

2018 Annual Report: Philadelphia Behavioral HealthChoices Program



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Our Vision

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

Our Mission

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

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Foreword

A Letter from the Commissioner

Greetings Friends,

On behalf of the Community Behavioral Health (CBH) Board of Directors and the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), we are pleased to present the 2018 Philadelphia HealthChoices Program Annual Report.

Increased access to care was a top priority in 2018. The launch of www.cbhphilly.org has made it easier for members to learn about how to access care and much more. We continued to partner with the Philadelphia Department of Public Health (PDHP) to implement recommendations from the Opioid Taskforce. Efforts have enhanced access to substance use treatment, leading to a 20% increase in individuals receiving Medication Assisted Treatment (MAT) in 2018 and the first decrease in overdose deaths since 2013.

In January 2018, the Philadelphia Children's Crisis Response Center opened, rounding out the children's crisis continuum. We awarded evidenced-based practice designations to 27 programs serving children, demonstrating our commitment to offering an array of high-quality, community-based treatment options. I am also excited to share that Philadelphia Family Voices, a family legacy organization designed to support families raising children with behavioral health conditions, received 501(c)(3) status.

2018 saw the expansion of the tobacco-free policy in CBH's residential drug and alcohol (D&A) facilities. This effort stemmed from the successful implementation of a tobacco-free policy in CBH's inpatient psychiatric facilities. This work grew out of the Tobacco and Recovery Wellness Initiative (TRWI), which addresses tobacco use and recovery in behavioral health settings.

CBH has demonstrated the ability to effectively provide integrated care as a behavioral health carveout. Our collaborative partnerships with the physical health managed care organizations (PH-MCOs) have resulted in our second Pay For Performance award from the PA Department of Human Services.

I am proud of our accomplishments. This report serves to highlight not only what we have done but what we will continue to do—to ensure Philadelphia receives the best behavioral healthcare possible.

Sincerely,



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



Introduction

An Overview of Our Work, Priorities, and Investments

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

CBH contracts with MA enrolled and licensed service providers with the requirement that they deliver effective and medically necessary services to covered members in the least restrictive, most developmentally appropriate and culturally competent manner. In creating and maintaining this managed care system, CBH promotes maximum access, member and family participation, public accountability, and local control.

Our Members

CBH's primary goal is to effectively address and support the overall health and wellness of Philadelphians across multiple domains, in partnership with other city agencies and physical health managed care organizations. CBH authorizes payment for a vast array of services, including outpatient mental health and substance use programs, inpatient psychiatric and addictions treatment programs, residential rehabilitation, as well as family, school, and community-based programs.

Our Providers

CBH is committed to ensuring Philadelphians receive an array of quality, cost-effective, recovery-oriented, and evidence-based services. Targeted efforts include developing and expanding a wide array of community-based alternatives to restrictive settings, as well as developing services for specialized populations such as individuals with autism, youth involved in the child welfare system, and forensic-involved adults reentering the community.

Our Infrastructure

To assure the capability of CBH to provide members with innovative, effective, and appropriate care, CBH is committed to sustaining its long term viability by enhancing our infrastructure; attracting and retaining a talented and diverse workforce; focusing on outcome measures; and adopting a cross-agency total quality improvement philosophy. Our vision and mission will be complemented by a holistic approach to innovation, new technologies that maximize our effectiveness, and a continued exercise of fiscal responsibility.

2018

At a Glance



328

programs reviewed by
Network Improvement &
Accountability Collaborative (NIAC)

175

in-network providers
with multiple sites

500

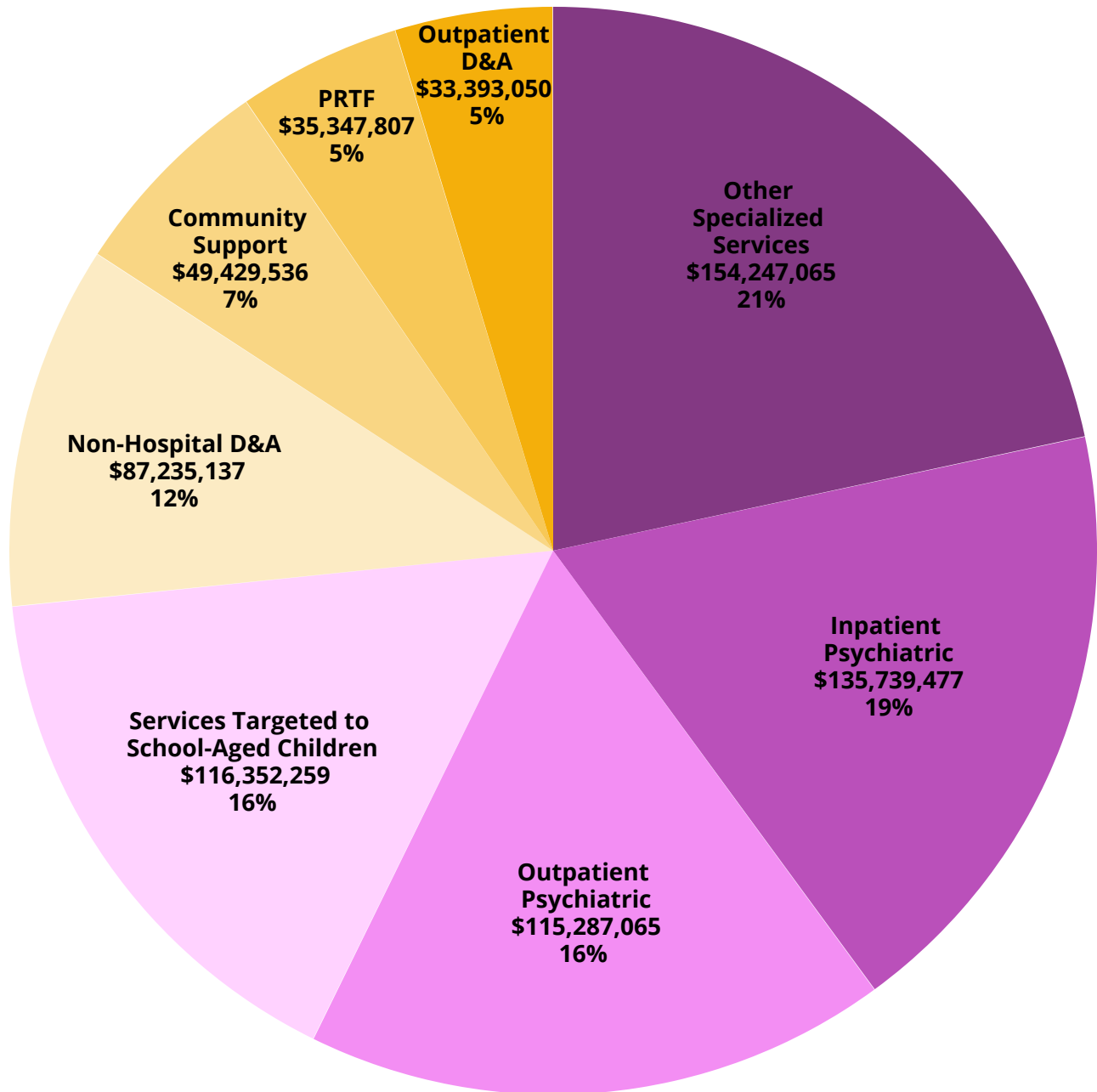
average daily phone calls
to Member Services

