

**DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL DISABILITY
FISCAL YEAR 2023 BUDGET TESTIMONY
APRIL 13, 2022**

INTRODUCTION

Good morning, President Clarke, and Members of City Council. I am Dr. Jill Bowen Commissioner. Joining me today are Dr. Tierra Pritchett, Deputy Commissioner of Administration, Finance, & Quality and Dr. Jean Wright, Deputy Commissioner of Behavioral Health, and Justice Division. I am pleased to provide testimony on the Department of Behavioral Health and Intellectual disAbility's Fiscal Year 2023 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 2023:

I. Introduction and Oversight

The Department of Behavioral Health and disAbilities Services (DBHIDS) oversees a network of providers who are 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 the people of Philadelphia with the greatest needs; making every effort to ensure Philadelphians have access to treatment, supports, and services. This work is organized through the seven 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), inclusive of services, as well as treatment for mental health and substance use disorders for the uninsured, under insured, or for non-billable services; 3. the Behavioral Health and Justice Division (BHJD), which focuses on the intersection between the criminal justice system and behavioral health; 4. the Office of the Chief Medical Officer, with an emphasis on behavioral wellness, at risk populations and the behavioral health crisis system; 5. the Division of Planning & Innovation (PI), which oversees community engagement, innovation, and operations; 6. the Division of Administration, Finance and Quality (AFQ); and 7. Community Behavioral Health (CBH), which is the City-governed non-profit managed care entity that funds behavioral health services for individuals eligible for Medicaid.

II. Overview of Supports/Services

Philadelphia has been tremendously impacted by trauma. In 2020, Philadelphia had the highest number of homicides in 30 years and in 2021, gun violence was up by 20% from 2020, resulting in 486 shooting deaths. 75% of those murdered were Black men (Forman, 2022). We continue to see increased incidents of gun violence, many frequently involving young people. In 2021, 213 children under the age of 18 were shot; 32 were fatally injured. We've seen the percentage of suicide-related incidents presenting at area emergency departments, increase by 29% in 2021, compared to percentages of presentations in 2019 (pre-pandemic). Our Crisis Response Centers saw a drop in presentations in 2020 and a return to pre-pandemic levels in 2021. During the decrease in presentations in 2020 children anecdotally presented with more acute symptomatology, perhaps contributed to by delays in addressing behavioral health concerns earlier in the course of their illness due to pandemic-related precautions. Our Philadelphia Crisis Line has seen a 21%

increase in calls in 2021 and supports provided by our Children's Mobile Crisis Teams increased 60% between 2020 and 2021.

Through an approach we refer to as TEC – Trauma, Equity, and Community - DBHIDS focuses our strategy on addressing trauma, achieving equity, and engaging Community. We do this by prioritizing initiatives that move us forward in these domains.

Behavioral Health Crisis 2.0

In 2019 DBHIDS began an effort to assess and map the Philadelphia crisis system – to identify gaps, throughput challenges, and opportunities for improvement. DBHIDS undertook a study of national models for best practices in crisis care. Site visits and meetings included: Worcester, Massachusetts; Denver, Colorado; Eugene, Oregon; LA County; Tucson Arizona; and Behavioral Health Link/Beacon Health in Georgia. In 2020 a Crisis 2.0 framework was finalized with a plan to expand the crisis continuum services.

Early in 2020, the COVID-19 pandemic began to change our lives. And later that year was the shooting death of Walter Wallace. This catalyzed the behavioral health crisis system transformation. With great urgency the model was further focused on the Philadelphia mobile crisis continuum. This model was created through input with stakeholders, including individuals and families with lived experience, and included community focus as a key component.

In 2021, 911 embedded behavioral health navigators helped develop a triage script designed to determine what types of calls would be referred to Crisis Intervention Trained (CIT) police, Co-responder Crisis Intervention Response Teams (CIRT), or to Community Mobile Crisis Response Teams (CMCRT) (social service only model); and developed a specialized crisis intervention training for 911 radio room staff. Simultaneously the Philadelphia Crisis Line reviewed the data to determine the expansion needs for the Philadelphia model – including expansion of calls to the Philadelphia Crisis Line (PCL) and increasing Community Mobile Crisis Response capacity. The mobile crisis capacity needed to expand significantly to meet the needs of Philadelphians experiencing a behavioral health crisis.

The goal was to create a Philadelphia model that would align with the priorities of TEC – reducing systemic trauma, creating greater equity, and engaging the community. Those experiencing a behavioral health crisis are already in distress. The Philadelphia model was designed to decrease that stress, focus on resolving the crisis in real time, and supporting individuals, families, and communities.

This regionalized expansion model was designed to decrease response times, increase community connection with the response teams, and reduce coercive interventions. A care traffic control technology platform was identified as critical to this expansion. Following demonstrations of multiple potential platforms, state grant funds were obtained in support of its development. With the support of the community, City Council and the Kenney Administration, city funding was obtained for FY22 for procurement, hiring, contracting, training, stand-up and operationalization of the CMCRT and PCL expansion. RFIs and RFPs were released, and ultimately additional providers were selected. The Mobile Crisis Learning Collaborative was designed and initiated and is currently well on its way to ensuring broad consistency of approach and providing the training and support necessary for success.

The Mobile Crisis Expansion and development of the Philadelphia Model is part of a wider Behavioral Health Crisis 2.0, which is expanding further with support money through state approvals for: a 5th adult CRC, which is in the final stages of procurement; a Behavioral Health Urgent Care Center (to be procured), and the development of mobile CIST (Community Intensive Stabilization Teams). Of the four CMCRT

providers, who will ultimately operate between 15-20 teams across the regions and across day, evening, bridge, overnight and weekend shifts, three are operational on the ground. By the end of 2022 we will have full implementation of CMCRT, the additional CRC in the process of standing-up, additional mobile CIST Teams and will have completed the Learning Collaborative and using the forum for ongoing lessons learned and quality improvement. This is a true Behavioral Health Crisis transformation.

Prolonged Trauma

DBHIDS hosts partnerships and trainings that work to create trauma-reducing systems throughout the city and to shift away from systems that are trauma-additive. Through our provider network of nearly 200 providers and community-based organizations, we support 37 trauma-focused programs, intentionally organized this year into four main categories of services. Our approach has been to integrate these 37 initiatives into a clear continuum that supports wellness and healing in the face of multiple layers of trauma: 1) Individual Interventions, 2) Community Based Interventions, 3) Web based resources and trainings, and 4) Hospital Based Programs.

