



C·B·H

Community Behavioral Health
A DIVISION OF DBHIDS | CBHPHILLY.ORG

**2021 data
report**

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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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CBH would also like to thank those who have moved on from their leadership posts: Donna E. M. Bailey, MBA, MEd; Chris Tjoa, MD; Renee Henderson; Sharon Hicks, MBA, MSW; Thomas Farley, MD, MPH; Keir Bradford-Grey, Esq.; Roland C. Lamb; and Sandra Vasko.

FOREWARD

A Letter from the CEO

Greetings Friends,

On behalf of Community Behavioral Health (CBH), I am pleased to present the 2021 Philadelphia HealthChoices Program Annual Report.

I am honored to lead an organization whose work makes such an important impact on the lives of more than 100,000 adults and children and helps to ensure that Philadelphians receiving Medicaid have access to quality whole-person care.

Trauma engendered by the pandemic, civil unrest, and the increase in violence in our City has underscored the value of our managed care services and benefit of having a locally-led managed health organization invested in the care and wellbeing of Philadelphians. And, although variants continue to rear their ugly heads, there is a light at the end of the tunnel—a light that the commitment and dedication of our nearly 600 employees and 165 providers bring to those in need of mental and behavioral health services each and every day.

Progress and Innovation in 2021

The data included in this report tells a story of perseverance, resilience, and innovation, and shows how thoughtful strategic partnership can improve outcomes for our members. Last year, CBH established partnerships with Community Based Organizations (CBOs) to create environments that support a holistic approach to care for our members. We worked with local health care institutions to develop a Community-Based Care Management (CBCM) program to improve the health outcomes of children throughout the City by enhancing behavioral services and working to ameliorate the impact of Social Determinants of Health (SDOH). We partnered with the Philadelphia School District and our Provider Network to launch the Intensive Behavioral Health Services (IBHS) Coordinating Council. Additionally, we secured State approval for a Community Autism Peer Specialist (CAPS) program and deepened our commitment to Diversity, Equity, and Inclusion.

Building and Strengthening in 2022

As we embark on this new year, there is great opportunity for growth and innovation despite the challenges that we face. CBH was born as an innovative solution to address Philadelphia county's behavioral health needs, and it is our mission to build on our important legacy. We will continue working diligently with our Provider Network to ensure our members have access to a robust continuum of quality and innovative services, including improving and expanding telehealth services, reimagining residential treatment services, and enhancing value-based purchasing models for a variety of levels of care. Strengthening collaborative partnerships with Physical Health Managed Care Organizations (PH-MOCs) and local health care institutions remains a top priority to ensure our members' whole health needs are addressed.

We have an exciting year ahead of us. Together, I know our team at CBH, alongside our providers and partners, have the talent, strength, and determination to support our members. There is no other place that I'd rather be than right here making transformation happen with an incredible team.

Faith Dyson-Washington, PhD, MBA
Chief Executive Officer, CBH



INTRODUCTION

An Overview of Our Work, Priorities, and Investments

Community Behavioral Health (CBH) is a non-profit 501 (c) (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, substance use, inpatient psychiatric, residential rehabilitation, family, school, and community-based programs.

Our Providers

CBH is committed to ensuring our members 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.

