

COUNCIL OF THE CITY OF PHILADELPHIA
COMMITTEE OF THE WHOLE

Room 400, City Hall
Philadelphia, Pennsylvania
Tuesday, May 3, 2016
10:30 a.m.

PRESENT:

COUNCIL PRESIDENT DARRELL L. CLARKE
COUNCILWOMAN CINDY BASS
COUNCILWOMAN JANNIE L. BLACKWELL
COUNCILMAN ALLAN DOMB
COUNCILMAN DEREK S. GREEN
COUNCILMAN WILLIAM K. GREENLEE
COUNCILWOMAN HELEN GYM
COUNCILMAN BOBBY HENON
COUNCILMAN CURTIS JONES, JR.
COUNCILMAN DAVID OH
COUNCILMAN BRIAN J. O'NEILL
COUNCILWOMAN CHERELLE L. PARKER
COUNCILWOMAN MARIA D. QUINONES-SANCHEZ
COUNCILWOMAN BLONDELL REYNOLDS BROWN
COUNCILMAN AL TAUBENBERGER

BILLS 160170, 160171, and 160172
RESOLUTION 160180

- - -

1
2 COUNCIL PRESIDENT CLARKE: Good
3 morning. This is a public hearing of the
4 Committee of the Whole regarding Bills
5 No. 160170, 160171, 160172, and
6 Resolution No. 160180.

7 Mr. Stitt, please read the
8 titles of the bills and resolution.

9 THE CLERK: Bill No. 160170, an
10 ordinance to adopt a Capital Program for
11 the six Fiscal Years 2017 through 2022
12 inclusive.

13 Bill No. 160171, an ordinance
14 to adopt a Fiscal 2017 Capital Budget.

15 Bill No. 160172, an ordinance
16 adopting the Operating Budget for Fiscal
17 Year 2017.

18 Resolution No. 160180,
19 resolution providing for the approval by
20 the Council of the City of Philadelphia
21 of a Revised Five Year Financial Plan for
22 the City of Philadelphia covering Fiscal
23 Years 2017 through 2021, and
24 incorporating proposed changes with
25 respect to Fiscal Year 2016, which is to

1 5/3/16 - WHOLE - BILL 160170, etc.
2 be submitted by the Mayor to the
3 Pennsylvania Intergovernmental
4 Cooperation Authority (the "Authority")
5 pursuant to the Intergovernmental
6 Cooperation Agreement, authorized by an
7 ordinance of this Council approved by the
8 Mayor on January 3, 1992 (Bill No.
9 1563-A), by and between the City and the
10 Authority.

11 COUNCIL PRESIDENT CLARKE:

12 Thank you, Mr. Stitt.

13 Today we continue the public
14 hearing of the Committee of the Whole to
15 consider the bills read by the Clerk that
16 constitute proposed operating and capital
17 spending measures for Fiscal 2017, a
18 Capital Program, and a forward-looking
19 Capital Plan for Fiscal 2017 through
20 Fiscal 2022.

21 Today we will hear testimony
22 from the following departments:
23 Behavioral Health, Public Health,
24 Department of Human Services, Office of
25 Supportive Housing.

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2 And, Mr. Stitt, the first
3 person to testify is?

4 THE CLERK: Dr. Arthur Evans.

5 COUNCIL PRESIDENT CLARKE:

6 Thank you.

7 (Witnesses approached witness
8 table.)

9 COUNCIL PRESIDENT CLARKE: Good
10 morning.

11 DR. EVANS: Good morning, sir.

12 Good morning, President Clarke
13 and members of City Council. I'm
14 Dr. Arthur C. Evans, Commissioner of the
15 Philadelphia Department of Behavioral
16 Health and Intellectual disAbility
17 Services. Joining me today is David
18 Jones, Deputy Commissioner, and I'm
19 pleased to provide testimony on my
20 department's Fiscal Year 2017 Operating
21 Budget.

22 The mission of the Department
23 of Behavioral Health and Intellectual
24 disAbility Services, or DBHIDS, is to
25 support a vision of recovery, resilience,

1 5/3/16 - WHOLE - BILL 160170, etc.
2 and self-determination for individuals in
3 need of our services.

4 The proposed Fiscal Year 2017
5 Operating Budget totals 1,577 -- I'm
6 sorry; \$1,577,373,138, an increase of
7 \$358,776,374 over Fiscal Year 2016
8 estimated obligation levels.

9 This increase is primarily in
10 the HealthChoices Behavioral Health Fund
11 and is attributed to a projected increase
12 in the enrollment due to Medicaid
13 expansion under the Affordable Care Act.

14 The FY17 Operating Budget
15 request of 1.6 million includes -- I'm
16 sorry; 1.6 billion includes 13.9 million
17 in the General Fund, 261 million in the
18 Grants Revenue Fund, and 1.3 million --
19 I'm sorry; 1.3 billion in the
20 HealthChoices Behavioral Health Fund.
21 The DBHIDS FY budget will support 262
22 positions - 16 in the General Fund and
23 246 in the Grants Revenue Fund. Of the
24 1.6 billion, 69.8 million, or 4.4
25 percent, is for intellectual disability

1 5/3/16 - WHOLE - BILL 160170, etc.
2 and early intervention services and 1.5
3 billion, or 95.6 percent, is for
4 behavioral health services; 24.9 million
5 is in Class 100; 1.5 is in Class 200;
6 195,000 in Class 300; 145,000 in Class
7 400; and 1.7 million is in Class 800.

8 DBHIDS will continue to focus
9 on fundamentally transforming the local
10 network of care in 2017, in FY 2017. New
11 initiatives planned for this fiscal
12 year -- or next fiscal year include the
13 following:

14 Addiction services expansion:
15 This initiative will expand resources for
16 persons with co-occurring addictions and
17 mental health issues, including the
18 following components: Jail diversion and
19 trauma recovery interventions will be in
20 support of the City's increased efforts
21 to increase pro-social behaviors and
22 provide alternatives to incarceration.
23 This project significantly expands access
24 to addiction treatment and case
25 management services;

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2 Pre-engagement activities are
3 designed to encourage positive growth and
4 change and will include screening, peer
5 support, family engagement, and outreach
6 services;

7 Early intervention assessments
8 and psychoeducation services will benefit
9 individuals at risk of developing
10 substance use-related problems, including
11 adolescents and their families;

12 Medication Assisted Treatment
13 will relink incarcerated individuals with
14 community methadone clinics. Medication
15 Assistant Treatment will also be extended
16 to opiate-addicted pregnant women.

17 The second initiative is
18 Children's Services Transformation. New
19 services will be established to continue
20 the transformation of the behavioral
21 health service system for children and
22 families in Philadelphia. Services will
23 include Children's Mobile Crisis
24 Stabilization Teams that will respond to
25 children and youth as well as their

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2 families and foster families who are
3 experiencing emotional and behavioral
4 health emergencies. These teams will
5 offer in-home as well as school-based
6 supports, including short-term therapy,
7 recovery planning, and service linkages.

8 The third initiative is our
9 public health approach to trauma. An
10 array of community-based, trauma-informed
11 services will be established to mitigate
12 the impact of trauma on underserved
13 individuals, families, and neighborhoods
14 across the City. Program components will
15 include efforts to increase trauma
16 awareness and promote coping skills via
17 community education and workshops. They
18 will also include Trauma Reduction
19 Outreach Response Teams that will work to
20 reduce the spread of community violence
21 via conflict mediation, facilitating
22 service linkages, and conducting
23 community trauma awareness events. And
24 specialized evidence-based trauma
25 training and consultation will be

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2 provided to our behavioral health
3 providers, community organizations,
4 peers, family members, courts,
5 parole/probation officers, prisons, and
6 other system partners.

7 There are four DBHIDS system
8 accomplishments that I would like to
9 briefly highlight. The first is our
10 decade of transformation. Over the past
11 decade, the Department has fundamentally
12 transformed the local network of care in
13 partnership with a number of
14 stakeholders. This transformation really
15 has promoted a move to recovery from
16 behavioral health challenges to
17 strengthen the resiliency of children for
18 children experiencing social-emotional
19 problems and to offer individuals with
20 intellectual disabilities opportunities
21 to exercise choice and
22 self-determination.

23 In terms of our intellectual
24 disability services initiatives, the
25 Department serves approximately 7,600

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2 children and adults with intellectual
3 disabilities annually. Also the
4 Department serves, through our Infant
5 Toddler Early Intervention Program, 6,400
6 infants and toddlers each year, and in
7 FY15, we served 200 more than we had
8 accommodated in previous years.

9 The third initiative has to do
10 with our trauma initiative, and it is a
11 multi-faceted, multi-year effort to use a
12 public health framework around addressing
13 trauma within our community. Some of the
14 components have included Healing Hurt
15 People program, which is operated by
16 Drexel University; Mental Health First
17 Aid, which attempts to provide and
18 improve mental health literacy across the
19 population; our Preventing Suicide and
20 Self-Harm through dialectical behavioral
21 therapy; Trauma-Focused CBT, which is an
22 evidence-based treatment approach for
23 addressing trauma within children;
24 Prolonged Exposure, which is an
25 evidence-based treatment for the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 treatment of trauma in adults; and the
3 Child and Family Traumatic Stress
4 Intervention, which is a brief intensive
5 intervention designed for children ages 7
6 to 18 to decrease the negative impact of
7 exposure to potentially traumatic events,
8 including sexual and physical abuse,
9 domestic violence, and motor vehicle
10 accidents.

11 In closing, we appreciate the
12 continuing support of Councilmembers and
13 the ongoing efforts to highlight
14 behavioral health as well as intellectual
15 disability issues and to secure the
16 resources to meet the growing demand for
17 behavioral health and intellectual
18 disability services.

19 My staff and I welcome the
20 opportunity to meet with Councilmembers
21 at your convenience to engage in further
22 discussion regarding these issues.
23 Similar to last year, I extend a personal
24 invitation to you and your staff to
25 participate in our Mental Health First

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2 Aid training.

3 COUNCIL PRESIDENT CLARKE:

4 Thank you, Doctor, and good morning. I
5 got a couple of questions. The Community
6 Schools Initiative that I'm sure you've
7 heard of that we've been working on, both
8 the Mayor's Office and the Council, we
9 believe it to be -- it's going to play a
10 significant role in enhancing the
11 educational opportunities of the child
12 but, more importantly, create an
13 environment for that child to actually be
14 focused on the classroom. And as we
15 looked at various models, one of the
16 issues is clearly some of the behavioral
17 health of the young people in the schools
18 and actually also some of the parents,
19 because we found out that when you do an
20 analysis, that a lot of this starts at
21 home, unfortunately.

22 Have you and your department
23 had any interaction with the
24 Administration's Community Schools
25 Division, or whatever we call it now, as

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2 it relates to your participation in this?

3 DR. EVANS: Sure. Yes, we
4 have. We have met with the new leader of
5 that office. We've had internal
6 discussions under the leadership of Eva
7 Gladstein, who is the Deputy Managing
8 Director over the Health and Human
9 Services organizations. And so I think
10 we are poised. We've certainly been
11 planning. We've been doing our own
12 homework and research around community
13 schools. We've been thinking about how
14 the behavioral health services can fit
15 into that model. And so we're poised to
16 assist Council and the Administration in
17 making sure that behavioral health is
18 addressed.

19 COUNCIL PRESIDENT CLARKE: Can
20 you describe -- and I know it's early
21 on -- in any level of detail the specific
22 roles you might be able to play or
23 locations? And the other thing is, at
24 what point do you think you'll be
25 prepared to actually start looking at the

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2 schools themselves, because we're
3 actually out -- the members of Council
4 are outside identifying potential
5 locations in their Council districts
6 where we might be able to put some of
7 this in play. So I'm assuming that you
8 have statistics that might be helpful in
9 showing what the demographics are
10 relating to individuals with behavioral
11 health challenges.

12 DR. EVANS: Sure. Yeah. So I
13 guess I should put my comments a little
14 bit in context. So one of the things
15 that we've been doing historically but
16 particularly with this Administration and
17 the School District is, we have ongoing
18 relationships. I meet with Dr. Hite
19 fairly regularly. One of the things that
20 we've been doing, to your point about
21 demographics and needs, one of the
22 discussions that we've been having is how
23 do we take the resources that we have and
24 that we're investing in the schools and
25 target them in the areas that have the

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2 highest need. So that's a conversation
3 that we've had ongoing even before the
4 discussions around community schools has
5 really started to emerge.

6 Out of those discussions, we've
7 identified certain areas of the City,
8 certain schools that we think have high
9 needs. That's obviously information that
10 we would be happy to provide in terms of
11 those discussions. And so I think we
12 have a good sense of where those
13 resources should be directed, but at this
14 point obviously we're still in the early
15 stages of trying to figure that out.

16 COUNCIL PRESIDENT CLARKE: You
17 mentioned you talked to Eva Gladstein.
18 Have you talked to Otis Hackney?

19 DR. EVANS: About this issue?
20 Not about this issue in particular.
21 We've had broader discussions.

22 COUNCIL PRESIDENT CLARKE: He's
23 responsible for the community schools.

24 DR. EVANS: Right.

25 COUNCIL PRESIDENT CLARKE: So

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2 you probably want to --

3 DR. EVANS: Right. So we've
4 not had any formal discussions with his
5 office around this issue, but I feel
6 pretty confident that the kinds of
7 research, homework that we're doing now,
8 the kind of internal conversations that
9 we're having in the Health and Human
10 Services Cabinet I think are positioning
11 us well to play the role that we need to
12 play in that initiative.

13 COUNCIL PRESIDENT CLARKE:
14 Okay. I mean, we have a department,
15 relatively newly formed. I think Susan
16 Gobreski is the direct person responsible
17 for the community schools. So I think it
18 will be helpful if you started
19 interacting with them.

20 Ms. Gladstein, you want to...
21 (Witness approached witness
22 table.)

23 MS. GLADSTEIN: Sorry. Eva
24 Gladstein, Deputy Managing Director for
25 Health and Human Services.

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2 I just wanted to confirm that
3 Susan Gobreski came to our Health and
4 Human Services Cabinet to be in the
5 conversations, again, on behalf of the
6 Director of the office, Otis Hackney.

7 COUNCIL PRESIDENT CLARKE: I
8 just want to go direct. Okay. Thank
9 you.

10 There's another issue that
11 Council finds itself in the midst of.
12 Some people didn't think we should be
13 involved in it, but we are, this whole
14 criminal justice reform issue. We formed
15 a special committee to deal with that and
16 has all aspects and individuals and
17 stakeholders involved in that committee
18 and have done some very good work. One
19 of the focal points of that is obviously
20 alternatives to incarceration, and as we
21 found, a significant -- I don't have to
22 tell you. It's what you do -- a
23 significant amount of these individuals
24 have mental health challenges as well as
25 addiction challenges.

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2 Have you played or will you be
3 in a position to play a role in a very
4 aggressive way in working with the
5 Committee and CJAB, which is --

6 DR. EVANS: Sure.

7 COUNCIL PRESIDENT CLARKE: --
8 and also as a part of the MacArthur
9 grant?

10 DR. EVANS: Yes. The answer to
11 all of those is yes. We actually spend
12 quite a bit of our time, energy,
13 resources on the issue of the interface
14 between behavioral health and criminal
15 justice. In fact, I'd probably say I
16 spend a third of my time right now on
17 forensic-related issues. We do that
18 through a variety of means. There are a
19 number of specialty courts, including
20 Mental Health Court, there's treatment
21 courts, there's the AMP program. In all
22 of those specialty courts, there's a
23 behavioral health overlay and we provide
24 support there.

25 In terms of CJAB, I'm a member

1 5/3/16 - WHOLE - BILL 160170, etc.
2 of CJAB. I sit on the CJAB, so I'm a
3 part of those discusses and have heard
4 the presentation from members of Council
5 about that initiative.

6 We also have a number of
7 diversion programs, including the FIR
8 Program, which is Forensic Intensive
9 Recovery Program, which diverts thousands
10 of individuals who have drug addiction
11 each year out of the criminal justice
12 system. Those are individuals who have
13 been adjudicated and their sentences are
14 shortened in order to get them into
15 treatment, which is a better setting for
16 them.

17 So there are any number of
18 those initiatives that we're doing, and
19 as you develop your initiative, we
20 certainly can be a part of that and can
21 support your efforts around that.

22 COUNCIL PRESIDENT CLARKE:
23 Okay. Thank you. We look forward to
24 that.

25 One last question. I'm not

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2 sure if you're the person I should be
3 asking. In significant parts of my
4 district, probably other districts, there
5 are like these houses, that individuals
6 that get these houses and they have
7 individuals that come in, either halfway
8 houses -- you understand what I'm talking
9 about?

10 DR. EVANS: Sure.

11 COUNCIL PRESIDENT CLARKE: Who
12 governs the placement and the monitoring
13 of those particular houses?

14 DR. EVANS: Sure. So what
15 you're probably referring to are recovery
16 houses.

17 COUNCIL PRESIDENT CLARKE: Yes.

18 DR. EVANS: Those are not
19 licensed. They're not regulated at this
20 point. We fund some recovery houses. We
21 create standards for those houses. They
22 operate under our standards, but most --
23 we fund about 20, a little over 20
24 recovery houses across the City, but
25 there are in fact probably in the

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2 neighborhood of about 300 in the City
3 that are not funded by us and, therefore,
4 have no contractual relationship with the
5 City or with our department.

6 So there is legislation that
7 has passed at the state level to have
8 DDAP, which is the state agency
9 responsible for addiction, to regulate
10 recovery houses. They're in the process
11 of defining what a recovery house is and
12 putting together those regulations.
13 Those are due to come out hopefully soon.

14 COUNCIL PRESIDENT CLARKE:
15 Okay. So is that moving through the
16 State Legislature?

17 DR. EVANS: That is moving -- I
18 believe that it has passed and now they
19 are in the process of actually writing
20 the regulations to support the
21 legislation.

22 COUNCIL PRESIDENT CLARKE: Are
23 you familiar with what legislator is
24 spearheading that effort?

25 DR. EVANS: I'm sorry?

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2 COUNCIL PRESIDENT CLARKE: I
3 could find out. I was just wondering
4 what legislator was spearheading that
5 effort.

6 DR. EVANS: I don't know.
7 Probably Gene DiGirolamo, I would think.

8 Do you know?

9 (Audience member talking
10 without microphone.)

11 COUNCIL PRESIDENT CLARKE:
12 That's okay.

13 DR. EVANS: So I'll just repeat
14 what he said. Basically it's the
15 Secretary of DDAP that is leading the
16 effort to draft the regulations. So the
17 legislation has passed. It's really in
18 the executive branch now to come up with
19 the regulations.

20 COUNCIL PRESIDENT CLARKE:
21 Okay. And at another point in time, I'd
22 like to talk to you about the ones that
23 we are funding. I'm assuming the ones we
24 funded we have some level of monitoring.

25 DR. EVANS: We have actually a

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2 lot of --

3 COUNCIL PRESIDENT CLARKE:

4 Regulatory oversight.

5 DR. EVANS: And I think that
6 those programs do extremely well in terms
7 of both being a good neighbor but also
8 providing good supportive services for
9 individuals.

10 COUNCIL PRESIDENT CLARKE:

11 Okay. Thank you.

12 The Chair recognizes Councilman
13 Green.

14 COUNCILMAN GREEN: Thank you,
15 Council President.

16 Good morning, Dr. Evans.

17 DR. EVANS: Good morning, sir.

18 COUNCILMAN GREEN: I just
19 wanted to state for the record I want to
20 thank you and your staff for all of the
21 work you've done over your time with the
22 City, especially in regards to the issue
23 of autism. As you know, I've been a
24 strong proponent for that issue, and your
25 work and the support for not only funding

1 5/3/16 - WHOLE - BILL 160170, etc.
2 but also providing resources for the
3 Philadelphia Autism Project has been very
4 important for this initiative.

5 Along those lines, the Council
6 President talked about community schools,
7 but in addition to community schools,
8 we're also discussing pre-K. And so I'm
9 curious from the perspective of from your
10 office, has there been any involvement
11 and discussions in reference to
12 incorporating opportunities for early
13 diagnosis of children that may be on the
14 spectrum of autism as part of the pre-K
15 initiative by the Administration? As you
16 know based on your work in your office as
17 well as participating with the
18 Philadelphia Autism Project and our
19 hearings we had recently, that one of the
20 best ways to address and identify
21 children who may be on the spectrum of
22 autism is that early diagnosis. So I'm
23 curious if there's been any conversations
24 of incorporating that type of information
25 in reference to information regarding

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2 pre-K facilities. Because that's how my
3 son was able to be diagnosed on autism,
4 based on our pre-K provider at the time.

5 DR. EVANS: Sure. And so first
6 let me start by thanking you for your
7 support and being a champion around this
8 issue. I think it makes a big difference
9 when City agencies are trying to address
10 these issues to have champions in City
11 Council. So we appreciate your support.

12 In terms of pre-K, you had the
13 autism hearing a week or so ago, and one
14 of the points I made in my testimony is
15 that one of the challenges with autism is
16 that you have different entities that are
17 involved in people's lives at different
18 points in their -- over the lifespan
19 because of the way we funded those
20 services. Fortunately in the area of
21 pre-K, though, one of the programs that
22 we operate is the Early Intervention
23 Program. We screen about or serve about
24 6,400 children 0 to 3 in that program.
25 All of those children, once they reach

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2 the age of 16 months, is screened for
3 autism. And so we're able to identify a
4 lot of children at a very early age who
5 are on the spectrum.

6 One of the things that the
7 early intervention staff I think have
8 done a really great job of is continuing
9 to expand the places where we are
10 screening children and the places that
11 we're touching. So, for example, the
12 pre-K programs, there's a connection with
13 those programs, and that's allowing us to
14 identify more children. We're in the
15 health centers. We're working with the
16 CUAs and DHS and the Office of Supportive
17 Housing. So I think all of those are
18 opportunities for us to not only identify
19 children who have developmental delays,
20 but it's also, because of this universal
21 screening, an opportunity to identify
22 children on the spectrum.

23 COUNCILMAN GREEN: Thank you.
24 I just hope that as part of this pre-K
25 initiative, that type of work that your

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2 office does in reference to early
3 intervention can be intertwined in this
4 discussion as we talk about expanding
5 pre-K and providing more opportunities
6 for pre-K providers to open additional
7 quality slots, that this type of
8 information is provided in those day care
9 providers, so that way, they can provide
10 the information to help, as you state,
11 help parents have a better idea of what
12 may be involved in the issue of autism.
13 Because as you stated and as we also
14 discussed in last week's Philadelphia
15 Autism Project meeting is that the
16 parents have a lot of different
17 information coming at them from various
18 sources, from the behavioral health side
19 as well as the medical side, and it can
20 be somewhat complex and challenging.
21 However, the most important thing is
22 getting them information as early as
23 possible so they can work with multiple
24 providers to help provide a continuum of
25 care.

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2 Another question I want to
3 bring up to you, it's more of kind of an
4 update. I know through the work of
5 former Councilman Dennis O'Brien and
6 former Speaker of the House, who I saw
7 here earlier, very instrumental in
8 introducing and getting passed Act 62 in
9 reference to making sure that private
10 insurers are providing services for
11 families that have children on the autism
12 spectrum. From my understanding,
13 Secretary Dallas has been in
14 conversations with insurance companies in
15 that regard.

16 Has your office been involved
17 in any of those conversations and have
18 you any additional information regarding
19 where we are going forward?

20 DR. EVANS: Yes. So as you
21 know, Act 62 requires private insurances
22 to pay for the first 30-plus thousand
23 dollars in costs for children who have
24 autism. I think there have been two
25 major problems. First, the biggest

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2 problem is that many of the insurance
3 companies don't want to pay, and we think
4 that that's a violation of the parity
5 laws. And then the second problem that
6 the private insurers have, in my view, is
7 that they don't have the continuum of
8 services that they should have available.

9 On the issue of parity and
10 getting the providers to pay, there have
11 been a number of challenges. There's
12 actually been some litigation through CBH
13 and Joan Erney and within our agency.
14 There have been ongoing conversations
15 about that. The conversations right now
16 are about insurance companies who haven't
17 paid where we've paid and our ability
18 through third-party liability to recoup
19 those dollars. And so those
20 conversations -- and that is being worked
21 through now, but it's a big issue.

22 And I think in terms of the
23 advocacy issue, I think that there
24 continues to be a need to advocate around
25 people ensuring that insurance companies

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2 do what they should do in terms of
3 covering those services.

4 COUNCILMAN GREEN: And when you
5 talk about recoup, are you working with
6 the Law Department in any type of
7 affirmative litigation in that regard or
8 at least having conversations?

9 DR. EVANS: No. What we're
10 talking about is using the
11 already-established ways of using
12 third-party liability when there are --
13 when there's a primary insurer who should
14 be covering the cost. In this case,
15 we're the secondary insurer. The first
16 party needs to pay back those dollars to
17 us.

18 COUNCILMAN GREEN: Similar to
19 the coordination of benefits.

20 DR. EVANS: Exactly. Exactly.

21 COUNCILMAN GREEN: Okay. One
22 final point I'll say, because my time is
23 up. I think this example is another
24 example of too often where the City is
25 paying for services that others should be

1 5/3/16 - WHOLE - BILL 160170, etc.
2 paying for.

3 DR. EVANS: Exactly.

4 COUNCILMAN GREEN: It's an
5 economic issue that we as taxpayers in
6 the City of Philadelphia and the
7 Commonwealth, we're paying for services
8 that private entities should be paying
9 for, and too often we've seen this issue
10 in multiple scenarios, which ultimately
11 causes a problem in the City of
12 Philadelphia when we have less resources
13 because we have other people who are not
14 paying their fair share, and this is just
15 one example of that regard, and sometimes
16 we have to take additional avenues to
17 level the playing field.

18 DR. EVANS: Yes. So I
19 appreciate you understanding that issue.

20 COUNCIL PRESIDENT CLARKE:

21 Thank you, Councilman.

22 The Chair recognizes Councilman
23 Oh.

24 COUNCILMAN OH: Thank you very
25 much, Council President.

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2 Good morning.

3 DR. EVANS: Good morning, sir.

4 COUNCILMAN OH: First, let me

5 say I always appreciate your

6 availability, your good work, and the

7 good work of your department, and I'm

8 especially looking forward to our hearing

9 on Friday, May the 20th. And in that

10 regard, I know you got a full plate and

11 there's so many things, but let me just

12 ask you a few questions. And as you

13 know, I've been doing these community

14 meetings, and Councilman Domb was there

15 the other day and before that

16 Councilwoman Maria Quinones-Sanchez. So

17 I pick up a few things here and there,

18 but it just led me to some questions that

19 I'm sure you're kind of working on, but

20 I'd like to be a little more aware.

21 In terms of our city, with the

22 issues of drug addiction, it appears to

23 me that our city right now kind of

24 operates in silos. I think there was a

25 drug policy in the '80s that doesn't seem

1 5/3/16 - WHOLE - BILL 160170, etc.
2 to have worked out well, and now we have
3 our prisons, we have probation, we have
4 courts, we have Drug Treatment Court, we
5 have the SEPTA Police, the PHA Police,
6 all kinds of stuff going on, but is it
7 possible for your department to provide
8 an overall guideline of the appropriate
9 kind of interactions, ensuring that
10 people are properly equipped to do their
11 jobs? Is there an ability for your
12 department, at least when it comes to
13 interfacing with drug-addicted
14 individuals and whatnot, to provide the
15 overall leadership to our City
16 departments?

17 DR. EVANS: Sure. I think the
18 Department actually does that, and I
19 think that Philadelphia is very unique in
20 our ability to do exactly what you're
21 saying. And one of the reasons that I
22 think Philadelphia is in a different
23 position than almost actually any major
24 city in the country is that we
25 essentially have a single-payer

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2 behavioral health care system here. In
3 most cities -- if you were to go to New
4 York or you go to Chicago or LA, any
5 major city in the country, and you were
6 to ask the question, Who are the payers
7 for public behavioral health care
8 services, often it could be the state, it
9 could be addiction is in one agency,
10 mental health services are in a different
11 agency. Children are often in different
12 agencies than adults. Medicaid is often
13 separated from grants. And what that
14 creates is exactly what you're saying,
15 which is a fragmented approach to how the
16 issue is dealt with.

17 Philadelphia is unique in that
18 all of those funding streams flow through
19 one agency. So my predecessors were very
20 smart in recognizing that if you wanted
21 to have a coherent policy, one of the
22 important things to do is to structurally
23 have a system where you had one set of
24 people who were setting policy for that,
25 and that, again, is what we have in

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2 Philadelphia.

3 I think in terms of the points
4 that you were making about the different
5 entities, one of the things that, again,
6 I think -- and I have to give my
7 predecessors a lot of credit for this
8 because they set the stage for this. I
9 think one of the things that is done here
10 in Philadelphia, unlike many other
11 places, is that the behavioral health
12 system is very intentionally integrated
13 into lots of different other places. So
14 I mention the courts. So if you go into
15 any court in Philadelphia, any of the
16 specialty courts, there is a behavioral
17 health presence and people who are both
18 providing services but often advising the
19 judges around how to access services.

20 If you look at any number of
21 things, Police or child welfare or DHS or
22 OSH, it's one agency, our agency in this
23 case, really trying to advise. I do
24 think that to your point about sort of
25 the magnitude of dealing with addiction,

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2 it really goes beyond the health and
3 human services organizations, and there
4 are parts of addressing addiction that go
5 beyond the work that we can do. At the
6 federal level, they talk about demand
7 side and supply side, simply meaning that
8 what we do is we try to deal with the
9 demand side, the people who are in need
10 of services. But there's a supply side
11 that has to also be dealt with, and
12 that's more of the law enforcement.

13 So at the federal level, there
14 is an agency that covers both of those
15 aspects. At our level, what we try to do
16 is to make sure that the issues around
17 treatment, access to treatment are really
18 integrated across different systems and
19 agencies.

20 COUNCILMAN OH: Thank you.
21 Could I also ask you about other
22 departments or agencies in our city and
23 our cooperation with surrounding
24 counties. And the reason I bring it up
25 is, for example, I know that the DA's

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2 Office is paying for Narcan for our
3 Philadelphia police officers, and
4 apparently the Delaware County DA is
5 paying for the Transit Police to have
6 Narcan outside of Philadelphia, in
7 Delaware County. So the SEPTA Police,
8 who do run across a lot of drug-addicted
9 folks kind of coming and going, they have
10 Narcan for their police officers in
11 Delaware County and none for their police
12 officers in Philadelphia. And so we have
13 a lot of non-City entities that if they
14 were to cooperate, I suppose, I think
15 they don't have the kind of expertise
16 that your department has, that if you
17 could get the Temple Police, the Housing
18 Police to at least in some level of
19 guidance and cooperation, I think that
20 would be better for the efficiency and
21 addressing the problem.

22 DR. EVANS: Sure. I absolutely
23 agree with that. We are looking at how
24 to expand Narcan availability. And this
25 is an area where other entities outside

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2 of our entities, outside of us that are
3 very involved in that. For example,
4 Philadelphia Police Department has Narcan
5 available. They've had over 100 saves
6 themselves. And we have some efforts at
7 expanding Narcan availability, I think,
8 in the next fiscal year. We're talking
9 about by at least 700, and many of those
10 would include some of the people that
11 you're talking about.

12 COUNCILMAN OH: Okay. The
13 final thing I'll talk about was the
14 counties, and the reason it's come up,
15 I'm just going to kind of cite some
16 things that I kind of have heard on these
17 community meetings.

18 A woman has private insurance.
19 She's in Chester County. Her daughter
20 comes to Philadelphia and sometimes comes
21 back to Chester. The provider tells her,
22 Your private insurance won't cover the
23 treatment. You need to get public
24 assistance. She goes to -- drops her
25 private insurance, goes to public

1 5/3/16 - WHOLE - BILL 160170, etc.
2 assistance, gets some level of treatment.
3 Her daughter is in Philadelphia. She
4 goes to get services and they tell her
5 that, Your insurance only covers Chester
6 County-contracted service providers. You
7 need private insurance.

8 That's one example. Example
9 number two is a person comes into a
10 treatment facility. They know it's him,
11 but his ID expired two days earlier. No
12 services. No "come in, we'll get your
13 ID, we'll treat you in the meantime."
14 Just no services.

15 And the third example -- and
16 there's like a lot of examples. I'm sure
17 you know them all, but I'm just bringing
18 it up for clarity's sake.

19 The insurance covers detoxing
20 Monday through Friday. So if someone
21 comes in on a Friday or a Thursday, they
22 can't service the person. The person may
23 be heavily drug addicted and this is a
24 chance to actually, you know, provide the
25 service. They got to come back on

1 5/3/16 - WHOLE - BILL 160170, etc.
2 Monday, if they're going to come back on
3 Monday. If they come back on Monday and
4 they haven't used drugs for three days,
5 they're not eligible for services. And
6 you have addressed this in your new
7 programs, but there was a gentleman who
8 hurt himself. It was like so many, four
9 months on opioids and then he's off, and
10 all the sudden he's getting heroin
11 because he can't get opioids for two
12 years. He's not arrested. He goes to
13 try to get some help and they tell him,
14 You have to either take harsher drugs
15 with alcohol or you have to get arrested.
16 Outside of that, you're not getting any
17 services. And I think those are problems
18 bureaucratically and if we could work
19 with our surrounding counties and that
20 type of thing.

21 DR. EVANS: Sure. So let me
22 take the three questions. I think I can
23 remember all of them.

24 COUNCILMAN OH: I'm sure you
25 run across it all the time.

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2 DR. EVANS: Well, the first
3 one, the issue of I live in a different
4 county and I'm trying to get services in
5 another county, when you are -- when you
6 have public assistance, especially for
7 your behavioral health benefit, it is
8 tied to your county of origin. And so if
9 you live in Philadelphia and you have
10 medical assistance, we are the behavioral
11 health care payer, no matter where you
12 show up. And so we pay for services for
13 individuals no matter where they are
14 around the state. If someone in another
15 county comes to Philadelphia and they're
16 saying the insurance won't cover them,
17 that is an issue with the payer in
18 whatever county that is, and I would
19 think that that would be a problem. I
20 mean, certainly people could appeal that.

21 COUNCILMAN OH: Could I
22 interrupt just to ask you, is it possible
23 that the Philadelphia, Chester, Delaware,
24 Bucks, Montgomery, Camden County, could
25 you get together and get your insurance

1 5/3/16 - WHOLE - BILL 160170, etc.

2 contracting kind of as a group?

3 DR. EVANS: I'm sorry. Could
4 we do?

5 COUNCILMAN OH: Would it be
6 better to cooperatively as a regional
7 county area contract for services, get
8 insurance? Would that be better?

9 DR. EVANS: Sure. Well, I
10 think generally the system works pretty
11 well. I don't hear many problems like
12 the one that you're referring to where
13 someone from a different county is trying
14 to access services by a Philadelphia
15 provider and they have a payer from a
16 different county.

17 COUNCILMAN OH: Yeah. I'm
18 getting a look from the Council President
19 because I'm taking a long time, and I'm
20 going to end. We can have this
21 conversation --

22 DR. EVANS: We can certainly
23 talk about it. Let me just say about the
24 ID's. I think that's totally
25 unacceptable that particularly if someone

1 5/3/16 - WHOLE - BILL 160170, etc.
2 knows someone. Sometimes provider
3 agencies can get rigid, and if that's the
4 case, those are the kinds of incidences
5 that we need to know. There's a whole
6 initiative to make sure that people get
7 ID's. Again, Eva Gladstein has been very
8 instrumental in doing that, which turns
9 out to be a really important issue for
10 people having access to services. So
11 there are a number of things, but I'd be
12 happy to talk with you about that
13 offline.

14 COUNCILMAN OH: Thank you very
15 much, Commissioner.

16 DR. EVANS: Thank you.

17 COUNCIL PRESIDENT CLARKE:
18 Thank you, Councilman.

19 The Chair recognizes
20 Councilwoman Parker.

21 COUNCILWOMAN PARKER: Thank
22 you, Mr. President.

23 And welcome, Dr. Evans and
24 Deputy Commissioner Jones. Dr. Evans,
25 you know I have long been a fan of your

1 5/3/16 - WHOLE - BILL 160170, etc.
2 longevity and your commitment to the
3 field of behavioral health and just want
4 to say for the record that I thank you
5 for the leadership that you've provided
6 to this very important department in the
7 City of Philadelphia --

8 DR. EVANS: Thank you.

9 COUNCILWOMAN PARKER: -- for so
10 many years. I was a staffer when Estelle
11 Richman was here and CBH was a concept in
12 her mind and people thought she was
13 crazy. But I was here as a staffer and
14 watched her. And then I watched the work
15 that she did as our Secretary in
16 Harrisburg, as a legislator, particularly
17 from a home healthcare perspective. So
18 I've long been an admirer of your work
19 and just wanted to say that.

20 I want to turn your attention
21 to Page 7 of 14 of your testimony, and
22 you provide a list for us, a financial
23 summary, and these are the largest -- no.
24 It's actually Page 11 of 14. This is the
25 M/W/DSBE participation in large

1 5/3/16 - WHOLE - BILL 160170, etc.
2 contracts, and this is on Page 11 of your
3 testimony. And Resources for Human
4 Development is listed at 17 million, NHS
5 16 million, PHMC 12 million, Woods 7, and
6 Horizon House 6. And when I look at
7 right under that, you have a chart where
8 you list their workforce, the executives,
9 and then the Board and you give us the
10 percentage of minority or female for each
11 of these entities. But if you turn to
12 Page 13, I really love the staff
13 demographics that you laid out where you
14 specifically noted the number that were
15 African American, the number that were
16 male, and the number that were African
17 American and female. And so my ask of
18 you today is, when I look at RHD, for
19 example, and I see that 85 percent of
20 their workforce is minority or female, do
21 we have a breakdown of the number who are
22 African American, minority, and the
23 salaries that those employees make? And
24 if we're talking about the executive
25 branch, do we have that done from an

1 5/3/16 - WHOLE - BILL 160170, etc.
2 African American, a Latino or Hispanic?
3 Do we have that data for each of these
4 companies?

5 DR. EVANS: So I don't know if
6 we have the drill down to that level, but
7 I can find out whether we do or not. But
8 just from my knowledge of our provider
9 system, I can tell you that in the
10 behavioral health world, the overwhelming
11 majority in many of the organizations is
12 African American in terms of staff. And
13 many of them are African American women.
14 So they're sort of double counted in
15 terms of those numbers.

16 COUNCILWOMAN PARKER: So if we
17 could -- that would be great, Dr. Evans,
18 for us to actually see and actually see
19 the sort of pay scales and what the
20 positions are that each of them hold.
21 And so if we say it's sort of an
22 executive level, how many executive
23 directors, how many CFOs, that
24 information. So if you could forward
25 that to the Council President for

1 5/3/16 - WHOLE - BILL 160170, etc.
2 distribution to all members of Council,
3 that would be great. And the reason why
4 I ask that is because now it is becoming
5 less taboo and people understand that
6 challenges associated with behavioral
7 health, mental health is not something to
8 be ashamed of. We too need to from a
9 management perspective, because it's also
10 a big business, and so as I'm thinking
11 about those who are receiving the support
12 and the services, and that truly reflects
13 a heavily minority constituency, I'm
14 thinking about the bench of providers.

