

**DEPARTMENT OF BEHAVIORAL HEALTH AND
INTELLECTUAL DISABILITY SERVICES
FISCAL YEAR 2019 BUDGET TESTIMONY
WEDNESDAY, APRIL 18TH, 2018**

INTRODUCTION

Good Afternoon, President Clarke and Members of City Council. I am David T. Jones, Commissioner of the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS). Joining me today is Dr. Jill Bowen, Deputy Commissioner. I am pleased to provide testimony on DBHIDS's Fiscal Year 2019 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, serve individuals and communities so that all Philadelphians can thrive.

Plans for Fiscal Year 2019:

I. Introduction and Oversight

DBHIDS is responsible for serving children, youth, adults, and families in Philadelphia with behavioral health challenges and/or intellectual disabilities and acts as a safety net for some of Philadelphia's most vulnerable people; making every effort to ensure Philadelphians have access to treatment, supports, and services. Much of this work occurs throughout three of the six divisions that comprise DBHIDS: Intellectual disAbility Services (IDS), the Division of Behavioral Health (DBH), and Community Behavioral Health (CBH), which is the City-governed non-profit managed care entity that delivers behavioral health services for individuals eligible for Medicaid. We continue to fight the stigma of mental health and addiction disorders. The reality is, that one in five individuals will experience a behavioral health issue in their lifetime. Behavioral health disorders are highly prevalent in our communities and are just as devastating as physical health diseases, such as cancer or heart disease. In fact, those with behavioral health conditions die more than 10-25 years sooner than those without mental illness. DBHIDS has an annual budget of \$1.6 billion to address the behavioral health, intellectual disAbility, and early intervention needs of Philadelphians, 99% of which comes from the State and Federal sources. The remaining 1% of DBHIDS's budget (\$14.2 million), allocated to DBHIDS from the City of Philadelphia, continues to aid in not only the health and wellbeing of all Philadelphians, but receives a \$9 return for every \$1 invested. \$1.3 billion of the DBHIDS budget comes from the HealthChoices program administered by CBH. CBH as a health plan offers decided advantages inclusive of an extremely low administrative overhead rate of 8%; which is amongst the lowest in the country when compared to other Managed Care Organizations (MCOs) which range from 7.6% to 14.3%. For comparison, Michigan, which has a very similar MCO makeup to Philadelphia's, has an average health plan administrative rate of 13%. Additionally, CBH does not maintain a profit and 92 cents of every dollar is spent on purchasing treatment for Philadelphians.

As a Medicaid managed care organization, members of CBH's provider network are subject to the extensive requirements and qualifications imposed by the state on all Medicaid managed care plans. There are regular

state and independent audits conducted for fiscal and service delivery and adherence to federal and state Medicaid rules. In addition, oversight and monitoring of the DBHIDS and CBH provider network includes quality, compliance, a consumer satisfaction team, along with network improvement and accountability collaborative oversight.

II. Opioid Epidemic and Treatment Opportunities

It has become ever more apparent that addressing the opioid epidemic that plagues Philadelphia will require creativity and ingenuity. Over the past year, DBHIDS has continued to work towards addressing this crisis, with the inclusion of the implementation of resulting recommendations from the Mayor's Task Force to Combat the Opioid Epidemic. These efforts resulted in a stronger focus on harm reduction, which includes strategies to minimize negative consequences of adverse actions to provide consistent and long-term engagement with individuals experiencing addiction; the implementation of a warm hand-off program to facilitate connections between services, aid in the fluidity during transition and support efforts to minimize the likelihood of loss to follow-up; increasing recovery housing and treatment options, which includes the increase of Medication Assisted Treatment (or MAT); and increasing training and distribution of Naloxone, the overdose reversal antidote, to providers, community members, and other City Departments. In the coming year, DBHIDS, in collaboration with other City Departments, is encouraging the creation of a Comprehensive User Engagement Site (CUES), in an active effort to decrease the number of people dying from an opioid overdose, which are estimated to reach 1,200 deaths for 2017. Efforts to increase Treatment on Demand (or TOD) are also being put in place, to break down barriers that people may face in accessing treatment as we fight to ensure that every Philadelphian can readily access the services and supports they need on their path to recovery.

