

**DEPARTMENT OF BEHAVIORAL HEALTH AND
INTELLECTUAL DISABILITY SERVICES
FISCAL YEAR 2020 BUDGET TESTIMONY
APRIL 23, 2019**

INTRODUCTION

Good Afternoon, President Clarke and Members of City Council I am David T. Jones, Commissioner of the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS). Joining me today is Dr. Jill Bowen, Deputy Commissioner. I am pleased to provide testimony on DBHIDS's Fiscal Year 2020 Operating Budget.

DEPARTMENT MISSION & PLANS

Mission: The Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) envisions a Philadelphia where every individual can achieve health, well-being, and self-determination. The mission of DBHIDS is to educate, strengthen, and serve individuals and communities so that all Philadelphians can thrive.

Plans for Fiscal Year 2020:

I. Introduction and Oversight

DBHIDS is responsible for serving children, youth, adults, and families in Philadelphia with behavioral health challenges and/or intellectual disabilities and acts as a safety net for some of Philadelphia's most vulnerable people; making every effort to ensure Philadelphians have access to treatment, supports, and services. A portion of this work occurs through three of the six divisions that comprise DBHIDS: 1. Intellectual disAbility Services (IDS), inclusive of the Early Intervention birth-to-three programs; 2. the Division of Behavioral Health (DBH); and 3. Community Behavioral Health (CBH), which is the City-governed non-profit managed care entity that funds behavioral health services for individuals eligible for Medicaid. Collectively, over one-hundred-and-fifty-thousand (150,000) unique Philadelphians received services, supports and/or participated in treatment last year. Each year, over seven hundred thousand (700,000) Philadelphians are eligible for Medicaid and the department continues to fight the stigma of mental illness and substance use disorders, that at times prevent people from seeking treatment.

In 1997, in response to the gross under-utilization of behavioral health services, Philadelphia assumed responsibility for the HealthChoices Behavioral Health program and created Community Behavioral Health (CBH). The Philadelphia HealthChoices program that is administered by CBH has a twenty-two-year track record and has brought significant benefits to Philadelphians while not using General Fund dollars from the City. CBH contracts with 164 in-network providers with 700 locations. The number and types of providers and the scope of services have significantly increased over time, expanding the network to include more minority-led agencies, specialty providers that now include an array of services for those on the Autism Spectrum, children's crisis, substance use and medication assisted treatment (MAT), housing first, and community supports services to name a few. Investments have been made in evidence-based practices, funding training for agencies at no cost to improve the quality of Philadelphia's delivery system. The Philadelphia provider system has remained stable and providers within this network have been strong partners in the success of the Philadelphia Behavioral HealthChoices System. Clinical

integrated care has been provided within the HealthChoices model and maintaining the behavioral health carve-out will be tremendously beneficial to Philadelphians.

As a Medicaid managed care organization, members of CBH's provider network are subject to the extensive requirements and qualifications imposed by the state on all Medicaid managed care plans. There are regular state and independent audits conducted for fiscal and service delivery to ensure adherence to federal and state Medicaid rules. In addition, in the monitoring of the DBHIDS and CBH provider network we utilize dedicated approaches for oversight which include: Quality Improvement, Compliance, the Consumer Satisfaction Team (CST), the Network Improvement and Accountability Collaborative (NIAC), and the newly added CBH provider profiles. The provider profiles were developed to offer an overview of each facility at the corporate level while emphasizing performance across each contracted level of care (LOC).

II. Opioid Epidemic: Treatment and Service Opportunities

On May 19, 2017, Mayor James F. Kenney's Task Force to Combat the Opioid Epidemic released its final report and recommendations. The 18 recommendations organized across four strategies: Prevention and Education; Treatment; Overdose Prevention; and Criminal Justice, provide actionable, evidence-informed steps the City and its partners can take to reduce the harmful effects of opioids in our community. The task force resulted in new targeted efforts and opportunities, and implementation of the recommendations is underway across the City. Since the final report was released, progress has been made on all 18 recommendations. DBHIDS continues to report out through the Mayor's Executive Commission on Addiction and Recovery (MCAR) on progress made in implementing the recommendations. Additionally, in conjunction with community and other city agencies, DBHIDS is a lead participant in the Philadelphia Resilience Project. Implementation of both task force recommendations and the resilience project resulted in expanding treatment services and supports.

