

COUNCIL OF THE CITY OF PHILADELPHIA
COMMITTEE OF THE WHOLE

Room 400, City Hall
Philadelphia, Pennsylvania
Tuesday, April 23, 2019
10:46 a.m.

PRESENT:

COUNCIL PRESIDENT DARRELL L. CLARKE
COUNCILWOMAN CINDY BASS
COUNCILMAN ALLAN DOMB
COUNCILMAN DEREK S. GREEN
COUNCILMAN WILLIAM K. GREENLEE
COUNCILMAN BOBBY HENON
COUNCILMAN CURTIS JONES, JR.
COUNCILWOMAN CHERELLE L. PARKER

BILLS 190152, 190153, and 190154
RESOLUTION 190164

- - -

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 COUNCIL PRESIDENT CLARKE: Good
3 morning. We're going to start. This is
4 the public hearing of the Committee of
5 the Whole regarding Bills No. 190152,
6 190153, 190154, and Resolution No.
7 190164.

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

10 THE CLERK: Bill No. 190152, an
11 ordinance to adopt a Capital Program for
12 the six Fiscal Years 2020 through 2025
13 inclusive.

14 Bill No. 190153, an ordinance
15 to adopt a Fiscal 2020 Capital Budget.

16 Bill No. 190154, an ordinance
17 adopting the Operating Budget for Fiscal
18 Year 2020.

19 Resolution No. 190164,
20 resolution providing for the approval by
21 the Council of the City of Philadelphia
22 of a Revised Five Year Financial Plan for
23 the City of Philadelphia covering Fiscal
24 Years 2020 through 2024 and incorporating
25 proposed changes with respect to Fiscal

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 Year 2019, which is to be submitted by
3 the Mayor to the Pennsylvania
4 Intergovernmental Cooperation Authority
5 (the "Authority") pursuant to the
6 Intergovernmental Cooperation Agreement,
7 authorized by an ordinance of this
8 Council approved by the Mayor on January
9 3, 1992, (Bill No. 1563-A), by and
10 between the City and the Authority.

11 COUNCIL PRESIDENT CLARKE:

12 Thank you.

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 2020, a
18 Capital Program, and a forward-looking
19 Capital Plan for Fiscal 2020 through
20 Fiscal 2025.

21 Today we will hear testimony
22 from the following City departments:
23 Office of Homeless Services, Health
24 Department, Behavioral Health.

25 Mr. Stitt, the first person to

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 testify from the Administration is?

3 THE CLERK: Liz Hersh.

4 COUNCIL PRESIDENT CLARKE: Good
5 morning.

6 MS. HERSH: Good morning.

7 (Witnesses approached witness
8 table.)

9 MS. HERSH: Good morning. Good
10 morning, President Clarke and members of
11 City Council. I'm Liz Hersh, Director of
12 the City's Office of Homeless Services.
13 Joining me today are David Holloman,
14 Chief of Staff, and Rodney Cherry, Fiscal
15 Officer, and members of our team are also
16 seated back here.

17 Say hi, everybody.

18 Thank you for the opportunity
19 to provide testimony on our proposed
20 Fiscal Year 2020 Operating Budget.

21 First, let me thank you for
22 Council's steadfast support for our
23 programs. Despite the highest poverty
24 rate of any major U.S. city, Philadelphia
25 still has the lowest rate of street

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 homelessness. Over the past three years,
3 we've slowed the rate of growth of our
4 street homeless population by 86 percent.

5 Since 2016, the number of
6 people in shelter and temporary housing
7 is down by 13 percent, but those who are
8 unsheltered has risen. This year there
9 are 967 people unsheltered, according to
10 the Point in Time Count, the source of
11 data used by HUD.

12 Last year, the Office of
13 Homeless Services and our network of more
14 than 60 non-profit providers helped
15 16,000 people through our programs,
16 nearly 11,000 through our temporary and
17 emergency housing, nearly 900 through
18 homelessness prevention and diversion,
19 and nearly 6,000 through long-term
20 housing. We estimate that about 5
21 percent of those experiencing deep
22 poverty hit the homeless system annually,
23 which we think is extraordinary. That
24 means 95 percent don't. Fifteen percent
25 of those who enter our program are

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 working. Most others have very little or
3 no income.

4 Through our network of
5 providers, we operate nearly 3,500
6 shelter beds, 255 safe haven beds, 1,200
7 transitional housing units, and nearly
8 6,000 permanent or long-term housing
9 units. While we continue to rely on
10 shelter, because our primary
11 responsibility is to keep people alive,
12 our goal is to expand permanent or
13 long-term housing.

14 Housed people are not homeless.
15 In the past three years, we have added
16 300 long-term beds -- long-term housing
17 opportunities and 200 temporary beds.
18 Thank you very much for your support.
19 That's made this possible.

20 On your tables, we've shared
21 with you three documents that provide
22 more detail on both our recent efforts
23 and our plan. You have in front of you
24 our 2018 annual report, with highlights
25 of progress made. You have our five-year

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 strategic plan called the Road Back to
3 Home, and you have the University of
4 Pennsylvania study of the encampment
5 resolution pilot. These reports provide
6 a lot of information about expanded
7 homelessness prevention services to
8 families and the LGBTQ, Latinx, refugee,
9 and immigrant communities.

10 I would like to highlight just
11 two aspects of our work before opening it
12 up for questions.

13 Shallow rent: Faced with a
14 significant number of people who live on
15 disability income; that is, about \$700 to
16 \$800 a month, clearly not enough to pay a
17 market rent, we developed a pilot shallow
18 rent program. Its goal was specifically
19 to help people who cycle through our
20 shelters into a stable, affordable
21 housing opportunity using the private
22 rental market and costs less than a full
23 regular rent subsidy such as through a
24 Housing Authority Housing Choice Voucher.
25 We started with 40 participants. After

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 one year, 39 of them were still housed.
3 So we doubled the program to 80 this
4 year.

5 The model is that basically we
6 use existing rental units. We engage
7 private landlords, inspect the units to
8 make sure they meet housing quality
9 standards, require tenant training,
10 mandatory payment of the tenant portion
11 of the rent through direct withdrawal,
12 and ensure wrap-around services. The
13 individuals we serve pay \$200 a month, 30
14 percent of their income in rent, plus
15 utilities. We pay the rest, but it's a
16 fixed rate below market. We have more
17 landlords who would like to participate.

18 With so much discussion taking
19 place of shallow rent, I wanted to make
20 sure that you are aware that OHS has an
21 infrastructure in place to administer a
22 shallow rent program that is scalable to
23 serve different populations and pay
24 different rent levels.

25 The second focus I'd like to

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2 talk about very briefly is the encampment
3 resolution pilot. In partnership with
4 the Department of Behavioral Health and
5 the Police, we resolved the four
6 encampments in Kensington humanely and
7 effectively. We used a push-pull or
8 carrot and stick approach. Each bridge
9 was served with a 30-day deadline notice,
10 after which it would be permanently
11 closed. And through intensive outreach
12 engagement and on-site services, we
13 provided low-barrier shelter beds or
14 treatment slots to everyone we knew to be
15 homeless in the camps.

16 After nine months, 65 percent
17 from the first two camps were still
18 service engaged and nearly half were
19 still in treatment and/or housing.
20 Independent researchers from Penn hailed
21 this approach as a success, saying that
22 providing services alongside the closure
23 defined the pilot's success.

24 This approach has drawn
25 national attention for its effectiveness

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2 in the face of tremendous challenges that
3 very much still plague the neighborhood.
4 We continue to address the homelessness
5 in Kensington as well as throughout the
6 City, but in Kensington through the
7 Resilience Project, which brings together
8 more than 30 City departments, offices,
9 and agencies to work in a coordinated
10 fashion to improve the quality of life
11 for all residents.

12 The requested additions in the
13 OHS budget this year are largely to
14 address this opioid-driven homelessness.

15 We thank you again for your
16 support and your investment in our work.
17 Thank you for this opportunity to
18 testify, and I'm available to answer your
19 questions.

20 COUNCIL PRESIDENT CLARKE:

21 Thank you. Thank you for your testimony.
22 I just got a couple of questions.

23 We do this every budget
24 hearing. Shameless plug, Narrowing the
25 Gap. I don't know if you've seen this

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 document.

3 MS. HERSH: We have indeed,
4 read it cover to cover.

5 COUNCIL PRESIDENT CLARKE:
6 Yeah. So anyway, we talk about narrowing
7 the gap, preventing poverty, reducing
8 poverty in a meaningful way, laying out a
9 series of strategies associated with what
10 we can do locally. Clearly your work
11 involves categories of individuals and
12 families that fall at or below the
13 poverty level.

14 Can you tell me what your
15 department is doing and if you can align
16 it with some of the things that we're
17 proposing in this document just
18 generally, where we're going with that.
19 Because we genuinely want to have a
20 measurable reduction in poverty, not to
21 say feel-good reduction, because
22 feel-good reduction is when we have
23 announcements and we're having programs,
24 which we've been doing over a series of
25 years, but every year we're still at 26

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2 percent. And lo and behold, I've
3 actually in our research found out that
4 we've been at the number one or number
5 two slot literally since the '70s. So
6 this is clearly a generational issue.

7 So can you talk to me in some
8 specific terms in how we get people moved
9 towards that needle of getting them above
10 that category.

11 MS. HERSH: Yeah. We invest a
12 lot of time and energy in thinking about
13 this. It is clear to us that having a
14 place to live doesn't cure poverty, but
15 it is impossible to lift yourself or your
16 family out of poverty without being
17 housed.

18 COUNCIL PRESIDENT CLARKE:
19 Right.

20 MS. HERSH: And so the first
21 order of business, and I think where our
22 strategy and yours align, is housing,
23 housing, housing, everybody having a
24 safe, secure place to live, whether
25 that's through preservation, the

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2 production of new units, whether it's
3 innovative programs like shallow rent, or
4 whether it's expanded rental assistance
5 for the very, very poorest people, those
6 below 30 percent of AMI, so that they
7 have that opportunity. We call this a
8 Housing First Philosophy, that once you
9 have a place to live, that is the
10 platform that we all need to be able to
11 hold a job, sustain our recovery, sustain
12 our physical health, raise our children,
13 do well in school. Housing First. So
14 that's where we fit together.

15 COUNCIL PRESIDENT CLARKE: All
16 right. I concur. It's very difficult to
17 achieve anything without a base of
18 operation, be it a home, be it a place
19 where you function and work and whatever,
20 but having an affordable place to live is
21 clearly something that we can do locally.

22 MS. HERSH: I think about where
23 do you put your glass of water at night
24 if you don't have a bedside table, where
25 do you keep your pills, all of those

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2 things, your clean set of clothes. Yeah,
3 the basics.

4 COUNCIL PRESIDENT CLARKE: All
5 right. So we look forward to working
6 with you on that.

7 MS. HERSH: Thank you. We look
8 forward to working with you too.

9 COUNCIL PRESIDENT CLARKE: So
10 I'm, as most people are, a lot of elected
11 officials, a member of the National
12 League of Cities, and we talk to various
13 colleagues around the country, and I'm a
14 part of this -- I think we formed it
15 about three or four years ago --
16 Conference of Council Presidents, and we
17 talked about homelessness, and the
18 interesting thing is that across the
19 country, this is an issue. But the one
20 thing you get to share, conversations and
21 strategies with people from around the
22 country, and one of the things that we
23 were asking other Council Presidents
24 about was this issue around homelessness
25 and affordable housing. And apparently

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2 in Albuquerque, New Mexico, along with a
3 number of other cities, they started this
4 program, the Van Program, where they
5 literally pick up panhandlers and offer
6 them money for a day's work, and often
7 times they're asked to clean up litter
8 around the city.

9 As you may know, I represent
10 Center City, and as a result of that, it
11 is to some degree ground zero for a lot
12 of this type of activity. So I'm always
13 getting store owners and property owners
14 calling me, Darrell, what are you going
15 to do? I got this guy in front of my
16 place. He won't move. Technically we
17 can't make him move, but he's like
18 harassing my customers, asking them for
19 money. They don't want to -- you get the
20 gist.

21 So what do you think about a
22 model where we, I guess, to some degree,
23 a public works initiative, where we get
24 people and we ask them to do certain
25 public works in exchange or in lieu of

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2 them basically standing on the corner or
3 standing at, I guess it's --

4 MS. HERSH: Walnut.

5 COUNCIL PRESIDENT CLARKE: --

6 5th Street coming off the bridge --

7 MS. HERSH: Yeah, right.

8 COUNCIL PRESIDENT CLARKE: --

9 and going on the bridge, which is kind of
10 dangerous. You're actually on the bridge
11 literally out there asking for money.

12 What do you think about
13 alternative opportunities for people like
14 that?

15 MS. HERSH: Yeah. There's a
16 Better Way, Albuquerque, yeah. We would
17 love to be able to do that, and there's
18 two things that are actually happening
19 right now. The first is that The Barra
20 Foundation funded Mural Arts Program
21 together with Mental Health Partnership
22 to do a same-day pay program, and they're
23 going to begin -- they may have even
24 begun yesterday -- to take folks directly
25 off the street who want to work and

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2 they're going to be painting murals in
3 the concourse. And I don't remember how
4 much they'll get paid a day. And
5 Scattergood is evaluating it. And then
6 they'll get wrap-around services through
7 the Mental Health Partnership. So that
8 pilot is live.

9 And then the second pilot that
10 Harold Epps from Commerce and we are
11 working on together is more along the
12 lines of what -- There's a Better Way --
13 Albuquerque does. And we're looking at
14 the work actually being run through CLIP,
15 because they already have an
16 infrastructure - supervisors, vans,
17 work - to do. And so we're trying to
18 figure out how to organize that, but our
19 hope is that in the next fiscal year --
20 our plan is that in the next fiscal year
21 we would also launch a small pilot to try
22 and get at the economics of panhandling,
23 because we did a panhandling survey, as
24 you recall, and what we found is that
25 people do it to make money, and they

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2 actually show up in general at the same
3 place at the same time every day, which
4 is work behavior, but they don't have --
5 there's too many barriers for them to
6 hold a regular job. So we're hoping to
7 do that together with, for example, First
8 Step Staffing.

9 What First Step says is that a
10 substantial percentage of the people who
11 walk through their door aren't ready for
12 the first step. They need an onramp. So
13 we're really looking at trying to pilot
14 that onramp. So we're very enthusiastic
15 and pursuing it.

16 COUNCIL PRESIDENT CLARKE:
17 Okay. So by an onramp, because there is
18 a simple reality that a lot of people, if
19 you create an environment where they can
20 do some sort of public works and get
21 paid, that they're probably going to go
22 out and buy some product that may not be
23 legal, illegal or helpful to them from a
24 health and safety perspective. So how do
25 you deal with that? I mean, how do we

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2 deal with the realities of I got cash in
3 my hand, I'm going to buy some K2, I'm
4 going to get some weed, I'm going to get
5 some chronic, I'm going to do whatever,
6 right? I mean, that's just a reality,
7 right?

8 MS. HERSH: That is a reality.

9 COUNCIL PRESIDENT CLARKE: How
10 do you deal with that?

11 MS. HERSH: The model has
12 wrap-around services, and the idea is
13 that as people -- and I think what they
14 found in Albuquerque and other cities is
15 that as people have opportunities for
16 legitimate ways of earning money and they
17 have the experience of contributing and
18 dignity of work, that then that becomes a
19 link for them with the services that are
20 available. So that the program is
21 actually nested with a set of services,
22 but we do expect that some of that will
23 continue. I think what it means then is
24 they're not stealing or panhandling to
25 get that money.

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2 And just by the by, the number
3 one substance of use among homeless
4 people, especially in Center City, is
5 alcohol.

6 COUNCIL PRESIDENT CLARKE:

7 Well, that's a given. That's actually
8 legal, so...

9 MS. HERSH: There you go.

10 COUNCIL PRESIDENT CLARKE:

11 That's no different than everybody else,
12 right? You come down here on Friday
13 nights, there's a whole lot of alcohol
14 going on.

15 MS. HERSH: Yeah.

16 COUNCIL PRESIDENT CLARKE: Hub
17 of Hope. I want to thank you obviously
18 for your participation early on in that
19 project. We're quite excited. We cut
20 the ribbon. We all had very, very high
21 hopes for that particular location.

22 It has hit some bumps and
23 bruises. I actually was down there a
24 couple of days ago. It was kind of
25 clean. I don't know what happened.

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2 Somebody, a newspaper story or
3 something --

4 MS. HERSH: No. We're working.

5 COUNCIL PRESIDENT CLARKE:

6 What's our long-range game plan for that?

7 MS. HERSH: I'm going to let

8 Dave --

9 COUNCIL PRESIDENT CLARKE:

10 Yeah, because it was a really -- it's a
11 good idea, and I understand in the actual
12 Hub of Hope it's working. We're getting
13 people engaged. The long-term viability
14 of those individuals in terms of them
15 moving them out of their situation, I
16 guess the jury is still out on that, but
17 at least while they're in there. But the
18 issues surrounding and leading to the Hub
19 of Hope is challenging, and I frankly
20 don't like going down there, because the
21 store owners, not the individuals, the
22 store owners are beating me over the
23 head. Councilman Greenlee and myself --

24 MS. HERSH: Three store owners.

25 COUNCIL PRESIDENT CLARKE:

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2 Yeah. They're all over me. It's like,
3 well, what are we going to do, right?

4 What are we going to do down
5 there? And I know it's not just simply
6 on you guys. It's SEPTA and the City and
7 everybody else.

