

**DEPARTMENT OF BEHAVIORAL HEALTH
& INTELLECTUAL DISABILITY SERVICES
FISCAL YEAR 2018 BUDGET TESTIMONY
MAY 2, 2017**

INTRODUCTION

Good Morning, President Clarke and Members of City Council. I am Roland Lamb, Deputy Commissioner. Joining me today is Sandy Vasko, Director of the Office of Behavioral Health. I am pleased to provide testimony on the Department of Behavioral Health and Intellectual disAbility Services' (DBHIDS) Fiscal Year 2018 Operating Budget.

DEPARTMENT MISSION & PLANS

Mission: The mission of DBHIDS is to educate, strengthen, and serve individuals and communities so that all Philadelphians can thrive.

Vision: We envision a Philadelphia where every individual can achieve health, well-being, and self-determination.

Plans for Fiscal Year 2018:

DBHIDS is responsible for serving children, youth, adults, and families in Philadelphia with behavioral health challenges and/or intellectual disabilities, and has an annual budget of \$1.6 billion, which includes the HealthChoices Medicaid program administered by Community Behavioral Health (CBH), as well as funds to support those who are uninsured. In FY18, DBHIDS will continue to focus on fundamentally transforming the local network of care as well as creating and implementing programs that align with a population health approach, as was the case in FY17. The following includes forthcoming plans for FY18 as well as the successes from FY17 that will continue through to the new fiscal year. I will highlight the following four areas:

1. Addressing the Opioid Epidemic
2. Trauma-Informed Care
3. Child and Family Services
4. Evidence-Based Practices

1. Addressing the Opioid Epidemic

Through FY17 and continuing in FY18, DBHIDS will invest time, energy, and resources in the opioid epidemic. Within the CBH network alone, 57 providers offer substance-use treatment options at 157 sites across the city.

DBHIDS continues in collaboration with Prevention Point Philadelphia, the only sanctioned syringe-exchange program in the region, to provide much-needed behavioral health services and referrals alongside their cornerstone needle exchange program. The Coordinated Response to Addiction by Facilitating Treatment (CRAFT) Program is a DBHIDS program that collaborates with Prevention Point and seeks to increase linkages to behavioral health care among some of the City's most vulnerable residents and seeks to address access problems faced by the target population in effort to reduce the rate of overdose fatalities in the City.

DBHIDS continues to successfully move towards a population health approach by which we seek to serve the whole individual and strive to limit the development of disease and infirmities by instituting preventative measures that enable overall wellness. The Department has partnered with the City of Philadelphia's Department of Public Health to release Opioid Prescribing Guidelines, which have been distributed to all physicians in the city and provide simple, practical guidelines with the goal to limit the unnecessary prescribing of opioids. Similar prescribing guidelines have been created for benzodiazepines, as these substances, particularly when combined with opioids, contribute to a large portion of overdose deaths. We also ensure that a large proportion of our employees and providers are equipped to respond in the case of an opioid-related overdose. To date, DBHIDS has trained more than 25% of staff members (236 individuals) in administering Naloxone (Narcan), the life-saving overdose-prevention medication, and trainings will continue on a quarterly basis.

DBHIDS continues to work with Physical Health Managed Care Organizations (PH-MCOs) as well as the Commonwealth of Pennsylvania to further develop the Opioid Use Disorder Centers of Excellence. DBHIDS is also working to develop a 24/7 walk-in center where individuals can receive immediate stabilization support while remaining in an outpatient setting. Additional FY18 plans include the creation of a substance use early intervention program that will provide services for adults who are currently using substances but do not meet criteria for substance abuse or dependency and are at risk for developing a substance abuse disorder.

2. Trauma-Informed Care

Philadelphia has emerged as a national leader in the public promotion of behavioral health via Mental Health First Aid (MHFA). MHFA is a groundbreaking, early intervention, public education initiative that teaches community members how to identify, understand, and respond to individuals experiencing behavioral health challenges and crises. Training has been made available to the public, faith communities, the Philadelphia Police and Fire Departments, the School District of Philadelphia, and many other organizations.