Moreover, DBHIDS has removed barriers to access treatment and expanded the availability of evidence-based practices such as Medication Assisted Treatment (MAT) to combat the opioid epidemic. An example of barriers removed includes Community Behavioral Health issuance of three bulletins to its provider network to increase education, individual choice, and availability of MAT. These policy changes went into effect on July 1, 2018. All drug and alcohol licensed residential levels of care will be required to provide medication-assisted treatment (MAT)-compatible services for members with opioid use disorders (OUD) by January 1, 2020. The department also expanded "housing first" supportive treatment services from 725 to 785 slots; and has thus far trained nearly 800 DBHIDS employees, service provider personnel, and community members on how to use the overdose reversal medication Naloxone.

The DBHIDS Housing and Residential Services unit has made great strides this year with creative and innovative ways to support individuals with behavioral health challenges through a variety of housing opportunities. The individuals served are from 1400 program beds which are part of the Transition, Integration, & Partnerships/Residential unit (TIP), Safe Havens, Journey of Hope sites, and the Recovery Housing Initiative. We partnered with the Office of Homeless Services (OHS) and have provided 35 Shallow Rent subsidies, and our Bridge to Independence programs have reached the goal of 400 multi-year housing subsidies and has expanded further for those struggling with OUD and homelessness through Bridge to Recovery subsidies. In addition, on July 1, 2018 our Progress Haven program received a Bridge subsidy that opens opportunities for couples to come in off the street. Given the opioid epidemic and the need for recovery-oriented residences, DBHIDS through the division of behavioral health added

150 additional beds at 9 newly added Recovery Houses throughout the City. In addition, DBHIDS has submitted a Request for Proposal (RFP) for Recovery House Transformation. The plan is to provide mini grant one-time support to currently operating recovery houses in their efforts to meet eligibility requirements to become certified by the Pennsylvania Alliance of Recovery Residences (PARR) network and thus having the potential to become an Office of Addiction Services-funded Recovery House.

DBHIDS-funded Employment Services provides supports for people in recovery from behavioral health disabilities to prepare for, obtain and maintain competitive employment to enhance their income, their personal recovery, their independence and successful community integration. For example, DBHIDS has contracted with First Step Staffing, a non-profit employment agency that connects employers with individuals transitioning out of homelessness who have had significant barriers to employment. They provide several support services in order to increase job attainment and retention and support a job-seeker's overall personal success. First Step Staffing in its work with DBHIDS participants has secured full-time positions for 65 individuals with a history of homelessness, substance use and/or incarceration, with an average wage of \$12.91/hour. Finally, DBHIDS is providing an opportunity for providers contracted with the Office of Addiction Services to present for review one-time requests for additional funding for this fiscal year, 2019. Approximately half of the providers submitted requests and are currently in review with some follow-up questions sent back to some of the providers. The review takes into account the one-time nature of the request and the impact that the plan will have on individuals struggling with SUD.

III. Children and Family Services

In FY18, DBHIDS implemented a new set of resources to enhance the children's crisis continuum for children aged 18 and under, who are experiencing a behavioral health crisis; this continuum includes Children's Mobile Crisis Teams (CMCTs), Children's Mobile Intervention Services (CMIS), an Urgent Care Center, Philadelphia's Children's Crisis Response Center (PCCRC) and the Children's Crisis Stabilization Unit (CSU). Children and their families can now access urgent, same-day behavioral health evaluations, receive consultation and intervention, get support to stabilize an acute crisis, or receive behavioral health assessments within the community.

The Support Team for Education Partnership (STEP) Project is a partnership between the School District of Philadelphia and the City of Philadelphia. The goal is to continue to improve the continuum of behavioral health services ranging from prevention and at-risk services to intensive treatment options for all Philadelphia public schools to best serve all students. Grounded in a population health and positive school climate approach, this strategy aims to ensure wellness for all youth and families by identifying drivers of behavioral issues early and connecting children and families to appropriate resources to result in a reduction in missed instructional time while preventing children from going into crisis and to work to build resiliency for our children. To reach this goal, a behavioral health support team has been placed in 21 District schools and one charter school; the team will consist of a Clinical Coordinator, School Behavioral Consultant, Case Manager, and a Family Peer Specialist.

