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Our Vision
Leading innovation in whole-person care for healthy, thriving communities

Our Mission
CBH provides access to high-quality, accountable care to improve the health and mental wellness of our members.

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CBH would also like to thank those who have moved on from their leadership posts in 2022:
Peter J. Bezrucik; Andrea Brooks; William R. Hite, Jr., EdD;
Deborah Irby; Donald Tavakoli, MD; and Tamra Williams, PhD.
A Letter from the CEO

Greetings,

On behalf of Community Behavioral Health (CBH), I am pleased to present the 2022 Philadelphia HealthChoices Program Annual Report.

In 2022, CBH adjusted to the new normal following our successful 2021 strategy that ensured Members had continued access to quality behavioral healthcare during the COVID-19 pandemic. We identified strategic priorities that centered on building our communications infrastructure, streamlining functions and improving efficiencies, retiring legacy systems, and onboarding software. We embarked upon a year-long celebration of our 25th anniversary and focused on a future for CBH built upon our rich legacy.

CBH was founded by dedicated community, political, and civic leaders who were determined to ensure Philadelphians with behavioral and mental healthcare needs had access to quality treatment services. Today, we are proud of the work we continue to do in fulfilling this charge and humbled by the national recognition we receive for our excellence and innovation.

Once again, CBH earned full National Committee for Quality Assurance’s (NCQA) managed behavioral healthcare organization accreditation and we gained the NCQA Multicultural Health Care Distinction. We opened our Provider Network to improve Member’s access to behavioral and mental health treatment services and facilities in certain levels of care, adding to our current network of 178 Providers. And, I was honored to receive Governor Wolf’s appointment to serve on the Behavioral Health Commission for Adult Mental Health and to be recognized as one of the 2022 Women of Distinction by the Philadelphia Business Journal.

2023: Reduce Disparities, Improve Outcomes and Access

As healthcare rapidly changes, CBH remains committed to meeting the challenges and opportunities put before us. The pending end of the public health emergency will require redetermination for Medicaid recipients. We are up to the task and working with other agencies to ensure the over 700,000 Philadelphians currently eligible for Medicaid re-enroll for the benefits for which they are entitled. We are onboarding population health software and other platforms to help drive data-driven decision making. We are adopting a value-based purchasing model that rewards Providers for improved patient outcomes. We are developing programs for Members with complex needs and using integrated care models to increase Members’ access to behavioral health treatment and services. And we are exploring opportunities to better connect with our Members and the communities we serve.

As we embark on this new year, I am looking forward to what the future holds and excited to shift from reacting to the pandemic’s unprecedented challenges to charting a course for CBH that helps improve outcomes for our Members so all Philadelphians may rise from the tide.

Wishing you the best in 2023.

Sincerely,

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

CBH Data Report 2022

Who Are We?

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.

CBH was founded by local community and civic leaders who wanted to ensure Philadelphians had access to quality mental health and substance use treatment services. Now, twenty-five years later, CBH is responsible for managing behavioral health care for more than 735,000 Philadelphians.

Philadelphia’s Behavioral Health Connection for 25 Years

In 1994, Pennsylvania announced plans to blend state and federal managed health care funding for Medicaid recipients into the HealthChoices program. As a result, leaders of Philadelphia’s provider, policy, advocacy, and research communities came together with a shared goal to create an innovative system that prioritizes the behavioral health needs of its Members over profits. This commitment led to the official establishment of CBH in February 1997—one of the first city-run behavioral health managed care organizations (BH-MCO) in the U.S.

We are proud that since CBH first opened its doors more than 26 years ago, we have helped increase access to whole-person, quality treatment services, improve coordination of care, and have given a voice to those who have been impacted by disparities in behavioral health care.

What Do We Do?

CBH contracts with nearly 200 Medical Assistance enrolled and licensed service providers to deliver effective and medically necessary services to its members in a culturally competent manner. 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. CBH works diligently with community partners and providers to increase access to services and reduce disparities in care while maintaining public accountability and encouraging member and family participation.

What Information Is In This Report?

This report includes important data points from 2021 including medical expenses, membership information, and insights on utilizations and trends.
I am really of the mindset that if you bring people together and you insist that they find creative solutions, people begin to think outside of the box. And that is what makes CBH unique, and it will always make us unique.

— ESTELLE RICHMAN
FOUNDER, COMMUNITY BEHAVIORAL HEALTH
MEDICAL EXPENSES BY LEVEL OF CARE

Total Amount: $863,083,207

* Non-Hospital SUD includes all detoxification, rehabilitation, and residential services excluding inpatient SUD.