15 DR. EVANS: Absolutely.

16 COUNCILWOMAN PARKER: And those
17 who are having the opportunity to be
18 trained and gain the skill set so that
19 they can eventually have the opportunity
20 to become executives and run agencies
21 like RHD or NHS. And it's almost like
22 talking about the STEM industry, in
23 science, technology, engineering, and
24 math, and we look at the lack of a
25 presence of African Americans and other

1 5/3/16 - WHOLE - BILL 160170, etc.
2 people of color. For me, if you don't
3 see it and have the opportunity to
4 experience it, you never know that this
5 is a particular industry where you can
6 add value. So one day I would like to be
7 able to look at the Board of these
8 entities and see a person of color from
9 Philadelphia there who is chairing or the
10 CFO, who learns the business of being a
11 provider. And so I wanted you to know
12 that's the crux and the spirit of the
13 question and the data that I just asked
14 you.

15 DR. EVANS: And I really
16 appreciate that question, and I think
17 there have been a lot of -- there's been
18 a lot of progress in this area, and I'll
19 give you a couple of examples, because I
20 hear the spirit in what you're saying.
21 Let me start with the data and the
22 reality, right? So I think part of what
23 you were alluding to is that even if you
24 have an organization where the majority
25 of the --

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2 COUNCILWOMAN PARKER:

3 Employees.

4 DR. EVANS: -- employees are
5 minority members, when you look at the
6 management, it shifts very radically.
7 That is true in our industry. That's
8 true in lots of industries. It's true in
9 our industry. Not across the board, but
10 generally speaking.

11 I think there are a few things
12 that we're doing to try to deal with
13 that. One of them is that we have a
14 whole range of internships within my
15 agency. So we have interns who are high
16 school students, who are college
17 Bachelor's level, Master's prepared,
18 doctoral level, and post-doctoral. We
19 have people from public health, from law,
20 obviously from the behavioral health
21 industries. And, in fact, one of the
22 things that I did early on in my tenure
23 is to create a joint post-doc with
24 University of Pennsylvania. So people
25 spend half of their time at University of

1 5/3/16 - WHOLE - BILL 160170, etc.
2 Pennsylvania doing research, half of
3 their time in my agency doing policy
4 level work, and the whole idea is to get
5 people who may not be thinking about a
6 career in behavioral health interested in
7 behavioral health. And I can say I did
8 this in Connecticut, and the person who
9 is running the system is an African
10 American woman who came in in a similar
11 kind of arrangement. So I know that that
12 kind of arrangement works.

13 And the other thing that we're
14 doing I think in this regard is, we just
15 made -- I just made a challenge to all of
16 our executive directors to really stretch
17 this year and hire young people for
18 summer jobs, because one of the reasons
19 that I do what I do now -- I'm in
20 policy -- is because I had exposure to
21 policy positions. It just wasn't
22 something that I thought about. And so
23 we put out a challenge to all of our
24 providers to stretch this year to hire
25 young people, because I think that that

1 5/3/16 - WHOLE - BILL 160170, etc.
2 will expose people to a whole industry
3 and career that they didn't see. We're
4 doing that ourselves. We're going to
5 hire at least 30 people. Every time I
6 say that, my staff goes, where are we
7 going to -- we're going to figure it out,
8 because that's going to give young people
9 an opportunity to see something that they
10 may not even be thinking about right now.

11 COUNCILWOMAN PARKER: Well, I
12 know the bell has rung, Mr. President.
13 If you would just grant me just 30 more
14 seconds, I wanted to say, one, I
15 appreciate that, and if in fact this
16 Council can be supportive in reaching out
17 to members of the community to fill any
18 of those internship opportunities, that
19 would be great.

20 Also I would -- I'm always
21 reminding people about the smaller
22 institutions of higher learning. And I'm
23 bias because I love that place that
24 Langston Hughes and Thurgood Marshall and
25 Nnamdi Azikiwe came from. That happens

1 5/3/16 - WHOLE - BILL 160170, etc.
2 to be my alma mater, Lincoln University.
3 And if Councilwoman Jannie from Cheyney
4 was here, she would tell you we need to
5 make sure that Cheyney University is
6 included. So I'll talk with you
7 afterwards, if there's any connection
8 that we can make, but when I come around
9 for the second round, a lot of talk about
10 opioids. I want you to tell me about
11 this phase and craze that's not getting a
12 lot of attention.

13 It's really interesting. When
14 I was in Harrisburg, Council President --
15 opioids and heroin addiction is now
16 getting a lot of attention, and I found
17 it really interesting because some of us
18 have been hollering about those
19 challenges for many, many years and now
20 all of the sudden even in the
21 Pennsylvania House this had become a
22 major issue, because it had been reaching
23 communities that many people thought were
24 exempt. I mean, I literally heard things
25 from time to time like we don't have

1 5/3/16 - WHOLE - BILL 160170, etc.
2 that. Those people have that challenge.
3 But now it's reached into communities
4 where they know that race, ethnicity,
5 nothing exempts you from the horrors of
6 addiction associated with opioids. Now
7 it's a lot of attention. I haven't heard
8 a lot about this thing called synthetic
9 joint and -- no. I'm -- I was born in
10 '72. It's called synthetic marijuana.

11 DR. EVANS: I thought you were
12 going to say synthetic Mary Jane or
13 something.

14 COUNCILWOMAN PARKER: But as I
15 talked to some providers, particularly a
16 friend of mine who had been doing work in
17 West Philadelphia and some in Northwest
18 Philadelphia, they said with our young
19 people, they are seeing definitely an
20 increase in the level of overdoses and
21 sometimes deaths with young people who
22 are consuming this.

23 So I know my time is up,
24 Mr. President.

25 If on the next round you could

1 5/3/16 - WHOLE - BILL 160170, etc.

2 give us some follow-up about that trend,
3 that would be helpful.

4 DR. EVANS: Sure.

5 COUNCILWOMAN PARKER: Thank you
6 for your patience, Mr. President.

7 COUNCIL PRESIDENT CLARKE:
8 Thank you, Councilwoman.

9 The Chair recognizes Councilman
10 Domb.

11 COUNCILMAN DOMB: Thank you,
12 Council President.

13 Good morning.

14 DR. EVANS: Good morning, sir.
15 How are you?

16 COUNCILMAN DOMB: I just have a
17 general question and I'm trying to
18 understand your budget, because the
19 way -- in your testimony I guess on Page
20 7, it said in 2016 the budget was 1.218
21 billion roughly and in 2017 it's 1.577
22 billion. It's a \$360 million difference,
23 which is pretty much related to the
24 increased costs in the Affordable Care
25 Act. That's really the big shot there.

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2 DR. EVANS: Exactly.

3 COUNCILMAN DOMB: So my
4 question to you -- and I don't have the
5 answer to this. That's why I'm asking
6 this -- in 2016, of the 1.2 billion, what
7 was the number funded by the City, state,
8 federal or anyone else? How did that
9 break down, and how does it break down
10 for next year?

11 DR. EVANS: Right. So our
12 budget has been proportionately pretty
13 much the same for the last couple of
14 decades. If you take this year's budget,
15 1.2 billion, about 1 percent is City
16 General Fund, only \$14 million. The
17 other 99 percent of our budget comes
18 through the state and is a combination of
19 state and federal dollars.

20 COUNCILMAN DOMB: So that was
21 for the --

22 DR. EVANS: And it's true for
23 the next fiscal year as well.

24 COUNCILMAN DOMB: So when --

25 DR. EVANS: The proportions are

1 5/3/16 - WHOLE - BILL 160170, etc.

2 the same.

3 COUNCILMAN DOMB: Okay. So
4 then when we have a \$360 million increase
5 in that Affordable Care Act, it's costing
6 us 3.6?

7 DR. EVANS: When you look at
8 our budget, you have -- when we set the
9 budget each year, we set a maximum that
10 we think we may get. So the reality is
11 we're not going to get that much. And,
12 first of all, the 360 million, it breaks
13 down to about 340 million will be from
14 the HealthChoices program and then about
15 18 million from the General Fund in terms
16 of the increase in appropriation. So if
17 you take the 340 million where we're
18 saying that is primarily due to
19 anticipated increases related to the
20 Affordable Care Act, we may not realize
21 all that. In fact, we probably won't
22 realize all of that, but when we set the
23 budget, we try to target the maximum that
24 we may potentially get through those
25 increases.

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2 COUNCILMAN DOMB: So from the
3 City's perspective, what should we be
4 looking at as far as '16 versus '17
5 costing the City of Philadelphia
6 differential?

7 DR. EVANS: So it won't cost
8 the City anything different. The
9 approximately \$14 million that we get
10 from the City General Fund, almost all of
11 that is matched for the state grants that
12 we get. So the ratio is for every dollar
13 that the City puts in, we're able to draw
14 \$9 from the state. And so that number
15 has remained relatively consistent over
16 the last ten years. It's been roughly
17 about \$14, \$15 million. And so the City
18 isn't being asked to put in any
19 additional dollars in order to draw down
20 revenue, and so that remains flat.

21 The HealthChoices funding, the
22 Medicaid funding is different. We get
23 paid on a capitated basis, which means
24 that for every Philadelphian who is on
25 medical assistance, we get a capitated

1 5/3/16 - WHOLE - BILL 160170, etc.
2 payment or a per-member, per-month
3 payment. And because those numbers, the
4 number of people who have medical
5 assistance is going up, that's why we're
6 anticipating an increase in revenue in
7 that fund.

8 COUNCILMAN DOMB: So the bottom
9 line, if I understand it correctly, is
10 that last year it cost the City about 14
11 million and this year it should cost the
12 same?

13 DR. EVANS: Roughly the same,
14 yes.

15 COUNCILMAN DOMB: Okay. Thank
16 you. Thank you very much.

17 Thanks.

18 DR. EVANS: Sure.

19 COUNCIL PRESIDENT CLARKE:
20 Thank you, Councilman.

21 The Chair recognizes Councilman
22 Green.

23 COUNCILMAN GREEN: Thank you,
24 Council President.

25 I just want to follow up on

1 5/3/16 - WHOLE - BILL 160170, etc.
2 some of the comments that Councilwoman
3 Parker made, and I also want to thank
4 Councilman Oh for his leadership in
5 regards to the opioid issue. I had a
6 chance to learn about this issue in more
7 detail when I had a chance to tour some
8 of the methadone clinics with Roland Lamb
9 from your office and really got an
10 understanding of the issue and some of
11 the siting and locations. I also know
12 the National League of Cities has been
13 very involved in trying to address this
14 on a national perspective.

15 But one of the things that came
16 up in those conversations a few years ago
17 was the issue in reference to siting of
18 locations. I know that your office had
19 worked with late Councilwoman Joan
20 Krajewski and spent a lot of time in
21 working with NET in reference to siting a
22 location on State Road, but then in the
23 past couple years, there's been
24 additional locations that are opening up
25 in the City under the pain management

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2 perspective, and I was somewhat shocked
3 to find out that they did not have to
4 even contact the local office, your
5 office, to even let you know about this
6 location opening in the City of
7 Philadelphia, although they got approved
8 at the state level, and it was a real
9 disconnect from that perspective. Has
10 there been any change in that regard?

11 And then one other follow-up
12 question I have is in reference to
13 medical marijuana. As you know, that
14 legislation recently passed. I think it
15 was Act 16, signed by Governor Wolf, and
16 I'm going to be looking to having
17 hearings on that issue. So I'm curious
18 from your perspective, what's your
19 thoughts on that as well.

20 DR. EVANS: Sure. So let me
21 sort of clarify the difference between
22 methadone or medication-assisted
23 treatment and pain management. The major
24 difference is that the pain management
25 clinics are purportedly designed to help

1 5/3/16 - WHOLE - BILL 160170, etc.
2 people with physical pain, physical
3 challenges that they may be having. So
4 that is not under our purview at all.
5 And so those clinics have no relationship
6 to the behavioral health world. They
7 have no obligation to let us know. They
8 do have licensing issues that they have
9 to deal with.

10 Medication-assisted treatment,
11 on the other hand, or methadone clinics
12 are obviously related to the treatment of
13 an addiction, and when those programs are
14 created, they are not required to come to
15 us. Most often they do because we are a
16 payer, and most often to be economically
17 viable, they need to come to us to be
18 paid. There are instances, though,
19 where -- a couple of instances where
20 providers have -- because they can go
21 directly to the state, get a license, and
22 then open up shop, there have been a
23 couple of instances where those programs
24 have essentially done that, bypassing us.
25 But for the most part, providers do come

1 5/3/16 - WHOLE - BILL 160170, etc.
2 to us because they know that they need to
3 get our refunding, get our funding.

4 And then on the medical
5 marijuana thing, so I'll give you my
6 personal view. We haven't really
7 discussed this internally. I personally
8 believe that incarcerating people for
9 addiction doesn't make any sense. So I
10 am a big proponent of decriminalization.
11 I think that when you go beyond the
12 medical use, as has happened in other
13 places, I think that that can be
14 problematic. But I think in terms of the
15 kinds of restrictions and -- you look
16 from state to state, the level of
17 restrictions are different. My
18 understanding of the Pennsylvania law is
19 that it's a little more restrictive than
20 other places, and I think that that's
21 probably wise.

22 COUNCILMAN GREEN: Thank you.

23 COUNCIL PRESIDENT CLARKE:

24 Thank you, Councilman.

25 The Chair recognizes Councilman

1 5/3/16 - WHOLE - BILL 160170, etc.

2 Oh.

3 COUNCILMAN OH: Thank you very
4 much, Council President.

5 So I'm just picking up where we
6 left off.

7 DR. EVANS: Sure.

8 COUNCILMAN OH: So we were
9 talking about the woman whose daughter
10 was not able to get services, and at
11 least from the community meetings and
12 whatnot, I do feel that there was a time
13 where the counties felt like drug
14 addiction was a City problem, and
15 whatever happened in the City, that was
16 none of their concern and basically you
17 treat our folks, but we don't treat your
18 folks --

19 DR. EVANS: Exactly.

20 COUNCILMAN OH: -- type of
21 mentality. And now it just seems -- I
22 think Bucks County has more death from
23 drug overdoses than Philadelphia County.
24 Anyway, it just seems that the people are
25 moving back and forth, Bucks County,

1 5/3/16 - WHOLE - BILL 160170, etc.
2 Philadelphia County, Camden County, Bucks
3 County, going around a lot. And some of
4 the people who kind of tell their tales
5 one way or the other obviously are
6 telling very personally felt tragedies
7 through the death of their children, for
8 example. So they are very concerned that
9 there's a chance to help after years and
10 years of struggling and going broke and
11 all that stuff and that they just -- this
12 may have occurred just before a child
13 died. So it is to them like a very big
14 deal, and to me I have to wonder if they
15 finally get the child and they try to
16 get -- people don't understand all these
17 differences, the bureaucracies. Is there
18 a way to kind of coordinate these
19 services?

20 DR. EVANS: So I think if I'm
21 getting the underlying gist of the
22 question, I think that the issue of what
23 happens when someone shows up at the
24 door -- and I was a treatment provider
25 for many years before I came into

1 5/3/16 - WHOLE - BILL 160170, etc.
2 government. My position has always been
3 as a practitioner to treat the person,
4 address the needs, figure out the money
5 part of it later. That's not always the
6 case, and I think you probably are
7 hearing from people where that may not be
8 the approach that people are taking.

9 But I think just in terms of
10 kind of going back across the different
11 questions that you asked earlier, I think
12 the idea that a treatment program would
13 ask someone to come back because it's
14 Friday is absurd, and to the extent that
15 we have providers -- I know one of the
16 things that Roland Lamb has been doing
17 with our providers is making sure that we
18 don't have -- or they don't have policies
19 like that. We just issued an RFP
20 yesterday, and in that RFP, we
21 specifically wrote -- and this was for a
22 mental health and addiction services. We
23 specifically wrote you have to have
24 policies to address people's needs 24
25 hours a day, seven days a week. I mean,

1 5/3/16 - WHOLE - BILL 160170, etc.

2 I think that that should be standard, but
3 sometimes providers have policies that
4 evolve in ways that I don't think are
5 consistent with the spirit of that.

6 COUNCILMAN OH: Well, I agree
7 with you, but I will say that it appears
8 to me that there's far more people who
9 need help than there's space available,
10 and the provider, they need to pay their
11 folks and pay the rent and everything
12 else, and it wouldn't be a change in the
13 system to ensure that payment is made
14 available for services seven days a week.

15 DR. EVANS: I'm sorry. I
16 didn't hear the last part.

17 COUNCILMAN OH: To change the
18 system, so rather than having the
19 providers provide free services and then
20 try to get reimbursed, that they knew
21 that if they provided services over the
22 weekend, they would in fact be
23 reimbursed.

24 DR. EVANS: Oh, they will get
25 paid. I mean, the issue is not that they

1 5/3/16 - WHOLE - BILL 160170, etc.
2 won't get paid. The issue is that for
3 administrative convenience, they have
4 reduced hours. They reduced staffing.
5 And I get why providers might want to do
6 that, because it saves costs, but the
7 reality is that if you are providing
8 addiction -- and to your point, someone
9 who is ready today may not be ready an
10 hour from now, let alone two days from
11 now. And so I think if we're going to
12 have a responsive system, we have to
13 have, to the extent possible, treatment
14 on demand. And so that means when people
15 show up at the door, they should be
16 admitted. And we're going to have to
17 figure out how to make sure that
18 providers can afford to do that, but I
19 think it's incumbent upon them to raise
20 the issue that we're not able to serve
21 people who are showing up at our doors
22 because the rate or those kind of things.
23 I'm willing to have that conversation.
24 The conversation that I'm not willing to
25 have is that for our administrative

1 5/3/16 - WHOLE - BILL 160170, etc.

2 convenience, we're not going to admit
3 someone. That is not acceptable.

4 COUNCILMAN OH: Thank you very
5 much.

6 COUNCIL PRESIDENT CLARKE:
7 Thank you, Councilman.

8 The Chair recognizes
9 Councilwoman Parker.

10 COUNCILWOMAN PARKER: Thank
11 you, Mr. President.

12 Dr. Evans, I just wanted to
13 give you an opportunity to respond to
14 that issue regarding the synthetic
15 marijuana.

16 DR. EVANS: I'm going to ask
17 Roland Lamb to come up. He's our Deputy
18 Commissioner, newly minted, about two
19 weeks now, but for many years has run our
20 Addiction Services and really is a
21 national expert on these issues. And so
22 I'm going to give him an opportunity to
23 respond.

24 (Witness approached witness
25 table.)

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2 DEPUTY COMMISSIONER LAMB: Good
3 morning, Council. My name is Roland
4 Lamb. I am the Deputy Commissioner for
5 the Department of Behavioral Health and
6 Intellectual disAbility Services. I am
7 also the outgoing Director for the Office
8 of Addiction Services.

9 Councilwoman, the idea of
10 synthetic marijuana, or K2 and Spice,
11 have been prevalent and pervasive for
12 many years now. It's becoming worse
13 because of the fact that the
14 manufacturers of K2 and Spice have
15 adulterated the drug. Initially it was
16 problematic because there was no
17 identifiable formula or chemical makeup
18 for this drug that people could identify
19 in terms of urinalysis or testing, and it
20 has been a moving target in that respect
21 because of the fact that people have been
22 able to actually in some cases get the
23 drug over the Internet and made it quite
24 available, but it's also been adulterated
25 by synthetic cannabinoids. And I

1 5/3/16 - WHOLE - BILL 160170, etc.
2 actually feel that the determination of
3 K2 and Spice as being synthetic marijuana
4 is really a misnomer. We should call it
5 what it is. It's actually a designer
6 drug.

7 COUNCILWOMAN PARKER: Designer
8 drug?

9 DEPUTY COMMISSIONER LAMB:
10 Designer drugs in actuality. There are
11 about 32 chemical combinations that
12 people have identified right now that
13 could qualify as K2 and Spice. We have a
14 problem -- we have a people problem
15 that's more than a drug problem. The
16 fact that we have folks that are looking
17 for alternatives, looking for chemical
18 alternatives, and finding them in what we
19 normally would say are non-traditional
20 places is the problem right now. We also
21 now have people who are taking advantage
22 of that in this country and are putting
23 all kinds of adulterants into different
24 kinds of makeup.

25 For instance, you use the term

1 5/3/16 - WHOLE - BILL 160170, etc.
2 "spice." Well, the idea is that if
3 you're going to put chemicals over --
4 spray chemicals over tobacco or spray
5 chemicals over other kinds of herbs, for
6 instance, they can have a devastating
7 effect on young people, and one of the
8 things that we have to combat is the fact
9 that we have a lot of young people who
10 are using over-the-counter medications.
11 We have a lot of young people who are
12 exposed to K2 and Spice, and we also have
13 a lot of young people that are being now
14 exposed to the medicine cabinet, where
15 they're experimenting with drugs in that
16 way.

17 We're also concerned about the
18 fact that we're seeing more incidences of
19 dextromethorphan in decedents in the City
20 of Philadelphia in combination with other
21 drugs. In fact, I must say this, that
22 when we talk about drug overdoses, we're
23 talking about a minimum of five drugs
24 that we're seeing in decedents in the
25 Medical Examiner's Office.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COUNCILWOMAN PARKER: And the
3 five drugs, say those so we'll know them
4 again.

5 DEPUTY COMMISSIONER LAMB:

6 Well, I don't know what the -- it's
7 different combinations of drugs. What
8 I'm trying to say is that it's just not
9 one drug anymore. We have a number of
10 drugs that people are taking, whether it
11 be benzodiazapines, whether it be
12 opiates, whether it be amphetamine type
13 drugs, whether it be alcohol in
14 combination with all of the above,
15 whether we have dextromethorphan, whether
16 we have synthetic cannabinoids, all kinds
17 of other drugs that are available for
18 people to take. And part of the problem
19 is that we are now -- the variety of
20 drugs that people have access to is
21 really part of the problem that we have.

22 COUNCILWOMAN PARKER: Well,
23 listen, I want to thank you for your
24 expertise and for putting that valuable
25 information on the record for us.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 And, Dr. Evans, I too need to
3 say thank you. I have been hosting a
4 series of town hall meetings. I started
5 in my legislative district. I've
6 continued that effort as a Councilperson.
7 We host these meetings in every region or
8 wards, which is like sort of the
9 political address that we will give them,
10 and your office has always been there.
11 And so when they stand up to sort of give
12 an overview of the office, it's one of
13 those offices where you hear people
14 listen, but when they go back to their
15 table, you see people quietly go over to
16 the table to get the brochure and to get
17 the information, because they don't want
18 to stand up in the community meeting at
19 large to talk about the need to connect
20 to your department.

21 So I want to -- I know it's
22 tough. Those meetings are in the
23 evening. Your people, like they start
24 usually at 7:00. They're not over until
25 9:00, 9:15, but your people have been

1 5/3/16 - WHOLE - BILL 160170, etc.
2 there and they've stayed to connect with
3 the community after hours. So I needed
4 to commend those who are not sitting at
5 the table but are out in the
6 neighborhoods in the evening.

7 Thank you.

8 DR. EVANS: Thank you. And I
9 really appreciate you mentioning that,
10 because the Department has really tried
11 to reach into the community. What we
12 recognize is that if we're going to be
13 effective, we can't build little
14 treatment programs in the community and
15 then expect people are going to figure
16 out how to get there and understand the
17 services. And so I want to also publicly
18 thank my staff who work weekends and
19 evenings after they've worked a long day.
20 So I appreciate you acknowledging that.

21 COUNCILWOMAN PARKER: Sure.

22 Thank you, Mr. President.

23 COUNCIL PRESIDENT CLARKE: The
24 Chair recognizes Councilman Oh.

25 COUNCILMAN OH: Thank you very

1 5/3/16 - WHOLE - BILL 160170, etc.

2 much, Council President.

3 So just kind of wrapping up
4 now, so I do -- for the people who may be
5 listening or watching, I would like to
6 note that since 2000, there's been a 200
7 percent increase in deaths from heroin
8 and opioids. In 2014, there were 47,000
9 drug overdose deaths, about half from
10 heroin and opioids. So there is this
11 problem. And we've just kind of
12 legalized medical marijuana, but I
13 understand that you cannot get medical
14 marijuana until after there has been a
15 failure in your ability to get favorable
16 pain relief from opioids. Is that the
17 case? I don't know if that's true or
18 not.

19 DR. EVANS: You know what, I
20 have not looked at that legislation, so I
21 don't know all the ins and outs of it.
22 I'll be reviewing it over the next weeks
23 or so. But I don't know the specifics of
24 that legislation. What I do know is that
25 in comparison to some other states, it's

1 5/3/16 - WHOLE - BILL 160170, etc.
2 a little more restrictive than some other
3 states. I just don't know the details at
4 this point.

5 COUNCILMAN OH: So me
6 personally, I would just think that
7 there's been no deaths from marijuana
8 that I'm aware of just from smoking it,
9 medically or otherwise, but from opioids,
10 which are very addictive, there's just a
11 lot of prescriptions written. I wouldn't
12 understand why we wouldn't just leave
13 that to the doctors, like let them
14 prescribe this or prescribe that, why
15 they have to fail at the opioids before
16 they get medical marijuana.

17 You know, my mother is 95. She
18 fell, hurt her hip, and she has opioids
19 right now. It worries me a lot at her
20 age that she's getting opioids. Now,
21 mother, the wife of my father, who is a
22 pastor, I cannot imagine her smoking
23 marijuana right at home, but I would
24 prefer her smoking marijuana than taking
25 all these pills, laying in bed. I just

1 5/3/16 - WHOLE - BILL 160170, etc.
2 think it would be a smarter alternative,
3 and I just wonder where's that
4 legislation in the state.

5 DR. EVANS: Sure. Well, I'll
6 tell you, as a clinician, I always think
7 it's poor practice to have a fail-first
8 policy. It just never works. And I
9 agree with you completely, that
10 clinicians ought to be able to figure out
11 what the best course of treatment is and
12 do that. So I completely agree with you.

13 COUNCILMAN OH: All right.
14 Thank you very much.

15 DR. EVANS: Thank you. And
16 also I want to thank you publicly too for
17 doing the forums. I have not personally
18 gone there because I want people to feel
19 free to say whatever they want to, but we
20 do have people there, and we appreciate
21 you and the stance that you've taken
22 around this issue.

23 COUNCILMAN OH: Thank you, and
24 I can tell you that your person is at
25 every meeting.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 DR. EVANS: Good.

3 COUNCIL PRESIDENT CLARKE:

4 Thank you, Councilman.

5 And just for the record, the
6 reference to smoking marijuana was a
7 hypothetical, sir. I just want to make
8 sure. This is on TV. Thank you.

9 DR. EVANS: Help is available.

10 COUNCIL PRESIDENT CLARKE:

11 Thank you.

12 Doctor, thank you so much for
13 your testimony.

14 DR. EVANS: Thank you.

15 COUNCIL PRESIDENT CLARKE: Next
16 up we'll have Public Health.

17 (Witnesses approached witness
18 table.)

19 COUNCILMAN HENON: Good
20 morning, Commissioner. State your name
21 for the record and proceed with your
22 testimony. Thank you for joining us.

23 COMMISSIONER FARLEY: Good
24 morning, Councilmember Henon and other
25 members of City Council. I am Thomas

1 5/3/16 - WHOLE - BILL 160170, etc.
2 Farley, Commissioner of the Department of
3 Public Health. With me today are Tara
4 Mohr, Deputy Commissioner for Finance,
5 and Jane Baker, the Chief of Staff for
6 the Department. Thank you for the
7 opportunity to present the Department of
8 Public Health's Operating Budget for
9 Fiscal Year 2017.

10 The Department of Public
11 Health's mission is to protect and
12 promote the health of all Philadelphians
13 and provide a healthcare safety net for
14 the most vulnerable. We carry out this
15 mission in many ways. The program that
16 probably is the most recognized is our
17 Ambulatory Health Services program, which
18 operates eight neighborhood health
19 centers, but we run many other programs
20 designed to prevent people from getting
21 sick by reducing environmental risks,
22 controlling infectious diseases, and
23 promoting healthy behaviors.

24 The Department of Health's FY17
25 General Fund budget request is 123

1 5/3/16 - WHOLE - BILL 160170, etc.
2 million, which is 1.3 million above the
3 FY16 estimated obligations. This
4 increase is primarily due to planned
5 salary increases and shared building
6 services costs for the new South
7 Philadelphia Health Center.

8 We have a very diverse staff.
9 Among 830 staff in full-time positions as
10 of January 2016, over 75 percent are of
11 minority race/ethnicity, including 62
12 percent who are African American. Nearly
13 40 percent of the Department's executive
14 staff are minority. Women account for 71
15 percent of all full-time staff. People
16 who are bi or multi-lingual represent 18
17 percent of all full-time staff, with
18 Spanish being the predominant, but our
19 staff members speak a total of 47
20 languages.

21 Almost 40 percent of the
22 Department's general operating fund
23 budget supports our eight neighborhood
24 health centers. These clinics provide a
25 wide range of services, including primary

1 5/3/16 - WHOLE - BILL 160170, etc.
2 care medical services for adults and
3 children, obstetric care, family planning
4 services, dental services, social
5 services, behavioral health services,
6 x-rays, and pharmacy.

7 Across the whole system, there
8 are about 300,000 patient visits a year.
9 This entire network is now using an
10 electronic health record. Putting this
11 in place was a huge effort and required
12 upgrades to our IT infrastructure, a
13 step-wise rollout at successive centers
14 and training of administrative, nursing,
15 and physician staff. This technology
16 will help give our providers better
17 information about their patients and help
18 us improve the quality of care across the
19 entire network. We hope to be completing
20 the interfaces of the system with
21 laboratories and pharmacies this calendar
22 year.

23 With the Affordable Care Act
24 and Medicaid expansion in Philadelphia,
25 more people are getting health insurance.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 However, our health centers continue to
3 see many patients who are still not
4 eligible for health insurance, such as
5 undocumented immigrants and new residents
6 who are temporarily uninsured -- new
7 residents or who are temporarily
8 uninsured, such as people who have
9 recently become unemployed.

10 In FY 2015, 49 percent of the
11 visits at health centers were for people
12 who were uninsured. For the first six
13 months of FY16, that fell to 42 percent.
14 While we will never turn away patients
15 without health insurance, we work to help
16 every patient who is eligible for health
17 insurance become enrolled. Specifically,
18 we have benefits counselors at every
19 health center who spend time with
20 uninsured patients to review their
21 eligibility and process their insurance
22 applications.

23 We're excited to have just
24 opened a new Healthcare Center 2 facility
25 in South Philadelphia just last week as

1 5/3/16 - WHOLE - BILL 160170, etc.
2 part of a partnership with the Children's
3 Hospital of Philadelphia. When it's
4 complete, in addition to the clinic, the
5 new facility will have a recreation
6 center and a library. As part of the
7 joint arrangement with CHOP, the City is
8 responsible for annual shared services
9 fees, which appears as an increase in
10 contractual funds in FY17.

11 As most of you know, Health
12 Center No. 10 in Northeast Philadelphia
13 is busy. This area of the City has a
14 growing population of immigrants in few
15 other neighborhood health centers. The
16 patient population continues to grow. In
17 the first quarter of '16, we saw nearly a
18 thousand new patients at this facility,
19 which is more than twice the number of
20 new patients seen at other health
21 centers. Because of demand, waiting
22 times for new patients to get elective
23 appointments are too long. We are
24 scheduled to renovate the facility
25 beginning this summer to increase the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 number of examination rooms, which should
3 increase the number of patients we see in
4 a day, and we're actively looking for
5 additional space.

6 You have my complete testimony,
7 but let me highlight just a few other
8 important issues.

9 Smoking rates have fallen in
10 recent years, but smoking is still
11 perhaps the biggest single killer in
12 Philadelphia, responsible for an
13 estimated 2,150 deaths per year. As of
14 the last survey in late 2014, early 2015,
15 22 percent of adults in Philadelphia
16 smoked. That's compared to 18 percent of
17 adults nationwide and less than 15
18 percent in some other big cities. We're
19 hopeful that the \$2 per pack cigarette
20 tax enacted in the fall of 2014 will
21 encourage smokers to quit. We will
22 continue to help smokers quit in other
23 ways and work with retailers to enforce
24 the law, preventing tobacco sales to
25 youth.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 To reduce the risk of food-born
3 illness, we continue to inspect
4 restaurants, retail food stores, mobile
5 food vendors, childcare centers, schools,
6 special events, and institutions that
7 serve food. Our goal is to reach all of
8 these food establishments at least once a
9 year and the institutions, because they
10 serve vulnerable populations, four times
11 a year. In FY 2014, our average
12 inspection interval was 17 months. In FY
13 2015, that improved to under 15 months,
14 and we hope to see continued improvements
15 this coming year.

16 In response to public interest,
17 we are now posting inspection reports on
18 the Internet immediately. We hope that
19 making this information readily
20 accessible will provide an incentive for
21 restaurants to follow the best food
22 safety practices.

23 Finally, our Department worked
24 hard in the last few years to apply for
25 accreditation by the National Public

1 5/3/16 - WHOLE - BILL 160170, etc.
2 Health Accreditation Board, which is an
3 independent, non-governmental agency.
4 This involves submitting documentation
5 for our accomplishments and capacities to
6 fulfill approximately 300 criteria and
7 undergoing a thorough site visit by
8 experts appointed by the Board. I'm
9 pleased to say that early this year, we
10 were granted accreditation, which is a
11 very public acknowledgment of the quality
12 and thoroughness of our public health
13 programs. Going forward, this
14 accreditation will make us more
15 competitive for federal grant funding.

16 Thank you very much, Council
17 President and members of City Council,
18 for your continued support of public
19 health in Philadelphia. I'll be happy to
20 answer any of your questions.

21 COUNCILMAN HENON: Thank you
22 for your testimony.

23 The Chair recognizes Councilman
24 Greenlee.

25 COUNCILMAN GREENLEE: Thank

1 5/3/16 - WHOLE - BILL 160170, etc.

2 you, Mr. Chairman.

3 Just quickly, every year --
4 since you haven't been here, you haven't
5 heard me say it, but every year I bring
6 up Health Center 10, and I know you
7 talked about that. Now, you say the
8 renovations are scheduled to begin this
9 summer. How soon do you think it will be
10 where those renovations will actually
11 result in some of that very, very long
12 list of patients waiting would be cut
13 down?

14 COMMISSIONER FARLEY: The
15 renovations are going to create four new
16 examination rooms, which should increase
17 our throughput. It's going to take some
18 number of months before those renovations
19 are complete. So it will happen during
20 the fiscal year.

21 I should say, though, that
22 demand continues to increase there, and
23 so as we increase throughput, we may get
24 more patients coming in. So that's why
25 we're also looking for additional space.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 The facility is simply too small for us
3 to handle the patient load in this large
4 area that doesn't have many other
5 neighborhood health centers.

6 COUNCILMAN GREENLEE: I've been
7 up there. I certainly see what you mean.

8 COMMISSIONER FARLEY: It's
9 incredibly crowded.

10 COUNCILMAN GREENLEE: And when
11 you say you're actively looking for
12 expansion space, without getting into
13 total specifics, how close would you say
14 that is or is it still just really in the
15 exploratory state?

16 COMMISSIONER FARLEY: We are
17 really very actively looking at it, and
18 I'd be happy to talk to you in more
19 detail later on. There are some
20 potentials in the area.

21 COUNCILMAN GREENLEE: Okay.
22 All right. Thank you. I know it's a
23 difficult situation, but as you say,
24 that's really an area that's grown.
25 Thank you.

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2 Thank you, Mr. Chairman.

3 COMMISSIONER FARLEY: We're
4 glad to be popular, but it's unhappy to
5 have that long a wait.

6 COUNCILMAN HENON: Thank you,
7 Councilman.

8 The Chair recognizes Councilman
9 Domb.

10 COUNCILMAN DOMB: Thank you,
11 Chairman Henon.

12 Good morning.

13 COMMISSIONER FARLEY: Good
14 morning.

15 COUNCILMAN DOMB: I have a
16 couple of questions on your testimony.
17 It looks like you have 153 vacancies in
18 your department. Is there anything that
19 we can do to try to fill those vacancies?

20 COMMISSIONER FARLEY: The
21 Health Department has many different
22 programs that are highly technical and
23 many different job titles as a result of
24 that, and that makes filling those
25 positions a long process. It's not like

1 5/3/16 - WHOLE - BILL 160170, etc.
2 the Police Department where we can hire
3 in big batches. We're looking for one
4 air pollution engineer, and the process
5 is simply very complicated. I can only
6 say that we are working with -- I as new
7 here, looking in the system, trying to
8 figure out how we streamline the system.
9 And if there are things that the Council
10 can do, I would welcome the support. We
11 have positions that we want to fill. We
12 have work that needs to be done. We have
13 people who want positions in there. So
14 we would like to streamline the process.

15 COUNCILMAN DOMB: Okay. Second
16 question I have is, are the increases in
17 your area based on performance?

18 COMMISSIONER FARLEY: I'm
19 sorry. I don't understand the question.

20 COUNCILMAN DOMB: Salary
21 increases, are they based on performance
22 or just cost of living?

23 COMMISSIONER FARLEY: They're
24 based on -- the increase that's causing
25 the increase in total budget, that's

1 5/3/16 - WHOLE - BILL 160170, etc.
2 based on a negotiated increase in the
3 contract agreement, to the extent that I
4 understand it.

5 COUNCILMAN DOMB: But is that
6 based on performance in negotiation or is
7 that just based on a cost of living?

8 COMMISSIONER FARLEY: I think
9 it's a cost of living increase.

10 COUNCILMAN DOMB: And then the
11 purchase of services, Class 200, in 2015
12 to 2017 it's gone up \$7 million. Any
13 particular reason? It's over 10 percent.
14 Any reason why that increased that much?

15 COMMISSIONER FARLEY: This is a
16 complicated answer to the question. We
17 have operated a nursing home by contract
18 and we have a new arrangement with the
19 state where the City put up additional
20 funds, which enable a drawdown of more
21 Medicaid funds. So there's no net
22 increase expenditures to the City through
23 that transfer, but it does end up
24 appearing as contractual services there.

25 COUNCILMAN DOMB: Last

1 5/3/16 - WHOLE - BILL 160170, etc.
2 question. The soda tax proposal, I
3 haven't heard your comments on this, but
4 do you think there's any -- I mean, the
5 math is clear, that from 1 cent like 58
6 million and 1 and a half cents is 78
7 million. So from a public health
8 perspective, if the tax were not 3 cents
9 but if the tax were 1 or 1 and a half
10 cents, how would you feel from a public
11 health standpoint? Because the
12 incremental monies for the extra tax are
13 not that much. How do you feel about
14 that?

15 COMMISSIONER FARLEY: A couple
16 things. We are very enthusiastic about
17 the Mayor's entire budget proposal.
18 There are health benefits to how the
19 revenue is used and there's also health
20 benefits to the tax itself.

21 As far as the sugary drinks,
22 they're a major risk for obesity and
23 diabetes. So whatever is going to reduce
24 that consumption the most is what we are
25 supportive of. So you will get a greater

1 5/3/16 - WHOLE - BILL 160170, etc.
2 reduction in consumption with a 3 cent
3 tax than you will over a 1 cent tax or 1
4 and a half cent tax.

5 COUNCILMAN DOMB: But I've been
6 told that diet drinks are just as bad as
7 sugary drinks.

8 COMMISSIONER FARLEY: I
9 wouldn't characterize it that way. There
10 have been some good studies in recent
11 years where people are randomized to
12 sugary drinks and diet drinks, and people
13 on diet drinks don't gain weight and
14 people on sugary drinks do. So during
15 this time when our greatest public health
16 concern in that area is obesity and
17 diabetes, sugary drinks are a greater
18 public health risk.

