

**DEPARTMENT OF BEHAVIORAL HEALTH & INTELLECTUAL DISABILITY SERVICES**  
**FISCAL YEAR 2017 BUDGET TESTIMONY**  
**MAY 3, 2016**

---

INTRODUCTION

Good morning, President Clarke and Members of City Council. I am Arthur C. Evans, Commissioner. Joining me today is David T. Jones, Deputy Commissioner. I am pleased to provide testimony on the Department of Behavioral Health and Intellectual disAbility Services' (DBHIDS') Fiscal Year 2017 operating budget.

DEPARTMENT MISSION/PLANS

**Mission:** The mission of the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) is to support a vision of recovery, resilience, and self-determination.

**Plans for Fiscal Year 2017**

DBHIDS will continue to focus on fundamentally transforming the local network of care. New initiatives planned for FY17 include the following:

New FY17 Initiatives:

1. **Addiction Services Expansion:** This new initiative will provide multiple resources for persons with co-occurring addictions and mental health issues, including the following components:
  - a. Jail diversion and trauma recovery interventions will be established in support of the City's increased efforts to increase pro-social behaviors and provide alternatives to incarceration. This project significantly expands access to addiction treatment and case management services.
  - b. Pre-engagement activities designed to encourage positive growth and change will include screening, peer support, family engagement, and outreach services.
  - c. Early intervention assessments and psycho-education services will benefit individuals at risk of developing substance-related problems, including adolescents and their families.
  - d. Medication Assisted Treatment (MAT) will relink incarcerated individuals with community methadone clinics. MAT will also be extended to opiate-addicted pregnant women.
2. **Children's Service Transformation:** New resources will be established as an initial step toward fundamentally transforming behavioral health services for children and families in Philadelphia. Services will include Children's Mobile Crisis Stabilization Teams that will respond to children and youth, as well as their families and foster families, who are experiencing emotional and behavioral emergencies. These teams will offer in-home as well as school-based supports including short-term therapy, recovery planning, and service linkages.
3. **Trauma Resources:** An array of new community-based, trauma-informed services will be established to mitigate the impact of trauma on underserved individuals, families, and neighborhoods across the City. Program components will include the following:

- a. Efforts to increase trauma awareness and promote coping skills via community education and workshops. Priority populations will include victims of human sex trafficking.
- b. A Trauma Reduction Outreach Response Team will work to reduce the spread of community violence via conflict mediation, facilitating service linkages, and conducting community trauma awareness events.
- c. Specialized evidence-based, trauma training and consultation will be provided to behavioral health service providers, community organizations, peers, family members, courts, parole/probation offices, prisons and other system partners. Training will focus on foundational and advanced trauma skill-building, screening and assessment.

There are four (4) DBHIDS system accomplishments I would like to highlight from FY2016.

- Transforming the Behavioral Health System
- Addressing Trauma
- Decreasing Health Disparities
- Connecting People with Intellectual Disabilities to Employment

1. Transformation Decade:

Over the past decade, DBHIDS has fundamentally transformed the local network of care in partnership with City Council, service recipients, family members, contract agencies, other City Departments, and additional stakeholders. Behavioral health and intellectual disability services have traditionally focused on stabilizing symptoms and responding to crises. DBHIDS has replaced these priorities with services and expectations that promote recovery from behavioral health challenges, strengthen the resiliency of children, and offer individuals with intellectual disabilities opportunities to exercise choice and self-determination. State-of-the-art treatment approaches have served as a cornerstone of transformation efforts. Transformation accomplishments have been nationally recognized by the *New York Times*, *National Public Radio*, and the *Wall Street Journal*.