** Other includes: Assertive Community Treatment (ACT), Certified Community Behavioral Health Clinics (CCBHCs) (includes IOP and other CCBHC Services, Community Integrated Recovery Center (CIRC), SUD 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 Mental Health Case Management.
OUR MEMBERS AT A GLANCE

764,780 / 99,491
Eligible Members in 2021 / Members Utilized Services

Gender of CBH Members

Race/Ethnicity of CBH Members

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Eligible Members</th>
<th>Members Using Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American</td>
<td>6.5%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>14.3%</td>
<td>18.6%</td>
</tr>
<tr>
<td>White</td>
<td>53.7%</td>
<td>52.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>18.9%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>2.3%</td>
<td></td>
</tr>
<tr>
<td>Native American/Alaskan Native</td>
<td>3.8%</td>
<td>(each is 0.2% of members)</td>
</tr>
</tbody>
</table>
## UTILIZATION TRENDS

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Unique Members Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ancillary</td>
<td>13,070</td>
</tr>
<tr>
<td>Behavioral Health Rehab for Children</td>
<td>8,612</td>
</tr>
<tr>
<td>Community Support***</td>
<td>12,868</td>
</tr>
<tr>
<td>Inpatient Psychiatric</td>
<td>10,484</td>
</tr>
<tr>
<td>Inpatient Substance Use Disorder</td>
<td>486</td>
</tr>
<tr>
<td>Non-Hospital Substance Use Disorder*</td>
<td>7,743</td>
</tr>
<tr>
<td>Other**</td>
<td>14,140</td>
</tr>
<tr>
<td>Outpatient Psychiatric</td>
<td>73,863</td>
</tr>
<tr>
<td>Outpatient Substance Use Disorder</td>
<td>16,298</td>
</tr>
<tr>
<td>Residential Treatment Facility Accredited</td>
<td>238</td>
</tr>
<tr>
<td>Residential Treatment Facility Non-Accredited</td>
<td>41</td>
</tr>
<tr>
<td><strong>Total Unique Count †</strong></td>
<td><strong>99,491</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Unique Members Served</th>
<th>DHS Address</th>
<th>Autism Diagnosis</th>
<th>SMI Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>3,109</td>
<td>151</td>
<td>1,107</td>
<td>20</td>
</tr>
<tr>
<td>6-12</td>
<td>13,780</td>
<td>667</td>
<td>2,058</td>
<td>903</td>
</tr>
<tr>
<td>13-17</td>
<td>11,061</td>
<td>755</td>
<td>1,046</td>
<td>3,005</td>
</tr>
<tr>
<td>18-20</td>
<td>4,376</td>
<td>198</td>
<td>373</td>
<td>1,920</td>
</tr>
<tr>
<td>21-44</td>
<td>40,270</td>
<td>76</td>
<td>522</td>
<td>20,604</td>
</tr>
<tr>
<td>45-64</td>
<td>28,770</td>
<td>–</td>
<td>60</td>
<td>18,099</td>
</tr>
<tr>
<td>65+</td>
<td>2,925</td>
<td>–</td>
<td>2</td>
<td>1,793</td>
</tr>
<tr>
<td><strong>Total Unique Count †</strong></td>
<td><strong>99,491</strong></td>
<td><strong>1,680</strong></td>
<td><strong>4,676</strong></td>
<td><strong>44,876</strong></td>
</tr>
</tbody>
</table>

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.
Mental health has really gotten the awareness and the attention that it’s lacked for decades now. I think people are recognizing that mental health is health.

— DR. FAITH DYSON-WASHINGTON  
CEO, COMMUNITY BEHAVIORAL HEALTH
LOOKING AHEAD
Closing Thoughts from the Commissioner

Year in and year out, Community Behavioral Health (CBH) successfully provides access to high-quality, accountable care to improve behavioral health and wellness for all its members.

Despite the continuing hardships of the COVID pandemic, ongoing gun violence, the substance use crisis, systemic racism, economic disparities, workforce challenges, and other hardships, CBH stands uniquely able to deliver ever-evolving care and evidence-based behavioral health treatment to those eligible for Medicaid in Philadelphia, nearly half the city’s population.

This couldn’t happen without the determination and dedication of CBH staff and the Board of Directors. I am inspired by your compassion, your kind-heartedness, and your tenacity as you strive to improve people’s lives. Thank you.

Throughout 2022, the City of Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) continued to use TEC as the lens that guides our work by helping to ensure all efforts help to address Trauma, achieve Equity, and engage Community. This guide allowed us to pivot our efforts quickly in the past 12 months and work to blanket the city with trauma supports and services.

Looking ahead, DBHIDS is taking steps to bring a renewed focus in 2023 to the issue of youth depression and suicidal ideation, as well as the impact of trauma on all in our community. We are focusing on substance use across the care continuum and working to implement innovative approaches to improving access to care. We continue our work to transform the behavioral health crisis system and shift systems that add trauma to systems that mitigate trauma.

I am especially grateful for the growing role of our Faith and Spiritual Affairs initiative and the role of faith leaders in our trauma-support efforts, including through the launch of Spiritual First Aid, which offers a step-by-step approach to providing frontline care with the hope of reducing spiritual and emotional pain from trauma. We know that for many struggling with behavioral health challenges, they first turn to their spiritual leader before turning to the behavioral health care system. The connection between these frontline faith and spiritual leaders and the continuum of care offered through the CBH provider network is critically important now more than ever.

As we move forward, I find myself filled with optimism stemming from the power of community – but especially from our close-knit work community within CBH, our provider network, partners, and DBHIDS as a whole. I look forward to seeing the continued positive change we can make together in 2023.

Jill Bowen, PhD
President, CBH Board of Directors
Commissioner, DBHIDS