The Network of Neighbors Responding to Violence seeks to provide trauma support to communities in the immediate aftermath of violence; most often gun violence. Network members are trained in Post-Traumatic Stress Management (PTSM) to become Acute Trauma Responders who tap into a community's social connections and conduct group sessions to foster healthy coping mechanisms. Over the next five years, DBHIDS will expand the Network by training 400 additional trauma responders.

Healing Hurt People 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. In 2016, the University of Pennsylvania's Presbyterian hospital was added as a service area. Healing Hurt People is currently functional in five hospitals throughout the city.

3. Children and Family Initiatives

DBHIDS continues to implement school-based services through a longstanding, highly collaborative partnership with the School District of Philadelphia. This relationship affords access to a continuum of

Department of Behavioral Health & Intellectual disAbility Services

behavioral health programs for school-aged youth and allows youth and families to access services. Prevention, early intervention, assessment, and treatment services are currently provided in 132 different district-run, charter, and parochial schools throughout the City. In addition to the school-based services, CBH offers a continuum of treatment options. Treatment continuum services include: Autism Centers of Excellence, Case Management, Family Based Services, Inpatient or Partial Hospitalization, as well as Outpatient Services, which is currently located in five outpatient satellite programs in five High Schools.

CBH is engaged in a comprehensive expansion of children's crisis services through two major initiatives, both of which focus on rapid response, early intervention and resolution-focused approaches to crisis services. Community-based mobile crisis and intervention services are currently being developed through a procurement process, with teams assigned to three distinct regions to meet access needs throughout the city. Additional services will be provided in the community, with a focus on resolving or ameliorating behavioral health episodes for children to remain in their natural setting. A second procurement was issued to develop site-based children's crisis services, with the aim to address the volume of children in need of immediate crisis evaluation. This procurement will result in the creation of additional CRCs, intensive treatment beds, and crisis stabilization units, with programming that will provide resolution-oriented approaches to assessment and crisis intervention.

Through ongoing support of the Substance Abuse and Mental Health Services Administration (otherwise known as SAMHSA), the agency within the U.S. Department of Health and Human Services responsible for leading the public health efforts to advance the behavioral health of the nation, DBHIDS has been able to continue on the path of implementing innovative approaches to children's services, specifically through the recently-awarded SAMHSA System of Care Expansion Grant. This initiative, designed for youth (8-18 years) who have serious behavioral health needs and are involved in the child welfare and/or juvenile justice systems, aims to create a youth-driven community based network of supports. A small piece of this grant includes the upcoming annual celebration of National Children's Mental Health Awareness day on May 4, 2017, where we work alongside our colleagues and friends to spread awareness, dispel stigma, and bring to light the many children's mental health resources available throughout the city.

Additionally, in FY17, Philadelphia was the recipient of a five-year, \$2 million SAMHSA grant to continue the great work of the Philadelphia Alliance for Child Trauma Services (PACTS) Program. The continuation of this grant focuses on reaching the most vulnerable youth through system-wide trauma screening, education, prevention and intervention programs. This expansion allows for a greater focus on vulnerable and underserved youth including young children (ages 2 to 6); Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth; Commercially Sexually Exploited Children; and intentionally injured youth. Goals for FY18 include: 1) Train a cohort of clinicians in Child-Adult Relationship Enhancement (CARE) to address the needs of young children (ages 2-6) who present with disruptive behaviors; 2) Train all Provider/Partner agencies in LGBTQ Safe Spaces to ensure that each agency provides a safe and supportive environment for youth seeking treatment and; 3) Continue ongoing training of TF-CBT and CFTSI to ensure there is a highly qualified workforce to provide trauma services to the children and families who need them.

There are two initiatives of Intellectual disAbility Services (IDS) that I would like to highlight. Child Keep is a subset of the Infant Toddler Early Intervention Program, a program which seeks to identify children

who may be at risk for cognitive and/or developmental delays. And Employment NOW, an initiative which works to promote employment opportunities as the first and preferred outcome for all working-age individuals with disabilities, without regard to their level of disability.