2020 AT A GLANCE

165


In-Network
Providers with
Multiple Sites

520

Unique Members
Received Language
Interpreter Services

308

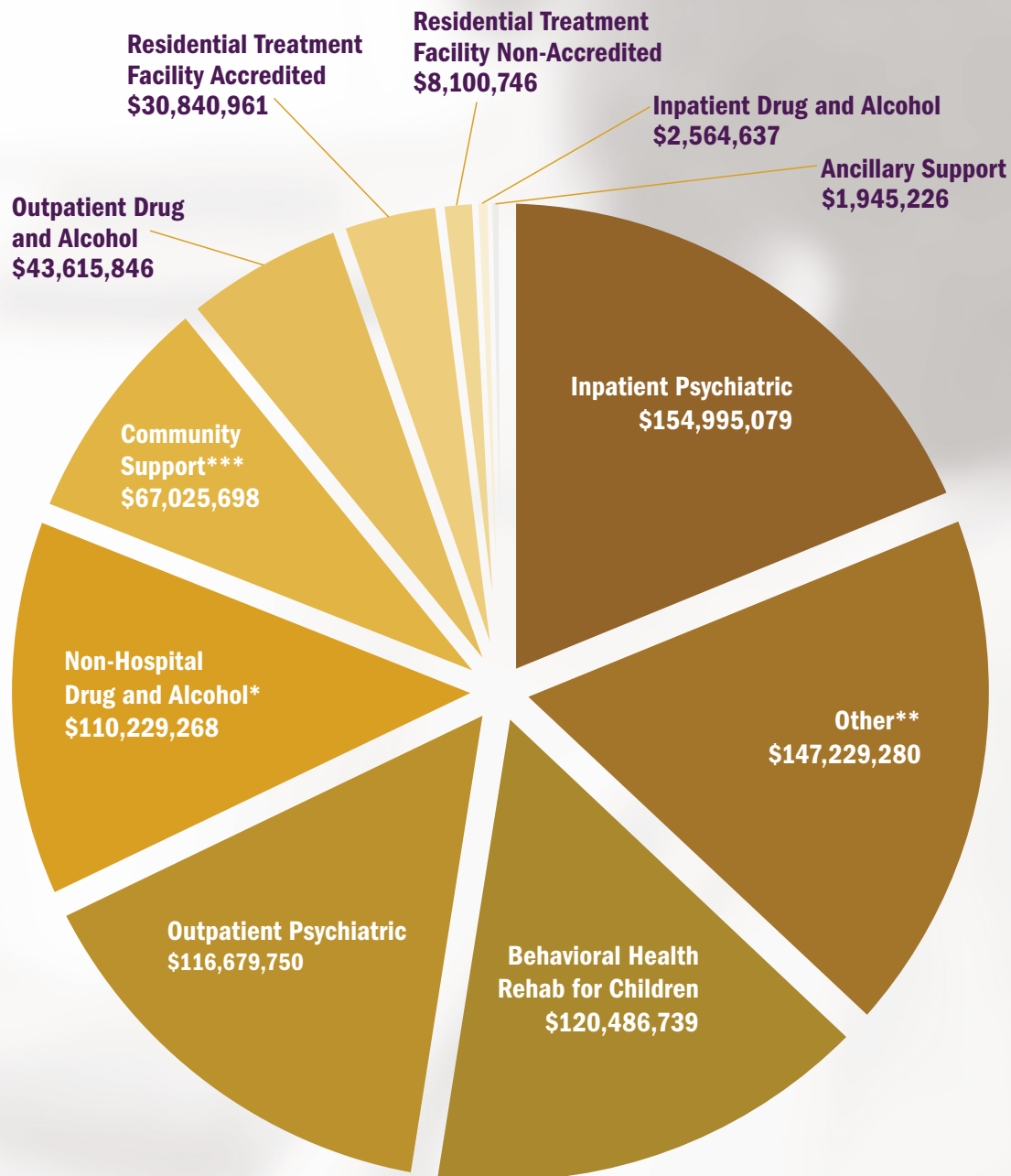
Average Daily Phone
Calls to Member
Services



PE Therapy made me feel like a weight was lifted off me. If you go through a trauma to listen to yourself talk about it and what happened to you, it gives you a different way of thinking about it. You can be a better person and a changed person.

— RECIPIENT OF PROLONGED EXPOSURE THERAPY AT
THE CENTER FOR FAMILIES AND RELATIONSHIPS

MEDICAL EXPENSES BY LEVEL OF CARE



Total Amount: \$803,713,229

* Non-Hospital D&A includes all detoxification, rehabilitation, and residential services excluding inpatient drug and alcohol.

** Other includes: Assertive Community Treatment (ACT), Certified Community Behavioral Health Clinics (CCBHCs) (includes IOP and other CCBHC Services, Community Integrated Recovery Center (CIRC), D&A ICM, Intensive Outpatient (IOP), Long Term Structured Residence/ Adult Outpatient Programs, Mental Health Services (not otherwise specified), Mobile Psychiatric Rehabilitation, Other, Peer Support, and Adult Residential Treatment Facility (RTF-A).

