



An Overview of the Philadelphia HealthChoices Program

City of Philadelphia



October 11, 2018



Agenda



Welcome & Introductions



Philadelphia HealthChoices Program




Community Behavioral Health


Provider Network Overview, including Entry and Procurements

Quality Management and Compliance

Priority Initiatives



Children's Services



Response to the Opioid Epidemic



Questions / Closing Remarks



Vision

We envision a Philadelphia where every individual can achieve health, well-being, and self-determination.

Mission

The mission of the Department of Behavioral Health and Intellectual disAbility Services is to educate, strengthen, and serve individuals and communities so that all Philadelphians can thrive.



Philadelphia Landscape




Population: 1,547,607 (5th Largest City in the USA)



In CY 2017- 714,247 individuals were eligible for Medicaid

In any given month, 606,853 individuals are eligible and enrolled in the HealthChoices MA program.

118,458 individuals received services in CY 2017.



The City of Philadelphia assumes full risk for the HealthChoices behavioral health Medicaid managed care program, maintaining reserves and risk protections; DBHIDS manages the Philadelphia HealthChoices program.

Philadelphia created CBH in 1997 to provide administrative services for the HealthChoices Behavioral Health Program.

CBH retains no excess revenue, thereby allowing all savings to be available **for reinvestment.**



A Story of Recovery

City of Philadelphia



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Philadelphia DBHIDS

\$1.5B single-payer system operated by the City of Philadelphia

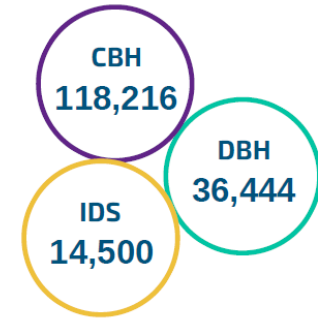
Within DBHIDS there are six divisions, that oversee services for children, adults, and families:

Intellectual disAbility Services (IDS) division served 14,500 in FY 2017

Division of Behavioral Health managed services for 36,444 uninsured individuals in FY 2017

Community Behavioral Health (CBH) managed mental health and substance use services for Medicaid and had 714,000 members in CY 2017 and served 118,216 members in CY 2017.

169,160 total individuals served annually by DBHIDS





Philadelphia DBHIDS

\$1.5 B FY 19 budget; less than 1% city revenue (.09%)

\$1 dollar of city matching dollars results in an additional \$9 dollars of state and federal dollars

Multiple state and federal funding streams with required program, financial and reporting requirements

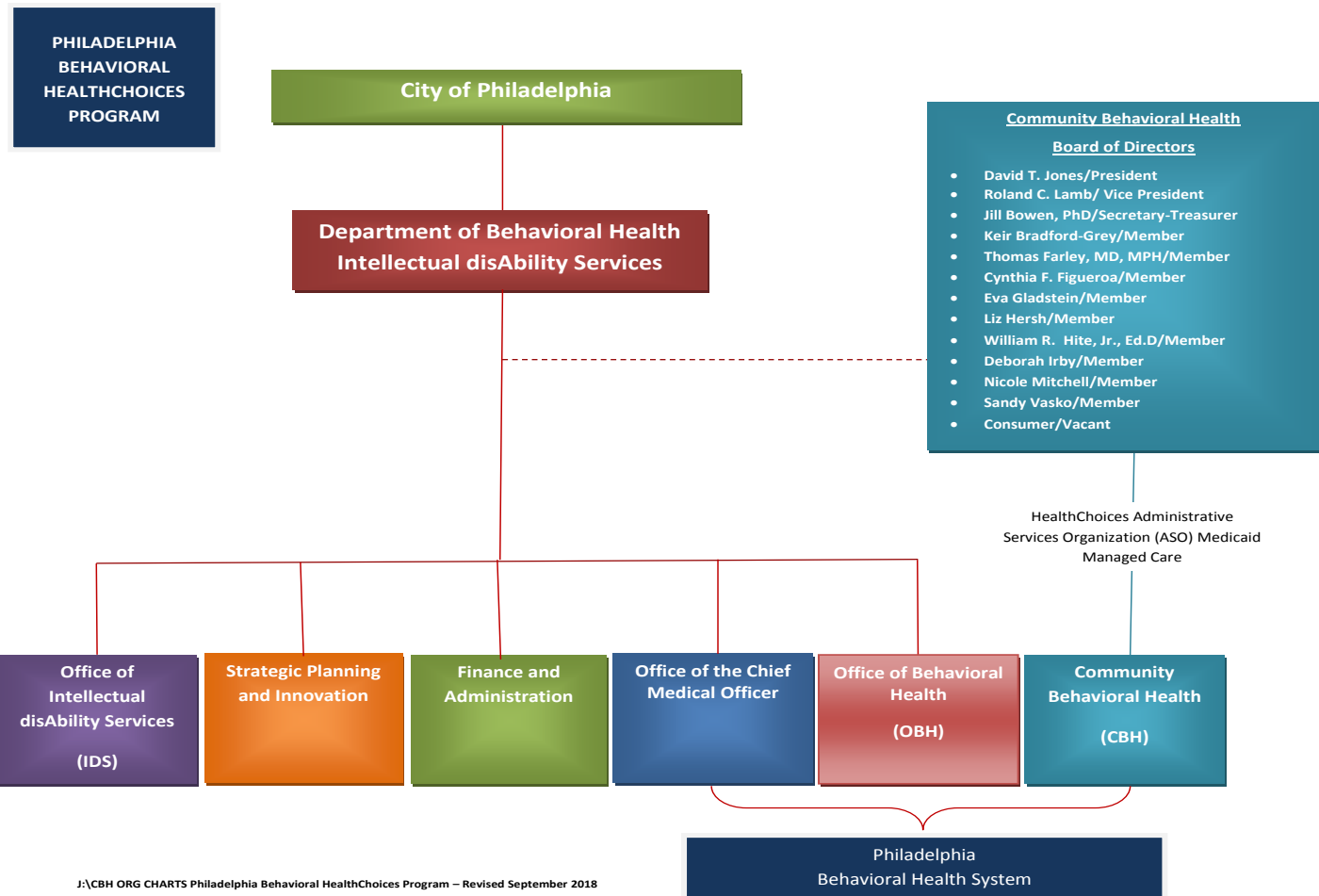
IDS: Early Intervention Medicaid Funding; State Base Funding

BH: Federal Block Grant Funding (mental health & substance use)

Substance Use: State Base funding; BHSI (uninsured); Act 152; Special Initiative State Grants (gambling, opioid)


Mental Health: State Base funding; CHIPF funding (for state hospital discharges)

CBH: Medicaid Funding (no city matching funds)






HealthChoices Program Goals



To **improve access** to health care services for Medical Assistance recipients



To **improve the quality** of health care available to Medical Assistance recipients



To **stabilize** Pennsylvania's Medical Assistance **spending**



Guiding Authority & Program Standards



US Health and Human Services (CMS) 1915 (b) Federal Waiver



PA DHS (MA Authority)

Program Standards and Requirements (PS&R) and Appendices

- Must follow general MA regulations/licensing regulations

PA DHS contract with Philadelphia (annual)

OMHSAS
monitors
contract

PEPs (annual reporting
requirements- program and
quality)

Fiscal reporting
requirements

IPRO reviews
and QI
initiatives

Mercer Triennial
reviews




Philadelphia County

Philadelphia Contract with Community Behavioral Health (annual)



HealthChoices Program Requirements Demand State and Federal Oversight through

Routine Monitoring, Reporting and Auditing



Quarterly monitoring meetings with Office of Mental Health & Substance Abuse Services (OMHSAS)



HealthChoices (HC) policies are reviewed and approved through OMHSAS



Routine submission of complaints, grievances, and an array of quality metrics (PEPS)



Monthly encounter data submission



Triennial program review



Monthly financial reporting, Annual Audit



Reinvestment submission reviewed and approved by OMHSAS



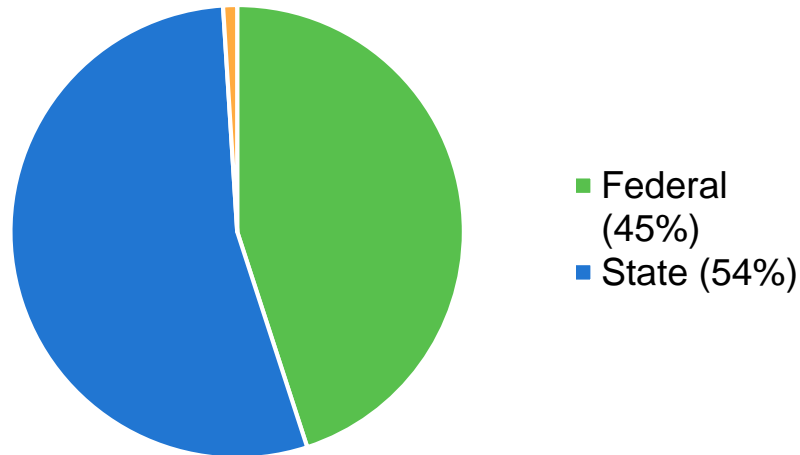
Financial Overview

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HealthChoices Behavioral Health Program Funding Stream







HealthChoices Program: Financial Overview




Capitation: Per Member Per Month (PMPM), at risk for overages, able to keep up to 3% (savings) for reinvestment (shared risk arrangement in 2016 for MA expansion population).