Integration must also address the social drivers and determinants of health: poverty and housing, education and employment, safety, and criminal justice involvement. These are essential contributors of behavioral health and wellness.

Our efforts include the scaling up of effective strategies to blanket the city with trauma supports, wellness efforts, education, and skills to address not only the needs that are so evident today, but to prepare for tomorrow. For some, the impact of prolonged trauma can take years to fully manifest and to resolve. We have seen that in other disasters and their aftermath and we can expect to see that after the uncertainties that included insecurities and stressors at every turn - around individual and loved one's health, housing, jobs, safety – all occurring within an atmosphere of isolation, and disconnection from communities and routines. In the place of uncertainty, we need certainty; in the place of disconnectedness, we need community. The DBHIDS strategy is to build up what works – what has been effective and most requested – to close gaps on knowledge and make a robust continuum of services more accessible. Below are some highlights.

Individual Interventions

Children's Trauma Services and Children's Crisis Continuum

To ensure we are prepared to serve children, in addition to a children's crisis continuum including Crisis Response Centers, Urgent Care and Children's Mobile Crisis; children's services are available through our network of providers. For those who have been exposed to traumatic events, we also offer state-of-the-art trauma-specific evidence-based treatments through the Philadelphia Alliance for Child Trauma Services (PACTS). PACTS is a network of child-serving systems and organizations, whose mission is to increase the number of youths who receive effective trauma-focused and trauma-informed care in Philadelphia. PACTS works to achieve this goal by increasing the capacity of behavioral health, pediatric, educational, and other child-serving systems to utilize trauma screenings and assessments and provide Evidence-Based Practices to youth and their families.

PACTS Network Providers have the capacity to provide Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and are intentional about making sure providers are in the various high-need communities across Philadelphia. Before PACTS was implemented there were only three agencies that specialized in pediatric trauma. Currently, there are approximately 115 active TF-CBT clinicians across 22 locations and 20 provider agencies. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) helps children and their caregivers overcome the impact of traumatic events through psychoeducation, creating a safe space to process the event, and developing new coping strategies. This evidence-based treatment is highly effective for traumatized youth 3-18 years of age.

Services in Schools

Delayed by the pandemic, this year we were able to roll out the new continuum more fully for children in schools, as well as the community. CBH contracts with 27 agencies to provide Intensive Behavioral Health Services (IBHS) in 242 schools across the city. IBHS improves access and quality of care for children and includes individual therapy, family therapy, individualized services by a Behavioral Health Technician, case management services, and family peer services. Students receiving IBHS are supported across environments inclusive of home, school, and community. Training is currently underway so that providers can expand their skills in treatments such as Cognitive Behavioral Therapy (CBT), Cognitive Behavioral Intervention for Trauma in Schools (CBITS), that will serve children in grades 5-12, and Bounce Back which is group therapy for children who are experiencing traumatic stress, that will serve children in grades K-5. Nearly 6,000 children are served in schools through our Intensive Behavioral Health Services, with additional resources provided to IBHS providers to enhance their ability to address the impact of trauma on children and their families, particularly in schools at high risk for gun violence.

Other supports provided by DBHIDS in schools are School-Based Prevention Services. These services are also being expanded to support the intensive trauma that continues to affect our children. The goal of these services is to support Philadelphia residents and families through prevention, education, policies, and environmental strategies (reducing risk factors and increasing protective factors). Our Student Assistance Prevention program (SAP) is available in all public schools across the city, including some Charter, Cyber and Parochial schools. SAP provides behavioral health assessment and consultation services to ensure that all behavioral health needs that impact school performance, are met. During FY21 and FY22, a process was developed so that children could complete the pre/post-tests online. In FY22, The Prevention Unit applied for and received a state grant to expand prevention services in the 2022-2023 school year, including in schools identified last year as having been impacted most by violence, as well as in those schools most impacted by the substance use crisis.

Community-Based Interventions

Network of Neighbors

Network of Neighbors: A Trauma Response Network. The Network of Neighbors is a community-driven trauma response network. A trauma response network works to reduce violence and trauma by responding to it by working alongside the community to address their experience, define needs and boundaries, and puts community safety and choice first. The Network of Neighbors is composed of community members trained to support — and lead — responses to stress, trauma, loss, and violence within their own communities and aligns with local and citywide supports to protect the safety, dignity, and voice of the impacted community. Often highlighted as one of the most sought-after and highly regarded community support programs, the Network of Neighbors responds to invitations by communities in response to trauma. Communities may be defined as neighborhoods, but they may also be defined in many other ways, such as rec centers, places of worship, workplaces, schools. The Network responded to more than 88 schools (SDP, Mastery, Private, Charters), of which 53 of the 88, were gun violence related and the other half were in response to a range of stressors, between September 2020, to present, as well as to those experiencing traumatic loss in the wake of the devastating fire in Fairmount.

The Network is focused on addressing the impact of trauma within communities. The Network utilizes Psychological First Aid (PFA) and Post-Traumatic Stress Management (PTSM), two trauma-informed interventions for supporting communities impacted by trauma. DBHIDS Network Response Planners and Community Trauma Responders work with communities, schools, and organizations to address traumatic stress associated with sudden loss, tragic accidents, community violence, suicides, burnout, or ongoing circumstances such as living or working in a neighborhood plagued by high rates of gun violence. The

Network allows the community to define what they deem as traumatic, and supports are driven by the needs of the community. Consistent with the Trauma Informed Care (TIC) principles, the Network utilizes the ASK Model, providing support when requested and invited by the community to promote choice. The Network works with members of the impacted community, also known as Community Connectors, to thoughtfully plan responses so that the community's voice drives the process.

Since we know that communities have the power to heal, we have sought and are pleased to report, that we have received additional state funding to expand the Network of Neighbors to add additional Response Planners and Community Trauma Responders to be organized in regional teams for increased capacity and access. The Network of Neighbors will have notable increased capacity to engage communities, respond to invitations to support and train community members; to spread the skills and enhance the strengths that reside within communities.