19 COUNCILMAN DOMB: And would you
20 also say that eating doughnuts and other
21 types of sugary products are pretty bad
22 for you?

23 COMMISSIONER FARLEY: Doughnuts
24 are not good for you. I wouldn't
25 recommend doughnuts. However, the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 concern about sugary drinks is not just
3 the calories and not just the sugar.
4 It's clear that sugar in liquid form is
5 contributing more to weight gain and
6 obesity than sugar in solid form. It
7 tends to be added to the diet rather than
8 replacing other forms of calories, and it
9 causes a blood sugar rise, which causes
10 hormonal changes. So people around the
11 country who are particularly concerned
12 about obesity have focused really on
13 sugary drinks, not just sugar.

14 COUNCILMAN DOMB: Thank you
15 very much.

16 Thank you, Council President.

17 COUNCIL PRESIDENT CLARKE:
18 Thank you, Councilman.

19 Good morning.

20 COMMISSIONER FARLEY: Nice to
21 meet you, Councilman.

22 COUNCIL PRESIDENT CLARKE: I
23 came in on the sugar conversation. What
24 a place to step in.

25 I'm going to call Councilwoman

1 5/3/16 - WHOLE - BILL 160170, etc.

2 Bass first since she was teed up and then
3 I'll ask a couple of questions.

4 COUNCILWOMAN BASS: I'm willing
5 to yield my time, Mr. President.

6 COUNCIL PRESIDENT CLARKE: Are
7 you sure, Councilwoman?

8 COUNCILWOMAN BASS: I'm sorry?

9 COUNCIL PRESIDENT CLARKE: All
10 right.

11 Sugar. So just kind of
12 following up on it, because I wasn't
13 prepared to ask the question, but since
14 we're talking about sugar. So the issue
15 with respect to sugar -- and you
16 reference the fact that you kind of
17 alluded to the fact that -- and I
18 shouldn't say the fact. It's your
19 perspective that other sugar products
20 such as doughnuts were not as bad as
21 sodas. Am I characterizing your
22 statement?

23 COMMISSIONER FARLEY: I would
24 say sugar in a beverage is more dangerous
25 than sugar in a food, in a solid.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COUNCIL PRESIDENT CLARKE: All
3 right. And we are talking about pretty
4 much soda. You will acknowledge that?

5 COMMISSIONER FARLEY: Well,
6 sodas, but there are many other sugary
7 drinks that are not carbonated, like
8 these fruit-flavored drinks where people
9 are getting an awful lot of sugar in that
10 form these days.

11 COUNCIL PRESIDENT CLARKE: So
12 since I couldn't get this response from
13 other areas, other departments and people
14 who are actually technically responsible
15 for implementing the program, where would
16 you say most of the carbonated sugary
17 products are sold?

18 COMMISSIONER FARLEY: When you
19 say "where," you mean geographically
20 where, what neighborhoods?

21 COUNCIL PRESIDENT CLARKE:
22 Yeah.

23 COMMISSIONER FARLEY: We can
24 come up with -- overall they're sold in
25 all populations. They're purchased all

1 5/3/16 - WHOLE - BILL 160170, etc.
2 over the City. In general, sugary drink
3 consumption is higher as incomes go down.
4 So you would expect in low-income
5 neighborhoods to have --

6 COUNCIL PRESIDENT CLARKE: In
7 what? I'm sorry.

8 COMMISSIONER FARLEY: In
9 general, as incomes go down, consumption
10 of sugary drinks goes up. So companies
11 are marketing more heavily --

12 COUNCIL PRESIDENT CLARKE: So
13 in lower-income neighborhoods.

14 COMMISSIONER FARLEY: Yes. So
15 you would expect --

16 COUNCIL PRESIDENT CLARKE: We
17 couldn't get other people to say that at
18 earlier hearings. All right. So if
19 there was a sugar tax generally with
20 respect to all types of products, it
21 would probably go across the spectrum in
22 the demographics of the City, because
23 there are a lot of people who are upper
24 income that eat Twinkies and other types
25 of little sugar products; am I correct?

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COMMISSIONER FARLEY: In
3 general, unhealthy foods are consumed
4 more by low-income people than
5 high-income people. They have fewer
6 healthy options. So if it were you're
7 looking at doughnuts or that sort of
8 thing or other things I'd characterize as
9 junk food, you're going to find a similar
10 pattern where it's distributed across the
11 City.

12 COUNCIL PRESIDENT CLARKE: All
13 right. Okay. So I just want to confirm
14 that, because my perspective -- you know,
15 I'm a politician, extreme novice as it
16 relates to all of the issues and the
17 analysis relating to this, but I do know
18 that in the area that I represent and I
19 look in the stores -- and I represent
20 actually Center City. You may not know
21 because you're relatively new. I
22 represent half of Center City and I also
23 represent North Philadelphia. And when
24 we were asking earlier questions about
25 where this product is being sold,

1 5/3/16 - WHOLE - BILL 160170, etc.
2 ultimately who will ultimately end up
3 paying the tax, because I do believe that
4 this will be passed on to the consumer
5 regardless of what anybody says. When I
6 look at Cecil B. Moore, I use an example
7 where a significant number of stores
8 proliferated across those commercial
9 corridors where they're lower-income
10 individuals, every store you see the Hugs
11 and the Capris and all of those little
12 sugary products, and that's where the tax
13 will be raised versus Rittenhouse Square,
14 which I also represent, where there are
15 other healthy choices. You concur?

16 COMMISSIONER FARLEY: No. Two
17 different questions. One is how is
18 consumption now distributed across
19 neighborhoods, across populations. The
20 other is how would the tax end up being
21 distributed, and that's a slightly
22 different question, because one thing we
23 know is that low-income people are more
24 sensitive to price. They have to be.
25 They're going to be looking at their

1 5/3/16 - WHOLE - BILL 160170, etc.
2 pennies more, their nickels more and
3 so --

4 COUNCIL PRESIDENT CLARKE: I
5 mean, if they don't have money, they
6 don't have the money.

7 COMMISSIONER FARLEY: Right.
8 We know, for example, with the soda tax
9 in Mexico, people who were low income
10 were more likely to give up the sugary
11 drinks and switch to bottled water than
12 high-income people.

13 So how the tax will end up
14 being distributed across income groups in
15 the future is an open question, but we
16 would expect that the health benefit is
17 going to actually be greater for
18 low-income people.

19 COUNCIL PRESIDENT CLARKE: So
20 why do you think it will be distributed
21 any differently if you're saying that the
22 product is probably not being sold in
23 higher-income areas because they have
24 choices? So if the people as you
25 reference in New Mexico, was it?

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COMMISSIONER FARLEY: In
3 Mexico.

4 COUNCIL PRESIDENT CLARKE:
5 Mexico, okay. Interesting choice, not
6 necessarily comparable to the City of
7 Philadelphia, but that's another story.

8 If you have people who don't
9 have money as you indicated in
10 lower-income neighborhoods, then they
11 will not drink the product because they
12 can't afford it. So you anticipate the
13 consumption will go down dramatically.
14 So it will not be spread across all
15 demographics, because the people in the
16 higher-income brackets already don't
17 drink it. The people in the lower-income
18 bracket you suggest will reduce their
19 consumption, right? So how is it going
20 to be spread out across more
21 demographics?

22 COMMISSIONER FARLEY: Right.
23 So right now consumption is higher among
24 people with low income, but also people
25 with low incomes are more sensitive to

1 5/3/16 - WHOLE - BILL 160170, etc.
2 price, so we would expect that all groups
3 are going to reduce their consumption
4 with a higher price, but the low-income
5 people are probably going to reduce their
6 consumption more than the high-income
7 people because they're paying attention
8 to prices more. And so the actual health
9 benefit reducing their consumption would
10 probably be greater for low-income
11 people.

12 At the end, though, how that
13 tax is going to be distributed across the
14 different income groups, it's hard to
15 tell, because we are going to see that
16 greater fall in the low-income people
17 than high-income people.

18 COUNCIL PRESIDENT CLARKE: Why
19 would it be hard to tell? I don't
20 understand.

21 COMMISSIONER FARLEY: Because
22 the low-income people are consuming more
23 now, but they're also going to fall more.

24 COUNCIL PRESIDENT CLARKE: I
25 concur. I'll stipulate on that one.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COMMISSIONER FARLEY: So I
3 don't know whether they're going to fall
4 so much that they're now equal to
5 high-income people on consumption or
6 they'll fall more so they're less.

7 COUNCIL PRESIDENT CLARKE: Are
8 you suggesting that higher-income people,
9 the consumption will go up?

10 COMMISSIONER FARLEY: No.
11 Their consumption will go down too, but
12 the consumption will go down even more
13 among low-income people.

14 COUNCIL PRESIDENT CLARKE:
15 Okay. I just don't understand your --

16 COMMISSIONER FARLEY: I'm sorry
17 I'm not being clear about it.

18 COUNCIL PRESIDENT CLARKE:
19 Yeah. I mean, you're talking about a
20 more equitable distribution of the tax.
21 I don't see that based on you indicating
22 that there's already a lower tax -- well,
23 probably a lower tax among upper-income
24 people and it will be a higher tax on the
25 lower-income people, and when that goes

1 5/3/16 - WHOLE - BILL 160170, etc.
2 down, then you suggest that maybe they
3 even go further down on the upper-income
4 people. I don't understand how there
5 will be a more equitable --

6 COMMISSIONER FARLEY: The tax
7 would be the same in any neighborhood,
8 but just the current purchases are going
9 to be higher among low-income people, but
10 they're going to pay more attention to
11 that increase in price than upper-income
12 people. They have to because --

13 COUNCIL PRESIDENT CLARKE: I
14 agree with that. Because they have to.

15 COMMISSIONER FARLEY: So
16 they're going to -- some of them are
17 going to change their purchasing
18 patterns. Some of them are going to stop
19 buying sugary drinks, some of them will
20 just buy less. They will probably reduce
21 more than you'll see a reduction among
22 high-income people.

23 COUNCIL PRESIDENT CLARKE: I
24 agree.

25 COMMISSIONER FARLEY: So in the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 end, whether they'll stay higher in
3 consumption or the same or lower is an
4 open question.

5 COUNCIL PRESIDENT CLARKE:
6 Okay. All right. Maybe we're not on the
7 same wavelength. All right.

8 I'm going to go back to
9 Councilwoman Bass, because I have some
10 other questions. Sorry, Councilwoman.

11 COUNCILWOMAN BASS: That's
12 okay. Thank you, Mr. President.

13 COUNCIL PRESIDENT CLARKE:
14 Sorry, Councilwoman.

15 I just wanted to make sure that
16 when we ask the questions with respect to
17 where this tax was going to ultimately be
18 imposed, you concur that it will be in
19 lower-income neighborhoods?

20 COMMISSIONER FARLEY: No.

21 COUNCIL PRESIDENT CLARKE:
22 That's very important.

23 COMMISSIONER FARLEY: I'm
24 saying that current purchases and current
25 consumption is higher in low-income

1 5/3/16 - WHOLE - BILL 160170, etc.

2 neighborhoods, but after the tax is in
3 place, though, that's an open question.

4 COUNCIL PRESIDENT CLARKE: We
5 don't know.

6 COMMISSIONER FARLEY: But let
7 me also say -- I think this is
8 important -- the health benefit is going
9 to be greater to low-income people.

10 COUNCIL PRESIDENT CLARKE: I
11 agree.

12 COMMISSIONER FARLEY:
13 Low-income people are suffering more from
14 obesity and --

15 COUNCIL PRESIDENT CLARKE: I
16 agree.

17 COMMISSIONER FARLEY: Excuse
18 me?

19 COUNCIL PRESIDENT CLARKE: I
20 agree.

21 COMMISSIONER FARLEY: Okay.
22 Thank you.

23 COUNCIL PRESIDENT CLARKE:
24 There's no question about -- but there is
25 a question about all sugary products. I

1 5/3/16 - WHOLE - BILL 160170, etc.
2 don't necessarily agree with your
3 premise. And you're the expert. I'm
4 just saying I see people that eat
5 doughnuts seem to have more challenging
6 health issues than soda.

7 COMMISSIONER FARLEY: The
8 obesity epidemic is a huge problem. The
9 diabetes epidemic is a huge problem. We
10 have almost one in five African American
11 adults in Philadelphia now has diabetes.
12 There's no one thing we're going to do to
13 make that problem go away.

14 COUNCIL PRESIDENT CLARKE:
15 Right. I agree.

16 COMMISSIONER FARLEY: But the
17 single thing that we can do that will
18 have the greatest impact, as most public
19 health people around the country are
20 talking about, is a tax on sugary drinks.

21 COUNCIL PRESIDENT CLARKE: I
22 agree.

23 COMMISSIONER FARLEY: Thank
24 you.

25 COUNCIL PRESIDENT CLARKE:

1 5/3/16 - WHOLE - BILL 160170, etc.

2 Councilwoman Bass. I'm sorry.

3 COUNCILWOMAN BASS: Thank you,
4 Mr. President.

5 Let's continue on with the
6 sugar drink tax and the effect and
7 consumption in Philadelphia. Actually,
8 first good morning or good afternoon.

9 COMMISSIONER FARLEY: Okay.

10 COUNCILWOMAN BASS: So just a
11 couple of questions on that. So overall
12 you would say that the goal of the tax or
13 as the Health Commissioner, it is your
14 hope that there would be a decrease in
15 consumption.

16 COMMISSIONER FARLEY: Yes. I
17 would hope that there would be a decrease
18 in consumption.

19 COUNCILWOMAN BASS: Okay. And
20 one of the things that greatly concerns
21 me is that we are embarking on something
22 that will really change the face of
23 Philadelphia in terms of quality early
24 childhood education, and I have some
25 concern that we would put something so

1 5/3/16 - WHOLE - BILL 160170, etc.
2 important under a funding stream that is
3 so perilous and so unstable. And we
4 wouldn't fund our Fire Department with a
5 sugar drink tax. We wouldn't fund our
6 Police Department with this tax. We
7 wouldn't fund anything that is important
8 to us. We wouldn't fund it with this
9 tax. And so I have some great concerns
10 here that we're putting in place a system
11 that almost seems like it's designed to
12 fail.

13 We want consumption to go down.
14 We want less consumption, but at the same
15 time, we want to fund early childhood
16 education in a significant way. This is
17 something that we cannot afford to skimp
18 on. We cannot afford to get it wrong.
19 And we've gotten it wrong for so long.
20 You know, this is a new future, a new
21 hope for our city, and the idea that we
22 are putting it in the hands of the sugary
23 drink tax, which we all think consumption
24 is going to -- it's a declining source of
25 revenue. And so I would dare say that

1 5/3/16 - WHOLE - BILL 160170, etc.

2 you wouldn't want your department funded
3 on a sugary drink tax.

4 (Witness approached witness
5 table.)

6 MS. ADAMS: Hi. I'm Anna
7 Adams. I'm the Budget Director.

8 COUNCILWOMAN BASS: Hi, Anna.

9 MS. ADAMS: Hi. I just wanted
10 to clarify that the way that the funding
11 will work is, the sugary drink tax goes
12 into the General Fund and then from
13 there, we will be paying for the cost of
14 the pre-K, community schools, and
15 everything else that we have proposed.
16 So it will flow into the General Fund
17 like all the other taxes do. We're not
18 saying -- we're not directly only paying
19 for it out of the sugary drink tax. I
20 just wanted to clarify, it flows into the
21 General Fund and from there, we will make
22 the payments. So it will flow like every
23 other tax that flows into the General
24 Fund.

25 COUNCILWOMAN BASS: But what

1 5/3/16 - WHOLE - BILL 160170, etc.
2 we've been saying in public is that the
3 money that comes from the sugary drink
4 tax will fund early childhood education,
5 not even community schools, not even
6 libraries, but from the Mayor's budget
7 address, correct me if I'm wrong --

8 MS. ADAMS: That's right. So
9 we --

10 COUNCILWOMAN BASS: What we
11 said was that it wasn't going to be --
12 the funds were not going to be coming for
13 playgrounds or community schools. And I
14 think that a lot of conversation had
15 gotten convoluted, but what we said was
16 that the money that was coming from the
17 sugary drink tax was going to pay for
18 early childhood education.

19 MS. ADAMS: That's right. So
20 what we're saying is that we cannot
21 afford to pay for these programs out of
22 the General Fund right now. And so if we
23 have the sugary drinks tax, we can afford
24 to pay for these programs. So the way --
25 and if we didn't have a sugary drink tax,

1 5/3/16 - WHOLE - BILL 160170, etc.
2 we can't see a way of paying for these
3 programs. So that's how we are including
4 it in the budget.

5 COUNCILWOMAN BASS: So we need
6 the sugary drink tax to pay for early
7 childhood education.

8 MS. ADAMS: Right. But it will
9 flow into the General Fund.

10 COUNCILWOMAN BASS: Regardless
11 of where it flows to, we need the sugary
12 drink tax --

13 MS. ADAMS: Yes.

14 COUNCILWOMAN BASS: -- to pay
15 for early childhood education.

16 MS. ADAMS: Yes. That's how we
17 propose it.

18 COUNCILWOMAN BASS: So we are
19 putting early childhood education, which
20 we all know is just critical, like we
21 can't -- we have to do this, but we're
22 doing it with a declining source of
23 revenue, what we think will be a
24 declining source of revenue.

25 COMMISSIONER FARLEY: I

1 5/3/16 - WHOLE - BILL 160170, etc.
2 appreciate very much your concern. I was
3 part of the group that looked at the
4 revenue estimates for this, and they
5 assume a 55 percent decline in
6 consumption. That's a very optimistic,
7 from the Health Commissioner's
8 perspective, decline in consumption. It
9 may not be that much. If it doesn't
10 decline that much, then the revenue will
11 come in actually more than what is
12 projected here.

13 So, yes, revenue will
14 decline -- I mean, consumption will
15 decline with this tax, but that still is
16 built into the model so that the revenue
17 that is needed for this would still come
18 out if it turns out the consumption
19 decline is less than that.

20 COUNCILWOMAN BASS: Okay. And
21 this is not a question for the
22 Commissioner, more for Anna. Is there
23 any other department that we could think
24 of that is funded on a revenue stream
25 that's declining?

1 5/3/16 - WHOLE - BILL 160170, etc.

2 MS. ADAMS: And the decline is
3 only -- I mean, we assume the decrease in
4 consumption is in the first year and the
5 decline is only very slight every year
6 after that, and that's just sort of a
7 natural decrease in consumption of sugary
8 drinks.

9 I know that when we have
10 increased taxes in the past, we have
11 specifically done so for specific
12 purposes. Like if we've increased the
13 real estate tax for the School District,
14 we have done so for those -- we
15 generally -- all of the funds flow into
16 the General Fund and then we pay for
17 services out of the General Fund.

18 COUNCILWOMAN BASS: So if we
19 think there's only going to be a slight
20 decline in the consumption --

21 MS. ADAMS: So we assume all of
22 the -- as soon as the tax is imposed,
23 then the price would go up and,
24 therefore, the consumption would happen
25 immediately, and then after that, so we

1 5/3/16 - WHOLE - BILL 160170, etc.
2 see the 55 percent drop-off in
3 consumption and that's all in the first
4 year, and that's built into the model.
5 And then after that, there's a natural
6 decrease in the consumption, which we're
7 seeing is a trend nationally, which we
8 built into the model, and that's a very
9 slight decrease every year related to
10 that. That's about a 1 percent
11 decrease --

12 COUNCILWOMAN BASS: Okay.

13 MS. ADAMS: -- in consumption,
14 and we built that into the model.

15 COUNCILWOMAN BASS: So overall
16 then if there's a slight decline in the
17 consumption and we know that primarily in
18 lower-income neighborhoods that's where
19 the consumption is, then that equation
20 says to me that overall lower-income
21 folks from North Philly, West Philly,
22 South Philly are really the ones who are
23 going to be paying for the sugary drink
24 tax.

25 MS. ADAMS: Well, we're

1 5/3/16 - WHOLE - BILL 160170, etc.
2 assuming there's a drop-off in
3 consumption, and I think the Commissioner
4 was saying that that drop-off in
5 consumption is likely to be more in
6 neighborhoods that are lower income than
7 neighborhoods that are higher income. So
8 I wouldn't say necessarily that the
9 distribution is -- so I think because the
10 current consumption is really high in
11 low-income neighborhoods, the drop-off is
12 actually going to be lower. It's
13 difficult for us to tell, but I think if
14 we believe that price is a bigger impact
15 in lower-income neighborhoods, then if
16 the price goes up, then consumption would
17 go down further in those neighborhoods.

18 COUNCILWOMAN BASS: Okay.

19 MS. ADAMS: So I think who is
20 bearing the tax will depend on who is
21 more susceptible to price changes.

22 COUNCILWOMAN BASS: Okay.

23 MS. ADAMS: I didn't know
24 whether you would agree, Dr. Farley.
25 That's my understanding.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COMMISSIONER FARLEY: Let me
3 also add, this is -- unlike, say, a sales
4 tax, this is one tax that no consumer has
5 to pay. People can --

6 COUNCIL PRESIDENT CLARKE: Can
7 you pull the mic a little closer to you,
8 please.

9 COMMISSIONER FARLEY: I'm
10 sorry.

11 Unlike a sales tax, this is one
12 tax that no consumer has to pay. They
13 can choose to buy a beverage that's not
14 taxed, like bottled water, or drink tap
15 water for free. So many people are going
16 to make that choice. Not everybody. So
17 there will be some revenue, but from the
18 Health Commissioner's perspective, the
19 more that make that choice, the better.

20 COUNCILWOMAN BASS: Okay. I
21 know my time is up. I'll come back
22 around, but I just think that we have to
23 be real about what we're talking about
24 here. We're trying to fund something
25 that is critically important to the City

1 5/3/16 - WHOLE - BILL 160170, etc.
2 of Philadelphia that everyone wants. We
3 all want early childhood education, but
4 we're funding it on a revenue stream that
5 is unstable and that we know is unstable
6 and that we have to figure out some kind
7 of way that we're going to fund early
8 childhood education. The sugary drink
9 tax is important if we were able to say
10 it was distributed equitably, but I don't
11 think that we can say that. I think that
12 we're all pretty clear where the funds
13 are going to come from and who is going
14 to be paying the tax. It's not going to
15 be equally distributed, but still and yet
16 the program is going to be equally
17 distributed. So as Council President
18 said, his district covers North
19 Philadelphia and Rittenhouse Square, and
20 North Philadelphia, folks will benefit,
21 but they'll be paying probably a larger
22 percentage of the tax, but on Rittenhouse
23 Square, folks will be able to benefit,
24 but are less likely to be drinking soda,
25 to be purchasing and drinking soda.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 So I just -- I'll come back
3 around to honor the time, but I just
4 think that what we say has to have some
5 level of clarity and really be accurate
6 and understanding what we're doing here.
7 So I'll come back around.

8 COUNCIL PRESIDENT CLARKE:

9 Thank you, Councilwoman.

10 Real quick, with respect to the
11 national trend that you referenced, I
12 don't think we're there yet. How long
13 has the tax been in place in --

14 MS. ADAMS: I was just
15 referring to there's a national trend of
16 decrease in consumption of sugary drinks.

17 COUNCIL PRESIDENT CLARKE: Just
18 generally?

19 MS. ADAMS: Generally. And so
20 that's what we've built in to the model.

21 COUNCIL PRESIDENT CLARKE: So
22 the revenues are going down anyway, which
23 actually the soda guys are telling us and
24 different products. So, again, with
25 respect to the Councilwoman's premise

1 5/3/16 - WHOLE - BILL 160170, etc.
2 that this is a declining revenue stream
3 naturally, without the sugar tax, but
4 with the sugar tax, it will probably be
5 an additional declining revenue stream.
6 My concern with respect to that -- and
7 don't get me wrong. I'm trying to figure
8 out a way to take ten pounds off as we
9 speak. I've been drinking Diet Pepsis
10 forever. Not Diet Pepsis, but diet
11 whatever. And now they tell me something
12 is wrong with that, but that's another
13 story.

14 So the obesity issue is a real
15 challenge and I think, frankly speaking,
16 with young people a lot of it has to do
17 with exercise, because when we were
18 young, you had to exercise in school.
19 You had to exercise everywhere. Now all
20 kids do is do this, and that's the extent
21 of their exercise, is the thumb. This is
22 reality. So there needs to be a broader
23 approach.

24 With respect to the issue about
25 the uncertainty of the fund and

1 5/3/16 - WHOLE - BILL 160170, etc.
2 ultimately this money goes into the
3 General Fund, and I can recall -- I was
4 actually talking to a colleague some
5 years ago. I don't know if all of the
6 members here were here when we had a
7 similar tax. It was a parking tax, 20
8 percent, significant tax, and we were
9 going to fund parks and recs, street
10 repaving. Never saw the light of day,
11 right? We did not do that. What we
12 ended up is funding those programs out of
13 the General Fund. And one of my concerns
14 about this -- and if there's declining
15 revenues, then we will ultimately get to
16 a point where we will have to raise
17 another tax to maintain particularly the
18 level of service that you all are
19 proposing, which is quite significant.
20 So the question is, if that's what we
21 will ultimately do, assuming that the
22 consumption will continue to decline
23 because there's going to be not only lack
24 in consumption, there's going to be
25 people going across -- when you look at

1 5/3/16 - WHOLE - BILL 160170, etc.
2 where the markets are located, there are
3 going to be people going across the
4 county line and they're going to find
5 alternative ways of purchasing it, then
6 why isn't it in -- given -- I know it's a
7 long statement. Given the importance of
8 this, why don't we look at a general
9 revenue stream from day one to talk about
10 funding pre-K if it's that important and
11 if we understand that these revenues will
12 be declining? Why don't we look at that
13 instead of waiting three years down the
14 line when the revenues decline and then
15 we're sitting here with a pre-K program
16 that's running out of money?

17 MS. ADAMS: And I think the
18 Administration did look at a couple of
19 other taxes, but I think we believe that
20 this is a stable tax. Despite that
21 slight decrease in consumption, we think
22 it's overall stable. The assumption on
23 our --

24 COUNCIL PRESIDENT CLARKE: You
25 say it's a stable tax?

1 5/3/16 - WHOLE - BILL 160170, etc.

2 MS. ADAMS: Yeah, it's stable.

3 I mean, it doesn't vary very much in our
4 revenue estimates. It varies sort of
5 about 96 million when it's fully
6 implemented and doesn't change that much,
7 partly because we think we'll -- in the
8 first few years, we'll get better at
9 enforcement, and we put money in the
10 Revenue Department for enforcement. So
11 when I mention the decline, it's a very
12 slight decline in revenue. We did look
13 at other types of revenue sources, but
14 this, I think, was the most palatable.

15 COUNCIL PRESIDENT CLARKE: So
16 there's a gentleman who works for the
17 Inquirer, the Editorial Board, and I
18 can't think of -- maybe on a handful of
19 times where we agree, and he was on the
20 TV show and he said that this particular
21 tax is a tax that was proposed because it
22 was the least path of resistance, because
23 the reality is that he said poor
24 people -- I prefer to say low-income
25 people -- will be the ones that will get

1 5/3/16 - WHOLE - BILL 160170, etc.
2 the tax. He believes that that was the
3 easiest path, because lower-income people
4 tend not to be in a position to fight the
5 government like upper-income people do.

6 MS. ADAMS: I think --

7 COUNCIL PRESIDENT CLARKE:

8 That's the perspective out in the
9 neighborhood. I'm not going to tell you
10 what they call this tax in some parts of
11 the community.

12 MS. ADAMS: And I think from
13 our perspective if we look at the real
14 estate tax, that would be borne by all
15 income levels. With a tax like this
16 where you could make choices and which
17 you don't have to purchase this product
18 and, therefore, because of that, I think,
19 you know, the argument could be made that
20 this has less of an impact if you are
21 choosing to buy other things. It's not
22 like a sales tax, as the Commissioner
23 pointed out, where that would be imposed
24 on everybody and it's clearly a level of
25 regression with it, regressive nature

1 5/3/16 - WHOLE - BILL 160170, etc.
2 with a sales tax. This is something that
3 you could opt out of buying this product,
4 where as if there's a property tax and
5 some of the other taxes, that would be
6 borne by everyone.

7 COUNCIL PRESIDENT CLARKE:

8 Okay. Well, that's what we fund a lot of
9 things out of because it's a stable, you
10 know -- I mean, there are a lot of --

11 MS. ADAMS: I'm just talking
12 about in terms of raising another tax,
13 that was one of the discussion points
14 that we had.

15 COUNCIL PRESIDENT CLARKE:

16 Okay. I'm going to stop. I'm going to
17 turn it over to my colleagues. I might
18 come back at some point in time.

19 The Chair recognizes Councilman
20 Domb.

21 COUNCILMAN DOMB: Thank you,
22 Council President.

23 Just two follow-up questions.
24 When the Mayor announced this soda tax, I
25 personally decided to stop eating sugar,

1 5/3/16 - WHOLE - BILL 160170, etc.
2 because I watched this movie that I've
3 talked about called Fed Up, and I've lost
4 21 pounds from not eating sugar. In
5 fact, I haven't worn this suit in six
6 years. It's amazing.

7 COMMISSIONER FARLEY:
8 Congratulations.

9 COUNCILMAN DOMB: But it's
10 sugar, because I never drank soda. I
11 never drank soda, diet or regular.
12 Sugar. And when you watch that movie,
13 you understand the impact of sugar.

14 So my question is, is there a
15 way to tax sugar versus just picking on
16 soda?

17 COMMISSIONER FARLEY: You know,
18 you could think about taxing sugar. You
19 could think about taxing unhealthy foods
20 more broadly. It ends up being a lot
21 more complicated to do that. It's easier
22 to draw lines around sugary drinks than
23 start to get to sugar as a whole or junk
24 food.

25 Sugar is not good for you, and

1 5/3/16 - WHOLE - BILL 160170, etc.
2 congratulations on doing that. I'm
3 pleased to see the health benefits you're
4 getting from that. But definitely sugar
5 in liquid form is worse for you, and the
6 single biggest source of sugar in the
7 diet is sugar in beverages. And so I
8 haven't seen anybody in public health
9 figure out a way to tax sugar as a way of
10 approaching this problem.

11 COUNCILMAN DOMB: And then you
12 talked about the health benefits. Are
13 there any estimates of what this tax
14 would have on health costs down the road?
15 Is there any kind of numbers on that?

16 COMMISSIONER FARLEY: There
17 are, as a matter of fact. There was a
18 study that just came out last week. I'm
19 going to pull it up here. The group at
20 Harvard had developed a model for what
21 sugary drink taxes do, and they put in
22 Philadelphia numbers, and they estimated
23 over ten years, that this would save
24 close to \$200 million in healthcare costs
25 for people in Philadelphia. I mean,

1 5/3/16 - WHOLE - BILL 160170, etc.
2 that's basically due to reduced rates of
3 obesity and diabetes, which end up
4 running a lot of healthcare costs.

5 COUNCILMAN DOMB: And do you
6 have a chart that would actually show us
7 obesity, diabetes issues across the City
8 by district? Do you have a chart that
9 would indicate that?

10 COMMISSIONER FARLEY: We can
11 calculate -- by Council district you
12 mean? Yes. We can calculate and send
13 you diabetes rates by Council district.
14 I've looked at it. It's quite high. In
15 some districts it's over 20 percent, over
16 one in five.

17 And just for people who haven't
18 seen these statistics in the past,
19 diabetes is not a normal part of the
20 human condition. You go back to 1960
21 before we had the obesity epidemic, maybe
22 2 or 3 percent of people had diabetes.
23 It was pretty rare. Now it's everybody
24 has a relative with diabetes.

25 COUNCILMAN DOMB: I met the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 producer. I was fortunate to meet the
3 producer of the movie Fed Up, and she did
4 say to me that diet drinks are as bad as
5 the regular drinks.

6 COMMISSIONER FARLEY: There's
7 some people who say that. I wouldn't
8 agree with her on that. I can give her
9 evidence to show why I disagree with her
10 on that. We don't get out there and
11 promote diet drinks. We don't recommend
12 it. I would rather have people be
13 drinking water, but if they have to
14 choose between full sugar beverages and
15 diet drinks, I would rather have them to
16 be consuming diet drinks.

17 COUNCILMAN DOMB: Okay. Thank
18 you. Thank you very much.

19 Thank you, Council President.

20 COUNCIL PRESIDENT CLARKE:

21 Thank you, Councilman.

22 The Chair recognizes Councilman
23 Taubenberger.

24 COUNCILMAN TAUBENBERGER:

25 Council President, thank you very much.

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2 Sugary drink tax. I think
3 Councilwoman Bass was right on target.
4 This is an important, important
5 development program with pre-K. And I
6 think she's also right that if we were to
7 fund our Police and Fire Department on a
8 sugary drink tax, people would laugh at
9 us and say how ridiculous that is.

10 Mr. Commissioner, in all due
11 respect, you brought up the fact that
12 Mexico has now banned sugary drinks -- or
13 taxed.

14 COMMISSIONER FARLEY: Taxed,
15 right.

16 COUNCILMAN TAUBENBERGER: Not
17 banned. What you're really looking at,
18 though, is a nation. Philadelphia is not
19 a nation. It's not even a state, even
20 though some of the people in the state
21 think maybe we should be a state or sold
22 down the Delaware River or something.
23 The fact of the matter is, we don't live
24 on an island. People will actually go to
25 Delaware County, to Montgomery County, to

1 5/3/16 - WHOLE - BILL 160170, etc.
2 Bucks County, to Gloucester Township, to
3 Gloucester County, Camden County, to Kent
4 County in Delaware to avoid this, and I
5 think they will.

6 Somebody in the industry told
7 me personally, said -- I won't name him
8 because he didn't say it publicly, but I
9 will say what he said. He said,
10 Taubenberger, City Council passes this
11 sugary drink tax, you're going to see the
12 biggest bootlegging operation since
13 prohibition.

14 I think the numbers are really,
15 really flawed. They through their own
16 admission say there's a 50 percent
17 drop-off rate. I think it's going to be
18 much more than that. And also with the
19 fact that we don't live off an island,
20 you're going to get -- just so you know
21 how I know this, because on a day where
22 I'm moving slowly, it takes me ten
23 minutes to walk into Montgomery County
24 from my home. Those in the border areas
25 are going to have very, very difficult.

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2 So to base a program that is so important
3 to the City -- and I get it. I think
4 pre-K can help this city in many, many,
5 many, many ways. We have to find another
6 alternative to fund this, and that's as a
7 collective body here. I agree with
8 Council President that this is a tax that
9 is very much regulated to folks that
10 don't have a lot of money but like the
11 sugary drinks. And I think as Americans,
12 we should be free to choose that.
13 Although I will also give my comments to
14 Councilman Domb. I did have a chance to
15 watch Fed Up this weekend, and you're
16 right on target. In fact, if we do
17 anything out of this body, we should make
18 it a point that everybody in Philadelphia
19 has to watch that movie, Council
20 President, because it is that good.

21 But to base an economy, to base
22 a funding source on something that you
23 want to end -- I mean, we might as well
24 then tax all of sugar, cupcakes and
25 doughnuts and all kinds of things, if

1 5/3/16 - WHOLE - BILL 160170, etc.
2 we're going to be able to fund this, if
3 we are at all. We must truly find
4 another way to fund this, because the
5 numbers don't work.

6 Mexico and Philadelphia are
7 eons different, because one is a nation
8 and one is merely a city. And I don't
9 know. I think my comments are more than
10 any kind of questions is, I don't believe
11 there's an answer to the funding source
12 on a tax on the very issue that you state
13 is unhealthy. And I would agree with
14 you, it is unhealthy. I sit here before
15 you. I'm -- give you a little medical,
16 I'm pre-diabetic. You know what, I drank
17 a lot and I ate a lot of sweets, and I
18 probably eat the wrong things. Fed Up
19 may have saved my life, but the fact of
20 the matter is to develop a program and to
21 have it funded by something that is so --
22 there's more holes in this tax than Swiss
23 cheese really, seriously. I mean, so I
24 have to say we must look at other things,
25 and you must as Health Commissioner

1 5/3/16 - WHOLE - BILL 160170, etc.
2 promote healthy eating, which I think
3 you're doing. I'm not going to say
4 you're not. But the fact is, this does
5 not work on this policy, will not work
6 and cannot work, and is that important
7 that I'm sorry to see this be developed
8 like this. Thank you. Your comments
9 would be appreciative on this.

10 COMMISSIONER FARLEY: Thank you
11 very much, Councilmember. Let me just
12 say that besides Mexico, the other
13 jurisdiction that has passed the tax on
14 sugary drinks is Berkeley, California,
15 which is a town, and that's early. It's
16 just in this calendar year. But so far,
17 it doesn't look like there's an awful lot
18 of people that are purchasing across
19 jurisdictions, that are going out of
20 their way to get out of Berkeley to
21 another city in order to purchase sugary
22 drinks. I understand Philadelphia is
23 different from Berkeley.

24 COUNCILMAN TAUBENBERGER: It
25 is.

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2 COMMISSIONER FARLEY: And
3 certainly there will be some that will do
4 that, but I don't expect it's going to be
5 large. If people are going to the
6 grocery store and they're buying all
7 their other foods and they're buying
8 their soda when they're there, it's a
9 pretty big inconvenience to then go in
10 your car and make a separate trip to
11 Montgomery County.

12 COUNCILMAN TAUBENBERGER: Well,
13 no. There's a number of neighborhoods
14 where it's not so inconvenient.

15 COMMISSIONER FARLEY: Ones on
16 the border, it may make a difference. I
17 don't think it's going to be huge. We
18 could see -- again, the early evidence in
19 Berkeley doesn't seem to suggest that
20 that's a big problem.

21 COUNCILMAN TAUBENBERGER: There
22 are some that say that the manufacturers
23 and those that actually would pay the tax
24 will maybe not pass it along. Well, I
25 disagree with that, because it's the cost

1 5/3/16 - WHOLE - BILL 160170, etc.
2 of doing business. Down the line that is
3 being passed along, because their
4 motivation is profit.

5 And also another thing, Council
6 President, if I could. There's supposed
7 to be 31 different people that are
8 eligible to pay this tax. I asked for
9 that list and was told I can't get it
10 because it's secret somehow. I don't
11 know. Maybe like the Coke formula.

12 COMMISSIONER FARLEY: On the
13 question of will the manufacturers pass
14 through the tax to the price or not, I
15 can just say that in Berkeley there have
16 been evaluations and about half of the
17 tax is passed through. So if they're
18 with competition, maybe it's not all
19 passed through, but a certain amount is,
20 and if there is a certain amount, then
21 that will have an effect on reducing
22 consumption.

23 The other comment I'll just say
24 on the question of should we support a
25 government program with a tax on

1 5/3/16 - WHOLE - BILL 160170, etc.
2 something that we don't want people to
3 consume, we do have in many places around
4 this country cigarette taxes, and those
5 are used to support a number of
6 government programs, and smoking rates
7 are declining over time. That's a good
8 thing, but still that revenue has been
9 very useful.

10 COUNCILMAN TAUBENBERGER: Well,
11 because they tapped into it at a time
12 when the revenue was even stronger.

13 But I was going to ask you
14 because it's being cited all the time.
15 What is the population of Berkeley,
16 California?

17 COMMISSIONER FARLEY: I think
18 it's about 100,000.

19 COUNCILMAN TAUBENBERGER:
20 That's very small compared to
21 Philadelphia.

22 COMMISSIONER FARLEY: Yeah.
23 It's not Philadelphia, but it's the first
24 place that has put in a specific sugary
25 drink tax. And so the evaluation from

1 5/3/16 - WHOLE - BILL 160170, etc.