4. Evidence-Based Initiatives

DBHIDS created the Evidenced-Based Practice and Innovation Center (EPIC) to advance system-wide strategies that support the implementation, sustainability, and accessibility of behavioral health evidence-based practices in Philadelphia. DBHIDS has partnered with researchers, treatment experts and providers to promote the delivery of behavioral health evidence-based practices throughout Philadelphia.

Two Evidence-Based Practices (EBPs) that DBHIDS has widely instituted are: Dialectical Behavior Therapy (DBT), a systematic cognitive-behavioral approach to working with individuals with severe dysfunctional behaviors, especially those with chronic patterns of emotion dysregulation, suicidal thoughts, and self-harm, and Parent Child Interaction Therapy (PCIT), an evidence-based therapy for young children (ages 2.5 to 7 years old) who have disruptive and/or oppositional behaviors and focuses on enhancing positive relationships between parent and child by promoting effective behavior management and discipline techniques within the home.

BUDGET SUMMARY & OTHER BUDGET DRIVERS

Staff Demographics Summary (as of December 2016) *				
	Total	Minority	White	Female
Number of Full-Time Staff	250	197	53	177
Number of Civil Service-Exempt Staff	17	6	11	7
Number of Executive Staff (deputy level and above)	7	4	3	2
Average Salary, Full-Time Staff	\$65,667	\$63,529	\$73,610	\$64,808
Average Salary, Civil Service-Exempt Staff	\$88,301	\$108,790	\$77,125	\$82,594
Average Salary, Executive Staff	\$128,011	\$138,290	\$114,305	\$124,127
Median Salary, Full-Time Staff	\$66,083	\$65,883	\$72,237	\$66,016
Median Salary, Civil Service-Exempt Staff	\$60,664	\$130,000	\$76,961	\$80,664
Median Salary, Executive Staff	\$125,005	\$135,000	\$124,227	\$124,127

Employment Levels (as of December 2016) *		
	Budgeted	Filled
Number of Full-Time Positions	262	250
Number of Part-Time Positions	2	2
Number of Civil-Service Exempt Positions	17	17
Number of Executive Positions	7	7
Average Salary of All Full-Time Positions	\$66,083	\$65,667
Median Salary of All Full-Time Positions	\$65,026	\$66,083

* Staff demographics and employment levels provided are for all funds.

General Fund Financial Summary by Class						
	FY16 Original Appropriations	FY16 Actual Obligations	FY17 Original Appropriations	FY17 Estimated Obligations	FY18 Proposed Appropriations	Difference: FY18-FY17
Class 100 - Employee Compensation	\$1,000,066	\$995,153	\$1,010,566	\$1,006,269	\$1,093,064	\$86,795
Class 200 - Purchase of Services	\$12,975,510	\$12,975,510	\$13,125,510	\$13,125,510	\$13,125,510	\$0
Class 300 - Materials and Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Class 400 - Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Class 500 - Contributions	\$0	\$0	\$0	\$0	\$0	\$0
Class 700 - Debt Service	\$0	\$0	\$0	\$0	\$0	\$0
Class 800 - Payment to Other Funds	\$0	\$0	\$0	\$0	\$0	\$0
Class 900 - Advances/Misc. Payments	\$0	\$0	\$0	\$0	\$0	\$0
	\$13,975,576	\$13,970,663	\$14,136,076	\$14,131,779	\$14,218,574	\$86,795