2. Trauma-Informed Initiatives:

- The Department is engaged in a multiyear, multifaceted, trauma transformation effort. Beginning with behavioral health practitioners and reaching out to partners across the City, the Department is combining evidence-based practices and other innovative approaches to raise levels of resilience and heal the effects of trauma. The comingled impacts of trauma-induced stress are often associated with chronic illness, mental health challenges, addiction, patterns of victimization, and destructive relationships impacting home, work and school environments. DBHIDS has introduced a growing number of programs to counteract the effects of trauma and prevent repeated traumatization.
- Early Trauma Intervention (Healing Hurt People - HHP): The HHP-CeaseFire Partnership is a hospital and community-based intervention program based in medical emergency departments that provides assistance to individuals and families victimized by physical violence. Youth and young adults who present in Emergency Rooms with violence precipitated injuries are screened to assess levels of need for behavioral health and other follow up support services. Licensed social workers and Community Hospital Responders assist young victims of intentional injury to access services designed to moderate the impact of trauma. Follow-up supports are provided in hospitals, homes and other community

locations to decrease repeat victimization, prevent acts of retaliation, increase community engagement and facilitate behavioral health service linkages. In 2015, this partnership became fully operational in three hospital emergency rooms (Temple University, Einstein, and Pennsylvania-Presbyterian). Hahnemann and St. Christopher's hospitals continue to provide this service.

- **Mental Health First Aid (MHFA):** Philadelphia has emerged as a national leader in the public promotion of behavioral health via the MHFA initiative. Mental Health First Aid is a groundbreaking, early intervention, public education program that teaches community members how to identify, understand, and respond to individuals experiencing behavioral health challenges. MHFA training dispels stigma and misinformation concerning behavioral health challenges that impedes efforts to connect individuals with appropriate care. Training has been made available to the public, faith communities, the Philadelphia Police and Fire Departments, the School District, and many other organizations. By the conclusion of 2016, this project will have trained approximately 12,000 individuals.
- **Preventing Suicide and Self-Harm (Dialectical Behavior Therapy):** This highly specialized treatment approach was conceived to help adults and adolescents who engage in high-risk behaviors including repeated attempts to harm themselves or commit suicide. Dialectical Behavior Therapy (DBT) focuses on improving emotional self-regulation skills that allow individuals to remain safe, avoid crisis events and hospitalizations, utilize less restrictive levels of care, and enhance quality of life. The Department partnered with the Treatment Implementation Collaborative (TIC) to ensure that the delivery of DBT treatment is supported and retained in the local system of care. To date, 50 clinicians from 6 agencies have received DBT training.
- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT):** TF-CBT is a psychotherapy model with exceptionally strong research evidence confirming its effectiveness as a treatment for children and families who have experienced trauma. Via TF-CBT, children and families are equipped with the skills needed to manage intrusive and upsetting trauma memories; reduce or eliminate avoidance of trauma triggers, and address depression, anxiety, sexualized behaviors and dysfunctional behaviors. To date, 235 clinicians from 17 behavioral health agencies have received TF-CBT training.
- **Treating Post Traumatic Stress: Prolonged Exposure Trauma Training,** designed to treat Post Traumatic Stress Disorder (PTSD), has been provided to 36 therapists across 7 addiction treatment agencies serving parenting and non-parenting women, adults with addictions, and victims of sexual assault. Anticipated outcomes include improved quality of life, increased understanding of trauma impacts and expanded public awareness of symptoms and resources. Further trainings are being targeted to key populations including faith-based organizations, LGBTQIA groups, adolescents, and a range of other community stakeholders. In 2017, early PTSD detection and trauma exposure workshops will be expanded and include clinicians who treat children.
- **Child and Family Traumatic Stress Intervention (CF-TSI):** CF-TSI is a brief, intensive intervention designed for children ages 7 to 18, and their families, to decrease the negative impact of exposure to potentially traumatic events including sexual and physical abuse, domestic violence, and motor vehicle accidents. Treatment is designed to be delivered within the first 45 days of exposure to a potentially traumatic event to prevent onset of Post-Traumatic Stress Disorder (PTSD). Goals include improved screening and identification of

children impacted by traumatic stress, reduced traumatic stress symptoms, and assessments to determine need for longer-term treatment. To date, CF-TSI training has been provided to 25 clinicians from 4 behavioral health and 2 hospital-based violence intervention programs (Children Hospital of Philadelphia's Violence Intervention Program (VIP) and St. Christopher's Hospital).