Engaging Males of Color (EMOC)

Developed in 2013, Engaging Males of Color (EMOC) is a targeted initiative designed to address the impact of health, economic, and educational disparities experienced by males of color. The DBHIDS EMOC Committee is made up of a culturally diverse group of men (African American, African, Asian, Caribbean, Latino) of all ages working in collaboration with community members, academic advisers, and system partners to achieve its vision and mission. The EMOC Initiative aims to cultivate equity and is designed to address the impact of health, economic, and educational disparities experienced by males of color throughout the Philadelphia region and improve their overall quality of life. Through the healing power of storytelling, community, and sharing of experiences, EMOC continues to foster deep connections to communities and reduce behavioral health stigma. This past year, EMOC focused on subject areas including males of color impacted by social justice issues and the unique relationship between fathers and sons. Through the partnership with the Father's Day Rally Committee (FDRC), EMOC engaged 21 young men (along with their families and support network) who had been released/discharged from the Juvenile Justice Services Center (JJSC). Due to the COVID-19 social distancing requirements and the decrease in the ability to provide onsite programming at the JJSC, the FDRC staff provided employment and mental health resources to the young men and their families to ensure they had access to social service supports remotely network. In June of 2021, the JJSC resumed in-person programming and weekly sessions.

In collaboration with First Person Arts (FPA), EMOC released the short film "Letters to My Father, Letters to My Son: Evolutions," focusing on the stories of fathers and sons from five men and one woman. The event yielded 342 people who watched the event either by Zoom event or YouTube. The film continues to be used at community events and as an engagement tool for men and boys of color. EMOC in partnership with First Person Arts held another impactful storytelling event, "Beyond Numbness and Anger," focusing on two areas of concern that were highlighted while surveying the community in the Fall of 2020. The two areas that were highlighted were the challenges of feeling numb to societal and personal issues, as well as the heightened levels of anger that arise from navigating traumas as men of color. EMOC also developed the first podcast series, titled "Love in the Heart of the City," which provided heartfelt interviews with six men of color, discussing a range of issues including self-care, identity, social justice and coping through trauma. On May of 2021, in collaboration with FPA, EMOC released the short film, "We Breathe, We Live: Protest Stories" on WHYY. This film featured men of color from various backgrounds and experiences who shared their personal narratives reflecting on the one-year anniversary of the murder of George Floyd. The film received 9,600 viewers on that evening and an additional 1,000 viewers who screened it on WHYY's website through July 31st.

The film titled, Opioids: A Breakdown of The Invisible Overdose Crisis in the Black Community, a DBHIDS watch party and discussion with the filmmakers of this powerful short production took place on Tuesday, Aug. 31 on International Overdose Awareness Day. The Opioid Film itself has 111 views and the Opioid film with the live discussion has 117 views with a total of 228 views and is still available and can be accessed today. The film maker, Richard Patterson, who finished a three-year prison sentence in 2013, took part in the SHOOTERS program: a media development program for formerly incarcerated individuals. His goal for the documentary film is to start a national conversation about the language of the opioid crisis and to use it as a tool to spread awareness of the epidemic to Black communities. For more information, go to <https://dbhids.org/about/organization/planning-innovation/community-based-services-development-unit/opioid-film/#toggle-id-2>

As with The Network of Neighbors, Engaging Males of Color is also being expanded, as an additional example of an effective and highly sought-after innovative program identified for scale up as we continue to address the prolonged trauma of our community. DBHIDS is currently developing the infrastructure for an Engaging Women of Color (EWOC) initiative, to focus on identified health disparities for women and girls of color, their, strengths, and the power of community to heal.

Community Wellness Engagement Unit

The Community Wellness Engagement Unit (CWEU) is designed to provide greater access to Behavioral Health support, guidance, and linkages to care on a community level. Each City Council District will ultimately be able to access the teams, consisting of a Certified Peer Specialist (CPS) and Certified Recovery Specialist (CRS) of varying concentrations as well as a Behavioral Health Specialist, regularly available in the community to provide necessary support.

CWEU has been a continual source of support throughout the pandemic as well as in the work to address the opioid and other substance crises. The Community Wellness Engagement Unit was involved in the City's COVID-19 vaccination site at the Philadelphia Convention Center, providing Behavioral Health and Peer Support Resources. As the Opioid crisis in Kensington and other areas of the city continues, CWEU was instrumental in elevating the conversation related to physical health wounds observed among individuals suffering with opioid use disorder. Conversations yielded deeper discussions with the Philadelphia Department of Public Health and leaders of the Kensington Coordinated Strategy team. CWEU also connected with community organizations like the Salvation Army for care packages to be used at on-foot engagements.

CWEU also supported the Autism community through a partnership with DBHIDS division of Intellectual disAbilities Services and the Philadelphia Autism Project, as well as working with Community Autism Peers Specialist (CAPS) to raise awareness of awareness of autism spectrum disorder (ASD) and to provide a safe space for individuals living with ASD to meet and share challenges and successes.

Despite the continued challenges presented due to COVID-19 in 2021, CWEU had over 1,065 encounters resulting in 278 referrals to treatment programs. CWEU will continue to build collaborative relationships with community and faith-based organizations to ensure that community members are aware of and have access to DBHIDS resources. CWEU, another effective program to support wellness and close gaps in access, is also being expanded to further reach across the city, in all council districts, and contribute to DBHIDS' efforts to blanket the city with trauma supports

Web Based Resources and Trainings

- In spring 2021 DBHIDS launched a public awareness campaign titled “Boost Your Mood.” The campaign brings behavioral health resources — including wellness tips and emergency and non-emergency behavioral health phone numbers — directly to the community using a scannable QR code or by going to www.DBHIDS.org/boost. The Boost Your Mood campaign offers resources in multiple languages dedicated to helping all Philadelphians. Boost Your Mood includes resources from phone numbers for direct and immediate care to an anonymous screening to help people understand their needs, to information about specialized care for children and families, addressing trauma and violence, resources for faith and spiritual leaders, and much more.
- In January 2022, with the input and assistance of community members, we created a trauma palm card designed to provide clear information to the public on how to identify signs of trauma and how to access both individual and community supports. The card is the first of a series of palm cards that will both inform and help people navigate the various supports available based on specific traumatic events such as violence, community trauma, pandemic isolation, grief and loss, vicarious trauma, and others. Our communication plan includes providing information door to door, in neighborhoods highly impacted by poverty and crime and through of our city agencies and community-based organizations in an effort to remove from the equation, “I don’t know what to do.”
- Mental Health First Aid (MHFA)/Youth MHFA is an eight-hour course that teaches the skills needed to identify, understand, and respond to signs of behavioral health challenges or crises. Philadelphia is one of the first metropolitan areas in the U.S. to implement MHFA on a large scale. DBHIDS offers the training free of charge for individuals who live, work, or study in the City of Philadelphia. Since the beginning and throughout the pandemic, these trainings have been offered virtually, allowing many organizations that were once unable to send people “in person,” to attend and have the opportunity gain the program’s national certification. The Behavioral Health Training and Education Network (BHTEN) provides trainings addressing trauma for providers along with several other trainings. Three hundred (300) Philadelphia School District counselors and behavioral health support staff received training in November of 2021, and 865 individuals across a variety of stakeholders received trauma awareness training in FY21. The trainings are critical in this time of challenge for all Philadelphians, particularly our youth, to increase the ability to identify signs and symptoms of behavioral health challenges as early as possible, and to link up to the appropriate supports and services. Trainings offered this past year include:
 - Trauma Resilience Series on: Understanding Trauma: The Impact and Intervention of Responding to Vicarious Trauma, Trauma Informed Supervision
 - Psychological First Aid
 - Racial and Social Justice Series (trauma specific sessions) Understanding and Addressing Intergenerational Trauma, Trauma Narratives and Urban Youth, Navigating Self Care Amid Daily Microaggressions
 - Community Resilience Model
 - Trauma Theory 101
 - Recognizing What Can Motivate Trauma Related Behavior
 - Trauma Informed Tools and Support for Recovery