2 there is the best data we have to go on.

3 COUNCILMAN TAUBENBERGER: I get
4 that part, but it's barely a Council
5 district, 100,000 people.

6 So, Council President, thank
7 you.

8 And thank you.

9 COMMISSIONER FARLEY: Thank
10 you.

11 COUNCIL PRESIDENT CLARKE:
12 Actually we have 150 in our Council
13 district.

14 COUNCILMAN TAUBENBERGER:
15 Bigger.

16 COUNCIL PRESIDENT CLARKE: And
17 I know I said I was going to shut up, but
18 to follow up on the Councilman, I mean,
19 Berkeley -- the demographics in Berkeley
20 are so dislike the City of Philadelphia,
21 median income per family, the median
22 household, the size of that particular --
23 the demographics as it relates to race
24 and all of those issues are so much
25 different than Philadelphia, in addition

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2 to which I understand it was actually a
3 referendum in Berkeley that created this
4 sugar tax. So to compare that with the
5 City of Philadelphia in this particular
6 process, frankly speaking, is not even
7 close, in all due respect.

8 COMMISSIONER FARLEY: Berkeley
9 is definitely not Philadelphia --

10 COUNCIL PRESIDENT CLARKE: And
11 hold up. One last thing. Not to cut you
12 off. The Berkeley was 1 cent --

13 COMMISSIONER FARLEY: That's
14 correct.

15 COUNCIL PRESIDENT CLARKE: --
16 versus 3 cents.

17 COMMISSIONER FARLEY: That's
18 correct.

19 COUNCIL PRESIDENT CLARKE: So
20 I'm saying it's like apples and oranges
21 here. So I don't --

22 COMMISSIONER FARLEY: This is
23 the best data we have to go on because
24 it's the closest example. The other
25 example is Mexico, where the people there

1 5/3/16 - WHOLE - BILL 160170, etc.
2 are clearly low income, and they are
3 similarly behaving as you would expect,
4 that there is a decline in sales and the
5 price has gone up.

6 COUNCIL PRESIDENT CLARKE: All
7 right. Okay. I'm sorry. I said I
8 wasn't going to interject.

9 The Chair recognizes Councilman
10 Oh.

11 COUNCILMAN OH: Thank you very
12 much, Council President.

13 So I voted against the soda tax
14 previously, and I'm trying to keep an
15 open mind the best I can, although I do
16 have a lot of issues. Me personally, I
17 do think it's bad tax policy to tax items
18 like soda, potato chips. And I did vote
19 to tax cigarettes. I don't think it's
20 good tax policy. I just voted for it
21 because I felt that if we didn't tax
22 cigarettes, we wouldn't have the money to
23 keep the schools afloat, and the schools
24 being afloat are very important. So it's
25 kind of a rock and a hard place type

1 5/3/16 - WHOLE - BILL 160170, etc.
2 thing, but I knew it was a temporary tax
3 and that we needed the money.

4 The issue about -- and I'm not
5 talking about health policy, because
6 you're the Health Commissioner, and so
7 health has come into the tax policy kind
8 of the question. So what about
9 marijuana? Is marijuana good for people,
10 in your opinion?

11 COMMISSIONER FARLEY: Marijuana
12 smoke is at least as dangerous as tobacco
13 smoke. So I don't recommend that people
14 smoke marijuana.

15 COUNCILMAN OH: I don't want to
16 be like not serious with you, but it
17 seems inconsistent to me from a health
18 point of view that we have gaming, which
19 I don't think is good for your health, me
20 personally, but it's legal. You're an
21 adult. You want to go gambling, go
22 ahead, do it. I try not to go there.
23 And marijuana, I don't think that's
24 really a good thing either, and I don't
25 know what it leads to. I even worry

1 5/3/16 - WHOLE - BILL 160170, etc.
2 about the opioids. We just heard about
3 the opioids and the heroin and what that
4 leads to.

5 So it's hard for me to really
6 look at tax policy through taxing things
7 that we don't like, and especially when
8 we're making decisions for people who,
9 like us, have a right to make decisions
10 for themselves, but we figure it's good
11 for them and we're smarter than them and
12 we make poor choices, which may be
13 actually the case, but they have limited
14 choices.

15 And so in my neighborhood,
16 Cobbs Creek, I walk down to a corner
17 store and I may get a Diet Coke and some
18 ice cream for the kids. And there are
19 just less options in my neighborhood for
20 vacation, for stress relief, for sports
21 or for anything else, but I can walk
22 three blocks this way and get my Diet
23 Coke in Delaware County.

24 So if the price of soda goes
25 up -- that convenience store has shut

1 5/3/16 - WHOLE - BILL 160170, etc.
2 down about five times. I don't really
3 notice it until it's gone, because the
4 people who run that store make very
5 little money there, because it's a little
6 bit dangerous in my neighborhood. And so
7 we're fortunate to have a store, because
8 you could get milk and diapers and other
9 things there too, eggs and whatnot. So
10 my concern is from this conversation that
11 if we are not just going to do things for
12 health purposes, then what we're doing is
13 we're finding a convenient source to get
14 some money, and I don't know what source
15 that's going to be next time, potato
16 chips or whatever. And it is shaky,
17 because you're never going to have enough
18 money that way when you live right next
19 to other places where you can easily
20 get -- you can replace those items. To
21 Councilwoman Bass's point, that money
22 declines. You find another tax. And
23 it's very tempting for government to find
24 items to tax, beauty products, for
25 example. I don't know if we're allowed

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2 to tax those.

3 So my kind of concern is that
4 can you look at this from a health
5 perspective if you do not take in the
6 total considerations of what -- I
7 understand sugar is not good. I put two
8 teaspoons in my coffee this morning and I
9 drank it, and I'm probably going to keep
10 doing that. I don't know. But I'm not
11 saying it's good for me, and I feel bad
12 telling you that, but it's hard for me to
13 look at this as kind of a tax policy
14 thing and it's hard for me to look at it
15 as a health policy thing. I know it's
16 better not to do a lot of things, put
17 your helmet on when you ride your bicycle
18 and all that. How could you address my
19 concerns?

20 COMMISSIONER FARLEY: Yeah. A
21 few things. First of all, the two
22 teaspoons of sugar you had in your coffee
23 is not a lot of sugar compared to sugary
24 drinks, and it's probably more like a
25 dozen in a 12-ounce soda.

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2 COUNCILMAN OH: I drink like
3 ten cups of coffee in the morning. I'm
4 sorry.

5 COMMISSIONER FARLEY: But the
6 amount of sugar in these sugary drinks
7 really is enormous. It's much more than
8 people would ever put in on their own.

9 Second, there's actually a long
10 tradition in this country of taxing
11 things that we don't recommend that
12 people consume, but they want to consume
13 anyway. It's not just cigarettes, but
14 also alcohol, and the revenue is used for
15 a variety of government purposes,
16 including addressing some of the social
17 problems and health problems that are
18 caused by those substances. So this just
19 would add sugary drinks to the list of
20 tobacco and alcohol things that we are
21 taxing, recognizing that some people
22 consume them anyway and that prohibiting
23 them is a mistake. That's what we felt
24 about alcohol after the prohibition. But
25 this does -- it deals with some of the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 problems and some of the needs of
3 government.

4 The other comment to make is
5 that -- you mentioned the convenience
6 store and you're concerned about its
7 closing. There are, I'm sure, people who
8 are coming to you and saying that this is
9 going to hurt small business because
10 people are going to buy less soda, but
11 people have an option to buy other
12 beverages that don't have sugar in it and
13 then wouldn't be taxed, and that's
14 exactly what happened in Mexico, is that
15 sales of the sugary drinks went down and
16 sales of bottled water went up to
17 equalize. So the total sales of a store,
18 the total sales of the industry, beverage
19 industry, stayed the same.

20 So this isn't going to have any
21 huge impact on the business, and so that
22 convenience store is likely to stay open
23 nearby you.

24 COUNCILMAN OH: I appreciate
25 your health-oriented policy answer.

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2 Thank you very much.

3 COMMISSIONER FARLEY: Thank
4 you, Councilmember.

5 COUNCIL PRESIDENT CLARKE:
6 Thank you, Councilman.

7 The Chair recognizes
8 Councilwoman Bass.

9 COUNCILWOMAN BASS: Thank you,
10 Mr. President.

11 So a couple more questions on
12 the sugary drink tax. Have we -- and
13 actually it's more for Anna. Is Anna
14 still here?

15 (Witness approached witness
16 table.)

17 COUNCILWOMAN BASS: So, Anna,
18 the question I have is, when we looked at
19 funding something so important, did we
20 consider a bond? We're going to go after
21 a huge amount of capital to be able to do
22 the playground rebuilds and the community
23 schools and I think to the tune of about
24 \$300 million, \$400 million, and then
25 there was the additional revenue that we

1 5/3/16 - WHOLE - BILL 160170, etc.
2 hope to generate or the additional
3 dollars that we hope to get, which was
4 supposed to come from -- I think we were
5 going to go through different -- I can't
6 think of the sources right now. They
7 escape my mind, but through foundations,
8 that sort of thing.

9 MS. ADAMS: For rebuild?

10 COUNCILWOMAN BASS: Yes.

11 MS. ADAMS: So we have assumed
12 that we would do three borrowings, each
13 of \$100 million, for rebuild, and that
14 would be over six years, and then the
15 rest would be raised through private,
16 philanthropic, and federal sources.

17 COUNCILWOMAN BASS: So
18 private --

19 MS. ADAMS: State -- I mean,
20 kind of other sources. I know that Mike
21 DiBerardinis can talk more about that,
22 but that's the plan.

23 COUNCILWOMAN BASS: So is there
24 any reason why we didn't fund something
25 so important the same way? We're looking

1 5/3/16 - WHOLE - BILL 160170, etc.

2 at -- we're going through stable sources
3 of funding for playgrounds and community
4 schools.

5 MS. ADAMS: So the way that
6 we --

7 COUNCILWOMAN BASS: But early
8 childhood education, we're looking at
9 something that is unstable.

10 MS. ADAMS: In general, you
11 don't get out a bond for ongoing
12 operating costs, because these are kind
13 of one-time capital investments. That's
14 how generally you finance these over a
15 long period of time, and that's -- so
16 with rebuild and with the general capital
17 budget, because these are long-term
18 investments, then you can finance that
19 over a long period of time, and that's
20 how we look at doing this.

21 COUNCILWOMAN BASS: Okay.

22 MS. ADAMS: This is a long-term
23 asset and so we'd be investing sort of
24 long term. So we'd be paying this off
25 over 20 years. So it makes sense that we

1 5/3/16 - WHOLE - BILL 160170, etc.

2 could do a bond for those.

3 COUNCILWOMAN BASS: So with
4 bonds, it's more capital versus
5 programmatic?

6 MS. ADAMS: That's correct.

7 COUNCILWOMAN BASS: Is there
8 anything we have gotten funding for that
9 is programmatic, the City of
10 Philadelphia?

11 MS. ADAMS: Not in my
12 knowledge. I mean, there may be things
13 that I'm just not aware of, but in
14 general, that's how we do it, a long-term
15 borrowing for a long-term asset. So
16 that's in our guidelines for the capital
17 budget.

18 COUNCILWOMAN BASS: Because it
19 just may be worthy of thinking of doing
20 it in this instance, only because if
21 we're borrowing 300 or 400 million,
22 what's another hundred million.

23 MS. ADAMS: Well, I think for
24 us any time -- we take borrowing fairly
25 seriously in the Finance Department, just

1 5/3/16 - WHOLE - BILL 160170, etc.
2 because when you borrow, there are fixed
3 costs that we have to pay every single
4 year, and any time we borrow money, we
5 have to pay that interest on that
6 borrowing. And we have high fixed costs
7 at the City because of our high pension
8 costs and our other costs. So we try
9 very hard not to borrow money unless we
10 think we need it or if it's for a
11 long-term asset. And so with the capital
12 budget, we're very careful about how
13 we -- there's so much need, but we have
14 to be careful with the resources that we
15 have, and we don't want to increase the
16 amount of fixed costs that we have too
17 much.

18 COUNCILWOMAN BASS: I don't
19 mean to take it lightly. You know, I'm
20 not suggesting that you all take it
21 lightly or that we should either when we
22 borrow that kind of money. It's a lot of
23 money.

24 MS. ADAMS: It is.

25 COUNCILWOMAN BASS: And so I

1 5/3/16 - WHOLE - BILL 160170, etc.
2 would just say that if there's anything
3 that is worthy of that kind of
4 investment, it's early childhood
5 education.

6 MS. ADAMS: We agree. I think
7 that's why we are so excited about the
8 idea of expanded quality pre-K. We think
9 of this as a really good long-term
10 investment in children and Philadelphia's
11 future and that's why we're really
12 excited about this proposal.

13 COUNCILWOMAN BASS: Okay. All
14 right. I'm just going to move to another
15 topic just for a moment. One of the
16 concerns that I have as we talk about
17 sugar and some of the health effects,
18 particularly on low-income communities,
19 is we see that there is a disparity in
20 Philadelphia in terms of all of the
21 healthcare institutions that we have. We
22 have some of the best healthcare in the
23 nation right here in Philadelphia and yet
24 we have some of the highest rates of
25 obesity, hypertension, diabetes. You

1 5/3/16 - WHOLE - BILL 160170, etc.
2 name it, poor people in Philadelphia have
3 it, and they have it in numbers that are
4 just outrageous. So it almost makes you
5 feel as if for the institutions that we
6 have here -- and this is a call to them
7 as well -- who are you here to serve?
8 Who are you here to connect with and to
9 make a difference? Does it matter that
10 Philadelphia has these high rates of
11 disparities in all of the categories,
12 every box checked, and that folks in the
13 neighborhoods can't seem to get access?
14 And I think that that's a huge, huge
15 problem, and I don't know if there is
16 anything that the Health Department is
17 planning to combat that.

18 COMMISSIONER FARLEY: Let me
19 just say the healthcare system in this
20 country is very much focused on cures and
21 particular hospital care, and that's good
22 if you're sick and if you need to be in
23 the hospital. When I'm sick, I want to
24 go to a doctor too, but it doesn't really
25 prevent the problems. And so you

1 5/3/16 - WHOLE - BILL 160170, etc.
2 wouldn't expect that putting money into
3 healthcare is going to reduce rates of
4 obesity or reduce rates of diabetes.
5 Obesity and diabetes come from the
6 conditions in which people live, the
7 social conditions and the things that are
8 available in their neighborhoods. And so
9 in public health, the Health Department,
10 we think about how to prevent those sorts
11 of things. And the Mayor's budget
12 proposal addresses it from a couple of
13 ways. It tries to address one of the
14 risk factors, which is consumption of
15 sugary drinks, but it also provides the
16 kind of investments into the social
17 conditions in which people live with
18 things like pre-K, which could help
19 prevent health problems down the line.

20 So I agree with you that the
21 amount of money we spend in healthcare in
22 this country is not addressing our
23 fundamental health problems. We're doing
24 what we can to try to contribute to the
25 solution.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COUNCILWOMAN BASS: Okay. One
3 of the statements you just made -- oh,
4 I'm sorry. I'm out of time.

5 COUNCIL PRESIDENT CLARKE: Go
6 ahead.

7 COUNCILWOMAN BASS: One of the
8 statements you just made was about that
9 basically people -- what you have in your
10 neighborhood is what you have access to
11 and that's how people end up in the
12 situation that they end up in in terms of
13 being unhealthy. So if all you have in
14 your neighborhood is stop and go's and we
15 have neighborhoods where they are just in
16 abundance, you can't find a tomato, but
17 you can certainly find a place to get a
18 cold beer and a shot of liquor. And so
19 I'd like to know what the Health
20 Department sees its role as in terms of
21 addressing the stop and go's that exist
22 in our neighborhoods.

23 I recently went into a stop and
24 go at the corner of 22nd and Cambria,
25 which is in my district, and -- Indiana.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 I'm sorry; 22nd and Indiana, I think it
3 was. But I went in and I said -- on the
4 outside it says you can buy sandwiches or
5 you can buy noodles or you can buy this,
6 that, the other thing. So I went in, I
7 said, I'd like to order something. What
8 do you serve? So the first person told
9 me, We don't serve food. And then
10 someone else came from behind the
11 Plexiglas and said, Oh, no, no. We serve
12 food.

13 I said, Well, what kind of food
14 do you serve? I'd like to see a menu.

15 And they said, Well, we sell
16 noodles.

17 I said, Okay. What kind of
18 noodles do you sell? And it was Oodles
19 of Noodles. You know what I'm talking
20 about? You pour the hot water in.

21 COMMISSIONER FARLEY: Yeah.

22 COUNCILWOMAN BASS: Everybody
23 has had those on occasion, right? But
24 that was the food that they served to
25 qualify as basically, I guess, not being

1 5/3/16 - WHOLE - BILL 160170, etc.
2 a bar. So they served food -- I mean,
3 they served noodles for food. They
4 served potato chips, candy, cheese puffs
5 for children. There are two schools in
6 the neighborhood. Actually a day care
7 center right around the corner, almost
8 adjacent to this building, and a public
9 elementary school less than one block
10 away. And so a child could come in and
11 be able to purchase candy, snacks,
12 whatever they wanted, while I was able to
13 purchase as an adult an alcoholic
14 beverage. And I'd like to know what the
15 Health Department's stance is on this
16 phenomenon that's happening in our
17 community. It seems as if somehow this
18 rule or this allowance that you could
19 sell shots of hard liquor, it seems as if
20 we woke up and one day it was just a
21 rule. So I don't know exactly when that
22 became the rule, but it is. It's legal,
23 but it's really destroying communities.
24 And when we talk about wanting to do
25 something to affect health, I can think

1 5/3/16 - WHOLE - BILL 160170, etc.
2 of nothing else that's more important
3 than addressing some of these stop and
4 go's, because they really do support a
5 condition, alcoholism. You can come in,
6 you can get a shot, you can stay, you can
7 hang all day. I have stop and go's where
8 people hang out all day. It's like the
9 neighborhood spot. People just come and
10 they hang. And I'd like to know what the
11 Health Department is planning to do or do
12 you see yourself having a role in that or
13 what can be done?

14 COMMISSIONER FARLEY: First of
15 all, thanks for raising this as an issue.
16 I couldn't agree more. In these poor
17 neighborhoods, you have these small
18 stores that are selling alcohol and
19 cigarettes and junk food or what we're
20 looking at is they're selling the leading
21 causes of death.

22 COUNCILWOMAN BASS: Yes. Can
23 we tax them instead of soda? Can we tax
24 the stop and go's?

25 COMMISSIONER FARLEY: Well, you

1 5/3/16 - WHOLE - BILL 160170, etc.

2 know --

3 COUNCILWOMAN BASS: We could do
4 3 cents a customer and still make out.
5 We could do really, really well.

6 COMMISSIONER FARLEY: I mean,
7 the Health Department inspects those
8 places for their food sales, but
9 otherwise we don't regulate them much.
10 We are -- we do have our healthy corner
11 store network where we're working really
12 on a voluntary basis to try to have these
13 corner stores sell a healthier mix of
14 products. We're doing this with The Food
15 Trust. That has made some difference.
16 It doesn't make a radical difference.

17 There's not a lot of authority
18 right now for us to do things other than
19 ask, but let me say I'm very glad you're
20 interested in this problem, and I would
21 be very enthusiastic about talking to you
22 more about it to see what we can do.

23 COUNCILWOMAN BASS: Well, I'd
24 like to really work on this issue. I'd
25 like to do a stop and go tour with you.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COMMISSIONER FARLEY: I'd be
3 happy to do that with you.

4 COUNCILWOMAN BASS: Absolutely.
5 We're going to set it up today.

6 COMMISSIONER FARLEY: I'll be
7 there.

8 COUNCILWOMAN BASS: All right.
9 And as we move forward and working on
10 this problem, one of the things that I've
11 noticed is that pretty much every one
12 that I've went into, I would feel
13 perfectly comfortable ordering something
14 from the grill, because they're all
15 spotless. They haven't been used, it
16 looks like, in years. They're nice and
17 clean. So I'm sure when your Health
18 Department goes in, if you look at the
19 grill, you'll see it's spotless, but at
20 the same time, the liquor sales
21 contributing to alcoholism, contributing
22 to really just being a nuisance in the
23 community is very much problematic.

24 So I look forward to setting
25 that up with you.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COMMISSIONER FARLEY: I agree.

3 Thank you very much.

4 COUNCILWOMAN BASS: Thank you.

5 Thank you, Madam Chair.

6 COUNCILWOMAN BLACKWELL: Thank

7 you very much. I put a notice on your

8 desk about Barbara Daniel-Cox. I just

9 put a notice on your desk.

10 COUNCILWOMAN BASS: Thank you.

11 COUNCILWOMAN BLACKWELL: Are

12 there further questions?

13 (No response.)

14 COUNCILWOMAN BLACKWELL:

15 Further questions?

16 (No response.)

17 COUNCIL PRESIDENT CLARKE:

18 Thank you. Thank you very much for your

19 testimony. And we may do you on

20 callbacks.

21 COMMISSIONER FARLEY: Okay.

22 COUNCIL PRESIDENT CLARKE:

23 We're going to take a break until 2

24 o'clock.

25 Thank you.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 (Recess.)

3 COUNCILMAN GREENLEE: Good
4 afternoon, everyone. Sorry for the
5 delay. Our next department is Human
6 Services. Commissioner, if you'd like to
7 come forward. State your name for the
8 record and proceed.

9 (Witnesses approached witness
10 table.)

11 COUNCILMAN GREENLEE: Good
12 afternoon.

13 COMMISSIONER SHAPIRO: Good
14 afternoon, President Clarke and members
15 of City Council. My name is Jessica
16 Shapiro and I am Acting Commissioner of
17 the Department of Human Services. With
18 me today is Kimberly Ali, Chief
19 Implementation Officer for Improving
20 Outcomes for Children, and Marcia Dixon,
21 Director of DHS's Budget and Finance, as
22 well as other members of my leadership
23 team. Thank you for allowing me to
24 testify today.

25 DHS's FY17 General/Grants

1 5/3/16 - WHOLE - BILL 160170, etc.
2 Revenue budget request is for
3 \$671,178,546. This is \$2,577,307 below
4 the FY16 estimated obligation level of
5 \$673,755,853. DHS's General Fund budget
6 request is \$103,219,500.

7 I would like to take the
8 opportunity to update you on our progress
9 with our systemwide transformation called
10 Improving Outcomes for Children,
11 otherwise known as IOC. Additionally, I
12 would like to share with you some of the
13 successful outcomes we are seeing, as
14 well as some of the challenges we are
15 currently facing. Finally, I would
16 outline some of the plans we have as we
17 continue our journey towards reform of
18 Philadelphia's child welfare system.

19 As you are aware, IOC is based
20 on the principle that a community
21 neighborhood approach to the delivery of
22 child welfare services will positively
23 impact safety, permanency, and well-being
24 of the children and families involved
25 with DHS. We deliver those services in

1 5/3/16 - WHOLE - BILL 160170, etc.
2 the neighborhood through Community
3 Umbrella Agencies, or CUAs. We began to
4 transfer cases to CUAs in January of
5 2013. As of March 31st, 2016, almost
6 5,000 families and over 9,000 children
7 are receiving services from CUAs.
8 Approximately 1,000 families are still
9 receiving services directly through DHS
10 and other private providers.
11 Approximately 200 of these families will
12 transfer over to the CUAs during the
13 summer of 2016, and the remaining 800
14 families, many of whom are close to
15 reaching permanency, will remain with DHS
16 until their case closes or the children
17 reach permanency.

18 The primary goal of IOC is to
19 enable children to stay with their own
20 families. However, when children need to
21 be removed from their families due to
22 safety reasons, we always try to first
23 place them with extended family or kin.
24 I am pleased to say for the first time
25 our data is showing that we are placing

1 5/3/16 - WHOLE - BILL 160170, etc.
2 children with kin more frequently than in
3 non-relative family settings. We
4 continue to make every effort to increase
5 the number of children placed with kin.
6 As of March 31st, 2016, 43 percent of
7 children in placement were in kinship
8 care as opposed to 40 percent in
9 non-relative foster care. This is a
10 dramatic improvement since the year
11 before IOC. In March 31st, 2012, 31.6
12 percent of children were placed in
13 kinship care.

14 The CUAs have seen tremendous
15 success with community outreach and
16 engagement. They have sponsored hundreds
17 of parenting cafes, where parents and
18 caregivers have the opportunity to
19 exchange information and support each
20 other in terms of addressing the
21 challenges of parenting. Additionally,
22 the CUAs have sponsored activities and
23 opportunities such as community fairs,
24 Father's Day dinners, a community
25 clothing and resource closet, family fun

1 5/3/16 - WHOLE - BILL 160170, etc.
2 days, a diaper bank, regular game nights,
3 and teen workshops. The CUAs have also
4 been successful at hiring staff from the
5 neighborhoods they serve.

6 For example, Wordsworth CUA 5,
7 which is located in the 35th and 39th
8 Police Districts, has 27 percent of their
9 staff who live in the CUA 5 catchment
10 area. Other CUAs are experiencing
11 similar successes.

12 Because we value diversity, we
13 are working to ensure that our
14 contractors, their spending, their
15 Boards, and their staff reflect the
16 demographic of the children and families
17 that we serve. During FY16, we have been
18 working diligently to increase minority
19 participation in contracts. We have
20 sponsored several networking
21 opportunities for CUAs to meet with
22 minority, women, and disabled vendors.
23 And it is our hope that these
24 opportunities will increase spending in
25 this area.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 DHS has also made significant
3 progress in reducing the number and
4 percentage of children placed in
5 congregate care settings. Our goal is to
6 only use congregate care when absolutely
7 necessary and primarily for treatment
8 purposes. Since FY13, the percentage of
9 youth in congregate care, both group home
10 and institution settings, has decreased
11 from approximately 22.3 percent to
12 approximately 14.6 percent as of March
13 31st, 2016.

14 One of the core components of
15 the IOC transformation is to ensure a
16 family is given a voice in their child
17 welfare case. This is accomplished
18 through Family Team Conferencing. These
19 conferences are held throughout the life
20 of a case at key decision-making points.
21 Families are encouraged to attend these
22 conferences with their support system.
23 Social service professionals from various
24 disciplines, such as behavioral health,
25 education, and physical health, also

1 5/3/16 - WHOLE - BILL 160170, etc.
2 attend the conferences when appropriate.
3 The majority of these conferences have
4 been held in the community in places such
5 as faith-based locations, recreation
6 centers, libraries, community rooms, and
7 supermarkets and other community-based
8 organizations.

9 While IOC is seeing early
10 successes, we are keenly focusing on ways
11 to continue to improve the practice at
12 the CUAs through the provision of
13 technical assistance and enhanced
14 monitoring. During FY17, DHS intends to
15 expand and enhance our capacity to
16 rigorously monitor and evaluate the
17 performance of the CUAs and the placement
18 subcontractors.

19 In July of 2016, we will begin
20 using a revised CUA comprehensive case
21 file review tool, which will be used by
22 DHS staff to assess and evaluate the
23 performance of the CUAs. This revised
24 tool will allow us to measure the quality
25 of the services and help us determine the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 ability of the CUAs to achieve the goals
3 of IOC. The tool will also help us with
4 delivering appropriate and effective
5 technical assistance in all areas of
6 practice.

7 I'm also proud to say we have
8 expanded our presence in and support for
9 the community and our education system by
10 increasing our collaboration with the
11 School District of Philadelphia. There
12 are currently 15 education liaisons in 20
13 School District of Philadelphia schools
14 who are assigned to work with the CUAs in
15 their regions. This staff, which is
16 situated in schools with high
17 concentration of DHS-involved youth, is
18 responsible for helping to remove
19 educational barriers for children
20 involved with DHS. They also assist
21 school staff with connecting to the
22 assigned DHS and CUA teams, as well as
23 connecting children who are not DHS
24 involved with various social services.

25 As you are aware, DHS continues

1 5/3/16 - WHOLE - BILL 160170, etc.
2 to operate the child abuse hotline, which
3 operates 24 hours a day, 365 days a year.
4 We are also responsible for investigating
5 reports of child abuse and neglect. We
6 continue to experience a rise in the
7 number of calls to our hotline and a
8 similar rise in the number of
9 investigations.

10 Specifically, hotline reports
11 are up 30 percent when comparing the
12 first three-quarters of Fiscal Year 2015
13 with Fiscal Year 2016. The total number
14 of investigations for these same time
15 periods is also up 12 percent. We
16 believe this increase in volume is
17 primarily due to a sweeping overhaul of
18 child welfare laws after the Jerry
19 Sandusky case, which ultimately resulted
20 in 27 new laws effective in January of
21 2015. Some of the major changes in the
22 law expanded the definition of child
23 abuse, expanded who can be labeled a
24 perpetrator, increased the number of
25 mandated reporters, and increased the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 penalties for mandated reporters who fail
3 to report abuse.

4 At the time of budget testimony
5 last year in April of 2015, we had
6 approximately 5,400 children in
7 out-of-home placement. This year as of
8 March 31st, 2016, approximately 6,100
9 children were in out-of-home placement,
10 which is a 13 percent increase.
11 Similarly, we have seen a rise in the
12 number of families receiving in-home
13 services. As of March 31st, 2015,
14 approximately 1,800 families were
15 receiving in-home services compared to
16 2,000 as of March 31st, 2016, which is an
17 11 percent increase.

18 All children who are placed in
19 out-of-home care deserve to achieve
20 timely reunification or other permanence,
21 including adoption or permanent legal
22 custodianship. I am pleased to say the
23 number of systemwide permanencies has
24 begun to increase after a decline in
25 2015. From July '15 to March 2016, 1,274

1 5/3/16 - WHOLE - BILL 160170, etc.
2 children achieved permanency, reflecting
3 a 25 percent increase over the same time
4 period from FY15. The number of
5 adoptions has increased 15 percent and
6 the number of reunifications increased 30
7 percent.

8 We are continuing to work
9 urgently to return children safely to
10 their parents, and when they cannot
11 return, we are seeking adoption and
12 permanent legal custody. However, while
13 the number of permanencies increased, the
14 number of children in out-of-home
15 placement has also increased due to an
16 increased number of children entering the
17 system. We believe that this is likely
18 due to the increase in the number of
19 reports to the hotline.

20 One of the ways we are working
21 to decrease the number of children coming
22 into placement and to in-home services is
23 to ensure prevention services are
24 designed to maintain children and youth
25 safely in their own homes. We are in the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 process of realigning these services to
3 provide social work staff with additional
4 tools to divert families from the formal
5 child welfare system.

6 In closing, we have made
7 serious strides towards reforming our
8 system. We will continue to work
9 aggressively and collaboratively with our
10 staff and the CUA community to ensure
11 child-focused and family-centered
12 services are delivered to the children
13 and families of Philadelphia.

14 Thank you very much for your
15 consideration. My staff and I are
16 available to answer any questions that
17 you may have.

18 COUNCILMAN GREENLEE: Thank you
19 very much, Commissioner. Almost every
20 member here wants to ask questions. Let
21 me just ask one.

22 Page 2 of the testimony, if
23 we're doing our math right, shows there
24 are 308 vacancies in your department as
25 of January anyway of this year. It

1 5/3/16 - WHOLE - BILL 160170, etc.
2 sounds like a lot. Could you comment on
3 that?

4 COMMISSIONER SHAPIRO:

5 Absolutely. So we do carry some
6 vacancies, and we are in the process of
7 slowly trying to hire to fill those
8 vacancies. One of the things that we are
9 doing, we actually have a new class of
10 social workers starting in May, as well
11 as a new class of youth detention
12 counselors that are starting in May.

13 Additionally, as we've
14 transferred our staff to new positions as
15 a result of IOC, we are moving social
16 workers who were formerly providing
17 ongoing services in to fill some of the
18 vacancies that we have in the hotline and
19 the monitoring areas.

20 COUNCILMAN GREENLEE: Do you
21 have any idea how much you've cut that
22 number down by now or has there been much
23 cut? I know it's not been that long.

24 COMMISSIONER SHAPIRO:

25 Absolutely. So our staff prior to --

1 5/3/16 - WHOLE - BILL 160170, etc.

2 from FY10 to now, we have lost 132 staff.

3 COUNCILMAN GREENLEE: Hired

4 132?

5 COMMISSIONER SHAPIRO: How many

6 people have we hired or how many people

7 have --

8 COUNCILMAN GREENLEE: Because

9 there are 308 vacancies. I'm just trying

10 to figure out how you --

11 COMMISSIONER SHAPIRO: So, no.

12 We have not hired enough staff to fill

13 all those vacancies. So like 30 new

14 staff are starting in May. So we have

15 not hired enough staff.

16 COUNCILMAN GREENLEE: Okay.

17 All right. Thank you.

18 Councilman Jones.

19 COUNCILMAN JONES: Thank you,

20 Mr. Chair.

21 And congratulations on your

22 appointment.

23 COMMISSIONER SHAPIRO: Thank

24 you, Councilman.

25 COUNCILMAN JONES: You guys are

1 5/3/16 - WHOLE - BILL 160170, etc.
2 not new, in a sense. You have come up
3 through the ranks, which has tested you
4 by fire. So congratulations.

5 COMMISSIONER SHAPIRO: Thank
6 you.

7 COUNCILMAN JONES: We've had a
8 number of interactions over the years,
9 and I usually start my testimony with
10 that's the hardest job I could never do
11 and I appreciate the work you guys do for
12 our community in ways that only you could
13 do.

14 So having said that, last year
15 I asked about the CUA experiment, and the
16 CUA experiment I call it because it
17 originated with the death of Danielle
18 Patterson. It was supposed to be, as I
19 understand, a temporary fix to try to put
20 together an advisory group to kind of
21 better manage almost in a private sector
22 way of what was going on in the lives of
23 our children and youth.

24 Last year I asked you, well,
25 how is that experiment going and what are

1 5/3/16 - WHOLE - BILL 160170, etc.
2 the tangible measurements that we could
3 be judged by. And the response, not by
4 you but your predecessor, was that it was
5 too early to know. We need to give it a
6 little more time to see what those
7 deliverables are. Are you prepared today
8 to give it a grade?

9 COMMISSIONER SHAPIRO: I am
10 prepared to tell you that we are seeing
11 early successes. I am here to say that
12 we have a lot of challenges still ahead,
13 and I think I testified to the fact that
14 our placement population has continued to
15 grow. Our number of in-home families has
16 continued to grow, services that we are
17 providing on the formal child welfare
18 system. So in that respect, I think
19 there's a lot more to do.

20 I think we need to -- the
21 primary goal of IOC is to keep children
22 at home with their families and in their
23 own communities, and while we have been
24 able to see an increase in the number of
25 children placed with kin, we need to do

1 5/3/16 - WHOLE - BILL 160170, etc.
2 better in terms of keeping children out
3 of the system.

4 So research has said that it
5 takes five to seven years to really see
6 the outcomes. We are finally just -- we
7 are about 100 cases left to transfer over
8 to the CUAs, and so we are finally
9 reaching the point where the CUAs will be
10 up for the whole fiscal year of '17,
11 where we will not be in the dual system.

12 So I understand that this has
13 taken a long time and it feels like it's
14 taken a long time, and I think that the
15 model will work. It just is going to
16 take time to show the results. And at
17 the same time, we need to figure out a
18 way to slow the growth.

19 COUNCILMAN JONES: So, again,
20 I'm going to repeat that. Nobody could
21 do your job like you do and I appreciate
22 what you do, sincerely, but the urgency
23 of now is that those young people don't
24 have 20 years to figure out what should
25 be done for them. They are suffering

1 5/3/16 - WHOLE - BILL 160170, etc.
2 now. And they pop up in every bad
3 outcome in our social justice, social
4 service models. So the question becomes,
5 in your early indications, are we doing
6 better under this system than we did
7 under the old system? And, if so, show
8 me the categories of where we are
9 improving, show me the categories where
10 we are not improving, and then the game
11 plan for moving the needle in the right
12 direction.

13 COMMISSIONER SHAPIRO:

14 Absolutely. So I think we are involving
15 families more in the process. Under the
16 old system, families did not have a voice
17 at the table. Oftentimes planning was
18 done without them. I think that families
19 were confused with the rules between the
20 private provider and the City staff. So
21 the fact that we're bringing folks to the
22 table and they can bring their support
23 system to the table and participate and
24 receive services in their community is an
25 excellent thing. So I think in that

1 5/3/16 - WHOLE - BILL 160170, etc.
2 respect, by giving families a voice in
3 the process, we're doing extremely well.

4 I think the fact that we have
5 increased the percentage of children who
6 live with family to minimize the trauma
7 being removed from their biological
8 family is outstanding. So for the first
9 time, we are higher in kinship care than
10 we are in non-relative foster care.
11 About 44 percent of the children that are
12 in non-relative foster care are placed
13 within ten miles of their home. So we're
14 keeping kids in Philadelphia.

15 We have decreased our
16 percentage of children that are in
17 congregate care. So we are very focused
18 on making sure that we plan appropriately
19 for older youth and that we are bringing
20 kids outside of congregate care and we
21 are looking for family before we use
22 congregate care. So we used to be at
23 22.3 percent of our population was in
24 congregate care and now we're down to
25 14.5, and the national average is 13. So

1 5/3/16 - WHOLE - BILL 160170, etc.
2 we've made a lot of progress in that
3 respect.

4 I'd like to be able to reduce
5 the number of children that go into
6 placement. So one of the things that
7 I've started since I've become
8 Commissioner is to try to take a look at
9 our prevention services.

10 COUNCILMAN GREENLEE:
11 Commissioner, could you speak a little
12 closer to the mic.

13 COMMISSIONER SHAPIRO: I'm
14 sorry.

15 I'd like to take a look at our
16 prevention services to make sure that
17 they are aligned to our mission of
18 preventing kids from entering the child
19 welfare system. So we'll be making some
20 changes to our array of services.

21 We're also receiving
22 significant technical assistance from
23 Casey Family Programs and our partners at
24 the state to take a look, to pause and
25 say did we create -- did we have

1 5/3/16 - WHOLE - BILL 160170, etc.
2 processes or procedures that were moving
3 kids over to the formal child welfare
4 system unintentionally. So we're
5 pausing, we're taking a look back and
6 looking and making sure that we're true
7 to our hotline tools that we've made some
8 changes to when we send cases over to the
9 CUAs to see if we can extend the
10 assessment process for our investigators
11 to see if we can divert more families
12 from the system.

13 We have invested a significant
14 amount of money from the state to achieve
15 permanency for young people. So we had a
16 decline in FY15 that was not acceptable,
17 and so we are turning that decline
18 around. So we are on trajectory to meet
19 our goals of getting more kids to
20 permanency.

21 So we finally reached the place
22 where we're slowing down our services
23 over the past few months and we're
24 closing more cases safely. So I think we
25 are starting to turn the corner in

1 5/3/16 - WHOLE - BILL 160170, etc.
2 shrinking the system. We have put out an
3 RFP that's currently out right now so
4 that we can take a look at IOC and just
5 say have we made the right decisions, are
6 there things that need to be tweaked.

7 COUNCILMAN JONES: That's for
8 me, not you.

9 COMMISSIONER SHAPIRO: Okay.

10 When we began IOC, the system
11 looked different. We were at 4,100 kids,
12 and now we're at 6,100 and there was all
13 this new legislation and all these new
14 reports. And so as we were transforming
15 the system, the landscape was changing.
16 And so we need to be able to adjust to
17 that and make changes.