Department of Behavioral Health & Intellectual disAbility Services

All Funds Financial Summary							
Fund	Class	FY16 Original Appropriations	FY16 Actual Obligations	FY17 Original Appropriations	FY17 Estimated Obligations	FY18 Proposed Appropriations	Difference FY18-FY17
General	Class 100 - Employee Compensation	1,000,066	995,153	1,010,566	1,006,269	1,093,064	86,795
	Class 200 - Purchase of Services	12,975,510	12,975,510	13,125,510	13,125,510	13,125,510	0
	Total	13,975,576	13,970,663	14,136,076	14,131,779	14,218,574	86,795
Other*	Class 100 - Employee Compensation	23,142,889	22,664,437	23,935,379	24,027,322	24,780,505	753,183
	Class 200 - Purchase of Services	1,191,223,587	1,096,391,557	1,537,532,673	1,427,201,213	1,544,269,088	117,067,875
	Classes 300/400 - Materials, Supplies & Equipment	407,190	244,543	340,000	483,000	285,000	(198,000)
	Class 800 - Payments to Other Funds	1,576,248	815,184	1,679,010	2,380,537	1,683,081	(697,456)
	Total	1,216,349,914	1,120,115,721	1,563,487,062	1,454,092,072	1,571,017,674	116,925,602
All	Class 100 - Employee Compensation	24,142,955	23,659,590	24,945,945	25,033,591	25,873,569	839,978
	Class 200 - Purchase of Services	1,204,199,097	1,109,367,067	1,550,658,183	1,440,326,723	1,557,394,598	117,067,875
	Classes 300/400 - Materials, Supplies & Equipment	407,190	244,543	340,000	483,000	285,000	(198,000)
	Class 800 - Payments to Other Funds	1,576,248	815,184	1,679,010	2,380,537	1,683,081	(697,456)
	Total	1,230,325,490	1,134,086,384	1,577,623,138	1,468,223,851	1,585,236,248	117,012,397

* 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.

Professional Services Contracts Summary						
	FY12	FY13	FY14	FY15	FY16	FY17 YTD (Q1 & Q2)
Total amount of contracts	\$8,935,044	\$11,247,368	\$11,095,368	\$11,667,684	\$14,480,005	\$15,034,041
Total amount to M/W/DSBE	\$1,521,673	\$1,609,768	\$1,669,768	\$1,547,173	\$1,854,005	\$2,327,395
Participation Rate	17%	14%	15%	13%	13%	15%

M/W/DSBE Contract Participation Goal			
	FY16	FY17	FY18
M/W/DSBE Contract Participation Goal	10%	10%	10%

PROPOSED BUDGET OVERVIEW

Proposed Funding Request:

The proposed Fiscal Year 2018 operating budget totals \$1,585,236,248, an increase of \$117,012,397 over Fiscal Year 2017 estimated obligation levels. This increase is primarily in the HealthChoices Behavioral Health Fund and is attributed to an annualized enrollment increase due to managed care expansion.

The FY18 operating budget request of \$1,585,236,248 includes \$14,218,574 in the General Fund, \$271,017,674 in the Grants Revenue Fund, and \$1,300,000,000 in the HealthChoices Behavioral Health Fund.

The proposed budget (all funds) includes:

- \$25,873,569 Class 100, an \$839,978 increase over FY17. This funding will support contractual raises and an increase of 11 positions over budgeted FY17 positions.
- \$1,557,394,598 in Class 200, an \$117,067,875 increase over FY17. This increase is attributed primarily to an annualized enrollment increase due to managed care expansion.
- \$202,500 in Class 300, a \$198,000 decrease from FY17, primarily attributable to a nonrecurring expenditure transfer from the Police Department in FY17 for the purchase of Naloxone kits.
- \$82,500 in Class 400, with no change from FY17.
- \$1,683,081 in Class 800, a decrease of \$697,456, in payments from the HealthChoices Fund to the Grants Revenue Fund. This decrease is attributable to delayed processing of a FY16 payment.

STAFFING LEVELS

The department is requesting 273 budgeted positions for FY18: 16 in the General Fund, and 257 in the Grants Revenue Fund. This is an increase of 11 positions, or \$839,978, over FY17.

The increase is necessary to achieve optimal staffing levels within DBHIDS and to fund contractual salary increases and raises for exempt staff.

NEW HIRES

New Hires (from December 2016 to present)		
	Total Number of New Hires	Korean
Black or African American	4	-
Asian	2	1
Other	1	-
Total	7	1

PERFORMANCE, CHALLENGES, AND INITIATIVES

FY18 Performance Measures				
Measure	FY16 Actual	FY17 YTD (Q1 & Q2)	FY17 Estimate	FY18 Target
Number of new admissions to Residential Treatment Facilities	636	306	680	650
Number of unique clients served in out-of-state residential treatment facilities	14	5	35	25
Number of unique clients served in out-patient treatment facilities	85,601	62,302	81,000	85,000
Percent of clients who receive follow-up 30 days after discharge from an inpatient psychiatric facility	59.0%	57.0%	60.0%	60.0%
Percent of clients readmitted within 30 days of discharge from inpatient psychiatric facility (Substance Abuse & non-Substance Abuse)	14.0%	13.5%	12.0%	12.0%
Percent of individuals with behavioral health challenges in need of supportive housing services receiving those services *	N/A		Create baseline in 2017	
Reduce percent of children hospitalized while awaiting outpatient care for behavioral health issues *	N/A		Create baseline in 2017	
Reduce time spent from onset of seeking employment to securing employment for persons with intellectual disabilities *	N/A		Create baseline in 2017	

