

**DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL DISABILITY SERVICES
FISCAL YEAR 2026 BUDGET TESTIMONY
MAY 5, 2025**

INTRODUCTION

Good afternoon, President Johnson and Members of City Council. I am Dr. Marquita Williams, Interim 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 Amanda David, Interim Deputy Commissioner, who oversees the Behavioral Health Division. I am pleased to provide testimony for the Department of Behavioral Health and Intellectual disAbility Services' Fiscal Year 2026 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. Our mission is to educate, strengthen, and serve individuals and communities so that all Philadelphians can thrive.

Plans for Fiscal Year 2026:

In April of 2024, I became the Interim Commissioner for DBHIDS. My work with this Department spans over 17 years and I have had the privilege of serving in various roles throughout my time. I give you this context because I have seen the tremendous work that DBHIDS has done over the years to evolve the behavioral health landscape in Philadelphia into a model behavioral health system across the country. I am proud to have worked alongside and now lead my fellow colleagues in work that they are personally committed to and invested in. We are, together, a strong DBHIDS. With this in mind, I will highlight the tremendous work of my team and the Department over the past year.

Today I will share updates on transformation of our Crisis System, the expansion of our Provider Network to diversify and include more providers of diverse backgrounds, the partnerships we have with other City agencies to serve the city's most vulnerable residents, the workforce challenges and needs of our network, and, finally, how DBHIDS is supporting the Mayor's vision of a safer, cleaner, and greener Philadelphia with access to economic opportunity for all.

Crisis System Transformation

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DBHIDS Crisis Mobile Response Teams include four providers, Elwyn, People Acting To Help (PATH), West Philadelphia Community Mental Health (Consortium), and Centralized Comprehensive Human Services (JFK). These providers manage up to 29 adult Community Mobile Crisis Response Teams (CMCRTs) 24 hours per day, seven days per week across Philadelphia. Each provider is responsible for a geographic region, and their work is to respond and deliver immediate support in communities for individuals experiencing a mental health crisis. This critical resource helps to reduce the need for law enforcement involvement when an individual is having a behavioral health-related crisis. Between January 2023 and February 2025, approximately 14,793 dispatches were recorded, and that number continues to grow.

A significant part of our crisis system capacity-building effort was the expansion of the Philadelphia Crisis Line (PCL). DBHIDS has expanded Philadelphia Crisis Line (PCL) staffing to meet the anticipated needs of the 988 hotline. PCL now handles about 6,000 calls per month, providing telephonic crisis intervention, clinical consultation, and seamless dispatch of mobile crisis teams when in-person support is required. Additionally, the collaboration between 988 and 911, which co-locates 988 counselors in the 911 Radio Room, has led to a 36% increase in warm transfers of behavioral health calls from 911 to 988 during the same period. This ensures that individuals in crisis receive the appropriate mental health resources swiftly and effectively. Since the inception of PCL in January 2023, through February 2025, 4,288 calls have been transferred from 911 to PCL's 988 line.

On September 3, 2024, we established the city's first adult Behavioral Health Urgent Care Center (BHUCC), located at 3125 N. Broad Street. In the first five months of operation between September 2024 and January 2025, the BHUCC conducted 1,133 service encounters, reducing the need for more acute crisis intervention. Located in North Philadelphia, proximate to Kensington, the BHUCC expands the capacity of our system to provide timely, effective care to people in a geographic region of high need. Overall, we understand that meeting the needs of people in crisis across the city must be coordinated strategically and effectively to save lives. This Urgent Care Center marks a critical step in providing additional capacity to our city's overall crisis system and is a needed resource that provides people with same-day crisis services without the need for appointments.

Providers

Related to identifying key areas of high need, the Department has proactively sought to include providers of diverse backgrounds to ensure that the options of services for people seeking our help is representative of them and their communities. This work specifically evolved from our efforts to address and support the youth living in areas of the city heavily impacted by gun violence. What we heard was that people in communities affected most heavily by gun violence, particularly Black youth, did not always feel seen, heard, or understood in the spaces that they sought help. Some relayed that they did not connect to supports available because those services were not informed by their cultural experiences. So, in late 2023, we convened 17 organizations working on the front lines of violence prevention and mental health services in their communities. Many of these organizations provide both traditional and non-traditional interventions that meet people at the level of their need, and they help to transform the experiences of the people they serve. Currently, these providers meet bi-monthly with DBHIDS and CBH leadership and are able to present various culturally informed models and are helping us to create barrier-free access to our service system. Further, in 2024, we launched Trauma to Triumph. This program

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serves 100 youth and young adults annually that live in high-poverty, high-crime ZIP codes across the city. The goal of the program is to create safe spaces for expression, healing, and joy. The components of the program are delivered by five organizations with diverse leadership that have deep knowledge and experience in serving individuals and families impacted by violence. The organizations include Mothers in Charge, Every Murder is Real (EMIR), Black Men Heal, Philly Children's Movement, and National Alliance on Mental Illness (NAMI) Philadelphia, with Achievability as the host site. Through these organizations, programming is delivered five days per week in an afterschool model, in 12-week cohorts. It is DBHIDS's goal that Trauma to Triumph meets the needs of youth to connect, get support, and gain personal insights that aid in breaking the cycle of trauma and violence in their personal lives and communities. Additionally, over the past two years, CBH increased access to care for members by opening the provider network for the first time in 14 years. This action allowed for more Medicaid-licensed providers for services to Philadelphians in need. We see this as an important step in ensuring that our network truly reflects the diversity of Philadelphians' needs and the individuals we serve.

Partnerships with other City Departments

DBHIDS partners with multiple agencies and departments across the city of Philadelphia, including but not limited to the Office of Homeless Services, Philadelphia Housing Authority, Philadelphia Department of Public Health, Philadelphia Police Department, Streets Department, Department of Human Services, Parks and Recreation, City Council, the Managing Director's Office (MDO), and local hospitals to serve the city's most vulnerable residents experiencing homelessness and whose lives and families are impacted by a variety of behavioral health challenges.

In FY24, DBHIDS's Homeless Outreach teams engaged over 9,200 unique individuals living on the street across the city. Homeless Outreach worked tirelessly and made 38,594 contacts with these 9,200 individuals, working to build trusting relationships to facilitate placement acceptance. Their effort resulted in 2,164 unique individuals or (23.5%) accepting housing or behavioral health treatment placements.

DBHIDS's Mobile Outreach and Recovery Services (MORS) Continuity of Care (COC) supports the City's Neighborhood Wellness Court, which the Office of Public Safety operates in partnership with the Police Assisted Diversion (PAD) Program in Kensington. MORS COC provides case management to Neighborhood Wellness Court participants for up to 90 days. MORS helps to increase adherence to substance use treatment and the recovery support continuum of care by providing the participant with a single point of contact for multiple health and social services systems, advocating for the participant, and assisting them with needs outside of substance use treatment such as food, clothing, shelter, educational/vocational training, and employment. During CY24, MORS COC provided case management and recovery support services through 2,400 engagements, 346 Screening, Brief Intervention, and Referral to treatment (SBIRT) screenings, 346 linkages to services, 120 linkages to case management, and 96 transports to behavioral health treatment programs.

In addition, our Behavioral Health and Justice Division (BHJD) Portal is a crucial tool in our service delivery. It serves as a centralized referral system for justice partners, including the District Attorney's Office, Defender Association of Philadelphia, and

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First Judicial District Court. Our justice partners are able to make referrals for individuals they think would benefit from connection to behavioral health treatment and social determinants of health resources. BHJD Navigators screen and assess the needs of individuals referred and ensure appropriate referrals are made to available resources. This portal plays a significant role in ensuring that individuals in need are connected to the right services. Approximately 500 referrals are made through this portal annually.

Our behavioral health system also works in partnership with the School District of Philadelphia by supporting children in schools and in their homes. Services include our Student Assistance Program (SAP), which is provided in every District-operated, charter, and parochial school across the city, and a host of prevention programs addressing mental health and substance use disorders such as Girls Circle, Too Good for Drugs, Positive Action, Teen Intervene, and the Council for Young Boys and Men, to mention just a few. These programs are chosen by principals based on the needs of their schools. Through the CBH network, we offer Intensive Behavioral Health Services (IBHS), which is comprised of Behavioral Health Teams embedded in schools, known as Support Team for Educational Partnership (STEP). Teams are fully operational in 21 schools. During the September 2023-December 2024 period, STEP teams provided 42,306 hours of school-wide supports. This represents 12,221 CBH members who utilized IBHS levels of care (LOC): 8,958 utilized IBHS regionalized services and 3,263 utilized Applied Behavior Analysis. Our Children's Mobile Crisis Teams provide in-home services and our Integrated Care for Kids program provides services in pediatric and hospital settings, such as High Fidelity Wraparound, which serves children with complex care needs. In FY24, there were 2,120 mobile crisis dispatches to support youth, with an average response time of one hour and seven minutes. Overall, these programs serve approximately 40,000 youth annually.

Workforce Challenges and Needs of the Providers

I now want to spend a moment talking about our Provider network and the very real challenges they continue to face post-COVID. Many of the people that left the workforce during COVID have never returned. To address these challenges, our system has led workgroups to identify strategies to recruit people into the behavioral health workforce, working with area universities providing internships, practicums, and other career opportunities. With our state partners, we are seeking rate increases as appropriate to support competitive wages, and we have hosted sessions on how to address secondary trauma and burnout through our Trauma External Stakeholder Collaborative. We will continue to advocate for state resources.

Safer, Cleaner, Greener Philadelphia

Finally, our work supports Mayor Parker's priority of creating a safer Philadelphia. Our outreach teams are on the street every day, engaging people with mental health and substance use disorders. Our Community Wellness and Engagement Unit meets with community members and businesses to educate and support their connection to services for themselves and their communities. Our Network of Neighbors Team meets with communities impacted by violence to connect them to services that mitigate the impacts of those traumas. Our Trauma to Triumph program seeks to break the cycles of violence that have trauma as their root cause. DBHIDS's resources and services work in the larger cadre of the City's efforts to address and break the cycles of violence and crime.

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Further, DBHIDS partners across City departments and with a number of community-based organizations and providers to implement behavioral health services and programs across the Wellness Ecosystem. In partnership with the Managing Director's Office, DBHIDS has been a critical partner in the development and operations of Philly Home at Girard and the Riverview Wellness Village. Additionally, DBHIDS partners with the Office of Public Safety for the implementation of Wellness Court. These new Wellness programs are designed to meet the Mayor's goals of a safer, cleaner, greener Philadelphia by expanding bed capacity and improving access for people experiencing homelessness and substance use disorder

CONCLUSION

So, in conclusion, DBHIDS plans to continue these initiatives in Fiscal Year 2026. We are invested in improving our best every day and continuously innovating to address new challenges as they emerge.

The support of City Council has been critical in helping to address the profound challenges to behavioral wellness and the trauma that has so widely impacted Philadelphians. We appreciate the opportunity to highlight the work of DBHIDS. My colleagues and I are ready to respond to any questions you may have at this time.

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PROPOSED BUDGET OVERVIEW & OTHER BUDGET DRIVERS

General Fund Financial Summary by Class						
	FY24 Original Appropriations	FY24 Actual Obligations	FY25 Original Appropriations	FY25 Estimated Obligations	FY26 Proposed Appropriations	Difference: FY26 Proposed-FY25 Estimated
Class 100 - Employee Compensation	\$3,661,271	\$4,370,664	\$3,661,271	\$3,865,364	\$3,934,703	\$69,339
Class 200 - Purchase of Services	\$25,259,177	\$25,259,177	\$25,233,432	\$25,233,432	\$27,395,405	\$2,161,973
Class 300/400 - Materials, Supplies & Equipment	\$104,000	\$94,345	\$104,000	\$104,000	\$204,000	\$100,000
	\$29,024,448	\$29,724,186	\$28,998,703	\$29,202,796	\$31,534,108	\$2,331,312

Contracts Summary (Professional Services only)						
	FY22	FY23	FY24	FY25	FY25 YTD (Q1 & Q2)	FY26 Projected
Total amount of contracts	\$29,828,939	\$30,554,003	\$20,734,512	\$20,118,043	\$20,118,043	\$24,000,000
Total amount to M/W/DSBE	\$1,155,939	\$1,493,308	\$1,113,538	\$1,291,043	\$1,291,043	\$1,920,000
Participation Rate	4%	5%	5%	6%	6%	8%

Note: Most of the department's contracts are with nonprofit vendors for which M/W/DSBE participation is not applicable.

Total M/W/DSBE Contract Participation Goal (Public Works; Services, Supplies & Equipment; and Professional Services combined)			
	FY24	FY25	FY26 Projected
M/W/DSBE Contract Participation Goal	8%	8%	8%

Note: Most of the department's contracts are with nonprofit vendors for which M/W/DSBE participation is not applicable.

Proposed Funding Request:

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The proposed General Fund budget for FY26 is \$31,534,108, reflecting an increase of \$2,331,312 over FY25 estimated obligation levels. This increase is primarily driven by the expansion of the Court Clinic Services Program under the DBHIDS Behavioral Health Justice Division, which supports Mental Health Court Evaluations. Additionally, \$500,000 has been allocated to support the Outreach Team.

The proposed budget includes:

- \$3,934,703 in Class 100, a \$69,339 increase over FY25. The funding supports 54 budgeted General Fund positions and sustains FY25 contractually obligated wage increases for exempt, non-represented, DC47, and DC33 employees. The increase also funds the expansion of procurement staffing.
- \$27,395,405 in Class 200, a \$2,161,973 increase over FY25. The funding ensures the continued provision of high-quality, culturally competent, and trauma-responsive behavioral health services.
- \$204,000 in Class 300/400, a \$100,000 increase over FY25. This funding represents a reallocation from Class 200 and will support the phased replacement of outdated technological infrastructure from FY26 through FY30, improving operational efficiency and modernizing departmental systems.

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STAFFING LEVELS

The Department is requesting 54 budgeted General Fund positions for FY26, an increase of one position from FY25.

Employment Levels (as of November 2024) - All Funds			
	FY25 Budgeted	Filled as of November 2024	FY26 Proposed
Number of Full-Time Positions	341	281	362
Number of Part-Time Positions	1	1	1
Number of Exempt Positions	22	22	22
Number of Executive Positions (deputy level and above)		4	
Average Salary of All Full-Time Positions		\$82,849	
Median Salary of All Full-Time Positions		\$102,312	

NEW HIRES

New Hires (from 7/1/2024 to November 2024)	
	Total Number of New Hires
Black or African American	9
Asian	3
Hispanic or Latino	1
White	2
Total	15

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PROGRAM BASED BUDGETING:

Program Name: BEHAVIORAL HEALTH

Program Number: 01/02

FY26 Proposed General Fund: \$23,943,854

Program Description: The Behavioral Health Division ensures the availability of state-mandated mental health and substance use disorder services to residents of Philadelphia. Services include prevention, intervention, and treatment delivered through a continuum of care. The continuum of care includes both outpatient and residential treatment; emergency services, which are facility-based and mobile; case management; supportive housing; and mobile supports. Each of the services is aimed at providing supportive environments for individuals and their families.

FY26 Strategic Goals:

- DBHIDS aims to initiate at least 200 individuals on methadone in FY26, with the goal of transitioning individuals to brick-and-mortar methadone programs after three months. This is a new initiative being launched in FY26.
- DBHIDS will develop programming and strategic partnerships that support pregnant women and women with children to reduce barriers to substance use disorder (SUD) care by providing transportation vouchers. The goal will be to reduce appointment no-shows for this population by ten percent.
- DBHIDS works to reduce response times for Crisis Mobile Community Response (CMCR) teams through GPS-enabled dispatch technology which allows the Philadelphia Crisis Line (PCL) to continuously track and monitor the location of all mobile crisis teams. The goal is for CMCR teams to arrive on scene within 50 minutes of dispatch, a decrease from previous years when arrival time was over 60 minutes.
- DBHIDS will continue communication and messaging across Philadelphia to increase awareness of 988 and behavioral health resources.

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FY26 Performance Measures:

Measure	FY24 Actual	FY25 Target	FY26 Target
Number of community-based behavioral health screenings events	193	199	205
Number of individuals trained in Mental Health First Aid	1,924	1,700	2,000
Number of activities DBHIDS participated in or held with community	1,753	1,700	1,900
Number of attendees at DBHIDS organized activities in the community	17,973	15,000	19,750

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Program Name: HEALTHCHOICES

Program Number: 03

FY26 Proposed Specialty Fund*: \$1,525,810,000

*This division is funded through state and federal Medicaid funds.

Program Description: The HealthChoices/Community Behavioral Health (CBH) Division provides effective and medically necessary mental health and substance abuse treatment services for Philadelphia Medicaid recipients while achieving management and operational efficiencies to lower healthcare costs.

Program FY26 Strategic Goals

- CBH will enhance its oral and written language access services to ensure that all members have access to culturally and linguistically competent and appropriate behavioral health services and materials in their preferred language.
- In alignment with DBHIDS's focus on integrated care, CBH will collaborate with Federally Qualified Health Centers (FQHC) to ensure members utilizing FQHCs have integrated care plans developed and shared with their care providers and Physical Health Managed Care Organizations (PHMCO).
- CBH will continue to collaborate with providers, including primary care and SUD providers, to address the evolving SUD landscape in Philadelphia.

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FY26 Performance Measures:

Measure	FY24 Actual	FY25 Target	FY26 Target
Unduplicated persons served in all community-based services, including outpatient services ¹	101,754	90,000	100,000
Number of admissions to out-of-state residential treatment facilities ²	5	17	17
Number of admissions to residential treatment facilities ³	61	117	117
Percent of follow-up within 30 days of discharge from an inpatient psychiatric facility (adults) ⁴	46%	48%	48%
Percent of readmission within 30 days to inpatient psychiatric facility (substance abuse & non-substance abuse) (adults) ⁵	16%	12%	12%
Percent of follow-up within 30 days of discharge from an inpatient psychiatric facility (children) ⁴	72%	48%	48%
Percent of readmission within 30 days to inpatient psychiatric facility (substance abuse & non-substance abuse) (children) ⁵	11%	12%	12%
Percent of active reinvestment initiatives that reported outcomes and outputs ⁶	N/A	75%	80%
Percent of providers that receive satisfactory credentialing status	81%	90%	90%

¹The goal is to be below the target. This measure includes all community-based treatment across DBHIDS (Outpatient, Family Services, Wrap-Around, School Services, Case Management, IBHS, etc.)

²The goal is to be below the target. 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. This target is set by the City Residential Task Force.

³ The goal, set by the City Residential Task Force, is to remain below the target. DBHIDS anticipates achieving this objective.

⁴This target is set by the state. DBHIDS has consistently surpassed the target, as reflected in the FY24 actual performance. DBHIDS anticipates exceeding the state-mandated target of 48% for both FY25 and FY26.

⁵This target is set by the state. This measure includes both substance abuse and non-substance abuse facilities used by Medicaid (MA) members. It should be noted that the Office

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of Mental Health and Substance Abuse Services (OMHSAS) at PA DHS performance target for 30-day readmission for both adults and children is 11.75%.
⁶In FY25, changes were made to how monitoring and reporting outcomes are documented. As a result, data from FY24 is not comparable.

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Program Name: INTELLECTUAL DISABILITY SERVICES

Program Number: 04

FY26 Proposed General Fund: \$7,114,861

Program Description: The Intellectual disAbility Services (IDS) Division ensures the availability of state-mandated intellectual disability and early intervention services to residents of Philadelphia. Services include, but are not limited to, residential, community-based, case management, vocational, employment, respite, and transportation services to provide supportive environments for individuals and their families.

Program FY26 Strategic Goals

- IDS anticipates Systemic, Therapeutic, Assessment, Resources & Treatment (START) program to be fully operational starting in FY26. Beginning with one team, 50 individuals will be served, with an additional 50 served after expanding to a second team. The teams will support individuals in community living homes as well as those transitioning from specialized inpatient and Residential Treatment Facility for Adults (RTFA) programs being developed in FY25 and FY26. In partnership with CBH, IDS will enhance mental health programs to support this population.
- IDS's Infant Toddler Early Intervention program will help early interventionists complete their certification in Attachment Biobehavioral Catch-up (ABC) and will connect infants, toddlers, and their families to this evidence-based intervention that addresses their social, emotional, behavioral, and trauma concerns.

FY26 Performance Measures:

Measure	FY24 Actual	FY25 Target	FY26 Target
Number of early intervention providers trained in evidence-based intervention for social emotional concerns	28	33	34
Number of infants and toddlers who receive evidence-based interventions for social emotional concerns	506	500	500

PROGRAM BASED BUDGETING:

Program Name: ADMINISTRATION AND FINANCE

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Program Number: 05

FY25 Proposed General Fund: \$475,393

Program Description: The Division of Administration, Finance, and Quality has an overarching responsibility to support the efforts of all DBHIDS divisions in alignment with a health economics and quality lens. The Division supports the provision of services in a fiscally responsible manner to ensure the delivery of programs and the ability to improve continually.

Program FY26 Strategic Goals

- DBHIDS will streamline operations to support the efficiency, quality, and compliance of its work.
- The Department will certify 2,000 individuals who live, work, or study in the city of Philadelphia as Mental Health First Aiders. Mental Health First Aiders assist those in the community who may be experiencing mental health issues or crises by identifying signs and providing support by connecting individuals to resources.
- Additional procurement capacity is being added to DBHIDS to improve service delivery.

FY26 Performance Measures:

Measure	FY24 Actual	FY25 Target	FY26 Target
Employee wellness survey participation ¹	N/A	250	250
Employee participation in wellness activities	251	400	400

¹FY24 data not available as survey was not completed in FY24.

OTHER BUDGETARY IMPACTS

Federal and State (Where Applicable)

The Department was notified of the termination of certain federal grants by the Substance Abuse and Mental Health Services Administration (SAMHSA). These grants, including the COVID Response Funds and the American Rescue Plan (ARP) Block Grant Supplemental Funds, support prevention services, recovery supports, and coordinated referrals between healthcare providers to ensure timely and appropriate support for individuals with behavioral health needs. The termination is currently stayed by court order as part of Gov. Shapiro's litigation. As of March 31st, the Behavioral Health Special Initiatives (BHSI) program, which supports uninsured and underinsured individuals in need of substance use disorder (SUD) treatment, is projecting a deficit by the end of the fiscal year due to increased utilization and claims. We are exploring cost-saving measures, but a request for additional funding from OMHSAS is anticipated.

HealthChoices Community Behavioral Health (CBH) operates on a Per Member Per Month (PMPM) payment model, where fixed payments are made by Medicaid for each enrolled individual. Reductions in Medicaid eligibility would directly impact these payments, exacerbating CBH's existing financial challenges.

Key Impacts of Reduced Medicaid Eligibility:

- o Financial Strain: CBH is facing a deficit due to inadequate reimbursement rates and declining enrollment. Fewer Medicaid enrollees would intensify these challenges.
- o Service Reductions: Reduced funding could lead to less support for system partners, reductions in provider network support, and diminished capacity to invest in CBH's infrastructure.
- o Potential for Further Enrollment Decline: If work requirements are implemented, we anticipate an additional decline in HealthChoices enrollment, further reducing PMPM payments to the City.

Reductions in Medicaid eligibility would undermine both CBH's ability to provide essential services and the broader economic stability of Philadelphia's healthcare and social service sectors.

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CONTRACTING EXPERIENCE

M/W/DSBE Participation on Large Professional Services Contracts											
Top Five Largest Contracts, FY25											
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	Waiver for Living Wage Compliance?
JayCare LLC	Early Intervention Services	\$4,106,000	2/12/2020	7/1/2020	MBE: BGFE	0%	\$0	0%	\$0	NO	NO
					WBE: BGFE	0%	\$0				
					DSBE: BGFE	0%	\$0				
Goldstar Rehabilitation Inc.	Early Intervention Services	\$3,250,000	2/12/2020	7/1/2020	MBE: BGFE	0%	\$0	0%	\$0	NO	NO
					WBE: BGFE	0%	\$0				
					DSBE: BGFE	0%	\$0				
Dynamicare, LLC	Early Intervention Services	\$2,764,000	2/12/2020	7/1/2020	MBE: BGFE	0%	\$0	0%	\$0	NO	NO
					WBE: BGFE	0%	\$0				
					DSBE: BGFE	0%	\$0				
Kutest Kids Early Intervention Co.	Early Intervention Services	\$2,527,000	2/12/2020	7/1/2020	MBE: BGFE	0%	\$0	0%	\$0	YES	NO
					WBE: BGFE	0%	\$0				
					DSBE: BGFE	0%	\$0				
Kids and Family Inc.	Early Intervention Services	\$1,672,000	2/12/2020	7/1/2020	MBE: BGFE	0%	\$0	0%	\$0	YES	NO
					WBE: BGFE	0%	\$0				
					DSBE: BGFE	0%	\$0				

Non-Profit Vendor Demographics

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1260 Housing Development Corporation	Minority %	Female %
Workforce	74.49%	58.67%
Executive	14.29%	42.86%
Board	37.50%	12.50%
A New Spirit Behavioral Health Services Foundation	Minority %	Female %
Workforce	100.00%	100.00%
Executive	100.00%	100.00%
Board	100.00%	50.00%
Addiction Medicine and Health Advocates, Inc.	Minority %	Female %
Workforce	55.17%	79.31%
Executive	33.33%	33.33%
Board	100.00%	0.00%
Adolescent Treatment Alternatives	Minority %	Female %
Workforce	73.85%	60.00%
Executive	33.33%	50.00%
Board	40.00%	60.00%
African Cultural Alliance of North America	Minority %	Female %
Workforce	100.00%	53.85%
Executive	100.00%	60.00%
Board	85.71%	42.86%