18 COUNCILMAN JONES: So let me be
19 more succinct. Are more kids graduating
20 now than before that are wards of our
21 care? Yes? No?

22 COMMISSIONER SHAPIRO: So I
23 don't have that information on graduate
24 rates. I can get back to you on that.

25 COUNCILMAN JONES: Are more

1 5/3/16 - WHOLE - BILL 160170, etc.
2 kids aging out of the system without
3 placement now more than before?

4 COMMISSIONER SHAPIRO: So I
5 know last year 235 youth aged out of
6 system without a permanency, although I
7 think we're about a little over 300 aged
8 out with a permanency, and we're doing a
9 lot of work to make sure that our older
10 youth have permanency.

11 COUNCILMAN JONES: More or
12 less?

13 COMMISSIONER SHAPIRO: So I'd
14 have to go look at the numbers over time.

15 COUNCILMAN JONES: Are more or
16 less kids becoming a part of the justice
17 system than before than now?

18 COMMISSIONER SHAPIRO: So
19 arrests are down, I believe, and I know
20 that our juvenile justice population is
21 down. I could look at the data and show
22 you the trend over time. I don't have
23 those figures off the top of my -- but
24 our Youth Study Center population, the
25 average is about 94 --

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COUNCILMAN JONES: I'm talking
3 about kids that don't necessarily wind up
4 in the system as juveniles but wind up in
5 the system later in life as a result
6 of -- so those are the measurements that
7 I care about.

8 COMMISSIONER SHAPIRO:
9 Understood.

10 COUNCILMAN JONES: So I'm going
11 to need -- God willing, you will be able
12 to provide that to the President now and
13 the call of the Chair.

14 So we did a whole hearing on
15 some of those measurements, the number of
16 foster care parents in the system now
17 versus then, the accountability held on
18 that. So I will resend them to you so
19 that you can be responsive to us, because
20 those are the measurements that count.

21 (Applause.)

22 COUNCILMAN JONES: And the key
23 for me is not if we're saving money. Are
24 we saving money?

25 COMMISSIONER SHAPIRO: No, we

1 5/3/16 - WHOLE - BILL 160170, etc.

2 are not saving money.

3 COUNCILMAN JONES: All right.

4 So it doesn't really matter whether we're
5 saving money to me. And I shouldn't say
6 that in front of President Clarke, but if
7 we are saving more kids. So I'm going to
8 need tangible before and after --

9 COMMISSIONER SHAPIRO:

10 Understood.

11 COUNCILMAN JONES: -- kinds
12 of -- thank you, Mr. Chairman and
13 President.

14 COUNCILMAN GREENLEE: Thank
15 you, sir.

16 Councilman Green.

17 COUNCILMAN GREEN: Thank you,
18 Mr. Chair.

19 Ms. Shapiro, I want to thank
20 you for your service. You've been in
21 this role for a short time period, but
22 have been in the Department for some
23 time, and I know from my experience
24 working with Councilwoman Tasco, who was
25 Chair of Public Health and Human

1 5/3/16 - WHOLE - BILL 160170, etc.
2 Services, I've had a chance to observe
3 DHS for some time. And hearing some of
4 the numbers that you testified to in
5 reference to the increase of kinship care
6 is also very heartening. I know that's
7 an issue that Councilwoman Tasco was very
8 involved with kinship care from a
9 grandparent perspective years ago. So
10 it's good to hear that we're making
11 increases in reunifying families, because
12 that will help some of our precious
13 citizens, those being young people, to be
14 in a better place.

15 I do have some question in
16 reference to the involvement of DHS in
17 reference to the community schools model.
18 Have you been part of the conversations
19 in regard to community schools --

20 COMMISSIONER SHAPIRO: I
21 have --

22 COUNCILMAN GREEN: -- to
23 provide those services? And what type of
24 involvement have you had?

25 COMMISSIONER SHAPIRO: I have

1 5/3/16 - WHOLE - BILL 160170, etc.
2 been involved in those conversations.
3 Susan Gobreski met with the Health and
4 Human Services Cabinet recently, and we
5 began to talk about how we as a cabinet
6 can support the community school effort.
7 Additionally, she and I, we met one on
8 one, because I believe that the community
9 school effort is very much in line with
10 what we're trying to do with Improving
11 Outcomes for Children, the neighborhood
12 delivery of social services. So what
13 I've pledged to do is work with her to
14 share data and mapping that we've already
15 done, resources in the community, and I
16 want to involve the CUAs in the
17 discussion, because I think there is an
18 opportunity to maximize the benefit,
19 because we're all trying to do the same
20 thing, is to make sure that folks can
21 have access to services in their
22 community.

23 COUNCILMAN GREEN: Thank you.
24 You also stated that the last
25 hundred cases are being transferred over

1 5/3/16 - WHOLE - BILL 160170, etc.
2 to CUAs. I've seen the CUAs from the
3 very beginning, and I know the landscape
4 has been a changing process, so I'm
5 curious from your perspective in
6 reference to oversight and caseload
7 between the CUAs and now DHS considering
8 that last group of cases are now moving
9 over to the CUAs. Can you give us some
10 perspective on the oversight. Because my
11 understanding, the goal of getting out of
12 the dual case provision was to have the
13 DHS staffers to do more oversight on the
14 CUAs. So can you give some perspective
15 on that?

16 COMMISSIONER SHAPIRO:

17 Absolutely. So we have the Division of
18 Performance Management and
19 Accountability, and that is where most of
20 our monitoring and evaluation takes
21 place. So we are reviewing approximately
22 200 case files a month at the CUAs. We
23 also have what we call -- and we review
24 those for quality and for compliance in
25 areas most specifically related to the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 safety -- the assessment of safety of
3 young people as well as case planning.
4 Because under IOC there is one single
5 case plan for the family to follow. And
6 so we're making sure that the plan is
7 tailored appropriately to the family.

8 We also have the quality
9 service review, which is an
10 interdisciplinary review with outside
11 partners, providers or community members
12 where we actually go and meet with the
13 consumers of the services. So we'll meet
14 with parents. We'll meet with kids.
15 We'll go to talk to a teacher to really
16 make sure that there is significant
17 planning being done for the family.

18 We also have a Visitation
19 Verification Unit where we are reviewing
20 case files and meeting with biological
21 families to make sure that visitation is
22 occurring as it's matched and documented
23 in the case record.

24 We also do annual evaluations
25 for our CUAs and other subcontracting

1 5/3/16 - WHOLE - BILL 160170, etc.
2 providers to make sure that they're
3 meeting the compliance terms of the
4 contracts. As I stated in my earlier
5 testimony, we're working with Casey
6 Family Programs to roll out a tool over
7 the summer which will allow us to measure
8 quality in a better way, because we've
9 been very focused on compliance, and so
10 these quality indicators will be able to
11 give us the data to know whether or not
12 or to inform in a better way whether or
13 not IOC is actually working or this way
14 of service delivery is actually working.

15 COUNCILMAN GREEN: And so that
16 analysis based on quality as opposed to
17 just compliance, is that going to be part
18 of the RFP process that you talked about
19 for the IOC review?

20 COMMISSIONER SHAPIRO: So
21 that's actually more to take a look at
22 the process in general. The
23 comprehensive review tool is actually
24 going to be reviewing files and looking
25 at particular cases. So some of the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 kinds of things I'm talking about in
3 terms of quality. So I would like to be
4 able to know -- and this is a measure
5 that we put into our five-year plan -- is
6 that when a family receives in-home
7 services, what's the percentage of
8 families at a CUA that's actually getting
9 stepped up to placement. Because after
10 you receive an in-home service and then
11 you need to be placed, my question would
12 be, what happened there? Was the service
13 not appropriate? What were the
14 circumstance that necessitated that
15 placement? So when I'm talking about
16 looking at quality, I'm looking at
17 measuring items to determine whether or
18 not the services that we're providing are
19 working. And so really trying to link
20 the review to an outcome. So that's the
21 work we're going to roll out this new
22 tool over the summer.

23 COUNCILMAN GREEN: As you put
24 together the RFP for the kind of review
25 of the IOC, this whole process, I would

1 5/3/16 - WHOLE - BILL 160170, etc.
2 encourage you to work with not only
3 entities that are involved in the
4 provision of care but also partners like
5 District Council 47 to get their input.

6 COMMISSIONER SHAPIRO: We
7 absolutely plan to do so. So we'll be
8 talking -- the reviewer will be talking
9 to staff both at the City as well as the
10 CUAs. We'll be talking to parents, older
11 youth, and other stakeholders, providers,
12 advocates.

13 COUNCILMAN GREEN: Because I
14 think even as you're putting together the
15 RFP, having maybe a group of stakeholders
16 to help you draft the RFP aspect, because
17 they can provide information regarding
18 what they've seen from their years of
19 experience both from the labor
20 perspective as well as the parent and
21 advocate perspective as well. I think
22 that will be important to kind of give
23 you a comprehensive perspective of the
24 entire IOC process from a number of
25 different perspectives. Sometimes they

1 5/3/16 - WHOLE - BILL 160170, etc.
2 may be critical, but at the same time, at
3 the end it will provide you with a more
4 full perspective of where is the IOC
5 concept at this point in time.

6 COMMISSIONER SHAPIRO:

7 Actually, the RFP, just to clarify, has
8 actually been issued already. So part of
9 this RFP -- I mean part of this proposal
10 will be to include all the input that you
11 just discussed, because I agree, it's 100
12 percent necessary.

13 COUNCILMAN GREEN: Also looking
14 at the budget detail, on Page 85 under
15 the Class 200, Class 290, you have for
16 FY16 estimated obligations of about \$36
17 million, about \$37 million for a vendor
18 to be determined, but then for the FY17
19 request, it's about \$44 million. And the
20 description of those vendor to be
21 determined contracts are special
22 contracts and direct care. Can you
23 provide some more information?

24 COMMISSIONER SHAPIRO: Can you
25 refer me to the page number again.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COUNCILMAN GREEN: Page 85.

3 I'm sorry.

4 COMMISSIONER SHAPIRO: Give me
5 one moment, please. I apologize.

6 COUNCILMAN GREEN: And as
7 you're looking for that, I have some
8 additional questions, but I'll come back
9 in the next round.

10 COMMISSIONER SHAPIRO: Should I
11 respond to the question?

12 COUNCILMAN GREEN: Yes.

13 COUNCILMAN GREENLEE: If you
14 have an answer, yes.

15 COMMISSIONER SHAPIRO: Could
16 you just repeat exactly what you said.

17 COUNCILMAN GREEN: So if you
18 look on Page 85, it shows vendor to be
19 determined and you have 37 million in
20 FY16 estimated obligations and about \$44
21 million for 2017 request and the
22 description is special contracts and
23 direct care. So I was trying to get some
24 perspective of what those vendors that
25 will be determined for those dollars.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COMMISSIONER SHAPIRO: I'm
3 going to have Marcia Dixon, our Director
4 of Finance, respond.

5 MS. DIXON: Good afternoon,
6 Councilman. That will be for --

7 COUNCILMAN GREENLEE: Please
8 identify yourself.

9 MS. DIXON: Sorry. Marcia
10 Dixon, Director of Budget and Finance for
11 DHS.

12 That would be for our adoption
13 subsidy payments to the parents that
14 adopt children.

15 COUNCILMAN GREEN: Okay.

16 COMMISSIONER SHAPIRO: That's
17 why it's listed as vendor to be
18 determined.

19 COUNCILMAN GREEN: So you use
20 various -- so those actual payments are
21 going to --

22 COMMISSIONER SHAPIRO: To
23 parents.

24 COUNCILMAN GREEN: Got you.
25 Okay.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COMMISSIONER SHAPIRO: Or
3 permanent legal custodian.

4 COUNCILMAN GREENLEE: Thank
5 you, Councilman.

6 Councilwoman Reynolds Brown.

7 COUNCILWOMAN BROWN: Thank you.

8 Good afternoon, DHS.

9 COMMISSIONER SHAPIRO: Good
10 afternoon, Councilwoman.

11 COUNCILWOMAN BROWN: Councilman
12 Jones has already began to offer
13 inquiries regarding the CUAs, and he
14 calls it a CUA experiment, which a number
15 of members of City Council might agree.
16 I don't want to be redundant in what he
17 has asked for, so know that there will be
18 many members of Council interested in the
19 yield, the requests that he has made of
20 you. So I won't pounder that further.

21 I want to move now to the
22 MBE/WBE side of the equation, and I need
23 to know what has the agency done in a
24 tangible way to make sure that CUAs who
25 get these large contracts from DHS, how

1 5/3/16 - WHOLE - BILL 160170, etc.
2 well are they doing with regards to
3 making sure that local, minority, and
4 female-owned businesses are getting
5 business through the CUA contract?

6 COMMISSIONER SHAPIRO: So,
7 Councilwoman, I appreciate the
8 opportunity --

9 COUNCILWOMAN BROWN: Speak into
10 the mic and I got to ask you to talk a
11 little more slowly, because psychologists
12 say that it takes a minute for the brain
13 to capture what's spoken verbally. Okay?

14 COMMISSIONER SHAPIRO: Sure.
15 So thank you for the opportunity to
16 address the Council on this question. So
17 we have been working very urgently to
18 address the -- to encourage our CUAs, and
19 actually we have a 30 percent threshold
20 for all our contracts for the year. We
21 expect our CUAs to spend their
22 discretionary money on vendors, both
23 minority, women, disabled, and local
24 vendors. And so we have conducted
25 networking opportunities. So we invited

1 5/3/16 - WHOLE - BILL 160170, etc.
2 our CUAs over three days to conduct
3 networking opportunities where they can
4 meet with certified vendors to increase
5 their participation. We are contracting
6 with Cornell University to come this
7 summer to do a special workshop with our
8 vendors to maximize spending under --

9 COUNCILWOMAN BROWN: Okay. Let
10 me stop right there. You're giving me
11 several examples. The word you used was
12 "encourage." What does that mean? Where
13 is the tangible evidence -- because this
14 is not a new issue.

15 COMMISSIONER SHAPIRO: No, it
16 is not.

17 COUNCILWOMAN BROWN: It's at
18 least 18 months old, and I know in the
19 last Administration, Angela Dowd-Burton
20 had a number of sessions with the
21 leadership of CUAs. So now I need to
22 know 18 months later, where is the
23 tangible evidence that they are doing
24 what has been asked of them, because
25 they're getting these gazillion dollar

1 5/3/16 - WHOLE - BILL 160170, etc.
2 contracts from the City.

3 COMMISSIONER SHAPIRO: So it's
4 not encouraged. It's required. So I
5 apologize for using that word.

6 COUNCILWOMAN BROWN: So where
7 is the evidence of what the CUAs have
8 done thus far?

9 COMMISSIONER SHAPIRO: So I can
10 share with you the information of the
11 spending for each of our CUAs.

12 COUNCILWOMAN BROWN: Okay.

13 COMMISSIONER SHAPIRO: Give me
14 one moment, please, just to find that.

15 COUNCILWOMAN BROWN: So that's
16 not in the testimony. So while you bring
17 that forward, my second question is why
18 are we going to Cornell University to do
19 anything in the City of Philadelphia when
20 we have 90-plus higher education
21 institutions here, who I am quite sure
22 are smart enough to do what -- so how
23 much money are we paying this Cornell
24 contract?

25 COMMISSIONER SHAPIRO: I don't

1 5/3/16 - WHOLE - BILL 160170, etc.
2 have that information, but I will provide
3 that to you.

4 COUNCILWOMAN BROWN: Who made
5 the decision with regards to Cornell?

6 COMMISSIONER SHAPIRO: I don't
7 know when that decision was made.

8 COUNCILWOMAN BROWN: When or
9 who. So we need all that information to
10 be submitted, coupled with the
11 information Councilman Jones has spoken
12 about.

13 COMMISSIONER SHAPIRO:
14 Understood, Councilwoman.

15 COUNCILWOMAN BROWN: Who made
16 the decision and when was it made and for
17 how much.

18 COMMISSIONER SHAPIRO: Okay.
19 Would you like --

20 COUNCILWOMAN BROWN: Please
21 continue.

22 COMMISSIONER SHAPIRO: Sure.
23 So I can share with you the dollar values
24 that have been spent by the CUAs. Is
25 that something that you would like me

1 5/3/16 - WHOLE - BILL 160170, etc.

2 to share with you?

3 COUNCILWOMAN BROWN: That would
4 be helpful.

5 COMMISSIONER SHAPIRO: Sure.

6 So APM, or Asociacion Puertorriquenos en
7 Marcha --

8 COUNCILWOMAN BROWN: I need you
9 to talk louder and I need you to talk
10 slower so we can hear you.

11 COMMISSIONER SHAPIRO: APM
12 spent \$127,342.

13 COUNCILWOMAN BROWN: Out of a
14 contract of what?

15 COMMISSIONER SHAPIRO: APM's
16 contract is -- and I will give you that
17 total dollar amount. APM's contract is
18 for \$24,781,191.

19 But may I just add --

20 COUNCILWOMAN BROWN: Please.

21 COMMISSIONER SHAPIRO: So the
22 contract, just so folks can understand
23 and so Council can understand the way the
24 contract is, we program fund the CUAs.
25 So we pay for the staffing. There are

1 5/3/16 - WHOLE - BILL 160170, etc.
2 two staffing budgets. One is for case
3 management staff and one is for
4 prevention.

5 COUNCILWOMAN BROWN: Okay.

6 COMMISSIONER SHAPIRO: And we
7 also pay as a passthrough to the
8 subcontractors the maintenance dollars.
9 And so those are dollars that are spent
10 for the care of young people who are in
11 placement. And so while the contract is
12 \$24 million, the maintenance portion of
13 that is 13 million. So when we look at
14 discretionary dollars, the money that the
15 CUA can invest into the community on
16 professional services or items, so APM
17 actually only had 129,000 of
18 discretionary dollars built into their
19 contract, and so they actually spent
20 127,000.

21 COUNCILWOMAN BROWN: So how
22 soon can we get a breakdown of all the
23 CUAs, what their total contract dollars
24 were, and how much was spent locally, a
25 column that says locally spent, MBEs and

1 5/3/16 - WHOLE - BILL 160170, etc.

2 WBEs?

3 COMMISSIONER SHAPIRO: I can
4 get that to you very quickly.

5 COUNCILWOMAN BROWN: And for
6 clarity, let me not be disparaging with
7 regards to Cornell University. I have
8 three nieces and a nephew that went to
9 Cornell. I'm just concerned that -- that
10 just raises a lot of red flags for us,
11 and this is a song we've been singing for
12 the last 15 years. It has to be
13 justified why we go out of the City for a
14 major contract to a distinguished higher
15 ed institution four hours from here when
16 we got 90 five minutes from here.

17 COMMISSIONER SHAPIRO: I will
18 look into that. I understand your
19 concern completely.

20 COUNCILWOMAN BROWN: Let's now
21 move to -- so we can get the breakdown of
22 the MBE/WBEs by CUA by when?

23 COMMISSIONER SHAPIRO: I can
24 get that to you next week, Councilwoman.

25 COUNCILWOMAN BROWN: Okay. The

1 5/3/16 - WHOLE - BILL 160170, etc.
2 bell has rung. I'll wait until the next
3 round.

4 COUNCIL PRESIDENT CLARKE:
5 Thank you.

6 The Chair recognizes
7 Councilwoman Gym.

8 COUNCILWOMAN GYM: Hi. Good
9 afternoon.

10 COMMISSIONER SHAPIRO: Good
11 afternoon.

12 COUNCILWOMAN GYM: So some of
13 my questions are a little bit around some
14 things which have come into the news
15 recently, but DHS has requested an
16 increase in the budget and I guess one of
17 the concerns has been the ways in which
18 some of the concerns have been raised by
19 CUAs about how they're treated within the
20 DHS system. So we already know that it
21 doesn't sound like -- I know that you're
22 looking at exploring on doing a study,
23 but there have been some red flags that
24 have already been raised, including
25 recent stories about caseworkers who have

1 5/3/16 - WHOLE - BILL 160170, etc.
2 significant increases in caseloads at the
3 CUA level. Many providers have expressed
4 concern about their ability to make
5 visits. There was a recent concern about
6 some of the workers who may have been
7 falsifying documents, that kind of thing.
8 But there's a big question about why DHS
9 isn't putting more effort into looking at
10 the CUA structure, what kinds of support
11 they actually need, and whether the
12 funding stream matches the ability of
13 their capacity to meet the contract
14 demands.

15 COMMISSIONER SHAPIRO: So thank
16 you. I first want to address the most --
17 one of very serious issues that you
18 raised in your question, which was the
19 recent stories about falsification of
20 visitation, and I just want to say that
21 that is taken so extremely seriously by
22 me and my leadership team and the City of
23 Philadelphia. That falsification of
24 visits is completely unacceptable and
25 also unacceptable to the CUA leaders, and

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2 we have discussed it several times. We
3 went --

4 COUNCILWOMAN GYM: I did want
5 to emphasize, though, that my point about
6 raising that was more that the CUAs have
7 complained about this dramatic increase
8 in the level of caseloads that's having
9 this kind of -- obviously those are
10 extreme situations and not the norm, but
11 the concern is about this increase in the
12 actual cases being delivered to these
13 agencies.

14 COMMISSIONER SHAPIRO: So I
15 actually share the same concern, that our
16 caseloads are too high because we have
17 too many families in the system, and so
18 we are urgently working from looking at
19 the front end to the back end at what we
20 can do to shrink the size of the system.
21 So it really begins with making sure that
22 we have prevention services that are
23 aligned with our mission of diverting
24 families. We also need to make sure that
25 we are accepting the right families for

1 5/3/16 - WHOLE - BILL 160170, etc.
2 investigation, and if there are services
3 that we can provide to them to keep them
4 out of the system, we need to be doing
5 that in a better way.

6 We also -- after a year, a
7 fiscal year of slowing down of our exits,
8 we need to increase our exits safely of
9 children leaving the system. So we are
10 beginning to really use data to look at
11 families who have been receiving services
12 for, in my mind, too long. So if
13 children have been in care for three
14 years or more, we need to take a look at
15 every single one of those cases and
16 figure out why and what changes do we
17 need to make to that family's plan to
18 effectively safely close those cases.

19 For families that have been
20 getting services for one year or more, we
21 need to -- in-home services, that is
22 supposed to be a 6, 9, 12 month service.
23 So why is the family open for more than
24 one year. And so we need to -- I'm
25 working with the CUAs to kind of take a

1 5/3/16 - WHOLE - BILL 160170, etc.

2 look, a case-by-case basis.

3 The other thing that we have
4 recently done with the CUAs is because
5 they came to me and said, We would like
6 some more flexibility in how our
7 positions are funded, and so I asked each
8 of the CUAs to come and submit a proposal
9 by which if they wanted to have folks
10 swap into different positions. Maybe
11 they wanted to -- instead of having an
12 after-care worker, they wanted an
13 additional case manager to help bring
14 down the caseloads. And so we've looked
15 at each of those plans and we're starting
16 to approve those plans. So we're trying
17 to give the CUAs the autonomy in how they
18 feel would be the best way to run their
19 business and to achieve the outcomes that
20 we are asking them to achieve.

21 COUNCILWOMAN GYM: So I'm
22 confused, because it sounds like from
23 what -- I mean, is the DHS budget done in
24 dialogue with the CUAs to determine what
25 kind of relief they need now?

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2 COMMISSIONER SHAPIRO: So the
3 CUA contracts, as I mentioned before, are
4 at this point program funded, meaning
5 they give us a budget, which would be
6 their expenses for the staff, the
7 salaries, the fringe benefits, the
8 equipment, the rent, we pay those
9 expenses. We are part of the -- we
10 are -- the state supervises the county's
11 child welfare system. So our budget is a
12 needs-based budget and plan, and we have
13 to submit that plan to the state
14 government for approval.

15 COUNCILWOMAN GYM: So I think
16 that there is a lot more questions about
17 how DHS -- how this budget is working to
18 understand the CUA situation, because it
19 seems like it is really serious, and I
20 know that you're doing this study, but it
21 seems like there are some clear red flags
22 that are already going up, everything
23 from the increases in placement to the
24 foster care shortage to a whole set of
25 other issues that seem to direct where

1 5/3/16 - WHOLE - BILL 160170, etc.
2 things need to go ahead of a broader
3 study.

4 But switching gears for just a
5 minute, I did want to ask about the
6 number of children who are in out-of-home
7 placement and particularly if DHS
8 controls the contracts for students who
9 receive out-of-home placement, including
10 contracts for adjudicated youth.

11 COMMISSIONER SHAPIRO: I'm
12 sorry. What's your question?

13 COUNCILWOMAN GYM: How many
14 children are in out-of-home placement and
15 whether you control the contracts for
16 where these children go for out-of-home
17 placement.

18 COMMISSIONER SHAPIRO: So there
19 is approximately 6,100 children in the
20 legal custody of DHS.

21 COUNCILWOMAN GYM: Right. How
22 many of those are in in-home placement?

23 COMMISSIONER SHAPIRO: None of
24 those. Sixty-one hundred are in
25 out-of-home placement, and about 2,000

1 5/3/16 - WHOLE - BILL 160170, etc.

2 families we service with in-home
3 services.

4 COUNCILWOMAN GYM: So one of
5 the contracts that has come to light has
6 been to some extent Mid-Atlantic, and
7 Mid-Atlantic in particular has been
8 flagged in previous years for being a
9 place that was caught up in the whole
10 scandal involving Juvenile Law Center and
11 identifying young people who are sent
12 there.

13 (Applause.)

14 COUNCILWOMAN GYM: And in the
15 investigations around Mid-Atlantic, there
16 have been a lot of questions about care
17 and particularly about how young people
18 are treated and especially young people
19 who are vulnerable with low IQ's or
20 particularly mental health needs, which
21 they specifically market for.

22 Could you talk to me a little
23 bit about why DHS is contracting with
24 Mid-Atlantic?

25 COMMISSIONER SHAPIRO: So

1 5/3/16 - WHOLE - BILL 160170, etc.
2 Mid-Atlantic is a placement for children
3 who are involved in the delinquent
4 system, and the court orders young people
5 to be placed at Mid-Atlantic and we, as
6 the City's child welfare agency, pay the
7 costs of those children at Mid-Atlantic.
8 And just to give you a sense of the
9 number of youth, in FY16 as of March
10 31st, 2016, 148 young people had been
11 placed at Mid-Atlantic. Some of the
12 youth -- so they've been adjudicated
13 delinquent and some of the youth also
14 have an open dependency case, so that
15 they're dual involved or what we call
16 shared case management.

17 COUNCILWOMAN GYM: Can judges
18 place youth into homes which have not
19 been approved by DHS?

20 COMMISSIONER SHAPIRO: So the
21 court would only place a youth into a
22 licensed or a certified facility.

23 COUNCILWOMAN GYM: And that --

24 COMMISSIONER SHAPIRO: And if
25 the court had a placement that they

1 5/3/16 - WHOLE - BILL 160170, etc.
2 wanted us to explore, we would end up
3 entering into a contract to pay for that.

4 COUNCILWOMAN GYM: So they can
5 only place students into placements which
6 have a contract with DHS? They can't go
7 outside the DHS contract for placements?

8 COMMISSIONER SHAPIRO: If the
9 court found a placement that they wanted
10 us to contract with, they could order us
11 to enter into a contract and we would
12 have to pay for that placement.

13 COUNCILWOMAN GYM: Right. So
14 are they ordering you to contract with
15 Mid-Atlantic or are you voluntarily in
16 that contract?

17 COMMISSIONER SHAPIRO: So we
18 have -- I'd have to check and see how
19 long we've been in contract with
20 Mid-Atlantic because I don't know the
21 question to that, but the way the
22 delinquent system works is, the judge
23 will order a child to a specific
24 facility. Unlike in the dependent
25 system, the City or the child welfare

1 5/3/16 - WHOLE - BILL 160170, etc.
2 agency or in some cases the CUA would
3 choose which is the best facility or
4 program suited for that young person.

5 COUNCILWOMAN GYM: Madam Chair,
6 just one more question.

7 Do you provide judges with an
8 assessment or an analysis of any of these
9 placement homes in terms of the quality
10 of the care that they give and the kind
11 of outcomes that they give so that judges
12 are aware of the quality of the homes in
13 which they send young people to?

14 COMMISSIONER SHAPIRO: So we do
15 annual evaluations of the facilities, and
16 I would need to circle back to see
17 whether or not those evaluations are sent
18 to the court on a routine basis. But
19 when there are concerns regarding a
20 provider, we are certainly in contact
21 with the Juvenile Probation Department in
22 the court regarding concerns for the
23 particular provider.

24 COUNCILWOMAN GYM: Have you
25 raised any concerns about Mid-Atlantic?

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COMMISSIONER SHAPIRO: So we
3 have been in discussions with the court
4 about some concerns with Mid-Atlantic.

5 COUNCILWOMAN GYM: And yet
6 there are still 148 placements that
7 continue to go there from --

8 COMMISSIONER SHAPIRO: So at
9 this point, we've had discussions with
10 Mid-Atlantic and we raised some concerns
11 and they're addressing those concerns.

12 COUNCILWOMAN GYM: How are they
13 addressing them?

14 COMMISSIONER SHAPIRO: So they
15 are providing us actually this week with
16 a plan of correction of items that we
17 wanted them to address.

18 COUNCILWOMAN GYM: Okay. Thank
19 you very much, Madam Chair.

20 I just did want to put on the
21 record that there have been a lot of
22 concerns about Mid-Atlantic in particular
23 and that a number of individuals may have
24 said that they're not aware of any kinds
25 of evaluations that are made available to

1 5/3/16 - WHOLE - BILL 160170, etc.
2 the courts and that this is an important
3 area for DHS to review its contracts with
4 out-of-home placements that are extremely
5 expensive and that Mid-Atlantic in
6 particular has been flagged in previous
7 areas for quality of care, outcomes, and
8 for treatment of young people. And I
9 would definitely like to see any
10 evaluation that's been made public and
11 particularly if they use physical
12 restraint at the facility.

13 COMMISSIONER SHAPIRO: Okay.

14 COUNCILWOMAN GYM: Thank you.

15 COUNCILWOMAN BROWN: So please
16 restate for me what is the protocol with
17 regards to alerting judges of placement
18 agencies that are not well suited for our
19 children.

20 COMMISSIONER SHAPIRO: So if it
21 comes to my attention that there is a
22 particular concern with a provider, I
23 will often -- or will contact the
24 Administrative Judge of Family Court or
25 the Probation Department to let them know

1 5/3/16 - WHOLE - BILL 160170, etc.
2 of a particular concern and we will
3 address the issue. We sometimes do
4 unannounced investigations or visits to
5 our providers. We will send a team, a
6 joint multidisciplinary team, from
7 Probation, DHS, nurses, psychologists to
8 go meet with our students, our clients at
9 these facilities. So we work together
10 and share information and make sure that
11 all folks are apprised of what's going
12 on.

13 COUNCILWOMAN BROWN: So contact
14 means what? Is this a written notice?

15 COMMISSIONER SHAPIRO:
16 Sometimes it's written or a phone call,
17 depending on the nature of the concern.
18 If it's an immediate, it's absolutely a
19 phone call and I don't wait.

20 COUNCILWOMAN BROWN: And in the
21 last four years, how many agencies have
22 been brought to the attention of judges
23 and consequently were taken off the list
24 to no longer look after our kids?

25 COMMISSIONER SHAPIRO: So,

1 5/3/16 - WHOLE - BILL 160170, etc.

2 Councilwoman, I want to make sure that I
3 do my research and give you an accurate
4 number, so I will get back to you on
5 that.

6 COUNCILWOMAN BROWN: So that
7 answer to that question needs to be
8 coupled with the questions raised by
9 Councilman Jones and others.

10 COMMISSIONER SHAPIRO: Yes,
11 ma'am.

12 COUNCILWOMAN BROWN: For the
13 record, I worked the state court unit
14 early in my career working with probation
15 officers responsible for finding
16 placement for kids, and the practice was
17 when we learned of an entity outside the
18 City or inside of the City, we did the
19 investigation, and they were no longer
20 awarded the privilege to take care of our
21 kids. So knowing what that is will be
22 helpful.

23 COMMISSIONER SHAPIRO:
24 Understood.

25 COUNCILWOMAN BROWN: Councilman

1 5/3/16 - WHOLE - BILL 160170, etc.

2 Domb.

3 COUNCILMAN DOMB: Thank you,
4 Chairwoman.

5 Good afternoon.

6 COMMISSIONER SHAPIRO: Good
7 afternoon, Councilman.

8 COUNCILMAN DOMB: First, I
9 learned recently that you're the Chief of
10 Staff who is acting as the Commissioner.
11 I thank you for that service. That's not
12 an easy job.

13 COMMISSIONER SHAPIRO: Thank
14 you.

15 COUNCILMAN DOMB: So I have a
16 few questions and I guess we'll have a
17 couple rounds here. But we have a budget
18 of approximately \$103 million.

19 COMMISSIONER SHAPIRO: That is
20 the City's share of our budget.

21 COUNCILMAN DOMB: And so we're
22 tackling this issue, along with my
23 colleague Helen, about homeless youth,
24 and I was wondering what percentage of
25 that budget is allocated to homeless

1 5/3/16 - WHOLE - BILL 160170, etc.
2 youth.

3 COMMISSIONER SHAPIRO: I have
4 that information. One moment, please.

5 So we spend approximately \$2.5
6 million on supportive services and/or
7 housing for youth or families that are
8 involved in the child welfare system.

9 COUNCILMAN DOMB: So at the
10 testimony maybe two weeks ago, there was
11 a comment by, I think it was, Covenant
12 House who said they needed another 2.4
13 million because they're turning away kids
14 every day and they needed at least 70
15 beds. Is there some way to make that
16 happen?

17 COMMISSIONER SHAPIRO: So I
18 would certainly like to explore that, and
19 as I mentioned, we are in the process of
20 looking at our prevention -- array of
21 prevention services and we'll be making
22 decisions over the next few weeks, and
23 that is certainly an area that is
24 important to us.

25 COUNCILMAN DOMB: Okay. Thank

1 5/3/16 - WHOLE - BILL 160170, etc.

2 you.

3 I want to ask a question that
4 might be a little sensitive. It has to
5 do with overtime.

6 COMMISSIONER SHAPIRO: Yes.

7 COUNCILMAN DOMB: So I was
8 looking at a chart of the overtime in DHS
9 and some of the people make like \$50,000,
10 \$60,000 but yet like overtime of \$80,000.
11 So I'm just wondering, is there any kind
12 of, A, a way of valuing people's
13 performance for salary abuse in DHS,
14 number one? And, number two, is there a
15 way to cut down on that overtime?
16 Because that seems really unusual.

17 COMMISSIONER SHAPIRO: So I am
18 actively exploring with our leadership
19 team on ways that we can reduce our
20 overtime budget. We spend approximately
21 \$12 million a year on overtime. The bulk
22 of our overtime is really in the Hotline
23 and Investigations area, as well as at
24 the Philadelphia Juvenile Justice
25 Services Center.

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2 As I stated earlier, we have
3 received an enormous influx of new
4 reports or investigations to our hotline.
5 Before we started IOC, we handled about
6 14,000 investigations, and this year we
7 are scheduled to handle 19,000
8 investigations. I have several vacancies
9 in my Hotline and Investigations Unit,
10 which is why I'm moving to -- I hire
11 staff in May, as well as I'm moving staff
12 from the back end to fill those
13 vacancies.

14 COUNCILMAN DOMB: I have a list
15 here of about 20 people who have made
16 more money in overtime than salary. It
17 just seems like very unusual.

18 COMMISSIONER SHAPIRO: I think
19 those people -- and I know there are some
20 of my employees that are on that list,
21 and I think that there are some employees
22 more than others that volunteer to handle
23 overtime. Two of those employees I know
24 work our Hotline and Investigation and
25 one works at our Philadelphia Juvenile

1 5/3/16 - WHOLE - BILL 160170, etc.

2 Justice Services Center where we must
3 keep in line with the adult-child ratios.

4 I'm hoping as I fill vacancies
5 it will reduce the amount of overtime.
6 All overtime is approved by a supervisor.

7 One of the particular people does
8 volunteer to do trips to assess the
9 safety of our young people that are
10 placed outside the City of Philadelphia.
11 So some folks volunteer to work overtime.
12 Actually at the Youth Study Center, there
13 are -- excuse me; the Philadelphia
14 Juvenile Justice Services Center, there
15 are often folks who actually are forced
16 to work involuntary overtime so that we
17 can stay in line with the stated mandated
18 ratios. So some of that overtime on the
19 juvenile justice side is actually
20 involuntary overtime.

21 COUNCILMAN DOMB: Is the
22 problem in filling positions the base
23 salary that's offered?

24 COMMISSIONER SHAPIRO: I'd
25 actually have to explore why it's hard to

1 5/3/16 - WHOLE - BILL 160170, etc.
2 pull in a class of folks. I know that we
3 tried to get about 25 people to work both
4 in the social service trainee position
5 and as well as the youth attention
6 counselor and we were not able to yield
7 the amount of people that we needed. So
8 I've been in this position for three
9 months, and that is one of the things
10 that I need to address, because it's
11 critical that we can respond to the work
12 that's necessary. So that is something
13 that I plan to -- actually I've already
14 started to schedule a meeting with my HR
15 department.

16 COUNCILMAN DOMB: So the other
17 statistic I'll leave you with, because
18 you're new at this, so you can tackle
19 this one, is there's 205 out of 1,548
20 people in DHS making over 20,000 in
21 overtime. It just seems really high.

22 COMMISSIONER SHAPIRO: I
23 understand, and we need to go back and
24 take a look at who those people are,
25 whether or not some of those folks are on

1 5/3/16 - WHOLE - BILL 160170, etc.
2 involuntary. We want to -- like I said,
3 I need to really dig deep down into what
4 areas they are. And I'm hoping that as
5 we fill the vacancies in the Hotline and
6 we move staff into Hotline and
7 Investigations, that our overtime numbers
8 will decrease.

9 COUNCILMAN DOMB: Okay. Thank
10 you very much.

11 Thank you.

12 COMMISSIONER SHAPIRO: Thank
13 you.

14 COUNCILWOMAN BROWN: I
15 certainly have a number of follow-up
16 questions to Councilman Domb's, but I'm
17 going to press my pause button and pass
18 the baton to Councilwoman Sanchez.

19 COUNCILWOMAN SANCHEZ: Thank
20 you.

21 Good afternoon.

22 COUNCILWOMAN BROWN: Good
23 afternoon.

24 COUNCILWOMAN SANCHEZ: A couple
25 of questions. I want us to be careful

1 5/3/16 - WHOLE - BILL 160170, etc.
2 when we view the uptick in cases as a bad
3 thing, because it may be the fact that
4 because there's some more people on the
5 ground, people are actually finding out
6 about the services. So I want to be real
7 careful sometimes how we phrase that.

8 COMMISSIONER SHAPIRO: Yes.

9 COUNCILWOMAN SANCHEZ: Because
10 we would hope that it's because people
11 know that we can provide intervention
12 services.

13 I wanted to talk a little
14 bit -- and I went through the growing
15 pains with the CUAs. They were all
16 piloted in my district. I work well with
17 the organizations. I'm very concerned
18 about us creating a totally privatized
19 system and having no internal capacity in
20 making people believe that --

21 (Applause.)