DBHIDS developed a new Family Legacy Organization that will have a governing board of at least 66% family members. It will be created to serve families of children and youth with behavioral health needs, including Autism Spectrum Disorders (ASD). This organization will be the provider of Family Peer Support Services that will support families on-site, in their homes and in the community, including: behavioral health providers, Crisis Response Centers (CRC), the Department of Human Services (DHS),

Juvenile Justice Services Center, and Family Court. DBHIDS aims to improve the quality of care while aligning with national health care reform and expanding the inclusion of natural family and community resources.

We have improved regulatory policies consistent with the principles and values promoted by the system by revising the Network Inclusion Criteria (NIC), which is the existing credentialing process for facilities. The NIC, now includes a more extensive section on Family Inclusion which is designed to help providers implement best practices in family inclusion. In addition, DBHIDS is developing a new Psychiatric Residential Treatment Facility (PRTF) for children that provides a 6-month stay for youth in a milieu that provides services which are trauma-informed, evidence-based, individualized, and youth-guided (i.e. youth are involved in milieu and service decisions, such as: a youth advisory committee, choosing colors on walls, decorating rooms, etc.). Services while in the PRTF include, but are not limited to: individual therapy, group therapy, and family therapy.

IV. Additional Programs

The division of Intellectual disAbility Services (IDS) has made tremendous strides this year. In FY18, we served 8,037 infants and toddlers and their families, 7,104 of whom received ongoing services and 933 who received Regular Developmental Screening because they met one or more of six criteria established by the Commonwealth, that put them at risk for developmental delay. To date, FY19 (July 2018 through January 2019), 6,754 children and their families received ongoing services in the program. Of these, 6,014 children received ongoing services and 740 children and families participated in regular developmental screening. Overall, this is an increase of 647 children and families over the similar period in FY18. DBHIDS continues to partner with referral sources to engage in Child Find, which is a Pennsylvania legal mandate that requires DBHIDS to identify children for assessment by Infant Toddler Early Intervention (EI) program. A primary example of this partnership is with the Department of Public Health's health centers where 7,203 children were referred to EI Intake for assessment due to developmental concerns. In FY18, 149 children were referred and in the same year, we saw a 78% increase in the number of referrals from Neonatal Intensive Care Units (NICUs) from 59 in FY17 to 159 in FY18.

In Fiscal Year 2018, 13 agencies provided supported employment services to nearly 600 people which resulted in 73% of those individuals receiving employment. To enhance and expand services for individuals with ASD, a reinvestment plan was submitted to the State to support the creation of a Certified Autism Peer Specialist (CAPS) to assist individuals with ASD become more active in the community. Individuals who are 18 years of age and/or older with autism, would be eligible to become a CAPS. They would use their experiences of living with autism and skills learned from the CAPS training course to: support youth, young adults, and adults with autism, promote self-knowledge and self-advocacy, and increase community participation.

In serving additional unique populations, our Refugee and Immigrant Affairs Unit continues to work to ensure equitable access to mental health resources for individuals from our refugee and immigrant communities throughout Philadelphia. Our ongoing community-based programs include Network of Neighbors, a program that engages with community members after violent events, and Engaging Males of Color (EMOC), which seeks to engage with, and connect to, young African American men in efforts to increase connection to treatment. Overall, DBHIDS' community-based programs seek to facilitate partnerships within the community and craft strategies that promote holistic wellness through recovery,

resilience, and self-determination. Activities include ongoing community events as well as the continued support of community-based mini-grants to ensure that community members have access to the resources they need to make their neighborhoods flourish. Moreover, DBHIDS remains committed to decreasing stigma around mental illness.

V. Conclusion

In closing, we appreciate the ongoing support of Council and the opportunity to highlight behavioral health as well as intellectual disabilities. We look forward to working with Council and other stakeholders to advocate for resources to support our most vulnerable people. My staff and I welcome the opportunity to meet with Council members at your convenience to engage in further discussions regarding content I have presented before you today. At this time, I am happy to respond to questions.