3,747

language interpretation
requests fulfilled

2018 Medical Expenses by Level of Care

From 2017 to 2018, CBH saw reductions to payments for inpatient psychiatric services. CBH saw increases in payments for inpatient and non-hospital drug and alcohol (D&A) services as well as community support services. This trend reflects the overarching goal to provide access to services in our member's communities.



Total= \$727,031,396

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

2018 Utilization Trends

Level of Care (LOC)	Unique Members Served*
Inpatient Psychiatric	12,713
Inpatient Drug & Alcohol	543
Intensive Outpatient Drug & Alcohol (IOP)	11,807
Non-Hospital Drug & Alcohol	8,403
Outpatient Psychiatric	92,612
Outpatient Drug & Alcohol	19,060
School-Based Services	11,412
Psychiatric Residential Treatment Facility (PRTF) Accredited	377
Psychiatric Residential Treatment Facility (PRTF) Non-Accredited	132
Residential Treatment Facility Adult (RTFA)	281
Ancillary	26,257
Community Support	13,635
Assertive Community Treatment	2,642
Community Integrated Recovery Centers	2,240
Other	20,163
Total Unique Count	118,011

Age	Unique Members Served*	DHS Address**	Autism Diagnosis	SMI Diagnosis
0-5	4,150	247	1,060	46
6-12	18,791	1007	2,602	1308
13-17	12,815	1616	1,176	3160
18-20	5,090	491	399	2260
21-44	45,785	119	415	24096
45-64	34,127	-	62	22781
65+	2,139	-	11	1452
Total Unique Count	118,011	3,150	5,132	64,537

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

**Previous code method resulted in over-representation of DHS address. 2018 counts are significantly lower than those in the 2017 report and should not be compared.

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

OUR MEMBERS



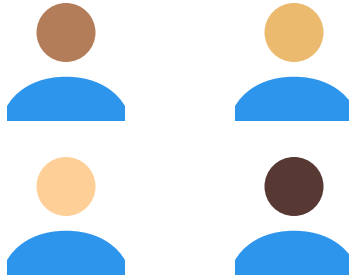
Voices of Survivors workshop, Kensington. Photograph by Steve Weinik.

"The best day was when my child called me "Daddy" for the first time. My son is 7 years old. I don't think I would have ever heard him say that, if not for applied behavior analysis (ABA)."

-Parent of child receiving ABA for autism spectrum disorder

2018: Our Members at a Glance

Over 717,000
eligible members



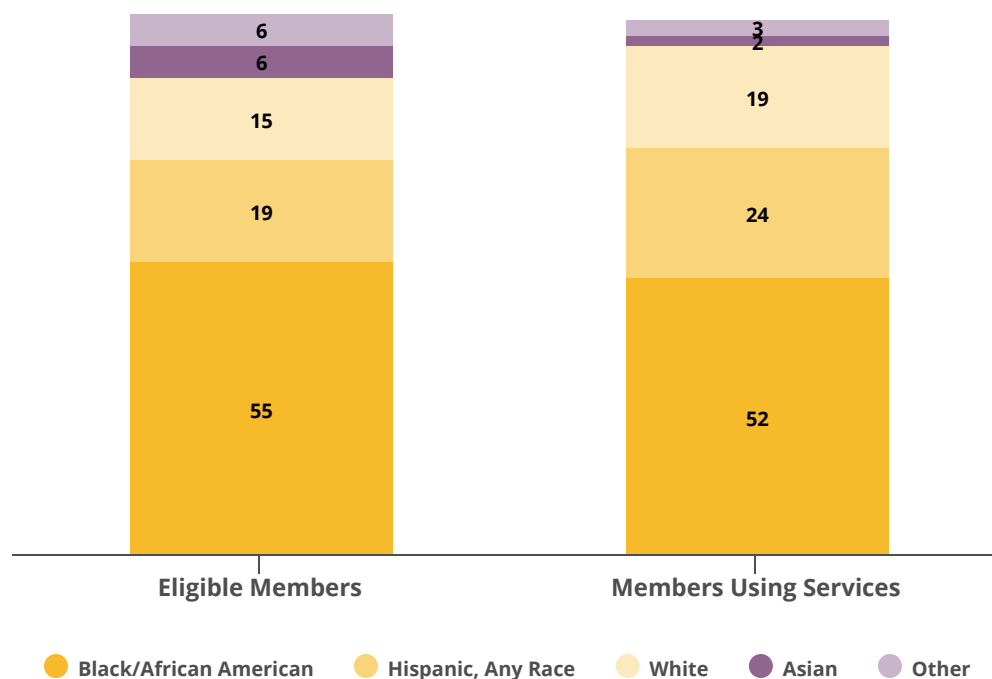
Over 118,000
used services

Eligible members:
47% Male
53% Female



Used services:
51% Male
49% Female

Race/Ethnicity of CBH Members (%)