* New measures to be established. Will begin using in FY18. FY18 targets not yet available.

OTHER BUDGETARY IMPACTS

Federal and State (Where Applicable)

82% (\$1.3 billion) of DBHIDS' budget is allocated via HealthChoices, Pennsylvania's Medicaid appropriation system, which is overseen by CBH who provides services to the 650,000 Philadelphians on Medicaid. Due to the Affordable Care Act (ACA) Expansion, 220,000 adults (1 out of every 6 Philadelphian adults) gained new coverage. These expanded supports continue to prove to be vital in enabling formerly homeless individuals, now housed through Supportive Housing to become active and contributing members of the communities they now reside. DBHIDS has witnessed that these supports provide a cost-saving mechanism, enabling us to reinvest valuable dollars back into proven-effective services. A one-year cohort analysis of those utilizing Core Services offered via Supportive Housing demonstrated that, solely examining service utilization, service costs decreased by 29% within a one-year span, due to the fact that individuals were readily accessing less-intensive, more appropriate levels of care.

In addition, through the current payment structure and through the funds that CBH receives through Medicaid Compensable Services, DBHIDS is able to provide a wide array of Behavioral Health supports including Assertive Community Treatment (ACT) Teams, Drug and Alcohol Case Management, Mental Health and Co-Occurring Case Management, Certified Peer Specialist (CPS) Services, and Mobile Psychiatric Rehabilitation Services (MPRS). Under the ACA, Medicaid compensable services were expanded, enabling DBHIDS to reallocate safety-net funds for Population Health initiatives, such as the Early Intervention Programs for adults who are at-risk of developing substance use disorders. As a Department we have been able to utilize funds in innovative, creative, and proven-effective ways to ensure that all are receiving the appropriate level of care as they work towards their recovery.

CONTRACTING EXPERIENCE

M/W/DSBE Participation on Large Professional Services Contracts¹											
Top Five Largest Contracts, FY17											
Vendor Name	Service Provided	Dollar 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 % Participation - All DSBES	Total \$ Value Participation - All DSBES	Local Business (principal place of business located within City limits)	Waiver for Living Wage Compliance?
Public Health Management Corporation	MH/IDS/EI/D&A	\$17,663,756	N/A	7/1/2016	MBE: N/A	0%	\$0	0%	\$0	Yes	No
					WBE: N/A	0%	\$0				
					DSBE: N/A	0%	\$0				
NHS Phila./NHS Woodhaven/NHS Parkside	MH/IDS/D&A	\$16,006,474	N/A	7/1/2016	MBE: N/A	0%	\$0	0%	\$0	Yes	No
					WBE: N/A	0%	\$0				
					DSBE: N/A	0%	\$0				
Resources for Human Development	MH/IDS/EI/D&A	\$14,608,371	N/A	7/1/2016	MBE: N/A	0%	\$0	0%	\$0	Yes	No
					WBE: N/A	0%	\$0				
					DSBE: N/A	0%	\$0				
Woods Services	IDS Interim Care	\$7,440,000	N/A	7/1/2016	MBE: N/A	0%	\$0	0%	\$0	Yes	No
					WBE: N/A	0%	\$0				
					DSBE: N/A	0%	\$0				
Horizon House, Inc.	MH/IDS/D&A	\$7,124,302	N/A	7/1/2016	MBE: N/A	0%	\$0	0%	\$0	Yes	No
					WBE: N/A	0%	\$0				
					DSBE: N/A	0%	\$0				

¹ The following lists all contracts with non-profit agencies.