Capitation payments are required to be actuarially sound, based on an “efficient” and “well operated” managed care organization.



Providers are predominantly paid on Fee-for-Service (FFS) basis.



Alternative Payment Arrangements (APA) must be approved by the state and shown to be cost effective.



CBH is quickly moving provider payments to value-based.



HealthChoices Program: Financial Overview

Rates are established on an annual basis

Capitated Rate (PMPM)
x Enrollment

Revenue

Economic Impact of DBHIDS Spending

2015 Report by:  **DREXEL UNIVERSITY**
Lindy Institute
for Urban Innovation

The total economic impact of spending by DBHIDS on the Philadelphia economy is nearly **\$4 billion**. Although there are additional positive impacts on the broader regional economy, **100% of this \$4 billion impact occurs within the county**.

Of this \$4 billion, **\$1.12 billion is from direct spending** (DBHIDS and its contractors), **\$1.28 billion is from indirect spending** (e.g. spending by the vendors and businesses patronized by DBHIDS and its contractors) and **\$1.5 billion is from induced spending** (additional spending by the employees of DBHIDS and its contractors).

2017: Our Members at a Glance

Over 714,000
eligible members

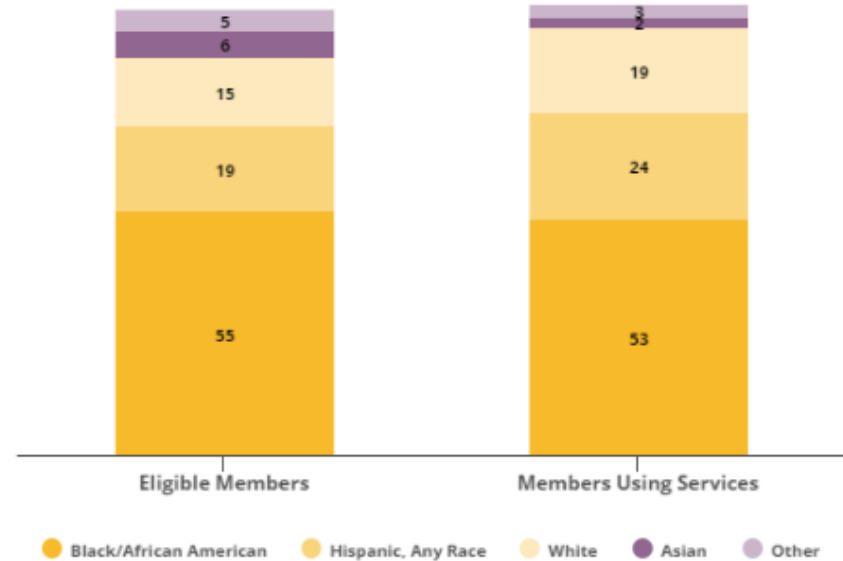


Over 118,000
used services

Eligible members:
46% Male
54% Female



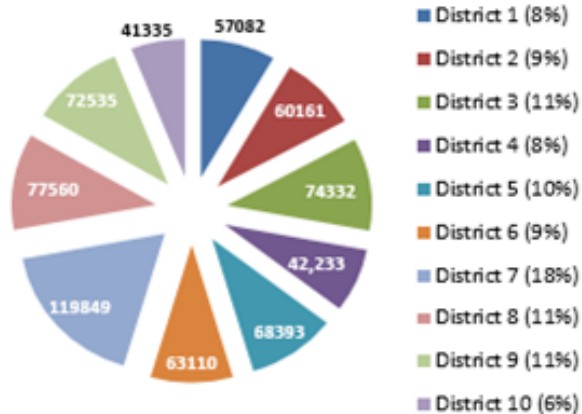
Used services:
52% Male
48% Female



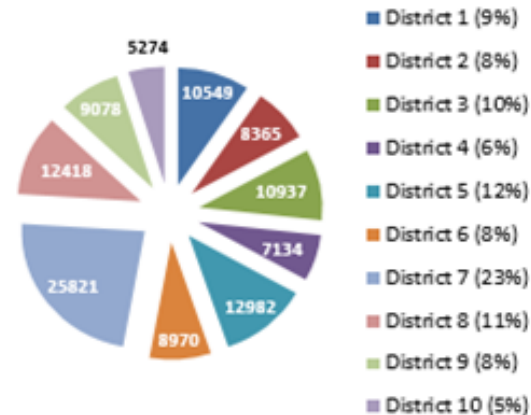
Medicaid Data: FY 2017

Total Population Based on U.S. Census Decennial Data, 2010

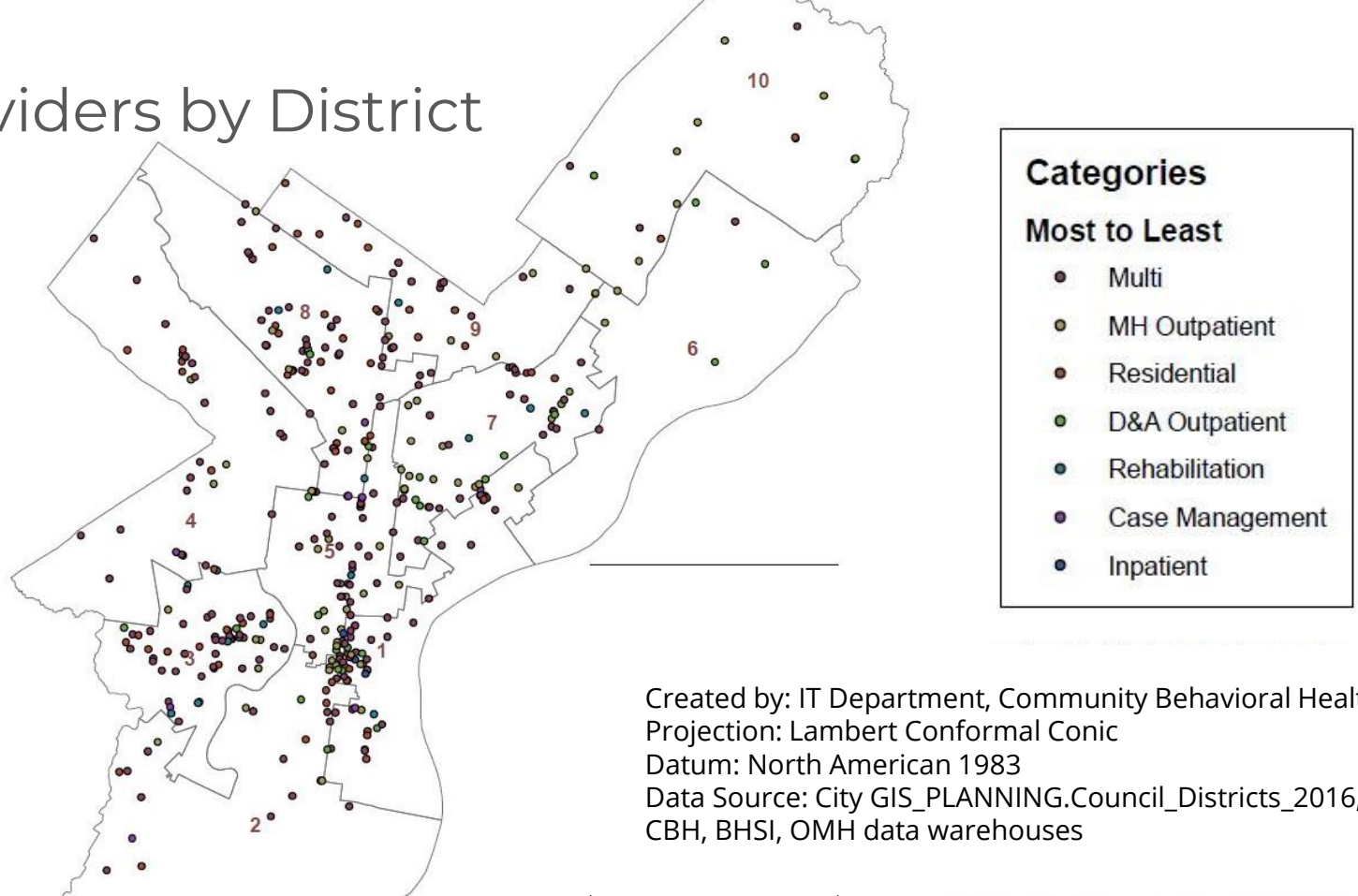
What share (%) of all people eligible for Medicaid are in my district? (685,596)