### 3. Health Disparity Initiatives (Engaging Males of Color)

- The Department continues efforts to eliminate racial and ethnic health disparities while promoting health equity and wellness. The Office of the Surgeon General has documented nationwide disparities impacting minority groups including factors such as service access, availability, quality, and outcomes. To address these disparities, DBHIDS has implemented a number of initiatives to enhance service access, engagement, and treatment retention, including Engaging Males of Color (EMOC). EMOC seeks to enhance awareness of the behavioral health challenges experienced by males of color. Target populations include African-American, African, Asian/Pacific Islander, as well as Latino men and boys living in Philadelphia. EMOC is focused on cultivating equity by addressing the impact of health, economic and educational disparities. A continuum of transformative engagement approaches is employed to encourage recovery, resilience and self-determination. To date, EMOC has served over 2,500 people. In partnership with the City of Philadelphia Mural Arts program, EMOC created the first mural in the country dedicated to the lived experience of men and boys of color from a behavioral health perspective. Men and boys from across Philadelphia collaborated via weekly workshops and monthly town hall discussions to create the mural, entitled "Building Brotherhood." Monthly workshops are also convened at the Juvenile Justice Services Center (JJSC) to address a range of relevant topics including resilience, overcoming challenges, and making positive decisions. In 2015, EMOC held a Community Resilience Symposium featuring noted scholar Dr. Joseph White from the University of California at Irvine who presented tools to engage males of color and achieve mental wellness. Two storytelling events, titled *Beyond Expectations*, allowed males of color to share their personal stories of resilience and overcoming diversity, along with special guest storytellers including Philadelphia's own Tariq "Black Thought" Trotter of The Roots and retired Indianapolis Colts Super Bowl champion Raheem Brock. EMOC also participates in International Men's Day, providing a forum for men to discuss how they maintain their overall wellness.

### 4. Intellectual DisAbility Initiatives:

- The Department serves approximately 7,600 children and adults with intellectual disabilities annually. This includes the Philadelphia Infant Toddler Early Intervention program that served over 6,400 infants and toddlers in FY15; 200 more than were accommodated the prior year. This program has a significant impact on the developmental trajectory of children from birth to age three evidenced by the fact that 77% of Infant Toddler Early Intervention graduates demonstrate substantial growth in communication and language skills that is predictive of greater academic functioning in kindergarten. In 2015, this program was awarded a \$25,000 Results Grant funded by the Pennsylvania Office of Child Development and Early Learning (OCDEL). This "Child Keep" initiative is unique to Philadelphia and employs technology to minimize the loss of contact between young children and their families during the Early Intervention process.

- In FY15, the Department was instrumental in supporting 519 individuals with intellectual disabilities to maintain employment, which marks a 4% increase in comparison to the prior year.
- A mobile service has been established to provide intensive supports, including case management and psychotherapy, to people with co-occurring mental illness and intellectual disabilities. These services have expanded to include a psychologist, a housing specialist, a vocational specialist, a certified peer specialist, a psychiatrist, and several case managers. Special emphasis is placed upon decreasing hospitalizations and crisis service utilization, promoting employment, and helping individuals to remain in their homes and communities. Data suggests that this program has contributed to a 42% reduction in crisis center visits.