8 MR. HOLLOMAN: Good morning,
9 Honorable Clarke and all members of
10 Council here.

11 As you said, we have done a lot
12 of work. We continue to hear the
13 complaints that come in, not only from
14 the store owners but also from
15 participants who utilize the Hub of Hope.
16 And so we think that the Hub of Hope is
17 the right approach. I think two years
18 ago when we heard a number of complaints
19 about people having unoccupied time in
20 the area of Center City such as
21 panhandling, this was a great concept and
22 idea.

23 So what we have continued to do
24 has been partner with the business owners
25 down there, also with law enforcement,

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2 and also stepped up our social service
3 efforts. Part of the reason why you have
4 seen a significant change in that area,
5 we have started this over a year ago. We
6 have hosted a number of different
7 training to really educate the general
8 public, members of District 47, Risk
9 Management about what is being done in
10 the Hub of Hope. What we have found was
11 that a significant number of people who
12 are around the Hub of Hope aren't
13 homeless. And so what we are trying to
14 do is make a clear distinction between
15 individuals who are actually utilizing
16 the Hub of Hope for services versus
17 people who are coming down there doing
18 predatory behaviors. So it's an ongoing
19 and long-term strategy.

20 SEPTA and the local Philly PD
21 has been phenomenal in partnering with
22 outreach. We recently hired an
23 outreach/behavioral health specialist to
24 really identify individuals who may be
25 homeless and struggling with some

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2 behavioral health to get them a correct
3 intervention, which is social services.

4 The other thing Project HOME
5 has done with us, we're continuing to
6 meet on a bi-weekly basis really talking
7 about creating a, by name, list of folks
8 who are really truly struggling with
9 homelessness, housing crisis down there.

10 I think all hands are on deck
11 in terms of a project. I think Liz, when
12 you indicated about the day labor
13 program, we're looking at a multitude of
14 issues. We know it's not going to be a
15 one-for-one strategy, but we're trying to
16 quickly wrap areas. We are taking part
17 of the encampment resolution pilot,
18 taking best practices from there and
19 putting it in that particular area also.

20 What we have found is that all
21 of us like to say bless people with
22 services. The more service that you're
23 able to provide to people, the more
24 opportunities that they get. And we also
25 know that around the SEPTA concourse,

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2 it's seasonal. During the winter months,
3 majority of people who do not like being
4 out in the elements are hanging in the
5 subways. So what you're starting to see
6 is a shift in behavior, but we are trying
7 to work as closely as possible with
8 different agencies that are coming in
9 contact with them to keep wrapping
10 services around them.

11 COUNCIL PRESIDENT CLARKE:

12 Okay. All right. Thank you.

13 The Chair recognizes Councilman
14 Greenlee.

15 COUNCILMAN GREENLEE: Thank
16 you, Mr. President.

17 Just quickly on the Hub of
18 Hope, I'm glad you noted, sir, that a lot
19 of the problems seem to be -- and I'm
20 hearing this from talking to SEPTA and
21 the business people -- are the folks that
22 are not actually homeless, but they're
23 there to take advantage, selling some
24 illegal products or whatever, and that
25 seems to be a big -- and I know that's

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2 more of a police issue, but I think seems
3 to be a big part of the problem down
4 there.

5 MR. HOLLOMAN: Yeah,
6 absolutely. And I think there's an
7 opportunity also to engaging those
8 individuals. I think when we talk about
9 the poverty rate, unoccupied times only
10 lead to a number of different behaviors.
11 So with this day labor program, we're
12 hoping to develop programs that engage
13 those people too that are engaging in
14 predatory behaviors.

15 COUNCILMAN GREENLEE: That
16 would be good, although they might think
17 they're occupying their time right now by
18 doing what they're doing.

19 But I wanted to go on another
20 note here. Liz and everyone, I know you
21 have a difficult job and only so much
22 money to deal with, but as you know, I've
23 brought up both privately with you folks
24 and on budget hearings about the Women
25 Against Abuse shelters, the two of them,

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2 and I see in the budget detail at Page 26
3 a 700,000 decrease in emergency shelter.
4 Now, that's kind of lumped together, but
5 Women Against Abuse shelters are one of
6 those that are in the group and I'm
7 wondering are they receiving a decline in
8 their funding? Because I know we try to
9 every year bring a little bit more in
10 there. So do you know, are they getting
11 any decrease?

12 MS. HERSH: We haven't done the
13 detailed spending plan at this point in
14 time.

15 COUNCILMAN GREENLEE: I know
16 before -- and I think we had a meeting.
17 I think the Budget Director was in
18 there -- that there would be discussion
19 with those of us -- I'm one of them. I'm
20 not the only one -- that has concerns
21 about those two shelters and making sure
22 that they're as properly funded as we
23 can. Is the plan to still do that?

24 MS. HERSH: Absolutely. We try
25 to keep our word.

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2 COUNCILMAN GREENLEE: Okay. So
3 you're saying you don't know at this
4 point how that money is going to be
5 changed?

6 MS. HERSH: We haven't done our
7 spending plan yet.

8 COUNCILMAN GREENLEE: Okay. So
9 when the budget is passed, it gets to
10 that point, will we know then or will you
11 have detail then?

12 MS. HERSH: The process is
13 that, first of all, we have to do the
14 letters of intent, get the scopes out and
15 the proposed budgets for all of our
16 providers, and then begin to make those
17 decisions.

18 COUNCILMAN GREENLEE: All
19 right. Well, I guess I just want to go
20 on record saying that we're -- and I
21 think a lot of us in here would be not
22 supportive of seeing those -- look, the
23 homelessness issue, the shelter issue is
24 important to all of us generally, but
25 I've always made the argument that those

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2 two shelters may be the most urgent
3 because you're talking about if the women
4 and their kids don't get out of that
5 situation, that woman could be dead
6 tomorrow. So I think there's nothing
7 more pressing, in my opinion, than those
8 two shelters. Again, not taking away
9 from anything else that you have to do
10 and any of the other shelter system and
11 all. That's all important. We're trying
12 to get people off the streets, I get it,
13 but those shelters to us, to a lot of us,
14 is a tremendous priority. So I hope
15 there can be some discussion before that
16 final decision is made with all of us
17 that are interested in this to see that
18 those shelters, those two shelters, are
19 maintained as much as possible. So I
20 would make that request now.

21 MS. HERSH: I think we are very
22 much in agreement that matters of life
23 and death come first.

24 COUNCILMAN GREENLEE: Okay.
25 All right. I appreciate that. Thank

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2 you.

3 MS. HERSH: Thank you.

4 COUNCILMAN GREENLEE: Thank
5 you, Mr. President.

6 COUNCIL PRESIDENT CLARKE:
7 Thank you, Councilman.

8 The Chair recognizes Councilman
9 Domb.

10 COUNCILMAN DOMB: Thank you,
11 Council President.

12 Good morning. Do you have any
13 statistics on the homeless population
14 that we need to desperately help versus
15 those people on the street who are not
16 homeless but are trying to earn a living?

17 MS. HERSH: We take
18 responsibility for those people who are
19 homeless and that we know are homeless,
20 and so when Outreach goes out, they
21 engage everybody or if the Police get a
22 complaint or know somebody who is of
23 concern, they also go to Outreach, and
24 Outreach maintains data on all of those
25 individuals. But we don't maintain the

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 census of people who aren't homeless or
3 are, because we can't really tell by
4 looking, and you get into a very gray
5 area when you start making assumptions
6 about people. So I would say that the
7 answer is no. We know a lot about the
8 people who are out there who are
9 homeless.

10 COUNCILMAN DOMB: Okay. And
11 what is our average cost now per bed for
12 new beds that you're looking for? What
13 does it cost? What is your cost per bed?

14 MS. HERSH: So for an emergency
15 shelter bed, it's between \$40 and \$45 a
16 day per person, and that's an ongoing
17 cost, and the average stay, I think we're
18 between five and six months, although
19 it's going down.

20 For permanent housing, I
21 believe that it ends up to be about
22 12,500 per year, and for rapid rehousing,
23 which is a one-year subsidy, it's about
24 \$10,500.

25 COUNCILMAN DOMB: Okay. So I

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 have some questions on your budget. I
3 just wanted to clarify. It says on Page
4 12 of your budget detail, it shows Fiscal
5 Year '19 appropriations for U.S.
6 Facilities contract of \$747,000.

7 MS. HERSH: Yes.

8 COUNCILMAN DOMB: And the
9 Fiscal Year '20 proposed does not include
10 any money for U.S. Facilities. Is that
11 being negotiated or did something happen
12 there?

13 MR. CHERRY: We're in the
14 process of, I believe, issuing an RFP for
15 the maintenance service for this coming
16 fiscal year, and once we get the detail
17 on that, we'll have more information.

18 COUNCILMAN DOMB: So it's being
19 negotiated now?

20 MR. CHERRY: Yes, it will be.

21 COUNCILMAN DOMB: Okay. And
22 your testimony mentioned that you intend
23 to develop a facilities strategic plan
24 this year. How will that strategic plan
25 help you understand the Department's

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 assets?

3 MS. HERSH: The Department --
4 I'm not sure what you mean by "assets."

5 COUNCILMAN DOMB: All your
6 assets of the Department, the beds you
7 control, all your facilities.

8 MS. HERSH: Well, the
9 facilities that are owned by the City are
10 operated by the Department of Public
11 Property. We're basically a user of
12 those sites.

13 What we have discovered,
14 Councilman, is that we have a lot of
15 different structures. Some are
16 owner-operated, some are leased by the
17 operator, some are leased by the City.
18 It's really a mishmash, and that means
19 that -- that makes it very complicated to
20 administer and it makes it complicated to
21 maintain them. So what we're trying to
22 do is to understand the structure of all
23 of our facilities' arrangements so that
24 it can be streamlined. We're looking for
25 some efficiencies, we're looking for cost

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 savings, and we're looking for higher
3 quality property maintenance. So we're
4 looking at all of those elements of
5 running those 30 or 40 facilities in a
6 way that's more efficient, effective,
7 higher quality for the people, and
8 hopefully we'll be able to recognize some
9 savings, but I don't know yet.

10 COUNCILMAN DOMB: Okay. And
11 then Public Property's budget detail for
12 rental payments shows two line items for
13 OHS, an 80,000 rent payment towards 804
14 North Broad and a 685,000 rent payment
15 towards 801 West Girard. Are these
16 facilities that OHS plans on using long
17 term, do we know, or is it just a short
18 term?

19 MS. HERSH: At this point in
20 time, I believe they're one-year leases.
21 The 804 North Broad is our single men's
22 intake site. It's moving from next door,
23 802 North Broad. So certainly our hope
24 would not to be moving again, because
25 moving is expensive, but we think it's

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 going to be a better situation.

3 801 West Girard is our Effay

4 (ph) Wellness Center. Again, it's a

5 one-year lease that we're assessing. If

6 it's effective and if it works well and

7 the community is happy with us being

8 there, then we'll think about what's

9 next.

10 COUNCILMAN DOMB: Is there any

11 publicly owned property that we could

12 utilize through the City?

13 MS. HERSH: I don't know

14 when -- individual properties, for

15 example, in this last year, we've lost

16 two sites. They were church operated and

17 they were being demolished for

18 development in West Philadelphia, and at

19 that point in time, Public Property

20 identified additional sites that might be

21 available that the City owns. Two

22 considerations. One is whether it's most

23 advantageous for the City to own and

24 operate the site, and I think there's

25 pros and cons, and that's part of what we

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 want to get to with the plan. And then
3 the other issue is availability, whether
4 it's zoned properly, whether it's
5 suitable. So it ends up being a fairly
6 complex decision financially,
7 programmatically where we site any of
8 these facilities.

9 COUNCILMAN DOMB: Let me ask
10 another question. We talked about tiny
11 homes before.

12 MS. HERSH: Yes.

13 COUNCILMAN DOMB: And I think
14 it only works not as in-fill, but as like
15 20, 30, or 40 clustered together. And I
16 think the cost of these tiny homes are
17 \$80,000. So just when you think out of
18 the box, if you're telling us the costs
19 are 12,500 to 15,000 annually and the
20 tiny homes are \$80,000 and if we were to
21 float a bond or have a debt instrument,
22 whatever, that is a ten-year term; in
23 other words, fully amortizes over ten
24 years, our interest costs annually will
25 be like \$3,300 and amortizing it would

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 bring the total payment to about \$800 a
3 month. We'd actually be paying a lot
4 less than we're paying for the 12,500 and
5 15,000, and after ten years, we would own
6 these facilities. Is that something that
7 we should be looking at?

8 MS. HERSH: We would love to
9 work with you on any alternative that's
10 more cost effective and gives people more
11 dignity.

12 COUNCILMAN DOMB: Right.
13 Because then you could have a whole
14 community and you could have nice homes
15 and nice properties. These are nice
16 homes, these tiny homes. They're very
17 nice. And the costs are probably half
18 what we're paying now.

19 MS. HERSH: In Seattle, what
20 they did was they actually passed an
21 ordinance that enabled the establishment
22 of tiny homes. I believe that the
23 International Building Code allows for
24 smaller homes now, but there are some
25 hoops that would need to be gotten

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 through in order to be able to physically
3 construct a tiny home, as I understand.
4 It's not my area of expertise. But we
5 would welcome the opportunity to work
6 with anyone who is interested on the
7 alternatives.

8 COUNCILMAN DOMB: I think we're
9 doing a pilot in Councilman Squilla's
10 district of a tiny home. So maybe when
11 that's up and running, we should take a
12 look at it and see if it's duplicatable.

13 MS. HERSH: Sure.

14 COUNCILMAN DOMB: Thank you
15 very much. Thank you for everything
16 you're doing.

17 MS. HERSH: Thank you.

18 COUNCILMAN DOMB: Thank you,
19 Council President.

20 COUNCIL PRESIDENT CLARKE:
21 Thank you, Councilman.

22 Nobody else has teed up to ask
23 you questions. One last question. In
24 your budget detail, you highlight the
25 rapid rehousing efforts and you said the

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 efforts have an 85 percent success rate.
3 Real quickly, can you talk to me about
4 how and why that's successful.

5 MS. HERSH: Well, I don't know
6 how you did in school, but a B is a
7 pretty good grade for me. Rapid
8 rehousing is -- the idea is that people
9 move out of shelter quickly, and we've
10 really focused on families to get --
11 instead of growing roots in the shelter,
12 the idea is to get them into a house in a
13 neighborhood where the kids can go to
14 school and they can build a support
15 network there. So it provides
16 short-term -- it provides some financial
17 assistance, like debt relief. A lot of
18 times people have utility bills, et
19 cetera, maybe an eviction judgment
20 against them, and then it provides for a
21 year, sometimes a little bit more, worth
22 of rental assistance and case management
23 services. And the goal is during that
24 year while they have the subsidized rent,
25 to be able to find a roommate, move to a

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 place they can afford, get a job, do
3 other things that can help them be able
4 to sustain a home in the community. And
5 the 85 percent is people who do not
6 return to the shelter system.

7 COUNCIL PRESIDENT CLARKE:
8 Okay.

9 MS. HERSH: I think that's a
10 two-year lookback in that particular
11 case.

12 COUNCIL PRESIDENT CLARKE:
13 Okay. Thank you.

14 The Chair recognizes Councilman
15 Jones.

16 COUNCILMAN JONES: Thank you,
17 Mr. President.

18 Good morning still. A couple
19 of quick questions. What is the total
20 number of people that were -- and it's in
21 here probably, but help me out -- that
22 have gone through the shelter system last
23 year?

24 MS. HERSH: It's about 11,000,
25 between emergency and transitional

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 housing.

3 COUNCILMAN JONES: Of that
4 11,000, how many of them were considered
5 working poor?

6 MS. HERSH: Fifteen percent of
7 the people who have entered our system
8 were working. The average income for
9 people in our system is really \$10,000 or
10 below. We're talking about people who
11 are living in deep poverty, many of whom
12 have zero income, some of whom have SSI
13 or SSDI, and then some of whom may be on
14 TANF. These are extremely poor people.

15 COUNCILMAN JONES: Have you had
16 an opportunity to look at Cleveland's
17 example of lease-to-own and are you
18 familiar with that at all?

19 MS. HERSH: I am familiar with
20 lease-to-own.

21 COUNCILMAN JONES: Is that
22 something that you could use as a rung to
23 help people get into homes, rent the
24 homes, and then eventually purchase the
25 homes? Have you looked at the viability

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 of that application to our Philadelphia
3 situation?

4 MS. HERSH: We have not. I
5 know that the Housing Authority has run a
6 very successful program that enables
7 people to move from renting to owning.
8 We really are more focused at this point
9 on just getting people into some kind of
10 rental situation or some kind of shared
11 living situation where they can
12 stabilize.

13 COUNCILMAN JONES: Do you still
14 separate male, female, and then families?

15 MS. HERSH: In general. We
16 adopted this year an equal access policy
17 that loosens that. We have some men on
18 our staff who have become quite activists
19 about the inclusion of fathers, and
20 they've really helped us all look in the
21 mirror and try and do more to keep
22 fathers and mothers together with their
23 children. So we are trying to do that
24 through our equal access policy.

25 COUNCILMAN JONES: So could you

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 define or give me a quick breakdown of
3 the 11,000 how many fall in which
4 category?