22 COUNCILWOMAN SANCHEZ: And
23 letting people believe that they are so
24 big that they cannot fail. And so my
25 concern is that as we evaluate the model,

1 5/3/16 - WHOLE - BILL 160170, etc.
2 we really don't lose sight of the fact
3 that ultimately the City is responsible
4 for our children and that we embrace the
5 capacity that we have.

6 So as we're looking and people
7 are evaluating, it's not an either/or.
8 It's an "and." So I want to be careful
9 with that.

10 And then my question as it
11 relates to that, in light of what
12 Councilman Domb was saying on overtime,
13 if we have more adults, why can't we
14 bring this caseload down?

15 COMMISSIONER SHAPIRO: If we
16 have more what? I'm sorry.

17 COUNCILWOMAN SANCHEZ: If we
18 have more adults. We have the CUA
19 adults. We have our internal adults.
20 Why do the caseloads continue to be big?
21 Because some people would say we're
22 double the system.

23 COMMISSIONER SHAPIRO: So I
24 want to make sure I address all of your
25 points. So to the second question, I

1 5/3/16 - WHOLE - BILL 160170, etc.
2 think the reason that our system has
3 grown so much is due to the influx in
4 reports and our slowdown on permanency.

5 COUNCILWOMAN BROWN: The influx
6 of what?

7 COMMISSIONER SHAPIRO: Reports
8 and investigations. And when we went out
9 and investigated those cases, we found
10 that there was a safety threat that
11 necessitated us opening a case, either on
12 the in-home side or the placement side.

13 We also did not do a good
14 job in -- I wish we did a better job in
15 FY15 of moving children to permanency.
16 Kids stayed longer in care. And so when
17 you have more kids coming in and the kids
18 staying longer in foster care, the system
19 is going to grow. So all the work that
20 we are doing now is focusing on making
21 sure that we can safely divert families
22 and make sure that we can safely either
23 reunify children with their parents or
24 find them other permanence. And so I'm
25 pleased to say that we are doing a lot of

1 5/3/16 - WHOLE - BILL 160170, etc.
2 good work on both those ends, but too
3 soon to tell. I'm pushing my staff and
4 the CUAs to really work hard on those two
5 areas.

6 I actually approach the child
7 welfare -- the reform of the child
8 welfare system as a community problem.
9 So it's not just -- ultimately it is
10 DHS's responsibility and it is my
11 responsibility as the Commissioner to
12 make sure that we are running the system
13 in an appropriate way, but DHS and the
14 CUAs need to work together, and that is
15 how I've been approaching solving the
16 problems that we have, with the CUA
17 leadership and in partnership with the
18 state. So we are supervised with the
19 state, and the state is a good partner to
20 us in terms of making sure that we're
21 staying to task and doing what we need to
22 do.

23 The DHS staff are outstanding.
24 They offer a significant amount of
25 technical assistance. So we have City

1 5/3/16 - WHOLE - BILL 160170, etc.
2 staff that are stationed in the CUAs to
3 provide technical assistance. We have
4 City staff that are helping bring
5 families to the table and facilitating
6 family meetings. And not only in terms
7 of they have the opportunity to share
8 their wisdom and experience, but also to
9 make sure that families are getting the
10 most out of the process. So in my mind,
11 as much as it's great for the families to
12 be at the table and planning, it's also
13 another way for us to be monitoring. So
14 I look as teaming from both perspectives.

15 COUNCILWOMAN SANCHEZ: I mean,
16 again, this is -- we're now in Year 2,
17 entering Year 3, and as we're evaluating
18 and collecting data, let's be as
19 objective as we possibly can around all
20 of this.

21 The other area that we had
22 talked about briefly -- and this is more
23 of a statement, because now that we have
24 kind of a Health and Human Services
25 Cabinet again under the leadership of

1 5/3/16 - WHOLE - BILL 160170, etc.
2 Eva, we really need to work over the next
3 year as these systems are laid out, more
4 transparency -- and I know we're doing
5 some co-location with Behavioral
6 Health -- more transparency to the amount
7 of services and providers that are
8 touching a family. I'm extremely
9 concerned that we still operate in silos
10 and that as we look at community schools
11 and all these other things that we're
12 doing, somebody ultimately has to be able
13 to tell us how much we're investing in a
14 family and are we investing
15 appropriately --

16 (Applause.)

17 COUNCILWOMAN SANCHEZ: -- in a
18 family.

19 And so -- and, again, this has
20 been a growing pain for the CUAs and
21 everyone else. We want to provide a
22 holistic approach, but until we bring
23 light and transparency to it, the kids
24 and the families are going to get caught
25 up in the process. So, again, as we

1 5/3/16 - WHOLE - BILL 160170, etc.
2 evaluate, we collect data, what is it
3 that's going out of Behavioral Health,
4 what is it that's coming out of Health,
5 and are we managing those cases in a way
6 that's in the best interest of the
7 family. And I used this example before.
8 We had several of our best practice
9 providers make presentations, and when I
10 asked everybody what the fee was per
11 child, it was like \$75,000. The kid
12 needs a home. Let's buy the kid a home.
13 You know, why are we spending \$75,000 on
14 providers when the kid needs a home?

15 (Applause.)

16 COUNCILWOMAN SANCHEZ: But I
17 think this new structure provides an
18 opportunity for us to really begin to
19 look at that. And where there is
20 duplicity in billing, that we will not be
21 able to see until the systems talk to
22 each other. Where there is duplicity in
23 billing for families, that needs to be
24 more transparent. I think that's the
25 only way we're going to hold the system

1 5/3/16 - WHOLE - BILL 160170, etc.
2 more accountable and that people are
3 going to feel comfortable that -- when
4 you put Health and Behavioral Health and
5 DHS, it's a \$3 billion system. I think
6 how we leverage that at this day and age,
7 we got to get better at it. So I'm
8 hopeful that your new structure allows
9 for that, but that is going to be my
10 expectation as we move forward, because I
11 don't want any system thinking it's too
12 big to fail or that it's not publicly
13 accountable the way it should be.

14 COMMISSIONER SHAPIRO: So I
15 understand exactly, and I think that
16 collaboration is absolutely the way we
17 need to approach this, and I know that
18 Eva Gladstein actually wants to weigh in
19 as well.

20 MS. GLADSTEIN: Good afternoon.
21 Eva Gladstein, Deputy Managing Director
22 for Health and Human Services.

23 COUNCILWOMAN BROWN: Good
24 afternoon.

25 MS. GLADSTEIN: I just want to

1 5/3/16 - WHOLE - BILL 160170, etc.
2 thank the Councilwoman for raising
3 that -- making that comment and just say
4 that we have a Data Management Office
5 that existed previously and we are trying
6 to build the capacity of that Data
7 Management Office, and one of the first
8 things that we're doing is looking at
9 households, children and families who are
10 being served across the agencies to
11 understand what services they're
12 receiving and the costs and where we're
13 paying for those so we can get a better
14 idea on a number of fronts, but from my
15 point of view, primarily about how to
16 focus our resources and how to serve
17 families before they enter into whatever
18 one of our systems, be it the homeless
19 system or the child welfare system or
20 needing some other more acute form of
21 treatment from Health or Behavioral
22 Health.

23 So we're working on that and we
24 have -- there are already some resources
25 in place, so we hope to be able to do

1 5/3/16 - WHOLE - BILL 160170, etc.
2 that within about the next six months,
3 and we'll be happy to share that when we
4 are able to do that.

5 COUNCILWOMAN SANCHEZ: I'll
6 just say for the purposes of the record,
7 Madam Chair, there has to be a creation
8 of the political will to do so. This was
9 tried many times before, and we disrupt
10 our systems and we upset people and then
11 we don't get to the goals. So the data,
12 notwithstanding -- I know Melissa is an
13 attorney. Notwithstanding the
14 confidentiality issue, there really needs
15 to be an Administration political will to
16 really tackle this on.

17 So we will continue to, as you
18 say, play the record. It's a broken
19 record, but you're going to keep playing
20 the song.

21 COUNCILWOMAN BROWN: As long as
22 it takes.

23 And I'll state for the record
24 that I came here 15 years ago, and even
25 then, during the Street Administration,

1 5/3/16 - WHOLE - BILL 160170, etc.
2 we were talking, discussing, debating,
3 dialoguing, conversations about how
4 systems all under DHS talk better to each
5 other so that we don't have three case
6 managers visiting a family. My office
7 gets those calls. And then you have the
8 flip side of the equation where children
9 involved in truancy show up in court and
10 the representative of the CUA isn't even
11 there, and that's quite disturbing.

12 COMMISSIONER SHAPIRO: I agree.

13 COUNCILWOMAN BROWN: So how old
14 are the CUA contracts?

15 COMMISSIONER SHAPIRO: So the
16 first CUA began to take cases in January
17 of 2013, but I think the contract began
18 in July of 2012.

19 COUNCILWOMAN BROWN: So each
20 CUA has a separate contract length, if
21 you will?

22 COMMISSIONER SHAPIRO: So each
23 CUA has a year contract, one year with
24 the ability to renew.

25 COUNCILWOMAN BROWN: Forgive

1 5/3/16 - WHOLE - BILL 160170, etc.

2 me? Repeat that.

3 COMMISSIONER SHAPIRO: Each CUA
4 contract is for one year.

5 COUNCILWOMAN BROWN: And so
6 what happens after that one year in terms
7 of assessment, evaluation and whether or
8 not they are worthy of being refunded?

9 COMMISSIONER SHAPIRO: So we do
10 review the CUA contracts. We review the
11 services. We review the files for the
12 CUAs, and we have to this point found
13 that they've all been suitable enough to
14 have their contracts renewed.

15 COUNCILWOMAN BROWN: How many
16 CUAs do you have?

17 COMMISSIONER SHAPIRO: We have
18 ten CUAs, seven providers.

19 COUNCILWOMAN BROWN: And all
20 CUAs have been found worthy irrespective
21 of the blemishes that are brought to your
22 attention, have been refunded?

23 COMMISSIONER SHAPIRO: Yes,
24 ma'am.

25 COUNCILWOMAN BROWN: Okay. To

1 5/3/16 - WHOLE - BILL 160170, etc.
2 Councilman Domb's question and his always
3 very analytical breakdown of the
4 numbers -- thank you, Councilman Domb --
5 with the amount given with regards to
6 overtime, yet there are 308 vacancies,
7 how do we reconcile that?

8 COMMISSIONER SHAPIRO: So I am
9 trying to reconcile that. I am working
10 to staff up our Hotline and
11 Investigations section not only with new
12 staff or new hires that we just hired in
13 May, but also transferring those social
14 workers that were working in the ongoing
15 service region. The bulk of that staff
16 has been transferred to Hotline and
17 Investigations. So as I begin to fill
18 those vacancies with staff from other
19 areas, I anticipate that overtime will go
20 down, as well as my goal is to be able to
21 assign investigative staff fewer reports
22 each month.

23 COUNCILWOMAN BROWN: Okay. I
24 have others, but we'll continue it now
25 with Councilman Jones.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COUNCILMAN JONES: Thank you so
3 much, Madam Chair.

4 I'm going to ease up because
5 it's been a rough day and hope that the
6 Chair and others will call you back so
7 that the unanswered questions get
8 answered, but I want to put a couple more
9 on your list.

10 COMMISSIONER SHAPIRO: Sure.

11 COUNCILMAN JONES: It's my
12 understanding that we take more children
13 from homes than the City of New York or
14 Chicago. Is that true?

15 (Applause.)

16 COMMISSIONER SHAPIRO: So I am
17 not familiar with the rate of -- the
18 placement rate is in those cities, but I
19 am concerned that our placement
20 population has grown. So as a result, we
21 are working with Casey Family Programs to
22 get technical assistance in exactly that
23 area, to really look at that decision.
24 So we have an expert that's going to be
25 coming in and looking at how we conduct

1 5/3/16 - WHOLE - BILL 160170, etc.
2 our business from the time a call comes
3 in through the investigation and around
4 that placement decision. And so I want
5 to look at -- so I believe and the
6 principles of IOC are really based that
7 children should receive services in their
8 homes, and so we need to have the right
9 services to provide for those families
10 that need that additional support and we
11 need to be making sure that we're making
12 the right decisions. So we're taking a
13 step back and looking at that decision.
14 Unfortunately I don't have the data to
15 compare Philadelphia to other cities, but
16 I do want to look at that.

17 COUNCILMAN JONES: So when you
18 come back, could you please provide that
19 to the Chair.

20 COMMISSIONER SHAPIRO: Yes,
21 sir.

22 COUNCILMAN JONES: In addition,
23 is it also equally true that the CUAs
24 make their money or in part make their
25 money based on the number of stays that

1 5/3/16 - WHOLE - BILL 160170, etc.
2 an individual stays at? Is it per day or
3 per placement?

4 COMMISSIONER SHAPIRO: So that
5 is not accurate. We program fund, or
6 it's a 250 contract with the CUAs. So we
7 pay the staff salaries for the CUAs and
8 we pass through the money that goes to
9 the foster parents. So that's a
10 passthrough. There is no profit there or
11 anything. There's no financial incentive
12 to keep a young person in care.

13 COUNCILMAN JONES: That's very
14 important, because even though they're
15 non-profits, they derive revenue, and we
16 want to make sure that it is not with the
17 children's interest -- not with a revenue
18 interest as opposed to the children's
19 interest of payment. That's one of the
20 reasons I asked about the question of
21 more placements than big cities like
22 Chicago or New York. So there is no
23 private motive that you're telling me.

24 My concern is that we have
25 to -- I've said it in this Chamber a

1 5/3/16 - WHOLE - BILL 160170, etc.
2 number of times. If it isn't measured,
3 it isn't managed. So we need to --

4 (Applause.)

5 COUNCILMAN JONES: So the
6 reason why I want to call you back is so
7 that we can get a quantitative analysis
8 of was it more effective and cost
9 effective before versus now. Because
10 it's coming out of the taxpayers' pocket.
11 And I would not mind the cost if we could
12 show correlation to positive outcomes.
13 So we have to measure that.

14 COMMISSIONER SHAPIRO: So I'm,
15 of course, willing to come back and
16 provide you with any data that I can, but
17 I agree, we need to make sure that we are
18 getting the outcomes that we're asking
19 for. And so I am earnestly working to be
20 able to do that. So with the assistance
21 of Casey Family Programs, with this new
22 review tool, with changing our five-year
23 plan measures to begin to take a look at
24 tying how we monitor to outcomes,
25 absolutely focused on that and I agree.

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2 COUNCILMAN JONES: So there's a
3 psychological -- once a child is taken
4 from a home, there's a psychological
5 evaluation of the child and parent?

6 COMMISSIONER SHAPIRO: It
7 depends on the need of the child. So
8 certainly young people are evaluated and
9 provided with treatment as soon as any
10 issues are identified. There are
11 sometimes when we ask parents to have an
12 evaluation or oftentimes the court will
13 ask parents to have an evaluation. And
14 so we make appropriate referrals. If
15 parents need mental health treatment, we
16 make sure that they get that mental
17 health treatment in the community.

18 COUNCILMAN JONES: And with an
19 eye towards if they complete all the
20 prescribed steps, that there will be
21 reunification?

22 COMMISSIONER SHAPIRO: So every
23 child when they come into care, their
24 goal is reunification. And so the case
25 manager at the CUA will work with the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 family to develop a single case plan, and
3 it will list objectives on that plan,
4 designed to get the young person back to
5 her parents or his parents.

6 COUNCILMAN JONES: So what I'm
7 going to need also, Madam Chair, is
8 analysis of how many parents have to go
9 through that and then what the outcomes
10 were after completing those steps or what
11 the reasons were for them not completing
12 those steps. Because I just don't want
13 there to be that hurdle without the end
14 product. And the reason I mention this,
15 Madam Chair, is, I too get complaints
16 from constituents.

17 COUNCILWOMAN BROWN: Yes.

18 COUNCILMAN JONES: And
19 sometimes they're valid and sometimes
20 they're not, but what the numbers do is
21 tell us the story.

22 COUNCILWOMAN BROWN: Indeed.
23 (Applause.)

24 COMMISSIONER SHAPIRO: So we
25 can certainly provide you with the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 numbers of young people that come into
3 care, the number of young people that we
4 reunify in a given year, and the number
5 of folks whose parental rights are
6 terminated and we seek adoption for them.
7 So we do have that data and I am happy to
8 provide that.

9 I should say that every family
10 has an individualized single case plan.
11 So some families will be working on
12 issues related to mental health, drug and
13 alcohol, truancy. And so every family
14 has an individualized plan. That's what
15 we're trying to do. And so to that end,
16 some families have different objectives
17 than others.

18 COUNCILMAN JONES: One other
19 measurement. Each child has an advocate
20 assigned to them?

21 COMMISSIONER SHAPIRO: Yes,
22 sir.

23 COUNCILMAN JONES: Each parent
24 has an advocate assigned to them?

25 COMMISSIONER SHAPIRO: That is

1 5/3/16 - WHOLE - BILL 160170, etc.

2 correct.

3 COUNCILMAN JONES: In cases

4 of --

5 (Audience member yelling "no.")

6 COUNCILWOMAN BROWN: So here's

7 the beauty of this process. Everybody

8 gets a chance to have their say at the

9 appropriate hour, and so for others who

10 have something on their heart or their

11 spirit that they want to register on the

12 record, you will certainly get a chance

13 to do that during public testimony and in

14 fact maybe even at the end of this

15 hearing. However, it is exceedingly

16 important that we are respectful.

17 Everybody comes with a perspective, and

18 we need to hear all of them. If you want

19 the mic, then register that with the

20 Clerk, and we will be sure to give you an

21 opportunity. That's the beauty of this

22 forum.

23 COUNCILMAN JONES: Thank you

24 for your --

25 COUNCILWOMAN BROWN: Councilman

1 5/3/16 - WHOLE - BILL 160170, etc.

2 Jones.

3 COUNCILMAN JONES: Thank you
4 for the decorum, Madam Chair.

5 So my measurement request is
6 when adult/parent advocate and child
7 advocate disagree, what are the
8 statistics of who wins? What happens
9 then and who gets more weight? I just
10 need to see what those numbers are.

11 COMMISSIONER SHAPIRO: So the
12 court, the judge is ultimately the person
13 who decides what happens in a case, and
14 unfortunately I don't have that data
15 drilled down to that level case by case
16 as to if a child advocate asserts one
17 issue and a parent advocate asserts
18 another. So there are thousands of cases
19 in the court system. So every young
20 person who is in the custody of DHS has
21 an open case at DHS -- in Family Court.

22 COUNCILMAN JONES: One of the
23 reg changes, Madam Chair, that we
24 instituted was the sibling advocacy, that
25 they could advocate on behalf of their

1 5/3/16 - WHOLE - BILL 160170, etc.
2 sibling. It's my understanding that the
3 law was changed. To your knowledge, no?
4 So just to give you -- in the hearing one
5 of the issues came up where two kids, two
6 siblings were separated and the brother
7 felt some kind of way about where the
8 sister was and wanted to register that
9 kind of concern. It was my understanding
10 that this body passed a law that required
11 the brother or sister who had concern for
12 the other sibling to be able to register
13 that. That has not happened?

14 MS. ALI: I'm not -- I don't
15 know of a law.

16 COUNCILWOMAN BROWN: Please
17 state your name for the record.

18 MS. ALI: I'm sorry. My name
19 is Kimberly Ali. I'm the Chief
20 Implementation Officer for Improving
21 Outcomes for Children, IOC.

22 So I don't know a law in terms
23 of sibling advocacy. You may be
24 referring to the Fostering Connection
25 Act, and under that Act, we work very

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2 vigorously to ensure that siblings are
3 placed together. When siblings are not
4 placed together, we ask for the DHS
5 social worker or the CUA social worker to
6 justify why can't siblings be placed
7 together. Oftentimes if siblings can't
8 be placed together, sometimes it's a
9 mental health reason. They may be
10 exhibiting some sexually reactive
11 behaviors or some other safety type
12 issues.

13 I actually want to go back to
14 the other question that you asked,
15 Councilman, in reference to the single
16 case plan and in reference to advocates,
17 child advocates and parent advocates.
18 What we do at the Department of Human
19 Services and under IOC, we actually
20 implemented a Family Team Conferencing
21 model. The Commissioner talked about
22 that model when she did her testimony in
23 reference to this was the opportunity so
24 that parents can have a voice at the
25 table. But in addition to parents having

1 5/3/16 - WHOLE - BILL 160170, etc.
2 a voice at the table, we also have their
3 support system that comes to the table as
4 well. In addition, we invite the child
5 advocate as well as the parent advocate
6 to the table and any other stakeholders
7 so that we can develop that single case
8 plan in conjunction with the family. So
9 it's not just a CUA case manager that is
10 at the table with the family. It is a
11 team that's at the table, and that Family
12 Team Conference is facilitated by DHS
13 supervisors, as well as there's a DHS
14 social worker that is at the conference
15 as well that records everything so that
16 the parents can walk out with their next
17 step. So when we rolled out Improving
18 Outcomes for Children, we also rolled out
19 the Family Team Conferencing. And
20 because we feel that advocate
21 participation, both parent and child
22 advocate participation, as well as
23 children's participation, the age of 12
24 years of old and older, as well as
25 parents and informal supports, we began

1 5/3/16 - WHOLE - BILL 160170, etc.
2 to start tracking the invitations as well
3 as the participations of those particular
4 individuals at the Family Team
5 Conferencing model.

6 COUNCILMAN JONES: So
7 specifically, Madam Chair -- and I'll
8 end -- I'm more concerned about siblings.
9 If Eva is my older sister and she is
10 concerned about my well-being in a
11 placement, that she has some right to
12 register that concern and that voice be
13 heard. If I am being abused because I'm
14 willing to talk to Ms. Gladstein as
15 opposed to others, that voice should be
16 heard.

17 COUNCILWOMAN BROWN: Registered
18 as well.

19 COUNCILMAN JONES: And
20 registered.

21 (Applause.)

22 COMMISSIONER SHAPIRO:
23 Councilman, may I just share some data to
24 that specific point. So I'm looking at
25 data that's the placement of sibling

1 5/3/16 - WHOLE - BILL 160170, etc.
2 groups together, siblings who live in
3 foster care, and out of 1,243 sibling
4 groups, 706 of those sibling groups are
5 placed together.

6 COUNCILMAN JONES: That's a
7 good number.

8 COMMISSIONER SHAPIRO: And 534
9 are in split groups, and sometimes when
10 we say split groups, it might be two and
11 two, not necessarily three and one.

12 COUNCILMAN JONES: What I'm
13 more concerned about is -- I appreciate
14 that number. I really do, but what I'm
15 also concerned about in the cases where I
16 have a belief that -- Eva has a belief
17 that I am being abused and how that gets
18 registered or how those concerns -- and
19 even if it's not abuse. I don't like how
20 they treat them. It might not rise to
21 the level of abuse, but it may be a level
22 of concern, that that sibling should be
23 able to advocate for my well-being,
24 particularly if I'm in tender age.

25 COMMISSIONER SHAPIRO:

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2 Understood. And to that end, every child
3 who is in Family Court in front of a
4 judge has an advocate, and that advocate
5 should be meeting and discussing with
6 that child. Now, certainly there are
7 some young people who are too young to
8 communicate, but for those children who
9 are able and are verbal, they should be
10 meeting and discussing those kinds of
11 issues with their attorney. And for our
12 older youth, folks 13, 14 or older, we
13 also have the Commissioner's Action
14 Response Office that responds to
15 grievances or complaints. And so we
16 certainly could help facilitate making
17 sure that the young person has a voice or
18 a connection to their attorney.

19 COUNCILMAN JONES: I don't
20 think we quite are connecting, but I
21 will --

22 COMMISSIONER SHAPIRO: I
23 apologize.

24 COUNCILMAN JONES: No. You're
25 doing -- you're citing good things, but

1 5/3/16 - WHOLE - BILL 160170, etc.
2 the very specific concern I have is if
3 Eva believes that she feels some kind of
4 way, whether it's something as simple as
5 the school that I go to isn't teaching me
6 or the parents aren't paying enough
7 attention to the homework, those kinds of
8 concerns should be raised to a level
9 because there is that connection that we
10 want to preserve, that I'm looking out
11 for -- that Eva is looking out for her
12 younger brother. And I did use that
13 example, "younger."

14 MS. GLADSTEIN: My brother.

15 I think I want to simply state
16 that what both the Commissioner and Kim
17 have said is that that occurs at the
18 Family Team Conferences, and then we do
19 what we can to encourage that to occur in
20 Family Court, but we're not controlling
21 the venue in Family Court. And I'm
22 looking to Kim and Jessica behind me to
23 confirm that. But I think the value
24 you're placing upon this is understood
25 and the venue that DHS controls is the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 Family Team Conference. So that's a
3 value there and that's strongly
4 encouraged. In the Family Court, again,
5 it's the judges who are controlling their
6 courtroom, rightly so, and so they're
7 going to make an ultimate decision about
8 who speaks and how to weigh that voice
9 that they hear.

10 COUNCILMAN JONES: So --

11 COUNCILWOMAN BROWN: Councilman
12 Jones.

13 COUNCILMAN JONES: I'm going to
14 give it up, but the specific case that
15 came into my office was a family of
16 three, two older sisters, younger
17 brother, and the younger brother was
18 placed in a neighborhood that was high
19 risk and he was exhibiting behaviors that
20 were -- like he was being pulled into
21 some bad neighborhood activities, and
22 they're trying to say -- but the house is
23 okay, this is okay, so it doesn't rise to
24 the level of abuse, but they could see --
25 they know their brother well enough to

1 5/3/16 - WHOLE - BILL 160170, etc.
2 know that he was easily influenced by
3 that group, and that advocacy should be
4 heard.

5 COMMISSIONER SHAPIRO: I agree,
6 and I actually applaud siblings who are
7 looking out for each other, and I think
8 there are many points in the process a
9 young person could talk to their CUA case
10 manager to raise those concerns. They
11 could talk to their attorney. They could
12 talk to us in the Commissioner's Action
13 Response Office and opportunities as Eva
14 Gladstein talked about at the table. So
15 I completely understand, and that is
16 important that young people look out for
17 each other and certainly families should
18 be looking out for each other.

19 COUNCILMAN JONES: I'm going to
20 give it up, Madam Chair. If it's a
21 law -- we'll introduce something if it's
22 not there in an official right capacity,
23 not if I check in but it is my right to
24 look out for my brother or sister.

25 COUNCILWOMAN BROWN: It might

1 5/3/16 - WHOLE - BILL 160170, etc.
2 be in order to have an offline
3 conversation with your designee on that
4 specific case and why you believe the
5 advocacy on behalf of that young person
6 is not meeting your expectations based on
7 what you know about the family.

8 COUNCILMAN JONES: So that
9 specific case had a good outcome, and
10 that's because we put a lot of time into
11 it, and they're unified. All of them are
12 working there -- what is it called,
13 emancipated?

14 COMMISSIONER SHAPIRO: When
15 they leave the system?

16 COUNCILMAN JONES: Yes.

17 COMMISSIONER SHAPIRO: Yes.

18 COUNCILMAN JONES: They
19 declared themselves independent,
20 whatever. They're living as a family.
21 But for those cases that don't wander
22 into a Councilperson's office, I worry
23 about.

24 COMMISSIONER SHAPIRO:
25 Understood.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COUNCILMAN JONES: Thank you,
3 Madam Chair.

4 COUNCILWOMAN BROWN: You're
5 welcome, Councilman Jones.
6 Councilman Green.

7 COUNCILMAN GREEN: Thank you,
8 Madam Chair.

9 I wanted to follow up on some
10 questions that you had asked earlier and
11 you made reference to diversity of
12 contracts. My understanding is that in
13 the contract -- and I think the contract
14 we were talking about was APM -- they
15 only had about \$129,000 of discretionary,
16 and of that, 127,000 were going to firms
17 of color, from my understanding?

18 COMMISSIONER SHAPIRO: I'm
19 sorry, Councilman. I can't hear you.

20 COUNCILMAN GREEN: Of the
21 amount that APM receives of the contract,
22 only about \$129,000 was discretionary?

23 COMMISSIONER SHAPIRO: That's
24 correct.

25 COUNCILMAN GREEN: And of that

1 5/3/16 - WHOLE - BILL 160170, etc.
2 129, 127 they were using with diverse
3 firms?

4 COMMISSIONER SHAPIRO: Yes.

5 COUNCILMAN GREEN: I think part
6 of the issue -- and this is, I think, a
7 mistake that the City made some years
8 ago -- is that at that time, MBEC got out
9 of the work of certification as well as
10 oversight for non-profits. For many
11 years, I've worked, as many people know,
12 worked with Councilwoman Tasco, and that
13 whole aspect of oversight of non-profits
14 did not occur by the City. So I think
15 it's somewhat challenging for DHS to
16 really do that oversight when we have an
17 entity that's supposed to be responsible
18 for looking into having diverse
19 contracting with City contracts but
20 they're only focused on the for-profit
21 side and don't focus of the non-profit
22 side. And I think it's really
23 challenging for DHS to provide the
24 services as well as that oversight when
25 we have an entity in the City that's not

1 5/3/16 - WHOLE - BILL 160170, etc.
2 doing that. And I think that's something
3 that we need to revisit, so that way,
4 entities not just like DHS, not just like
5 Behavioral Health, not just like the
6 Health Department have a better ability
7 to help make sure that we have more
8 local-based non-profit providers and
9 providers of color can participate,
10 because from my understanding from what
11 Ms. Shapiro is doing and also maybe her
12 predecessor has been trying to engage
13 non-profits, especially local non-profits
14 of color, in the contracting process with
15 CUAs, but we have an entity here in the
16 City of Philadelphia that's not providing
17 them the tools and the resources they
18 need to do a better job in that regard.
19 So I think that's something that we need
20 to make sure that we make that change
21 since we're in a new Administration. So
22 that way, organizations like DHS have
23 better tools to increase that type of
24 participation.

25 A second point I want to follow

1 5/3/16 - WHOLE - BILL 160170, etc.
2 up on, the issue that Councilwoman
3 Sanchez talked about, the silos, and I
4 think one of the concerns that happens,
5 that we have a major issue and then we
6 forget. During the unfortunate situation
7 with Danieal Kelly, we had this Blue
8 Ribbon Commission and we had every entity
9 involved. We had First Judicial
10 District, we had DHS, we had Behavioral
11 Health, we had the Health Department, we
12 had outside-of-the-City providers all
13 involved in trying to come up with
14 different ideas to address the lifespan
15 of a child from birth to adulthood. And
16 then after we had a change of
17 Administration, that Blue Ribbon
18 Commission information basically went on
19 a shelf and is not being used.

20 So one of the things I would
21 suggest is as DHS goes through the
22 process of doing their review on the
23 entire IOC, let's take that document off
24 the shelf, look at it, see if there's
25 information in that documentation and

1 5/3/16 - WHOLE - BILL 160170, etc.
2 even talk with some of the stakeholders
3 like DC 47, some of the other providers
4 and parents and others so we can look at
5 the IOC process and do a review, because
6 I think that will help us in reference to
7 how we are now analyzing this information
8 going forward.

9 COMMISSIONER SHAPIRO: I think
10 that's an excellent idea. It's always
11 good to take a look at things that have
12 been done before.

13 COUNCILWOMAN BROWN: Have any
14 one of you at the table seen the Blue
15 Ribbon Commission document?

16 COMMISSIONER SHAPIRO: Many
17 years ago. I have not looked at it in a
18 very long time.

19 COUNCILWOMAN BROWN: That was a
20 year's worth of work by prominent
21 professionals across the system, as
22 Councilman Green already articulated,
23 with a number of recommendations for each
24 system, and the recommendation is well
25 placed. So as you report back to a

1 5/3/16 - WHOLE - BILL 160170, etc.
2 number of questions that have been raised
3 by members of this body, also provide a
4 statement on what you would do with
5 regards to that Blue Ribbon Commission
6 document.

7 COMMISSIONER SHAPIRO: I will.

8 COUNCILWOMAN BROWN:

9 Councilwoman Blackwell.

10 COUNCILMAN GREEN: Madam Chair.

11 COUNCILWOMAN BROWN: Councilman
12 Green.

13 COUNCILMAN GREEN: If I can
14 just follow up.

15 COUNCILWOMAN BROWN: Please.

16 COUNCILMAN GREEN: If I can go
17 back to the issue of having the political
18 will. Unfortunately sometimes we have
19 short memories and with all the things
20 that occur, we move on to a new topic or
21 new issue, but we need to make sure we
22 stay on the path to make sure we
23 incorporate that information. I know
24 Ms. Shapiro from her statement said she
25 worked and worked in reference to that

1 5/3/16 - WHOLE - BILL 160170, etc.
2 Blue Ribbon Commission. So I believe
3 that will get incorporated, but at the
4 same point, we need to make sure that we
5 use all the arrows in our quiver, meaning
6 not just other City departments but also
7 stakeholders outside of the City that can
8 participate in the process, so that way,
9 we can kind of come out with a better
10 idea going forward.

11 COUNCILWOMAN BROWN: Thank you,
12 Councilman Green.

13 Councilwoman Blackwell.

14 COUNCILWOMAN BLACKWELL: Thank
15 you.

16 I don't know, maybe about three
17 months ago, Councilman Johnson and I
18 visited a program in West Philadelphia
19 for children with some programs. I
20 believe it was called the CAP Program. I
21 was told yesterday -- I ran into somebody
22 who was saying that that program was --
23 it was very interesting. They had rooms
24 for when kids act out, counselors and
25 people who talked to them, and we were

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2 both impressed with the program, and they
3 tell me that that program is closing.
4 Can you give me some information about
5 it?

6 COMMISSIONER SHAPIRO: I am not
7 familiar with that program, but I
8 certainly can look into it for you.

9 COUNCILWOMAN BLACKWELL: All
10 right. Thank you. So we look forward to
11 you getting back to us with regard to
12 that.

13 So much of this hearing has
14 talked about the CUA program, and from
15 the time it started until now, we have
16 all had concerns about it. In an effort
17 to save money, it's not supposed to make
18 it this much worse.

19 We even -- we see too that in
20 your report you talk about 25 percent of
21 children being placed, 25 percent of
22 those on the list, and these other
23 questions we receive where they talk
24 about a University of Pennsylvania
25 professor writing a book about how

1 5/3/16 - WHOLE - BILL 160170, etc.
2 children of color are so left out, and
3 she refers -- even asks if they can't
4 have more CLS lawyers assigned to make
5 sure that these children of color are not
6 so much disproportionately left out. So
7 we want to ask how you're dealing with
8 that whole issue with regard to children
9 who are chosen and children who are not
10 since your numbers, according to your
11 report, are just 25 percent.

12 COMMISSIONER SHAPIRO:
13 Councilwoman, I'm not sure I understand
14 your question. Could you clarify that
15 for me, please.

16 COUNCILWOMAN BLACKWELL: I'm
17 batting zero today.

18 COMMISSIONER SHAPIRO: I'm
19 sorry.

20 COUNCILWOMAN BLACKWELL: It's
21 all right. In terms of children who get
22 placed, permanently placed, 25 percent,
23 according to your records, are found
24 permanent placement. So let's talk a
25 little bit about what happens to the rest

1 5/3/16 - WHOLE - BILL 160170, etc.
2 of the children and how do you deal with
3 so many disproportionate children of
4 color being left out. And also with
5 regard to children being taken out of
6 their homes, do you have any criteria on
7 how many end up in the criminal justice
8 system?

9 COMMISSIONER SHAPIRO: So the
10 25 percent number that you referred to is
11 the percentage of young people that have
12 been in placement that we've successfully
13 achieved permanency for. I don't have
14 the percentage for you today to tell you
15 how many young people who enter the
16 criminal justice system have been in
17 foster care. I don't have that data. I
18 apologize.

19 COUNCILWOMAN BLACKWELL: Thank
20 you, Madam Chair. I'm going to let it go
21 and let that 25 percent go too. Thank
22 you.

23 COUNCILWOMAN BROWN: I believe
24 we will have a chance to revisit that in
25 the subsequent information that will

1 5/3/16 - WHOLE - BILL 160170, etc.

2 return to us.

3 COUNCILWOMAN BLACKWELL: Thank
4 you.

5 COUNCILWOMAN BROWN: You're
6 welcome.

7 Good afternoon, Councilman
8 Taubenberger.

9 COUNCILMAN TAUBENBERGER: Thank
10 you, Madam Chair.

11 I have a number of questions.
12 I understand that under the new Sandusky
13 laws, there has been an increase in the
14 amount of calls and cases. However, can
15 you give me the number of employees you
16 had handling day-to-day cases for
17 families and children under the old
18 system? And under the old system, I mean
19 pre-CUA versus the number of employees
20 you have handling those cases day-to-day
21 at this time, once everything has shifted
22 to the CUAs.

23 COMMISSIONER SHAPIRO: I can
24 give you that information.

25 In FY12 -- actually, FY13 is

1 5/3/16 - WHOLE - BILL 160170, etc.
2 when we opened up the first CUA, and we
3 had 677 staff that were providing case
4 management and non-case management
5 functions. In FY16, we have 592 social
6 workers who are providing case management
7 and non-case management functions. I
8 have data going back to FY10, but I
9 picked FY13 because that was when we
10 opened up the first CUA.

11 COUNCILMAN TAUBENBERGER: I
12 understand.

13 You asked for a budget increase
14 of approximately \$2 million.

15 COMMISSIONER SHAPIRO:
16 Actually --

17 COUNCILMAN TAUBENBERGER: No?
18 That's incorrect?

19 COMMISSIONER SHAPIRO:
20 Actually --

21 COUNCILMAN TAUBENBERGER: If
22 I'm wrong, then I will --

23 COMMISSIONER SHAPIRO: We
24 actually asked for a budget increase of
25 approximately \$400,000 in our -- in the

1 5/3/16 - WHOLE - BILL 160170, etc.

2 General Fund portion of our budget and --

3 COUNCILMAN TAUBENBERGER: Well,

4 I always like to get my numbers right

5 too. A lot of numbers here. I get that.

6 COMMISSIONER SHAPIRO: I'm

7 sorry. Let me just be clear. Let me

8 look at my documents.

9 Marcia, if you want to clarify.

10 MS. DIXON: Sure.

11 COUNCILMAN TAUBENBERGER: Madam

12 Chair, deduct that time from my time.

13 No; I'm kidding.

14 COUNCILWOMAN BROWN: We will be

15 mindful, Councilman.

16 MS. DIXON: If you are

17 referring to the \$2.1 million in purchase

18 of services, that's directly related to

19 the maintenance, the placement of

20 services for the children that are in

21 care.

22 COUNCILMAN TAUBENBERGER: Okay.

23 That's under contract.

24 Let me also ask you then, as I

25 read the budget, there are currently in

1 5/3/16 - WHOLE - BILL 160170, etc.
2 your current budget 308 vacancies
3 budgeted to be filled over the course of
4 the year, even though this is being done
5 even after these cases have been
6 transferred to the CUAs; is that correct?

7 COMMISSIONER SHAPIRO: That is
8 correct. We have the vacancies and we
9 are in the process of reassigning some
10 staff, and as we move throughout Fiscal
11 Year '17, we will hire as appropriate to
12 make sure that the needs both in the
13 front end and the monitoring and the
14 technical assistance are filled over the
15 course of the year.

16 COUNCILMAN TAUBENBERGER: It
17 was my understanding, though, that the
18 way I view it, that the CUAs were to
19 drive down the employee numbers. Is that
20 correct or am I incorrect?