**Staff Demographics Summary (as of January 2016)**

	<b>Total</b>	<b>Minority</b>	<b>White</b>	<b>Female</b>
Full-Time Staff	231	183	48	161
Executive Staff	8	5	3	3
Average Salary - Full-Time Staff	\$64,309	\$62,081	\$72,801	\$63,579
Average Salary - Executive Staff	\$121,941	\$128,768	\$110,561	\$119,553
Median Salary - Full-Time Staff	\$64,188	\$63,988	\$72,487	\$64,188
Median Salary - Executive Staff	\$122,422	\$124,200	\$120,644	\$120,644

**Employment Levels (as of January 2016)**

	<b>Budgeted</b>	<b>Approved</b>	<b>Filled</b>
Full-Time Positions	259	259	231
Part-Time Positions	2	2	2
Executive Positions	8	8	8
<i>Overall Average Salary</i>	\$62,629.00	\$62,629.00	\$64,309.00
<i>Overall Median Salary</i>	\$64,187.00	\$64,187.00	\$64,188.00

**Financial Summary by Class – All Funds**

Fund	Class	Fiscal 2015 Actual Obligations	Fiscal 2016 Original Appropriations	Fiscal 2016 Estimated Obligations	Fiscal 2017 Proposed Appropriations	Difference FY17-FY16
General	Class 100 - Employee Compensation	\$991,846	\$1,000,066	\$1,000,066	\$1,010,566	\$10,500
	Class 200 - Purchase of Services	\$12,975,510	\$12,975,510	\$12,975,510	\$12,875,510	(\$100,000)
	<b>Total</b>	<b>\$13,967,356</b>	<b>\$13,975,576</b>	<b>\$13,975,576</b>	<b>\$13,886,076</b>	<b>(\$89,500)</b>
Other*	Class 100 - Employee Compensation	\$22,266,914	\$23,142,889	\$23,166,139	\$23,935,379	\$769,240
	Class 200 - Purchase of Services	\$1,134,135,150	\$1,191,223,587	\$1,179,471,575	\$1,537,532,673	\$358,061,098
	Classes 300/400 - Materials, Supplies & Equipment	\$166,514	\$407,190	\$407,190	\$340,000	(\$67,190)
	Class 800 - Payments to Other Funds	\$1,533,550	\$1,576,248	\$1,576,284	\$1,679,010	\$102,726
	<b>Total</b>	<b>\$1,158,102,128</b>	<b>\$1,216,349,914</b>	<b>\$1,204,621,188</b>	<b>\$1,563,487,062</b>	<b>\$358,865,874</b>
All	Class 100 - Employee Compensation	\$23,258,760	\$24,142,955	\$24,166,205	\$24,945,945	\$779,740
	Class 200 - Purchase of Services	\$1,147,110,660	\$1,204,199,097	\$1,192,447,085	\$1,550,408,183	\$357,961,098
	Classes 300/400 - Materials, Supplies & Equipment	\$166,514	\$407,190	\$407,190	\$340,000	(\$67,190)
	Class 800 - Payments to Other Funds	\$1,533,550	\$1,576,248	\$1,576,284	\$1,679,010	\$102,726
	<b>Total</b>	<b>\$1,172,069,484</b>	<b>\$1,230,325,490</b>	<b>\$1,218,596,764</b>	<b>\$1,577,373,138</b>	<b>\$358,776,374</b>

\* Other Funds includes: County Liquid Fuels Tax Fund, Special Gasoline Tax Fund, HealthChoices Behavioral Health Fund, Hotel Room Rental Tax Fund, Grants Revenue Fund, Community Development Fund, Car Rental Tax Fund, Housing Trust Fund, Water Fund, Water Residual Fund, Aviation Fund, and Acute Care Hospital Assessment Fund.

