation of this new process. The CBH Compliance Department conducted its first-ever virtual forum. CBH also contracted with a vendor to provide training and technical assistance for Value-Based Purchasing (VBP).

Additional highlights from the work accomplished related to COVID-19

- CBH created an Alternative Payment Arrangement (APA) for all in-network providers to ensure members continued to receive care.
- A Telehealth Clinical Best Practices Webinar was hosted for providers.
- An agency-wide Continuity of Operations (COOP) Plan was created.

Current Efforts

In addition to the CBH P.A.C.E. projects in place for 2021, CBH is also working on several other priorities in this calendar year. A few of these priorities are highlighted here:

- CBH issued a Request for Information (RFI) for the Expansion of the Adult Crisis Services Continuum.
- Staff are in the process of finalizing the integrated Physical Health (PH), Pharmacy (Rx) and Behavioral Health (BH) data mart and facilitating the process in calculating for performance measurement rates involving PH/Rx data.
- Technology solutions are being explored to move to a cloud-based environment for housing CBH operational and transactional data.
- CBH hired a Director of Diversity, Equity, and Inclusion.
- A Needs Assessment for the NCQA Multicultural Distinction has been completed and a draft workplan has been developed.
- The Data Informatics team is in the process of creating Dashboards for the Quality Management Audit Tool (QMAT).
- The Member Services Department issued the first-ever Member Services Newsletter! It will be issued quarterly, highlighting different information for our membership.
- The PsychConsult MCO Team continues to make great strides with onboarding additional clinical teams into the MCO system.

Future Endeavors

CBH will begin the strategic planning process in the fall of 2021; however, the projects for P.A.C.E. have been identified for the P.A.C.E. Strategic Plan. You will see below that there has been one project identified for each P.A.C.E. priority area and each project will support the overarching strategic goals and KPIs.

This work will be accomplished by a variety of departments across CBH and will address community needs through a trauma-informed lens. All our work is aligned with the HealthChoices goals, P.A.C.E. goals, and TEC. We will also continually work towards addressing social determinants of health through a variety of initiatives.
INTELLECTUAL DISABILITIES SERVICES
IDS works to create, promote, and enhance the supports and services available to individuals with an intellectual disability, developmental disability, or Autism. IDS will support Philadelphians to access to quality supports and services that foster:

- Continued growth and development
- Choices in their everyday lives
- Meaningful personal relationships with friends, family, neighbors
- Presence and participation in their communities
- Dignity and respect as valued citizens of Philadelphia.

2020 Accomplishments
There was an extraordinary amount of work accomplished at IDS in 2020 despite the pandemic. Below are a few highlights of the work accomplished in 2020; it is not intended to be an all-inclusive list and with the addition of new members to the leadership team in 2020, there are a significant number of new initiatives and changes that are cascading into 2021-2022.

Infant Toddler Early Intervention is scaling the use of Attachment Biobehavioral Catch-up (ABC) across the city to address behavioral and social emotional concerns of very young children. ABC is a 10-session, home-based, targeted intervention that uses a highly effective evidence-based approach. ABC also enhances parenting, including support for those parents who experience a range of challenges. The primary goals of this effort are to train Early Interventionists in the use of ABC (as ABC Parent Coaches), identify children who need ABC, and make the appropriate referrals.

IDS is collaborating with the University of Delaware to train Early Interventionists in ABC. In FY 20, IDS began the first year of a 3-year grant from Philadelphia Health Partnership and the William Penn Foundation. During this year, 13 interventionists began the year-long certification process for ABC Infant (for children between 6 and 24 months) and 2 previously certified ABC Infant coaches began the certification process for ABC Toddler (for children between 24-36 months).

Throughout 2020, IDS has also concentrated on:
- Improving Community outreach programs through the Public Awareness Team.
- Initiated Process re-alignment to streamline deliverables and efficiency.
- Initiated the sourcing of specialists to help co-ordinate process realignments and enhance efficiency.

Additional highlights from the work accomplished related to COVID-19
- Coordinating with community organizations by the Public Awareness team to focus on better service outreach to the communities.
- Uninterrupted service for early intervention even whilst working remotely.

Current Efforts
In addition to the IDS P.A.C.E. projects in place for 2021, IDS is working on several other priorities such as:
- Addressing Trauma by creating a system of screening prior to admittance.
- Streamlining units that can cross function to increase efficiency and quality of services.
- Creating public awareness programs that encourage people to prioritize their behavioral health and wellness.
- Pursuing service excellence by implementing new KPIs.