What share (%) of people who use behavioral health services are in my district? (111,528)



Providers by District



Created by: IT Department, Community Behavioral Health
Projection: Lambert Conformal Conic
Datum: North American 1983
Data Source: City GIS_PLANNING.Council_Districts_2016,
CBH, BHSI, OMH data warehouses

Providers by District: Fiscal Year 2016-2017

District	Council Member	Number of Unique Sites	Number of Agencies
1	Mark Squilla	61	73
2	Kenyatta Johnson	30	38
3	Jannie Blackwell	64	71
4	Curtis Jones, Jr.	32	36
5	Darrell L. Clarke	53	64
6	Bobby Henon	7	7
7	Maria D. Quinones-Sanchez	50	53
8	Cindy Bass	66	70
9	Cherelle Parker	34	36
10	Brian J. O'Neill	16	16
Total		413	464

Any provider agency that provides more than one service category at the same site (address) is counted once.

For example, NPHS at 801 Girard Avenue provides inpatient, rehab, and outpatient but counts as one site and one agency. If two distinct provider agencies and/or individual psychiatrists are colocated at the same address they are counted as one site but separate agencies.



Community Behavioral Health

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County Right of First Opportunity: Program Design

HealthChoices Behavioral Health Program was phased in 10+ years. County Government was offered right of first opportunity and could contract with the Commonwealth using several models:

Develop own BHO (Behavioral Health Organization)

Contract with ASO (Administrative Services Organization)

Contract with MCO (Managed Care Organization) and download majority of risk

County government remains at risk for any of these options

Reinvestment becomes available - limited to usage to behavioral health

Program is statewide first phase has reached 21 years; Medicaid savings estimates range up to \$10B over the life of the program to date.

Five Current Contractors/Subcontractors:

Community Care Behavioral Health Organization

Magellan Behavioral Health

Beacon/Value Behavioral Health of Pennsylvania

Perform Care

Community Behavioral Health (Philadelphia)



CBH History

The Behavioral Health HealthChoices Program, started in 1997 through a 1915 (b) federal waiver, was created in response to the underutilization of behavioral health services during the initial design of the program, which carved-in behavioral health to the physical health insurers.

Pennsylvania opted to create a “county right of first opportunity” model. This meant that counties could opt to either create a risk-bearing entity to directly manage the program, or could contract with a licensed managed care organization (MCO) to manage on their behalf.

Philadelphia was the only county that opted to create its own entity, Community Behavioral Health (CBH), as a 501 (C)(3) nonprofit organization in response to this with broad stakeholder support.

Philadelphia’s unique model was recognized with an Innovations in Government Award (1999).



Pennsylvania Behavioral HealthChoices Managed Care Organization (MCO) Comparison

MCO Name	CBH	CCBHO	MBH	PerformCare	VBH of PA
Organizational Status	Non-Profit	Non-Profit	For-Profit	For-Profit	For-Profit
Corporate Affiliation	None	UPMC	Magellan	Americhoice	Beacon
County Administrative Oversight Structure	Division of DBHIDS	County Oversight Entity in some counties*	None	County Oversight Entity	County Oversight Entity
Board of Directors	County Officials & Stakeholders	UPMC & Community Members	None	None	None
Percent Profit	None	1.5-2%, performance-based contract	1.5-2%	1.5-2%	1.5-2%




As a non-profit organization contracted by the City of Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), CBH returns all administrative and medical savings to the City for reinvestment. Additionally, CBH has no spend on corporate overhead, additional county oversight, or marketing costs.

The remaining four MCOs retain their administrative savings and spend additional resources to varying degrees on corporate overhead, county administrative oversight costs, and county administration costs.


*County oversight entity incorporated and receiving Healthchoices administrative dollars




CBH Quick Facts



located at 801 Market Street on the 7th, 10th, and 11th floors




480 CBH employees made up of administrative and clinical staff, as well as individuals with lived experience. A site for supported employment and hires recent TANF recipients.



staff are co-located at Philadelphia Department of Human Services (DHS), the Philadelphia School District, Family Court, Prevention Point, Health Centers and a local mission.
Additionally staff are deployed in collaboration with physical health partners, and a team created with DHS to provide support to youth adjudicated dependent with no current family support system.



contracts with approx. 175 in-network providers, with approx. 700 locations




administrative budget is less than 8%, and medical spending exceeds national benchmark




CBH Key Functions



24/7 capability




Performs utilization review, complex care management, quality management, provider network management, and fiscal oversight and accountability for the individuals enrolled in the Medical Assistance program



Administers a broad array of support, treatment, and intervention programs for children, adults, and families impacted by mental health and substance use issues




Functions as single payer for Medicaid (MA is a combination of State and Federal)




Engage providers, host technical assistance sessions and learning collaboratives, and quality reviews



CBH Key Functions




Outreach to members through Members Services and clinical teams- Gurney Street, Prevention Point, community meetings



Clinical Procurements to expand access to services



Conduct compliance audits to assure financial accountability



Manages the full range of mental health and substance use services for Medicaid recipients and had **714,000 eligible members** in CY 2017 and served **118,216 members** in CY 17



Manages a network of approximately **175 providers with approx. 700 sites** offering a full continuum of services



Provider Network


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How Providers Enter the CBH Network




CBH utilizes a procurement process to bring new providers and programs into the network. For profit entities may only enter the network through a procurement process, which aligns with the City's procurement policy.



Providers must be enrolled in the Medicaid program and licensed by the Pennsylvania Department of Human Services (PA DHS) or the Pennsylvania Department of Health (DOH).



The CBH/provider contractual relationship is governed by the Provider Agreement, which delineates the roles, responsibility, and authority of both parties.



Our work is governed by the HealthChoices Behavioral Health Program Standards and Requirements.



How CBH Shares Information with Providers

- Weekly email blasts, to include the posting of Bulletins and Notices

- DBHIDS Executive Director's Meetings

- Provider Advisory Committee (PAC) Meetings

- Feedback is received from this committee prior to CBH issuing Bulletin/Notice

- Pay-for-Performance Advisory Committee Meetings

- Compliance Newsletters


- DBHIDS website




How CBH Assists Providers




CBH routinely meets with providers at CBH and on site at providers locations.



CBH provides opportunities to enhance knowledge and competency through lunch and learns, technical assistance, and clinical and other training opportunities at no charge.



A recent example of a CBH sponsored provider training is *Building Bridges*, a best practice for psychiatric residential treatment.



CBH Provider Relations staff serve as single point of contact with provider agencies to assist with trouble shooting, problem resolution, and navigation of resources.



Oversight & Monitoring

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Oversight and Monitoring: Credentialing

All new programs or program expansions undergo an initial credentialing process to include: a review of staff files, facility tour, review of written policies, review of clinical records, and collection of the required business documents for entering the CBH Network.


Existing providers undergo re-credentialing reviews, conducted by the DBHIDS Network Improvement and Accountability Collaborative (NIAC), to remain in the CBH network.