21 COMMISSIONER SHAPIRO: When we
22 began IOC, the idea was that the City
23 staff would shrink over time due to
24 attrition, and we have actually -- from
25 when we started IOC, we are at about 132

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2 positions less on the City side.
3 However, my concern is that the size of
4 the system has grown so much over the
5 past few years that I need to make sure
6 that I'm staffed up appropriately. I
7 don't -- I need to make sure that I can
8 respond, as the Commissioner of DHS, that
9 we're responding to the calls that are
10 coming in, for us to process those calls
11 and to investigate those reports.

12 In addition, because the number
13 of children has expanded in placement and
14 the number of families getting in-home
15 services, I need to make sure that we're
16 monitoring those families appropriately.
17 So I don't feel that we can -- I feel
18 that we need to continue to fill
19 positions as opposed to shrink the City
20 staff.

21 COUNCILWOMAN BROWN: Repeat
22 that last statement.

23 COMMISSIONER SHAPIRO: I don't
24 think that we can shrink the City staff.
25 I would like to fill positions so that we

1 5/3/16 - WHOLE - BILL 160170, etc.
2 can make sure that we're doing our job in
3 terms of handling the calls that come in
4 and monitoring and providing technical
5 assistance. So we were supposed to --
6 the idea behind IOC was that we would
7 shrink on the City side, but we have not
8 shrunk as much I think as we expected to
9 due to the growth in the system over the
10 past few years.

11 COUNCILMAN TAUBENBERGER: When
12 you have contracts for mandated services,
13 why do they take so long to get these
14 contracts implemented?

15 COMMISSIONER SHAPIRO: So the
16 City contracting process is a complicated
17 one that I am working earnestly to make
18 sure that we can shorten the amount of
19 time it takes to conform a contract.
20 Since I've become Commissioner, I've been
21 very focused on making sure that as we
22 identify a service that we want to
23 continue for FY17, we are issuing our
24 pre-contract letters and, in fact, we've
25 already begun to do so within the past

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2 few weeks.

3 I've also instructed my staff
4 to make sure that we -- there are many
5 steps in the contracting process, and so
6 there are steps that we own and then
7 there are steps that the provider has to
8 handle and then there are steps that we
9 work with our finance partners and our
10 law partners. So we track very carefully
11 where contracts are, and I'm very mindful
12 of the fact that contracts need to be
13 conformed promptly and quickly so that
14 providers can get the payments. It is
15 critical for our providers to get paid
16 for the work that they do and, most
17 importantly, it is critical for our
18 foster parents to get paid for the work
19 that they do and for taking care of our
20 young people. In FY16, we were delayed
21 in getting our contracts conformed, and I
22 am determined that we will be ready to go
23 in FY17.

24 COUNCILMAN TAUBENBERGER: We're
25 looking forward to that improvement,

1 5/3/16 - WHOLE - BILL 160170, etc.

2 because these contractors are also
3 non-profits and they're not major banks.

4 COMMISSIONER SHAPIRO: I agree
5 100 percent.

6 COUNCILMAN TAUBENBERGER: As
7 well as the folks that are actually on
8 the very forefront as foster parents.

9 From the overall picture of
10 5,000 feet in the air, if you could say
11 that, it's hard to imagine over the last
12 year the City of Philadelphia is
13 averaging 400 reported cases per month of
14 serious child abuse. Meaning we've had
15 about 4,800 children per year that are
16 being abused in this city and brought to
17 DHS out of the 400,000 children that are
18 reported to live in the City. We're
19 talking about a big picture. Unless
20 these are overlapping numbers, over the
21 next ten years if the pattern continues,
22 approximately 50,000 children, or a
23 little more than 10 percent of our
24 children, will be involved in serious
25 abuse cases.

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2 Knowing this, knowing your job
3 over the years and under-covering the
4 facts, what do you believe is leading to
5 this type of levels of abuse?

6 COMMISSIONER SHAPIRO: I think
7 there are many reasons that lead to
8 abuse. I think that our families are
9 under a constant -- many of the families
10 in Philadelphia are under a constant
11 state of stress. I think poverty has
12 something to do with it. I think trauma
13 has something to do.

14 I too am concerned that we need
15 to be focusing and buying services that
16 reach folks in the community so that we
17 can be preventing child abuse and
18 neglect.

19 We track child abuse. We track
20 near fatalities and fatality reports. We
21 have an excellent Act 33 team, which is
22 an interdisciplinary team, which is
23 chaired by the Medical Examiner of the
24 City of Philadelphia, and on that team
25 are representatives from the School

1 5/3/16 - WHOLE - BILL 160170, etc.
2 District, the Police, the DA's Office,
3 Behavioral Health, and the team works --
4 each of those cases there are certain
5 criteria that bring a case to that team,
6 but we review those cases and we make
7 recommendations on how to prevent child
8 abuse and neglect in the future, and
9 those recommendations are brought to the
10 Commissioner's attention, and then I or
11 the prior Commissioner has assigned those
12 recommendations to be implemented. And
13 I'm proud to say that we've made many
14 changes as a result of reviewing cases,
15 because this is really important work and
16 we can't be in a situation where children
17 get seriously injured.

18 COUNCILMAN TAUBENBERGER:

19 Absolutely. Thank you very much.

20 Madam Chair, thank you.

21 COUNCILWOMAN BROWN: You're
22 welcome, Councilman.

23 Returning now to Councilwoman
24 Gym.

25 COUNCILWOMAN GYM: Hi. Thank

1 5/3/16 - WHOLE - BILL 160170, etc.
2 you very much.

3 So I think some of the things
4 that I wanted to follow back in on with
5 your department is more answers a little
6 bit on why -- some analysis on why we
7 have such an increase in the number of
8 out-of-home placements. This is
9 obviously an ongoing analysis. And in
10 particular, I'm also interested in what
11 your plan is for kids who are aging out
12 of foster care.

13 We had a hearing last week on
14 youth homelessness. It's a serious
15 issue. It requires a dialogue with DHS
16 and OSH about analyzing what the plan is
17 for talking with young children as they
18 start to age out of the system.

19 Now, clearly I know that
20 there's been some dialogue about having
21 this discussion with children as young as
22 14, but, I mean, come on. My 19-year-old
23 can't handle the conversation about where
24 she's going to find a home or anything
25 like that. So I don't actually believe

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2 that you can like help kids at age 14. I
3 think we actually need a solid plan in
4 place to provide housing for young people
5 so that they're not in these unstable
6 situations. I don't think we can throw
7 them out and tell them, Go find your own
8 place, we gave you 60 hours of training.

9 (Applause.)

10 COUNCILWOMAN GYM: And we had
11 this discussion a little bit last time,
12 and I definitely think it's conversation,
13 but one of the things I think Councilman
14 Domb and I would like to work with DHS on
15 is being much more concrete about what it
16 is to ensure that young people who age
17 out of foster care actually have a home
18 to go to as opposed to just being trained
19 in it or being counseled about it.
20 Eighteen is super young and they're very
21 vulnerable, and what we're seeing is
22 that, as you know, the system is seeing
23 young people already destabilized through
24 foster care or other types of unstable
25 situations, and what we don't want is

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2 them to become chronically unstable as
3 they enter into adulthood.

4 COMMISSIONER SHAPIRO: So I
5 absolutely agree that we need to make
6 sure our young people age out safely and
7 that they have a place to live and a plan
8 for independence. And I would just like
9 to say that our work as a child welfare
10 system is really about making sure that
11 we, one, can keep families together and
12 when young people are in foster care
13 because they can't -- or with other
14 relatives, we need to make sure that we
15 safely get them to permanency. So in
16 terms of our job as a child welfare
17 system, we need to do the work on the
18 front end so we don't have young people
19 aging out without a plan for permanency.
20 So kids of all ages deserve permanency.
21 So young people, because they're 17 or 18
22 does not mean that they cannot be adopted
23 by a parent or a relative. And so if our
24 child welfare system is working
25 appropriately, we won't have young people

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2 aging out to homelessness or prison or
3 unemployment.

4 So we as a child welfare system
5 need to do our job to make sure that
6 young people reach permanency with their
7 own families, of course, or with somebody
8 else's family. And so some of the work
9 that we've tried to encourage young
10 people to be in family settings, we
11 increased -- within the past few years,
12 we increased the stipend for foster
13 parents. If they were willing to keep a
14 young person 13 or older, we actually
15 give them an extra \$10 a day to
16 encourage -- to support that teenager and
17 to help create a permanent home.

18 We also are working to make
19 sure our young people get out of group
20 home and congregate care. So we are
21 actively teaming cases to see if some of
22 those young people can go into family
23 settings. So if we give children
24 families to rely on and lifetime
25 connections, it will reduce some of the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 bad outcomes that you were just
3 discussing.

4 But that being said, if there
5 are kids who age out and don't have a
6 permanent plan, we need to make sure that
7 we're supporting them and acting -- we
8 raise them as their parents instead of
9 their parents when they're in foster
10 care, and so we need to make sure that we
11 help them create a successful
12 independence.

13 COUNCILWOMAN GYM: Right. And
14 just to be a little bit more concrete on
15 that, I'm just suggesting that young
16 people at age 18 don't necessarily have a
17 plan for very much. I mean, they're 18.

18 COMMISSIONER SHAPIRO: I
19 recognize that.

20 COUNCILWOMAN GYM: And so this
21 is where the partnership with OSH becomes
22 even more important; that it's not
23 helping young people make a plan, it's
24 recognizing that they're 16, 17, and 18
25 and we're going to need to provide some

1 5/3/16 - WHOLE - BILL 160170, etc.
2 level of support as they start to age out
3 of it. And being super concrete about
4 that is what I think we're looking for.

5 So just to reiterate, though,
6 Councilman Domb and myself and
7 Councilwoman Blackwell and others in City
8 Council have long worked on this issue
9 about homelessness, but we are
10 particularly focused in on this
11 transition moment for young people. And
12 that is also for other people who are in
13 the audience to understand, that this is
14 something that we are taking a serious
15 look at, but want to be in partnership
16 with yourself and --

17 COMMISSIONER SHAPIRO: We
18 welcome that.

19 COUNCILWOMAN GYM: --
20 Department of Human Services.

21 COMMISSIONER SHAPIRO: We
22 welcome that partnership.

23 COUNCILWOMAN GYM: So another
24 question has been around questions about
25 the School District of Philadelphia and

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2 knowing that there's a dozen or so, 15 or
3 so social workers in some of the
4 Philadelphia high schools. Have you been
5 approached by the District about
6 expanding those services at all?

7 COMMISSIONER SHAPIRO: So I
8 have had a brief discussion with the
9 District about whether or not we could
10 deploy more social workers into the
11 school, and that is something that we are
12 certainly considering, but I need to make
13 sure that the child welfare mandated
14 services are being adequately addressed
15 and monitored. So it is something that I
16 will discuss with my superiors.

17 COUNCILWOMAN GYM: And that's
18 something that we are also wanting to
19 have conversations with the School
20 District about; that we have one in five
21 students who are either in the criminal
22 justice or DHS system, and if there is an
23 opportunity to collaborate with the
24 District on a much more intensive basis
25 and also review how those 15 caseworkers

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2 have worked in the schools.

3 COMMISSIONER SHAPIRO:

4 Certainly.

5 COUNCILWOMAN GYM: And then the
6 other question has been around this issue
7 about truancy and in particular what's
8 happening to young people in our school
9 districts who are chronically ill and are
10 coming into contact with the truancy
11 system as a result. So there's an
12 extreme shortage of nurses and counselors
13 in our district schools right now. We're
14 hearing more and more anecdotal and more
15 indicators from some of the CUAs that
16 some of the families who are caught up in
17 the truancy system and in Truancy Court
18 and are being referred to that are
19 happening in part because of basic lack
20 of care within district schools, and my
21 request is is that DHS takes a serious
22 look at what's happening with that and is
23 in conversation with our CUAs to make
24 sure that they are aware of when a family
25 truly has difficulties within the family

1 5/3/16 - WHOLE - BILL 160170, etc.
2 and whether these are being either
3 triggered and/or exacerbated by a school
4 system that has not -- that isn't
5 delivering the services that our children
6 both need and deserve.

7 So we're very concerned also
8 about placement of -- my personal feeling
9 has been that placement of children away
10 from their families should be in part --
11 and I think it's your understanding --
12 danger to that child, physical safety,
13 that that should be the standard. But
14 the placement of children who are truant
15 and chronically truant becomes a question
16 of whether that meets that standard, and
17 it's again a question about why we're
18 seeing such high increases in the number
19 of out-of-placement for our families and
20 young people.

21 COMMISSIONER SHAPIRO: So that
22 is something that we absolutely want to
23 address. It is always our goal to keep
24 kids close to home or in their community.
25 And so we are working with the School

1 5/3/16 - WHOLE - BILL 160170, etc.
2 District to get a sense of the quality of
3 the education that the young people
4 receive at some of these schools that
5 they are sent to for placement, and we
6 want to make sure that we work with the
7 School District to develop an array of
8 services that are closer to home and
9 educational opportunities that are closer
10 to home for young people. In fact, I was
11 just having that discussion yesterday
12 with the School District.

13 COUNCILWOMAN GYM: Okay. Well,
14 thank you very much, Madam Chair.

15 But just again for clarity, I
16 know that this is a conversation that's
17 been going on for a long time and that
18 there's a real need and urgency from my
19 personal end to concretize what we're
20 talking about, that when we talk about
21 academic outcomes for kids who are placed
22 in placement, we can easily track how
23 many of them are coming back into the
24 school system, how many of them are
25 graduating, whether their academic

1 5/3/16 - WHOLE - BILL 160170, etc.
2 standards match up with it. They should
3 not be punished for the situation of
4 being placed out of home. But clearly
5 we're seeing really big problems when
6 they come back into our system after
7 being in other places where they're not
8 meeting the standard, and Mid-Atlantic is
9 definitely another place where I think
10 that those questions are going to have to
11 be borne out in a real clear fashion and
12 need to talk to you about that more. So
13 thank you.

14 COMMISSIONER SHAPIRO: I look
15 forward to the discussion.

16 COUNCILWOMAN BROWN: So let me
17 underscore the concern around
18 Mid-Atlantic and around the CUA that has
19 had to release some of its workers as you
20 or as we look to what CUAs would be
21 awarded next time around.

22 COMMISSIONER SHAPIRO: Thank
23 you, Councilwoman.

24 COUNCILWOMAN SANCHEZ: Madam
25 Chairwoman?

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COUNCILWOMAN BROWN: Point of
3 information?

4 COUNCILWOMAN SANCHEZ: Do we
5 know who that person is? Is any
6 documentation going to be shared with us
7 as it relates to that?

8 COUNCILWOMAN BROWN: Not in the
9 testimony.

10 COUNCILWOMAN SANCHEZ: I just
11 feel like there's some sort of secrecy
12 that we don't say who, what, where.

13 COUNCILWOMAN BROWN: So to DHS.

14 COMMISSIONER SHAPIRO: I'm
15 sorry?

16 COUNCILWOMAN SANCHEZ: So in
17 the newspaper reporting, it was not
18 reported who was the provider and are
19 there any sanctions or anything. So I
20 think it would be important as part of
21 the record to provide that. If we don't
22 want to provide it publicly, I feel like
23 we're going around in circles.

24 COUNCILWOMAN BROWN: Agreed.

25 COMMISSIONER SHAPIRO: So I'd

1 5/3/16 - WHOLE - BILL 160170, etc.
2 like to just get back to you on that, but
3 I'm happy to discuss it further with you.

4 COUNCILWOMAN SANCHEZ: For
5 everybody, for the record around --

6 COMMISSIONER SHAPIRO: I agree,
7 and it's a really important issue. I
8 just don't want to make a mistake by
9 saying something publicly that I
10 shouldn't.

11 COUNCILWOMAN BROWN: So you can
12 expect that we can handle this one of two
13 ways. We will expect -- and I see that
14 one of the members of your team is
15 diligently taking notes on where we want
16 follow-up and followthrough. So we would
17 expect that that answer to that question
18 will be in that document and/or we will
19 have hearings.

20 COMMISSIONER SHAPIRO: I
21 completely understand.

22 COUNCILWOMAN BROWN: Which will
23 allow us to put again on the record
24 purely for DHS about DHS and what is and
25 what is not happening with our children

1 5/3/16 - WHOLE - BILL 160170, etc.
2 and the experiment around CUAs.

3 COMMISSIONER SHAPIRO:
4 Completely understand.

5 COUNCILWOMAN BROWN: Okay,
6 then.

7 Councilwoman Parker, good
8 afternoon. Welcome.

9 COUNCILWOMAN PARKER: Thank
10 you, Madam Chair.

11 Let me start with my first
12 question, and it is in regards to the
13 Review Panel's sort of call for sort of
14 realtime online data regarding our
15 referral for service, our wait times, and
16 some performance appraisals. So with
17 that being said, if we are trying to make
18 the system really truly accountable and
19 we want to know what we're doing right,
20 what we're doing wrong, what needs
21 improvement, do we have a way that we can
22 detect in online realtime data the point
23 of entry, the referral time for service,
24 how long we had to wait? Do we have that
25 technical system set up?

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2 COMMISSIONER SHAPIRO: I do not
3 have that technical system set up.

4 COUNCILWOMAN PARKER: If that
5 was one of the recommendations from the
6 Review Panel, is that something in terms
7 of use of data to inform our actions, our
8 decision-making, is that something that's
9 on your agenda?

10 COMMISSIONER SHAPIRO: So
11 absolutely. We actually do have the
12 capacity to use data to manage and
13 monitor, but I don't have the ability to
14 tell you how long somebody waits on the
15 phone for service or until services are
16 implemented. There are rules and
17 regulations in terms of how fast we need
18 to get out when a report comes in. And
19 so we do comply with those rules. If
20 there's a 24-hour response time or an
21 immediate response time, we are -- we do
22 have rules in place for that, but I don't
23 have immediate online realtime data. I
24 don't have those capabilities.

25 COUNCILWOMAN PARKER: So in

1 5/3/16 - WHOLE - BILL 160170, etc.
2 essence, as it relates to setting up
3 performance appraisals, that was also a
4 part of it from a data collection
5 perspective, and that too has not been
6 accomplished yet?

7 COMMISSIONER SHAPIRO: So at
8 various points over the years, we did
9 issue report cards regarding our
10 providers, and that is something that I
11 would like to do if I'm in this seat
12 going forward in FY17, is I would like to
13 be able to pull data and rank the CUAs in
14 terms of specific areas.

15 So, for example, when I was
16 talking about how many children move up
17 to placement after receiving in-home
18 services, I want to be able to pull that
19 data systemwide and then by CUA and then
20 share that data with the CUAs so that
21 they can learn from each other, as well
22 as share that data with the community on
23 our website or publish it in other places
24 so that folks can start to see just --
25 I'm using data as an example, but we need

1 5/3/16 - WHOLE - BILL 160170, etc.
2 to be able to develop a scorecard to rate
3 our providers, and that is absolutely
4 something that the Child Welfare Review
5 Panel brought out in its report in 2007,
6 I believe.

7 COUNCILWOMAN PARKER: So let me
8 again just echo and just note the
9 importance of having that realtime data.
10 We should be able to at any time for any
11 provider go immediately online and check
12 to see when a child has been admitted
13 into the process, when the process --

14 COMMISSIONER SHAPIRO: We have
15 that.

16 COUNCILWOMAN PARKER: When the
17 process --

18 (Applause.)

19 COUNCILWOMAN PARKER: -- sort
20 of is actually moving, when they were
21 referred for service. As you mentioned
22 earlier, the wait time. The wait time.
23 Because there is really no way for us to
24 provide the report card -- and I'm happy
25 that you described it that way -- a

1 5/3/16 - WHOLE - BILL 160170, etc.
2 scorecard for the providers, because
3 other than that, it appears to be
4 subjective. If we don't have sort of a
5 rubric and if it's in realtime and
6 online, we can access it readily. And I
7 do know that that was -- the use of data
8 was one of the number one recommendations
9 from the Panel, and I just want to echo
10 the importance of that. And I'll tell
11 you why I want to echo that, and I want
12 you to answer this for me.

13 I was in Harrisburg when all of
14 the Sandusky legislation took place. I'm
15 proud to have authored the legislation
16 that allowed experts to testify in cases
17 of sexual assault in the Commonwealth of
18 Pennsylvania, although it was a day late
19 and a dollar short and if it had been
20 implemented prior, those victims would
21 not have been questioned about why it
22 took them so long to actually come
23 forward. But I was reading a story in
24 the Times about this exemplary foster
25 parent who had been a foster parent --

1 5/3/16 - WHOLE - BILL 160170, etc.
2 and you may have read it -- 20 years.
3 Over 95 foster children over the years
4 had been sent to this gentleman. He was
5 like the poster child of what was right.
6 And these boys with emotional challenges
7 had attempted to reach out to counselors,
8 to social workers, I mean, to give any
9 inkling that they possibly could that
10 something was abnormal going on, and
11 everywhere these children reported sort
12 of turned a deaf ear, because this person
13 on paper had this exemplary record.

14 If there is a foster parent
15 accused, if it's reported -- because we
16 know sometimes there are false
17 accusations if a person is not doing what
18 you want them to do. We know that too,
19 but you have experts to decipher and law
20 enforcement to decipher whether or not a
21 report is actually true or not. They go
22 investigate. What do we do here?

23 MS. ALI: So I can speak to
24 that. I'll speak to your last question
25 first and then I'll go back to the other

1 5/3/16 - WHOLE - BILL 160170, etc.

2 question around data.

3 So in terms of if a report
4 comes in on a foster parent or a kinship
5 parent, we actually immediately remove
6 the children from that particular home
7 while the Department of Human Services
8 does the investigation -- the
9 Pennsylvania Department of Human
10 Services, excuse me, does that
11 investigation. We actually work
12 alongside -- PA DHS works alongside with
13 the DHS investigator to ensure and
14 through that investigation and ensure
15 that those young people are safe. We do
16 not return that young person to that
17 particular foster parent or kinship
18 parent unless the report is unfounded or
19 not validated.

20 There are also situations in
21 which even if the report is not
22 unfounded, meaning there was no basis,
23 however there are some other concerns
24 with that particular resource parent or
25 the foster parent or kinship care parent,

1 5/3/16 - WHOLE - BILL 160170, etc.
2 we also can make a decision at the
3 Philadelphia Department of Human Services
4 that we will no longer place any
5 additional Philadelphia committed
6 children in that particular foster home
7 if some other issues arise.

8 So we do that. We flag that in
9 our electronic case management system as
10 well as we notify PA DHS so they can put
11 it on the foster parent registry. That's
12 the second question.

13 In terms of your first
14 question, I believe we probably
15 misunderstood your question in terms of
16 realtime referrals. So let me first say
17 that the Department of Human Services has
18 an electronic case management system, and
19 under IOC, this was the first time that
20 the Department allowed outside
21 providers -- and those outside providers
22 are our Community Umbrella Agencies -- to
23 enter data directly into our electronic
24 case management system. So despite the
25 fact that I might have a CUA on Henry

1 5/3/16 - WHOLE - BILL 160170, etc.
2 Avenue, myself as well at the Department
3 of Human Services, we can look at the
4 notes; for example, the structured
5 progress notes, the date the referrals
6 were made. We also can tell the foster
7 parent's name, the group home provider
8 that young people are placed in. So we
9 do have that information in our system.
10 What we are unable to tell, for example,
11 if referrals are made for outside child
12 welfare entities.

13 For example, if a mother, for
14 example, needs therapy and a referral was
15 done to Community Behavioral Health in
16 order to do therapy, we can't monitor
17 that wait time. We will have to call our
18 CBH partners in order to get that
19 information. But in terms of any child
20 welfare program, whether it is being
21 programmed by the Community Umbrella
22 Agencies or one of our subcontractors, we
23 do have that in our electronic case
24 management system.

25 COUNCILWOMAN PARKER: So at any

1 5/3/16 - WHOLE - BILL 160170, etc.
2 time we're able to do that if it's a CUA
3 and/or if it's internal at DHS, we can
4 get that data on --

5 MS. ALI: Absolutely.

6 COUNCILWOMAN PARKER: That's
7 good.

8 Councilwoman, there was a delay
9 in the start of my count because I think
10 some other stuff was going on. So if
11 you'll just allow me the latitude for one
12 other question.

13 This is in regards to the case
14 managers for the CUAs, and I want you to
15 just correct me if this data is wrong.
16 The CUA budget supports one case manager
17 for every 13 families, which in some
18 cases could be almost 30 children, and
19 the national standard is 12 to 15
20 children or six to seven families per
21 caseworker. Tell me whether or not that
22 data is accurate.

23 COMMISSIONER SHAPIRO: So that
24 data is accurate. The way we fund our
25 CUAs is that there is one case manager

1 5/3/16 - WHOLE - BILL 160170, etc.
2 for every 13 families, and we believe
3 there's 2.5 children on average per
4 family. So the CUA caseloads could have
5 20 to 30 children and sometimes more
6 depending if the family is larger.

7 We need to reduce the caseloads
8 at the CUAs. And so all the work I've
9 been talking about in terms of getting
10 young people to permanency and closing
11 out cases safely is all the work we're
12 trying to do. By accepting fewer cases
13 if we can, by making sure families are
14 safe outside the child protective
15 services system is one way, but then the
16 other way is making sure that we are
17 providing the work to support the
18 families so that they can safely have
19 their cases closed. And so by working
20 with the CUAs to redesign some of the
21 support positions around case management
22 so that perhaps some of them can have
23 more case managers than the required 1 to
24 13 and by looking at data to manage cases
25 and to move children and youth to

1 5/3/16 - WHOLE - BILL 160170, etc.
2 permanency, we are working very earnestly
3 to drop those caseloads.

4 COUNCILWOMAN PARKER: Let me
5 just say to you that I'm happy to hear
6 that you are moving in that direction,
7 and while I believe that it is extremely
8 important to have oversight of the CUAs,
9 I love the realtime data. That was one
10 of the recommendations. Making data talk
11 and people communicate to each other is
12 challenging. I'm glad that you've
13 tackled that. But what we don't want to
14 do is put the CUAs in a position of
15 failing before they've even gotten
16 started as it relates to the process for
17 funding. It's almost like what I feel
18 with our pre-K and early childhood, you
19 want to provide our children with
20 quality, but you pay people \$9 and \$10 an
21 hour and then expect to get a good
22 outcome. So we should do everything we
23 possibly can do from that perspective.

24 (Applause.)

25 COUNCILWOMAN PARKER: Thank

1 5/3/16 - WHOLE - BILL 160170, etc.

2 you, Madam Chair, for your latitude.

3 COUNCILWOMAN BROWN: Well

4 stated.

5 We will now move to

6 Councilwoman Bass.

7 COUNCILWOMAN BASS: Thank you,

8 Madam Chair.

9 COUNCILWOMAN BROWN: You're

10 welcome.

11 COUNCILWOMAN BASS: Good

12 afternoon.

13 COMMISSIONER SHAPIRO: Hi,

14 Councilwoman.

15 COUNCILWOMAN BASS: Hello. So

16 a couple things that I just wanted to go

17 over, and the first is, I would like to

18 review a situation that happened just

19 yesterday, which I did bring to your

20 attention, but I do want to state it

21 publicly because I'd like to be on the

22 record about it.

23 COMMISSIONER SHAPIRO:

24 Absolutely.

25 COUNCILWOMAN BASS: So last

1 5/3/16 - WHOLE - BILL 160170, etc.
2 night probably about 9:30, 10 o'clock at
3 night I got a phone call from someone in
4 my district who is a childcare provider.
5 So they have all the proper clearances
6 and so forth. They were concerned
7 because they were at the home of one of
8 their employees who had been accused of
9 child abuse after taking their child to
10 the doctor, and the doctor thought
11 something was inappropriate and reported
12 it. And so the matter of disclosure, I
13 don't know the parents and I don't know
14 the child and don't know exactly what
15 happened, but what happened thereafter is
16 what is very troubling to me, in that the
17 social worker came, was saying that we
18 have to get a family member here or else
19 we're going to take the child away. The
20 sister of this individual family member
21 came about two hours later, as well as
22 the childcare provider, who was very
23 familiar with the child and could have
24 taken the child according to the parent's
25 wishes, and both were denied even though

1 5/3/16 - WHOLE - BILL 160170, etc.
2 they were there on the spot to take the
3 child. The social worker, according to
4 those who were present, seemed to be
5 agitated that it took two hours for
6 someone to arrive on the scene, and
7 despite the fact that there were people
8 there in place who could have taken that
9 child that the child was familiar with,
10 that they were bypassed, even though they
11 were physically there, is very troubling
12 to me. And then this young child is
13 placed in a home of a stranger overnight.

14 So we did talk about this, but
15 I have a great concern. And let me say
16 this also. I do want to acknowledge that
17 you have a very hard-working, dedicated
18 staff. I think that the folks who do
19 this work understand that this is not
20 easy work. This is not something that is
21 laissez-faire. I have a very good friend
22 who worked for one of the CUA agencies
23 and who said to me -- she left and she
24 was looking for work again, and we were
25 talking about, well, what would she like

1 5/3/16 - WHOLE - BILL 160170, etc.
2 to do going forward and I told her about
3 a position, an opening, and she says, I
4 never want to go into another home where
5 I have to take a child away from its
6 mother. She said, I just can't do it
7 anymore. And so even though we know at
8 times this is necessary, but nonetheless
9 it's heartbreaking work. But for there
10 to be someone on the scene, a
11 professional on the scene who would make
12 a judgment call to take a child to a
13 complete stranger versus relatives or
14 people that the child is familiar with
15 who have the appropriate clearances is
16 very, very troubling, and I'd like to
17 hear your answer on the record and also
18 how do we prevent this sort of thing from
19 happening in the future where we have a
20 worker who is making these sorts of
21 determinations, how do we avoid that from
22 happening again? Because, again, it's
23 very troubling.

24 COMMISSIONER SHAPIRO: So thank
25 you for bringing this issue to my

1 5/3/16 - WHOLE - BILL 160170, etc.
2 attention, and please be assured that I
3 am not happy to hear about this
4 situation. Both federal, state law, and
5 DHS policy require us to look for kin,
6 and kin is loosely defined. It can be
7 biological family or it could be somebody
8 like a day care operator or a friend or a
9 colleague, a coach, mentor, to see if
10 that young person can be placed
11 temporarily with kin while the
12 investigation goes on or until the
13 reunification can go forward, and that is
14 the policy that we promote and that is
15 the expectation that I have of my staff.
16 Of course, all kin needs to be assessed
17 appropriately, and that is what our staff
18 is supposed to do.

19 So in terms of what we can do
20 to prevent that -- so, first of all, I am
21 working to make sure that we look into
22 this case and that we rectify whatever
23 needs to be rectified. But it's also
24 about making sure people don't make the
25 same mistakes again. And so what we need

1 5/3/16 - WHOLE - BILL 160170, etc.
2 to do is, we need to reiterate with our
3 staff and it's also about good, proper
4 supervision to make sure -- because those
5 kinds of decisions need to be discussed
6 and are required to be discussed with
7 supervisors, and we have a chain of
8 command that is available to do that
9 24/7. We have folks -- I mean, I'm on
10 the phone sometimes in the middle of the
11 night with staff.

12 So we need to make sure that we
13 follow the law and that we follow DHS
14 policy, because as you discuss, as you
15 mentioned, it is extremely traumatizing
16 to be removed from your parents, even if
17 maybe your parent might have done
18 something that they weren't supposed to
19 do. So it is our job to minimize trauma
20 for young people.

21 COUNCILWOMAN BASS: I only
22 think of myself as a parent to my
23 daughter who is 6 years old and if
24 someone showed up on an accusation and
25 said, We're taking your daughter away

1 5/3/16 - WHOLE - BILL 160170, etc.
2 from you, you know, I cannot even
3 imagine. And the fact that even if I
4 called my sister or someone else who is
5 close to me and was told that they were
6 two hours, I'm irritated, so I'm just
7 going to take this child, I just find
8 that beyond appalling.

9 COMMISSIONER SHAPIRO: It's
10 appalling and unacceptable, and I
11 understand exactly what you're talking
12 about.

13 COUNCILWOMAN BASS: Absolutely.
14 And I'd like to know if there can be some
15 sort of response in terms of why this
16 happened from your professional who was
17 on the scene who made this judgment call,
18 if there is additional information that
19 maybe could clarify why this happened, I
20 would be most interested.

21 COMMISSIONER SHAPIRO:
22 Understood. We've already started -- we
23 called back to the office and we're
24 working on it already.

25 COUNCILWOMAN BASS: Thank you

1 5/3/16 - WHOLE - BILL 160170, etc.
2 very much.

3 Another question is regarding
4 your contact with the Philadelphia School
5 District. I know Councilwoman Gym
6 mentioned earlier, but as I understand
7 it, community schools would have a
8 component of folks from DHS; is that
9 accurate?

10 COMMISSIONER SHAPIRO: So --

11 COUNCILWOMAN BASS: Are you a
12 part of the community schools model?

13 COMMISSIONER SHAPIRO: So we
14 are certainly part of the discussion and
15 the planning. We've been involved with
16 the CUAs and the community engagement,
17 and I really made an effort to reach out
18 to the Mayor's Office of Education to
19 make sure that they understood the work
20 that we've already begun so that
21 community schools can build on that
22 effort. And I would love for the CUAs
23 and other folks that are involved with
24 DHS to participate in making sure that
25 the young people in those schools get the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 services that they need. I'm not sure
3 that it's been fully fleshed out in terms
4 of what exactly our role would be, but
5 certainly I think the work we're doing
6 builds on the work that the Mayor's
7 Office of Education is trying to do.

8 COUNCILWOMAN BASS: Okay. I
9 think that that's really important
10 information for us to have as a Council
11 as we're making the decisions in terms of
12 what's actually going into community
13 schools. It's new here for Philadelphia.
14 We're going off of other models, and I
15 know that a DHS sort of
16 organization/agency would typically be
17 involved with a community schools model,
18 but we would really like to have some
19 verification of that and what that looks
20 like for the City of Philadelphia and for
21 the School District. So I do think that
22 there needs to be more information about
23 that before we can do what we have to do
24 for the budget.

25 COMMISSIONER SHAPIRO: I

1 5/3/16 - WHOLE - BILL 160170, etc.
2 completely understand. And we've
3 mentioned in my testimony that we already
4 have social workers in the school doing
5 some of the same kind of work, meaning
6 making referrals for social services, to
7 prevention services that we already
8 offer. So I think there is absolutely
9 room to build on that work and to make it
10 even more large scale.

11 COUNCILWOMAN BASS: Okay.

12 Thank you very much.

13 Thank you, Madam Chair.

14 COUNCILWOMAN BROWN: Thank you,
15 Councilwoman Bass.

16 Councilwoman Sanchez.

17 COUNCILWOMAN SANCHEZ: Yes.

18 Thank you.

19 I want to have a conversation a
20 little bit around the whole prevention
21 services, and we had this conversation,
22 so to have it on the record. We went
23 kind of from Safe and Sound to a robust
24 service provider network. One of the
25 things that I asked for the record -- and

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2 I know you're working on it -- is a
3 mapping of all of the subsidized,
4 after-school, safe haven. There was
5 someone that testified recently during
6 the budget hearings about after-school
7 time. We want to get -- if we can get
8 all of that mapped out and really want to
9 engage the Department in what a
10 prevention strategy looks like.

11 How much is the budget for
12 prevention? Since I know the CUAs got
13 some money. It was drawn back. So now
14 we're rejugling. What is the prevention
15 dollars?

16 COMMISSIONER SHAPIRO: I
17 believe that the CUA budget is about
18 80 -- I mean the prevention budget is
19 about \$80 million.

20 COUNCILWOMAN SANCHEZ: It's
21 about \$80 million? How much of that is
22 general operating from the City and how
23 much of it is coming from our state kind
24 of match?

25 COMMISSIONER SHAPIRO: So for

1 5/3/16 - WHOLE - BILL 160170, etc.
2 every service that DHS purchases, there's
3 a different ratio, and I believe -- and
4 Marcia can correct me if I'm wrong --
5 that prevention services, it's an 80/20
6 percent, 20 percent the City.

7 Is that correct?

8 MS. DIXON: Yes.

9 COUNCILWOMAN SANCHEZ: So we're
10 matching at 20 percent.

11 COMMISSIONER SHAPIRO: Yes.

12 COUNCILWOMAN SANCHEZ: Are we
13 capped at how much we can get from the
14 state as it relates to those purchase of
15 services?

16 COMMISSIONER SHAPIRO: The
17 state has to approve our plan, our
18 spending plan. And so if we want to
19 initiate a new service, we need to
20 explain why we need that new service and
21 the cost of that new service, and
22 sometimes the state will approve or
23 disapprove that service or maybe approve
24 it for six months of funding instead of
25 12 months of funding. They tend to

1 5/3/16 - WHOLE - BILL 160170, etc.
2 approve newer programs for a shorter
3 amount of time, and it's part of the
4 needs-based budget plan that we submit to
5 the state.

6 COUNCILWOMAN SANCHEZ: So let
7 me encourage the Administration -- and I
8 know you're working and putting your
9 hands around it. Let me encourage you on
10 the front end to have a conversation and
11 obviously with our Chair of Health and
12 Human Services as we look at kind of
13 establishing what some of those
14 prevention aspirations are going to be,
15 because while I do think that the
16 community schools provides some
17 opportunities, I'm a little concerned
18 when I hear the Administration say that
19 some of our rec centers are some of the
20 primary providers because of the
21 conditions of some of the sites. And I
22 know that's why the Mayor is talking
23 about rebuild, but the same way we're
24 having the pre-K conversation about
25 quality, I think we need to look at what

1 5/3/16 - WHOLE - BILL 160170, etc.
2 are quality services for after school and
3 safe havens. I mean, there's been
4 discussion and it was part of Councilman
5 Johnson and Jones's conversation about do
6 we go back to curfew centers, do we go
7 back to those safe beacons in the
8 neighborhood. And I don't know, because
9 I think we need to look at what worked in
10 some of those and what didn't to figure
11 out a strategy, but I do think in
12 particular given social media and all the
13 bullying, that high school-age
14 intervention piece, there has to be kind
15 of an articulated strategy that we can
16 all kind of support around. So that
17 whether it's we have parents doing
18 truancy -- I mean, we've tried everything
19 and I've been -- I was a non-profit
20 provider before coming here. I do think
21 we have an opportunity over the next few
22 years to really prioritize some of those,
23 and I just want to caution folks that we
24 just don't keep funding the same things,
25 because the world has changed.

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2 COMMISSIONER SHAPIRO: I agree
3 100 percent. And so I've asked my staff
4 to take a look at the services that we're
5 buying and to make sure that for FY17
6 that each service that we purchase on the
7 prevention side is tied to the work we're
8 trying to do of safely keeping families
9 in their own homes and diverting them --
10 most primarily diverting them from
11 placement. And so we do need to take a
12 look back at the array of services.
13 We're trying to do this quickly as we
14 anticipate the FY17 start of the fiscal
15 year, because I don't want to delay
16 services, and I know that time is
17 approaching and I'm trying to do it as
18 quick as possible.

19 COUNCILWOMAN SANCHEZ: We
20 should definitely establish a work group
21 to look at that.

22 COMMISSIONER SHAPIRO: I would
23 be happy to be a part of it.

24 COUNCILWOMAN SANCHEZ: So we
25 can have a conversation. And, again,

1 5/3/16 - WHOLE - BILL 160170, etc.