Future Endeavors
IDS will begin the strategic planning process in the fall of 2021; however, the projects for P.A.C.E. have been identified for the P.A.C.E. Strategic Plan. IDS will continue to pursue its KPIs centered on providing services to individuals & toddlers with an intellectual disability and or autism.

This work will be accomplished by a variety of teams across IDS and will address community needs through a trauma-informed lens. All our work is aligned with the Health Choices goals, P.A.C.E. goals, and TEC.

ITEI will continue to recruit and train new ABC Parent Coaches with the support of the University of Delaware to better address the social emotional needs of families in Philadelphia. ITEI is also planning to sustain ABC efforts beyond the end of the grant year in FY23.

We will also continually work towards addressing social determinants of mental health through a variety of initiatives.
Prioritizing to Address our Changing Environment

**OFFICE OF BEHAVIORAL HEALTH**

**2020 Accomplishments**

**Behavioral Health Special Initiative**

BHSI provides telephonic assessments, referrals, and funding support for under and uninsured Philadelphians with a substance use disorder, providing direct linkages to treatment. BHSI combats the stigma associated with substance use disorder and/or mental illness and strengthens one’s ability to make informed decisions relating to the improvement of treatment outcomes and overall quality of life throughout the recovery process.

**Housing and Residential Services** in FY20, this unit served 1,550 people and received 1,222 applications. It had 57% of applications qualified for review, and 282 people were admitted of the 650 people who qualified, with an admission rate of 43%. In FY20, TIP Housing and Residential Services saw a 92% average daily occupancy rate with an average length of stay at 2.7 years.

**Recovery Housing** system is for individuals enrolled in state-licensed outpatient substance use programs with the goal of improving treatment outcomes by stabilizing their living environments. In FY20, there were 469 beds in 26 programs through seven providers, and 2,494 people were served. Of those served, 21% showed stable outcomes, 64% showed vulnerable outcomes, and 16% showed neutral outcomes. The average length of stay in a recovery house was 247 days.

**Bridge to Independence (BTI) I, 2 and 3** DBHIDS remains committed to finishing the transformation of the mental health residential system from one that cares for its homeless contacts. Participants rent units from private landlords or property management companies, and the Hi-Five program subsidizes their rent. This will strengthen the participant's ability to become more stable in the community and access needed services such as mental, physical, and behavioral health services. Once stabilized, tenants can begin to access income sources such as disability benefits and employment with the support of training and educational opportunities. The Hi-Five program is limited to five years per tenant; service providers will assist tenants in looking for permanent affordable or supportive housing options before the voucher ends. Hi-Five 2 has the capacity for 40 subsidies, spanning four years.

**Partnership with Philadelphia Housing Authority – Permanent Supportive Housing – SHARED Housing Unit** DBHIDS partnered with the Philadelphia Housing Authority (PHA) to fund the rehabilitation of four family PHA project-based housing units. The rehab costs were $25,000 each. With the investment total of $100,000, four families with SUD and other behavioral health challenges, along with the completion of long-term residential treatment, can have permanent supportive housing for their families. Additionally, DBHIDS is determining if there are funds for another ten PHA family project-based units that will need approximately $15,000 in repairs to provide housing for a minimum of 20 families with SUD and other behavioral health challenges.

**High-Five FUSE Initiative and HiFIVE 2** The Behavioral Health and Justice Related Services Division (BHJRS) of DBHIDS is subsidizing 45 five-year housing vouchers. Participants are selected using a Frequent User Systems Engagement (FUSE) model. Hi-Five provides an individual with a housing subsidy and wraparound support services to help them achieve housing stability and long-term independence. The goal of Hi-Five is to decrease the participants’ reincarcerations and future homeless contacts. Participants rent units from private landlords or property management companies, and the Hi-Five program subsidizes their rent. This will strengthen the participant's ability to become more stable in the community and access needed services such as mental, physical, and behavioral health services. Once stabilized, tenants can begin to access income sources such as disability benefits and employment with the support of training and educational opportunities. The Hi-Five program is limited to five years per tenant; service providers will assist tenants in looking for permanent affordable or supportive housing options before the voucher ends. Hi-Five 2 has the capacity for 40 subsidies, spanning four years.