- Trauma and Resilience
- Mindfulness Series

Hospital Based Programs

DBHIDS also provides funding for trauma-specific behavioral health, case management, and other components of intervention and prevention of future violence through the Healing Hurt People (HHP) program. HHP's hospital-based violence intervention program serves young men and women exposed to violent injuries at Tier-One Trauma Centers across the City. Healing Hurt People provides trauma-informed case management services, peer mentoring, and referral linkages coordination to individuals between 10 to 29 years of age. For those who successfully complete the program, there are measurable decreases in PTSD prevalence and depression. In addition, DBHIDS continues to support the efforts of the Cure Violence program, a community-based violence intervention program that serves individual survivors of gun violence in the 22nd and parts of the 39th District. Cure Violence promotes early peer engagement, community outreach and engagement to reduce retaliation, and peer conflict mediation to reduce school and community violence.

Partnerships with other City Wide, Trauma related Efforts

Philadelphia Road Map for Safer Communities (PRSC)

We are key contributors and significant partners in the overall city strategy. DBHIDS has been an active participant in the Philadelphia Road Map for Safer Communities (PRSC) since its inception in 2019. We serve on the Executive Implementation Team, the Social Services Workgroup for Group Violence Intervention (GVI), and the Tactical Team (focused on city agencies supporting PPD in their efforts to reduce gun violence in the 11 pinpoint areas). DBHIDS developed tailored plans for both the Tactical Team and Group Violence Intervention to support the efforts of our public safety partners and directly serve impacted communities. Through these approaches, DBHIDS has deployed multiple trauma supports and services in response to incidents of gun violence across the city to connect individuals and families to needed supports and help communities heal.

III. Conclusion

In closing, we appreciate the ongoing support of Council and the opportunity to highlight behavioral health, and intellectual disability supports and early intervention services. The past year has been particularly challenging as our city has faced multiple layers of trauma. The approach this past year has been to reduce systemic trauma in the Behavioral Health Crisis 2.0 transformation, in which the stand-up of the mobile crisis continuum, embedded behavioral health navigators, triage to shift more behavioral health calls into the behavioral health system, and readiness of the DBHIDS Philadelphia Crisis Line for the upcoming 988 roll out, have been central components. Prolonged Trauma Transformation was intensified throughout the year via integration of the continuum of trauma focused initiatives, services, and treatment, as well as the assessment and development of expansions of community focused trauma-reducing initiatives, such as Network of Neighbors: A Trauma Response Network and Engaging Males of Color and the Community Wellness Engagement Unit (CWEU). Enhanced Trainings, including virtual Mental Health First Aid (MHFA) and Youth MHFA, and Trauma trainings were facilitated and made available through our Learning Management System. The efforts are intended to blanket the city with trauma supports. DBHIDS is committed to working with our city partners, community stakeholders, and provider network to safeguard the health and wellbeing of all Philadelphians. 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 and my colleagues are happy to respond to questions.

BUDGET SUMMARY & OTHER BUDGET DRIVERS

Please refer to attached FY23 Budget Hearing Summary Charts in section 1: Staff Demographics Summary, section 2; Employment Levels, section 3: Financial Summary by Class, section 6: Participation Rate and Goal.

PROPOSED BUDGET OVERVIEW

Proposed Funding Request:

The proposed Fiscal Year 2023 General Fund budget totals \$27,278,423, an increase of \$3,699,367 over Fiscal Year 2022 estimated obligation levels. This increase is a mainly a result of a budget increase for the Mobile Crisis program.

The proposed budget for Fiscal Year 2023, includes:

- \$3,554,824 in Class 100, an increase of 16.6% or \$591,778 over FY22.

DBHIDS received an additional amount of \$820,349 for 12 new positions in FY23, which staff the Mobile Crisis/Philadelphia Crisis Line programs. This increase will help to allow DBHIDS to continue to provide the best Mental Health services to Philadelphia populations.

In addition, DBHIDS transferred five (5) City of Philadelphia Law Department employees from the DBHIDS budget to the Law Department Budget for a total transfer amount of \$336,913.

- \$23,723,599 in Class 200, represents an increase of 13.2% or \$3,150,789 over FY22. This increase is a result of a budget increase for the Mobile Crisis program.

DBHIDS received additional Class 200 funding for the Mobile Crisis program in the total amount of \$6,516,203.

DBHIDS also received \$65,384 for the BJA - Justice and Mental Health Collaboration Program to support incarcerated individuals with serious mental illness (SMI) or co-occurring SMI and substance use disorders (SMI/SUD) by facilitating connections to community-based treatment and reentry supports.

- The FY22 funding associated with Class 300/400 for the purchase of computers to support mobile crisis teams, the Philadelphia crisis line, 911 triage, and the co-responder strategy is discontinued in FY23.

STAFFING LEVELS

DBHIDS is budgeted for 345 total (all funds) positions for FY23, an increase of 24 positions over FY22. The reorganization of the Behavioral Health Division for additional 12 positions for the Mobile Crisis/Philadelphia Crisis Line programs, and Intellectual disAbility Services Division (IDS) account for an additional 11 positions as part of the FY23 budget. The remaining 6 positions will support administration. DBHIDS transferred 5 Law Department employees from the DBHIDS budget to the Law Department Budget.

NEW HIRES

Please refer to attached FY23 Budget Hearing Summary Charts in section 8: New Hires Information.