2 I'll let our Chair of Health and Human
3 Services over here to convene the
4 conversation, but I think there's some
5 great opportunities there and I think
6 this is a time to have a conversation
7 about it and look at where the need is,
8 because I think once you do the map and
9 you do the overlay, we want to make sure
10 that the data and the need and where we
11 have the opportunities, that they're
12 matching up, and if they're not, why not.

13 COMMISSIONER SHAPIRO: I agree.
14 So actually as part of our analysis, we
15 are doing some mapping. So we're mapping
16 where our families come from, where other
17 behavioral health services are, where
18 other prevention programs. And that's
19 part of the work why I began those
20 discussions with the Mayor's Office of
21 Education around community schools, is to
22 make sure that as we think about where
23 the community schools should be, that we
24 should also be aware of the other
25 services in the neighborhoods so that we

1 5/3/16 - WHOLE - BILL 160170, etc.
2 can be strategic.

3 COUNCILWOMAN SANCHEZ: Let's be
4 very -- and I had mentioned this to you
5 before and I think it's important as we
6 continue the conversations at CUA. Any
7 time -- I know this was part of the
8 public safety discussion before, but any
9 time we talk about prevention and
10 services to children around police
11 districts, our messaging is way off.

12 COUNCILWOMAN BROWN: Yes.

13 COUNCILWOMAN SANCHEZ: It is
14 way off. I was having this conversation
15 with a columnist the other day who was
16 writing about children in the 13 and 32
17 zip code lifespan, and I keep saying to
18 folks, particularly those of us who are
19 privileged enough to work with young
20 people, is what I see is resilient young
21 people, whether it's the homeless,
22 foster-age young person. And so as you
23 look at the CUA stuff, can we step away
24 from some of those tagging that we do to
25 our children?

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COMMISSIONER SHAPIRO: I
3 absolutely understand your point, and if
4 we're about the neighborhood delivery of
5 social services, maybe we need to rethink
6 about renaming it by neighborhood.

7 COUNCILWOMAN SANCHEZ: A police
8 district is not a neighborhood.

9 COMMISSIONER SHAPIRO: I agree.

10 COUNCILWOMAN SANCHEZ: Okay.

11 Thank you.

12 COUNCILWOMAN BROWN: Thank you,
13 Councilwoman Sanchez. I just said to
14 Matt up here I have to monitor my -- I'm
15 supposed to be very neutral in the
16 discussion, but all of what Councilwoman
17 Sanchez has pointed to needs to be in
18 capital letters, bold ink, underscored,
19 with 15 exclamation points.

20 COMMISSIONER SHAPIRO: Yes,
21 ma'am.

22 COUNCILWOMAN BROWN: Did I hear
23 that you are pulling together a work
24 group?

25 COMMISSIONER SHAPIRO: On

1 5/3/16 - WHOLE - BILL 160170, etc.

2 prevention services?

3 COUNCILWOMAN BROWN: Yes.

4 COMMISSIONER SHAPIRO: Well,
5 we're doing it internally, but I think
6 Councilwoman's suggestion that we brief
7 the Health and Human Services Committee
8 and work together is an outstanding idea.

9 COUNCILWOMAN BROWN: Very well.

10 Thank you.

11 Councilman Domb.

12 COUNCILMAN DOMB: Thank you,
13 Madam Chairwoman.

14 I think it's almost good
15 evening, but good afternoon.

16 COMMISSIONER SHAPIRO: Good
17 afternoon.

18 COUNCILMAN DOMB: I have one
19 last question. This has to do with
20 employee compensation. And I guess in
21 2015, the employee compensation was about
22 17,570,000 and then two years later or
23 2017, we're at 23,000,454, about a 33
24 percent increase. And so my question is,
25 do we have a performance-based system for

1 5/3/16 - WHOLE - BILL 160170, etc.
2 salaries and raises in the department or
3 is that something that we need to
4 institute?

5 COMMISSIONER SHAPIRO: So I
6 have two responses. One, the difference
7 between the 2015 actuals and the FY16
8 estimated and the '17 department request
9 is also that the '16 and '17 includes
10 vacancies. So that number -- that
11 budgeted number is including budgeting
12 for vacancies. The '15 number is actual
13 folks that are in the job and getting
14 paid for that.

15 COUNCILMAN DOMB: So what do
16 you think it will actually be then for
17 this year?

18 COMMISSIONER SHAPIRO: I don't
19 have an exact figure because I'd have to
20 back out the vacancies, but I believe the
21 '16 and '17 numbers actually reflect the
22 DC 47 increase and the increase for
23 non-represented employees, and that was
24 part of the bargaining.

25 COUNCILMAN DOMB: Do we have a

1 5/3/16 - WHOLE - BILL 160170, etc.

2 performance-based system or not really?

3 COMMISSIONER SHAPIRO: Not for
4 raises, no. We certainly monitor -- we
5 have performance evaluations, but it's
6 not linked to --

7 COUNCILMAN DOMB: Is that
8 something that we could create or is that
9 not possible?

10 COMMISSIONER SHAPIRO: So that
11 would be something I would discuss with
12 my superiors in the City Administration.

13 COUNCILMAN DOMB: Is that
14 something we can do?

15 COMMISSIONER SHAPIRO: I can
16 certainly explore it.

17 COUNCILMAN DOMB: Thank you
18 very much. Thank you.

19 Thank you.

20 COUNCILWOMAN BROWN: You're
21 welcome, Councilman Domb.

22 Do we have a performance-based
23 system for CUAs?

24 COMMISSIONER SHAPIRO: We do
25 not have a performance-based contract

1 5/3/16 - WHOLE - BILL 160170, etc.
2 system for CUAs, and that is again
3 something as we move into FY17 that is on
4 my agenda to see if we can build and
5 develop a system to incentivize good
6 performance and to just -- the opposite.

7 COUNCILWOMAN BROWN: To use
8 President Clarke's word, that is stunning
9 that we would be releasing contracts year
10 after year after year with no means by
11 which to measure what they are doing and
12 how they're doing it.

13 (Applause.)

14 COMMISSIONER SHAPIRO: So we
15 measure, but we do not tie it to
16 compensation. And so we do need to move
17 to a place where we do that, and that is
18 something that I'm committed to working
19 on developing a system. We've received
20 assistance from several foundations and I
21 want to go back to that work to look at
22 that, and if that model is not feasible,
23 then I want to work with my colleagues to
24 develop another model where we could
25 incentivize. And I actually think the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 CUAs -- and I don't want to speak for
3 them, but I think they might welcome it.

4 COUNCILWOMAN BROWN: Repeat
5 that last sentence.

6 COMMISSIONER SHAPIRO: I
7 actually think that the CUAs might
8 welcome an incentive-based --

9 COUNCILWOMAN BROWN: Well,
10 whether they welcome it or not, the
11 expectation by taxpayers --

12 COMMISSIONER SHAPIRO: I agree.

13 COUNCILWOMAN BROWN: -- is that
14 if you're taking care of our children,
15 then we need to know that you're doing
16 the best job possible to minimize the
17 reports we get in the office and the
18 phone calls we get from parents.

19 COMMISSIONER SHAPIRO: I agree,
20 Councilwoman. And that is something that
21 I plan to work on, to develop a
22 performance-based contract system for the
23 CUAs.

24 COUNCILWOMAN BROWN: By when?

25 COMMISSIONER SHAPIRO: I'm

1 5/3/16 - WHOLE - BILL 160170, etc.
2 going to work on it during the next six
3 months or so.

4 COUNCILWOMAN BROWN: So we
5 won't be having a conversation about
6 accountability of CUAs a year from now
7 during the budget season?

8 COMMISSIONER SHAPIRO: Not with
9 regards to performance-based, but we
10 should always be discussing the
11 accountability of CUAs.

12 COUNCILWOMAN BROWN:
13 Councilwoman Bass.

14 COUNCILWOMAN BASS: Thank you.
15 Hello again.

16 COMMISSIONER SHAPIRO: Hi.

17 COUNCILWOMAN BASS: I just want
18 to follow up on Councilwoman Brown's
19 previous statement that -- and the first
20 thing I want to say is, I know that
21 you're the Acting Commissioner and there
22 was a Commissioner before you who put all
23 of this in place. So I just want to put
24 that on the record as well. So I don't
25 really count this as your baby, but

1 5/3/16 - WHOLE - BILL 160170, etc.

2 nonetheless this baby is in trouble and

3 so --

4 COMMISSIONER SHAPIRO: It's my
5 job to handle now. So I understand that.

6 COUNCILWOMAN BASS: I
7 appreciate you stepping up to the plate
8 and accepting responsibility for it.

9 So we don't look at the
10 performance of a CUA and make a decision
11 based on that performance in terms of
12 whether we should continue the contract,
13 whether we should renegotiate, whether
14 they're up to the job?

15 COMMISSIONER SHAPIRO: So I
16 want to be clear. We absolutely do that.
17 So we absolutely review the performance
18 of the CUAs. We absolutely make a
19 decision as to whether or not they are
20 qualified to continue to perform those
21 services. I was simply saying that the
22 contracts or the manner by which we pay
23 them is not tied to performance outcomes.

24 So, for example, in a
25 performance-based contract, you might be

1 5/3/16 - WHOLE - BILL 160170, etc.
2 given an incentive bonus if you reach a
3 certain level of permanencies or if you
4 reunify X percentage of the families
5 under your charge safely.

6 COUNCILWOMAN BASS: So like a
7 bonus?

8 COMMISSIONER SHAPIRO: So a
9 bonus, so that maybe you might reinvest
10 that money into a prevention program. So
11 those are some of the kinds of things
12 that I would like to be able so that --
13 so that they can reinvest that money back
14 into the community for other services.

15 COUNCILWOMAN BASS: I don't
16 know that when you're dealing with
17 children in placement and those sorts of
18 issues that a bonus or an incentive-based
19 system is the best way to go. I
20 understand what you're saying in terms of
21 looking into a -- you want providers to
22 do the very best they can to make sure
23 that every child has a good placement,
24 but if you have a provider that doesn't
25 have that as part of its mission -- that

1 5/3/16 - WHOLE - BILL 160170, etc.
2 should be based on mission and not
3 necessarily incentive, because I could
4 see some placements happening that could
5 be very much problematic --

6 COMMISSIONER SHAPIRO: Right.

7 COUNCILWOMAN BASS: -- if it's
8 based on money.

9 COMMISSIONER SHAPIRO: So it's
10 a balance between the work we're doing
11 and making sure that we have good
12 performance. We did have a very robust
13 performance-based foster care system,
14 which we phased out when we moved into
15 IOC, but that system did get good
16 outcomes, and I think it's worth going
17 back to look at some of the pieces of
18 that system that we used previously to
19 see if there's some way we can build on
20 that, because it's more broad scale, but
21 I think there's some learning that we
22 could do from that.

23 COUNCILWOMAN BASS: Okay. Very
24 good.

25 Can you talk a little bit about

1 5/3/16 - WHOLE - BILL 160170, etc.
2 the shelter system? And I know that in
3 your notes you mentioned that there had
4 been some improvements since a shelter
5 worker who was killed earlier this year,
6 I believe it was, maybe late last year,
7 but recently. A shelter worker was
8 killed and you all have taken additional
9 safety steps to ensure security. Can you
10 talk about what was in place previously
11 and what is in place now. I couldn't
12 from your notes detect what the
13 difference now is since this tragedy has
14 occurred.

15 COMMISSIONER SHAPIRO:

16 Councilwoman, I think that question is
17 more appropriately directed to my
18 colleague, Liz Hersh, who is the Director
19 of the Office of Supportive Housing. So
20 the shelters that we use are temporary
21 shelters for young people when they need
22 to come into placement.

23 COUNCILWOMAN BASS: Oh, okay.

24 I'm sorry. It was just in your notes, so
25 I thought you might want to comment on

1 5/3/16 - WHOLE - BILL 160170, etc.

2 it.

3 COMMISSIONER SHAPIRO: I don't
4 believe it was in my testimony.

5 COUNCILWOMAN BASS: I'm sorry.
6 Wrong person.

7 COMMISSIONER SHAPIRO: No. I'm
8 happy not to have to answer a question.

9 COUNCILWOMAN BASS: Okay. All
10 right. Moving right along, one last
11 question I have for you is about aging
12 out. So for our young people who are
13 aging out -- and I know Councilwoman Gym
14 had a number of questions on that, but I
15 just feel that as much as we're trying to
16 solve homelessness, we're also creating
17 homelessness when we don't have these
18 sort of safety nets in place. And I
19 really -- I heard your answer. I'd like
20 to hear it again, because I'm really just
21 not clear on what we're going to do to
22 address this.

23 COMMISSIONER SHAPIRO: Sure.
24 So I think the work for us as a child
25 welfare system really begins at the time

1 5/3/16 - WHOLE - BILL 160170, etc.
2 the child comes into care, and we need to
3 be working clearly and focused on
4 reunifying that child with her parents.
5 And for those children that can't go
6 home, we need to make finding a permanent
7 family or a lifetime connection, somebody
8 that that young person as they grow older
9 can go back to when they're in distress.
10 Or even in their 20's or in their 30's,
11 young people will call up their parents
12 or mentors or grandparents and say, I
13 need some support. And so we need to
14 make sure that we're helping young people
15 establish either that actual family,
16 biological or adoptive, or a lifetime
17 connection or a mentor. And we need to
18 make sure that we don't see our young
19 people age out without a plan.

20 We have the Achieving
21 Independence Center, which is located in
22 the heart of the Temple campus in North
23 Philly where our young people, beginning
24 at age 14, can go to gain independent
25 living skills, to get homework help or

1 5/3/16 - WHOLE - BILL 160170, etc.
2 other kinds of social services, and we
3 begin to work with young people at age
4 14. We also are very focused on making
5 sure that those young people who we've
6 placed in congregate care, we try to work
7 to make sure those young people get home,
8 because our goal is to make sure that the
9 only young people that are in congregate
10 care are those that need it for treatment
11 purposes. So we've done a lot of good
12 work in that area. We have more to do.
13 So we have expedited permanency meetings
14 for these teenagers who are in congregate
15 care. And if there are some youth who
16 may be going home on the weekends or
17 going to stay with other family members
18 on the weekends, then we need to say, Can
19 you actually go home? Can you go live
20 with your grandmother or can you even
21 step down from an institution level to a
22 general level, and slowly work these
23 young back into the community, because
24 that's the kind of work which will
25 establish or prevent homelessness, is by

1 5/3/16 - WHOLE - BILL 160170, etc.
2 giving folks families to support them.

3 But, however, in instances when
4 that cannot happen, we need to make sure
5 that we build the supports. So we fund
6 housing programs for our young people and
7 for families that are in crisis, but I'm
8 certainly open to exploring more
9 opportunities in this area with my
10 colleagues in the Health and Human
11 Services Cabinet, with Liz Hersh or
12 Dr. Evans to see what other opportunities
13 we can have for young people.

14 And I just also want to say
15 this. And not that this is a great
16 option, but the law has changed, so that
17 if a young person leaves us feeling that
18 maybe they're not interested in remaining
19 in DHS care and they're 19 years old,
20 they can come back to DHS and say, I
21 actually would like to come back into the
22 custody of DHS and can you help me with a
23 placement. And so we do have the ability
24 for young people to do that.

25 COUNCILWOMAN BASS: Okay.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 Well, that's very good to know that there
3 is that option that's available.

4 And I think that's it. No
5 further questions, Madam Chair.

6 COMMISSIONER SHAPIRO: Thank
7 you.

8 COUNCILWOMAN BROWN: Thank you.

9 So young people can return up
10 to age what?

11 COMMISSIONER SHAPIRO: 21.

12 COUNCILWOMAN BROWN: Okay.

13 COMMISSIONER SHAPIRO: But that
14 doesn't negate the need to find them
15 permanency, but it is a safety net.

16 COUNCILWOMAN BROWN: Of course.
17 Of course.

18 We've heard a lot about the
19 vacancies, and on Page 9 of your
20 testimony, you speak to the fact that
21 there are a limited number of bilingual
22 employees in your department that speak
23 languages other than Spanish. So given
24 everything else that you have to do, how
25 does this impact your ability to help

1 5/3/16 - WHOLE - BILL 160170, etc.
2 families and children that do not speak
3 English or Spanish as primary languages?

4 COMMISSIONER SHAPIRO: So I
5 believe there are 81 different languages
6 spoken by employees at DHS. We recognize
7 that this city is a multi-language city
8 and we want to make sure that we provide
9 language access to all the families and
10 the children that we serve. So in those
11 situations where we don't have an
12 employee that speaks a language that one
13 of our clients speaks, we use language
14 access, we use interpreters, we use
15 Language Line. We translate our
16 documents into several languages. So we
17 need to make sure that we are
18 communicating effectively and
19 appropriately with the folks that we
20 serve.

21 COUNCILWOMAN BROWN: Okay.
22 Councilwoman Gym, you want to
23 seize the opportunity as we move to
24 closure with this department?

25 COUNCILWOMAN GYM: No. I'm

1 5/3/16 - WHOLE - BILL 160170, etc.

2 okay. Thank you.

3 COUNCILWOMAN BROWN: Well, let
4 me say as a former teacher and a former
5 social worker, I know well that the work
6 that the professionals do in your
7 department is not only amazingly
8 important but emotionally taxing, and I
9 give much credit to professionals who
10 stick with it, because I was one of those
11 who after working seven months at
12 Sleighton Farms School, which was an
13 all-girls school where young people had
14 been adjudicated there by the courts,
15 emotionally I simply couldn't take it
16 anymore because of the complicated,
17 complex, awful circumstances that girls
18 had to endure. So when we have
19 professionals that are able to grow a
20 career and stay in the work that you do,
21 it should always, always not go
22 unrecognized.

23 COMMISSIONER SHAPIRO: I agree,
24 and I'd like to just take this
25 opportunity to thank my staff for the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 hard work that they do on behalf of the
3 children and families, and it is hard
4 work and they are dedicated
5 professionals, and I thank them.

6 COUNCILWOMAN BROWN: It truly
7 is.

8 So a number of questions have
9 been raised. A lot of work, information
10 needs to come back to us and we would ask
11 that you do that posthaste.

12 COMMISSIONER SHAPIRO: I will.
13 I certainly will.

14 COUNCILWOMAN BROWN: President
15 Clarke will determine when the callbacks
16 will be.

17 COMMISSIONER SHAPIRO: Thank
18 you very much for having me. I
19 appreciate it.

20 COUNCILWOMAN BROWN: We thank
21 you all. Thank you very much.

22 Could the Office of Supportive
23 Housing please move to the witness table.

24 Good afternoon. Office of
25 Supportive Housing, can you please join

1 5/3/16 - WHOLE - BILL 160170, etc.

2 us at the witness table.

3 (Witnesses approached witness
4 table.)

5 COUNCILWOMAN BROWN: Good
6 afternoon.

7 MS. HERSH: Good afternoon.

8 COUNCILWOMAN BROWN: Evening?

9 MS. HERSH: No. We're still
10 afternoon.

11 COUNCILWOMAN BROWN: If you
12 could state your name for the record and
13 then please proceed with your testimony.

14 MS. HERSH: Thank you. Good
15 afternoon, Council President Clarke and
16 members of City Council or member of City
17 Council. My name is Liz Hersh. I'm the
18 Director of the Office of Supportive
19 Housing. Joining me today are Joye
20 Presson, Chief of Staff, and Rodney
21 Cherry, Fiscal Officer for OSH. I'm
22 pleased to provide testimony on the OSH
23 Fiscal Year 2017 Operating Budget. And I
24 want to note that today is my two-month
25 anniversary in this job.

1 5/3/16 - WHOLE - BILL 160170, etc.

2 COUNCILWOMAN BROWN: Well,
3 welcome aboard. You are 60 days old.

4 MS. HERSH: "Old" being the
5 operative word there.

6 COUNCILWOMAN BROWN: Let me
7 just say for the record, because you do
8 not see Councilmembers here present
9 visually, we do listen in our offices.
10 Okay?

11 MS. HERSH: Great. And I
12 notice that Councilwoman Bass had read my
13 testimony, so I was quite pleased to see
14 that.

15 The mission of the Office of --
16 I wanted to say that the OSH staff and
17 clients and providers are deeply
18 appreciative of the precious public funds
19 that are made available to us, entrusted
20 to us to carry out this important work.
21 We don't take this for granted. Thank
22 you very much.

23 The mission of the Office of
24 Supportive Housing is to provide the
25 leadership, coordination, planning, and

1 5/3/16 - WHOLE - BILL 160170, etc.
2 mobilization of resources to make
3 homelessness rare, brief, and
4 non-recurring. The homeless system is
5 comprised of 63 mostly not-for-profit
6 providers, city, state, and federal
7 entities that together provide emergency
8 housing and services to people who are
9 both literally homeless and at imminent
10 risk of being homeless.

11 In addition, OSH provides
12 emergency response and service days,
13 which are cleanup of encampments; manages
14 food and commodity distribution to
15 contracted shelters and soup kitchens;
16 and offers services to people when
17 Licenses and Inspections issues a cease
18 operations. And we also run a personal
19 care home called Riverview, which is up
20 near Graterford Prison.

21 OSH's budget request for FY17
22 is \$93,509,923. This represents an
23 increase of \$335,289 to cover three new
24 positions for homeless management
25 information service and a 2.5 percent

1 5/3/16 - WHOLE - BILL 160170, etc.

2 raise for both DC 47 and non-represented
3 employees.

4 OSH has some notable successes
5 to report for FY16. We reached
6 functional zero on veterans homelessness,
7 an accomplishment we are now working to
8 sustain. No families were found living
9 on the street. I don't think that should
10 be an accomplishment, but it is an
11 accomplishment in this day and age.

12 We helped 458 households
13 prevent shelter admission. Our Rapid
14 Rehousing Program has housed 209
15 families, with an 85 percent success rate
16 in preventing a return to homelessness.
17 And yesterday, thanks to the very fine
18 work of our staff and our provider
19 network, we got our second award from HUD
20 to fund new and renewal units, bringing
21 total grant funding to \$35,363,966. This
22 new grant adds 55 -- and that is, by the
23 way, the highest -- the biggest grant the
24 City of Philadelphia has ever gotten from
25 HUD for the Continuum of Care, and it was

1 5/3/16 - WHOLE - BILL 160170, etc.
2 the third largest award in the nation.
3 So really proud of that accomplishment,
4 and these are competitive dollars.

5 The new grant adds 55 units of
6 rapid rehousing for families and 60 of
7 permanent supportive housing for
8 chronically homeless individuals. And
9 I'm very pleased that on the heels of all
10 of the discussion about youth
11 homelessness, that we will be able to
12 dedicate some of those units of rapid
13 rehousing for families that are headed by
14 young people between the ages of 18 and
15 24. So that's an immediate new resource
16 to address this problem.

17 We also this year got a TANF
18 for rapid rehousing pilot for 50 West
19 Philadelphia families, homeless families.
20 This is the first such program in the
21 state. We've already filled the 25 slots
22 for this year, and this is expected to be
23 a model program for Pennsylvania. We're
24 one of 22 cities to be part of a national
25 Voices of Youth Count being conducted by

1 5/3/16 - WHOLE - BILL 160170, etc.
2 Chapin Hall to try and assess how many
3 young people actually are experiencing
4 homelessness, and we're part of a
5 first-ever grant from the William Penn
6 Foundation, thanks to a collaboration by
7 People's Emergency Center and Bright
8 Spaces, and that will be to improve the
9 experience of children who are homeless
10 while they're in our intake centers and
11 some of our shelters. So they will have
12 a little better time of it. So thanks to
13 People's Emergency Center for that.

14 The numbers of people seeking
15 help from the Office of Supportive
16 Housing are dramatic. Our intake sites
17 have seen this year, this fiscal year,
18 over 8,000 single men, 6,200 single
19 women, and 3,276 families, and in 2015,
20 60 people died while homeless. I think
21 it's important to remember the stakes of
22 this work and that people die on the
23 streets, and we really want to do better.
24 We need to do better for those people.

25 In 2016, 6,112 Philadelphians

1 5/3/16 - WHOLE - BILL 160170, etc.
2 were identified as experiencing
3 homelessness, and this is a very specific
4 number. It's dictated by the federal
5 government in how we count homelessness,
6 and it's done through a Point in Time
7 count, basically a snapshot conducted on
8 January 27th, 2016. This year we
9 identified that 705 single adults were
10 unsheltered. Again, no families were
11 unsheltered. That doesn't mean that no
12 families were homeless. It just means
13 that there were none on the street.

14 Of all of the homeless families
15 and individuals we counted, 885 families
16 and 2,154 singles were living in either
17 emergency or transitional housing. So
18 that means that even though those folks
19 were sheltered and so they were safe from
20 the elements, they were not in a home of
21 their own. They were being cared for in
22 either emergency or transitional housing
23 or a safe haven.

24 Of the people experiencing
25 homelessness, both sheltered and

1 5/3/16 - WHOLE - BILL 160170, etc.
2 unsheltered again at this point in time,
3 13 percent were between the ages of 18
4 and 24, 41 percent were severely mentally
5 ill, 43 percent had chronic substance
6 abuse. And I want to note that for those
7 people who are unsheltered, the
8 percentages of people experiencing severe
9 mental illness and/or substance abuse
10 disorders are higher. And 11 percent
11 reported having been victims of domestic
12 violence. So those are the numbers of
13 people that we are serving.

14 The homeless system -- and also
15 not serving, the 700 on the street who
16 are probably touched by outreach.

17 The homeless system has a total
18 of 11,545 total beds, 11,545 beds.
19 Thirty-seven hundred and sixty-eight of
20 those are emergency beds, of which 42
21 percent are for families and 58 percent
22 are for singles. This is important to
23 note because when we get to permanent
24 housing, you'll notice that the numbers
25 are flip-flopped and more permanent

1 5/3/16 - WHOLE - BILL 160170, etc.
2 housing is available for families and
3 less for singles, and that's really by
4 design to try and move families through
5 the emergency housing system and into
6 permanent solutions.

7 There are 1,905 transitional
8 beds, and those provide up to 24 months
9 of rental assistance with services, and
10 72 percent of those are for families, 28
11 percent for singles. So you see a higher
12 proportion of singles in the emergency
13 housing system proportionately and more
14 of the families served by permanent and
15 transitional housing, and this has been a
16 strategy over time.

17 Of the 646 permanent beds, 57
18 percent are for families, 43 percent for
19 singles. And thanks to our partners, the
20 provider network, the Public Housing
21 Authority, the Department of Behavioral
22 Health, we have 1,110 more permanent
23 housing units under development.

24 So our plans for Fiscal Year
25 2017: focus on homelessness prevention,

1 5/3/16 - WHOLE - BILL 160170, etc.
2 shorter shelter stays, and permanent
3 housing, especially for families with
4 children. We know that children who
5 experience homelessness are more likely
6 to have mental health and substance
7 addiction disorders, a lifetime of
8 dependency, and poverty, and we are
9 committed to finding ways to preventing
10 homelessness among families, shortening
11 their stay in the shelters, which now
12 averages at about five months, and
13 helping them get into either rapid
14 rehousing, transitional or permanent
15 housing sooner, especially if we can
16 before August when children start school,
17 so you don't have that destabilization of
18 children moving throughout the school
19 year.

20 We want to target youth
21 homelessness. We're so pleased that City
22 Council and the advocates have shown the
23 spotlight on youth homelessness. It's a
24 very disturbing trend. We're
25 particularly concerned -- we're concerned

1 5/3/16 - WHOLE - BILL 160170, etc.
2 about all the young people on the street,
3 but the high incidence of LGBTQ kids and
4 the incidence of opiate addiction, these
5 are very disturbing trends and ones that
6 I think take special attention. And
7 we're very pleased to look forward to
8 working with City Council, with our
9 provider network, with the School
10 District, with DHS, with anybody who is
11 willing to come to the table to try and
12 do a better job to expand services and
13 have an impact on youth homelessness.

14 We want to approach street
15 homelessness and chronic homelessness
16 with reduced energy. And I differentiate
17 because street homelessness includes both
18 people who are chronically homeless and
19 those who may be on the streets who are
20 not chronically homeless, but if we don't
21 do something soon, they will be.

22 It takes significant outreach
23 and engagement for people who are on the
24 streets to come inside, and we have to
25 have the right mix of opportunities for

1 5/3/16 - WHOLE - BILL 160170, etc.
2 them at the front door and we have to
3 have a way for them to go out the back
4 door. And that's really the tricky part
5 and also a resource question. But we're
6 doing what we can, and so here's just a
7 couple of the things that we've already
8 started doing.

9 We've already identified and
10 deployed almost 100 new units just in the
11 last 60 days so that we can do a better
12 job of helping people get off the street.
13 And I want to especially acknowledge the
14 Housing Authority for their partnership
15 in making this possible. We could not do
16 it without them and the Department of
17 Behavioral Health and their cooperation
18 and their support.

19 We are redeploying the street
20 outreach teams to be zone-based. Up to
21 now they've largely been on demand. So
22 if you call, they go out. And in
23 addition to that now, we've added new
24 teams. DBH has been funding that, and
25 they will have zones, particularly in the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 downtown area -- the rest will continue
3 to be on demand -- around the Convention
4 Center, South Broad, Rittenhouse Square,
5 and Market East. So you'll be seeing
6 them in May starting, with their bright
7 orange shirts, being ambassadors to the
8 business community and really do kind of
9 a man-on-man defense to address these
10 areas where there's high concentrations
11 of people living on the street.

12 And we're also launching a
13 100-day action plan to address street
14 homelessness. This is how we started the
15 successful effort to end veterans
16 homelessness. It's getting all the
17 stakeholders together and setting
18 audacious but attainable goals to address
19 what we can do in 100 days to address
20 street homelessness. And it will also
21 focus on chronic street homelessness,
22 youth homelessness, some of which is
23 street and some isn't, and non-chronic
24 street homelessness. And this is already
25 scheduled for June 20th and 21st at the

1 5/3/16 - WHOLE - BILL 160170, etc.
2 College of Physicians. So we're really
3 excited to be able to jump-start these
4 initiatives with some bold action steps.

5 In addition to these
6 programmatic goals, we have a few what I
7 would consider to be infrastructure
8 goals. First is the implementation of
9 the homeless management information
10 system. We want our system to be data
11 driven, but we don't have a good data
12 system. So that really is job one. It's
13 well underway. We're working with a new
14 vendor who just started this fall, and we
15 believe that -- we've already started to
16 enter data in realtime, and we hope to
17 have and plan to have this system live in
18 May or June.

19 We are adopting a coordinated
20 entry system. Right now where you line
21 up largely determines where you end up
22 and which services you have access to,
23 and coordinated entry is not only the
24 state of the art, but it will provide
25 streamlined participant access to

1 5/3/16 - WHOLE - BILL 160170, etc.
2 services, with a standardized assessment
3 of needs to link them to the most
4 appropriate resources available to
5 address their housing crisis wherever
6 they line up. So we're very excited.
7 This is major systems transformation.
8 It's going to take several more months to
9 get through the design and plan phase.
10 Then it will be implemented first on a
11 pilot and then whole-scale. But it
12 really will make, we believe, a dramatic
13 difference in access to the appropriate
14 services and standardized assessment for
15 everyone who enters our system.

16 And it's time to do another big
17 plan. Our last plan was a ten-year plan.
18 We haven't decided if ten years is the
19 magic number yet, but it ended in 2015.
20 And this is our opportunity to step back,
21 to take in all the new evidence and
22 research and data and thinking around how
23 to make homelessness rare, brief, and
24 non-recurring based on what people need
25 and around what's available in our system

1 5/3/16 - WHOLE - BILL 160170, etc.
2 and to look at the deployment of
3 resources and to ask whether we're doing
4 everything we possibly can and what we
5 want to do differently. And this plan
6 will be data-informed, evidence-based,
7 and outcomes-driven with a plan that's
8 achievable, clear, and concise, and we
9 will monitor our performance based on
10 achieving the goals that we set in this
11 plan. And we'll do this with the input
12 of our Continuum of Care Board.

13 Thanks to the excellent work of
14 the OSH staff, some of whom are still
15 here now, and our provider community and
16 HUD, we do have funding to support the
17 100-day plan, the coordinated entry, and
18 the HMIS system, as well as the new
19 strategic plan. And I want you to know
20 as the keepers of those precious City
21 public dollars that we are leveraging
22 federal dollars and state dollars and not
23 just relying on the City to support these
24 programs.

25 And, finally, we are moving

1 5/3/16 - WHOLE - BILL 160170, etc.
2 towards performance-based contracts.
3 We're aligning our work with the Mayor's
4 Office of Performance Management. We're
5 very concerned that the outcomes that our
6 system produces are appropriate and that
7 they're realistic and that they, more
8 than that, that they capture all of the
9 rich services that are provided and
10 delivered through our service network,
11 which right now I think we're really not
12 capturing the richness of our service
13 network. So we're very excited to have
14 the data, the plan, and to have the
15 metrics and start to build that in so
16 that when we come back to you over time,
17 it's not just reporting on beds. And we
18 do need to report on beds. It's very
19 important that people not be out and
20 exposed to the elements, but we also want
21 to report on the quality of our programs
22 and what difference we are making in the
23 lives of the most vulnerable
24 Philadelphians and in our progress
25 towards our mission of making

1 5/3/16 - WHOLE - BILL 160170, etc.
2 homelessness rare, brief, and
3 non-recurring.

4 Thank you so much.

5 COUNCILWOMAN BROWN: You are
6 welcome. The work that you do is
7 priceless. You simply can't put a price
8 tag on it, trying to save families.

9 MS. HERSH: Thank you.

10 COUNCILWOMAN BROWN:
11 Councilwoman Bass.

12 COUNCILWOMAN BASS: Yes.

13 Good evening.

14 MS. HERSH: Good evening.

15 COUNCILWOMAN BASS: I just have
16 the one question that I asked someone
17 else, which was about the safety and
18 security at the shelter. And, again,
19 tragically there was someone who was
20 killed.

21 MS. HERSH: His name is John
22 Barksdale. I think we should remember
23 his name.

24 COUNCILWOMAN BASS: Absolutely.
25 Absolutely. And unfortunately losing

1 5/3/16 - WHOLE - BILL 160170, etc.
2 Mr. Barksdale, but we did put some safety
3 measures into place as a result, and from
4 your testimony, I really couldn't get a
5 grasp of what was in place before and
6 what is in place now. So I don't know if
7 you could go over that.

8 MS. HERSH: I'm going to turn
9 it over to Joye Presson, who has been
10 here for a little bit longer, to talk
11 about what's been in place before and
12 then I can tell you a little bit what
13 we're trying to do.

14 COUNCILWOMAN BROWN: Please
15 state your name for the record.

16 MS. PRESSON: Joye Presson.

17 COUNCILWOMAN BROWN: And please
18 pull the mic closer to you.

19 MS. PRESSON: Joye Presson.

20 Well, prior to the incident
21 that occurred at the South Station House
22 with Mr. Barksdale, the security measures
23 were primarily at the purview of the
24 individual shelter providers. And so at
25 the time that the incident occurred with

1 5/3/16 - WHOLE - BILL 160170, etc.
2 Mr. Barksdale, the provider did have
3 security measures in place. They had
4 security guards. They had a locked front
5 door. The security guards generally --
6 well, not generally. The security guards
7 did check everyone as they were coming
8 into the front door. In this particular
9 instance, the perpetrator came in the
10 door with the food service workers, so he
11 was not stopped, and he kind of came in
12 shooting.

13 So since that unfortunate
14 incident, what we have done is collected
15 all of the security protocols from all of
16 the providers that we fund and we have
17 been looking at them in an effort to
18 standardize the procedures across the
19 system. So that, coupled with what the
20 Administration put in place with the
21 safety and security and risk assessments,
22 when we get the reports from all of those
23 assessments of the sites that have been
24 assessed, we will look at all of that
25 information and standardize all of our

1 5/3/16 - WHOLE - BILL 160170, etc.
2 procedures, particularly -- and line them
3 up, with particularly the recommendations
4 from L&I, the Fire Marshal, and/or the
5 Police Department.

6 COUNCILWOMAN BASS: Was there
7 any assessment requirement previously to
8 a provider?

9 MS. PRESSON: Safety
10 assessment?

11 COUNCILWOMAN BASS: Yes.

12 MS. PRESSON: Not formally. I
13 mean, other than on an annual basis, our
14 inspectors would go to the various
15 shelter facilities and conduct an
16 inspection, but it wasn't necessarily
17 geared towards safety.

18 COUNCILWOMAN BASS: Okay. So
19 there would be an inspector who would
20 come out and who would check sort of
21 cleanliness and conditions?

22 MS. PRESSON: Conditions of the
23 facility.

24 COUNCILWOMAN BASS: Of the
25 facility and those sorts of things. But

1 5/3/16 - WHOLE - BILL 160170, etc.
2 there wasn't any overall assessment of
3 maybe bringing in a security professional
4 or the Police to say where the holes
5 were?

6 MS. PRESSON: No, unfortunately
7 we had not done that.

8 COUNCILWOMAN BASS: Okay. All
9 right. But that is being done now?

10 MS. PRESSON: Yes.

11 COUNCILWOMAN BASS: And now
12 there are standards across the board for
13 all shelters throughout the City?

14 MS. PRESSON: We're in the
15 process of standardizing those
16 procedures, and a lot of it will be based
17 on what L&I tells us or what the Police
18 have said, as they've gone to various
19 different sites and conducted a review.

20 COUNCILWOMAN BASS: Okay. And
21 when will that process be complete?

22 MS. PRESSON: We don't have the
23 reports of all of the assessments yet.
24 We're waiting for them to complete their
25 assessments of -- I think we gave them 13

1 5/3/16 - WHOLE - BILL 160170, etc.
2 priority sites to assess. So as soon as
3 we get that report. I would say over the
4 next three months, three to six months.

5 COUNCILWOMAN BASS: Three to
6 six months we should have standardized
7 safety procedures in place?

8 MS. PRESSON: Yes.

9 COUNCILWOMAN BASS: Okay.
10 Great. Thank you very much.

11 Thank you, Madam Chair.

12 COUNCILWOMAN BROWN: You're
13 welcome.

14 MS. HERSH: The sites do all
15 have security and they do all have metal
16 detecting wands in place.

17 COUNCILWOMAN BROWN: Okay,
18 then.

19 Councilman Henon, might you
20 have any questions at all, sir?

21 COUNCILMAN HENON: It was
22 answered.

23 COUNCILWOMAN BROWN: All right,
24 then.

25 Well, is there anyone else to

1 5/3/16 - WHOLE - BILL 160170, etc.
2 have questions, comments, observations,
3 suggestions, recommendations for the
4 OESS?

5 (No response.)

6 COUNCILWOMAN BROWN: Very well.

7 Let me close with this team of
8 professionals as I did with DHS. The
9 work you do is incredibly important.
10 Your compensation nowhere matches
11 probably -- I mean, members of Council
12 work nine days a week, 72 hours a day, is
13 what I say. I would suspect that your
14 work comes close to that. So thank you
15 all on behalf of the work you do every
16 day on behalf of the citizens of our
17 city.

18 With that said, this Committee
19 will stand in recess until Wednesday, May
20 4th, 2016 at 10:00 a.m., at which time we
21 will reconvene in Room 400, City Hall.

22 Thank you very much.

23 MS. HERSH: Thank you.

24 (Committee of the Whole
25 concluded at 5:20 p.m.)

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CERTIFICATE

I HEREBY CERTIFY that the proceedings, evidence and objections are contained fully and accurately in the stenographic notes taken by me upon the foregoing matter, and that this is a true and correct transcript of same.

MICHELE L. MURPHY
RPR-Notary Public

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