**Homeland Services Unit**

- In 2020, we were able to stand up the first DBHIDS homeless outreach team in the form of the city funded Special Initiatives Team (SIT), consisting of a Clinical Specialist, an Outreach Specialist, and a Clinical Coordinator. This team engages sheltered individuals on the street, addresses high level requests and hot spots identified by city leadership, and coordinates with the other seven outreach teams that work to offer our most vulnerable citizens housing and social service supports.

- We also were able to work alongside multiple units within DBHIDS and gain approval for an expansion of female journey of Hope beds by 10 with the addition of a second site for womanspace Philadelphia in the Germantown area of Philadelphia.

- We received approval to expand our Morris Home program, which serves the transgender and gender nonconforming population, by an additional four beds.

- We were able to successfully resolve four separate methadone evictions in 2020: Vine Street, Convention Center, Philadelphia International Airport, and 21st and the Parkway. Working alongside multiple city agencies and stakeholders, we were successful to place more than 70% of the residents of these encampments into housing and social services.

- During the COVID-19 pandemic, all eight funded homeless outreach teams continue to work on the street to engage the unsheltered population. Their role quickly shifted to focus on getting food and basic necessities to individuals on the street, as many of the day programs and meal programs had closed during this time. We also focused on providing education to individuals on the street about COVID-19, handed out palm cards from the Philadelphia Department of Health on the virus, educated around social distancing and sanitation, and guided individuals on the street to the new hand washing stations and portable restrooms that were installed by the city in areas frequented by individuals experiencing homelessness. Outreach has also been instrumental in educating those on the street about the COVID-19 vaccine, guiding people towards opportunities to get vaccinated. We have been providing transportation to many unsheltered individuals to vaccination clinics and will continue to do so.

**Current Efforts**

**Behavioral Health Special Initiative**

Recovery housing, reporting, expanding warm hand-offs, and improving the monitoring of service management and utilization.

**Housing Unit** will launch the Partners Establishing Accessible, Affordable Housing and Caring for Older Adults Empathetically (PEACE) pilot project, additional permanent supportive housing options.

**Homeless Services Unit**

- We continue to work on adding methadone to the medications that will be available in our withdrawal management programs within Journey of Hope (JOH). This has been an ongoing effort championed by DBH Executive Management and challenges state and federal regulations around administering methadone in treatment programs.

- We continue to work on restructuring the JOH program and aligning the beds to best serve those we are seeing on the street.

- We continue to work with other units within DBHIDS around a specific ASAM level of care for JOH which will allow for continued individualized care and flexibility around dose and frequency of treatment for this specific population.
We continue to revamp and update our program event forms and other documentation to make them more culturally competent around key issues such as race, ethnicity, gender identification, name of choice, etc.

We continue to work on JOH Proof of Concept Peer Pilot program, which will allow us to have two Certified Recovery Specialist (CRS) workers within JOH, at two different sites, who can initiate relationships while in treatment, but also support folks when they move on to housing and leave the residential treatment setting.

We are actively working on making JOH an anti-racist project by working with national consultants to review our processes and procedures, decision points and potential biases, and making needed changes wherever necessary, all with full participation and buy in from the entire project (i.e., leadership, staff, participants, and alumni).

We are working on adding withdrawal management enhanced services to three additional JOH programs (Morris Home, MIP, Susquehanna Park)

### Future Endeavors

**Behavioral Health Special Initiative**

Better linkages to treatment and warm-handoffs, more assertive community outreach, ensure treatment providers better meet the needs of Philadelphians. Continue to address opioid epidemic and Fentanyl, etc.

**Housing Unit**

Continuation and expansion of Housing Transformation 2.0

- Continued work on success of individuals in Permanent Supportive Housing
- Continued work on TIP housing, Recovery Housing

**Homeless Services Unit**

- We plan to continue to work to address the specific needs of the unsheltered population in marginalized communities.
- We plan to develop and initiate a couples JOH program to address the growing numbers of couples on the street struggling with SUD and prolonged homelessness.
- As homeless encampments across our city, and the country, continue to grow, we are committed to coordinating with other major cities to utilize evidence-based interventions highlighted by dignity, respect, and compassion for those living in these camps that help guide people towards the most appropriate combination of housing, physical health, and social service supports.
Prioritizing to Address our Changing Environment

PLANNING INNOVATION
The Division of Planning Innovation develops and implements strategies to advance the transformation of Philadelphia’s behavioral health system to a recovery-oriented system of care using public health strategies.