PERFORMANCE, CHALLENGES, AND INITIATIVES

Administration, Finance, and Quality (AFQ)

Performance Measure	FY21 Year-End	FY22 Target	FY23 Target
Employee satisfaction	339	250	250
Employee participation in wellness activities	695	275	275

Program FY23 Strategic Goals

- Improve current recognition program for DBHIDS staff who achieve designated employment milestones.
- Continue to improve the onboarding process for new employees.
- Oversee departmental “Service Excellence” trainings for all DBHIDS employees.
- Expand wellness efforts with DBHIDS’ Diversity, Equity, and Inclusion (DEI) unit in support of DBHIDS and sister agency staff via internal Healing Spaces.

Behavioral Health

Performance Measure	FY21 Year-End	FY22 Target	FY23 Target
Number of community-based behavioral health screenings events	71	125	125
Number of individuals trained in Mental Health First Aid	633	2,200	2,200
Number of EDS with a Warm Handoff (WHO) process	13 EDS/ 23 CRSs	16 EDS total	16 Eds
Number of Innovative Community events/programming	404	270	300
Sponsored community events attendance	814	600	650

Program FY23 Strategic Goals

Warm Handoff

- Reduce overdose fatalities citywide with the goal of having the WHO process in 16 Emergency Departments (EDs).
- Develop a sustainability plan for WHO programming as a Medicaid billable service.
- Enhance telephonic/telehealth, naloxone distribution, and data collection capabilities of the WHO Program.
- Develop specific, measurable, attainable, realistic, and time-bound (SMART) objectives for hospital EDs and CRCs that serve individuals with substance use disorder (SUD).
- After a critical analysis of FY21 service delivery data, DBH will work closely with providers to outline service objectives and benchmarks that meet the needs of each hospital system.

Innovative Community Events

- Create new strategies to address trauma associated with rising gun violence and homicide numbers across the city by utilizing conversation and the arts to make authentic connections and impact. Also, re-engage youth-serving organizations to meet this desired outcome.
- Create new content with First Person Arts, including short films and virtual programming to spark healthy conversations about mental health and reduce stigma.
- Continue to partner with other City entities, including the Mayor's Office of Black Male Engagement, Mayor's Office of Diversity, Equity and Inclusion, and the Managing Director's Office to address issues impacting males of color.

Sponsored Community Event

- Continue to track the number of participants at community engagement events.
- Increase the number of events to address the stress and trauma associated with community violence, economic uncertainty, and systemic racism.
- Increase the number of virtual and hybrid events to increase reach of vulnerable individuals in the community.

Community Behavioral Health Screenings

- Increase the number of Community Behavioral Health Screening events (in-person or virtual) by 25 percent reaching 125 individuals each event
- Actively engage non-traditional communities in non-traditional locations (office buildings, banks, malls, college student centers, outdoor food markets, nursing homes, and gyms).
- Diversify demographics (through planned awareness campaigns) of those who complete a screening in the community, online or via virtual events, and reach targeted populations through innovative partnerships such as The Food Trust and DBHIDS collaborations with physical health partners (i.e., Health Partners Plans, Independence Blue Cross (IBX)).
- Increase the number of eligible providers trained to host community screening events from 60 to 70 and increase the number of screenings in zip codes where there is less presence (i.e., Northeast Philadelphia and South Philadelphia).
- Expand [online presence of screenings](#) with a goal of 3,000 screenings per month.

Mental Health First Aid

- Increase the number of people trained virtually and in-person. Target audiences are the workforce, public safety, and college campuses.
- Continue to offer trainings for the School District of Philadelphia staff utilizing a cohort of in-house instructors, as well as School District instructors.
- Reach out to organizations whose certifications expired in 2020 and reschedule (in-person or virtual) trainings as soon as permitted in 2022.

HealthChoices/Community Behavioral Health

Performance Measure	FY21 Year-End	FY22 Target	FY23 Target
Unduplicated persons served in all community-based services, including outpatient services	92,909	90,000	90,000
Number of admissions to out-of-state residential treatment facilities	39	50	50
Number of admissions to residential treatment facilities	124	350	350
Percent of follow-up within 30 days of discharge from an inpatient psychiatric facility (adults)	51.4%	46.0%	46.0%
Percent of readmission within 30 days to inpatient psychiatric facility (Substance Abuse & non-Substance Abuse) (adults)	15.3%	11.75%	11.75%
Percent of follow-up within 30 days of discharge from an inpatient psychiatric facility (children)	72.4%	46.0%	46.0%

Percent of readmission within 30 days to inpatient psychiatric facility (Substance Abuse & non-Substance Abuse) (children)	10.8%	11.75%	11.75%
Number of initiatives with Identified Outcome Measures and percent of initiatives with viable Sustainment Plans	30 new initiatives will have outcome measures and 30% of the initiatives will have viable sustainment plans	12 out of 12 new initiatives will have outcome measures and 15% of the initiatives will have viable sustainment plans	12 out of 12 new initiatives will have outcome measures and 15% of the initiatives will have viable sustainment plans
Percent of providers that receive satisfactory credentialing status	75%	75%	75%

Program FY23 Strategic Goals

- CBH, in partnership with DBHIDS, will significantly expand Medicaid-funded, community-based crisis response services by utilizing procurements to choose and assign respective providers via a regionalized approach for new Adult Mobile Crisis teams and Community Integrated Recovery Teams (a co-responder model with Philadelphia Police Department). Soon, the Department will issue a procurement for a fifth site-based, 24/7 Crisis Response Center (CRC), in the wake of the closing of the CRC at Mercy Hospital in 2020.
- CBH plans to have "open network" opportunities to be able to add specific categories of services to expand access to those services for which there are potential emerging access challenges. These services could include Psychiatric Outpatient (both clinics and independent practitioners/group practices), Psychiatric Residential Treatment Facilities for children/adolescents, and Applied Behavioral Analysis (ABA), as part of an IBHS license and/or Acute Inpatient.
- CBH will use predictive modeling to identify members who are at higher risk of not following-up from Acute Inpatient Psychiatric facilities (AIP) and will tailor interventions to address the needs of that population.
- The CBH Complex Case Management team will resume face-to-face meetings with members who have been admitted to AIP, to ensure that their needs during treatment and after discharge are being met.
- As in-person services increase, schools continue to adjust to operating during a pandemic, and providers continue to offer telehealth behavioral health services. The expectation is for the number of individuals accessing community-based services to increase in FY22.
- Identify grants, philanthropy, and other opportunities to create sustainment for reinvestment plans.
- Continue work with providers within the network to improve their overall credentialing status.