Components of the NIAC site review process: Agency Self-Appraisal; focus groups with agency staff members; focus groups with individuals receiving services; parent satisfaction surveys; an executive level interview; facility tours; clinical chart reviews; staff file reviews to evaluate training and supervision practices; and a review of the agency's written policies.


All CBH funded agencies are presented to the CBH Credentialing Committee for review and approval of initial and re-credentialing statuses.




Oversight and Monitoring: Quality Management




The Quality Management (QM) Department of CBH serves as the hub for assessing significant incidents, quality of care concerns, and complaints and grievances.




QM manages the complaint and grievance processes, and reports incidents.



QM routinely conducts provider site visits, monitors Quality Improvement Plans (QIP), facilitates provider meetings and Quality Response Teams (QRT).



QM reviews trending of quality indicators and metrics to inform both provider and CBH quality improvement activities.



All of these activities are conducted in consultation and collaboration with other units across the DBHIDS.



Oversight and Monitoring: Compliance

Assists in facilitating adherence to applicable federal and state regulations governing the Medicaid program as well as CBH policies and procedures.

Auditing and monitoring activities are designed to address compliance with laws governing Medicaid behavioral health program operations and billing.

Required to report suspected Fraud, Waste, and Abuse (FWA) to the PA DHS Bureau of Integrity and state Office of the Attorney General; and participates in quarterly meetings with the state and other BH-MCO's.


Works with the Department of Justice and the Philadelphia Office of Inspector General.

The state OAG has highlighted the comprehensiveness of CBH's referrals and efforts to assist with the investigation processes.


Compliance hotline for suspected FWA: 1-800-229-3050




Oversight and Monitoring: Consumer Satisfaction Team (CST)




CST serves as a critical partner in the monitoring of the provider network by ensuring quality assurance from the member's perspective.



Staffed entirely by recipients of behavioral health services and family members.



CST's goal is to ascertain whether members and/or family members are satisfied with their services.



CST meets regularly with DBHIDS leadership and plays an important role in system-wide policy and program decisions.



Community Behavioral Health

Children's Services Overview

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Philadelphia System of Care

A system of care for children is a coordinated community-based array of services and supports that is:

- Family Driven

- Youth Driven

- Culturally and linguistically competent

- Trauma-informed

- Individualized to the unique needs of families

- Integrated across systems

- Strengths-based



Philadelphia Alliance for Child Trauma Services (PACTS)


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What is a trauma-informed system?




Understanding trauma and its impact



Promoting safety




Supporting consumer control, choice, and autonomy




Sharing power and governance



Ensuring cultural competence



Integrating care



Understanding that recovery is possible

Guarino, Soares, Konnath, Clervil, & Bassuk, 2009



Child Trauma Experiences

Sexual abuse
Physical abuse
Emotional abuse/psychological maltreatment
Neglect
Domestic violence

Death or bereavement
Forced displacement

War/Terrorism/Political violence (in US)
War/Terrorism/Political violence (outside of US)
Community violence
School violence

Impaired caregiver defined as:
Substance abuse
Parental mental illness

Illness/Medical Trauma
Serious injury/accident
Natural disaster
Kidnapping

Extreme interpersonal violence
other trauma
Separation from family member
Bullying

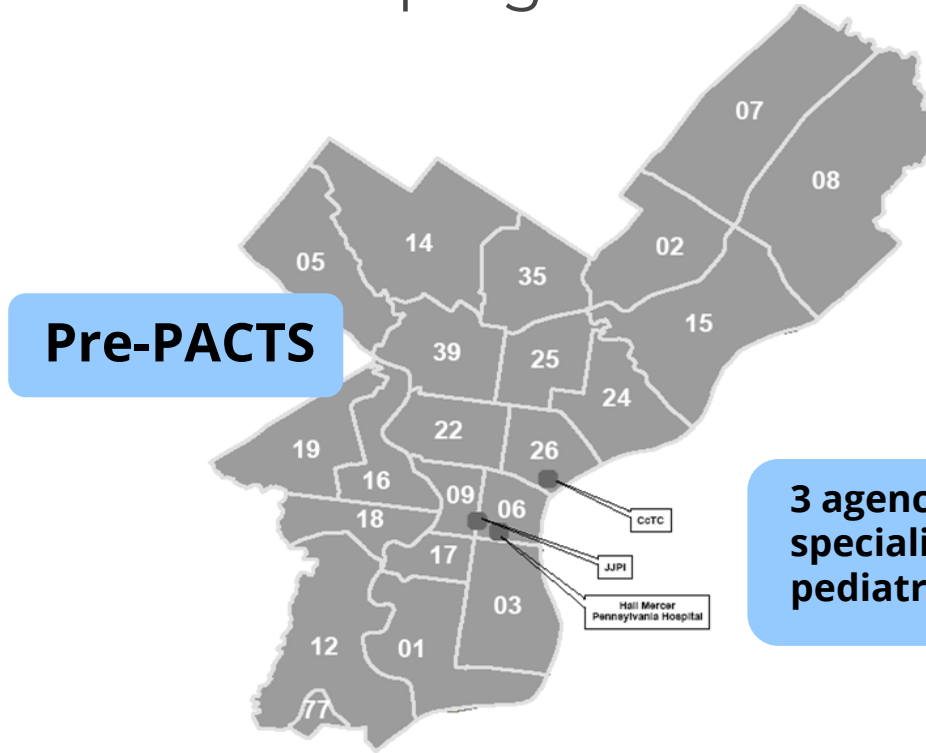


PACTS Activities

1. Develop an integrated system of child trauma providers
2. Build capacity for trauma screening and assessment
3. Build partnerships between PACTS providers and other child serving systems
(schools; child welfare; juvenile justice; physical health; CAC; homeless shelter, etc.)
4. Increase delivery of TF-CBT, PRI-CARE and CFTSI

Beidas, Adams, Kratz et al., 2016

Developing a Coordinated System



PACTS Provider Map

Trauma-Focused Cognitive-Behavioral
Therapy Before PACTS

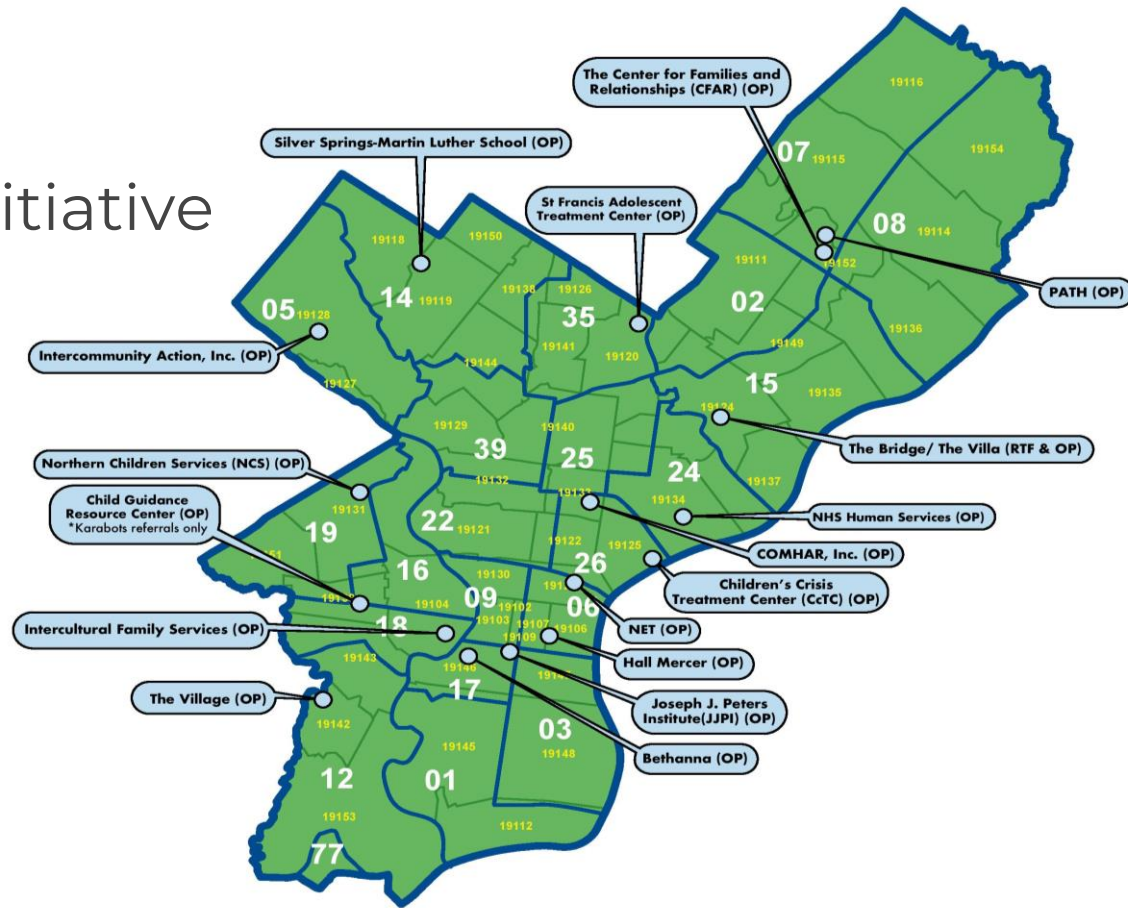
**3 agencies
specializing in
pediatric trauma**