5 MS. HERSH: About half are
6 families, maybe a little less, maybe 45
7 percent, and then the rest are singles.
8 Most homelessness still is men, but we've
9 seen a growing number of women
10 experiencing homelessness. We've also
11 seen a graying of the homeless
12 population, and we've seen a big uptick
13 in the number of people who have physical
14 disabilities and/or mobility problems.
15 And, in fact, one of the issues that
16 we're really grappling with now is
17 hospital dumping where people are
18 discharged from the hospital to the front
19 door of our shelter, and we've had to
20 train our security guards to watch for
21 ambulances so that they don't bring
22 people to shelter who really need more
23 care than we are able or really legally
24 allowed to provide.

25 COUNCILMAN JONES: Has there

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 been any dialogue with the hospitals
3 about this practice?

4 MS. HERSH: There is, and
5 there's a policy and a procedure in
6 place. And so we've been working with
7 them to try and follow that procedure,
8 but I think they're struggling with the
9 same issue we are, which is places for
10 people to live who are very, very poor
11 and who also have some kind of
12 disability.

13 COUNCILMAN JONES: When you
14 deal with that 11,000, do you look at the
15 causes of the homelessness and why they
16 became homeless?

17 MS. HERSH: Yes.

18 COUNCILMAN JONES: Can you
19 break that down?

20 MS. HERSH: I don't have that
21 breakdown in front of me, but when people
22 come to one of our two intake sites, they
23 sit down with a social worker for as long
24 as it takes to help understand what's
25 going on. Our first effort is to try and

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 help them, see if there's a safe
3 alternative that they can go back to.
4 And so we've done training with our staff
5 this year, and this is under Bruce
6 Johnson, who is sitting here. We've done
7 training with our staff this year with
8 national experts on mediation, because
9 sometimes there's a family conflict that
10 leads people to get kicked out, and if we
11 can, we try to help them go back to
12 somewhere, or through our prevention and
13 diversion efforts, maybe move into a
14 different place or throw a little money
15 in the pot. So we've tripled our
16 homelessness prevention and diversion
17 over the last couple of years, thanks to
18 the local Housing Trust Fund, because we
19 would really rather people not end up in
20 shelter.

21 But the reasons that people
22 become homeless, the number one reason is
23 money. They don't have enough money to
24 pay their rent. And then we see with
25 families that the most at risk are young

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 women with young children who themselves
3 have been in the child welfare system or
4 the homeless system. So those are kind
5 of some of the trends that we see, but we
6 could provide more detail if you would
7 like.

8 COUNCILMAN JONES: How do you
9 interface with rental assistance for
10 emergencies when people are faced with
11 that homelessness? Has that fund been
12 adequate to address some of the problems?

13 MS. HERSH: No. We think that
14 based on the data that we have, which is
15 somewhat limited, we think that we're
16 providing assistance, homelessness
17 assistance prevention, for about 20
18 percent of those, between 20 and 25
19 percent of those who come to our front
20 door saying that they are facing imminent
21 homelessness. And that's separate from
22 the prevention and the Philadelphia
23 Addiction Prevention program.

24 COUNCILMAN JONES: What was the
25 allocation last year towards those rental

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 assistance programs?

3 MS. HERSH: I think it was

4 about \$2.2 million, and a chunk of that

5 came from the local Housing Trust Fund.

6 That was about \$750,000, and then we

7 redirected what's called Emergency

8 Shelter Grant dollars also for some of

9 that. I think there's some HOME money

10 that comes through DHCD and there's CSBG

11 dollars, which is federal money that

12 comes through CEO, and we combine all of

13 those. And then there was a new revenue

14 source that came from PHFA and the

15 Federal Home Loan Bank called Home for

16 Good, and that also added to the number

17 of homelessness prevention grants that we

18 were able to provide for people.

19 COUNCILMAN JONES: So we have

20 \$2 million worth general pool of rental

21 assistance, and if I heard you correctly,

22 we need another 80 percent, which would

23 make it 10 million?

24 MS. HERSH: That would be nice.

25 That would help.

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 COUNCILMAN JONES: But is it
3 accurate what I --

4 MS. HERSH: To the best of our
5 knowledge based on the data that we have.

6 COUNCILMAN JONES: Final
7 question I would have, based on your
8 records last year, were there instances
9 of assault in the homeless shelters?

10 MS. HERSH: Assault?

11 COUNCILMAN JONES: Yes.

12 MS. HERSH: Not that I know of.
13 Our shelters are remarkably safe.
14 They're certainly much safer than people
15 sleeping on the street. And we do
16 require an incident report. There were
17 some overdoses and sometimes there's
18 verbal altercations between people,
19 usually not physical.

20 We have set up a participant
21 call line. So we have two fail-safes.
22 We have a participant call line. So any
23 individual who feels that they're unsafe
24 or being treated poorly or adverse
25 conditions that they want us to know

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 about can call that line. It's 686-4700,
3 and they can leave a message 24 hours or
4 they can talk to a social worker between
5 9:00 and 5:00, Monday through Friday.
6 And then we have what are called incident
7 reports. So if anything happens, they
8 surface it up. And then we have an
9 appeal process. So if people feel that
10 they're being treated unfairly or
11 something bad has happened that they want
12 to get fixed, they can grieve and appeal
13 through our process.

14 COUNCILMAN JONES: Final
15 question, Mr. Chairman.

16 What is the average stay from
17 the time a person comes to a place like
18 Eliza Shirley until they get some type of
19 long-term housing assistance? What is
20 the average time?

21 MS. HERSH: I think it's 175
22 days on average. But I will tell you
23 that only about a quarter of the people
24 who come to our shelters exit to
25 permanent subsidized housing. It's just

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 not available. The PHA, as you know,
3 doesn't have Housing Choice Vouchers or
4 public housing subsidies widely available
5 at this point in time, and so many people
6 end up exiting to live with friends or
7 family or some kind of informal
8 situation.

9 For those who do exit to
10 permanent housing that's affordable to
11 them, 93 percent do not return to
12 homelessness, which gets back to our
13 point, which is that housed people are
14 not homeless. And if we're to see any
15 expansion in what we do, our ideal would
16 be that it be in housing that's
17 affordable to people at 30 percent of
18 area median income or below and
19 especially those folks earning about
20 \$20,000 and below. And when they have
21 that and the services they need, they
22 don't return to homelessness, by and
23 large.

24 COUNCILMAN JONES: I look
25 forward to working with your department

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 to come up with long-term solutions for
3 lease-to-own through a cooperation with
4 PHA and other stakeholders so that we
5 don't keep putting people in that hamster
6 wheel and winding up in -- it's good news
7 that they don't wind up back homeless,
8 but we can improve that number, and I
9 look forward to working with you.

10 MS. HERSH: Thank you.

11 COUNCILMAN JONES: Thank you,
12 Mr. Chairman.

13 COUNCILMAN HENON: Thank you,
14 Councilman.

15 The Chair recognizes Councilman
16 Domb.

17 COUNCILMAN DOMB: Thank you,
18 Mr. Chairman.

19 I do have three other questions
20 I wanted to ask. My office received a
21 health and well-being report for 2019 and
22 one of the highlights was providing
23 temporary jobs to 670 individuals who
24 were formerly homeless or at risk of
25 experiencing homelessness. I wanted to

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 find out what we're doing to find these
3 individuals permanent employment.

4 MS. HERSH: Most of the people
5 from our system who gain employment I
6 think are working through First Step
7 Staffing, and that, as you know, begins
8 with temporary employment, and then the
9 effort is made to try and help them get
10 into a permanent position. So while we
11 don't actually run employment programs,
12 we really stay focused on homelessness,
13 we are supporting their efforts and
14 working with them to give people the best
15 opportunity possible. And we have in our
16 new strategic plan that just launched in
17 January, increasing employment
18 opportunities for people experiencing
19 homelessness is one of our five top
20 priorities.

21 COUNCILMAN DOMB: Do we need
22 more resources for employment and job
23 opportunities?

24 MS. HERSH: I think especially
25 First Step Staffing. It's very, very

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 effective, and I think they are
3 underresourced for the demands on their
4 system. But the other thing they need
5 are employers to list their jobs through
6 them, especially employers in
7 Philadelphia.

8 COUNCILMAN DOMB: Okay. Second
9 question I have is, you mentioned from
10 Councilman Jones' question that the
11 11,000 people that go through the system,
12 15 percent of them are working, I
13 believe?

14 MS. HERSH: That's our number,
15 yes.

16 COUNCILMAN DOMB: And of the 15
17 percent that are working, do any of them
18 have children?

19 MS. HERSH: I would assume so,
20 yes.

21 COUNCILMAN DOMB: And have we
22 helped them with like the Earned Income
23 Tax Credit and other benefits?

24 MS. HERSH: You bet. We have
25 the program come every year and speak to

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 all of our providers. We distribute the
3 materials widely both in print form and
4 through e-mail, and we've been doing that
5 for three years in the time I've been
6 here. I can't speak to the time before
7 that. Absolutely.

8 We want to do everything we can
9 to make sure that they get every
10 available dollar, and thank you for
11 providing that connection for us.

12 COUNCILMAN DOMB: And do we
13 also -- because we can have like Campaign
14 for Working Families and United Way show
15 up at a location and do their tax returns
16 for free to help them get the refunds.

17 MS. HERSH: I believe that all
18 that information has been given to our
19 providers, but we will continue to get
20 the word out, because it's such a great
21 resource for them.

22 COUNCILMAN DOMB: Okay. The
23 money available through the Earned Income
24 Tax Credit is pretty -- not to beat a
25 dead horse, but single parent, 44,000 of

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 income, two kids under 17, if they're
3 making 20,000 or 25,000, they can get
4 checks up to \$5,700 per year and file
5 back three more years. So that's a
6 game-changer. That's like \$23,000.
7 That's a lot of money.

8 MS. HERSH: And one of our
9 providers in particular, the Interfaith
10 Hospitality Network, has really had that
11 as a key strategy in helping people get
12 into an apartment to really work around
13 that investment. But they have a higher
14 number of people, families, who are
15 working.

16 COUNCILMAN DOMB: Great.
17 I just wanted to mention on
18 Sunday, this past Sunday, Easter Sunday,
19 I drove through Kensington. I went to
20 all four locations, and I saw that it was
21 in much better shape than it was before,
22 but there was a street just off of
23 Emerald Street. I think it's called
24 Sterner Street, where there seems to be
25 25 or 30 people now that are congregating

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 on that street. So I'm just giving
3 you -- you probably know about it, but it
4 seems like we need to address that issue
5 also up there.

6 MS. HERSH: Yeah. We are very
7 much aware of the people. The Police do
8 a weekly count, and Outreach works very
9 closely with Police, and we are actively
10 out there. Just because we're not doing
11 encampment resolution doesn't mean that
12 Outreach isn't out there all the time and
13 the Police are out there engaging people,
14 offering services, offering beds,
15 offering options for treatment. All of
16 our beds are full at this point in time,
17 but we're continuing to work with people
18 to try and help them move forward to
19 create that flow through the system and
20 more space.

21 COUNCILMAN DOMB: What do you
22 do in a situation where somebody refuses
23 help or treatment?

24 MS. HERSH: We keep trying.

25 COUNCILMAN DOMB: Has that been

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 a problem?

3 MS. HERSH: Well, you know, our
4 experience is that -- when we first did
5 the encampment resolution a year ago, we
6 thought that it would be really hard to
7 get people to identify themselves and
8 accept help, and within like five days,
9 189 people had not only filled out a
10 survey saying what they wanted or needed,
11 but they had given us their name, Social
12 Security number, and birth date, which
13 meant that we had all of their
14 identifying information.

15 So when we are able to offer
16 people what they really need and want, we
17 have a very good success rate at getting
18 them in. I think the obstacle is, first
19 of all, the addiction itself is so
20 profound and it changes the functioning
21 of the brain so that everything else
22 stops mattering less than getting more of
23 the drug, and they feel very physically
24 sick within a short time after -- when
25 the effects wear off. And so one of the

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 things that actually Prevention Point has
3 been doing is the induction into
4 buprenorphine on the street, which helps
5 people feel better and it helps them
6 think more clearly so that they can then
7 maybe start to think about could I come
8 inside or is there something different
9 for me.

10 So I'm sure that DBH can talk
11 in their testimony more about how you
12 engage people in treatment, but that's
13 what we've been trying to do, is we're
14 trying to do everything we can, get
15 closer to treatment on demand so people
16 don't have to wait, provide
17 transportation, engage them in whatever
18 it is that they are willing to accept,
19 might be ID, might be a place to sleep, a
20 safe place to put their stuff. It might
21 be a shower, laundry, might be wound
22 care. Anything that they will accept, we
23 try to use that to bring them in. And
24 one of the things we learned from the
25 encampment resolution is that over time,

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 once we got people service-engaged, that
3 over time we were able to engage them in
4 more and more services. So that's really
5 the strategy that we're employing.

6 COUNCILMAN DOMB: The people
7 that were in the encampments, what was
8 the total count of the four encampments?

9 MS. HERSH: I think on our
10 by-name list it was 313 for the four
11 camps.

12 COUNCILMAN DOMB: How many of
13 the 313 were we able to help and bring in
14 for treatment?

15 MS. HERSH: I don't have the
16 data right now on the last two
17 encampments, but on the first two after
18 nine months, 45, close to 50 percent were
19 still engaged in treatment and/or
20 housing, which we think is an
21 extraordinary success rate.

22 COUNCILMAN DOMB: Okay. All
23 right. Thank you very much. Thank you
24 for your department and thank you for you
25 and for everything you're doing to help

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2 us.

3 Thank you, Mr. Chairman.

4 MS. HERSH: Thank you. And the

5 team.

6 COUNCILMAN DOMB: Thank you.

7 COUNCILMAN HENON: Thank you,

8 Councilman.

9 And thank you all for your

10 testimony and your ongoing continuing

11 support to addressing these issues on an

12 ongoing basis. So thank you so much.

13 That will be all for today, unless anyone

14 else has any other questions?

15 (No response.)

16 COUNCILMAN HENON: That being

17 none, thank you.

18 The Chair now asks that

19 Department of Health, Dr. Farley,

20 Commissioner, if you would please

21 approach with your executive team and

22 state your name for the record, and when

23 you're ready, you may proceed with your

24 testimony.

25 (Witnesses approached witness

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2 table.)

3 COMMISSIONER FARLEY: Good
4 morning, Council President Clarke and
5 then Chair of the Committee and members
6 of City Council. I'm Dr. Tom Farley,
7 Health Commissioner. Joining me are Jane
8 Baker, my Chief of Staff, and Sami
9 Jarrah, Chief Operating Officer, and the
10 other Directors of our divisions are in
11 the audience here today.

12 You have my written testimony.
13 I want to highlight just a few areas.

14 The Department of Public Health
15 continues to provide high-quality primary
16 medical care at eight health centers to
17 people regardless of their ability to pay
18 for care. Last year we served over
19 77,000 patients in over 336,000 patient
20 visits, about 40 percent of which were
21 for uninsured Philadelphians.

22 In alignment with the Narrowing
23 the Gap report, we are expanding benefits
24 enrollment efforts in our clinics. Our
25 goal is to ensure that patients we serve

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2 have access to all the benefits to which
3 they are entitled.

4 In the past year, Health Center
5 10 was recognized by the federal
6 government as a patient-centered medical
7 home, and we're now applying for the
8 others to get that same recognition.

9 Health Center 10 in the Northeast is also
10 the health center that sees the greatest
11 number of patients. To handle this
12 demand, we are remodeling the building to
13 add extra exam rooms. We're also
14 planning to open a new City health center
15 in the Lower Northeast Philadelphia, the
16 part of the City with the poorest access
17 to primary care.

18 The other divisions of the
19 Department perform a variety of
20 activities to prevent disease and promote
21 health. Those activities include
22 promoting vaccination of children and
23 adults, preventing the spread of HIV,
24 investigating outbreaks of disease,
25 inspecting restaurants, preventing lead

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2 poisoning, combatting air pollution,
3 helping women have healthy pregnancies,
4 promoting the health of young children,
5 and preventing heart disease and cancer
6 by promoting healthy eating, physical
7 activity, and smoking cessation.

8 We are also working with other
9 agencies to combat the opioid crisis.

10 The Department of Public Health is
11 focusing on reducing inappropriate
12 prescribing of opioids, expanding
13 medication-assisted treatment for
14 substance use disorder in primary care,
15 and preventing fatal overdoses.

16 This past year, the Department
17 of Public Health worked with many other
18 agencies to develop the Roadmap to Safer
19 Communities plan to reduce gun violence
20 in Philadelphia. We are excited to be
21 part of the implementation team for this
22 initiative and take on a few specific
23 activities called for in the plan.

24 The need for the initiative was
25 highlighted in the new special report

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 that we just published on the Health of
3 African American Men and Boys -- if you
4 haven't seen it, here, it's a great
5 report -- in Philadelphia. We also
6 recently published our second annual
7 Health of the City report, which
8 summarizes Philadelphia's most important
9 health problems and the factors that
10 contribute to them.

11 I'm proud that the Health
12 Department has a diverse staff. Among
13 901 staff members in full-time positions
14 as of November 2018, 77 percent are
15 minority race or ethnicity, an increase
16 from last year. People who are bi or
17 multilingual make up 15 percent of all
18 full-time staff, with Spanish the
19 predominant second language. Our staff
20 members speak a total of 48 languages.

21 I'm happy to answer any
22 questions.

23 COUNCILMAN HENON: Thank you,
24 Doctor, for your testimony.

25 The Chair recognizes Councilman

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2 Greenlee.