Intellectual disAbility Services

Performance Measure	FY21 Year-End	FY22 Target	FY23 Target
Number of referrals from all system partners, specifically DHS, PDPH, OHS, for children at special risk for social emotional concerns	592	595	600
Number of Early Intervention providers trained in evidence-based intervention for social emotional concerns.	21	33	33
Number of infants and toddlers who receive evidence-based interventions for social emotional concerns.	Prior Year Data is not Available	500	500

Program FY23 Strategic Goals

- Aligned with the Strategic Initiative of DBHIDS’s Prioritizing to Address the Changing Environment (PACE), IDS will increase the number of referrals in ITEI from the Department of Human Services (DHS).
- In FY23, IDS will begin training another group of Early Interventionists to be certified in Attachment Biobehavioral Catch-Up (ABC) Infant and Toddler, to increase the availability of this highly effective intervention for families. The goal is to train 15 coaches in ABC Infant and 15 coaches in ABC Toddler.

OTHER BUDGETARY IMPACTS

Federal and State (Where Applicable)

Each year, CBH receives a rate from the state which accounts for 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 Federal limitations on what services can and cannot be funded through this funding stream. As it currently stands, the Calendar Year 2022 HealthChoices rates received from the state of Pennsylvania were on target compared to our actuarial projection for the year. The largest increases in the 2022 Capitation were for Addiction Recovery Services and Children's Services.

Seventy-eight (78) percent, or \$1.30 billion of DBHIDS' budget is allocated via HealthChoices, Pennsylvania's Medicaid appropriation system, overseen by CBH, which provides services to the 725,749 Philadelphians on Medicaid. As a result of the Affordable Care Act (ACA) Expansion, 221,893 adults (one of every five adult Philadelphians) gained new Medicaid 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 who could be served.

CONTRACTING EXPERIENCE

Please refer to attached FY23 Budget Hearing Summary Charts in section 4: Contracts Summary.

EMPLOYEE DATA

Please refer to attached FY23 Budget Hearing Summary Charts in section 7: Staff Demographics.

LANGUAGE ACCESS

1. Provide the name of your language access coordinator, the date of your last department training, and a link to the posting of your language access plan.

- a. DBHIDS Language Access Coordinator is Sarorng Sorn, Director of Immigrant/Refugee Affairs and Language Access Services, Sarorng.sorn@phila.gov.
- b. During the Pandemic, DBHIDS developed and implemented Language Access E-Learning Course for its staff in October of 2020, and it remains available for new hires and existing staff.
- c. Language Access E-Learning launched in April 2021, and virtual training for providers took place on March and April 2021.
- d. [DBHIDS Language Access Plan can be reviewed here.](#)

2. Breakdown new hires and existing staff by race and language. Breakdown how many front-line personnel are trained to provide language access services.

DBHIDS Diversity Composition – Effective 12/31/2021

Ethnic Group Name	Headcount	% of Total
Asian (Not Hispanic or Latino)	8	3.4%
Black or African American (Not Hispanic or Latino)	167	70.5%
Hispanic or Latino	12	5.1%
Two or More Races (Not Hispanic or Latino)	4	1.7%
Unassigned	4	1.7%
White - Any White background	42	17.7%
Grand Total – Source OnePhilly	237	100.0%

Department of Behavioral Health and Intellectual disAbility

Bilingual Staff Data		
Language	# of Bilingual Employees in FY20 (July 1, 2019 - June 30, 2020)	# Of Bilingual Employees in FY21 (July 1, 2020 - June 30, 2021)
Arabic	1	1
Chinese (Mandarin)	8	11
French	2	3
Haitian Creole	2	2
Nigerian	0	1
Russian	1	1
Spanish	12	14
Yoruba/Pigin	1	1
Others	15	14
TOTAL	42	48

Personnel are trained to provide language access services: About 130 frontline personnel participated in the virtual presentation on how to use language access services with language access protocol for reference. These personnel include Community Wellness Engagement Team, Homeless Services, and Crisis Team, and Language Access Steering Committee.

3. How many requests for language access services did your department receive in the past year? How many language access services were delivered by staff? Breakdown language access services provided, by language, including but not limited to the language line, translation of public notices and documents, website language services, and advertisement/publication services.

Language Access Data Report for FY21 (July 1, 2020 - June 30, 2021)	
Department/Agency	DBHIDS (All Divisions)
Language Access Coordinator	Sarong Sorn

Language	Type of Services Provided to LEP Customers (# of Interactions)				Total # of LEP Interactions
	In-Person and/or Remote Interpretation (Non-Staff)	Telephonic Interpretation (OPI)	Bilingual Staff Interactions*	Other (please specify):	
Albanian (including Gheg)	9	14			23
Amharic	4	8			12
Arabic	103	164			267
Bengali (including Sylheti)	17	24			41
Cambodian (including Khmer)	17	27			44
Chinese (Cantonese)	25	35			60
Chinese (Mandarin)	68	159			227
French	12	13			25
Haitian Creole	19	31			50
Indonesian (Bahasa Indonesia)	5	5			10
Portuguese	176	215			391
Russian	62	68			130
Spanish	698	1215			1913
Swahili	1	9			10

Department of Behavioral Health and Intellectual disAbility

Ukrainian		0		0
Vietnamese	60	80		140
Other, Akan (Twi)	4	4		8
Other, Amazigh (Maghrebi)	1	1		2
Other, Burmese	2	10		12
Other, Chinese-Other (Fukienese, Fujianese, Fuzhou, Fuchou, Hakka, Shanghainese, Toishanese, Wuzhou, Wenzhou)	1	3		4
Other, Creole English (Liberian Kreyol, Krio, and Nigerian Pidgin)	1	1		2
Other, Dari	4	5		9
Other, Ethiopian (Harari, Oromo, Oromifa, Tigrinya, Tigrigna)	2	2		4
Other, Farsi (Persian)	32	40		72
Other, Filipino (including Tagalog, and Manobo)	2	2		4
Other, Greek	1	1		2
Other, Hebrew	2	2		4
Other, Italian	1	5		6
Other, Karen	1	1		2
Other, Malayalam	2	10		12
Other, Nepali	1	10		11
Other, Pashto	14	15		29
Other, Polish		5		5
Other, Punjabi	1	1		2
Other, Tajik (Tadjik)	1	1		2
Other, Thai	3	3		6
Other, Turkish		0		0

Other, Urdu	1	8			9
Other, Uzbek	4	11			15
Total	1357	2208	0	0	3565

** Currently, there’s no tracking mechanism for bilingual staff interactions with LEP. The department is working in collaboration with the Office of Immigrant Affairs to develop a tracking tool that will allow to capture future interactions.*