Cross-Systems Collaboration



School Initiatives

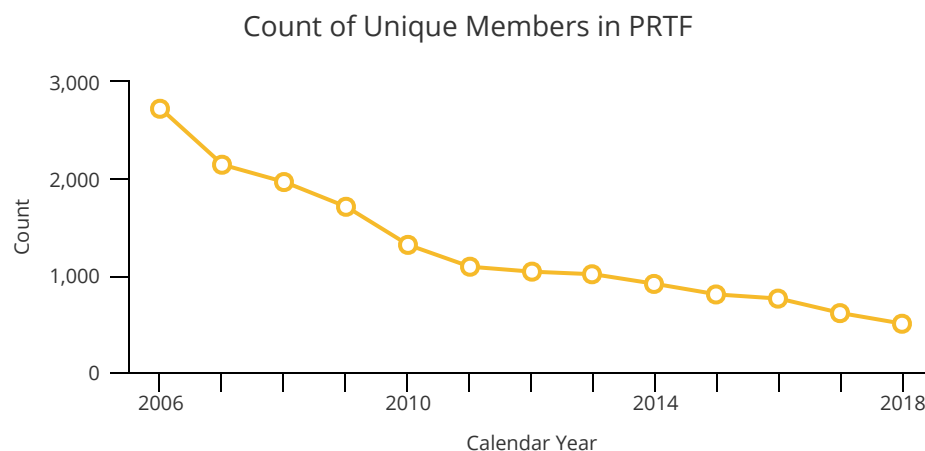
The School District of Philadelphia (SDP), the City of Philadelphia, and DBHIDS/CBH partnered to create the Philadelphia Support Team for Education Project (STEP) in 2017. STEP aims to ensure wellness for all youth and families by identifying drivers of behavioral issues early on and by facilitating connections to appropriate resources. To reach this goal, behavioral health support teams are being placed in 21 district schools and one charter school. Currently, all district schools have a clinical coordinator and most have a behavioral consultant and case manager identified. Family peer specialists will be hired and trained in late 2019.

CBH partnered with school-based providers and the SDP to pilot two modified versions of school therapeutic services (STS) for the 2018-19 academic year. STS-Revised (STS-R) is being implemented in four schools with established provider relationships and includes increased Master's-level clinician time, dedicated psychologist time, and an evidence-based group curriculum for children impacted by trauma. Additionally, School Based Partnership (SBP) is being implemented in two schools and includes case management, individual classroom support, and the trauma curriculum for children.



Philadelphia Department of Human Services (DHS)

CBH continued its strong partnership with DHS, with leadership teams meeting monthly to ensure a coordinated and collaborative approach for children and youth served by both systems. CBH and DHS remain focused on addressing the myriad needs of youth with complex issues, including those with intellectual and developmental disabilities, by enhancing the quality and accessibility of residential placements and by implementing PRTF best practices such as the Building Bridges Initiative. Additionally, CBH Leadership continued to support the City of Philadelphia's Youth Residential Placement Taskforce. The task force plans to produce a set of recommendations for the public, stakeholders, and city council in September 2019.



Cross-Systems Collaboration



Forensic Services

DBHIDS and CBH have implemented programs that focus on the behavioral health needs of the forensic population, including expanded residential treatment facility-adult (RTFA) capacity for individuals discharged from the forensic unit at Norristown State Hospital. CBH provided implementation support for Horizon House's new 6-bed dialectical behavioral therapy (DBT) Forensic RTFA program, in partnership with Behavioral Health Justice Related Services (BHJRS). The program opened in October 2018.



Philadelphia Medicaid Prescriber Dashboard Initiative

The Philadelphia Medicaid Prescriber Dashboard Initiative was developed to promote appropriate prescribing practices among medical professionals in Philadelphia, starting with the prescription of opioids. The dashboard reports shared individual prescribing data with healthcare providers compared to the Philadelphia average, as well as guidelines for opioid prescribing and tapering. In August 2018, CBH hosted a PA DHS-sponsored Continuing Medical Education (CME) opportunity that focused on evidence-based prescribing tools to fight the opioid epidemic.



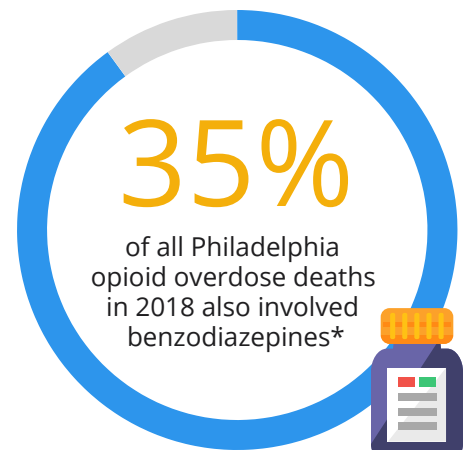
2,600+
Report Distribution #1,
December 2017



1,400+
Report Distribution #2,
July 2018

In addition to publishing opioid prescribing guidelines, CBH published clinical guidelines for the prescription and monitoring of benzodiazepines and related medications.

CBH seeks to promote practices that maximize access to evidence-based treatments for individuals seeking treatment for anxiety and/or insomnia. This is best accomplished by limiting the initiation of benzodiazepines when more effective or safer options are readily available, given the high liability for these medications to complicate recovery from substance use disorders.



*Source: Philadelphia Department of Public Health, Medical Examiner's Office

Addressing the Opioid Epidemic

In 2018, **1,116** people in Philadelphia died of unintentional drug overdoses. This represents an 8% decline from 2017, though opioids were detected in 84% of overdose victims, similar to 2017. Fentanyl remained the leading cause of opioid-involved overdose death.

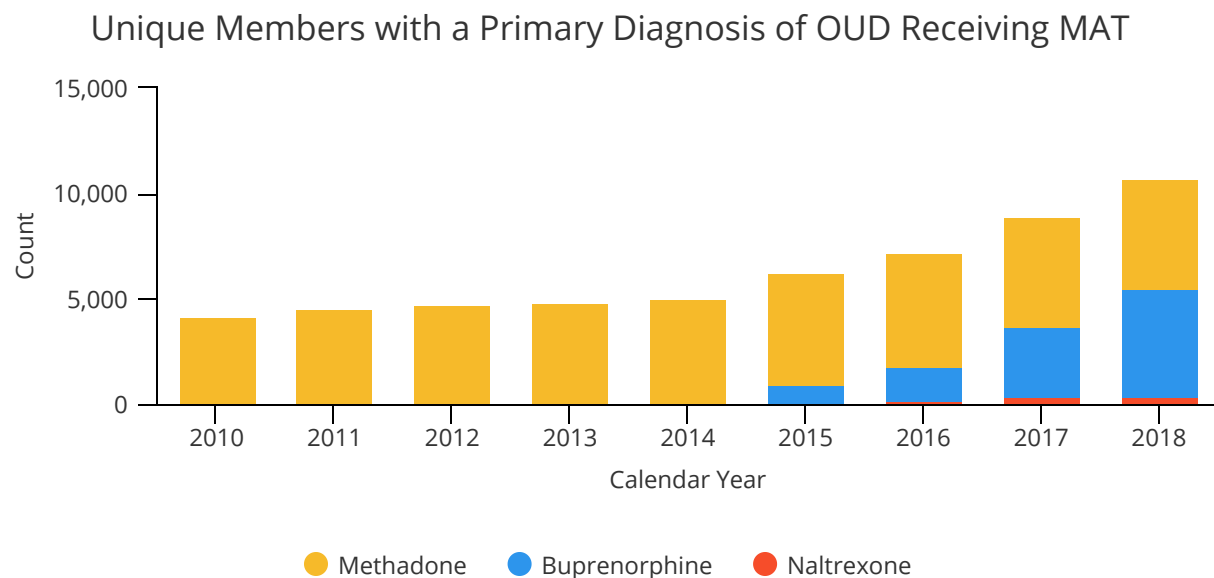
CBH continued to work as a partner with Mayor James Kenney's Task Force to Combat the Opioid Epidemic in Philadelphia, cutting down barriers to treatment such as the removal of pre-authorizations for residential rehabilitation and expanding treatment access through incentive programs to offer medication-assisted treatment (MAT), expansion of beds, warm handoff programs, and provider e-learning.