A City-Wide Child Trauma Initiative

Post-PACTS

16 agencies
specializing in
pediatric trauma





Children's Crisis Services

City of Philadelphia



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Background

- Multi-year effort to look at national and local models of acute care systems of care for children
- 2017 City (DBHIDS) Procurement for Mobile Children's Crisis Services and Site Based Crisis Center for Children
- Germantown (Einstein) Children's Crisis Response Center (CRC) stopped evaluating children under the age of 18 on September 4, 2017.
- Behavioral health emergencies involving a child or adolescent were encouraged to contact the Philadelphia Crisis Line, go to an Urgent Care Center, or go to the nearest child-serving emergency room to be evaluated.
- During the interim crisis planning period, the following services began: Urgent Care Center; Children's Mobile Crisis Teams (CMCTs); and the Children's Mobile Intervention Services (CMIS).
- On January 5, 2018, the new Children's CRC opened.

Children's Crisis Continuum

Urgent Care Center (UCC) – went into effect September 2017



Children's Mobile Crisis Teams (CMCT) – went into effect November 2017



Children's Mobile Intervention Services (CMIS) – went into effect December 2017



New Children's Crisis Response Center (CRC) – went into effect January 2018



Children's Stabilization Beds – went into effect January 2018

Overview of Services

Urgent Care Center (UCC)

- Effective, efficient, and resolution-focused alternative to a Crisis Response Center (CRC)
- Children and family meet with master's level clinician for a comprehensive assessment with the hope of ameliorating the crisis at hand.
- Hours of Operation: 11:00am to 6:00pm, Monday – Friday

Children's Mobile Crisis Teams (CMCT)

- Mobile, on-site, face-to-face therapeutic response to a child or youth and his/her family experiencing a behavioral health crisis.
- Provided in the home, school, or community 24 hours/7 days a week.
- Includes a crisis assessment; crisis planning; up to 72 hours of crisis intervention and stabilization services including referral and linkages to all necessary behavioral health services and supports.

Children's Mobile Intervention Services (CMIS)

- Mobile, face-to-face, in-home, community, school or other locations where the family feels most comfortable receiving services.
- Provides brief, intensive interventions, psychiatric assessment, case management, and medication management as needed for **up to eight weeks**.
- CMIS is resolution-focused, addresses social determinants of health, delivered with an end-service mindset, and concludes sooner than six weeks when clinically appropriate.

Children's Stabilization Unit (CSU)

- Designed for young people showing acute distress from mental health challenges, social factors and/or the effects of substance use.
- The goal is to stabilize a crisis situation so young people can quickly return to a home or community setting.
- Rapid resolution focused treatment is provided through a comprehensive assessment, stabilization of the individual in crisis through psychosocial and psychopharmacological interventions, and restoration of the individual to a level of functioning requiring a less intensive treatment setting, while preventing an unnecessary hospital admission.



Psychiatric Residential Treatment

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Grounding Values



Community treatment is preferred over residential treatment



Placement in RTF disrupts:

Family Bonds

Peer Relationships

School/Community Ties (including jobs in community)

Limited role models



CBH Data: Calendar Year 2017

contracts with **18 Pennsylvania PRTFs** and 13 out-of-state programs.

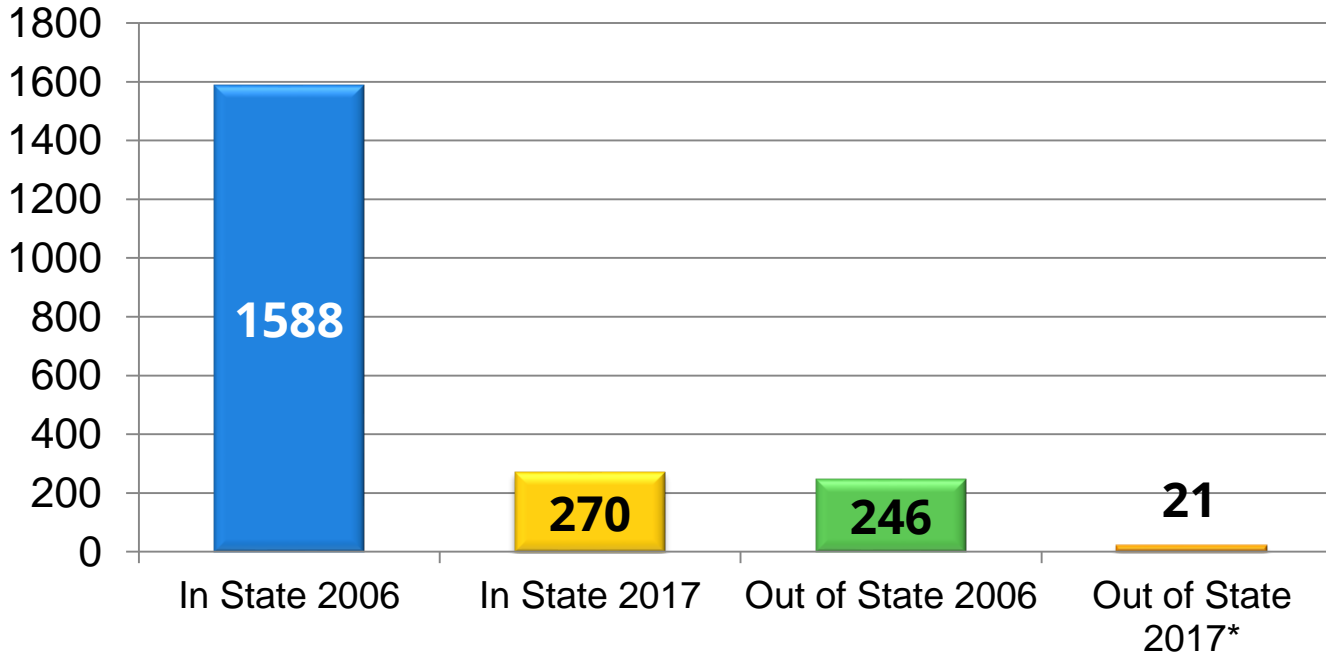
spent approximately **\$36 million for PRTF** services.


69% were DHS youth (2017)

Approximately \$22 million (or 63%) of the total PRTF spent on children and youth identified as DHS-involved through dependency or delinquency.

Youth in Residential Treatment: 2006-2017

* 8 of these youth are at a highly specialized program in NJ which is actually closer to Philadelphia than some of the in state placements.





Support Team for Education Partnership (STEP) Project


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The Goals of STEP



The STEP Project is a partnership: School District, the City, and the DBHIDS.

To improve the continuum of behavioral health services ranging from prevention and at-risk services to intensive treatment options for all public schools to best serve all students.