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

DBHIDS has developed and disseminated language access protocol/procedure to all DBHIDS employees and providers and posted on intranet. DBHIDS also developed and implemented Language Access eLearning Course for DBHIDS employees and provider and grantee workforces. Established Language Access Steering Committee that guides, support, and assist with Language Access Plan. We meet monthly to discuss challenges and plans to continue to enhance the services. We also have 19 vital documents translated into multiple languages and disseminated them in multilingual communities throughout the city. We actively outreach and engage community partners and organizations serving multilingual communities to share resources and promote language access services

Finally, we have developed the Immigrant/Refugee Wellness Academy (IRWA), a no cost training program designed to empower and prepare Philadelphia's multilingual/multicultural immigrants and refugees with knowledge, resources, and tools necessary to engage in activities that address behavioral health and intellectual disability challenges, trauma, and inequity experienced within the immigrant and refugee community. The goals are:

- Increase access to care for immigrant/refugee and special populations
- Expand service delivery for the limited English proficient (LEP) and special populations.
- Promote education and increase awareness to reduce the associated behavioral health and intellectual disability stigma.
- Create training, leadership, and professional development opportunities for immigrant and refugee community
- Establish cohorts of diverse behavioral health trainers with linguistic and cultural expertise.
- Develop a pipeline of diverse workforce and with linguistic and cultural expertise.

Notes: The overall count of bilingual employees was provided by DBHIDS (City) Human Resources as of February 2022. This includes employees who self-reported a language other than English. DBHIDS will create a process to collect relevant information for the coming years. We were not able to conduct in person Language Access Training in the past two years due to the pandemic, but we were able to conduct virtual training and implement DBHIDS' Language Access E-Learning Course for the DBHIDS workforce and provider workforce.

The full Language Access Report can be access here: shared folder at: [15 - Behavioral Health](#).

CLIMATE CHANGE

1. How has climate change affected your department's provision of services?

Provision of services has begun to shift to increased flexibility of service in the community with more mobile teams and expanded mobile treatment opportunities, further engagement of community leaders as partners, increased services in schools, increased focus on wellness and prevention to support and maintain resilience, training, and incentivizing evidence-based practices, including skill building for children and families. Our workforce has developed over the past several years into one that is technologically equipped and capable to support continuity of operations remotely or from any location in which circumstances impacted by climate change require re-location. Training opportunities are increasingly offered for city staff as well as the provider network through on-line Learning Management Systems.

2. How might worsening climate change increase costs and demands for your department?

Continuity of Operations Plans (COOP) plans include protection of those we serve and those who serve at both provider and city building sites. Those plans require evacuation planning and protection of sensitive material, as well as maintaining the privacy of information and the ability to retrieve it safely on demand. The enhancement of Telehealth, Telepsych and Telecourt needs to become ubiquitous and intuitive. We need to expand provider network interconnectivity and information sharing to seamlessly utilize services in the safest locations in the event of natural or other climate induced challenges. Staff, the provider network and the individuals, families and communities served all need full access to appropriate technology as well as expanded cross training to ensure full continuation of services in a variety of challenging situations.

3. How does your department intend to mitigate and adapt to climate change?

Through our provider network of nearly 200 providers and community-based organizations, we support four main categories of services: 1) Individual Interventions, 2) Community Based Interventions, 3) Web based resources and trainings, and 4) Hospital Based Programs. We also participate in citywide strategies to address trauma, including the Philadelphia Road Map for Safer Communities and the Opioid Response Unit/Treatment Strategies. We are actively expanding our services to address the current needs of individuals and communities, considering the many traumatic hardship multipliers that have impacted our city, and to prepare for the effects of prolonged trauma that can be anticipated as we move forward.

1. Staff Demographics Summary

Staff Demographics Summary (as of December 2021)				
	Total	Minority	White	Female
Number of Full-Time Staff	258	206	52	178
Number of Exempt Staff	16	11	5	7
Number of Executive Staff (deputy level and above)	4	3	1	2
Average Salary, Full-Time Staff	\$75,533.00	\$74,173.00	\$80,918.00	\$75,138.00
Average Salary, Exempt Staff	\$89,444.38	\$83,156.52	\$103,277.00	\$99,162.43
Average Salary, Executive Staff	\$146,250.00	\$136,667.00	\$175,000.00	\$157,500.00
Median Salary, Full-Time Staff	\$74,790.00	\$74,590.00	\$75,690.00	\$74,590.00
Median Salary, Exempt Staff	\$72,221.00	\$67,192.00	\$83,000.00	\$67,192.00
Median Salary, Executive Staff	\$142,500.00	\$140,000.00	\$175,000.00	\$157,500.00

2. Employment Levels

Employment Levels (as of December 2021)		
	Budgeted	Filled
Number of Full-Time Positions	321	258
Number of Part-Time Positions	1	1
Number of Exempt Positions	22	16
Number of Executive Positions (deputy level and above)	4	4
Average Salary of All Full-Time Positions	\$71,846.00	\$75,533.00
Median Salary of All Full-Time Positions	\$71,145.00	\$74,790.00

3. Financial Summary by Class

Some departments may also want to provide financial summary tables for other funds, such as the Grants Fund. Departments should delete any budget lines that have \$0 in every year (i.e. if a department has no Class 500 appropriations, actuals, or proposed appropriations, the Class 500 row should be deleted).

General Fund Financial Summary by Class						
	FY21 Original Appropriations	FY21 Actual Obligations	FY22 Original Appropriations	FY22 Estimated Obligations	FY23 Proposed Appropriations	Difference: FY23-FY22
Class 100 - Employee Compensation	\$1,546,510	\$1,546,510	\$2,980,922	\$2,963,046	\$3,554,824	\$591,778
Class 200 - Purchase of Services	\$13,930,892	\$13,930,892	\$20,522,810	\$20,572,810	\$23,723,599	\$3,150,789
Class 300/400 - Materials, Supplies & Equipment			\$43,200	\$43,200		(\$43,200)
	\$15,477,402	\$15,477,402	\$23,546,932	\$23,579,056	\$27,278,423	\$3,699,367

4. Contracts Summary

This table focuses on large professional services contracts with for-profit vendors.

"Large" is defined as meaning that an RFP was required.

Departments should focus on contracts that have been conformed to date.

Any departments that have large contracts with non-profit providers are encouraged to provide board makeup information in the optional "Non-Profit Vendor Demographics" table below.