3 COUNCILMAN GREENLEE: Thank
4 you, Mr. Chairman.

5 Good morning, everyone.

6 COMMISSIONER FARLEY: Good
7 morning.

8 COUNCILMAN GREENLEE:
9 Commissioner, first, let me just say
10 thank you. I know we've worked together
11 on a few things, some more successful
12 than others, but it's been great working
13 with you. You certainly have been
14 dedicated to the health of the City of
15 Philadelphia. We appreciate that.

16 You mentioned the health center
17 and the new one you're establishing. I
18 assume the idea is to take a lot of the
19 pressure away from Health Center 10. Is
20 that basically the idea?

21 COMMISSIONER FARLEY: Yes.
22 Health Center 10, we have maxed out on
23 the services that we can provide given
24 the existing facility, and so we're
25 expanding exam rooms, but we feel even

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2 that is not going to meet the demand, so
3 we think just more services are needed in
4 that neighborhood of the City.

5 COUNCILMAN GREENLEE: Right. I
6 mean, it's something I brought up over
7 the years, so this is my last chance to
8 do it. But I'm glad that -- again, it
9 doesn't totally solve the problem, but it
10 seems like it would lessen it some,
11 because I was up there one time and it
12 was just like brimming with people and
13 services.

14 COMMISSIONER FARLEY: Brimming
15 with people almost every day. In
16 addition to our trying to build an
17 additional clinic to provide more
18 services ourselves, we have been
19 encouraging other federally qualified
20 health centers and health systems to
21 locate services in the neighborhood,
22 because the need is so great there.

23 COUNCILMAN GREENLEE: And in
24 the health center, is there one or two
25 particular concerns or health issues that

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2 come out of those health centers,
3 particular health issues, I guess?

4 COMMISSIONER FARLEY: You know,
5 the health centers provide a very wide
6 range of services, more wide than people
7 might recognize. Clearly primary care,
8 but also mammography, for example, dental
9 care. So there's an awful lot of
10 different things we do there.

11 If you're looking at what are
12 the most common conditions we treat there
13 for adults is diabetes and hypertension,
14 those chronic diseases which lead to
15 heart disease and cancer, which are the
16 biggest killers. So we're trying to
17 prevent those with our efforts to, for
18 example, reduce smoking, but at the same
19 time, we are dealing with those
20 conditions in individual patient care to
21 try to reduce those complications from
22 happening.

23 COUNCILMAN GREENLEE: Okay.

24 Thank you. Again, thanks for all you do.

25 Thank you, Mr. Chairman.

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2 COUNCILMAN HENON: Thank you,
3 Councilman.

4 The Chair recognizes
5 Councilwoman Bass.

6 COUNCILWOMAN BASS: Thank you,
7 Mr. Chairman.

8 Good morning.

9 COMMISSIONER FARLEY: Good
10 morning.

11 COUNCILWOMAN BASS: How are
12 you?

13 COMMISSIONER FARLEY: Good
14 morning.

15 COUNCILWOMAN BASS: So I want
16 to thank -- I'm the Chair of the Health
17 and Human Services Committee and we've
18 done an extensive amount of work
19 together, and I just really wanted to
20 take this as an opportunity to thank you,
21 Commissioner, and thank the entire Health
22 Department for all of the hard work that
23 you do. And we've had some great
24 successes I believe in terms of the work
25 that we've done, and even when we haven't

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 had a success legislatively, we have had
3 success in terms of awareness. We've
4 raised the bar and we've increased the
5 conversation about what should be done
6 and how the City should be helping
7 particularly those who are most in need
8 of healthcare in our city.

9 So I just really want to thank
10 you and your entire team for all of the
11 work that's done by the City's Health
12 Department.

13 I have a little bit of a heavy
14 heart this morning. I'm late today
15 because I just stopped by the house of
16 Mike Abdullah, who was a frequent -- what
17 we call a frequent flyer here in City
18 Council. He was an advocate and a
19 protester and someone that we all knew
20 pretty well, and he passed away this
21 morning of a heart attack. And, you
22 know, just last night he was out doing
23 his thing, advocating, fighting for
24 communities, and woke up this morning and
25 just gone.

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2 And so I'm just thinking about
3 that, and I have a whole line of
4 questioning here and it wasn't really
5 necessarily related to that, but we talk
6 about health disparities all the time and
7 we talk about what is it that we can do
8 to address the health disparities that
9 exist in Philadelphia, and it's just
10 numbing to me that we have -- we call
11 ourselves this great city of eds and meds
12 and yet we have such a disparity, such a
13 disconnect between what's happening in
14 our medical communities and what's
15 happening in the hood. And how do we
16 bring those things together? How do we
17 bridge that gap? And I know we talk
18 about it. We talk about it a lot, but
19 there really just doesn't seem to be any
20 sort of a roadmap that will get in front
21 of something that is preventable.

22 I'm no physician, but I believe
23 someone like Mike Abdullah and probably
24 what he experienced today was likely
25 preventable with medical attention, and a

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2 lot of the times when you see I'm sure
3 through your office, through the
4 coroner's office and so forth, you see so
5 many things that are preventable and that
6 would save a life, that would keep a
7 family whole, that would continue and add
8 stability to that family. So I'm just
9 wondering if you could just talk a little
10 bit about that, because it's just so
11 incredibly frustrating that we just
12 haven't made any headway it seems when it
13 comes to touching the folks in the
14 neighborhoods who need the most touching.

15 So can you talk about that just
16 a little bit.

17 COMMISSIONER FARLEY: Sure.
18 And, first, let me just thank you for all
19 of your interest in health and your
20 support for our health initiatives.

21 I couldn't agree more that
22 health disparities are a particular thing
23 we need to care about here in
24 Philadelphia, and there are several
25 reasons for that that give us some

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2 opportunities to try to address the
3 problem, even if we can't eliminate that.
4 One of them is that people who are
5 low-income minority are living in
6 neighborhoods where there are just less
7 healthy conditions. The stores that are
8 there are more likely to be selling
9 tobacco, more likely to be selling
10 unhealthy food, and we're trying to
11 change those conditions so to have the
12 same access to healthy products as people
13 in high-income neighborhoods.

14 The second is that they are
15 less likely to access primary care. So
16 we're trying to make primary care more
17 accessible and to encourage people to use
18 services like treatment of hypertension
19 that might prevent heart disease or use
20 smoking cessation counseling if we can
21 offer those services.

22 The person you talked about is
23 a member of the demographic that has the
24 worst health statistics entirely. That's
25 black men. And that's why we've tried to

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2 draw attention with our Health of Black
3 Men report. And men in particular, but
4 black men even more so, tend not to
5 access primary care. And so this is
6 really a call for them to work with us to
7 use the services that are available.

8 Having said all that, we are
9 making progress in the City. People are
10 getting healthier, but the gap is not
11 necessarily changing. Everyone is sort
12 of getting healthy at the same rate. So
13 we do need to do more on both
14 neighborhood conditions and primary care.

15 And then there's the final
16 issue of poverty is always going to end
17 up having ways of causing more disease
18 through mechanisms that are complicated
19 and we can't prevent. So the efforts of
20 the City Council to work on poverty and
21 efforts of the rest of these agencies who
22 address poverty ultimately will have a
23 health benefit.

24 COUNCILWOMAN BASS: Well,
25 obviously poverty is a factor, and one of

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2 the things that I recognize -- I'm a
3 member of Enon Tabernacle Baptist Church
4 and for the season of Lent, we do a fast
5 called the Daniel Fast, which is
6 essentially vegan, no dairy, no meat and
7 nothing with a mother, we say. And so
8 one of the things that I realize -- and I
9 usually do it every year. This year I
10 was not as good as in past years, so Imma
11 pray on it. But anyway, you know, just
12 recognizing that it's expensive to eat
13 healthy. Eating healthy costs money.
14 And so for us to recognize that poverty
15 is an issue related to a healthy
16 lifestyle and yet a healthy lifestyle
17 costs money to be able to get there, I
18 just feel like we really have to try to
19 do something different.

20 If we're really serious about
21 making a difference in the lives of
22 everyday Philadelphians in neighborhoods
23 that are normally untouched by what's
24 happening downtown, then we have to do
25 something I think just dramatically

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2 different to try to -- and I know there's
3 been different sort of experiments of
4 having healthy fruits and vegetables in
5 corner stores, and I think that there was
6 some moderate success with that. I don't
7 know if that's still occurring, but it's
8 certainly easier and cheaper and faster
9 to find fried rice and three chicken
10 wings than it is to find fresh fruit in a
11 neighborhood.

12 So I don't know if we have
13 anything that we are doing to address
14 those sort of access issues. Even though
15 we don't have as many food deserts as we
16 used to have, we still have the same
17 problem of access.

18 COMMISSIONER FARLEY: Yeah. So
19 actually there's two problems there. One
20 of them is that there's less access to
21 healthy foods. The other is there's an
22 overabundance of unhealthy products.
23 They're out there actively promoting the
24 products that we know kill us. And so we
25 worked with you and others, for example,

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2 in stop-and-go's. Those are the worst
3 example. They're selling these addictive
4 drugs. And we also tried to reduce
5 smoking outlets, and we are succeeding in
6 reducing those in low-income
7 neighborhoods.

8 So, yes, we need to do more to
9 make people have accessibility to healthy
10 products, and then while we're trying to
11 work on poverty so people have more money
12 in their pockets so that they can buy
13 them when they have that opportunity.

14 COUNCILWOMAN BASS: Okay. Let
15 me ask you a couple of quick questions.

16 I'll come back around. Thank
17 you, Mr. Chairman.

18 COUNCILMAN HENON: Thank you,
19 Councilwoman.

20 Doctor, I have a few questions,
21 and I too as well want to thank you and
22 your team for being very cooperative on
23 issues that are brought to our attention
24 and programs and initiatives that we
25 really want to try to have positive

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2 outcomes or how we can help partner into
3 the positive outcomes.

4 So, one, in your testimony, you
5 have a decrease of grants \$3.8 million.
6 Could you explain, were they one-time
7 grants or were they grants that are just
8 not available? Are they federal grants
9 that aren't available, and what the
10 purpose of the grants were for?

11 COMMISSIONER FARLEY: Let me
12 make sure we know the right number you're
13 referring so I can give you an accurate
14 answer. Can you say where it is in the
15 testimony?

16 COUNCILMAN HENON: Page 3 in
17 the budget detail, and the appropriation
18 is down by 3.8.

19 COMMISSIONER FARLEY: I'm going
20 to turn that over to Sami Jarrah.

21 MR. JARRAH: Sami Jarrah,
22 Deputy Commissioner, Chief Operating
23 Officer.

24 So you're right, you see a
25 reduction of \$3.8 million in

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2 appropriation. If you look historically,
3 our appropriations have been far higher
4 than our expenditures and what -- in the
5 Grants Revenue Fund, what appropriations
6 means is permission to spend grants when
7 awarded. So this is us making more
8 realistic what we expect grants revenue
9 to come in.

10 You're probably not surprised
11 that there are several agencies that are
12 cutting back their funding, CDC, EPA.
13 And so this is us being more realistic
14 with what grants we expect to come in.

15 COUNCILMAN HENON: So some of
16 those grants carry over?

17 MR. JARRAH: Yeah. Most of our
18 grants are multiple years, that's right.

19 COUNCILMAN HENON: Okay. So
20 the grants are available. You're just
21 being a little more prudent on the
22 appropriations?

23 MR. JARRAH: That's right,
24 yeah.

25 COUNCILMAN HENON: Also, what

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 effect has the opioid epidemic had on our
3 Medical Examiner's Office?

4 COMMISSIONER FARLEY: Well,
5 it's made them a lot busier. There's
6 many, many more autopsies they have to
7 do. On an average day, we have three to
8 four bodies that come in from drug
9 overdose. We've had to hire an
10 additional medical examiner to keep up
11 with the autopsies, because there's only
12 so many that they can do, and it stressed
13 the rest of the staff as well.

14 COUNCILMAN HENON: What's the
15 overtime in the Medical Examiner's
16 Office? Is the additional staff or
17 medical examiner cutting down on the
18 mental stress and work hours that the
19 staff occur -- that occurs due to the
20 lack of staffing?

21 MR. JARRAH: Yeah. I think
22 that's right. So certainly overtime
23 usage in the Medical Examiner's Office is
24 high because of weekend and evening hours
25 that are required. We're piloting

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 something in Fiscal Year '20 to hire
3 staff to accommodate the more realistic
4 schedules that we expect will be needed
5 ongoing in light of the epidemic. So
6 we're hoping to see reduction in overtime
7 in the Medical Examiner's Office next
8 year, but you're right, that is the
9 reason for that overtime.

10 COUNCILMAN HENON: And how many
11 vacancies do we have in the Health
12 Department and what is the -- is there a
13 plan to either fully fill the vacancies
14 or have goals for practical staffing,
15 filling of the positions?

16 COMMISSIONER FARLEY: I'll let
17 Mr. Jarrah give you the exact numbers,
18 but there is always a fair number of
19 vacancies in the Health Department
20 because we have many different, very
21 specialized positions; for example, air
22 pollution engineers and mammography
23 technicians. These are positions that
24 are hard to fill and take a long time for
25 us to fill them. So it ends up being

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2 that there are, at any point in time, a
3 fair number of vacancies on the books.
4 We don't budget, though, according to the
5 number of total positions. We budget
6 according to how many we think are going
7 to be filled. So we allow for the fact
8 that there will always be a certain
9 number of vacancies. So it doesn't hurt
10 the budgeting, but there's always a fair
11 number. We can get the exact number to
12 you.

13 MR. JARRAH: Yeah. So I echo
14 everything Dr. Farley said. The other
15 piece I'd add, so to answer your specific
16 question, we have 897 positions were
17 filled of 1,050 budgeted in our last
18 fiscal year. So that's a little north of
19 100 positions that were vacant.

20 In Fiscal Year '20, we're
21 trying to again, like in the Grants
22 Revenue Fund, sort of right-size that.
23 So we've reduced our positions by 25 to
24 try to be more realistic with what our
25 actual filled positions look like in the

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 budget.

3 COUNCILMAN HENON: So how is
4 the HR department trying to streamline
5 and help either recruit depending upon
6 the specialty, because the City has --
7 I'm not just asking the Health
8 Department. I'm asking all the
9 departments. We just had this
10 conversation with Parks and Rec. You
11 have vacancies in civil service. I mean,
12 there's hundreds of jobs in the City of
13 Philadelphia that remain vacant, and I
14 think the City is really trying to
15 advocate for more of a streamlined
16 process to fulfill the needs, because we
17 need to. I mean, after years and years
18 of great recessions and cutbacks when
19 revenues are down and the economy is
20 slow, the first that goes are people
21 unfortunately, and we can't cut any more
22 people. So we're in the need for
23 professional, non-professional, skilled,
24 non-skilled workers here in the City of
25 Philadelphia. So I'm just asking people

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2 how are we going to fulfill our
3 responsibility for professional services
4 and/or the vacancies that remain to be
5 filled in a systematic way that helps
6 management of not only supervision but to
7 keep our core services and social
8 services at the high quality that they
9 deserve.

10 COMMISSIONER FARLEY: Yeah. So
11 we have identified in the past that the
12 slowness of filling positions has been a
13 problem for us, and so one of the things
14 we did was, we recognized that all the
15 different approvals and sign-offs and
16 communication within the Health
17 Department was a paper process and that
18 things got lost when someone was out and
19 no one knew where that piece of paper
20 was. So we have actually had a vendor
21 develop software for us to take someone
22 from the time a position is -- an
23 individual wants to hire until the time a
24 person is actually hired, have that
25 electronic process so that everybody

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2 could tap into it so we can speed up that
3 process. And that software, by the way,
4 is available to other departments if
5 they're interested in using that. And
6 that would help maybe defray some of the
7 City's costs on that.

8 As far as the specialized
9 positions that we are always having
10 trouble filling, we have established a
11 position within the HR Department
12 specifically around recruiting to try to
13 say how do we communicate with people who
14 are, for example, radiology technicians
15 or something, very specialized
16 certification, make them aware of the
17 availability of the positions in the City
18 and take advantage of those.

19 We're also trying to use that
20 to circulate information to people about
21 our more common positions such as program
22 analyst so that we get a higher quality
23 applicant to those positions. But
24 recruiting is a clear focus of the HR
25 Department, along with the software, to

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 try to address that problem.

3 COUNCILMAN HENON: So you
4 advertise publicly all the vacancies --

5 COMMISSIONER FARLEY: We do.

6 COUNCILMAN HENON: -- and the
7 job positions that are needed?

8 So roughly 75 to 100 positions
9 are being circulated as a help wanted ad
10 in recruitment; is that correct?

11 MS. BAKER: Yes, we do.

12 COUNCILMAN HENON: Are most of
13 the positions civil service or exempt?

14 COMMISSIONER FARLEY: Civil
15 service.

16 COUNCILMAN HENON: Civil
17 service. And I know not only do you have
18 to fill your own positions, you're also
19 supporting HR in other positions with the
20 City of Philadelphia. How is that going?
21 Like with testing and going through, I
22 guess, the examination process or when
23 you get physically cleared to enter into
24 the job force of the City of
25 Philadelphia, whether it's blood work or

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 other kind of testing. Has there been
3 a -- how is that? Is that going smoothly
4 or has there been a slow kind of support
5 on that?

6 COMMISSIONER FARLEY: I'm not
7 sure I understand the question. The unit
8 that does the physical exams --

9 COUNCILMAN HENON: Right. So
10 what I'm getting to is not only do you
11 have to fill your own jobs, you have to
12 help support filling hundreds of other
13 jobs in the City?