With the progression of the opioid epidemic in Philadelphia comes the emergence and increase of individuals who are experiencing homelessness due to the complexities of a substance use disorder. Efforts, such as the Encampment Resolution Strategy Pilot, include collaborations between DBHIDS, the Managing Director's Office, Office of Homeless Services, Police Department, and provider agencies, such as Prevention Point and Project HOME, to address and resolve encampments in the Kensington area. DBHIDS is committed to supporting people in overcoming negative social determinates of health and assisting them in their path to independence and self-sufficiency. This includes a partnership with First Step Staffing, a nonprofit staffing agency who moved to Philadelphia in January of this year. First Step seeks to employ individuals in recovery, experiencing homelessness and individuals who were formerly homeless. Since this partnership began, First Step has successfully placed 30 individuals, who are affiliated with DBHIDS programs, into full-time positions.

III. Children and Family Services

DBHIDS staff has been focused on enhancing crisis services and supporting children and families, specifically our mobile crisis, mobile intervention, urgent care, and Children's Crisis Response. Last fall, we had the soft launch of our Mobile Crisis Teams and in December, the new Philadelphia Children's Crisis Response Center (PCCRC) opened, one of multiple options available to help children and their families access the support they need during a behavioral health emergency. As our work in these areas continues, we are pleased with the results. Through January 2018, the Children's Mobile Intervention Service provided support to approximately 90 children and, between November 2017 and January 2018, our Children's Mobile Crisis Teams served approximately 130 children.

We continue to strive to ensure that services and supports provided are family-centered and engage not only the individual seeking services, but their natural and chosen supports as well. That is why, over the course of the next five years, we will continue to incrementally expand community-based services. Within the coming years, our children and family programs will be focused in the community, with the goal of resolving or ameliorating behavioral health episodes or family challenges so that children can remain in their natural settings.

IV. Additional Programs

I would be remiss to not mention the incredible work of Intellectual disAbility Services (or IDS). IDS serves 7,540 children, youth, and adults with intellectual disabilities annually and an additional 7,044 infants and toddlers receive Early Intervention Services each year. The Infant and Toddler Early Intervention program has a significant impact on the developmental trajectory of children from birth to age three. As a result, many of these children enter elementary school without the need for additional supports. Additionally, 551 individuals with an intellectual disability were employed in FY17.

In serving additional unique populations, our Refugee and Immigrant Affairs Unit continues to fight to ensure equitable access to mental health resources for individuals from our refugee and immigrant communities throughout Philadelphia. Our ongoing community-based programs include Network of Neighbors, a program that engages with community members after violent events, and Engaging Males of Color (EMOC), which seeks to engage with, and connect to, young African American men in efforts to increase connection to treatment. Overall, DBHIDS' community-based programs seek to facilitate partnerships within the community and craft strategies that promote holistic wellness through recovery, resilience, and self-determination. Activities include ongoing community events as well as the continued support of community-based mini-grants to ensure that community members have access to the resources they need to make their neighborhoods flourish. Moreover, DBHIDS remains committed to decreasing stigma around mental illness. Our partnership with Mural Arts, which creates community connections and a platform for engagement, connected with 550 community members this past year and served as a vehicle for the promotion of inclusion, personal and community healing, while simultaneously transforming physical environments. These activities create a platform for information dissemination regarding the truth of mental illness, but also creates a space for community members to work together and coningle, which, in turn, helps to destigmatize mental illnesses and addiction by enabling those with behavioral health needs to participate more fully in their communities.

V. Conclusion:

In closing, we appreciate the ongoing support of Council and the opportunity to highlight behavioral health as well as intellectual disabilities. We look forward to working with Council and other stakeholders to advocate for resources to support our most vulnerable people. As was done in the past, I personally invite any and all council members and their staff to partake in Mental Health First Aid training. My staff and I welcome the opportunity to meet with Council members at your convenience to engage in further discussions regarding content I have presented before you today. At this time, I am happy to respond to questions.

BUDGET SUMMARY & OTHER BUDGET DRIVERS

Staff Demographics Summary (as of December 2017) ¹				
	Total	Minority	White	Female
Number of Full-Time Staff	252	199	53	174
Number of Exempt Staff	18	7	11	7
Number of Executive Staff (deputy level and above)	6	3	3	2
Average Salary, Full-Time Staff	\$65,436	\$63,710	\$71,920	\$65,102
Average Salary, Exempt Staff	\$83,010	\$96,327	\$74,536	\$77,850
Average Salary, Executive Staff	\$126,991	\$139,676	\$114,305	\$124,127
Median Salary, Full-Time Staff	\$65,883	\$65,883	\$70,126	\$65,883
Median Salary, Exempt Staff	\$75,731	\$111,364	\$75,000	\$80,664
Median Salary, Executive Staff	\$124,616	\$130,000	\$124,227	\$124,127

Employment Levels (as of December 2017) ¹		
	Budgeted	Filled
Number of Full-Time Positions	273	252
Number of Part-Time Positions	2	2
Number of Exempt Positions	19	18
Number of Executive Positions (deputy level and above)	7	6
Average Salary of All Full-Time Positions	\$65,433	\$65,436
Median Salary of All Full-Time Positions	\$66,083	\$65,883

¹Staff Demographics and Employment Levels tables show All Funds.

General Fund Financial Summary by Class						
	FY17 Original Appropriations	FY17 Actual Obligations	FY18 Original Appropriations	FY18 Estimated Obligations	FY19 Proposed Appropriations	Difference: FY19-FY18
Class 100 - Employee Compensation	\$1,010,566	\$1,006,269	\$1,093,064	\$1,074,894	\$1,076,779	\$1,885
Class 200 - Purchase of Services	\$13,125,510	\$13,125,510	\$13,125,510	\$13,125,510	\$13,125,510	\$0
	\$14,136,076	\$14,131,779	\$14,218,574	\$14,200,404	\$14,202,289	\$1,885

Department of Behavioral Health & Intellectual disAbility Services

Fund	Class	FY17 Original Appropriations	FY17 Actual Obligations	FY18 Original Appropriations	FY18 Estimated Obligations	FY19 Proposed Appropriations	Difference FY19-FY18
General	Class 100 - Employee Compensation	1,010,566	1,006,269	1,093,064	1,074,894	1,076,779	1,885
	Class 200 - Purchase of Services	13,125,510	13,125,510	13,125,510	13,125,510	13,125,510	0
	Total	14,136,076	14,131,779	14,218,574	14,200,404	14,202,289	1,885
	Positions		15	16	16	16	0
Other*	Class 100 - Employee Compensation	23,935,379	23,638,180	24,780,505	25,528,015	26,002,793	474,778
	Class 200 - Purchase of Services	1,537,532,673	1,180,457,819	1,544,269,088	1,423,111,767	1,545,607,560	122,495,793
	Classes 300/400 - Materials, Supplies & Equipment	340,000	482,791	285,000	340,200	250,000	(90,200)
	Class 800 - Payments to Other Funds	1,679,010	1,524,846	1,683,081	168,071	184,707	16,636
Total	1,563,487,062	1,206,103,636	1,571,017,674	1,449,148,053	1,572,045,060	122,897,007	
			216	243	243	246	3
All	Class 100 - Employee Compensation	24,945,945	24,644,449	25,873,569	26,602,909	27,079,572	476,663
	Class 200 - Purchase of Services	1,550,658,183	1,193,583,329	1,557,394,598	1,436,237,277	1,558,733,070	122,495,793
	Classes 300/400 - Materials, Supplies & Equipment	340,000	482,791	285,000	340,200	250,000	(90,200)
	Class 800 - Payments to Other Funds	1,679,010	1,524,846	1,683,081	168,071	184,707	16,636
	Total	1,577,623,138	1,220,235,415	1,585,236,248	1,463,348,457	1,586,247,349	122,898,892
Positions			231	259	259	262	3

* Other Funds includes: County Liquid Fuels Tax Fund, Special Gasoline Tax Fund, HealthChoices Behavioral Health Fund, Hotel Room Rental Tax Fund, Grants Revenue Fund, Community Development Fund, Car Rental Tax Fund, Housing Trust Fund, Water Fund, Water Residual Fund, Aviation Fund, and Acute Care Hospital Assessment Fund.

Contracts Summary (Professional Services only) ²						
	FY13	FY14	FY15	FY16	FY17	FY18 YTD (Q1 & Q2)
Total amount of contracts	\$11,247,368	\$11,095,368	\$11,667,684	\$14,554,002	\$14,480,005	\$15,665,706
Total amount to M/W/DSBE	\$1,609,768	\$1,669,768	\$1,547,173	\$1,854,005	\$1,854,005	\$2,113,690
Participation Rate	14%	15%	13%	13%	13%	13%

² In FY18, DBHIDS has \$15,965,706 in contracts with for-profit providers. Of that total, \$13,082,016 is with Intellectual disAbility Services/Early Intervention providers for entitlement programs. DBHIDS is required by the Commonwealth to contract with these IDS/EI providers. Of the remaining \$2,883,690 in for-profit contracts which DBHIDS can control, \$2,413,690, or 84 percent, is with M/W/DBE providers.

Department of Behavioral Health & Intellectual disAbility Services

Total M/W/DSBE Contract Participation Goal (Public Works; Services, Supplies & Equipment; and Professional Services combined)			
	FY17	FY18	FY19
M/W/DSBE Contract Participation Goal	10%	10%	13%

PROPOSED BUDGET OVERVIEW

Proposed Funding Request:

The proposed Fiscal Year 2019 operating budget totals \$1,586,247,349, an increase of \$122,898,892 over Fiscal Year 2018 estimated obligation levels. This increase is primarily in the HealthChoices Behavioral Health Fund and is attributed to increased enrollment and possible rate adjustments from the State.

The FY19 operating budget request of \$1,586,247,349 includes \$14,202,289 in the General Fund, \$272,045,060 in the Grants Revenue Fund, and \$1,300,000,000 in the HealthChoices Behavioral Health Fund.

The proposed budget (all funds) includes:

- \$27,079,572 in Class 100, an increase of \$476,663 over FY18. This funding will support contractual raises and an increase of 4 positions over budgeted FY18 positions.
- \$1,558,733,070 in Class 200, an increase of \$122,495,793 over FY18. This increase is attributed primarily to expanded enrollment in the HealthChoices program and potential rate adjustments from the State.
- \$177,500 in Class 300, a decrease of \$28,750 from FY18 expected to be achieved through better management of purchase orders for supplies.
- \$72,500 in Class 400, a \$61,450 decrease from FY18, primarily attributable to a nonrecurring purchase of ankle monitors and breathalyzers through the Grants Revenue Fund.
- \$184,707 in Class 800, an increase of \$16,636 in charges to the HealthChoices Fund. This increase is primarily attributable to an increase in overhead costs charged to the HealthChoices Fund.

STAFFING LEVELS

The department is requesting 277 budgeted positions for FY19, an increase of 4 positions over FY18 budgeted positions.

The four additional employees will bolster staffing in the information technology, program, and fiscal divisions

NEW HIRES

New Hires (from 7/1/2017 to December 2017)		
	Total Number of New Hires	Khmer
Black or African American	7	-
Asian	1	1
White	4	-
Total	12	1

Since December 2017, the department has hired one employee who identifies as white.

PERFORMANCE, CHALLENGES, AND INITIATIVES

FY19 Performance Measures				
Measure	FY17 Actual	FY18 YTD (Q1 + Q2)	FY18 Target	FY19 Target
Unduplicated persons served in outpatient treatment ¹	82,496	60,849	85,000	85,000
Number of admissions to out-of-state residential treatment facilities ²	9	1	17	17
Number of admissions to residential treatment facilities ²	559	259	650	650
Percent of follow-up within 30 days of discharge from an inpatient psychiatric facility (discharges to ambulatory, non-bed-based care) (adults) ³	53.3%	49.4%	60.0%	60.0%
Percent of readmission within 30 days to inpatient psychiatric facility (Substance Abuse and non-Substance Abuse) (adults) ⁴	13.8%	12.9%	12.5%	12.5%
Percent of follow-up within 30 days of discharge from an inpatient psychiatric facility (discharges to ambulatory, non-bed-based care) (children) ³	80.6%	78.4%	90.0%	90.0%
Percent of readmission within 30 days to inpatient psychiatric facility (Substance Abuse and non-Substance Abuse) (children)	8.6%	8.2%	10.0%	10.0%
Number of Philadelphians trained in Mental Health First Aid	6,424	3,700	7,502	7,700

¹ This is a cumulative measure with the highest number of unique clients reported in the first quarter.

² Clients are unduplicated within the quarter, and the goal is to be below the target. The year-to-date total may contain duplicated clients if they were served in multiple quarters. DBHIDS's goal is to treat all of the children needing services within the state and not have to look to out-of-state alternatives, so the goal is to keep this number low.

³ This measure includes discharges to ambulatory, non-bed based care. This mirrors the child measure below. Root cause analysis has determined that there are contributing factors that are being addressed to increase follow-up. As part of Community Behavioral Health's ongoing effort to improve follow-up and reduce readmission after inpatient hospitalization, DBHIDS is currently streamlining the discharge review process. This includes evaluating the current process, creating a workflow that ensures member services can provide timely follow-up, and establishing routine tracking mechanisms to monitor the flow of information.

⁴ DBHIDS continues to see a reduction in the percent of readmissions among this population.

OTHER BUDGETARY IMPACTS

Federal and State (Where Applicable)

HealthChoices Rates:

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

Affordable Care Act:

82% (\$1.3 billion) of DBHIDS' budget is allocated via HealthChoices, Pennsylvania's Medicaid appropriation system, which is overseen by CBH who provides services to the 650,000 Philadelphians on Medicaid. Due to the Affordable Care Act (ACA) Expansion, 220,000 adults (1 out of every 6 Philadelphian adults) gained new coverage. If the provisions afforded under the ACA were to be altered, diminished, or eliminated entirely, it would greatly affect the scope of services provided and the number of people we can serve.

CONTRACTING EXPERIENCE

M/W/DSBE Participation on Large Professional Services Contracts											
Top Five Largest Contracts, FY18 (For-Profit) ³											
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 Businesses (principal place of business located within City limits) [yes / no]	Waiver for Living Wage Compliance? [yes / no]
Goldstar Rehabilitation	Early Intervention	\$1,890,000	6/1/2016	7/1/2017	MBE: Best Efforts	0%	\$0	0%	\$0	No	No
					WBE: Best Efforts	0%	\$0				
					DSBE: Best Efforts	0%	\$0				
Kids & Family	Early Intervention	\$1,707,000	6/1/2016	7/1/2017	MBE: Best Efforts	0%	\$0	0%	\$0	No	No
					WBE: Best Efforts	0%	\$0				
					DSBE: Best Efforts	0%	\$0				
JayCare, LLC	Early Intervention	\$1,565,000	6/1/2016	7/1/2017	MBE: Best Efforts	0%	\$0	0%	\$0	No	No
					WBE: Best Efforts	0%	\$0				
					DSBE: Best Efforts	0%	\$0				
Kutest Kids Early Intervention	Early Intervention	\$1,433,000	6/1/2016	7/1/2017	MBE: Best Efforts	0%	\$0	0%	\$0	No	No
					WBE: Best Efforts	0%	\$0				
					DSBE: Best Efforts	0%	\$0				
Resilient Business Solutions, LLC	IT Consultant Services	\$850,000	6/1/2016	7/1/2017	MBE: Best Efforts	0%	\$0	100%	\$1,150,000	No	No
					WBE: Best Efforts	100%	\$1,150,000				
					DSBE: Best Efforts	0%	\$0				

³ The first four contracts represented in this list are Early Intervention providers that are required by the state as they are an entitlement service.

Department of Behavioral Health & Intellectual disAbility Services

Non-Profit Vendor Demographics		
Resources for Human Development	Minority %	Female %
Workforce	77%	75%
Executive	25%	33%
Board	29%	19%
NHS Phila/Woodhaven/Parkside	Minority %	Female %
Workforce	82%	64%
Executive	0%	67%
Board	26%	50%
Public Health Management Corp.	Minority %	Female %
Workforce	68%	77%
Executive	51%	76%
Board	50%	35%
Horizon House	Minority %	Female %
Workforce	82%	68%
Executive	44%	44%
Board	13%	27%
Woods Services, Inc.	Minority %	Female %
Workforce	69%	63%
Executive	0%	45%
Board	13%	40%

EMPLOYEE DATA

Staff Demographics (as of December 2017)					
Full-Time Staff			Executive Staff		
	Male	Female		Male	Female
	African-American	African-American		African-American	African-American
<i>Total</i>	44	137	<i>Total</i>	2	1
<i>% of Total</i>	17%	54%	<i>% of Total</i>	33%	17%
<i>Average Salary</i>	\$64,391	\$64,393	<i>Average Salary</i>	\$147,500	\$124,027
<i>Median Salary</i>	\$65,783	\$65,883	<i>Median Salary</i>	\$147,500	\$124,027
	White	White		White	White
<i>Total</i>	28	25	<i>Total</i>	2	1
<i>% of Total</i>	11%	10%	<i>% of Total</i>	33%	17%
<i>Average Salary</i>	\$70,975	\$72,977	<i>Average Salary</i>	\$109,345	\$124,227
<i>Median Salary</i>	\$68,405	\$70,526	<i>Median Salary</i>	\$109,345	\$124,227
	Hispanic	Hispanic		Hispanic	Hispanic
<i>Total</i>	3	7	<i>Total</i>	0	0
<i>% of Total</i>	1%	3%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$59,176	\$53,269	<i>Average Salary</i>	N/A	N/A
<i>Median Salary</i>	\$66,283	\$57,829	<i>Median Salary</i>	N/A	N/A
	Asian	Asian		Asian	Asian
<i>Total</i>	3	4	<i>Total</i>	0	0
<i>% of Total</i>	1%	2%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$54,736	\$67,372	<i>Average Salary</i>	N/A	N/A
<i>Median Salary</i>	\$58,431	\$69,334	<i>Median Salary</i>	N/A	N/A
	Other	Other		Other	Other
<i>Total</i>	0	1	<i>Total</i>	0	0
<i>% of Total</i>	0%	0%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	N/A	\$39,129	<i>Average Salary</i>	N/A	N/A
<i>Median Salary</i>	N/A	\$39,129	<i>Median Salary</i>	N/A	N/A
	Bilingual	Bilingual		Bilingual	Bilingual
<i>Total</i>	6	5	<i>Total</i>	0	0
<i>% of Total</i>	2%	2%	<i>% of Total</i>	0%	0%
<i>Average Salary</i>	\$55,376	\$57,778	<i>Average Salary</i>	N/A	N/A
<i>Median Salary</i>	\$58,130	\$57,829	<i>Median Salary</i>	N/A	N/A
	Male	Female		Male	Female
<i>Total</i>	78	174	<i>Total</i>	4	2
<i>% of Total</i>	31%	69%	<i>% of Total</i>	67%	33%
<i>Average Salary</i>	\$66,182	\$65,102	<i>Average Salary</i>	\$128,422	\$124,127
<i>Median Salary</i>	\$66,083	\$65,883	<i>Median Salary</i>	\$127,503	\$124,127

LANGUAGE ACCESS

1) Has your leadership received language access training?

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

2) Do you currently have a language access coordinator?

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

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

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

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

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

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