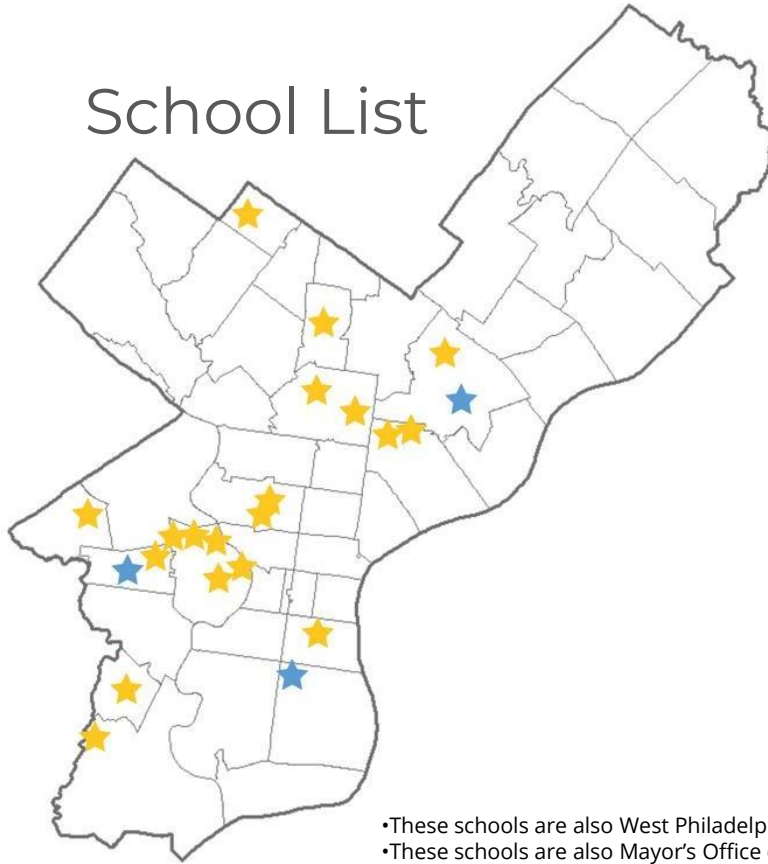
Ensure wellness for all youth and families by identifying drivers of behavioral issues early and connecting children and families to appropriate resources to result in reduced missed instructional time and prevent children going into crisis.



A behavioral health support team will be phased into 21 District schools and 1 charter school; the team consists of:

A **Social Worker, School Behavioral Consultant, Case Manager, and Family Peer Specialist.**

School List



School	Grades	Zip
Cassidy, Lewis C.	K-6	19151
Cramp, William Elementary ⁱⁱ	K-6	19140
Edmonds, Franklin S. ⁱⁱ	K-7	19150
Elkins, Lewis Elementary	K-4	19134
Frankford High	HS	19124
Gideon, Edward ^{ii*}	K-8	19121
Locke, Alain ⁽ⁱ⁾⁽ⁱⁱ⁾	K-8	19139
Logan, James Elementary ⁱⁱ	K-5	19141
McMichael, Morton ⁱ	K-8	19104
Meade, General George C.	K-8	19121
Penrose [*]	K-8	19153
Powel, Samuel Elementary ⁱ	K-4	19104
Science Leadership Academy Middle School ⁱ	5-8	19104
Sheridan, Philip Elementary	K-4	19134
South Philadelphia High ⁱⁱ	HS	19148
Southwark ⁱⁱ	K-8	19148
Stearne, Allen M.	K-8	19124
Steel, Edward T.	K-8	19140
Tilden, William Middle ⁱⁱ	5-8	19142
Washington, Martha ⁱ	K-8	19104
West Philadelphia High ⁱ	HS	19139
Belmont Charter School ⁱ (implementation may differ)	1-8	19104

•These schools are also West Philadelphia Promise Neighborhood Schools

•These schools are also Mayor's Office of Education Community Schools

*A School Behavior Consultant will be placed at the beginning of Phase I implementation High School



STEP Updates

- In Academic Year 17-18 a Social Worker has been added to all 21 District schools. In the high schools, the team will primarily focus on 9th graders.
- In Academic Year 18-19 the remaining staffing complement is being hired beginning with the School Behavior Consultants.
- These positions are School District of Philadelphia (SDP) employees, hired by the District. They will be supported in professional development by both School District Central Office and CBH.
- STEP staff are being trained to be able to bill Medicaid for Medicaid reimbursable services provided while braided funding sources are also being identified.
- SDP Staff are partnered with DBHIDS/CBH and the University of Pennsylvania to monitor implementation and outcomes.



Response to the Opioid Epidemic

City of Philadelphia



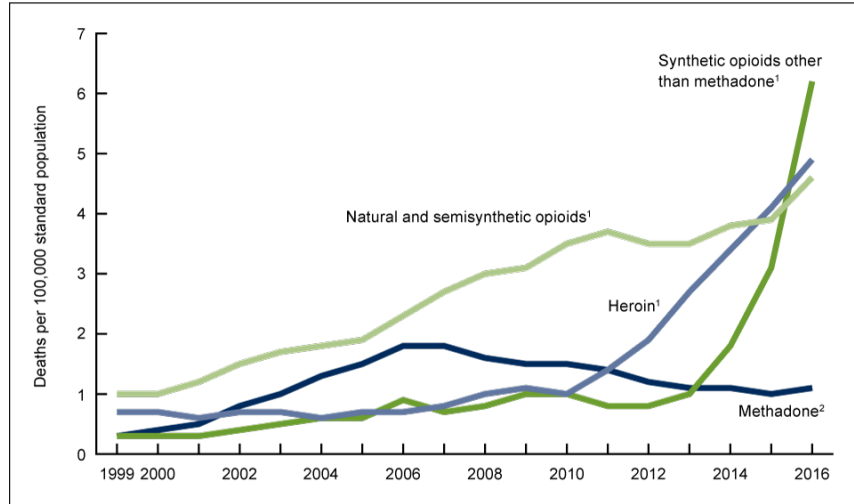
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The Opioid Emergency



Dramatic Increase in Fatal Overdoses

Figure 4. Age-adjusted drug overdose death rates, by opioid category: United States, 1999–2016



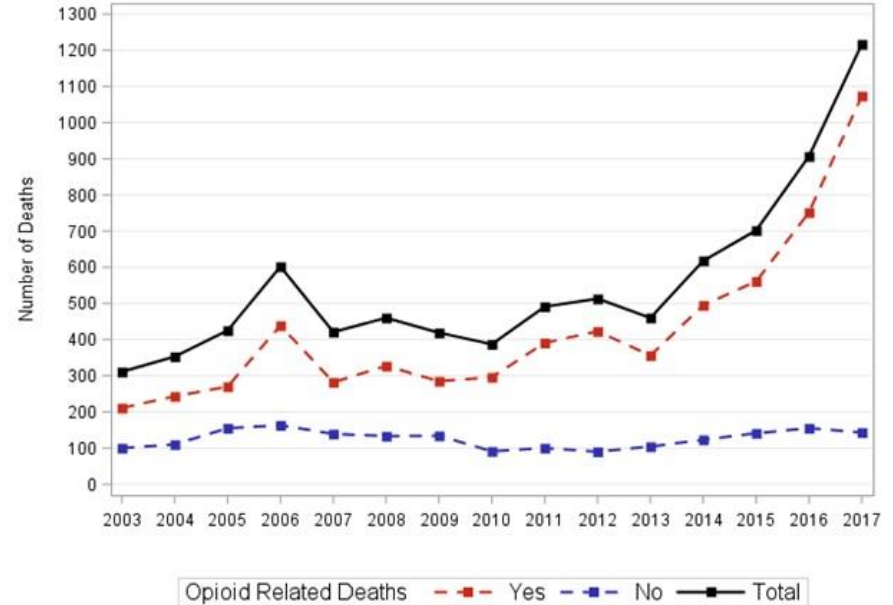
¹Significant increasing trend from 1999 to 2016 with different rates of change over time, $p < 0.05$.

²Significant increasing trend from 1999 to 2006, then decreasing trend from 2006 to 2016, $p < 0.05$.

NOTES: Deaths are classified using the *International Classification of Diseases, Tenth Revision*. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Drug overdose deaths involving selected drug categories are identified by specific multiple-cause-of-death codes: heroin, T40.1; natural and semisynthetic opioids, T40.2; methadone, T40.3; and synthetic opioids other than methadone, T40.4. Deaths involving more than one opioid category (e.g., a death involving both methadone and a natural or semisynthetic opioid) are counted in both categories. The percentage of drug overdose deaths that identified the specific drugs involved varied by year, with ranges of 75%–79% from 1999 to 2013, and 81%–85% from 2014 to 2016. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db294_table.pdf#4.

SOURCE: NCHS, National Vital Statistics System, Mortality.

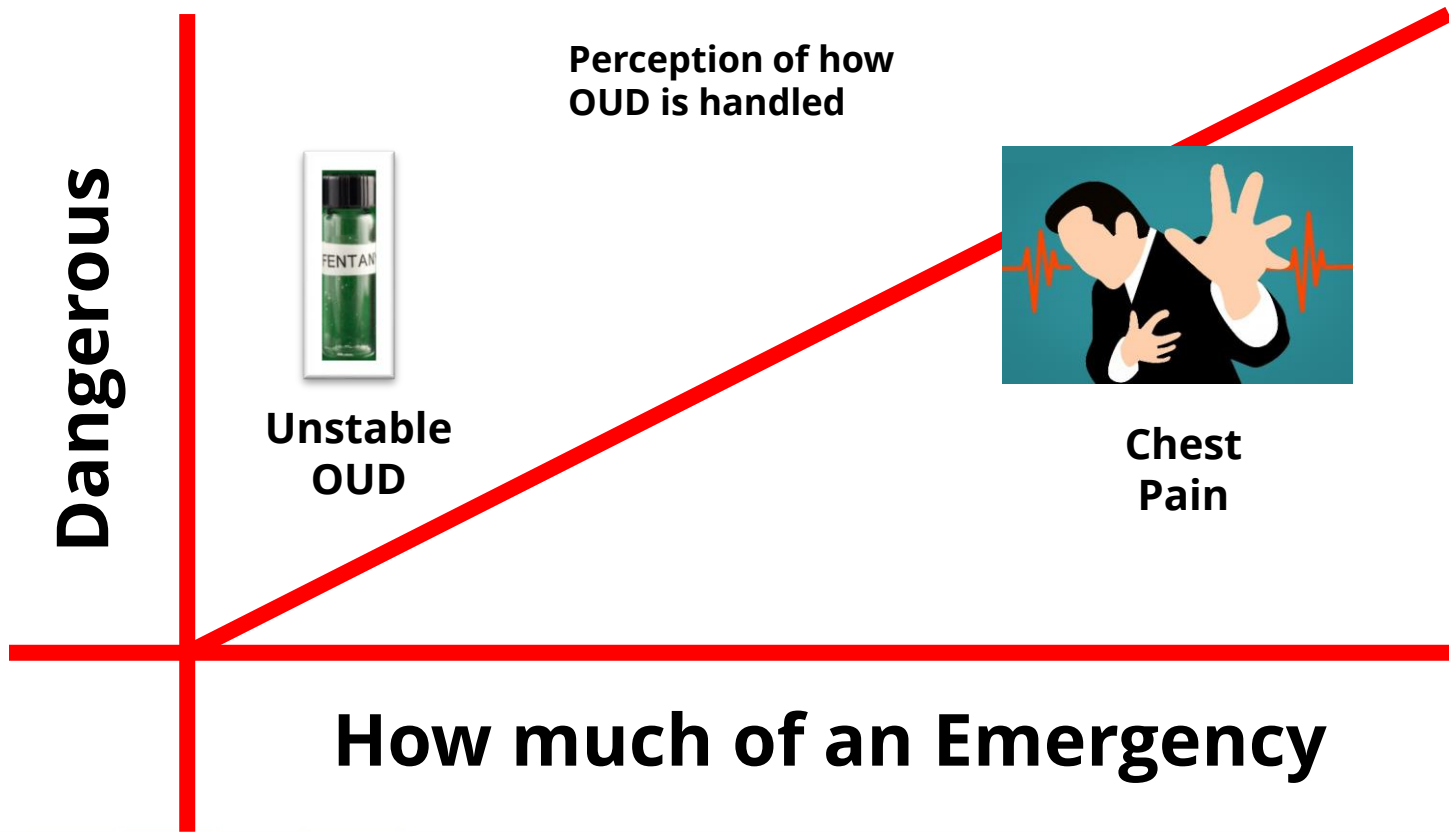
Unintentional Drug Related Deaths by Year, 2003-2017



A Chronic Disease Becomes Acute

- Addiction has long been a fatal disease, albeit typically in chronicity
- While virtually every other medical condition is trending towards becoming a chronic illness, OUD has rapidly trended towards an acutely fatal disease
- The emergence of inexpensive fentanyl has driven this dramatic shift







Our Charge

Expand access and capacity for Medication Assisted Treatment (MAT)

Reduce barriers to treatment

Identify unhelpful regulation and practices, while promoting care connection, coordination and engagement

Fighting stigma and providing education



Mayor's Taskforce Recommendations

- Increase the provision of medication-assisted treatment
- Expand treatment access and capacity
- Embed withdrawal management into all levels of care, with an emphasis on recovery initiation
- Implement “warm handoffs” to treatment after overdose



Medication-Assisted Treatment is Evidence-Based Treatment

“Access to medication-assisted treatment can mean the difference between life or death.”

Michael Botticelli, Director, White House Office of National Drug Control Policy

“The safety and efficacy of MAT has been unequivocally established.”

Dr. Nora Volkow, Director, National Institute on Drug Abuse



MAT Benefits

- Improves patient survival
- Reduces drug use
 - Total amount used
 - Number of days/month used
 - Number of weeks with any drug use
- Protects against overdoses (buprenorphine and naltrexone)
- Protects against HIV/HCV
- Reduces criminal behavior
- Increases retention in treatment
- Improves postnatal outcomes

Source: The National Council & SAMSHA

Medication Assisted Treatment Works

Medication	Abstinence %	Medication free or Placebo %
Naltrexone ER	36	23
Buprenorphine/naloxone	60	20
Methadone	60	30



Medication Assisted Treatment Works

Rhode Island Department of Corrections initiated an MAT program behind the walls

- 60 % reduction in 6-month death rate
- Large and clinically significant reduction in post incarceration deaths

Green TC, *JAMA Psychiatry*. 2018;75(4):405–407.



Service Expansions

- Expanded capacity for MAT in outpatient
- Expansion of the Temple Crisis Response Center
- Creation of Pathways to Recovery Partial Program
- Creation of 24-hour access center
- Bed expansion – anticipating an additional 150 beds over the course of the next year.

Net Centers

What does the program offer?

- Serves as a 24/7 access point for individuals who want to detox from opioids.
- Trained nursing staff and physicians complete a comprehensive assessment and stabilize individuals wanting to start their recovery.
- Peer specialists assist in helping individuals start their road to recovery.

How does the program work?

- The intake and screening process determines eligibility and, if appropriate, begin the process of detox on an outpatient basis.
- Referral is made to outpatient services on site. Services are comprehensive and individualized. They include individual and group psychotherapy and ongoing psychiatric services.
- If a higher level of care is needed, care coordinators assist in linking individuals to other aftercare services.

NET Centers introduces *new* 23-Hour Observation and Ambulatory Detox for Opioid Use

*NET is currently offering
Buprenorphine and Vivitrol
Treatment Services in addition
to its Intensive Outpatient
Treatment Programs.*

*Available now at our
Spring Garden location:*

*499 N. 5th Street, Suite B
Philadelphia, PA 19123*



Policy / Procedural Changes

Expanding Capacity for Medication Management

- **Residential Drug and Alcohol (D & A) Levels of Care** *required* to provide MAT-compatible services by January 1, 2020.
- **Crisis Response Centers (CRCs) and D&A Providers Offering Detox** can elect to provide buprenorphine stabilization.
- **All D&A Providers** incorporate MAT options into treatment planning for members.
 - Discussing Opioid Use Disorder treatment options, including MAT
 - Informed consent—risks, benefits and alternatives
 - Formal agreements where necessary



Barriers to Treatment

Hours/Availability - “We aren’t open during that time”

Messaging

- “There are no beds”
- “You are going to be denied anyway”

Exclusionary Criteria

- “We don’t treat members with polysubstance abuse”
- “We don’t do x or y (MAT)”
- “ You must be free of suicidal thoughts for 72 hours”

Delays

- Urine Drug Screens
- Doctor Availability for inductions



System Goal = Treatment on Demand

Rapidly assess and link those with
Opioid Use Disorder to an
evidence-based treatment.