14 COMMISSIONER FARLEY: We don't
15 mange that unit anymore. That's managed
16 by Central Office of --

17 COUNCILMAN HENON: Oh, Central
18 Office? I thought the Health Department
19 had to be able to do checkups for like
20 our Police and our Fire.

21 COMMISSIONER FARLEY: No.

22 COUNCILMAN HENON: Getting like
23 TB shots and --

24 COMMISSIONER FARLEY: Yeah. I
25 think that may have been in the Health

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 Department in the past, but that's not
3 part of the Health Department now.

4 COUNCILMAN HENON: It isn't
5 anymore? Okay.

6 I'll defer my questions for the
7 next round.

8 The Chair recognizes Councilman
9 Domb.

10 COUNCILMAN DOMB: Thank you,
11 Mr. Chairman.

12 Good afternoon.

13 COMMISSIONER FARLEY: Good
14 afternoon.

15 COUNCILMAN DOMB: I have some
16 general budget questions that maybe you
17 can just shed some light on so I can
18 understand the numbers.

19 In looking at the budget, in
20 Fiscal 2018 the actual obligations for
21 Public Health were 353 million, if I'm
22 reading this correctly. This year
23 they're 645 million, a \$290 million
24 increase over three years or 83 percent
25 increase over three years. I noticed

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 that one of the big pieces of the
3 increase or almost half of the increase
4 is in the area of purchase of services,
5 which is about a \$145 million increase.
6 Is that the Philadelphia hospital
7 assessment reauthorization?

8 COMMISSIONER FARLEY: Yes. The
9 Philadelphia hospital assessment is
10 proposed to be increased. That's money
11 that doesn't stay in the Health
12 Department. We basically assess it and
13 pass it on.

14 COUNCILMAN DOMB: Okay. And
15 how does that get used? How is that
16 going to be utilized?

17 COMMISSIONER FARLEY: The basic
18 idea is the hospitals are assessed a fee,
19 which then goes up to the state through
20 the City, and then they receive that fee
21 with additional federal dollar match back
22 to the hospitals, so that they have a net
23 positive financial advantage as part of
24 that arrangement, and then the hospitals
25 use that for whatever services they feel

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2 is necessary.

3 COUNCILMAN DOMB: So this is
4 like a windfall for the Philadelphia
5 hospitals of \$150 million?

6 COMMISSIONER FARLEY: Yes.
7 It's to support the Philadelphia
8 hospitals. The federal Medicaid program
9 will match dollars that are spent, and
10 this was a way to increase that federal
11 match to draw down additional federal
12 dollars.

13 COUNCILMAN DOMB: I understand
14 it doesn't cost the General Fund any
15 money.

16 COMMISSIONER FARLEY: Yes.

17 COUNCILMAN DOMB: But it's
18 really the hospitals in our area will get
19 an extra \$150 million. We really don't
20 know how they're going to use it.

21 COMMISSIONER FARLEY: It's up
22 to them on how to use it, yes.

23 MR. JARRAH: Let me just say
24 one minor point, that services are for
25 Medicaid patients. So there is a

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2 stipulation that when the hospitals
3 receive that payment back, it's for
4 Medicaid services in their hospitals.
5 And the assessment that the hospitals are
6 assessed by us as the City is based on
7 their volume of Medicaid services as
8 well.

9 COUNCILMAN DOMB: Okay. And so
10 that's basically half the increase of 83.
11 There's still a 41 and a half percent if
12 we take that out of the equation. And so
13 one of the areas I had is this payments
14 to other funds. This was 34,000 three
15 years ago and today it's 21.5 million in
16 the proposed budget.

17 COMMISSIONER FARLEY: So most,
18 if not all, of that is money from the
19 Volkswagen settlement. So for those who
20 don't know, Volkswagen got caught
21 cheating on emissions. So they have to
22 make money available to localities to
23 replace some of their older vehicles and
24 diesel-generating equipment so that it
25 doesn't produce a bunch of air pollution.

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2 The grant money for that is expected to
3 come through the Health Department and
4 will be used for purchasing additional
5 trash compactors, and I believe there may
6 be some for buses for SEPTA and there may
7 be additional trunks of money that's
8 going to come down the line as well.

9 So none of that money stays in
10 the Health Department, but that is money
11 that is going through the Health
12 Department; therefore, appears in the
13 budget.

14 COUNCILMAN DOMB: I understand,
15 but can we make sure that we use all that
16 money?

17 COMMISSIONER FARLEY:
18 Absolutely.

19 COUNCILMAN DOMB: So that means
20 that the additional dumpsters don't have
21 to be in the General Fund budget; they
22 can come through the 21 million?

23 MR. JARRAH: So I'll say -- so
24 this is all a grant program administered
25 by the state. It has really specific

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 stipulations in the Volkswagen settlement
3 agreement. So we apply to the state for
4 this funding. One round has been
5 offered, and we, I think, applied for up
6 to 6 million or something for trash
7 compactors and fleet used across the
8 City. So the idea is to offset the cost
9 that the General Fund might experience to
10 replace these sort of old diesel-emitting
11 machines.

12 COUNCILMAN DOMB: But if we're
13 going to use the money from Public Health
14 to help Fleet Management, for example,
15 that should lower the budget of Fleet
16 Management.

17 MR. JARRAH: Within the narrow
18 confines of what the Volkswagen
19 settlement allows, that may be possible.

20 COMMISSIONER FARLEY: But it's
21 possible that some of these existing
22 equipment isn't at the end of its useful
23 life, but we're replacing it to reduce
24 air pollution. And so it may not
25 necessarily reduce the expenditures by

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2 Fleet.

3 COUNCILMAN DOMB: I see the
4 Budget Director is coming in.

5 (Witness approached witness
6 table.)

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

9 We actually assume that in our
10 budget, that we will receive the
11 Volkswagen. So we built that around it.
12 So when we put the Capital Budget
13 together, we have some assumptions about
14 what will come in from the Volkswagen
15 settlement so that we don't have to add
16 any more GO bond borrowing. So we kind
17 of build that in as part of our context.
18 So it's not that there's money;
19 therefore, we can swap -- we already
20 swapped that out when we built the budget
21 together.

22 COUNCILMAN DOMB: I wouldn't
23 have expected any other answer. Thank
24 you.

25 Another question on the budget.

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2 The purchase of services, I realize this
3 is just grant money, correct? But the
4 increase is pretty dramatic, 63 million
5 three years ago to 100 million today, and
6 this, I think, coincides with Councilman
7 Henon's questions on why some of this is
8 going down, but what is that money going
9 to, 37 more million dollars the last
10 three years?

11 MR. JARRAH: So most of that
12 increase is Volkswagen. So 40 million of
13 the increase was Volkswagen that was put
14 in that line use of payments to other
15 funds. So that was about 20 million, and
16 then an additional 20 million in that
17 purchase of services. So 40 million.

18 COUNCILMAN DOMB: It was split
19 between two categories.

20 MR. JARRAH: That's right.

21 COUNCILMAN DOMB: So we're
22 getting \$40 million from the Volkswagen?

23 MR. JARRAH: So in the Grants
24 Fund, appropriation means permission to
25 spend if granted. So we --

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2 COUNCILMAN DOMB: If we don't
3 spend it, do we lose it?

4 MR. JARRAH: We reappropriate
5 it in the next year. We don't lose it.

6 COUNCILMAN DOMB: Okay. Let me
7 go to my other questions for a moment.

8 Does your department handle its
9 own IT services?

10 COMMISSIONER FARLEY: Yes, we
11 do. I mean, our IT Director has an
12 official position within OIT, but she
13 sits in the Department.

14 COUNCILMAN DOMB: So would
15 there be any benefit to consolidating
16 your services under OIT?

17 COMMISSIONER FARLEY: We don't
18 think so. We don't think there would be
19 efficiencies gained there. And we are a
20 very heavy user of IT services. A lot of
21 our work is collecting data, analyzing
22 that data, putting that data out to
23 people. So having the ability to control
24 our own IT system we think makes us more
25 effective.

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2 COUNCILMAN DOMB: You're like
3 the second or third department that's
4 been here that has their own IT not
5 coordinated under OIT. I'm just
6 wondering if there's a benefit for the
7 City to all these IT people to come
8 together under OIT.

9 COMMISSIONER FARLEY: Again, IT
10 is very much integrated into everything
11 we do, and so we think it's really
12 important for us to have that closeness
13 of having them in the agency so we can do
14 our work well.

15 COUNCILMAN DOMB: Okay. Thank
16 you. I'll come back on the next round.

17 Thank you, Mr. Chairman. Thank
18 you.

19 COUNCILMAN HENON: The Chair
20 recognizes Councilwoman Bass.

21 COUNCILWOMAN BASS: Thank you.

22 Good afternoon again. Quick
23 question for you. Well, two questions
24 actually.

25 So just looking at your budget

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 summary, can you discuss why minority
3 participation, M/W/DSBE participation
4 goals, were at 30 percent in Fiscal Year
5 '18, 40 percent in '19, and dropping to
6 32 percent in '20?

7 COMMISSIONER FARLEY: Let me
8 just -- there's only a few contracts we
9 have that are put in that category. One
10 of them was for radiology services. That
11 was with a minority contractor. That
12 service was purchased by Jefferson, and
13 Jefferson is not a minority contractor.
14 So although we didn't change what we were
15 doing, it ended up changing our
16 statistics there.

17 COUNCILWOMAN BASS: Okay. So
18 that's really what that accounts for,
19 that --

20 COMMISSIONER FARLEY: Yeah.

21 COUNCILWOMAN BASS: -- 8
22 percent drop in minority participation?

23 COMMISSIONER FARLEY: Yeah.

24 COUNCILWOMAN BASS: Are there
25 other ways that we can make up minority

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 participation through contracts? I know
3 you said you don't have a lot of
4 contracts, but among the other contracts
5 that you have, are there ways that we can
6 address ensuring that we have some more
7 robust numbers when it comes to
8 participation and goals?

9 COMMISSIONER FARLEY: We're
10 always on the lookout when we contract
11 with for-profit contractors, which is not
12 that often, when we do, we're always on
13 the lookout for minority contractors.
14 For example, we do mass media services
15 and a variety of communications services.
16 So we put out a request for proposals in
17 the past year to get a number of
18 contractors that could provide the
19 different services we have and have them
20 available for when the need arose, and we
21 were very attentive to that process to
22 get minority contractors as part of the
23 pool that we were funded.

24 COUNCILWOMAN BASS: Question
25 for you on African American women and

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 maternal mortality. A few months ago I
3 introduced a resolution calling for
4 hearings on the increase in maternal
5 mortality among African American women in
6 Philadelphia. Black women comprised
7 three-quarters of all pregnancy-related
8 deaths in Philadelphia between 2010 and
9 2012, a maternal mortality rate of 53
10 percent higher than the national average,
11 and it's rising.

12 And so I just wanted to know --
13 I didn't see that there was any strategic
14 plan to address this by the City's Health
15 Department, and so I'm wondering is this
16 a part of your strategic plan? Are there
17 goals in trying to address this? It's
18 not in the budget material, so is there a
19 plan for that?

20 COMMISSIONER FARLEY: Yeah.
21 There is a rise in mortality among
22 pregnant women in Philadelphia. It's not
23 necessarily what people may think. In
24 rough numbers, in the past year we had 25
25 women who were pregnant who died. The

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 number one and two causes of mortality
3 among pregnancy were drug overdose and
4 homicide. So it wasn't -- it was
5 associated with pregnancy, but it wasn't
6 related to pregnancy. It wasn't the
7 pregnancy itself that killed them.

8 The number of women who died
9 from pregnancy-related complications
10 themselves ended up being about five of
11 that 25.

12 COUNCILWOMAN BASS: Say again.

13 COMMISSIONER FARLEY: It ended
14 up being about five out of the 25 it was
15 the pregnancy itself that caused the
16 mortality. We want that number to be
17 zero, but it's a small number to work
18 with.

19 Every pregnancy-associated
20 death is reviewed by a panel that is
21 operated within the Health Department to
22 see what could have been done to try to
23 prevent this death and what can we do
24 differently. That panel represents or
25 has representation from the different

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2 hospitals in the City that provide
3 maternity services. So we're always
4 working on how we can reduce that. That
5 five is a hard number to reduce. The
6 larger number is really these other
7 social problems that are now showing up
8 in pregnancies, the same thing that's
9 killing other young adults,
10 unfortunately. So we need to think about
11 how we do a better job of preventing drug
12 overdoses and how to do a better job of
13 preventing homicide in those folks.

14 COUNCILWOMAN BASS: Okay. All
15 right. I hear you. I do think that we
16 might want to consider, because we see
17 that it's specifically related to this
18 particular group of women, that there's
19 something that might be done, and I
20 realize that like 25 -- I don't know how
21 many babies were born in the City of
22 Philadelphia last year, but 25 just may
23 not be considered an emergency unless
24 you're one of those 25, you're related,
25 you're connected somehow to one of those

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2 young women who lost their lives. So I
3 would like to see if the City of
4 Philadelphia could do more around having
5 more of a sense of urgency when it comes
6 to, again, underrepresented, underserved
7 populations who haven't really been paid
8 attention to and if there is a way that
9 we can address homicide. And did you say
10 it was related to domestic violence
11 primarily?

12 COMMISSIONER FARLEY: No. Drug
13 overdose.

14 COUNCILWOMAN BASS: Well, drug
15 overdose which -- on the homicide?

16 COMMISSIONER FARLEY: Drug
17 overdose and then homicide.

18 COUNCILWOMAN BASS: Drug
19 overdose and homicide, but not
20 necessarily domestic violence?

21 COMMISSIONER FARLEY: I don't
22 know how many of those homicides were
23 domestic violence versus people shot on
24 the street.

25 COUNCILWOMAN BASS: All right.

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2 But, again, if there's more that we could
3 do, then I think that's something we
4 should be looking at, because those
5 numbers are just absolutely unacceptable.
6 That is 53 percent higher than the
7 national average. I think that that --
8 not only does it appear to be dangerous
9 for African American women to be pregnant
10 in Philadelphia, but it does put a stain
11 on this great city with all of those
12 resources and access to healthcare that
13 we're 53 percent higher than the national
14 average. I don't think it is a good
15 reflection of our city and anything that
16 we certainly would want to not address.

17 Also I wanted to ask if you
18 could talk about HIV rates here in
19 Philadelphia. And we've met with several
20 HIV advocacy organizations and we know
21 that rates are rising. And there's not
22 enough people talking about it. There's
23 not enough people who are sort of
24 acknowledging it. There was one time
25 when HIV first came on the scene and it

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2 was a death sentence and everyone was
3 frightened and there was just all this
4 concern. And now that there are
5 treatments, more effective treatments,
6 which still don't prevent death but
7 prolong life and a much better quality of
8 life, I'm wondering does the City have
9 any ideas in terms of addressing HIV
10 rates and the increases here in
11 Philadelphia?

12 COMMISSIONER FARLEY: Yeah. So
13 the good news on HIV is that the total
14 number of new infections per year does
15 continue to fall. We've had -- in 2018,
16 current count is 413 new HIV infections.
17 That number may rise when we come up with
18 a few more, but a couple years ago we
19 were around 500. However, what you may
20 be alluding to, HIV rates among people
21 who inject drugs has been rising, and
22 that worries us quite a bit. It's gone
23 up from about 30 to about 60 over a
24 period of a couple years, and that's
25 related to the opioid crisis and the

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2 shared needles around that.

3 So the Department has really
4 worked to try to address that problem.
5 More testing among people who are using
6 drugs, more education, more partner
7 notification, more efforts to try to get
8 them into care early, as well as get them
9 to provide preventive medications.

10 We're continuing to work on the
11 other populations where we have been
12 seeing progress and we hope we'll
13 continue to see progress, but I think
14 that's the biggest threat over the long
15 term and we need to continue to watch
16 that closely.

17 COUNCILWOMAN BASS: I know my
18 time is up, but I just want to finish out
19 this last question. If you could just
20 give us some sort of demographics on -- I
21 know you said it's among drug users who
22 inject their drugs, but can you give us
23 some idea in terms of the other segments
24 of our population and what the HIV rates
25 and new transmission rates are.

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2 COMMISSIONER FARLEY: I can
3 tell you that the largest risk group is
4 men who have sex with men, and then the
5 second group would be where transmission
6 was through heterosexual contact, and the
7 third group would be injection drug
8 users. I can get back to you on the
9 rough numbers for those three different
10 categories. If you're talking about
11 demographics, though, it clearly is
12 heavily tilted towards African Americans.

13 COUNCILWOMAN BASS: Say again.

14 COMMISSIONER FARLEY: It
15 clearly is tilted towards African
16 Americans in all of those categories, and
17 that's something which we don't find
18 acceptable. And so we have specific
19 efforts to reach out, for example, to
20 African American men who have sex with
21 men to reduce HIV transmission, and we're
22 making progress, but we want to make it
23 faster than we have before.

24 COUNCILWOMAN BASS: I'd like to
25 get those numbers so we can just see how

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2 far and wide it stretches, because
3 obviously there's some men who have sex
4 with men who also have sex with women and
5 who may not know that they are infected,
6 which can set off a real cycle. And
7 that, again, this is another issue with
8 the number of people infected with HIV in
9 the City is five times the national
10 average, so I've been told. So, again,
11 in a city of eds and meds, it's like some
12 of these things really just should not be
13 happening.