BUDGET SUMMARY & OTHER BUDGET DRIVERS

Staff Demographics Summary (as of November 2018): All Funds				
	Total	Minority	White	Female
Number of Full-Time Staff	263	204	59	182
Number of Exempt Staff	24	9	15	10
Number of Executive Staff (deputy level and above)	6	3	3	3
Average Salary, Full-Time Staff	\$72,277	\$70,470	\$78,525	\$71,908
Average Salary, Exempt Staff	\$89,364	\$95,116	\$85,912	\$87,685
Average Salary, Executive Staff	\$141,119	\$146,232	\$136,006	\$138,036
Median Salary, Full-Time Staff	\$71,871	\$71,671	\$74,160	\$71,771
Median Salary, Exempt Staff	\$79,825	\$77,250	\$81,370	\$80,855
Median Salary, Executive Staff	\$134,955	\$134,846	\$135,063	\$135,063

Employment Levels (as of November 2018): All Funds		
	Budgeted in FY19	Filled as of the Increment Run (11/18)
Number of Full-Time Positions	277	263
Number of Part-Time Positions	2	2
Number of Exempt Positions	26	24
Number of Executive Positions (deputy level and above)	6	6
Average Salary of All Full-Time Positions	\$65,535	\$72,277
Median Salary of All Full-Time Positions	\$65,883	\$71,871

General Fund Financial Summary by Class						
	FY18 Original Appropriations	FY18 Actual Obligations	FY19 Original Appropriations	FY19 Estimated Obligations	FY20 Proposed Appropriations	Difference: FY20-FY19
Class 100 - Employee Compensation	\$1,093,064	\$1,558,164	\$1,076,779	\$1,596,553	\$1,534,468	(\$62,085)
Class 200 - Purchase of Services	\$13,125,510	\$13,125,510	\$13,125,510	\$15,534,786	\$14,360,976	(\$1,173,810)
	\$14,218,574	\$14,683,674	\$14,202,289	\$17,131,339	\$15,895,444	(\$1,235,895)

Department of Behavioral Health & Intellectual disability Services

Fund	Class	FY18 Original Appropriations	FY18 Actual Obligations	FY19 Original Appropriations	FY19 Estimated Obligations	FY20 Proposed Appropriations	Difference FY20-FY19
General	Class 100 - Employee Compensation	1,093,064	1,558,164	1,076,779	1,596,553	1,534,468	(62,085)
	Class 200 - Purchase of Services	13,125,510	13,125,510	13,125,510	15,534,786	14,360,976	(1,173,810)
	Total	14,218,574	14,683,674	14,202,289	17,131,339	15,895,444	(1,235,895)
Other ¹	Class 100 - Employee Compensation	24,780,505	23,594,360	26,002,793	26,378,242	29,723,038	3,344,796
	Class 200 - Purchase of Services	1,544,269,088	1,225,454,949	1,545,607,560	1,435,756,405	1,555,295,513	119,539,108
	Classes 300/400 - Materials, Supplies & Equipment	285,000	645,532	250,000	250,000	250,000	0
	Class 800 - Payments to Other Funds	1,683,081	122,854	184,707	178,513	214,308	35,795
	Total	1,571,017,674	1,249,817,695	1,572,045,060	1,462,563,160	1,585,482,859	122,919,699
All	Class 100 - Employee Compensation	25,873,569	25,152,524	27,079,572	27,974,795	31,257,506	3,282,711
	Class 200 - Purchase of Services	1,557,394,598	1,238,580,459	1,558,733,070	1,451,291,191	1,569,656,489	118,365,298
	Classes 300/400 - Materials, Supplies & Equipment	285,000	645,532	250,000	250,000	250,000	0
	Class 800 - Payments to Other Funds	1,683,081	122,854	184,707	178,513	214,308	35,795
	Total	1,585,236,248	1,264,501,369	1,586,247,349	1,479,694,499	1,601,378,303	121,683,804

¹ "Other" includes the Grants Fund and the HealthChoices Behavioral Health Fund.

Contracts Summary (Professional Services only)						
	FY14	FY15	FY16	FY17	FY18	FY19 YTD (Q1 & Q2)
Total amount of contracts	\$11,095,368	\$11,667,684	\$14,554,002	\$14,480,005	\$15,665,706	\$16,292,306
Total amount to M/W/DSBE	\$1,669,768	\$1,547,173	\$1,854,005	\$1,854,005	\$2,113,690	\$1,930,244
Participation Rate	15%	13%	13%	13%	13%	12%

Total M/W/DSBE Contract Participation Goal (Public Works; Services, Supplies & Equipment; and Professional Services combined)			
	FY18	FY19	FY20
M/W/DSBE Contract Participation Goal	10%	10%	10%

PROPOSED BUDGET OVERVIEW

Proposed Funding Request:

The proposed Fiscal Year 2020 operating budget totals \$1,601,378,303, an increase of \$121,683,804 over Fiscal Year 2019 estimated obligation levels. This increase is primarily in the HealthChoices Behavioral Health Fund and is mainly attributed to a potential enrollment increase to address priority populations.