*** Community Support includes: Crisis Intervention, Family-Based Services, and Targeted MH Case Management.

OUR MEMBERS AT A GLANCE

725,053

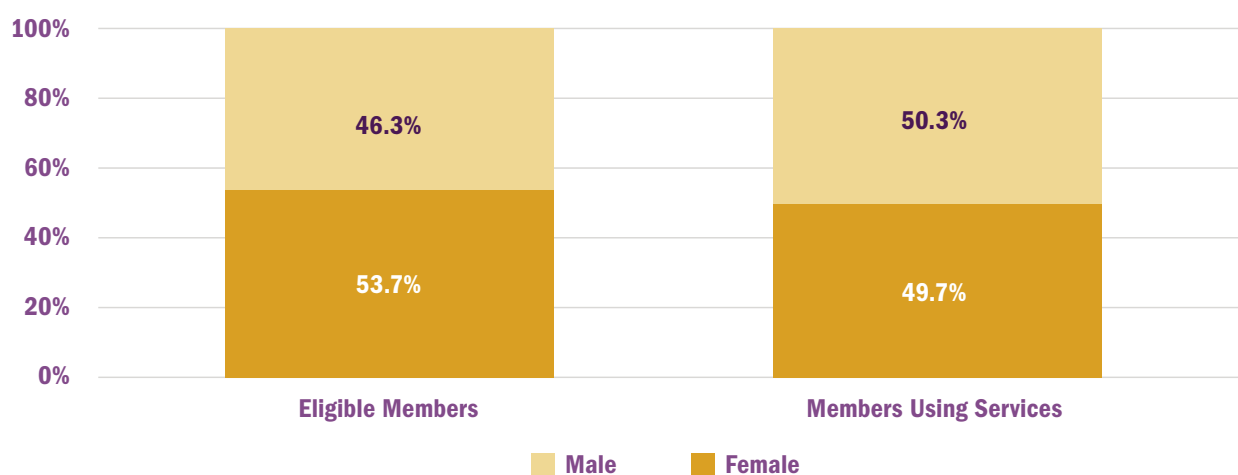
Eligible Members in 2020



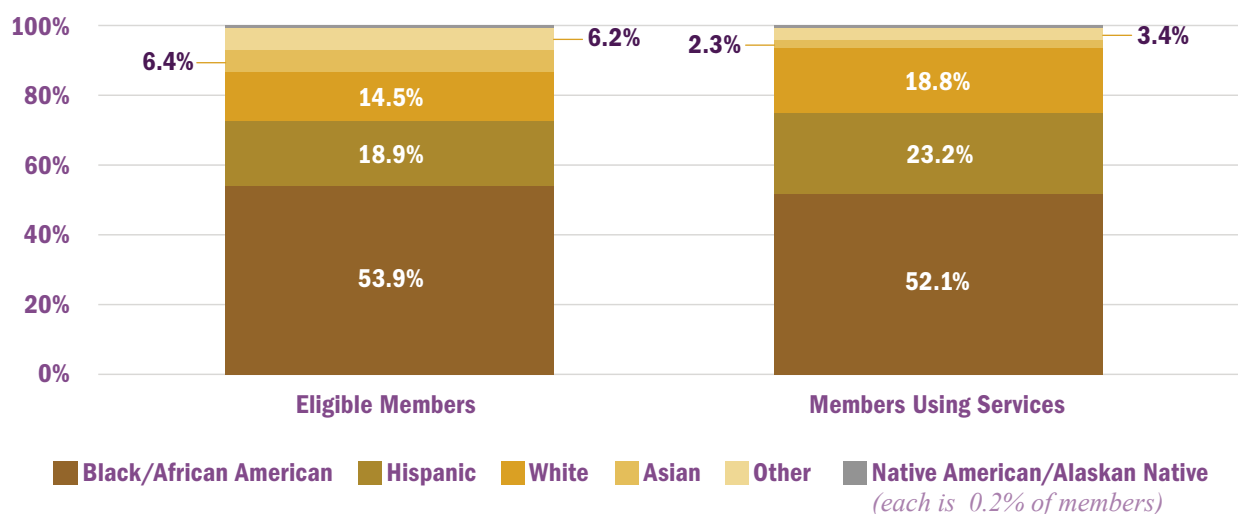
99,684

Members Utilized Services

Gender of CBH Members



Race/Ethnicity of CBH Members



UTILIZATION TRENDS

| <i>Level of Care</i> | <i>Unique Members Served</i> |
|---|------------------------------|
| Ancillary Support | 14,581 |
| Behavioral Health Rehab for Children | 9,091 |
| Community Support*** | 12,819 |
| Inpatient Drug and Alcohol | 612 |
| Inpatient Psychiatric | 10,305 |
| Non-Hospital Drug and Alcohol* | 7,653 |
| Other** | 16,031 |
| Outpatient Drug and Alcohol | 15,789 |
| Outpatient Psychiatric | 74,317 |
| Residential Treatment Facility Accredited | 343 |
| Residential Treatment Facility Non-Accredited | 65 |
| Total Unique Count † | 99,684 |

| <i>Age</i> | <i>Unique Members Served</i> | <i>DHS Address</i> | <i>Autism Diagnosis</i> | <i>SMI Diagnosis</i> |
|-----------------------------|------------------------------|--------------------|-------------------------|----------------------|
| 0-5 | 3,355 | 91 | 991 | 22 |
| 6-12 | 14,834 | 463 | 2,183 | 941 |
| 13-17 | 10,663 | 679 | 1,029 | 2,709 |
| 18-20 | 4,144 | 199 | 366 | 1,790 |
| 21-44 | 38,843 | 80 | 444 | 19,652 |
| 45-64 | 29,388 | – | 57 | 18,689 |
| 65+ | 2,711 | – | 7 | 1,714 |
| Total Unique Count † | 99,684 | 1,365 | 4,619 | 44,069 |

Notes for page 7 chart also apply to page 9 charts.

† The total unique count is not the sum of the listed data due to members utilizing more than one service within a year.

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.



ABA is so important for learners with special needs. I love being able to show parents that ABA is effective by looking at the child's data and graphs. It's so powerful when you can show that ABA changed a child's life!

— BEHAVIORAL HEALTH PROVIDER

LOOKING AHEAD

Closing Thoughts from the Commissioner

I want to thank the CBH Board of Directors and staff for their dedication and commitment to improving the health and wellness of all Philadelphians. For the last 21 months, there has been a shadow over everything we do – and yet, we have persevered. DBHIDS has worked closely with our provider network and thousands upon thousands of individuals to ensure necessary services and supports remain and continue to stay in place. This report provides an example of our ongoing commitment to Philadelphians.

Throughout 2021, DBHIDS focused intensely on **TEC** to assure our work continually strives to address **T**rauma, achieve **E**quity, and engage **C**ommunity. This lens helped inform our yearlong efforts surrounding racial equity following the killing of Walter Wallace, including strong steps toward a more social service response to behavioral health crises and an overall transformation of our crisis system.

TEC helped us better coordinate the evolution of our system's prolonged trauma response through systems integration planning, and we made significant progress in our residential housing transformation efforts to create greater opportunities for community-level integration for those in residential levels of care.

A true point of pride has included partnering with CBH and our provider network to expand Medicaid-funded, community-based crisis response services through the creation of new Adult Mobile Crisis teams and Community Integrated Recovery Teams, a co-responder model with Philadelphia Police Department. As we move into 2022, the TEC lens will help us further our efforts to address trauma, achieve equity, and engage the community.

I am continuously in awe of and inspired by the hard work, compassion, and tenacity of CBH, our provider network, community partners, and the city at large. People's lives and behavioral well-being are greatly impacted by the work we and our partners do together, and I look forward to seeing the continued positive change we can make together in 2022.

Jill Bowen, PhD

President, CBH Board of Directors

Commissioner, DBHIDS