14 But I'll come back around to my
15 next questions.

16 COUNCILMAN HENON: Thank you,
17 Councilwoman.

18 I have a few questions. You
19 were talking about Health Center 10,
20 which is in my district, and they are
21 extremely, extremely busy and doing a
22 fantastic job even though -- we've cut
23 the wait time and offered some other
24 services, and I think we're hoping to
25 expand at some point even in a different

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2 location. But at one of the most recent
3 announcements that we had -- and you
4 might have mentioned it -- is it your
5 Roadmap to Health or access to --

6 COMMISSIONER FARLEY: It was
7 our Staying Healthy report, which is
8 about access to primary care in the City.

9 COUNCILMAN HENON: So how is
10 that? What progress have we made?
11 Because we're talking about access to
12 healthcare when it comes to proximity to
13 people as opposed to not having
14 healthcare and utilizing 9-1-1 or
15 emergency rooms as their primary doctor
16 and for their primary care. So how has
17 that access to care changed even in
18 little bits? Are you able to measure it?

19 COMMISSIONER FARLEY: So the
20 report that we put out showed that there
21 were pockets in the City that
22 particularly had low access to primary
23 care. They would meet the federal
24 government's definition of the healthcare
25 shortage area. In particular, they were

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2 in the Near Northeast and in the
3 Southwest.

4 We put that report out a few
5 months ago, and we're going to be doing
6 updates on it annually to see what
7 progress is made. Progress is slow in
8 general in this area. It requires
9 opening up a new facility or building a
10 new building and staffing it up. And so
11 we don't expect we're going to see big
12 changes year to year.

13 I do know that there is one
14 additional federally qualified health
15 center that is planning to open in the
16 Northeast. I don't think that's going to
17 make a big difference, because it's
18 relatively small, but -- so probably
19 we're not going to see big changes in the
20 past year.

21 COUNCILMAN HENON: Because the
22 underlying issues, preventative diseases
23 and access to care, will help prevent
24 sudden death or somebody having diabetes
25 or cardiovascular issues as a result of

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2 having primary care. So I'd be curious
3 to see after this year the baseline to
4 see what kind of measurements has changed
5 and how quickly it changes or what we
6 need to do to modify or tweak it as we
7 move forward, which leads me to how are
8 we -- childhood obesity. As you well
9 know, we worked with the Department and
10 other City agencies, the Department of
11 Recreation primarily, with a childhood
12 obesity program called Philly Play, now
13 Play Philly, that's in our summer camps
14 or a lot of them. We started out in 2014
15 in ten rec centers. Now we're -- last
16 year was 70. We're going to be well over
17 100 this year moving forward, and it's
18 about education, it's about introduction
19 to healthy foods, and it's about
20 explaining what food insecurity is and
21 how to stay active for 60 minutes and the
22 importance of staying active for 60
23 minutes, while everybody is on one or two
24 phones and screening in the basement,
25 hanging out with their friends online

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2 instead of out in the street, on the
3 sidewalk, and our rec centers.

4 So we're really trying to lead
5 by an example with the program and
6 educating our youth as they grow into
7 healthy adults, and that is the goal and
8 the outcomes that we're looking for.

9 What is the Health Department
10 doing or how are they supporting the
11 childhood obesity issues that we have
12 here in the City?

13 COMMISSIONER FARLEY: So,
14 first, thanks for raising that issue. We
15 talked about heart disease and cancer
16 being the leading killers, and the early
17 signs of that do appear in a child with
18 obesity that leads to diabetes and those
19 other complications. And so the Health
20 Department is working on both the
21 physical activity side of that as well as
22 the healthy diet side of that.

23 On the healthy diet, probably
24 the most important thing is something
25 City Council did, which was the

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2 Philadelphia beverage tax, which has led
3 to roughly a 40 percent decline in
4 consumption of sugary drinks, which are a
5 major contributor to childhood obesity.
6 And as you heard earlier, we're trying to
7 make access to healthy food more
8 widespread, and we're trying to
9 incorporate physical activity into things
10 like recreation centers, working with the
11 school system on physical activity. And
12 we have a media campaign out there called
13 Philly Powered about how people can get
14 access to physical activity programs and
15 incorporate physical activity into their
16 daily routines.

17 None of it is easy. Nobody in
18 the country has really turned around the
19 obesity epidemic yet, but we're doing
20 everything we can to do that.

21 COUNCILMAN HENON: I mean, I
22 know nothing is easy. I think it comes
23 down to what is our priority and where
24 are we going to spend our resources to
25 have a positive outcome in the rate of

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 return and preventative diseases and
3 hopefully prevent sudden cardiac arrest.
4 I think we have a thousand sudden cardiac
5 arrests a year in Philadelphia alone.
6 What part of that could have been
7 preventative? I'm not sure. Or
8 prevented. And what are hereditary or
9 genetics? I don't know who is more
10 likely to be disposed to that from
11 genetics, but we certainly have the
12 ability to change some of the behavior in
13 children as they grow into young adults
14 and hopefully we cut back on that
15 thousand sudden cardiac arrests, cut it
16 in half, because these young children are
17 being exposed to what it's like to be
18 healthy and why we need to live healthy
19 lifestyles. Because 60 percent I'm
20 going -- well, you know what, let me ask
21 you the question, because I start
22 throwing out numbers, I'm going to be
23 wrong.

24 What is the percentage of -- so
25 children in the City of Philadelphia,

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2 childhood obesity is roughly 35, 40
3 percent. Is that close or approximate?

4 COMMISSIONER FARLEY: I'd have
5 to get back to you on the exact number.
6 It's certainly a high percentage of
7 children.

8 COUNCILMAN HENON: So what I'm
9 going to ask, and you can just respond to
10 the Chair at another time, a breakdown of
11 childhood obesity and adult obesity who
12 are overweight. So I think between adult
13 obesity and being overweight is over 50
14 percent and near 60 percent, all
15 preventative diseases. Not that I
16 practice what I preach, but there are
17 some reasons that kind of go with being
18 in an urban city with 26 percent poverty
19 in certain areas.

20 And I'm leading into my last
21 question for you with childhood obesity
22 and overweight and adult obesity. Have
23 you identified, the Health Department,
24 have you identified predatory marketing
25 on products and what products they are?

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2 And if you don't know them right offhand,
3 I know you had mentioned one, but could
4 you provide that to the Chair? Because I
5 believe that people can make money and I
6 wish people would make as much as their
7 smart and well-thought-out business, but
8 not at the expense of people dying or
9 workers in the City of Philadelphia.

10 So my ask to you is, could you
11 put together some sort of analysis of
12 predatory marketing, where it is, and
13 what the products are and you can
14 directly correlate that with unhealthy
15 outcomes?

16 COMMISSIONER FARLEY: We'd be
17 happy to send you a report on that.

18 Just to throw out some numbers
19 here, roughly 35 percent of people -- of
20 adults in Philadelphia are obese. Maybe
21 another 35 percent are overweight. So 70
22 percent are either overweight or obese.
23 So that's a huge fraction. And that
24 is -- the most immediate consequence of
25 that is diabetes. We have an estimated

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2 135,000 people in Philadelphia now have
3 diabetes. A decade ago it was maybe
4 85,000. And it's so common that people
5 almost think it's part of the normal
6 condition, but it's not. It's a disease.
7 And absolutely we think that the food
8 industry in particular markets foods that
9 are particularly likely to cause obesity
10 and diabetes. We try to counter that
11 with our communications around things
12 like sugary drinks, and we're going to be
13 talking more about sugary snacks, and
14 those are marketed in general more in
15 low-income neighborhoods than in
16 high-income neighborhoods, and that's
17 part of the reason why those people are
18 more likely to suffer from diabetes and
19 its consequences. But we'll get a report
20 to you.

21 COUNCILMAN HENON: Great.

22 Thank you.

23 The Chair recognizes Councilman
24 Domb.

25 COUNCILMAN DOMB: Thank you,

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 Mr. Chairman.

3 Good afternoon again. A few
4 more questions.

5 According to GuideStar, at the
6 Philadelphia Nursing Home, 99.5 percent
7 of the residents are covered by Medicaid
8 or Medicare. Why is the General Fund
9 paying 47 million for this program or
10 about 125,000 a year per person?

11 COMMISSIONER FARLEY: I'm going
12 to start and then I'm going to turn it
13 over to Mr. Jarrah.

14 The General Fund I don't think
15 pays that entire amount. We receive the
16 Medicaid revenue. The Medicaid revenue
17 almost, but not quite, covers all our
18 expenses. So we do draw down the
19 Medicaid revenue.

20 COUNCILMAN DOMB: Are we
21 getting fully reimbursed?

22 MR. JARRAH: Almost fully
23 reimbursed. So Medicaid and Medicare
24 provide something like \$35 million a year
25 in revenue from the Nursing Home. So

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 there is a small General Fund investment
3 beyond that. It's a safety net nursing
4 home, but most of its services are
5 covered by revenue received.

6 COUNCILMAN DOMB: So how much
7 is the shortage that's occurring?

8 MR. JARRAH: From memory, it's
9 maybe 3 to 5 million.

10 COUNCILMAN DOMB: And I'm just
11 curious, why is it 125,000 a person?

12 MR. JARRAH: Say the question
13 again.

14 COUNCILMAN DOMB: It comes down
15 to 125,000 a person based on your 99
16 percent occupancy. Why is it so
17 expensive?

18 COMMISSIONER FARLEY: I'm
19 guessing that that's probably on par with
20 what nursing home care costs at other
21 places as well. It's not that much
22 different from -- it doesn't operate that
23 much differently from other nursing
24 homes. It's fairly intense care. If
25 you've been there, these are people who

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 have a variety of conditions. They may
3 have had gunshot wounds so that they are
4 paralyzed. They have diabetes. They may
5 have behavioral health problems. So it
6 needs a fairly intense amount of care.

7 COUNCILMAN DOMB: Okay. On
8 Page 11 of your testimony you showed
9 for-profit vendors that were contracted
10 with your department. It seems that only
11 one of the vendors were local.

12 COMMISSIONER FARLEY: I'm
13 sorry. This is on Page 11?

14 COUNCILMAN DOMB: Yes.

15 COMMISSIONER FARLEY: Which one
16 are you seeing that you believe is local?

17 COUNCILMAN DOMB: Well, it
18 looks like most of them are not local.
19 That's my point. Is there any way to
20 look at that going forward and figuring
21 out if we can utilize the local vendors
22 in Philadelphia?

23 COMMISSIONER FARLEY: We'd be
24 happy to give you information on that. I
25 think it's more than one of these are

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 local. We'll get back to you. I think
3 the majority of them are, but we'll get
4 you more detail.

5 COUNCILMAN DOMB: And then just
6 another question. According to
7 Medicare.gov, we received one out of five
8 stars for health inspection of the
9 Philadelphia Nursing Home. I'm just
10 curious why the reasons this score was
11 received.

12 COMMISSIONER FARLEY: Before
13 that year, the Nursing Home received, I
14 believe, four stars or five stars. What
15 happened was that the State of
16 Pennsylvania, which inspects nursing
17 homes, changed their inspection process,
18 where they randomly selected a small
19 number of residents and looked at their
20 history in great detail, and a number of
21 individual factors could quickly reduce
22 the number of stars. Nursing homes all
23 over the state saw a huge reduction in
24 their star rating. And so we have -- one
25 of the contracts here is with a

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 consulting service that goes through with
3 the Nursing Home to try to figure out how
4 to improve their rating and how to
5 address the deficiencies. The rating, my
6 understanding, has gone up since then,
7 but this was a statewide phenomenon.

8 COUNCILMAN DOMB: So we're
9 working on getting that back to the four
10 to five stars?

11 COMMISSIONER FARLEY: Yes, we
12 are.

13 COUNCILMAN DOMB: And then
14 another question. The Capital Budget
15 includes \$800,000 for your department in
16 Fiscal Year '20. Any idea what that's
17 for in the Capital, 800,000?

18 COMMISSIONER FARLEY: Can you
19 give us the exact place you're looking at
20 so we know we're looking at the right
21 number?

22 COUNCILMAN DOMB: It would be
23 in the Capital Budget. I don't have the
24 exact page, but it says 800,000 for your
25 department Fiscal Year '20.

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 MR. JARRAH: Yeah. So almost
3 all of our Capital Budget is used for
4 maintenance at our health centers, and
5 the big project that's happening now is
6 addition of exam rooms at our Health
7 Center 10 in Northeast Philadelphia. So
8 we're adding pediatric exam rooms in the
9 basement, added an elevator, and added
10 more exam rooms.

11 COUNCILMAN DOMB: Let me just
12 go back to the question you answered
13 before. I just want to make sure I'm
14 fully knowledgeable about this
15 Philadelphia hospital assessment issue.

16 This was a huge increase of
17 \$150 million a year, and just explain
18 again to us how this happened and where
19 the money goes and how the hospitals will
20 utilize it.

21 MR. JARRAH: So I can say a
22 little bit about it, and I'll also say I
23 think we're coming before the City
24 Council Finance Committee in May for the
25 renewal of this hospital assessment, so

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 we can speak more there too.

3 The \$150 million increase is
4 almost exclusively a rebate of a new more
5 current year for hospital revenue
6 assessment. So the assessment as it's
7 existed was based on Medicaid revenue for
8 calendar year 2010. Since 2010, the
9 Affordable Care Act has happened and
10 Pennsylvania has expanded Medicare, so
11 the Medicaid volume of services and
12 revenue in hospitals has increased
13 dramatically since 2010. So the hospital
14 assessment renewal that will happen this
15 year is based on 2017 data. So that's
16 almost exclusively the reason for that
17 increase.

18 COUNCILMAN DOMB: So is this
19 money going to these hospitals that's
20 basically helping them cover their
21 expenses? Is that the issue?

22 MR. JARRAH: Right.

23 COUNCILMAN DOMB: On a separate
24 note, I mean, is this help to like
25 Hahnemann that we read about that's

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 having some problems? I don't know if
3 you can comment about that or not, but
4 that's a concern I think of everybody,
5 like what's the future of Hahnemann.

6 COMMISSIONER FARLEY: So
7 Hahnemann does participate in this
8 program, and so, yeah, through this
9 program, they would receive additional
10 revenue from the state.

11 COUNCILMAN DOMB: And do you
12 have any comments on how we're going to
13 keep that hospital or does it look like
14 we're not going to keep that hospital?

15 COMMISSIONER FARLEY: I can
16 only say that we've been part of
17 discussions. We know that they have
18 troubles and that the City is continuing
19 to discuss with them to see what can be
20 done.

21 COUNCILMAN DOMB: Okay. All
22 right. Thank you very much. Thank you
23 for the work you're doing.

24 And thank you, Mr. Chairman.

25 COMMISSIONER FARLEY: Thank

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 you.

3 COUNCILMAN HENON: Thank you,
4 Councilman.

5 Dr. Farley, we had touched on
6 childhood obesity. We talked about
7 access to primary care. We talked about
8 outcomes and obesity. You had mentioned
9 the -- we also discussed briefly about
10 the predatory marketing and/or products
11 that contribute to a lot of these
12 preventative diseases. You also
13 mentioned a decrease in consumption of
14 basically beverages, sugary drinks. What
15 is the decrease in children in some of
16 our more impoverished areas and what does
17 that mean to the kids?

18 COMMISSIONER FARLEY: Decrease
19 in what? In their obesity rates?

20 COUNCILMAN HENON: Consumption
21 of sugary drinks in those areas and what
22 does that mean to them and their
23 outcomes?

24 COMMISSIONER FARLEY: So the
25 overall consumption in adults is down

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 about 40 percent. We do have data from
3 teenagers from the survey that was done
4 just shortly after the tax went in place
5 that saw a reduction in teenagers',
6 particularly among African American and
7 other minority teenagers', consumption of
8 sugary drinks. There's no question that
9 that should over the long term help
10 reduce certainly any rise in obesity,
11 because we haven't turned it around
12 negative yet, and have other health
13 benefits.

14 We don't yet have information
15 about consumption in children under the
16 age of teenage children, and we need more
17 surveys to look at what are the longer
18 term trend is in teenagers, but we are
19 optimistic that this will really make a
20 big difference in their consumption.

21 COUNCILMAN HENON: So what is
22 the decrease in teenagers? You said you
23 do have those numbers?

24 COMMISSIONER FARLEY: Yes.

25 COUNCILMAN HENON: But you

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 don't have it below teenager, right?

3 COMMISSIONER FARLEY: We don't
4 have information below teenagers.

5 There's a survey done in high schools
6 every other year where this question is
7 asked, so we have data from that survey.

8 So among the heaviest users,
9 three or more sugary beverages per day,
10 there's a 30 percent reduction in that
11 percentage.

12 COUNCILMAN HENON: For
13 teenagers?

14 COMMISSIONER FARLEY: Yes, for
15 teenagers.

16 COUNCILMAN HENON: And I would
17 imagine the trend would be maybe less,
18 but it would be a similar trend in
19 toddlers?

20 COMMISSIONER FARLEY: I think
21 it might be an even greater impact on
22 children, because the tax also raised
23 awareness about the risks of these
24 beverages. And so the first thing that
25 parents do in general when they think

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 something is unhealthy is to stop feeding
3 it to their children. They care about
4 their children's health more than their
5 own. So I think that we should get real
6 benefit out of that tax on beverage
7 consumption in children.

8 COUNCILMAN HENON: My last
9 question just to -- Councilman Domb had
10 mentioned hospitals. I just read in the
11 paper about Hahnemann seems to be --
12 well, of great concern, I think, to the
13 people in the City of Philadelphia and/or
14 its partners, schools, and the
15 universities. I just want to make sure
16 or know that the Health Department
17 administration is watching it closely and
18 making sure that we don't lose that kind
19 of care service right here in Center
20 City.