The FY20 operating budget request of \$1,601,378,303 includes \$15,895,444 in the General Fund, \$285,482,859 in the Grants Revenue Fund, and \$1,300,000,000 in the HealthChoices Behavioral Health Fund.

The proposed budget includes:

- \$31,257,506 in Class 100, a \$3,282,711 increase over FY19. This funding will support 7 additional General Fund staff to support encampment resolution and Opioid crisis response as well as 21 Grants Revenue funded positions, primarily to fill vacancies and bolster staffing in our program and information technology divisions.
- \$1,569,656,489 in Class 200, a \$118,365,298 increase over FY19. This increase is primarily in the HealthChoices Behavioral Health Fund and is mainly attributable to a potential enrollment increase to address priority populations.
- \$250,000 in Classes 300 and 400, with no change from FY19.
- \$214,308 in Class 800, an increase of \$35,795 over FY19, to cover overhead and payments to the General Fund from the Grants Revenue and HealthChoices Funds for Central Personnel charges commensurate with the projected increase in Class 100 costs.

STAFFING LEVELS

The department is requesting 291 budgeted All Funds positions for FY20, an increase of 14 over the FY19 adopted budget.

This funding will support 7 additional General Fund staff to support encampment resolution and opioid crisis response as well as 7 Grants Revenue-funded positions, primarily in our program and information technology divisions.

NEW HIRES

New Hires (from 7/1/2018 to 11/25/18)	
	Total Number of New Hires
Black or African American	9
White	1
Total	10

Since the increment run, DBHIDS hired three employees who identify as Black or African American and one who identifies as Asian.

PERFORMANCE, CHALLENGES, AND INITIATIVES

FY20 Performance Measures				
Measure	FY18 Actual	FY19 YTD (Q1 + Q2)	FY19 Target	FY20 Target
Unduplicated persons served in all community-based services, including outpatient services ¹	114,995	82,948	90,000	95,000
Number of admissions to out-of-state residential treatment facilities ^{2,3}	69	27	50	50
Number of admissions to residential treatment facilities ²	470	151	600	600
Percent of follow-up within 30 days of discharge from an inpatient psychiatric facility (adults) ⁴	48.3%	47.4%	50.0%	50.0%
Percent of readmission within 30 days to inpatient psychiatric facility (Substance Abuse & non-Substance Abuse) (adults) ⁵	12.9%	14.2%	15.0%	15.0%
Percent of follow-up within 30 days of discharge from an inpatient psychiatric facility (children) ⁴	76.2%	81.7%	80.0%	80.0%
Percent of readmission within 30 days to inpatient psychiatric facility (Substance Abuse & non-Substance Abuse) (children) ⁶	8.4%	8.5%	10.0%	10.0%

¹ This is a cumulative measure with the highest number of unique clients reported in the first quarter. This measure now includes all community-based treatment across DBHIDS (Outpatient, Family Services, Wrap-Around, School Services, Case Management, etc.). The number of unique members for Q2 is within the range of what is expected.

² Clients are unduplicated within the quarter, and the goal is to be below the target. The year-to-date total may contain duplicated clients if they were served in multiple quarters.

³ DBHIDS's goal is to treat all of the children needing services within the state and not have to look to out-of-state alternatives, so the goal is to keep this number low.

⁴ This measure includes discharges to ambulatory, non-bed-based care. The Department has a robust community-based continuum of care that includes Federally Qualified Health Centers (FQHCs), housing supports, case management, and Assertive Community Treatment (ACT) for members. The state-mandated follow-up measure, which is the numerator for the Department's 30-day follow-up rate, does not capture all services being provided across the Department's continuum of care. As a result, the actual follow-up rate is likely higher (and closer to the target). To address concerns regarding the rates of follow-up and readmission, DBHIDS, in conjunction with the state, has implemented initiatives that directly address provider oversight, service development, innovation, and quality assurance. One of the largest providers has no claims billed this reporting quarter. The Community Behavioral Health (CBH) claims team is looking into the issue and expects a positive impact for this measure once this is resolved.

⁵ To address concerns regarding follow-up and readmission rates, DBHIDS, in conjunction with the state, has implemented initiatives that directly address provider oversight, service development, innovation, and quality assurance.