Department of Behavioral Health & Intellectual disAbility Services

Public Health Management Corporation	Minority or Female %
Workforce	68.4%
Executive	66.7%
Board	64.3%

NHS Philadelphia	Minority or Female %
Workforce	95.4%
Executive	45.3%
Board	33.3%

Resources for Human Development	Minority or Female %
Workforce	85.6%
Executive	66.7%
Board	64.3%

Woods Services	Minority or Female %
Workforce	68.0%
Executive	64.0%
Board	36.0%

Horizon House	Minority or Female %
Workforce	84.2%
Executive	63.6%
Board	35.7%

DBHIDS	Minority or Female %
Workforce	90.0%
Executive	71.0%

EMPLOYEE DATA

Staff Demographics (as of December 2016)					
Full-Time Staff			Executive Staff		
	Male	Female		Male	Female
	African-American	African-American		African-American	African-American
<i>Total</i>	41	138	<i>Total</i>	3	1
<i>% of Total</i>	16%	55%	<i>% of Total</i>	43%	14%
<i>Average Salary</i>	\$66,228	\$63,670	<i>Average Salary</i>	\$143,044	\$124,027
<i>Median Salary</i>	\$66,083	\$65,833	<i>Median Salary</i>	\$140,000	\$124,027
	White	White		White	White
<i>Total</i>	25	28	<i>Total</i>	2	1
<i>% of Total</i>	10%	11%	<i>% of Total</i>	29%	14%
<i>Average Salary</i>	\$73,463	\$73,742	<i>Average Salary</i>	\$109,345	\$124,227
<i>Median Salary</i>	\$74,342	\$71,382	<i>Median Salary</i>	\$109,345	\$124,227
	Hispanic	Hispanic		Hispanic	Hispanic
<i>Total</i>	4	5	<i>Total</i>	-	-
<i>% of Total</i>	2%	2%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$58,834	\$58,040	<i>Average Salary</i>	-	-
<i>Median Salary</i>	\$66,233	\$66,083	<i>Median Salary</i>	-	-
	Asian	Asian		Asian	Asian
<i>Total</i>	3	4	<i>Total</i>	-	-
<i>% of Total</i>	1%	2%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$52,805	\$65,558	<i>Average Salary</i>	-	-
<i>Median Salary</i>	\$58,144	\$71,230	<i>Median Salary</i>	-	-
	Other	Other		Other	Other
<i>Total</i>	-	2	<i>Total</i>	-	-
<i>% of Total</i>	0%	1%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	-	\$33,679	<i>Average Salary</i>	-	-
<i>Median Salary</i>	-	\$33,679	<i>Median Salary</i>	-	-
	Bilingual	Bilingual		Bilingual	Bilingual
<i>Total</i>	6	4	<i>Total</i>	-	-
<i>% of Total</i>	2%	2%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$52,609	\$61,179	<i>Average Salary</i>	-	-
<i>Median Salary</i>	\$57,986	\$62,472	<i>Median Salary</i>	-	-
	Male	Female		Male	Female
<i>Total</i>	73	177	<i>Total</i>	5	2
<i>% of Total</i>	29%	71%	<i>% of Total</i>	71%	29%
<i>Average Salary</i>	\$67,810	\$64,808	<i>Average Salary</i>	\$129,564	\$124,127
<i>Median Salary</i>	\$66,283	\$66,016	<i>Median Salary</i>	\$130,000	\$124,127

NUMBER OF BILINGUAL EMPLOYEES

The newly-established Immigrant Affairs and Language Access Unit is dedicated to creating access equity of behavioral health services for Philadelphia’s refugee and immigrant populations. Some of the new initiatives of this unit are the creation of a Language Access Plan, development of a community needs assessment, as well as Mental Health Peer Supporter training.

Number of Bilingual Employees								
	Spanish	Russian	Chinese	Pilipino	Gujarati	Hindi	Cantonese & Mandarin	Marathi
Mental Health	1	1	-	-	-	-	-	-
IDS	3	-	-	-	-	-	-	-
Administration	-	-	2	1	1	2	1	1
Total - All Divisions	4	1	2	1	1	2	1	1
Total - # of Bilingual Employees		10						
Total - # of Languages Spoken		8						