Behavioral Health Road Map: 2024 and Beyond

Prepared For: Mayor Cherelle L. Parker

% Department of Health & Human Services

The Alliance of Community Service Providers

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children FIRST THE ADVOCATE FOR KIDS

Mayor Cherelle L. Parker
% Department of Health & Human Services

April, 2024

Subject: A Strong Behavioral Health Agenda for Philadelphia

Dear Mayor Cherelle L. Parker,

We are submitting the following addiction-related recommendations at the request of Former Secretary Richman and the transition team. We have incorporated the feedback from our original memo (attached) and the Vision Philadelphia paper on Behavioral Health.

In line with your vision for a "safer, cleaner, and greener City," we propose a partnership aimed at enhancing Philadelphia's behavioral health framework. Our organizations are at the forefront of this field, and together, we have developed an analysis and recommendations that address the city's pressing behavioral healthcare needs. Our combined approach highlights the urgency of confronting the multifaceted challenges surrounding behavioral health.

All Philadelphians are impacted by the current behavioral health crisis. Nearly 790,000 residents, including approximately 290,000 children and adolescents,are eligible for Medicaid and can seek services from community-based providers, funded by the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) and Community Behavioral Health (CBH). Effective policymaking and coordination of services in this realm necessitates a focus on youth needs, behavioral health equity, and the social determinants affecting mental health.

We hope that the recommendations provided in this memo are a strong starting point as you consider the path forward. We are committed to assisting your administration in improving behavioral health services for Philadelphians and establishing the City as a benchmark in addressing these issues statewide. We believe that fostering collaboration among city agencies, community organizations, policy researchers, officials in Harrisburg, and community members is key to enacting meaningful change and expanding services.

We hope the recommendations provided here and within the original memo are a strong starting point as you consider the path forward. We are eager to engage with your administration and offer insights as a resource. Together, we can make significant strides in advancing the well-being of all Philadelphians.

Sincerely,

Cherie Brummans

CEO and Executive Director | The Alliance of Community Service Providers
P: (267) 385-7440
E: Cherie@thealliancecsp.org

Joe Pyle, MA

President | Scattergood Foundation
E: Jpyle@scattergoodfoundation.org

Donna Cooper, MPA, MIM

Executive Director | Children's First
P: (215) 563-5848 ext. 301
E: Donnac@childrenfirstpa.org.

Our Recommendations

01. The City of Philadelphia should invest in and expand community-led crisis response teams to respond to substance use-related calls.

- Example: Vital Strategies recently launched a community-led crisis response program (Overdose Response Program) in Newark, NJ, "in an effort to reduce incidents of both fatal and non-fatal overdose in the city as well as reduce police interactions and arrests associated with drug use." Much like Philadelphia, Newark has one of the highest rates of overdoses in New Jersey, with overdoses rising fastest among Black residents.
    - Other resources:
        - Civilian Crisis Response: Toolkit for Equitable Alternatives to Police from the Vera Institute
        - Justice Center The Council of State Governments

02. Make all forms of medications for opioid use disorder accessible and ensure treatment is personalized based on individual needs by:

Investing in Sublocade and other long-acting injectable treatment pilot programs with the Philadelphia Center of Excellence organizations to further demonstrate the long-term outcomes.

- Expanding and scaling mobile methadone treatment in hotspot neighborhoods and neighborhoods with little to no access to methadone treatment. While both methadone and buprenorphine are the gold standard of treatment for opioid use disorder, with the current opioid supply largely supplanted by fentanyl and xylazine, many people who use drugs prefer a complete agonist medication like methadone over buprenorphine. While much of the guidance for methadone treatment settings is not in the city's control, the city should provide guidance to methadone clinics about how to deliver the lowest barrier care, prioritizing getting lifesaving medication into the hands of those who need it while limiting any administrative barriers. Research by Columbia University has shown there were no increases in fatal overdoses with the expansion of take-homes early in the COVID-19 pandemic.
- Philadelphia Department of Prisons (PDP) should expand access to methadone in jails by allowing for methadone initiation. Dosing should be based on individual needs. Research shows that higher doses of methadone in jail-based methadone programs were associated with higher rates of community continuation and treatment post-release.
- PDP should provide dosing of buprenorphine based on individual clinical needs and in line with dosing supported by best practices. "Higher doses of buprenorphine (>12-16mg) are associated with treatment retention and lower rates of illicit substance use. Research does not support limits or caps on medication dosing, and the Federal Guidelines for Opioid Treatment Programs advises against it".

03. DBHIDS should expand low-barrier substance use treatment capable of addressing pressing issues related to the current drug supply, including fentanyl and xylazine withdrawal and wound care.

- DBHIDS should consider incentivizing providers to provide Level 4 substance use treatment capable of providing both substance use treatment and medical care.
- To reduce people leaving self-directed care, CBH should consider removing the prior authorization process to streamline the intake process like they did at the beginning of the COVID-19 pandemic. The American Medical Association notes that the removal of the prior authorization process for substance use treatment "has the potential to save thousands of lives."