M/W/DSBE Participation on Large Professional Services Contracts

Top Five Largest Contracts, FY22

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) [yes / no]	Waiver for Living Wage Compliance ? [yes / no]
Goldstar Rehabilitation, Inc.	Early Intervention Services	\$2,995,000	2/12/2020	7/1/2021	MBE: 3%-5%	0%	\$0	0%	\$0	No	Yes
					WBE: 3%-5%	0%	\$0				
					DSBE: 3%-5%	0%	\$0				
Dynamicare, LLC	Early Intervention Services	\$1,726,000	2/12/2020	7/1/2021	MBE: 3%-5%	0%	\$0	0%	\$0	No	Yes
					WBE: 3%-5%	0%	\$0				
					DSBE: 3%-5%	0%	\$0				
Kutest Kids Early Intervention	Early Intervention Services	\$1,658,000	2/12/2020	7/1/2021	MBE: 3%-5%	0%	\$0	0%	\$0	Yes	Yes
					WBE: 3%-5%	0%	\$0				
					DSBE: 3%-5%	0%	\$0				
JayCare, LLC	Early Intervention Services	\$1,558,000	2/12/2020	7/1/2021	MBE: 3%-5%	0%	\$0	0%	\$0	No	Yes
					WBE: 3%-5%	0%	\$0				
					DSBE: 3%-5%	0%	\$0				
Kids & Family, Inc.	Early Intervention Services	\$1,550,000	2/12/2020	7/1/2021	MBE: 3%-5%	0%	\$0	0%	\$0	No	Yes
					WBE: 3%-5%	0%	\$0				
					DSBE: 3%-5%	0%	\$0				

Non-Profit Vendor Demographics		
Resources for Human Development	Minority %	Female %
Workforce	91.00%	70.00%
Executive	0.00%	67.00%
Board	36.00%	43.00%
Merakey (IDD/Phila/Woodhaven/Parkside)	Minority %	Female %
Workforce	83.00%	69.00%
Executive	14.00%	57.00%
Board	67.00%	33.00%
Public Health Management Corporation	Minority %	Female %
Workforce	75.00%	76.00%
Executive	33.00%	33.00%
Board	55.00%	45.00%
Horizon House, Inc.	Minority %	Female %
Workforce	74.54%	66.91%
Executive	44.44%	33.33%
Board	13.33%	13.33%
PMHCC, Inc.	Minority %	Female %
Workforce	65.75%	68.71%
Executive	33.33%	66.67%
Board	37.50%	62.50%

5. Performance Measures Table

The Budget Office will copy this table in from the Five Year Plan.

6. Participation Rate and Goal

The Contracts Summary table is for **professional services contracts only**.
 The Contract Participation Goal table is for **all** contracts (Public Works, SS&E, and Professional Services, combined).

Contracts Summary (Professional Services only)						
	FY19	FY20	FY21	FY22	FY23	FY22 YTD (Q1 & Q2)
Total amount of contracts	\$16,292,306	\$20,426,065	\$21,749,586	\$15,942,811	\$22,000,000	\$21,627,586
Total amount to M/W/DSBE	\$1,680,244	\$1,375,242	\$1,503,109	\$1,360,811	\$1,800,000	\$1,353,109
Participation Rate	10%	7%	7%	9%	8%	6%

Total M/W/DSBE Contract Participation Goal (Public Works; Services, Supplies & Equipment; and Professional Services combined)			
	FY21	FY22	FY23
M/W/DSBE Contract Participation Goal	7%	9%	8%

7. Staff Demographics

Totals in this table should tie out to numbers in tables 1 and 2 above.
 Biracial employees should be included under "Other."
 The number of employees who identify as non-binary (i.e. employees who do not identify as either female or male) should be included in the text box below the table, along with salary detail.

Staff Demographics (as of December 2021)					
Full-Time Staff			Executive Staff		
	Male	Female		Male	Female
	African-American	African-American		African-American	African-American
<i>Total</i>	46	131	<i>Total</i>	2	1
<i>% of Total</i>	18%	51%	<i>% of Total</i>	50%	25%
<i>Average Salary</i>	\$77,706	\$75,393	<i>Average Salary</i>	\$135,000	\$140,000
<i>Median Salary</i>	\$79,258	\$74,790	<i>Median Salary</i>	\$135,000	\$140,000
	White	White		White	White
<i>Total</i>	24	28	<i>Total</i>	0	1
<i>% of Total</i>	9%	11%	<i>% of Total</i>	0%	25%
<i>Average Salary</i>	\$77,748	\$83,635	<i>Average Salary</i>		\$175,000
<i>Median Salary</i>	\$75,690	\$76,974	<i>Median Salary</i>		\$175,000
	Hispanic	Hispanic		Hispanic	Hispanic
<i>Total</i>	5	6	<i>Total</i>		
<i>% of Total</i>	2%	2%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$68,557	\$58,856	<i>Average Salary</i>		
<i>Median Salary</i>	\$75,390	\$65,043	<i>Median Salary</i>		
	Asian	Asian		Asian	Asian
<i>Total</i>	4	6	<i>Total</i>		
<i>% of Total</i>	2%	2%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$64,929	\$71,847	<i>Average Salary</i>		
<i>Median Salary</i>	\$65,040	\$68,407	<i>Median Salary</i>		
	Other	Other		Other	Other
<i>Total</i>	1	7	<i>Total</i>		
<i>% of Total</i>	0%	3%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$70,000	\$53,147	<i>Average Salary</i>		
<i>Median Salary</i>	\$70,000	\$56,129	<i>Median Salary</i>		
	Bilingual	Bilingual		Bilingual	Bilingual
<i>Total</i>	13	19	<i>Total</i>		
<i>% of Total</i>	5%	7%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$73,241	\$64,802	<i>Average Salary</i>		
<i>Median Salary</i>	\$70,334	\$66,775	<i>Median Salary</i>		
	Male	Female		Male	Female
<i>Total</i>	80	178	<i>Total</i>	2	2
<i>% of Total</i>	31%	69%	<i>% of Total</i>	50%	50%
<i>Average Salary</i>	\$76,412	\$75,138	<i>Average Salary</i>	\$135,000	\$157,500
<i>Median Salary</i>	\$75,690	\$74,590	<i>Median Salary</i>	\$135,000	\$157,500

Detail for non-binary employees, if applicable:

8. New Hire Information

Date range is 7/1/21 to December 2021 increment run. Detail for any hires since then can be added in the text box below the table.

New Hires (from 7/1/2021 to December 2021)

	Total Number of New Hires	English	Spanish	[language 3]	[language 4]	[language 5]
Black or African American	11	11				
Asian						
Hispanic or Latino	3	2	1			
White	1	1				
Other	2	2				
Total	17	16	1	0	0	0

Detail for new hires since December 2021, if applicable: