DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL DISABILITY SERVICES

FISCAL YEAR 2024 BUDGET TESTIMONY

APRIL 11, 2023

INTRODUCTION

Good afternoon, President Clarke and Members of City Council. I am Dr. Jill Bowen, Commissioner of the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS). Joining me today are Dr. Tierra Pritchett, Deputy Commissioner, who oversees the Division of Administration, Finance, & Quality, and Dr. Jean Wright, Deputy Commissioner, who oversees the Behavioral Health and Justice Division. I am pleased to provide testimony for the Department of Behavioral Health and Intellectual disAbility Services' Fiscal Year 2024 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 2024:

The Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) oversees a network of nearly 200 providers and community-based organizations 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. DBHIDS makes every effort to ensure Philadelphians have access to treatment, supports, and services.

Philadelphians are impacted by multiple layers of trauma. Those traumas result from a range of circumstances including violence, poverty, the substance use crisis, and larger societal contexts such as current and historical racism, political unrest, and the lingering impacts of the pandemic. The pandemic highlighted pre-existing health disparities, particularly in Black and brown communities, and we saw how much more we need to do to ensure equal access and culturally competent services for all Philadelphians. Often, it's the lack of adequate housing, food, and economic opportunities - the social determinants and drivers of health - that contribute to the behavioral health challenges people we serve experience. We also know that depression, anxiety, and suicidal ideation are all on the rise, and we track the demand for the multitude of services we provide. These challenges are complex and are often interconnected.

When I became Commissioner, a little over 2 years ago, I set forth the department's priorities to address Trauma, achieve Equity, and Engage Community - (TEC) - as the vision through which we align all of our work. In doing this, we are implementing approaches to transform our system, looking at existing policies and practices, working closely with community to ensure alignment with TEC as together we work through a *recommendations-to-action* approach, with the goal to:

- Transform operations to be trauma responsive, trauma informed, and trauma mitigating
- Transform systems to reduce behavioral health disparities and promote racial equity amongst

Black, Indigenous and people of color (BIPOC) communities

- Transform systems to engage, empower, and integrate community - including the wisdom of the community into program development and operations at every level of our work

We support a multitude of trauma-focused programs that address trauma at the individual and community levels, through multiple modalities. In 2022, we launched an External Stakeholder Learning Collaborative that convenes over 100 stakeholders, which includes people with lived experience, families with lived experience, scholars, community-based organizations, providers, advocates and others from the community, who set forth recommendations that DBHIDS has begun implementing and will continue to implement over the next 24 months. The subcommittees of this body engage in thoughtful conversations around how to integrate fragmented programs into a systemic whole, how to make it easier for people to access information about those programs and to better understand how they flow together as a systemic response. Critical to this work is to ensure social determinants of health are a significant part of the efforts to address the multiple layers of trauma faced by Philadelphians every day. The five subcommittees out of which the recommendations-to-action arise are:

1. Traumas related to violence
2. Traumas related to children and families
3. Prolonged trauma
4. Trauma related to Secondary Stress and
5. Defragging the system – decreasing silos

These recommendations-to-action have been developed into a comprehensive trauma response plan. Through the committees and our boots-on-the-ground work, we have created and distributed over 30,000 trauma cards door to door, for adults and for children. They have been distributed at public libraries and health centers, through the help of City Council, through Play Streets and on-line. We have produced public service announcements, through radio, television, posted on newsstands throughout the city, and at music venues to get the word out to all Philadelphians that behavioral health crisis services are available and accessible to everyone through 988. We hosted our inaugural TEC conference on March 24, 2023, with over 400 participants. The TEC Conference highlighted the amazing work of thought leaders from community-based organizations across the city, focusing on trauma, emphasizing equity in service delivery for all Philadelphians, and ensuring that in every aspect of our work, we are engaging community voices. This conference serves as a kick-off to continue these conversations within neighborhoods through roundtable discussions now being planned.

With awareness and great concern that we are only seeing the tip of the iceberg, our children are struggling. As a result, DBHIDS has structured a reboot of the Children's Behavioral Health Cabinet. Priority areas have been identified in each of three tiers: Prevention, Early Intervention and Treatment.

Tier 1	Social media impact on children's mental health
Tier 2	Enhancement of STEP (Support Team for Educational Partnership) to expand to all schools
Tier 3	Expansion of DBT (Dialectical Behavioral Therapy) - a form of cognitive behavioral therapy that helps in the development of healthy ways to cope with stress, and has been helpful for those struggling with intense emotions.

The focus areas of these subcommittees, incorporating the successful *recommendations-to-action* approach of the external stakeholders learning collaborative, is to move this work to implementation as quickly as possible.

With the support of City Council, we have significantly expanded the Philadelphia Crisis Line and built 24/7 regionalized Community Mobile Crisis Response Teams (CMCRT) that are the Philadelphia model, and is preliminarily reflecting positive outcomes. We are monitoring, working with the providers and have posted these outcomes publicly at https://dbhids.org/about/organization/cmo/988. We are continuing to develop this website with feedback from the community.

The media coverage about the model has also been positive: https://www.inquirer.com/health/mental-health-crisis-mobile-units-988-police-20220930.html.

The Crisis 2.0 framework includes an array of crisis services aimed at providing immediate crisis stabilization, de-escalation, and behavioral health assessments that acknowledge and address social determinants of health, as well as crisis resolution within the community. Philadelphia was lauded as a model city for 988 by the Biden Administration whose senior federal and state leaders came to Philadelphia for the 988 kick-off in summer of 2022.

We have just stood up the first Crisis Intervention Support Team (CIST) aimed at providing up to 6 weeks of continuing support for those whose crises are more challenging, with a goal of preventing re-emergence of the crisis; and continue to develop our technology platform, *Care Traffic Control*. Additionally, a 5th Crisis Response Center (CRC) expansion in West Philadelphia is due to open Summer 2023, and the procurement of the first adult Behavioral Health Urgent Care Center (BHUCC) is in development.

DBHIDS will continue to be a solution-focused, trusted partner and safety net for the city of Philadelphia. The goal is to create a Philadelphia model that aligns with the priorities of TEC – reducing systemic trauma, creating greater equity, and fully engaging the community.

DBHIDS aims to blanket the City with trauma supports in an effort to alleviate the many ways that chronic trauma is manifesting itself as a response to gun violence, the pandemic, and a variety of social determinants of behavioral health; including trauma from generations of systemic racism and discrimination. Some of the examples of this approach include:

The Network of Neighbors, composed of community members trained to support — and lead — responses to stress, trauma, loss, and violence within their own communities and aligns with supports to protect the safety, dignity, and voice of the impacted community. This has been expanded and continues to grow and utilize its greater reach and new regionalized approach.

Through our Engaging Males of Color (EMOC) initiative, DBHIDS developed the film *Trigger* in collaboration with First Person Arts. *Trigger* is a highly powerful film that focuses on the personal stories of people in Philadelphia impacted by the trauma of gun violence. DBHIDS has sponsored several screenings of *Trigger* at various locations throughout the city and will have more scheduled across communities throughout the year. We will be issuing invitations shortly for members of City Council to join us at a screening. The screenings include a talkback and panel discussion, and behavioral health professionals, resources, and supports are on-site for those needing assistance during the screening and to connect to ongoing supports. The film has so far reached over 700 people, and we expect that reach to be over 1,200 by the end of FY23.

DBHIDS's efforts to blanket the city with trauma supports includes increased efforts in developing and implementing innovative strategies to address substance use disorders in Philadelphia. Substance Use is a

crisis in Philadelphia, with rising overdose deaths and traumatic experiences for those with substance use disorder, as well as for community members. DBHIDS works closely with City partners and external stakeholders in responding to the substance use crisis by: expanding warm hand-offs to resources and recovery supports; expanding medication assisted treatment; expanding on-the-ground assessments; increasing residential bed capacity, increasing ASAM Level 4 complex care capacity with innovative approaches to the integration of wound care and substance use rehabilitation, especially in light of the horrific wounds being experienced from xylazine which has been increasingly present in the drug supply. DBHIDS has helped to stand up the first licensed wound care van in the Commonwealth and is developing a procurement for the first mobile Methadone van in Philadelphia. Mobile units are intended to engage people where they are, provide assessment and treatment, and encourage people to come in for treatment and services as they work to ultimately achieve long term recovery.

DBHIDS is committed to the behavioral health and wellness of all Philadelphians, from innovative programs in early intervention through exciting new models in addressing the physical and behavioral health of seniors, to the integration of mental health and intellectual disability services through whole person care for those with both mental health and intellectual disability challenges.

We appreciate the ongoing support of Council and the opportunity to highlight the work of DBHIDS. My colleagues and I are happy to respond to questions at this time.

BUDGET SUMMARY & OTHER BUDGET DRIVERS

Staff Demographics Summary (as of December 2022)				
	Total	Minority	White	Female
Number of Full-Time Staff	261	214	47	177
Number of Exempt Staff	31	22	9	13
Number of Executive Staff (deputy level and above)	4	3	1	2
Average Salary, Full-Time Staff	$77,734	$76,841	$81,798	$77,152
Average Salary, Exempt Staff	$88,213	$85,017	$96,026	$100,301
Average Salary, Executive Staff	$156,973	$143,905	$196,175	$172,944
Median Salary, Full-Time Staff	$76,994	$76,994	$77,994	$76,994
Median Salary, Exempt Staff	$74,000	$72,638	$89,765	$89,765
Median Salary, Executive Staff	$149,713	$149,713	$196,175	$172,944

Employment Levels (as of December 2022)		
	Budgeted	Filled
Number of Full-Time Positions	345	261
Number of Part-Time Positions	1	1
Number of Exempt Positions	35	31
Number of Executive Positions (deputy level and above)	4	4
Average Salary of All Full-Time Positions	$78,099	$77,734
Median Salary of All Full-Time Positions	$79,476	$76,994

General Fund Financial Summary by Class						
	FY22 Original Appropriations	FY22 Actual Obligations	FY23 Original Appropriations	FY23 Estimated Obligations	FY24 Proposed Appropriations	Difference: FY24-FY23
Class 100 - Employee Compensation	$2,980,922	$1,818,626	$3,590,639	$3,549,625	$3,661,271	$111,646
Class 200 - Purchase of Services	$20,522,810	$20,480,261	$23,723,599	$23,723,599	$22,259,177	($1,464,422)
Class 300/400 - Materials, Supplies & Equipment	$43,200	$26,148	$0	$48,000	$104,000	$56,000
	$23,546,932	**$22,325,035**	**$27,314,238**	**$27,321,224**	**$26,024,448**	**($1,296,776)**

Grants Fund Financial Summary by Class				
	FY22 Original Appropriations	FY22 Actual Obligations	FY23 Original Appropriations	FY23 Estimated Obligations
Class 100 - Employee Compensation	$29,707,328	$27,933,630	$33,335,182	$32,737,947
Class 200 - Purchase of Services	$274,969,368	$226,410,525	$274,596,336	$270,840,218
Class 300/400 - Materials, Supplies & Equipment	$250,000	$28,017	$253,600	$253,600
Class 800 – Payments to Other Funds	$101,416	$92,329	$111,640	$107,960
	$305,028,112	$254,464,501	$308,296,758	$303,939,725

Discussions with the State for FY24 funding are ongoing.

HealthChoices Financial Summary by Class				
	FY22 Original Appropriations	FY22 Actual Obligations	FY23 Original Appropriations	FY23 Estimated Obligations
Class 100 - Employee Compensation	$277,694	$277,694	$1,260,754	$1,260,754
Class 200 - Purchase of Services	$1,291,142,950	$1,291,142,950	$1,337,817,246	$1,337,817,246
Class 800 – Payments to Other Funds	$1,202	$1,202	$100,000	$100,000
	$1,291,421,846	$1,291,421,846	$1,339,178,000	$1,339,178,000

Discussions with the State for FY24 funding are ongoing.

Contracts Summary (Professional Services only)						
	FY20	FY21	FY22	FY23	FY24	FY23 YTD (Q1 & Q2)
Total amount of contracts	$20,426,065	$21,749,586	$15,942,811	$22,000,000	$23,434,979	$15,868,308
Total amount to M/W/DSBE	$1,375,242	$1,503,109	$1,360,811	$1,800,000	$1,874,798	$1,493,308
Participation Rate	7%	7%	9%	8%	8%	9%

Total M/W/DSBE Contract Participation Goal (Public Works; Services, Supplies & Equipment; and Professional Services combined)			
	FY22	FY23	FY24
M/W/DSBE Contract Participation Goal	9%	8%	8%

Over 90% of DBHIDS contracts are with non-profit providers overseeing behavioral healthcare, intellectual disability supports, and early intervention services (which include entitlements).

PROPOSED BUDGET OVERVIEW

Proposed Funding Request:

The proposed Fiscal Year 2024 General Fund budget totals $26,024,448, a decrease of $1,296,776 from Fiscal Year 2023 estimated obligation levels. This decrease is mainly a result of a scheduled budget decrease of $2,423,723 for the Mobile Crisis program, offset by an inflation funding increase of $1,064,913 for existing services and purchases. Note: the decrease in Mobile Crisis funding is due to the contribution of funding from the initiation of Medical Assistance billing.

The proposed General Fund budget for Fiscal Year 2024 includes:

- $3,661,271 in Class 100, an increase of 3% or $111,646 over FY23. The 3% Class 100 increase is related to scheduled salary wage increases for DC33, DC47, Non-represented and exempt employees.
- $22,259,177 in Class 200, represents a decrease of 7% or $1,464,422 over FY23 due to Mobile Crisis Team program becoming eligible for medical assistance funding.
- $104,000 in Class 400 funding for the purchase of computer equipment.
- Impact of inflation and the approved general fund increase of $1,064,913:

  The requested budget increase to mitigate inflation provides expediency and action by addressing social determinants of behavioral health, including poverty, housing and food insecurity, transportation and digital divide issues that negatively impact access and utilization to behavioral health treatment and supports; and by providing the type of care that reduces racial inequity through the provision of services to ethnically diverse populations.

  This funding will permit DBHIDS to continue to provide quality, culturally competent, trauma responsive behavioral health care and more fully integrate its racial equity action plan through its Behavioral Health Care providers. BIPOC populations will benefit by having greater access to care as increased funding will permit more individuals ease of access to improved levels of services.

  Approximately, 81% of the proposed budget increase will be allocated to professional services and behavioral health service providers to increase access to direct services provided to communities. Approximately, 9% of the proposed budget increase will be allocated to support upgrades to our department's software, class 216 technology needs. The final 10% of the proposed budget will be used to replace aging technological infrastructure. At the outset of the pandemic, DBHIDS successfully transitioned to the hybrid format, in stride, because ~50% of our laptops/ancillary equipment was purchased in Fiscal Year 2018, without general funds. Many of these devices have been deployed for 5-years or more, which is well beyond their useful lifespan. Accordingly, we are utilizing $104K in general funds each fiscal year to replace our electronic devices from FY24 to FY28.

STAFFING LEVELS

The department is requesting 333 budgeted positions for FY24, a decrease of 12 positions from FY23.

NEW HIRES

New Hires (from 7/1/2022 to December 2022)		
	Total Number of New Hires	English
Black or African American	6	6
White	3	3
Other	4	3
Total	13	12

PERFORMANCE, CHALLENGES, AND INITIATIVES

ADMINISTRATION, FINANCE, AND QUALITY (AFQ)

Measure	FY22 ACTUAL	FY23 TARGET	FY24 TARGET	MAYORAL PRIORITY
Employee Wellness survey participation	N/A[1]	250	250	
Employee participation in wellness activities	576	400	250	

[1]The employee wellness survey was not administered in FY22.

FY24 Strategic Goals

- Training
  - Train 1,500 individuals to become certified MHFA aiders by end of FY24.
  - Implement DBHIDS specific training for all new hires and include MHFA training.
  - Create interactive training catalog for DBHIDS staff, community stakeholders, and provider agencies.
- Human Resources
  - Conduct quarterly in-person wellness workshops according to staff-expressed survey results.
  - Enhance the DBHIDS Internship program.

BEHAVIORAL HEALTH

Measure	FY22 ACTUAL	FY23 TARGET	FY24 TARGET	MAYORAL PRIORITY
Number of community-based behavioral health screenings events	138	125	500	
Number of individuals trained in Mental Health First Aid	1,158	1,264	1,500	
Number of EDS with a Warm Handoff (WHO) process	4,784	5% increase over prior year	5% increase over prior year	
Number of DBHIDS participated activities in or with community	182	240	240	
Number of attendees at DBHIDS organized activities in the community	3,377	2,500	13,015	

FY24 Strategic Goals

- CRISIS SERVICES EXPANSION:

  - Enhance and expand trauma treatment services by adding a fifth Crisis Response Center (CRC) for adults in Philadelphia.
  - Develop and implement a citywide 988 messaging and communication campaign to increase awareness of 988 and available behavioral health supports in Philadelphia.
- WARM HANDOFF (WHO):
  - Continue to reduce overdose fatalities citywide through the WHO process in 15 emergency departments and hospitals.
  - Begin Medicaid billing for the Warm Hand Off program in the Physical Health System/ Hospitals.
- COMMUNITY AFFAIRS OUTREACH & ENGAGEMENT:
  - Coordinate system wide community engagement efforts.
  - Conduct quarterly community engagement training and in-service sessions as new DBHIDS campaigns are rolled out.
- DIVERSITY, EQUITY, & INCLUSION:
  - Engaging Males of Color (EMOC) Initiative
    - Create new strategies to address trauma across the City by utilizing conversation and the arts to make authentic connections and impact. Continue working with the Philadelphia Juvenile Justice Service Center (PJJSC) to facilitate weekly wellness sessions for males of color detained at the PJJSC, and expand the programs' aftercare efforts by aligning, coordinating, and integrating with existing youth-serving organizations to meet the desired referral/connections outcomes.
    - EMOC will continue to screen the film "Trigger" in 2023 at colleges, universities, houses of faith, schools, libraries, and more.
  - Engaging Women and Girls of Color (EWGOC)
    - Establish the EWGOC initiative to focus on sustainable solutions to eradicate the social determinants of health (SDOH) that interfere with the ability of many women and girls of color WGOC to thrive and achieve their full potential. The EWGOC initiative will address disparity in four key areas: income gap, holistic health, educational attainment, and political leadership.
- BEHAVIORAL HEALTH SCREENING:
  - In 2023, the Department will host 175 community-based screening events.
  - An additional five providers will be trained to conduct screenings.
- SUICIDE PREVENTION:
  - Increase engagement and representation through the Engagement Subcommittee. Elevate the critical nature of youth depression and suicidal ideation in the wake of the pandemic and the gun violence environment.
  - Administer a survey to measure baseline representation, identify gaps in equitable representation, and prioritize the efforts to address behavioral health disparities.

HEALTHCHOICES/COMMUNITY BEHAVIORAL HEALTH

Measure	FY22 ACTUAL	FY23 TARGET	FY24 TARGET	MAYORAL PRIORITY
Unduplicated persons served in all community-based services, including outpatient services[1]	92,778	90,000	91,000	
Number of admissions to out-of-state residential treatment facilities[2]	19	50	25	
Number of admissions to residential treatment facilities[3]	79	350	150	
Percent of follow-up within 30 days of discharge from an inpatient psychiatric facility (adults)[4]	48.70%	45.95%	45.95%	
Percent of readmission within 30 days to inpatient psychiatric facility (Substance Abuse & non-Substance Abuse) (adults)[5]	15.50%	11.75%	11.75%	
Percent of follow-up within 30 days of discharge from an inpatient psychiatric facility (children)[6]	72.50%	45.95%	45.95%	
Percent of readmission within 30 days to inpatient psychiatric facility (Substance Abuse & non-Substance Abuse) (children)[7]	8.80%	11.75%	11.75%	
Number of reinvestment initiatives that reported outcomes and outputs	73% of reinvestment initiatives consistently reported outcomes/ outputs	100% of reinvestment initiatives will report outcomes/ outputs	95% of all active plans will report outcomes	
Percent of providers that receive satisfactory credentialing status	97%	90%	100%	

[1] Data provided is on a one-quarter lag as DBHIDS needs to account for the 90-day claims lag window. This is a cumulative measure with the highest number of unique clients reported in the first quarter. This measure includes all community-based treatment across DBHIDS (Outpatient, Family Services, Wrap-Around, School Services, Case Management, IBHS, etc.)

[2] Medicaid (MA) members 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. CBH'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.

[3] Medicaid (MA) members 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.

This measure still includes discharges to ambulatory, non- bed-based care for MA members and mirrors the child measure below.

[5] This measure includes both substance abuse and non-substance abuse facilities used by Medicaid (MA) members. It should be noted that the OMHSAS performance target for 30-day readmission for both adults and children is 11.75%.

[6] This measure still includes discharges to ambulatory, non- bed-based care for MA members and mirrors the adult measure above. It should be noted that the OMHSAS performance target for 30-day follow-up for both children and adults is 45.95%

[7] This measure includes both substance abuse and non-substance abuse facilities used by Medicaid (MA) members. It should be noted that the OMHSAS performance target for 30-day readmission for both children and adults is 11.75%.

FY24 Strategic Goals

- CBH plans to continue training its IBHS providers on Evidence-Based Practices (EBPs) so youth receive the support they need in the community.
- CBH will continue working with Provider Network Management to revamp the Community Residential Rehabilitation – Host Home (CRR-HH) program which is a single home where the CBH member resides with an individual or family who is specifically trained to respond to the psychiatric needs of the child in placement, CBH plans to rebuild this service to provide a more robust support to the more complex needs of children who are going to higher levels of care, since CBH has reduced out-of-home placements into higher levels of care such as RTF and CRR-HH.
- CBH will implement Value-based payment models that incentivize follow-up for Assertive Community Treatment (ACT) and Adult Acute Inpatient Psychiatry (AIP) providers, and with American Society of Addiction Medicine (ASAM) outpatient providers to increase initiation and engagement and increase the use of Medication Assisted Treatment (MAT) for members with Substance Use Disorder (SUD).
- CBH will continue the use of its Quality Improvement Framework to decrease the percentage of members that readmit to AIP within 30 days of discharge.
- CBH also will increase the use of predictive modeling to identify members who are at higher risk of readmission and will continue to tailor interventions for those members. CBH also will continue to partner with Physical Health MCOs to address the needs of members with co-occurring physical health conditions that put them at higher risk of readmission.

INTELLECTUAL DISABILITY SERVICES

Measure	FY22 ACTUAL	FY23 TARGET	FY24 TARGET	MAYORAL PRIORITY
Number of referrals from all system partners, specifically DHS, PDPH, OHS, for children at special risk for social emotional concerns	**577**	**600**	**600**	
Number of Early Intervention providers trained in evidence-based intervention for social emotional concerns	**27**	**33**	**43**	
Number of infants and toddlers who receive evidence- based interventions for social emotional concerns	**273**	**500**	**500**	

FY24 Strategic Goals

- Aligned with the Strategic Initiative of DBHIDS's Prioritizing to Address our Changing Environment (PACE), IDS will maintain the number of referrals to ITEI from the Department of Human Services (DHS).
- The START program's goal is to improve diagnosis and treatment, support effective services, create service linkages, promote health and wellness for both the individual

with IDD and the caregiver, and decrease the need for emergency services. In FY24, IDS will add two START units and a step-down unit to create a base for serving Philadelphians with IDD needs.

- In FY24, IDS will complete the training of another 10 Early Interventionists in ABC Toddler and four Early Interventionists in ABC Newborn.

OTHER BUDGETARY IMPACTS

Federal and State (Where Applicable)

The Federal and State funding levels granted to DBHIDS are not yet determined. As a result of increases in the costs of behavioral health services, including workforce challenges in the provider network and minimum wage increases related to CPI, potential funding decreases or relatively static funding amounts would result in a reduction of behavioral health services provided to Philadelphia populations.

CONTRACTING EXPERIENCE

M/W/DSBE Participation on Large Professional Services Contracts											
Top Five Largest Contracts, FY23											
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	$2,800,000	2/12/2020	7/1/2022	MBE: 3%-5%	0%	$0	0%	$0	No	Yes
					WBE: 3%-5%	0%	$0				
					DSBE: 3%-5%	0%	$0				
Dynamicare, LLC	Early Intervention Services	$1,205,000	2/12/2020	7/1/2022	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	$1,950,000	2/12/2020	7/1/2022	MBE: 3%-5%	0%	$0	0%	$0	Yes	Yes
					WBE: 3%-5%	0%	$0				
					DSBE: 3%-5%	0%	$0				
JayCare, LLC	Early Intervention Services	$1,850,000	2/12/2020	7/1/2022	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	7/1/2022	MBE: 3%-5%	0%	$0	0%	$0	No	Yes
					WBE: 3%-5%	0%	$0				
					DSBE: 3%-5%	0%	$0				

Non-Profit Vendor Demographics		
Horizon House, Inc.	Minority %	Female %
Workforce	78.54%	64.91%
Executive	40.00%	50.00%
Board	26.67%	13.33%
Merakey (Philadelphia, Parkside, Woodhaven)	Minority %	Female %
Workforce	76.21%	66.83%
Executive	41.27%	57.14%
Board	58.89%	41.11%
PMHCC	Minority %	Female %
Workforce	71.51%	62.76%
Executive	42.22%	72.22%
Board	36.11%	63.89%
Public Health Management Corporation	Minority %	Female %
Workforce	65.61%	75.13%
Executive	30.00%	80.00%
Board	54.55%	36.36%
West Philadelphia Community Mental Health Consortium, Inc.	Minority %	Female %
Workforce	87.00%	69.00%
Executive	50.00%	50.00%
Board	70.00%	60.00%

EMPLOYEE DATA

Staff Demographics (as of December 2022)					
Full-Time Staff			**Executive Staff**		
	Male	Female		Male	Female
	African-American	African-American		African-American	African-American
Total	47	130	*Total*	2	1
% of Total	18%	50%	*% of Total*	50%	25%
Average Salary	$79,767	$78,146	*Average Salary*	$141,001	$149,713
Median Salary	$81,504	$76,994	*Median Salary*	$141,001	$149,713
	White	White		White	White
Total	22	25	*Total*	0	1
% of Total	8%	10%	*% of Total*	0%	25%
Average Salary	$80,460	$82,975	*Average Salary*	$0	$196,175
Median Salary	$79,849	$77,394	*Median Salary*	$0	$196,175
	Hispanic	Hispanic		Hispanic	Hispanic
Total	9	6	*Total*	0	0
% of Total	3%	2%	*% of Total*	0%	0%
Average Salary	$77,377	$65,791	*Average Salary*	$0	$0
Median Salary	$77,794	$70,213	*Median Salary*	$0	$0
	Asian	Asian		Asian	Asian
Total	5	6	*Total*	0	0
% of Total	2%	2%	*% of Total*	0%	0%
Average Salary	$68,986	$72,298	*Average Salary*	$0	$0
Median Salary	$72,740	$65,877	*Median Salary*	$0	$0
	Other	Other		Other	Other
Total	1	10	*Total*	0	0
% of Total	0%	4%	*% of Total*	0%	0%
Average Salary	$72,275	$59,388	*Average Salary*	$0	$0
Median Salary	$72,275	$60,804	*Median Salary*	$0	$0
	Bilingual	Bilingual		Bilingual	Bilingual
Total	13	19	*Total*	0	0
% of Total	5%	7%	*% of Total*	0%	0%
Average Salary	$73,241	$64,802	*Average Salary*	$0	$0
Median Salary	$70,334	$66,775	*Median Salary*	$0	$0
	Male	Female		Male	Female
Total	84	177	*Total*	2	2
% of Total	32%	68%	*% of Total*	50%	50%
Average Salary	$78,961	$77,152	*Average Salary*	$141,001	$172,944
Median Salary	$77,997	$76,994	*Median Salary*	$141,001	$172,944

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.**

   Sarorng Sorn is the Director of Immigrant/Refugee Affairs and Language Access Services.

   DBHIDS language access training, on the Learning Management System, is available on an on-going basis for existing and new hires, with protocol and instructions on how to request for translation and interpretation.

   Link to DBHIDS Language Access Plan

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

   Based on who participated in the DBHIDS February 2023 Workforce Diversity Gap Analysis, 19 employees are bilingual and speak 13 languages. Thes includes French, Chinese Mandarin, Chinese Cantonese, Hindi, Spanish, Gujarati, Albanian, Haitian/Creole, Igbo, Italian, Malayalam, Tagalog, and Tamil.

   DBHIDS developed a Language Access E-Learning Course for the entire staff and its provider workforces. Seven hundred and twenty-four DBHIDS staff completed the DBHIDS Language Access eLearning course in FY22.

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.**

   DBHIDS received 1,514 interpretation requests through telephonic and virtual in the past year. From FY22 interpretation data, we see the new trend of top 10 languages, which include: Spanish 48.03%, Portuguese 11.83%, Chinese Mandarin 7.89%, Arabic 7.68%, Haitian Creole 4.79%, Vietnamese 3.52%, Russian 2.89%, Bangla (Bengali) 1.9%, Farsi 1.69%, and Khmer (Cambodian) 1.55%.

   Our department initiated the translation of 51 documents covering 29 different languages. For example: Spanish, Chinese (simplified), Dari, Vietnamese, Khmer (Cambodian), Russian, Pashto, Portuguese, French, Haitian Creole, Indonesian (Bahasa), Arabic, Bangla (Bengali) Burmese (Karen, Kaya), Chinese (traditional), and Farsi.

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

   Over the past fiscal year, DBHIDS has developed multiple vehicles to maintain or improve language access services, including its Language Access Plan and Language Access Policy/Procedures. The Language Access Steering Committee comprises internal and external stakeholders to inform and implement the department's language access plan, along with the Language Access eLearning course and virtual interactive training for its workforce and provider network.

   Also, outreach to individuals who speak a language other than English includes community engagement activities in various neighborhoods, in the multilingual communities, during community events or meetings. Oftentimes, these outreach activities are by community outreach staff, many of whom are bilingual, such as Community Specialists, Recovery Advocates, and Certified Peer Specialists. Translated materials in various languages are available during these community engagement activities so individuals or community groups who need language access can request services. DBHIDS staff are trained to provide language access services to individuals with Limited English Proficient (LEP), utilizing DBHIDS Language Access Services, either through telephone, in person, or virtual.

CLIMATE CHANGE

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

   Provision of services shifted to further increase flexibility of services within the Department, with our provider agencies, and the community. DBHIDS continues to increase 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 of supporting continuity of operations remotely or capable of relocating due to the community needs. We have re-designed the work environment to support the flexible work needs of employees who provide community outreach and engagement. As a result of the pandemic, the workplace climate hybrid work schedule, increased isolation, physical and mental health have been included in the provision of services. To address the added stressors related to health, grief/loss, and mental health as result of the pandemic, new wellness trainings have been developed and will be offered for city staff as well as the provider network through the on-line Learning Management System to promote overall wellbeing through wellness activities and wellness training.

2. **How might worsening climate change increase costs and demands for your department? Inability to hire and retain qualified staff; inability to sufficiently deliver quality services?**

   Workforce recruitment, retention and development may be increasingly challenging for our provider network due to challenges resulting from worsening climate change. This would directly impact the ability to deliver services and the continuity of delivery of services. Continuity of Operations Plans (COOP) plans include protection of those we serve and those who serve at both provider, city building and remote 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? Seek funding to support provider workforce issues, enhance wellness at work initiatives; consider how to integrate the hybrid work model.**

   DBHIDS has a dedicated Wellness Initiative to support staff well-being through ongoing transitions from remote working, the impact of the pandemic, and current community issues. The initiative includes weekly wellness activities, resource sharing and conducting an annual wellness survey. 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 are actively expanding our services in alignment with our TEC vision to address

Trauma, achieve Equity and engage Community, 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. This includes hosting the first Trauma, Equity and Community conference, providing trauma resources for the community and continuing to expand trauma informed services for peers and youth which equip individuals to support the community and to address social determinants which impact youth and their development.