⁶ This measure mirrors the adult measure above. CBH Member Services is asking providers to check in with members earlier after they are discharged (after five days, a decrease from six to seven days previously) and to maintain more up-to-date contact information for members. CBH anticipates that, once follow-up rates increase and there is more engagement by providers, the overall 30-day readmission rate may increase further.

OTHER BUDGETARY IMPACTS

Federal and State (Where Applicable)

HealthChoices Rates:

Each year, CBH receives a rate from the state which accounts for the amount of money that is expected to be spent on each member for approved services. The revenue that is received enables CBH to fund a network that provides essential medically-necessary interventions such as case management, mobile psychiatric rehabilitation, peer supports, a wide range of treatment options, and much more. However, it should be noted that, while CBH does provide a wide continuum of options, there are strict limitations placed by the federal government as to what services can and cannot be funded. As it currently stands, the Calendar Year 2018 HealthChoices rates received from the state of Pennsylvania were lower than the projected medical operational costs for the year. This is largely due to the fact that the cost of criminal justice-related services was not included in the appropriated rate and the funds allocated to serve CBH members for substance use related services was reduced. This limits the breadth of the services that can be provided and hinders our ability to support crucial city priorities.

Eighty-two percent (82%) (\$1.3 billion) of DBHIDS's budget is allocated via HealthChoices, Pennsylvania's Medicaid appropriation system, which is overseen by CBH who provides services to approximately 600,000 Philadelphians on Medicaid each month. Due to the Affordable Care Act (ACA) Expansion, 220,000 adults (1 out of every 6 Philadelphian adults) gained new coverage. If the provisions afforded under the ACA were to be altered, diminished, or eliminated entirely, it would greatly affect the scope of services provided and the number of people we can serve.

CONTRACTING EXPERIENCE

M/W/DSBE Participation on Large Professional Services Contracts with For-Profit Vendors											
Top Five Largest Contracts over \$34,000 for FY19											
Vendor Name	Brief Description of 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	Is This a Local Business? (principal place of business located within City limits) [yes / no]	Does the Vendor Have a Waiver for Living Wage Compliance? [yes / no]
Kutest Kids Early Intervention	Early Intervention	\$1,805,000	6/1/2016	7/1/2018	MBE: N/A	0%	\$0	0%	\$0	No	No
					WBE: N/A	0%	\$0				
					DSBE: N/A	0%	\$0				
Goldstar Rehabilitation, Inc.	Early Intervention	\$1,675,000	6/1/2016	7/1/2018	MBE: N/A	0%	\$0	0%	\$0	No	No
					WBE: N/A	0%	\$0				
					DSBE: N/A	0%	\$0				
JayCare, LLC	Early Intervention	\$1,495,000	6/1/2016	7/1/2018	MBE: N/A	0%	\$0	0%	\$0	No	No
					WBE: N/A	0%	\$0				
					DSBE: N/A	0%	\$0				
Kids & Family, Inc.	Early Intervention	\$1,275,000	6/1/2016	7/1/2018	MBE: N/A	0%	\$0	0%	\$0	No	No
					WBE: N/A	0%	\$0				
					DSBE: N/A	0%	\$0				
Sunrise Therapy	Early Intervention	\$1,175,000	6/1/2016	7/1/2018	MBE: N/A	0%	\$0	0%	\$0	No	No
					WBE: N/A	0%	\$0				
					DSBE: N/A	0%	\$0				

The majority of DBHIDS' for-profit providers, including those listed above, provide Early Intervention services. Early Intervention is an entitlement program, and DBHIDS must contract with Early Intervention providers who respond to RFPs. Several Early Intervention providers are known to be minority or female owned but choose not to pursue M/W/DSBE certification.