**Contracts Summary (as of December 2015)**

	FY11	FY12	FY13	FY14	FY15	FY16*
Total amount of contracts	\$6,683,218	\$8,935,044	\$11,247,368	\$11,095,368	\$11,667,684	\$14,480,005
Total amount to M/W/DBE	\$398,933	\$1,521,673	\$1,609,768	\$1,669,768	\$1,547,173	\$1,854,005
Participation Rate	6%	17%	14%	15%	13%	13%

## PROPOSED FUNDING REQUEST

The proposed Fiscal Year 2017 operating budget totals \$1,577,373,138, an increase of \$358,776,374 over Fiscal Year 2016 estimated obligation levels. This increase is primarily in the HealthChoices Behavioral Health Fund and is attributed to a projected increase in enrollment due to managed care expansion under the Affordable Care Act.

The FY17 operating budget request of \$1,577,373,138 includes \$13,886,076 in the General Fund, \$261,487,062 in the Grants Revenue Fund, and \$1,302,000,000 in the HealthChoices Behavioral Health Fund. The DBHIDS FY17 Budget will support 262 positions, 16 in the General Fund and 246 in the Grants Revenue Fund. Of the \$1,577,373,138, \$69,825,978, or 4.4 percent, is for intellectual disability and early intervention services, and \$1,507,547,160, or 95.6 percent, is for behavioral health services.

The proposed budget includes:

- \$24,945,945 in Class 100, a \$779,740 increase over FY16. This funding will support contractual raises and a net increase of three positions over budgeted FY16 positions.
- \$1,550,408,183 in Class 200, a \$357,961,098 increase over FY16. This increase is attributed primarily to a projected increase in enrollment due to managed care expansion under the Affordable Care Act.
- \$195,000 in Class 300, a \$26,250 decrease from FY16.
- \$145,000 in Class 400, a \$40,940 decrease from FY16.
- \$1,679,010 in Class 800, an increase of \$102,726, to allow for a potential increase in payments from the HealthChoices Fund to the General Fund.



STAFFING LEVELS FY 2016

DBHIDS' FY16 budget included 259 positions; 231 positions were filled as of January 2016. A breakdown follows:

	Budgeted	Approved	Filled
Full-Time Positions	259	259	231
Part-Time Positions	2	2	2
Executive Positions	8	8	8

STAFFING LEVEL FY2017

\*point in time April 10, 2016

FY17 budget request includes 262 full-time positions. A breakdown follows:

	Budgeted	Filled
Full-Time Positions	262	*234
Part-Time Positions	2	2
Executive Positions	8	8

During FY16, DBHIDS hired 10 new staff. A breakdown by ethnicity follows:

Ethnicity	Male	Female	Total
African American	3	3	6
White	0	1	1
Asian	2	1	3
Total	5	5	10

CLOSING STATEMENT

In closing, we appreciate the continuing support of Councilmembers in the ongoing effort to highlight behavioral health as well as intellectual disabilities issues and to secure the resources to meet the growing demand for behavioral health and intellectual disability services. My staff and I welcome the opportunity to meet with Councilmembers at your convenience to engage in further discussion regarding these issues. Similar to last year, I extend a personal invitation to you and your staff to participate in Mental Health First Aid Training.

**M/W/DBE Participation on Large Contracts  
FY16 Contracts - For Profit**

Vendor	Service Provided	Amount of Contract	RFP Issue Date	Contract Start Date	Ranges in RFP	% of M/W/DBE Participation Achieved	\$ Value of M/W/DBE Participation	Total % and \$ Value Participation - All DSBES	Local Business	Living Wage Compliant?
Goldstar Rehabilitation	Early Intervention	\$2,100,000	4/16/12	7/1/15	MBE: Best Efforts	0%	\$0		Yes	Yes
					WBE: Best Efforts	0%	\$0	0%	Yes	Yes
					DSBE: Best Efforts	0%	\$0	\$0	Yes	Yes
Kids and Family	Early Intervention	\$1,550,000	4/18/14	7/1/15	MBE: Best Efforts	0%	\$0		Yes	Yes
					WBE: Best Efforts	0%	\$0	0%	Yes	Yes
					DSBE: Best Efforts	0%	\$0	\$0	Yes	Yes
Sunny Days	Early Intervention	\$1,300,000	4/18/14	7/1/15	MBE: Best Efforts	0%	\$0		Yes	Yes
					WBE: Best Efforts	0%	\$0	0%	Yes	Yes
					DSBE: Best Efforts	0%	\$0	\$0	Yes	Yes
Jay Care	Early Intervention	\$1,400,000	4/18/14	7/1/15	MBE: Best Efforts	0%	\$0		Yes	Yes
					WBE: Best Efforts	0%	\$0	0%	Yes	Yes
					DSBE: Best Efforts	0%	\$0	\$0	Yes	Yes
Resilient	System Supports	\$975,000	5/4/15	7/1/15	MBE: Best Efforts	100%	\$975,000		Yes	Yes
					WBE: Best Efforts	0%	\$0	100%	Yes	Yes
					DSBE: Best Efforts	0%	\$0	\$975,000	Yes	Yes