2020 Accomplishments
In FY2020, PI units were engaged with the community through numerous types of events and initiatives. Many of the units within the division worked to address Trauma, Equity and Community. Our outward facing units include Community Based Services Development Unit, Community Wellness Engagement Unit, Community Empowerment Unit, Trauma Response Emergency Preparedness Unit and the Peer Culture. Through these units the Division was able to engage in over 265 community related activities, supported approximately 726 individuals in the community with trauma related services, provide community grant funding opportunities, provide peer supports to quarantine sites, and build collaborative partnerships and relationships with communities. Other units in the Division include Education and Training, Systems Integration, and Diversity Equity and Inclusion. These units engaged in providing language access training to over 600 DBHIDS staff, also making this training available to the provider network, developing policy around Diversity Equity and Inclusion, created internal staff healing circles, and developed a behavioral health and intellectual disabilities Quickscreen tool.

The Division of Planning Innovation has identified three P.A.C.E. focus areas: Prevention and Early Intervention, Treatment and Services, and Innovation. The Division has moved toward accomplishing the associated goals with these focus areas through a variety of strategies including creating virtual events, in-person engagements, resource information dissemination, education and training opportunities related to trauma, inter-departmental collaborations, enhanced data collection, and survey the community to assess needs, receive feedback, and gather information to inform future programming. These strategies have moved the needle closer to our ongoing goals to increase our presence in the community, strengthen workforce efforts, and innovate to improve programs. The work has also impacted Philadelphia in a positive way by enabling them to connect with other resources that impact holistic wellness. The Planning Innovation Division addressed trauma through strategies designed to educate community members, provide resource information, and build capacity in the community to address trauma. In FY 2020, the Trauma Response and Emergency Preparedness unit’s Network of Neighbors supported an average of 9 communities every month. The Network has surpassed this monthly average in every month that followed (July 2020-December 2020) except for August 2020. Between July 1, 2020, and December 31, 2020 the Network of Neighbors supported an average of 12.33 communities monthly, showing a 37% increase in communities supported. In CY 2019, the Network supported 124 Communities. In CY 2020, the Network supported 242 communities, showing a 95% increase in communities supported.

The Division’s work moved toward achieving equity through resource and information sharing as well as utilizing initiatives such as the Engaging Males of Color Initiative to provide innovative platforms via video screenings and panel discussions to engage communities who do not traditionally access services. In addition, PI developed a language access policy and training to assist our staff and provider network to provide greater access to services for individuals with Limited English Proficiency. PI engaged the community through in-person and virtual events, community district teams, Narcan Training and provided opportunities for persons with lived experience to outreach to individuals in the City’s quarantine sites.

Current Efforts
The Division of Planning Innovation continues to focus on our P.A.C.E. goals in the areas of Prevention and Early Intervention, Innovation, and Treatment and Services. The Division is engaged in a variety of projects that are on-going from FY20 as well as new innovations. Current projects include the expansion of the Peer Institute by procuring for web services and the development of supervisor guidelines; continued work with elected officials to increase community awareness regarding behavioral health services; creation of addition community wellness engagement teams; a release of a powerful film project “We Breathe We Live” through our Engaging Males of Color Initiative; the creation of community mini-grants; DEI employee survey; healing spaces for staff and the community; expansion of the network of neighbors staff and a film project “Opioids - A Breakdown of the Invisible Overdose Crisis in the Black Community”; providing Peer support to the City’s quarantine site; and in-person and virtual community engagement.

Building high-level partnerships and collaborations enable the division to access populations that would not traditionally engage in behavioral health. These partnerships also help to strengthen our relationships with communities by providing behavioral health information, resources, and holistic services. Some specific strategies include: continuing to enhance our virtual engagement; the creation of Peer Institute related RFPs; continued resource and information sharing via virtual and in-person events; expand our training and education efforts; and seeking out new opportunities for community and intra-departmental partnerships. These strategies are expected to positively impact our key performance indicators. Our work remains important because we provide support to underserved populations, increase behavioral health awareness, reduce stigma, build community capacity, develop skill enhancement opportunities for staff, develop peer workforce capacity, and build relationships in the community. We continue to address trauma by providing training to internal and external partners, increasing community partnership that enable the Network of Neighbors to assist communities after incidences of violence, and the dissemination of resources and information regarding trauma, its impact, and where people can turn for assistance. Our work continues to address equity by strengthening access to services through continued education, training, and focused outreach to marginalized communities through our DEI Team. Additionally, through our community-based approaches we can meet people where they are. In our work we regularly work to rectify inequities due to race, sexual preference, gender, religion, or language. We address community through our continued of partnership and collaboration development.