21 COMMISSIONER FARLEY: Yeah. I
22 can say we are fully engaged in the
23 discussion, as is the entire
24 Administration.

25 COUNCILMAN HENON: Great.

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 The Chair recognizes

3 Councilwoman Bass.

4 COUNCILWOMAN BASS: Thank you,
5 Mr. Chairman.

6 Just a couple of things I
7 wanted to follow up on, and the first is
8 just going back to the talk about sugary
9 beverages, sugar-sweetened beverages,
10 because it just drives me a little crazy
11 that soda is like the answer to all of
12 our problems health-wise, it seems. As
13 if we can remove soda and not replace it
14 with healthy options and still not
15 address the consumption of fried food,
16 fatty food, of the Cheetos, the Doritos,
17 the Tastykakes, all the other O's, if you
18 will, that people are consuming in the
19 neighborhoods. And we've removed one
20 product -- or not even removed it, but we
21 basically put a tax on one product and
22 all of the sudden we're expecting that
23 the outcomes are supposed to be
24 significantly healthy for an entire
25 population I just think is a little bit

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 incorrect. I'll just say it's incorrect,
3 in my opinion.

4 So I just wanted to add that to
5 the conversation, but also I wanted to
6 ask you about Hahnemann as well, because
7 one of the things I've been doing as the
8 Chair of Health and Human Services is
9 visiting all of our hospitals and medical
10 facilities here in Philadelphia, and one
11 of the things that really struck me -- I
12 went to Temple's emergency room probably
13 in the last few months, and one of the
14 things that really struck me is how they
15 don't have enough space. And as I was
16 talking to the doctors and the folks in
17 the ER, they said that when the hospital
18 was built, it was built for a particular
19 capacity, and they were able to maintain
20 that capacity as long as Women's Medical
21 was open and other surrounding facilities
22 were open. And then there was a ripple
23 effect when those facilities closed, and
24 now Temple has a significantly higher
25 population that's coming in through its

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 ER that the hospital was not built or
3 intended for, and so they're trying to
4 now figure it out on their own.

5 So I want to join the chorus of
6 others in expressing my concern about
7 Hahnemann, because there will be a ripple
8 effect if something should happen, if
9 Hahnemann should close or downsize or
10 anything of the sort. And I really even
11 hate to say it because I don't even want
12 to put that into the atmosphere, but I
13 don't think that we should diminish what
14 the ripple effect on the other
15 neighboring institutions would be here in
16 the City.

17 COMMISSIONER FARLEY: Thank
18 you. I have not been to the emergency
19 department at Temple, but I hear your
20 concern.

21 COUNCILWOMAN BASS: Well, yeah.
22 It was a great tour, and shout-out to
23 Temple University Hospital and all of the
24 hospitals in Philadelphia who are really
25 doing some great work. I went to Temple.

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 I've been to CHOP as well, and they
3 have -- they are just doing amazing,
4 amazing work, all of these facilities,
5 also Fox Chase Cancer Center in terms of
6 the research that we're doing here in the
7 City of Philadelphia and the impact that
8 we're having and energy and the
9 excitement around the researchers who
10 feel that we are just so close, we are so
11 close to being able to address so many
12 things that ail Philadelphia, that ail
13 everyone. And so it's very exciting to
14 see, so I just want to recognize them as
15 well.

16 Back to my questions about HIV,
17 and I wanted to ask you about the
18 department promoting an increasing
19 awareness of pre-exposure, medications,
20 treatments, things that are available to
21 prevent HIV. And so what is our
22 outreach, knowing what our target
23 population is, who is most likely to be
24 infected? What is our outreach and
25 response to this crisis?

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 COMMISSIONER FARLEY: So
3 pre-exposure prophylaxis, for those who
4 may not know, is a pill that people can
5 take every day which prevents infection
6 from HIV if you're exposed to it, and
7 it's recommended for people who are at
8 risk. Obviously for someone who is part
9 of a couple or one person is positive and
10 the other one is negative or other people
11 who have high-risk behavior. And our
12 AIDS Unit is working hard to make that
13 medication available to a variety of
14 different healthcare providers in the
15 City. We make it available at all of our
16 health centers.

17 COUNCILWOMAN BASS: Is there a
18 cost to it?

19 COMMISSIONER FARLEY: Not a
20 cost to the patient at our health
21 centers. And so if people have
22 insurance, the insurance can cover it,
23 and there may be even financial
24 assistance for people who are uninsured.
25 And we have a specific prep clinic at our

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 Health Center No. 1 for people who come
3 in regularly, and we monitor them over
4 time. And there's a variety of other
5 providers out there who are either funded
6 or encouraged to make that available.

7 COUNCILWOMAN BASS: Where is
8 Health Center No. 1?

9 COMMISSIONER FARLEY: Health
10 Center No. 1 has just moved to
11 Constitution Plaza. It used to be at 500
12 South Broad Street and is now at -- it's
13 farther south on South Broad Street, what
14 used to be Saint Agnes Hospital.

15 COUNCILWOMAN BASS: Can we have
16 the same services offered in all of our
17 health centers?

18 COMMISSIONER FARLEY: It is
19 available in all of our health centers,
20 but there it's more through regular
21 primary care physicians, but in that
22 place it's a specialized prep clinic for
23 people who just want to come in for that
24 and may not have a primary care
25 physician. So we have both.

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 COUNCILWOMAN BASS: Okay.

3 Question about asthma hospitalizations.

4 And I have Nicetown in my district, which

5 has some of the highest asthma rates of

6 the City of Philadelphia. It's my

7 understanding that the Department has

8 been working to reduce asthma

9 hospitalizations by having Medicaid plans

10 in the City pay for community health

11 workers to go in the homes and conduct

12 home-based environmental remediation

13 services. And can you talk about that a

14 little bit?

15 One of the things that again

16 struck me when I went to Children's

17 Hospital of Philadelphia is that they're

18 doing in some cases total home

19 renovations around children who are

20 regularly hospitalized around asthma and

21 who continue to come in, particularly in

22 the West Philadelphia area closely

23 surrounding the hospital, because these

24 children keep coming in, keep coming in.

25 And so CHOP proactively said, well, what

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 can we do? Let's go out, let's look at
3 the environment and let's get rid of
4 paneling which may have mold behind it or
5 drop ceilings which may have mold and
6 moisture or address maybe an infestation
7 which may be causing asthma as well. So
8 can you talk about that?

9 COMMISSIONER FARLEY: Yeah. So
10 asthma is a big problem in childhood
11 here. It's the number one cause of
12 hospitalization. It's particularly a
13 health disparity. Much more common in
14 low-income children, much more common in
15 African American children. And it is to
16 me basically a housing problem. It's
17 housing conditions which cause asthma
18 triggers that make the children have the
19 problem. And CHOP has developed a
20 program to remediate those homes and
21 reduce those asthma triggers, which has
22 been proven to reduce hospitalizations.
23 It's a national model. We think it's a
24 wonderful program, and that's the program
25 that we are trying to bring up -- scale

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 up citywide, and we are -- it's been a
3 long haul, but we've finally gotten most
4 of the managed care plans here to agree
5 to reimburse for that service if it's
6 provided through the City so that we can
7 supplement what CHOP is doing, and if
8 that continues, we hope to ultimately
9 scale that up to all the children
10 citywide.

11 Now, CHOP is adding to that
12 service, this specific home renovation,
13 if there are housing conditions that are
14 beyond what a community health worker can
15 do. That's expensive. They're doing it
16 for a small number of houses, maybe a
17 dozen, and we'll see its impact. We're
18 very eager to see that that's happening
19 and love to see if it could be expanded,
20 but ultimately it's funding that is the
21 limiting factor here.

22 COUNCILWOMAN BASS: Okay. And
23 I think I have one last question for you.
24 Can you talk a little bit about tobacco
25 use in young people here in the City of

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 Philadelphia. I know that we've worked
3 on the issues around cigarillos and other
4 flavored tobacco products, and the
5 Commonwealth has really restricted City
6 Council's ability to pass new regulations
7 on tobacco sales. Can you talk about
8 what other ideas you might have to
9 address these issues?

10 I was recently at an event and
11 I saw some young people hanging around
12 outside, and it shocked me that they were
13 smoking. Not because they were smoking,
14 I guess, because people smoke, but they
15 seemed so young. They seemed pre-teen,
16 not even teenagers. They seem liked
17 pre-teen. Maybe they just looked really
18 young.

19 But what kind of things are we
20 doing, can we do to affect youth having
21 access to these flavored tobacco products
22 in particular, which get them on the path
23 to becoming a user of cigarette products?

24 COMMISSIONER FARLEY: Right.
25 So I'm glad you asked. Tobacco is really

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 the number one killer in Philadelphia.
3 The most recent waves of estimating may
4 be 3,500 deaths per year related to
5 tobacco.

6 There's some good news and some
7 bad news around smoking among teenagers.
8 Smoking of cigarettes among teenagers is
9 now at an all-time low. It's at 3 and a
10 half percent. Not long ago it was
11 probably 20 percent. However, what
12 that's been replaced by is smoking of
13 cigarillos and e-cigarettes, and both of
14 those have health risks that concern us
15 quite a bit.

16 We worked with the Council to
17 try to restrict the flavorings in those
18 cigarillos so they would be less
19 appealing. As you said, the State
20 Legislature then preempted us. That was
21 something particularly frustrating to us.
22 So there's real limits to what we can do
23 legislatively at this point to prevent
24 the kind of very irresponsible marketing
25 that targets low-income and minority kids

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 in the City.

3 COUNCILWOMAN BASS: Well, quick
4 question. Because we know that to really
5 reach young people, you have to get them
6 early. And if these folks look like I
7 said, say in the 12, 13-year range, do we
8 do any contact with the School District
9 of Philadelphia to bring sort of
10 anti-smoking advertising campaigns? Do
11 we talk to young people? How are we
12 reaching that next wave of customers that
13 they're expecting to be able to get with
14 these flavored products?

15 COMMISSIONER FARLEY: So we are
16 working with the school system.
17 Particularly they're seeing more within
18 schools e-cigarettes or Juul in schools.
19 We are also reaching out to children
20 through media campaigns, media messaging
21 about the risks of any product that has
22 smoke in it, whether it's a cigarillo,
23 whether it's a cigarette or any other
24 product. So, yes. We are reaching them
25 wherever we can.

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 We also have the bill -- or the
3 rule that the City has which puts a limit
4 on the number of outlets that can sell
5 tobacco products, and through attrition,
6 that means that the tobacco marketing at
7 point of sale in low-income neighborhoods
8 is going down over time, and we're really
9 pleased that that's working as it should.

10 COUNCILWOMAN BASS: So what are
11 the numbers looking like now?

12 COMMISSIONER FARLEY: So we're
13 falling about 9 percent per year. We
14 started at 3,400 tobacco outlets in the
15 City, tobacco permits, and that was in
16 2015 or '16. We're now down to about 25,
17 30. So about 25 percent less. And that
18 decline is mostly in low-income
19 neighborhoods.

20 COUNCILWOMAN BASS: Can you
21 provide a map to the Council President in
22 terms of what the original numbers were?
23 I remember just a saturation map that you
24 had given us. Can you give us an updated
25 map so we can visually get an idea of

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 what the change has been?

3 COMMISSIONER FARLEY:

4 Absolutely.

5 COUNCILWOMAN BASS: Great.

6 Thank you very much.

7 Thank you, Mr. President.

8 COUNCIL PRESIDENT CLARKE:

9 Thank you, Councilwoman.

10 I have around 38 questions for
11 you.

12 I'm actually just kidding. I
13 want to thank you very much for your
14 testimony.

15 COMMISSIONER FARLEY: Thank you
16 very much.

17 COUNCIL PRESIDENT CLARKE: We
18 look forward to continuing to work with
19 you.

20 Next up we'll have Behavioral
21 Health.

22 (Witnesses approached witness
23 table.)

24 COUNCIL PRESIDENT CLARKE: Good
25 afternoon. Please proceed. And if you

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 can kind of summarize your testimony as
3 best as possible. Thank you.

4 COMMISSIONER JONES: Good
5 afternoon, Council President Clarke and
6 members of City Council. I am David T.
7 Jones, Commissioner of the Department of
8 Behavioral Health and Intellectual
9 disAbility Services. Joining me today is
10 Dr. Jill Bowen, Deputy Commissioner.

11 I have submitted my testimony
12 on DBHIDS's Fiscal Year 2020 Proposed
13 Operating Budget. I certainly would like
14 to thank the DBHIDS staff, who a number
15 of them are here today and some are
16 obviously back at the office, but for
17 their acumen, their work ethic, and
18 passion for serving Philadelphians. We
19 also want to thank the provider network,
20 also some of which are here today, for
21 their commitment and certainly their
22 provision of quality services.

23 You have in your folders
24 information about -- information graphic
25 on accessing behavioral health treatment.

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 There's information about the provider
3 profile, along with a companion guide
4 that explains the profile. There's
5 information about the continuum of care,
6 treatment care, via Community Behavioral
7 Health. There's also information about
8 DBHIDS's minority, women, and
9 disabled-owned business participation.
10 There's a flyer in there. And then
11 there's fact sheets about how to access
12 in terms of contact DBHIDS, fact sheets
13 about treatment for opioid use disorder
14 and some information about our Faith and
15 Spiritual Affairs Conference.

16 We certainly appreciate the
17 ongoing support of Council and are
18 committed to narrowing the gap.

19 With that, actually I conclude
20 my opening remarks, and we're available
21 to respond to questions.

22 COUNCIL PRESIDENT CLARKE:

23 Thank you.

24 I have a question about in your
25 budget detail on Page 4, you received a

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 \$100 million appropriation for
3 HealthChoices Behavioral Health Fund,
4 which is state funding. Do you really
5 anticipate an increase in \$100 million?

6 COMMISSIONER JONES: So we
7 anticipate -- that's more of an
8 appropriation in the event that we have
9 increased members. And so that's what
10 that represents.

11 COUNCIL PRESIDENT CLARKE: So
12 my question is, do you anticipate an
13 increase -- I know we do the
14 appropriations in anticipation of funding
15 or hope of funding. So you really
16 anticipate getting that, and that's based
17 on the increase of what again?

18 COMMISSIONER JONES: So it
19 represents actually increased enrollment.
20 So as you have it's --

21 COUNCIL PRESIDENT CLARKE: And
22 you anticipate that level of increase --

23 COMMISSIONER JONES: Right. We
24 don't necessarily anticipate getting all
25 of that revenue, but in the event that we

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 do, we want to have it.

3 COUNCIL PRESIDENT CLARKE:

4 You'll have your appropriation authority.

5 COMMISSIONER JONES: Correct.

6 COUNCIL PRESIDENT CLARKE:

7 Okay. 8th and Girard, who do I talk to
8 about 8th and Girard?

9 COMMISSIONER JONES: Council
10 President, what is it that you want to
11 know about --

12 COUNCIL PRESIDENT CLARKE: I
13 think the person is getting up now.

14 (Witness approached witness
15 table.)

16 MS. GLADSTEIN: Good afternoon.
17 Eva Gladstein, Deputy Managing Director
18 for Health and Human Services.

19 COUNCIL PRESIDENT CLARKE: Good
20 afternoon. How are you?

21 MS. GLADSTEIN: Good. How are
22 you?

23 COUNCIL PRESIDENT CLARKE:

24 Okay. 8th and Girard, so we had a
25 conversation several months ago about

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 some additional clients, services, the
3 whole nine yards, and it kind of went
4 away, and then I understood you all were
5 prepared to move ahead. I expressed some
6 concerns at the lack of community
7 notification, conversation, the whole
8 nine yards. Can you tell me where we are
9 with that?

10 MS. GLADSTEIN: Sure.

11 COUNCIL PRESIDENT CLARKE: For
12 those that have no idea what you and I
13 are talking about, can you tell me what
14 was proposed at this site?

15 MS. GLADSTEIN: Sure. That
16 site has historically for decades been a
17 health and behavioral health center, but
18 there are vacancies there, and so the
19 proposed use, which has been in place for
20 several months now, is the Effay Wellness
21 Center, which is operated by Self
22 Incorporated, and it's providing
23 emergency housing resources that are
24 directed to primarily by outreach teams.
25 So that has served individuals who had

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 been identified both in Center City
3 outreach as well as in Kensington.

4 Since we spoke, we've been in
5 touch with the registered community
6 organization in that neighborhood,
7 several conversations. That has not been
8 me personally, but the Office of Homeless
9 Services. There's a planned meeting with
10 them, a public meeting where they're
11 inviting the other registered community
12 organizations, this coming Monday
13 evening.

14 COUNCIL PRESIDENT CLARKE: This
15 Monday?

16 MS. GLADSTEIN: This Monday
17 evening. And at that meeting, Self
18 Incorporated will discuss the services
19 there as well as the owner of the
20 building, Ironstone Realty, will be
21 available, because there are many other
22 services on that campus as well. There's
23 a commitment to have a community advisory
24 board, which will also be discussed at
25 that meeting.

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2 COUNCIL PRESIDENT CLARKE: So
3 the current population at the site is
4 what?

5 MS. GLADSTEIN: So that new use
6 is 40 individuals.

7 COUNCIL PRESIDENT CLARKE: 40?

8 MS. GLADSTEIN: 40.

9 COUNCIL PRESIDENT CLARKE:
10 Prior to the new use, what was the
11 population?

12 MS. GLADSTEIN: So prior to the
13 new use, there are people who are using
14 it on an outpatient basis, but I'm going
15 to look to Commissioner Jones in terms of
16 any other residential uses there, which
17 would be funded by his department.