Ensuring Access to Medication-Assisted Treatment

The number of individuals with a primary diagnosis of opiate use disorder (OUD) who participate in some form of MAT has increased since 2010. In 2018, nearly **10,700 individuals received some form of MAT**, an increase of 20% from 2017.

Buprenorphine treatment is particularly on the rise, as it can be dispensed at physicians' offices. CBH held three buprenorphine waiver trainings at major hospital networks for physicians, physician assistants, and advanced practice nurses interested in prescribing.

To further ease access, Northeast Treatment Centers (NET) opened Access Point, its 24-hour treatment center, in April 2018. Members can walk in and request short-term stabilization, including starting MAT, before being placed in more long-term treatments such as detoxification, rehabilitation, or outpatient services.



Integrated Care

Physical & Behavioral Health (PH/BH) Interventions

Recognizing the special care that people with high behavioral health and high physical health conditions require, CBH has implemented several programs by partnering with physical health managed care organizations (PH-MCOs), treatment providers, and other system partners.

Community-Based Care Management (CBCM) Health Partner Plans (HPP)

CBH partners with HPP to target members with high-cost and high utilization of health care services. In 2018, we reached:

923 members **4,890** contacts **7** sites

Community-Based Care Management (CBCM) KeystoneFirst

In late 2017, CBH implemented its second CBCM team in partnership with KeystoneFirst. In 2018, we reached:

526 members **1,958** contacts **9** sites

Pay for Performance Integrated Care Program (ICP)

2,611 integrated care plans completed in 2018

The ICP focuses on members with a serious and persistent mental illness and is conducted in partnership with the PH-MCOs. This program has enhanced care coordination and communication efforts across the MCOs and has resulted in positive the outcomes highlighted below.

ICP Outcome Measure Results

CBH continues to improve outcomes through the ICP, receiving Pay for Performance Awards for 2018 progress in PH/BH admissions, 30-Day readmissions, and initiation and engagement in D&A treatment.

Measure	Directional Goal	2015 Rate*	2016 Rate*	2017 Rate*
PH/BH Admissions	Decrease	25.6%	22.7%	15.8%
PH/BH 30-Day Readmissions	Decrease	21.8%	18.8%	17.1%
Initiation of AOD	Increase	25.75%	22.30%	36.7%
Engagement of AOD	Increase	18.46%	13.90%	28.8%
SAA	Increase	66.3%	64.3%	64.55%
ED Utilization	Decrease	142.81%	156.81%	172.62%

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

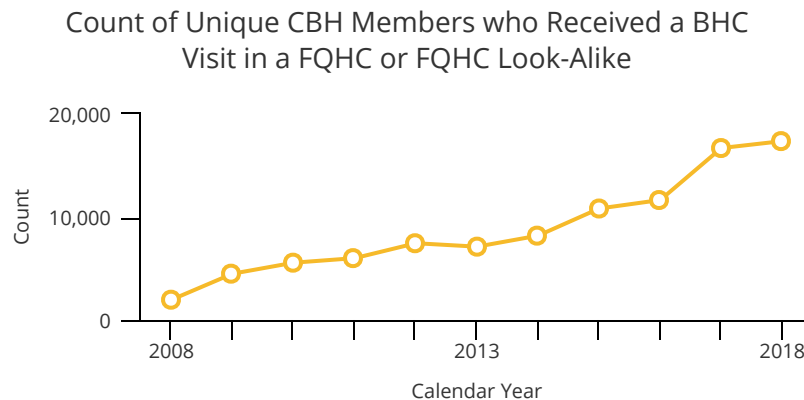
*Expressed as events per 1,000 SPMI-defined member months for members with SPMI history.

Integrated Care



Provider Initiatives

Provider-level components of integrated care include: the use of behavioral health consultants (BHCs) in Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes; co-located behavioral health services in pediatric primary care clinics; physical health services in behavioral health settings; and Centers of Excellence for opioid use disorder.



Spotlight on FQHCs: BHCs conduct brief consultations via same-day team referrals and focus on providing members psychosocial support using evidence-based interventions such as cognitive behavioral therapy and motivational interviewing. Since 2008, CBH has added additional FQHCs to the network, increasing access to behavioral health services. By 2018, approximately 47 sites were delivering behavioral health services utilizing this model, including 8 District Health Centers.



The Tobacco Recovery and Wellness Initiative (TRWI)

TRWI is a partnership with the Philadelphia Department of Public Health (PDPH) Tobacco Policy and Control Program and the University of Pennsylvania Comprehensive Smoking Treatment Program. TRWI recognizes tobacco use as a core behavioral concern deserving attention and resources along with other drugs of use and misuse, as individuals with behavioral health conditions use tobacco at rates 2-3 times higher than the general population. CBH has enforced tobacco-free environments for inpatient psychiatric units and residential drug and alcohol providers, while providing implementation support for integrating tobacco screening and evidence-based treatments. Our aim is that by January 1, 2020, all outpatient levels of care will become tobacco-free environments.

As of today, **80** residential drug and alcohol and **14** psychiatric inpatient programs have implemented a tobacco-free policy and offer screening, counseling and nicotine replacement therapy.

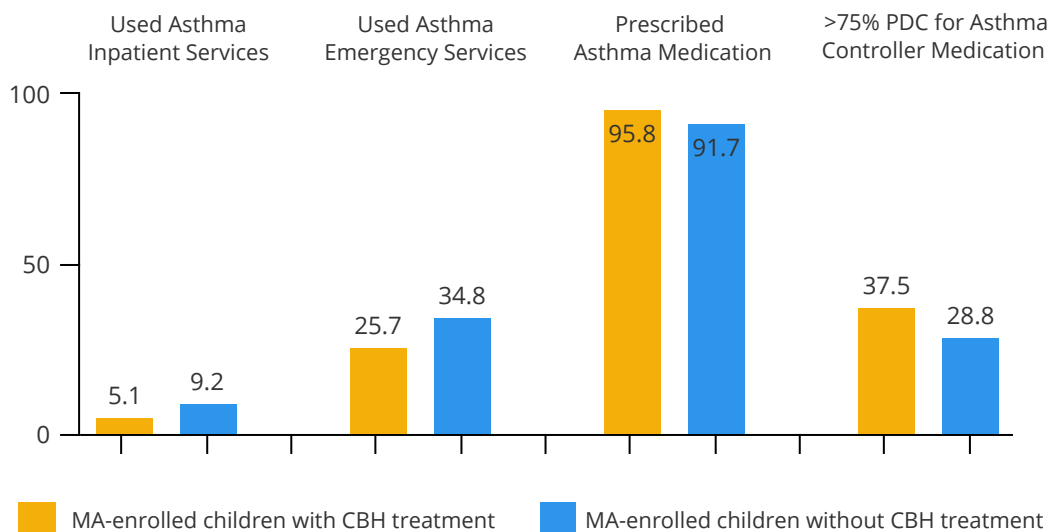
Integrated Care

The Penn Center for Mental Health conducted two studies using 2017 claims data that compare access to and quality of treatment for chronic physical health conditions among MA-

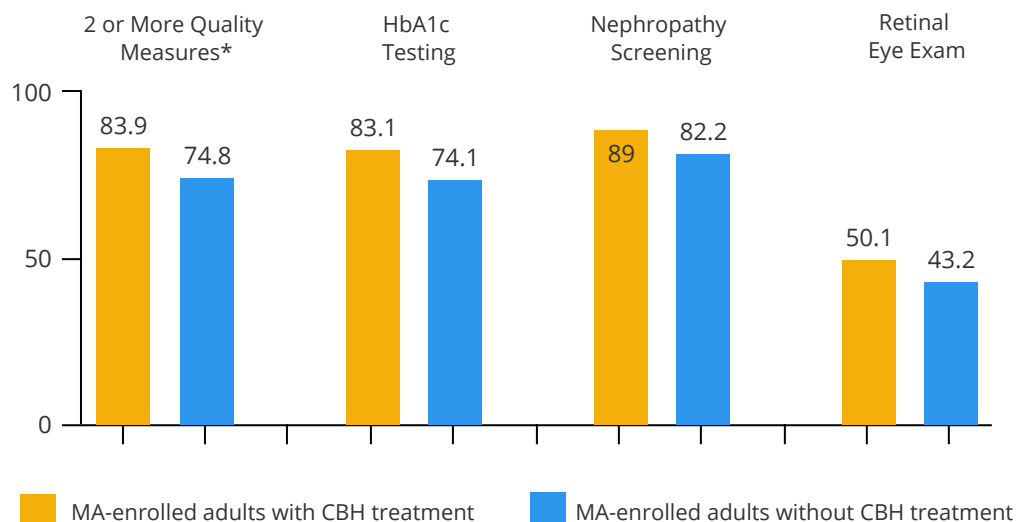


enrolled individuals who have received treatment through CBH versus those who have not. The results suggest that carving out behavioral health can enhance care coordination efforts for patients with co-occurring physical and mental health conditions. Efforts to promote and enhance opportunities for the coordination of care between providers and managed care organizations, with a goal of reducing morbidity and mortality, should continue.

Children who received treatment through the CBH network experienced equal or better asthma care, which reduced asthma-related emergency and acute care services.



Adults who received treatment through the CBH network had more comprehensive diabetes care compared to adults who did not.



*Healthcare Effectiveness Data and Information Set (HEDIS) performance measures

Children's Services Continuum

CBH has an integral role in the implementation of two DBHIDS grants from the Substance Abuse and Mental Health Services Administration (SAMHSA).



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

2018 Key Accomplishments

- **National Wraparound Implementation Center (NWIC) completed a system-wide needs assessment for High-Fidelity Wraparound (HFW) implementation and expansion**
- **Six Core Strategies training provided to leadership and staff across the residential provider network in partnership with the Building Bridges Initiative (BBI), a national leader in transforming PRTF care**
- **Philadelphia Family Voices (PFV), a family legacy organization, incorporated and developed a strong Board of Directors (51% family members with lived experience).**
- **Three cohorts of family peer training piloted (developed by Family Run Executive Director Leadership Association (FREDLA))**
- **Youth MOVE Philadelphia revamped leadership training forum to prepare and equip young leaders to partner with and impact child-serving systems**



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

2018 Key Accomplishments

- **2,500+ youth screened for trauma exposure and traumatic stress reactions**
- **1,400+ Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) cases opened**
- **16 PACTS agencies participated in LGBTQ Training with The Bryson Institute**
- **In December 2018, PACTS was awarded supplemental funding by SAMHSA to support the mental health of unaccompanied children**

Children's Services Continuum



Expansion of Children's Crisis Resources

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

CMIS: provides brief intensive interventions, psychiatric assessment, case management, and medication management as needed for up to six weeks.

CMCTs: short-term rapid response, crisis stabilization, and case management services. Services are provided for 72 hours following the initial referral to ensure immediate stability and linkage to supports.



399

**CMIS
visits**



679

**CMCT
visits**



120

**fewer inpatient
stays**

Along with the children's CRC, which provides emergency treatment, assessment and referral services on a 24/7 basis, these additional services helped keep over 100 kids out of the hospital.



Children's Services Continuum



Autism Services

Children diagnosed with an Autism Spectrum Disorder (ASD) receive approximately half of all Behavioral Health Rehabilitation Services (BHRS) managed by CBH. CBH has continued to prioritize access to high quality Applied Behavior Analysis (ABA) for these children. Over the last year, nine providers met and maintained the CBH Performance Standards for ABA Designation. **In 2018, over 500 children received ABA assessment or treatment services, a two-fold increase from the previous year.** Additionally, 6 out-of-network providers received contracts to ensure more family choice and greater coverage of all areas of the city. CBH neurodevelopmental staff continued to partner with the School District of Philadelphia to improve collaboration and resource-sharing to serve children in a more integrative manner.

Philadelphia Autism Project (PhillyAP)

In 2018, PhillyAP provided free, tailored trainings on autism, awarded program funding, supported school-based cooking classes, and provided resources at community events.



- 33 trainings
- 983 people trained
- 16 outreach events
- 29 seed awards granted
- 100+ artwork submissions
- 136 cooking class participants

Inaugural Art Show: A Spectrum of Experiences

In honor of Developmental Disabilities Awareness Month, PAP launched its first collaborative art show with DBHIDS, Councilmember-At-Large Derek Green, and the Office of Arts, Culture and the Creative Economy. The event recognized the talent of individuals with autism and increased awareness within Philadelphia.



Third Annual PhillyAP Conference

CBH hosted "Lighting the Way through Transitions" for a record 250 attendees; session content included ABA, employment, housing, transition planning, and aligned with early childhood, transitions and teens and young adults tracks.

System Navigation Summit: From Cradle to Young Adulthood: What Do Families Need?

Participants connected with leaders, promoted discussion about family support models, shared their experience navigating the service system, and learned about a new family organization in Philadelphia.

Children's Services Continuum

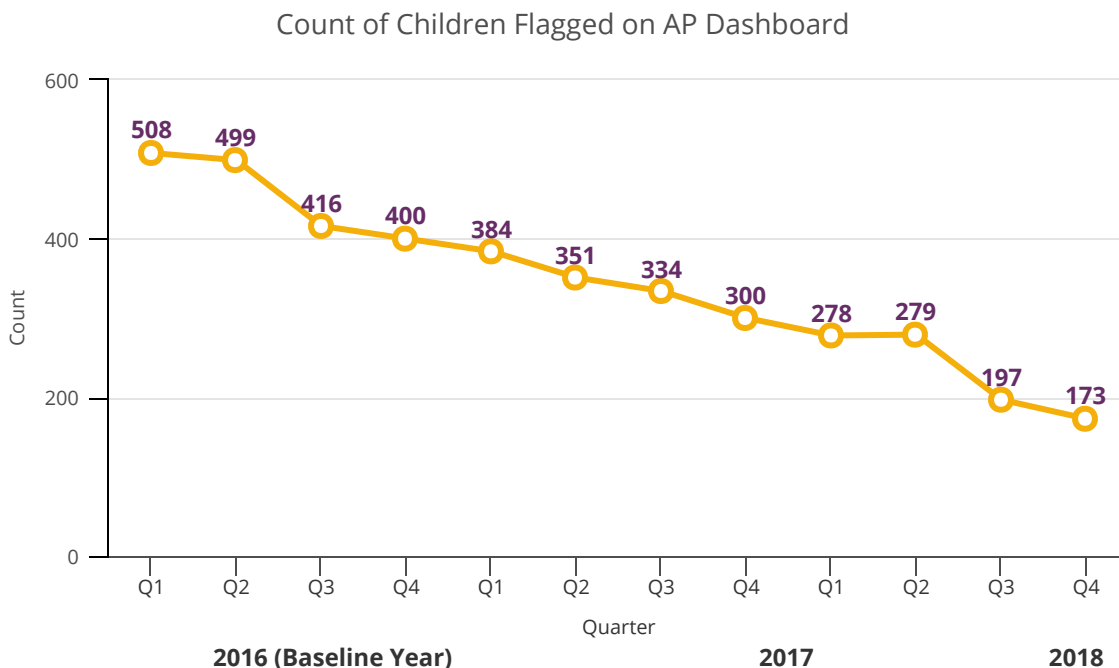


Children's Antipsychotic (AP) Dashboard- A partnership between the Pennsylvania Department of Human Services (PA-DHS), Philadelphia DHS, Philadelphia PH-MCOs, and CBH.

Did you know ?

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

Use of AP medication is four times higher among children in the custody of child welfare authorities compared to children with Medicaid alone (4). In response, PA-DHS implemented the Children's Electronic AP Dashboard to enhance monitoring of psychotropic medication use among this population. The AP dashboard is based on member-level information and has 11 red-flag indicators, which collectively highlight potential quality of care concerns regarding the treatment of children (up to 21 years old) in out-of-home dependent placements. CBH is expanding the scope beyond that population, by systematically implementing protocols to ensure that all children enrolled in Medicaid who are receiving AP medications are being appropriately monitored and treated. In order to promote best practices in AP medication prescription to providers in the CBH network, CBH released clinical practice guidelines for AP use in children in July 2018.



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

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

OUR PROVIDERS



System Navigation Summit attendees, p. 16

"The Beck team was promoting the values of cognitive behavioral therapy (CBT) in our agency. They tailored it to our community, to our agency, to our clinicians, and our supervision of clinical work. They see it from a systemic view. This opened me, the other clinicians, and other administrators to be creative [with the work]. They helped us to see the challenges we had and how to come across them in order to implement CBT. We sat together to review a common goal and plan. We were planning for us and for the community."

-Staff at Hispanic Community Counseling Services

Network Development

Year-End Highlights



2 new clinical procurements issued :

Including: Case Consultation and Parent Child Interaction Therapy (PCIT); **8** 2017 procurements received support.



17 providers received technical assistance:

Including: BHRS/STS, Substance Use, Mobile Psych Rehab, and Mental Health Outpatient Services.



50 trainings conducted in English and Spanish:

Including BHRS systemic engagement, co-occurring disorders, children's service evaluation, and recovery planning modules.

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



100+ guiding documents created for internal & external stakeholders:

Including: provider notices, news blasts, and bulletins, designation applications, and revisions to the Provider Manual.



3 new focused clinical trainings developed, including:

Making the Most Clinically Appropriate Decisions: Comprehensive Treatment Recommendations for Children's Service Evaluators; Co-Occurring Mental Health and Substance Use; STEP-School District of Philadelphia Clinical Processes and Supervision



Implementation support provided for **5** new programs at **14** agencies:

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

Evidence-based Practice and Innovation Center (EPIC)

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

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



EPIC identifies strategies to integrate EBPs into system level operations to ensure greater access, utilization and sustainability of these services. Some recent highlights include:

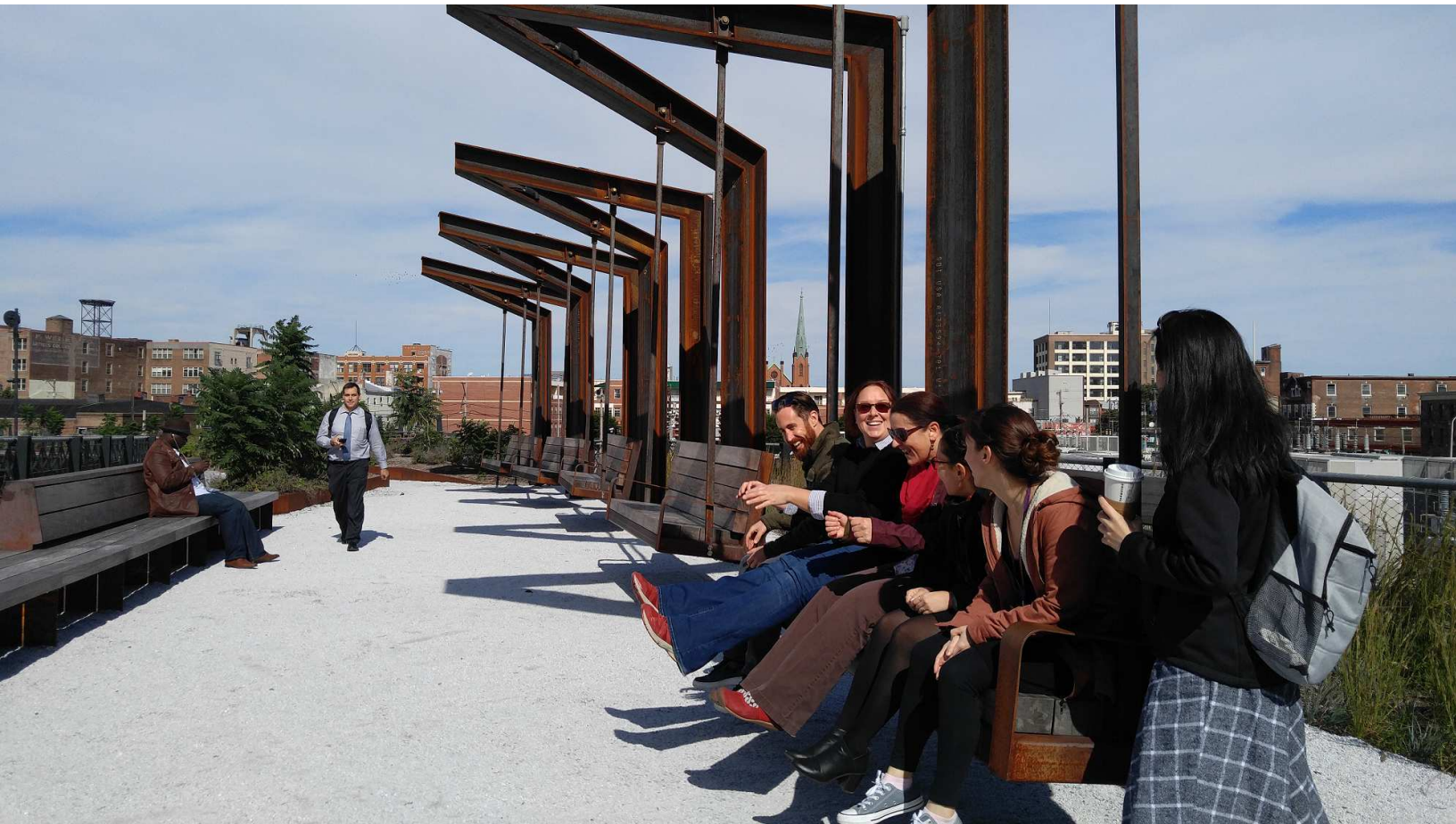
- **EPIC EBP Program Designation launched in November 2017. The goal of the program is to identify and roster providers who are offering high quality EBPs and evidence-supported practices and to increase the number of individuals who receive them.**
- **49 EBP programs across 26 providers have received the designation to date.**
- **3 programs identified outside of DBHIDS EBP and PACTS initiatives: Eye-Movement Desensitization and Reprocessing (EMDR), The Incredible Years (IY) and Trauma-Focused Cognitive Behavioral Therapy.**
- **EBPs now available in some inpatient psychiatric, family-based, and PRTF settings.**

The EBP Program Designation includes standards that have been identified as keys to successful implementation by implementation science researchers and treatment experts and through local partnerships with community behavioral health providers. The EBP Program Designation Standards include:

- **Training and Consultation**
- **Service Delivery**
- **Quality Assurance**

Please visit <https://dbhids.org/epic> for more information about the application and designation process.

OUR INFRASTRUCTURE



"I've been a CBH employee for almost seven years. Looking back, it's amazing to see what we've accomplished in this short time, in partnership with our providers and members. In 2018, we launched the CBH website as part of our ongoing efforts to share who we are and what we do. We've made a concerted effort to streamline and formalize our internal operational processes and protocols across the agency. All of this work helped to culminate in our FULL NCQA Accreditation- truly an agency-wide effort. I work with a remarkable group of people who make all of this happen every day. I'm excited to participate in CBH's next chapter."

-Donna E.M. Bailey, Chief Operating Officer

Human Resources

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

Employee Development

CBH provides employees with opportunities for professional and interpersonal development, and our generous tuition assistance program encourages employees to build upon their achievements. Our commitment to creating an environment that embraces diversity and inclusion is paramount in building a great place to work, and ensures that the care and guidance provided to our network is always at its best.

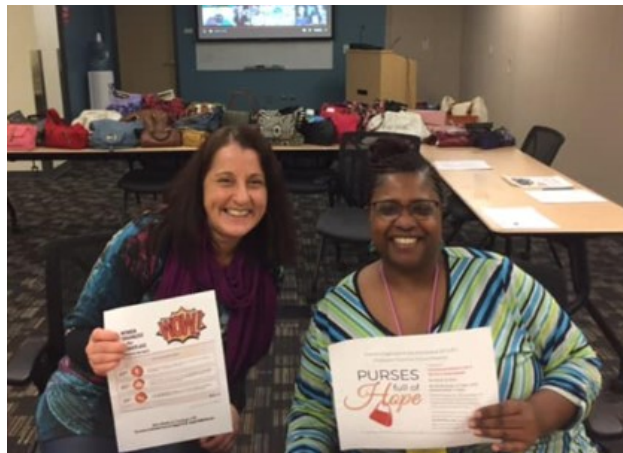
Employee Wellness Initiatives

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

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

Giving Back

CBH partnered with Purses Full of Hope, a nonprofit that collects and delivers purses filled with women's toiletries and a handwritten note of hope to women seeking safety from domestic abuse, substance use, poverty, homelessness and other crisis situations. Over the course of the year, CBH and DBHIDS employees donated nearly 300 purses stocked with goodies and kind words. CBH continued the Holiday Giving Tree Campaign, partnering with Journey of Hope to help 50 people transition from homelessness and get settled in their own apartments by donating various household goods and supplies that are not covered by vouchers and grants.



Oversight and Monitoring



HealthChoices

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



Compliance

CBH launched the Internal Compliance and Risk Management department in March 2018. The department oversees the development, implementation, and adherence to policies, procedures, standards of conduct, and written guidelines. CBH also reinvigorated a cross-departmental Internal Risk Management Committee as an oversight body to ensure that controls are in place to evaluate and monitor key areas of risk and to that ensure that internal and external audit recommendations are addressed. CBH's Code of Conduct was revised in collaboration with various CBH departments, along with the development of protocols to allow staff to bring forth code of conduct issues, policy violations, and ethical concerns.