Future Endeavors
We plan to continue our work to achieve our P.A.C.E. goals. We will continue with our ongoing community-based strategies and make enhancements as we continue to learn and grow. We also plan to infuse TEC into our work as a division. Data collection will be critical in knowing how we are meeting our Key Performance Indicators and as community needs evolve, we plan to collect relevant information to inform future decisions. With community as a priority, we intend to create more formalized community engagement engagement teams. Additionally, we will continue with our in-person and virtual engagement efforts with communities. To address trauma, there will be an expansion of unit staff to meet the overwhelming demand from residents and other city related agencies. We will continue to expand our efforts through our Engaging Males of Color initiative to provide creative outlets of expression and access to services. We will establish an internship program and expand the employment work of our Systems Integration unit to address employment barriers. Partnership development allows us the opportunity to connect with communities and build capacity. We anticipate our work remaining impactful in the other areas of Philadelphia’s lives by providing access to other holistic services, reducing stigma, and promoting wellness for all.
Our P.A.C.E. strategic plan employs many words with meanings unique to DBHIDS and the way we do our work; check out the DBHIDS definition for these words and terms here.

**Glossary**

- **Business Analytics** The process of using qualitative or quantitative methods to derive meaning from data in order to make business decisions.
- **Community-based Entry Point** Location (physical or virtual) where people can go to access the system.
- **Community Engagement Activity** Any activity that brings community together; facilitates community building, education, organizing, deliberative dialogue, direct service, economic development, engaged research, and/or institutional engagements.
- **Community Need** Gaps between what services currently exist in a community and what should exist based on perceived needs, expressed needs, absolute needs, and relative needs.
- **Cost Efficiency** Higher proven quality through cost savings or diversion of funds.
- **Dashboards** A dynamic and interactive set of data, updated on a regular basis.
- **Information Flow** The movement of information between people and systems.
- **Initiative** A piece of planned work or an activity done over a period of time and intended to achieve a particular purpose.
- **Innovate** The introduction or implementation of new or improved methods, ideas, or products within DBHIDS.
- **Mobile Entry Point** Services that go to the individual (e.g., meeting an individual at their home or in the community).
- **Model Building** Grant or reinvestment-funded program.
- **New Requests** Any data request that requires a new piece of data or additional activity.
- **Programs** DBHIDS administered or funded activity.
- **Public Services** Intended to provide support and assistance toward particular groups.
- **Reports** A static snapshot of data.
- **Wellness** The active pursuit of activities, choices, and lifestyles that lead to a state of holistic health.
With gratitude, the P.A.C.E. Implementation team would like to send a thanks across DBHIDS for pulling so much work together so we can all get a feel for the impact we’re having on the community.

**The P.A.C.E. Implementation Team**
Katrina Pratt-Roebuck, Senior Director of Systems Integration (PI)
Laura York, Assistant Director of Systems Integration (PI)
Pamela Sigman, Senior Director of Quality Management (AFQ)
David Poyser, Quality Improvement Coordinator (AFQ)
Jeffrey Sensenig, Project Management Specialist (AFQ)

**P.A.C.E. Champions**
Current and former P.A.C.E. Champions and implementation teams:
Gina Harley and Amanda David (AFQ)
Kate Reed and Mark O’Dwyer (BHJD)
Sabrina Nansteel-Bunt (CBH)
Cannae Matthews and Kathleen Fox (CMO)
Maya Thomas, Deepak Kumar, Marnisha Henry, Charlotte Wroton, Wanda Saab, Kleckner Charles (IDS)
Jon Korczykowski (OBH)
Anthony McLaughlin (PI)
Jennifer Beirhoff (BHJD)
Theresa Williams (BH)

**P.A.C.E. Project Leads**
Project leaders for developing projects with trackable metrics, managing those metrics, reporting your data, and helping DBHIDS move toward our strategic goals.

**Wrike Users**
DBHIDS employees who committed themselves to learning a new project management system and continue to pull us into more streamlined efforts to track our progress.

**Executive Management Team**
Executive sponsors Dr. Jill Bowen and Roland Lamb

**Other Contributors**
DBHIDS Communications
Samuel Foote, Strategic Initiatives Specialist
Sharefa Duhaney, Public Health Intern
Jefferson Tower
1101 Market St.
Philadelphia, PA 19107
215-685-5400
DBHIDS.org

Photo credit:
Steve Weinik and City of Philadelphia
Cover mural:
A Journey to Resilience
801 W. Girard Ave.