**M/W/DSBE Participation on Large Contracts  
FY16 Contracts - Nonprofit**

Vendor	Service Provided	Amount of Contract	RFP Issue Date	Contract Start Date	Ranges in RFP	% of M/W/DSBE Participation Achieved	\$ Value of M/W/DSBE Participation	Total % and \$ Value Participation - All DSBES	Local Business	Living Wage Compliant?
Resources for Human Development	Mental Health	\$17,734,758	Not applicable	7/1/15	MBE: N/A	0%	\$0		Yes	Yes
					WBE: N/A	0%	\$0	0%	Yes	Yes
					DSBE: N/A	0%	\$0	\$0	Yes	Yes
NHS Philadelphia	Mental Health	\$16,270,715	Not applicable	7/1/15	MBE: N/A	0%	\$0		Yes	Yes
					WBE: N/A	0%	\$0	0%	Yes	Yes
					DSBE: N/A	0%	\$0	\$0	Yes	Yes
Public Health Management Corporation	Mental Health	\$12,780,896	Not applicable	7/1/15	MBE: N/A	0%	\$0		Yes	Yes
					WBE: N/A	0%	\$0	0%	Yes	Yes
					DSBE: N/A	0%	\$0	\$0	Yes	Yes
Woods Services	IDS	\$7,496,102	Not applicable	7/1/15	MBE: N/A	0%	\$0		Yes	Yes
					WBE: N/A	0%	\$0	0%	Yes	Yes
					DSBE: N/A	0%	\$0	\$0	Yes	Yes
Horizon House, Inc.	Mental Health	\$6,834,316	Not applicable	7/1/15	MBE: N/A	0%	\$0		Yes	Yes
					WBE: N/A	0%	\$0	0%	Yes	Yes
					DSBE: N/A	0%	\$0	\$0	Yes	Yes

Resources for Human Development	Minority or Female %	Horizon House	Minority or Female %
Workforce	85%	Workforce	84%
Executive	50%	Executive	64%
Board	57%	Board	36%

NHS Philadelphia	Minority or Female %	Woods Services	Minority or Female %
Workforce	94%	Workforce	68%
Executive	100%	Executive	64%
Board	80%	Board	36%

<b>PHMC</b>	<b>Minority or Female %</b>	<b>DBHIDS</b>	<b>Minority or Female %</b>
Workforce	69%	Workforce	91%
Executive	87%	Executive	80%
Board	50%	Board	100%