04. The City of Philadelphia should expand low-barrier naloxone distribution to city-owned/city-adjacent sites, including but not limited to sites like fire stations, schools, FQHCs, Resource Hubs, SEPTA stations, vending machines, Family Empowerment Centers, city office buildings, and local businesses.

- Louisiana Fire Station distribution
- Milwaukee Fire Station/Crew distribution
- PA DOH Naloxone Program for Schools
- Texas Schools – Naloxone
- Pew – FQHCs MOUD and naloxone
- Designing a public access naloxone program for public transportation stations
- Businesses in high drug use areas as potential sources of naloxone during overdose emergencies

04. The City of Philadelphia should support evidence-based public health interventions to prevent infectious diseases. The following harm-reduction activities are supported by the U.S. Department of Health and Human Services Overdose Prevention Strategy and SAMHSA.

- Supplies to promote sterile injection and reduce infectious disease transmission through injection drug use, including syringe exchange
- Sharps disposal and medication disposal kits
- Medication lock boxes
- Substance test kits, including fentanyl test strips and xylazine test strips
- Safer sex kits, including condoms
- Wound care supplies
- Sterile water and saline
- Ascorbic acid (vitamin C)
- Nicotine cessation therapies
- Food (e.g., snacks, protein drinks, water)
- FDA-approved home testing kits for viral hepatitis (i.e., HBV and HCV) and HIV
- Written educational materials on safer injection practices and HIV and viral hepatitis and prevention, testing, treatment, and care services

06. Utilizing the SAMHSA Advisory on Behavioral Health Services for People who are Homeless, create transitional and supportive housing opportunities for people across the substance use recovery continuum, including those who still use substances and are in the pre-contemplation/early recovery stage.

Invest in instituting Housing-First programs suited to the needs of people with dual diagnoses. Housing-first models offer permanent housing and concurrent supportive services to people at all stages of recovery, allowing people experiencing homelessness to focus on their mental health and substance use-related goals while housed. These programs have resulted in clients receiving housing earlier and remaining stably housed longer.

07. We must consider the lasting impacts that the opioid epidemic has left on a generation of children raised in direct proximity to drug use and support programs targeted explicitly toward Philadelphia's youth.

Parental substance use is a known adverse childhood experience (ACE) associated with increased risk of substance use, depression, and other mental health challenges. Addressing the mental health needs of children is a critical step in preventing the cycle of opioid addiction from continuing in future generations.

- Expand mother-baby placements and rooming-in for substance-exposed infants and provide clear guidelines for referral and access.
- Offer financial assistance and resources to family members who became caregivers for children affected by parental opioid use, ensuring they have access to the necessary tools to provide a stable and loving environment in which children can thrive (e.g., funding to Grands Stepping Up, Grands Raising Grands)
- Develop training programs for school district personnel, educators, caregivers, and behavioral health providers in trauma-informed and healing-centered practices.
- Incentivize collaboration between children's mental health service providers, DHS, and SDP to ensure a coordinated and effective response to children's mental health needs, particularly children involved with DHS due to parental drug use.
- Convene a group of adolescent substance use providers to inform the City of Philadelphia on drug/alcohol treatment and alternatives, specifically as they relate to adolescents/teens, as well as the effects on the family when a child/youth uses drugs. Suggested providers include CORA Services, WES, NET, Consortium, and PATH.
- Specifically, Alternative Peer Groups have seen success. These community-based recovery services tie together substance-free social and skill-building activities and family services with clinical support as necessary. They are funded through DBHIDS (insurance-neutral, not MA compensable) and could be expanded.

We're Here To Help

We're not asking the mayor to start from scratch. In recent years, experts have recommended changes to various elements of Philadelphia's behavioral health system that will improve access, enhance quality, and lower costs. Some of these are laid out in the Vision Philadelphia paper, Priorities for Improving Philadelphia's Behavioral Health Infrastructure. We are here to help The City of Philadelphia on those recommendations both to make necessary changes and to expand on what is working well. It is a tall order, and one in which system participants at all levels must be involved. It requires talking with those who receive care, those who provide it, the officials in Harrisburg who administer the rules and those who can change them.

There's only one way all of that can happen, and that's with clear, forceful, and transformative mayoral leadership. Accountability is critical to the health of the system. Expanding the current DBHIDS and CBH advisory groups to include a variety of diverse voices will allow the system to be more inclusive, transparent, and effective. We are ready, willing, and eager discuss more specific policy ideas with you and your team.

We look forward to continuing this conversation.

Cherie Brummans

CEO and Executive Director

The Alliance of Community Service Providers
2137 E Huntingdon St, E-2000
Philadelphia, PA 19125
215-559-4373

Joe Pyle, MA

President

Scattergood Foundation
30 S 15th St, 15th Floor
Philadelphia, PA 19102
215-817-8529

Donna Cooper, MPA, MIM

Executive Director

Children's First
900 Spring Garden St, Suite 600
Philadelphia, PA 19123
215-563-5848