CBH's overall Compliance Program is focused on regulations governing the HealthChoices program and the agency. The Compliance Department staff are resources for all CBH members and contracted providers. CBH departments work in collaboration to ensure that monitoring and auditing systems are capable of detecting and remediating potential risks and ensuring that all CBH departments implement effective risk management and compliance strategies.

- **11 new agency-wide policies and over 60 policy updates**
- **\$1.7 million recovered/prevented overpayments**
- **87 self-audits received**
- **\$215,854 recovered via provider self-audits**
- **76 referrals to the Bureau of Program Integrity and Office of Attorney General**

Continuous Quality Improvement



Quality Management- Our Approach

The quality management program receives oversight from the Quality Improvement Committee (QIC), which comprises leadership representatives from DBHIDS, CBH, OMHSAS, Consumer Satisfaction Team (CST) staff, and provider network practitioner representatives.

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

How does the Quality Management department infuse quality throughout CBH?

- We meet with CBH departments to review their performance on Health Choices Program Standards & Requirements.
- We work with CBH departments to identify interventions to improve our performance on:
 1. National (HEDIS) and PA-specific standards for 7- and 30-day follow-up after hospitalization for mental illness
 2. Statewide Performance Improvement Project (PIP) goals
 - a. Reducing readmissions within 30 days of an inpatient psychiatric discharge
 - b. Increasing adherence to antipsychotic medication for individuals diagnosed with schizophrenia
 - c. Improving discharge management planning to ensure members are connected to outpatient services
- We led efforts to uphold National Committee for Quality Assurance (NCQA) accreditation.
- We work with departments to incorporate feedback received from the Member and Provider Satisfaction surveys to improve CBH departmental operations.
- We oversee the organization's inter-rater reliability program to ensure consistent decision making across the organization.
- We are responsible for reporting on quality improvement goals, reviewing the overall effectiveness of our quality management program, and reporting the results in our annual evaluation. Quality improvement activities address multiple areas to ensure members receive quality services from CBH and our provider network.

Continuous Quality Improvement

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

Philadelphia continues to have the most robust and coordinated P4P program in the state, where providers that achieve a specific level of performance during a measurement period receive a bonus payment at the end of the subsequent fiscal cycle. Measurement standards are based on performance across a level of care, so providers are assessed in comparison with others that are providing similar services. Improvement in the scores from year to year informs future goals. At the direction of CMS, Pennsylvania is now requiring its Medicaid managed care plans to transition to VBP programs. The difference between VBP and P4P is that, unlike with a fee-for-service payment arrangement, VBP models generally include some financial risk to providers. Since 2018, CBH has been transitioning its programs to VBP models, consistent with the CMS requirement. CBH has already been applying lessons learned from its many years of experience with P4P to VBP model development. To assist in this transition, CBH is engaging with multiple stakeholders, including the Provider and VBP/P4P Advisory Committees. The P4P process and provider collaboration has helped to inform and lay the groundwork for the transition. Additionally, quality measures for VBP will, in part, be selected from existing P4P measures.

71 out of 143 providers eligible for P4P* received awards for performance on scored metrics totaling \$4.8 million



*Not all providers are eligible for P4P awards

Continuous Quality Improvement

NCQA Updates



In December, CBH launched www.cbhphilly.org. The new website was developed with a member-centric focus to help navigate the Philadelphia behavioral health system. On the new online hub, members can learn how to access services and identify a nearby service provider. Members can also view their member rights and responsibilities as well as a list of covered services. Behavioral health service providers also have direct access to CBH provider information, including the provider manual, archived notices and bulletins, credentialing and performance standards, compliance updates, trainings and technical assistance, and contracting opportunities.

Information Technology



The end of 2019 will mark the end of a five-year information technology project aimed at modernizing our claims processing and clinical operations systems. These changes are focused on automation of workflow, improved access to data for analytical purposes, and the enabling of electronic data exchanges with our provider network. Since the start of the project in 2015, we have processed over 27 million claim lines in the new systems. In addition, our clinical staff have created over 595,000 individual member contacts, over 638,000 authorizations, and our network operations and claims staff have created over 13,000 provider contacts. These improvements are key to maintain compliance with federal regulations for claims processing and the electronic data interchange.



Healing Begins with Connection by Swoon. Photograph By Steve Weinik.

Looking Ahead

A Letter from the CEO

I want to thank the CBH Board of Directors and staff for their dedication to improving the health and well-being of all Philadelphians. Our efforts in 2018 provided a solid foundation for the many key initiatives that will be completed through 2019, some highlighted below.

CBH is pleased to have received National Committee for Quality Assurance (NCQA) Full Accreditation, a status which lasts 3 years. NCQA is an accreditation body that evaluates the performance of managed care entities and other healthcare organizations and is highly regarded as a leading industry benchmark for quality standards and healthcare accreditation. NCQA awards Full Accreditation status to organizations whose quality improvement systems and consumer safety structures meet or exceed their standards, and we are proud to be among those organizations.

Philadelphia continued on a path to further support children's services, having received a second \$4 million SAMHSA grant to expand the work of a prior Philadelphia System of Care (PSOC) grant. A key focus will be serving children involved in child welfare and developing integrated policies, practices, and approaches with Philadelphia DHS and Community Umbrella Agencies to keep children closer to home. In addition, the Community Autism Peer Specialist (CAPS) program launched as a partnership between CBH and Mental Health Partnerships. This new peer support service is the first of its kind for young adults (ages 14 to 17) and adults with Autism Spectrum Disorder (ASD).

In 2019, we continued our work in addressing the opioid crisis. CBH awarded incentives to 12 substance use treatment providers to expand access to MAT for members with an OUD diagnosis. This has increased the number of CBH members accessing and engaging in MAT, specifically for treatment with buprenorphine. Providers have accomplished this through various innovative ways, such as a mobile outreach unit and health navigators.

As I prepare to end my tenure with CBH in December of 2019, I feel honored to have been entrusted with leading this organization. I am proud of the role CBH plays within Philadelphia's human services system, and I believe our collaborative approach is what makes us a strong partner to other city departments and the community. My hope in coming to CBH was to make a difference in the lives of Philadelphians with behavioral health needs. As detailed in our annual reports, we have made much progress—and of that I am proud. I look forward to reading about the continuing impact and success of this unique model in the years to come! Thanks to all of you for making this adventure so rewarding.



Joan Erney, JD
Chief Executive Officer, CBH



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