**DEPARTMENT OF BEHAVIORAL HEALTH & INTELLECTUAL DISABILITY SERVICES – EMPLOYEE DATA**

**Staff Demographics (as of January 2016)**

<b>Full-Time Staff</b>				<b>Executive Staff</b>			
		<b>Male</b>	<b>Female</b>			<b>Male</b>	<b>Female</b>
		<b>African-American</b>	<b>African-American</b>			<b>African-American</b>	<b>African-American</b>
<i>Total</i>		39	127	<i>Total</i>		3	2
<i>% of Total</i>		16.9%	55.0%	<i>% of Total</i>		37.5%	25.0%
<i>Average Salary</i>		\$63,779	\$61,843	<i>Average Salary</i>		\$135,276	\$119,007
<i>Median Salary</i>		\$63,988	\$63,988	<i>Median Salary</i>		\$130,000	\$119,007
		<b>White</b>	<b>White</b>			<b>White</b>	<b>White</b>
<i>Total</i>		22	26	<i>Total</i>		2	1
<i>% of Total</i>		9.5%	11.3%	<i>% of Total</i>		25.0%	12.5%
<i>Average Salary</i>		\$72,436	\$73,111	<i>Average Salary</i>		\$105,520	\$120,644
<i>Median Salary</i>		\$72,222	\$73,987	<i>Median Salary</i>		\$105,520	\$120,644
		<b>Hispanic</b>	<b>Hispanic</b>			<b>Hispanic</b>	<b>Hispanic</b>
<i>Total</i>		6	4	<i>Total</i>		0	0
<i>% of Total</i>		2.6%	1.7%	<i>% of Total</i>		0.0%	0.0%
<i>Average Salary</i>		\$63,247	\$56,719	<i>Average Salary</i>		\$	\$
<i>Median Salary</i>		\$65,853	\$64,088	<i>Median Salary</i>		\$	\$
		<b>Asian</b>	<b>Asian</b>			<b>Asian</b>	<b>Asian</b>
<i>Total</i>		3	4	<i>Total</i>		0	0
<i>% of Total</i>		1.3%	1.7%	<i>% of Total</i>		0.0%	0.0%
<i>Average Salary</i>		\$52,896	\$63,585	<i>Average Salary</i>		\$	\$
<i>Median Salary</i>		\$61,289	\$64,188	<i>Median Salary</i>		\$	\$
		<b>Other</b>	<b>Other</b>			<b>Other</b>	<b>Other</b>
<i>Total</i>		0	0	<i>Total</i>		0	0
<i>% of Total</i>		0.0%	0.0%	<i>% of Total</i>		0.0%	0.0%
<i>Average Salary</i>		\$	\$	<i>Average Salary</i>		\$	\$
<i>Median Salary</i>		\$	\$	<i>Median Salary</i>		\$	\$
		<b>Bi-lingual</b>	<b>Bi-lingual</b>			<b>Bi-lingual</b>	<b>Bi-lingual</b>
<i>Total</i>		7	2	<i>Total</i>		0	0
<i>% of Total</i>		3.0%	0.9%	<i>% of Total</i>		0.0%	0.0%
<i>Average Salary</i>		\$76,891	\$62,377	<i>Average Salary</i>		\$	\$
<i>Median Salary</i>		\$61,289	\$62,377	<i>Median Salary</i>		\$	\$
		<b>Male</b>	<b>Female</b>			<b>Male</b>	<b>Female</b>
<i>Total</i>		70	161	<i>Total</i>		5	3
<i>% of Total</i>		30.3%	69.7%	<i>% of Total</i>		62.5%	37.5%
<i>Average Salary</i>		\$65,988	\$63,579	<i>Average Salary</i>		\$123,373	\$119,553
<i>Median Salary</i>		\$64,388	\$64,188	<i>Median Salary</i>		\$125,005	\$120,644

**DEPARTMENT OF BEHAVIORAL HEALTH & INTELLECTUAL DISABILITY SERVICES**  
**APPENDIX (Other Relevant Data and Charts)**

---

**Number of Bilingual Employees (as of January 2016)**

	Spanish	Russian	Ga	Filipino	Hindi	Cantonese & Mandarin
Mental Health	1	1	1	0	0	0
Intellectual disAbility Services	2	0	0	0	0	0
Administration	1	0	0	1	1	1
Total - All Divisions	4	1	1	1	1	1
Total - # of Bilingual Employees	9					
Total - # of Languages Spoken	6					