Increasing Access

- **Outpatient levels of care** – *time to induction*
- **Residential levels of care** – *night and weekend hours*
- **Crisis Response Centers (CRCs)** - *aftercare linkage* for members with substance use disorders who are not authorized for residential level of care



Prior Authorization Changes

Prior Authorizations for Residential Rehab (3B)

- Majority of denials come from 3B
- Ease of access
- Increased ownership and accountability for providers



Policy Clarifications

1. Urine Drug Screens
2. Vitals
3. Verification of Identity
4. Prescriber Letters
5. Insurance Status

Verifying Identification

Non-Narcotic Treatment Programs no requirement for photo ID

Narcotic Treatment Programs photographic identification is not required but the verification of identity is required before treatment



CITY OF PHILADELPHIA
Department of Behavioral Health and Intellectual Disability Services
Promoting Recovery, Resilience & Self-Determination

David T. Jones
Commissioner
Jill Bowen, Ph.D.
Deputy Commissioner
Roland Lamb
Deputy Commissioner

MEMORANDUM

TO: Drug and Alcohol Treatment Program Providers in the City of Philadelphia

FROM: David T. Jones, Commissioner
Department of Behavioral Health and Intellectual Disability Services (DBHIDS)

DATE: June 19, 2018

SUBJECT: Guidance on Verifying Identity for the Purposes of Providing Substance Use Disorder Services

Purpose and Summary:

The purpose of this guidance is to clarify the requirements related to photo identification with respect to Substance Use Disorder Services in Philadelphia. In sum,

- *photographic identification is not required for non-Narcotic Treatment Programs.*
- *For Narcotic Treatment Programs, photographic identification is not required but the verification of identity is required before treatment.*
- *A photograph and birthdate are required to be a part of treatment files once treatment has started; the provider should meet this requirement by including a patient photograph in the patient's record.*

This guidance outlines how identity can be verified in the absence of photographic identification. Providers should not deny services if a patient cannot provide photo ID.

1) Identification Requirements for Non-Narcotic Treatment Programs/Non-Medication Assisted Treatment Services

Intake processes and client records for Substance Use Disorder services provided at Freestanding Treatment Providers where narcotics are not dispensed are provided for at 28 Pa Code §709.43 (relating to client management) and 28 Pa Code §709.44 (relating to client records). There is no specific requirement that photo identification must be included in the patient record at Non-Narcotic Treatment Programs, nor that it should be provided before treatment can be provided. Providers should, however, collect information sufficient to ensure appropriate medical history has been provided, and as necessary to support appropriate billing.

2) Identification Requirements for Narcotic Treatment Programs

State regulations at 28 Pa Code §715.13(a) (relating to patient identification) require that Narcotic Treatment Programs (NTPs), (defined as "and entity... which uses agents for maintenance or detoxification of persons") "use a system for patient identification for the purpose of verifying the

1101 Market Street, 7th Floor, Philadelphia, PA 19107-2907, Phone 215-685-5400

Implementing “Warm Handoffs” to Treatment After Overdose

The Recovery Overdose Survivor Engagement (ROSE) Project through PRO-ACT employs Certified Recovery Specialists to connect individuals who are at risk of or have survived an opioid overdose to treatment.

In January, **125 individuals were engaged from which 78 referrals to treatment were coordinated.**





Innovative Programming

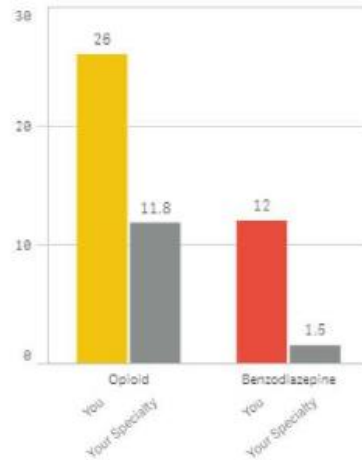


Opioid Use Disorder Performance Incentive: \$50,000 Pay-for-Performance

1. Provision of MAT
2. Access and Staffing
3. Customer Service and Cultural Responsiveness
4. Marketing

Medicaid Prescriber Dashboard

of Patients Prescribed



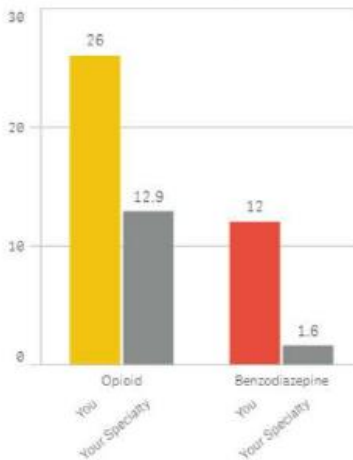
Number of your MA patients who received an opioid or benzodiazepine prescription from you, who also received substance abuse or addictive disorder treatment in the past two years:

4

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

0

of Prescriptions Written



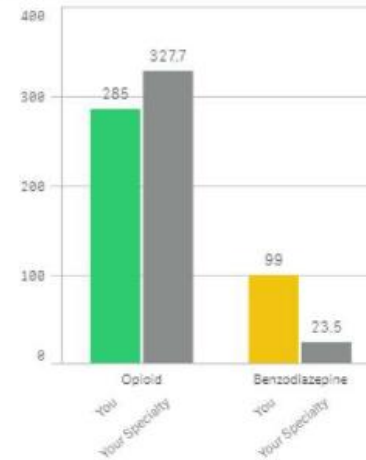
Number of your MA patients who received a combination of opioid and benzodiazepine prescriptions with at least one from you:

12

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

19

of Pills Prescribed



July 1, 2016 – June 30, 2017





Preliminary Outcomes

- A steep decline in Opioid prescriptions
- A persisting increase in naloxone prescribing to at-risk members
- Pharmacy Detailing Project to cover all pharmacies in Philadelphia, addressing barriers to accessing Narcan, etc.
- PDMP initiating state wide dashboard
- CBH Hosted a PDMP Training on 8/14 and 8/15

SUD Services in Philadelphia

Where We Were

MA: Hospital based detox;
D&A OP (State Plan)
Expenditures in BH; less
than 5%

Where We Are

MA: Expanded MA benefits
via supplemental services
Expenditures in BH; close
to 25%

Treatment Continuum

Within DBHIDS, Community Behavioral Health (CBH) manages the behavioral health services for Medicaid beneficiaries while the Division of Behavioral Health (DBH) manages care for uninsured individuals and various recovery support services.



*Coordinated Response to Addiction by Facilitating Treatment (CRAFT)



Vastness of CBH Network

- 900 residential beds with a 30-day average stay
- Thousands of outpatient slots across partial and intensive outpatient tailored to members needs
- 4,000 unique members with OUD served every year in residential settings, 10,000 in outpatient



Overview of CBH Utilization

Overall Utilization for 2017	Point in Time – June 1, 2018
<p>Approximately: 27,000 people utilized SU service.</p> <p>14,000 had an OUD diagnosis (52%).</p> <p>\$170 million spent across 5 LOCs</p>	<p>On any given day 5,500 people are receiving services.</p> <p>Approximately: 4,600 in Outpatient 1,000 in Residential</p>



Who to call for help:

If one of your constituents is in need of assistance,
please direct them to
Community Behavioral Health Member Services at
1-888-545-2600.

CBH's Response Summarized

More people receiving MAT and more services available

Partial program

24/7 Stabilization Center

Planned Temple and residential beds

Increased efforts to improve access

Reducing time to induction

Including night and weekend hours

CRC aftercare linkages

Waiving pre-authorization

Helped eliminate prior authorization for MAT medications

Fewer overall prescription opioids since 2015

Medicaid specific numbers are trending down

Issued guidelines for opioids and benzodiazepines in collaboration with the Philadelphia Department of Public Health.

Cross system partnerships around encampments and the Kensington emergency efforts.

Innovative programming and incentives



Closing Remarks

- The Philadelphia Health Choices program is unique and has become an integral part of the city's infrastructure.
- CBH has demonstrated its competence in meeting the HealthChoices objectives of increasing access; enhancing quality and being good stewards of public money.
- CBH brings only value to the city, requiring no city dollars to support the infrastructure.





Resources

www.DBHIDS.org

www.HealthyMindsPhilly.org

Acute Services **215-686-4420** (Emergency and Crisis Services)

CBH Member Services **1-888-545-2600** (available 24/7)



Community Behavioral Health

801 Market Street, 7th Floor
Philadelphia, PA 19107

www.DBHIDS.org

215-413-3100

Member Services 1-888-545-2600

City of Philadelphia



DBHIDS

DEPARTMENT of BEHAVIORAL HEALTH
and INTELLECTUAL disABILITY SERVICES