Department of Behavioral Health & Intellectual disability Services

Non-Profit Vendor Demographics		
Resources for Human Development	Minority %	Female %
Workforce	100%	64%
Executive	81%	75%
Board	62%	38%
Merakey	Minority %	Female %
Workforce	93%	73%
Executive	0%	0%
Board	54%	29%
Public Health Management Corp.	Minority %	Female %
Workforce	72%	77%
Executive	52%	81%
Board	52%	43%
Horizon House	Minority %	Female %
Workforce	92%	61%
Executive	60%	40%
Board	31%	19%
CATCH	Minority %	Female %
Workforce	81%	60%
Executive	33%	0%
Board	50%	33%

EMPLOYEE DATA

Staff Demographics (as of November 2018)					
Full-Time Staff			Executive Staff		
	Male	Female		Male	Female
	African-American	African-American		African-American	African-American
<i>Total</i>	44	141	<i>Total</i>	2	1
<i>% of Total</i>	17%	54%	<i>% of Total</i>	33%	17%
<i>Average Salary</i>	\$73,549	\$70,382	<i>Average Salary</i>	\$151,925	\$134,846
<i>Median Salary</i>	\$72,054	\$71,571	<i>Median Salary</i>	\$151,925	\$134,846
	White	White		White	White
<i>Total</i>	30	29	<i>Total</i>	1	2
<i>% of Total</i>	11%	11%	<i>% of Total</i>	17%	33%
<i>Average Salary</i>	\$74,502	\$82,688	<i>Average Salary</i>	\$128,755	\$139,632
<i>Median Salary</i>	\$73,265	\$76,749	<i>Median Salary</i>	\$128,755	\$139,632
	Hispanic	Hispanic		Hispanic	Hispanic
<i>Total</i>	3	5	<i>Total</i>	0	0
<i>% of Total</i>	1%	2%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$65,563	\$62,291	<i>Average Salary</i>	N/A	N/A
<i>Median Salary</i>	\$71,971	\$68,127	<i>Median Salary</i>	N/A	N/A
	Asian	Asian		Asian	Asian
<i>Total</i>	4	5	<i>Total</i>	0	0
<i>% of Total</i>	2%	2%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$63,419	\$66,407	<i>Average Salary</i>	N/A	N/A
<i>Median Salary</i>	\$62,070	\$70,040	<i>Median Salary</i>	N/A	N/A
	Other	Other		Other	Other
<i>Total</i>	0	2	<i>Total</i>	0	0
<i>% of Total</i>	0%	1%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	N/A	\$61,006	<i>Average Salary</i>	N/A	N/A
<i>Median Salary</i>	N/A	\$61,006	<i>Median Salary</i>	N/A	N/A
	Bilingual	Bilingual		Bilingual	Bilingual
<i>Total</i>	7	11	<i>Total</i>	0	0
<i>% of Total</i>	3%	4%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$67,064	\$66,594	<i>Average Salary</i>	N/A	N/A
<i>Median Salary</i>	\$71,971	\$70,040	<i>Median Salary</i>	N/A	N/A
	Male	Female		Male	Female
<i>Total</i>	81	182	<i>Total</i>	3	3
<i>% of Total</i>	31%	69%	<i>% of Total</i>	50%	50%
<i>Average Salary</i>	\$73,106	\$71,908	<i>Average Salary</i>	\$144,202	\$138,036
<i>Median Salary</i>	\$72,171	\$71,771	<i>Median Salary</i>	\$133,900	\$135,063

LANGUAGE ACCESS

1. Has your leadership received language access training?

Yes, the Director of Immigrant Affairs and Language Access Services has worked closely with the City of Philadelphia’s Office of Immigrant Affairs (OIA) to develop Language Access policies and procedures and has attended trainings. In turn, OIA has planned and coordinated trainings for targeted DBHIDS leadership staff, frontline staff, public-facing staff, and customer service staff, as well as our providers in accordance with DBHIDS’s language access plan.

2. Do you currently have a language access coordinator?

Yes, the Director of Immigrant Affairs and Language Access Services is responsible for developing and coordinating language access services for DBHIDS. Information on DBHIDS Immigrant Affairs can be found at: <https://dbhids.org/Immigrant-Affairs>

3. Has your department written a language access plan and is it posted online?

Yes, it can be accessed here: <https://beta.phila.gov/documents/language-access-plans>

4. Explain what your department has done to improve language access services over the past year.

DBHIDS has actively worked towards fully implementing its language access plan to improve and enhance language access services. Some of the activities from the last year include:

- Conducted an annual agency-wide training for internal staff and providers on language access, policies, and procedures.
- Translated vital documents to multiple languages.
- Coordinated and facilitated language interpretation throughout the city.
- Conducted community outreach, assessment, education, and linkage services throughout the city.
- Continued collaborating with the Office of Immigrant Affairs, Philadelphia Commission on Human Relations, and other city agencies to promote language access and cultural competency throughout DBHIDS.