18 COMMISSIONER JONES: So North
19 Philadelphia Health Systems actually
20 operates a number of treatment programs.
21 So they have residential programs. They
22 have intensive outpatient programs. They
23 actually also provide some
24 medication-assisted treatment. They
25 probably serve, I would say,

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 approximately 3,000 individuals annually.

3 COUNCIL PRESIDENT CLARKE: At
4 that location?

5 COMMISSIONER JONES: Correct.

6 COUNCIL PRESIDENT CLARKE:
7 3,000. And what percentage are
8 residential and what percentage are
9 outpatient?

10 COMMISSIONER JONES: So I would
11 say that it's probably about 65 percent
12 or so residential and about 35 percent
13 outpatient.

14 COUNCIL PRESIDENT CLARKE: So
15 more than 1,000 are currently living at
16 the site?

17 COMMISSIONER JONES: When I say
18 "residential," it actually refers to --
19 so like, for example, Journey of Hope.
20 So they may be in for a period of time
21 where they are participating in treatment
22 for substance use disorder. They
23 actually would then --

24 COUNCIL PRESIDENT CLARKE: I
25 mean short term.

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 COMMISSIONER JONES: Right.

3 It's more short term, right. It's not an
4 extended stay. So let's just say that
5 maybe on average length of stay
6 somewhere -- it would vary depending upon
7 the individual -- may be somewhere three
8 to six months or something.

9 COUNCIL PRESIDENT CLARKE: And
10 on average on a daily basis, how many
11 people are having short-term residential?

12 COMMISSIONER JONES: So on a
13 daily basis, we would anticipate that
14 there's probably about, in terms of
15 participating in treatment, probably
16 somewhere 200, 300 folks.

17 MS. GLADSTEIN: Who are bed
18 based or no, that's --

19 COMMISSIONER JONES: No.
20 That's not bed based.

21 MS. GLADSTEIN: I think we may
22 have to get back to you in terms of the
23 number of actual bed-based capacity there
24 in the North Philly Health System, unless
25 you know off the top of your head.

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2 COMMISSIONER JONES: We can
3 provide all of the detail.

4 COUNCIL PRESIDENT CLARKE:
5 You'll get back with the actual number?

6 COMMISSIONER JONES: Yeah.

7 COUNCIL PRESIDENT CLARKE: All
8 right. In terms of the newer clientele,
9 now that is with Self? Is that the
10 meeting that we had in my office?

11 MS. GLADSTEIN: Yes, it is.

12 COUNCIL PRESIDENT CLARKE: And
13 you were talking about 40 individuals?

14 MS. GLADSTEIN: There are 40
15 individuals there at the moment. As we
16 detailed when we spoke to you, there's
17 capacity for more, but we're not planning
18 to expand up to the capacity that it has,
19 but we would expand beyond the 40. But
20 that would not be until after we had had
21 the meeting with the community and some
22 agreement around that.

23 COUNCIL PRESIDENT CLARKE: All
24 right. So it seems like I can recall the
25 more finite number, and it was how much

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 more above 40?

3 MS. GLADSTEIN: It was.

4 There's physical space that could serve
5 many more people, but as the Office of
6 Homeless Services would say, they tried
7 to keep these kinds of facilities
8 smaller, because they're easier to
9 manage.

10 COUNCIL PRESIDENT CLARKE: All
11 right. And was there a location prior to
12 the ultimate selection of 8th and Girard
13 that was looked at by the City of
14 Philadelphia?

15 MS. GLADSTEIN: We actually
16 looked at something like at least a dozen
17 other potential sites.

18 COUNCIL PRESIDENT CLARKE: And
19 why were those sites not selected?

20 MS. GLADSTEIN: A variety of
21 reasons. Most often either that they
22 were not physically suitable, the
23 condition of the site, sometimes zoning
24 issues.

25 COUNCIL PRESIDENT CLARKE: Is

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2 that the only reason?

3 MS. GLADSTEIN: It was
4 primarily the reason. And frankly to the
5 extent that we can locate facilities like
6 this on the medical campus, we think it's
7 beneficial, because then the residents
8 have access to all of those other
9 facilities. In fact, we're in the
10 process of negotiating a lease for a
11 similar facility which would be on the
12 Episcopal Hospital campus that we hope
13 will begin construction in a month or so.

14 COUNCIL PRESIDENT CLARKE: All
15 right. I want to ask you a quick
16 question about a CUA, Net up in
17 Strawberry Mansion.

18 MS. GLADSTEIN: Yeah.

19 COUNCIL PRESIDENT CLARKE: Are
20 you familiar with that, anybody?

21 MS. GLADSTEIN: They're one of
22 the --

23 COUNCIL PRESIDENT CLARKE: In
24 Hill School. They're in the Hill School,
25 the Net.

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 MS. GLADSTEIN: Right. I mean,
3 we're familiar. They're a Behavioral
4 Health provider and they're also a
5 community umbrella agency under DHS. I'm
6 not sure that --

7 COUNCIL PRESIDENT CLARKE:
8 Nobody knows about that?

9 COMMISSIONER JONES: If you're
10 asking about the detail of the CUA, as
11 you said, the community umbrella agency,
12 that actually, as the Deputy Managing
13 Director is indicating, so Commissioner
14 Figueroa, that actually falls under her.

15 COUNCIL PRESIDENT CLARKE: So I
16 should have asked that question last week
17 when she was here.

18 MS. GLADSTEIN: I believe she's
19 being called back, though.

20 COUNCIL PRESIDENT CLARKE: The
21 reason I'm asking that, because --

22 COMMISSIONER JONES: If you
23 could -- what's the specific question?

24 COUNCIL PRESIDENT CLARKE: So
25 it's related to that operator for a

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2 reason. So I recently, maybe six, seven,
3 eight months ago, we opened up a Council
4 district office in proximity to the site,
5 and we've experienced a number of people
6 coming to the office that have some
7 challenges that we're not prepared to
8 address, mental health, substance abuse
9 issues. And I'm wondering, because this
10 is literally like three blocks away from
11 the Net in Hill School, and I'm
12 wondering, one -- people in my office, I
13 came in, they were giving me a briefing
14 on what's going on. It's like can we
15 have people either from that operator
16 come over to our office or we can refer
17 people over to Net. So I'm wondering in
18 that close proximity, how there can be
19 some synergy.

20 MS. GLADSTEIN: We can ask them
21 to --

22 COUNCIL PRESIDENT CLARKE:
23 Because we're not in a position to assist
24 these folks, but they see the
25 Councilperson office, so everybody comes

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2 in.

3 Right, Councilwoman? You know
4 about that, right?

5 COUNCILWOMAN BASS: Yes.

6 COUNCIL PRESIDENT CLARKE:
7 Everybody comes to the Councilperson's
8 office.

9 COMMISSIONER JONES: So we
10 certainly can follow up. I mean, so part
11 of what I am hearing you ask, Council
12 President, is that so as individuals may
13 come into your office that may be in need
14 of behavioral health supports, to be able
15 to make those linkages.

16 COUNCIL PRESIDENT CLARKE:
17 Yeah. We want to help folks, but we're
18 just not --

19 COMMISSIONER JONES: And so we
20 explore strategies, whether we work with
21 Net and, again, I understand in terms of
22 the close proximity, that's why --

23 COUNCIL PRESIDENT CLARKE: It's
24 like three blocks away.

25 COMMISSIONER JONES: Yeah. We

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 can either do that or we can also see
3 kind of what other options are available.
4 Certainly we can follow up with you on
5 that.

6 COUNCIL PRESIDENT CLARKE:

7 Okay. All right. Thank you. I'll come
8 back.

9 The Chair recognizes Councilman
10 Domb.

11 COUNCILMAN DOMB: Thank you,
12 Mr. President.

13 Good afternoon.

14 COMMISSIONER JONES: Good
15 afternoon.

16 COUNCILMAN DOMB: I had a
17 question on your budget and a few other
18 questions, but I'm going to start with
19 the budget.

20 In 2018, your budget was
21 1,264,000,000 roughly, and this year the
22 proposed budget is 1,601,000,000, 26
23 percent increase, 336 million. 91
24 percent of it, or 304 million, is for
25 purchase of services. Why is there such

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2 a dramatic increase? And I realize, by
3 the way, the City this year will pay only
4 15.9 million of that 1.6 billion. Thank
5 God that's all we're paying, but why is
6 there such a big increase in the purchase
7 of services, line 200?

8 COMMISSIONER JONES: So
9 overall, Councilman Domb, our budget,
10 about 54 percent of our budget is state
11 dollars, about 45 percent are federal
12 dollars, and then, as you indicated,
13 about 1 percent is General Fund. That 1
14 percent really serves as match dollars
15 for our state and -- some of our state
16 and federal grants, which is required.
17 So essentially what happens is is
18 Philadelphia receives a \$9 return on
19 every dollar invested, right? So I would
20 say that from an investment perspective,
21 it's a significant return.

22 When you look at -- I think the
23 other benefit in terms of when you see
24 the increase in our budget, part of what
25 happened is as a result of the Affordable

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2 Care Act and Medicaid expansion, we've
3 actually seen the number of
4 Philadelphians who were at one time
5 uninsured in fact become insured. And to
6 be specific, be insured through Medicaid.
7 And those individuals -- and where you
8 see again the greatest increase is
9 through Community Behavioral Health,
10 which again is our health plan.

11 And I should say that just in
12 terms of kind of efficiency of
13 operations, so the benefit of Community
14 Behavioral Health is that they have among
15 the lowest admin costs probably in the
16 country for a health plan at about, I
17 would say, about 9 percent. They also
18 don't retain any profit. And I would
19 certainly challenge anyone to look at a
20 health plan where it's not their business
21 to attempt to retain profit. But they
22 don't retain profit.

23 Third piece is that in fact
24 they, in coordination with the Department
25 and obviously the state, they reinvest

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2 within 3 percent of savings back into the
3 City, and then they also have among the
4 most robust benefit packages of any
5 health plan.

6 So part of why you see that
7 increase is a result of, again, probably
8 over the last few years in excess of a
9 hundred thousand people, Philadelphians
10 to be clear, enrolling in Medicaid, and
11 so you then have the revenue to then pay
12 for the treatment.

13 COUNCILMAN DOMB: So that's
14 tremendous, that a hundred thousand
15 people are now getting covered through
16 Medicaid in Philadelphia?

17 COMMISSIONER JONES: That's
18 correct.

19 COUNCILMAN DOMB: And before
20 that, how were they handling their
21 medical costs before that?

22 COMMISSIONER JONES: I just
23 couldn't hear you.

24 COUNCILMAN DOMB: How were they
25 handling their medical costs before that?

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 COMMISSIONER JONES: So before
3 that, there were a number of individuals
4 who were uninsured, and this goes back
5 some years. And so through, again, some
6 of the state and federal grants, we
7 actually covered the healthcare for those
8 individuals that were uninsured through
9 those funds.

10 COUNCILMAN DOMB: How many more
11 people are not insured today as we sit
12 here that need insurance?

13 COMMISSIONER JONES: Well, what
14 I can tell you is that so for
15 Philadelphia, for a city of, as you know,
16 1.5 plus million people, currently over
17 700,000 Philadelphians are enrolled in
18 Medicaid, right? So it speaks to both
19 the incredible resilience of
20 Philadelphians and of the high need.
21 Again, the deep poverty. So we certainly
22 try to make sure that anyone who is
23 eligible has the ability and access to
24 enroll, and that's I think what we can
25 say again at this point is over 700,000.

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2 COUNCILMAN DOMB: Are we at a
3 point now where we have to turn away
4 people or are we able to accommodate
5 everybody?

6 COMMISSIONER JONES: So I think
7 that we actually continue to, as I had
8 mentioned around the whole reinvestment
9 strategy, so we continue to build out our
10 continuum of care. And so part of what
11 we've really been doing is focusing on
12 expanding kind of our home and
13 community-based kind of treatment
14 options. And so to that extent, we
15 certainly have not had to turn folks
16 away. We actually have continued to
17 build out. And then we've also really
18 been focusing on making sure there's kind
19 of a high-quality piece. And so we've
20 been introducing additional kind of
21 evidence-based practices so that when
22 people make the decision to participate
23 in treatment, that they are getting
24 really quality treatment.

25 COUNCILMAN DOMB: And for you

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2 to get the 99 percent of the monies from
3 the federal and the state basically
4 together, is that something you apply for
5 every year?

6 COMMISSIONER JONES: So those
7 are grants that come in each year. It's
8 not necessarily kind of an application
9 process, but certainly part of, as you
10 well know, with Medicaid, the kind of
11 federal, state match, and then the grants
12 are in addition.

13 I would also say that as it
14 pertains to individuals who are
15 uninsured, that we also have a Behavioral
16 Health special initiative. So for folks
17 particularly who may have more substance
18 use disorder and are uninsured, they
19 actually are receiving services through
20 kind of that unit or division within the
21 Department.

22 COUNCILMAN DOMB: Okay. Thank
23 you.

24 Another question for you. I
25 believe the deadline is coming up this

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 January 1st, 2020 for all drug and
3 alcohol licensed residential care
4 providers to have medication-assisted
5 treatment available. I'm just wondering
6 how our progress has been on that
7 program.

8 COMMISSIONER JONES: That's a
9 great question. So part of what the
10 science has shown is that making sure
11 that people with opioid use disorder have
12 access to medication-assisted treatment
13 is really the gold standard for care.
14 And to be explicit, that includes whether
15 it be methadone, buprenorphine, or
16 Vivitrol, along with kind of a therapy or
17 therapeutic component.

18 And so what we've done is,
19 we've continued to -- given that that's
20 the gold standard and recognizing that
21 there are several pathways to recovery --
22 by "recovery," we mean long-term
23 recovery -- we want to ensure that
24 medication-assisted treatment is
25 available to everyone.

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 COUNCILMAN DOMB: Okay. Thank
3 you. I'll come back on the next round.
4 Thank you.

5 Thank you, Mr. President.

6 COUNCIL PRESIDENT CLARKE:
7 Thank you, Councilman.

8 The Chair recognizes
9 Councilwoman Parker.

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

12 And good afternoon to each of
13 you. Commissioner Jones and Deputy
14 Commissioner Bowen, I'm happy to have you
15 here, but I always like to start with
16 telling you as the leaders of this
17 department how appreciative we are of the
18 people who are actually doing the work on
19 the ground.

20 I host a series of budget
21 briefings and town hall meetings and
22 other community activities throughout the
23 district. My colleagues do the same.
24 And this taboo issue associated with
25 behavioral health and mental health,

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 particularly in the African American
3 community that was brushed under the rug
4 for so many years, members of your team
5 come out to these meetings with
6 information from your department,
7 hotline/telephone numbers, identifying
8 locations where people can get service.
9 And so I want to say to everyone, and I
10 can't name them all, but to all of the
11 boots on the ground, don't think we don't
12 see you and know the value of the work
13 that you do. Thank you.

14 (Applause.)

15 COUNCILWOMAN PARKER: We do.
16 We appreciate your work.

17 COMMISSIONER JONES: Thank you,
18 Councilwoman Parker. It is always a
19 pleasure working with you, and we
20 certainly appreciate that acknowledgment
21 of the work that staff are doing.

22 COUNCILWOMAN PARKER: Sure.
23 Let me start by saying when I was going
24 through your testimony, Council President
25 Clarke, the Commissioner made me take a

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 stroll through history, because he gave a
3 summary of the creation of CBH, and when
4 CBH was being created, I wasn't a member
5 of this body. I was a staff person for
6 the Chair of the Committee on Public
7 Health and Human Services, who was then
8 Marian Tasco, and I remember the struggle
9 that Estelle Richman, Tasco, a young lady
10 by the name of Mary Hurtig, who was then
11 with the Mental Health Association of
12 Southeastern Pennsylvania, and John
13 White, Jr., who was the former Secretary
14 of the Department of Public Welfare here
15 in the Commonwealth and now a behavioral
16 health provider here in the City, trying
17 to convince people that maintaining or
18 establishing a behavioral health carveout
19 would be beneficial to Philadelphia
20 citizens. And I know you weren't here,
21 but I want you to know that a lot of
22 people didn't get it during that time,
23 but fortunately we moved forward.

24 With that being said, I want
25 you to elaborate for me on some of the

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2 benefits for Philadelphians by
3 maintaining a behavioral health carveout,
4 and just briefly describe what it is so
5 that the listening and viewing public
6 will know.

7 COMMISSIONER JONES: So it
8 certainly is important to acknowledge the
9 individuals that you mentioned,
10 Councilwoman Parker, who clearly had a
11 phenomenal vision and thinking through
12 this process in terms of really creating
13 Community Behavioral Health through the
14 carveout.

15 And so as the Councilwoman has
16 indicated, the carveout is really special
17 in that it makes sure that behavioral
18 health services are even more readily
19 accessible, and particularly given the
20 significant stigma associated with
21 seeking and participating in treatment,
22 it certainly would have been, and prior
23 to the creation of Community Behavioral
24 Health was, a significant challenge in
25 terms of people actually accessing

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2 treatment. I think as a result, you've
3 also, as is evidenced here, you've seen a
4 number of Philadelphia providers that
5 have grown because they're readily
6 available to be able to provide that
7 treatment. And I will tell you that the
8 benefits are -- one of the things -- one
9 of the narratives is really around
10 there's kind of a push to carve in
11 obviously, and so what we -- and I think
12 that was --

13 COUNCILWOMAN PARKER: Carved
14 in? Help me. I'm not in your industry.
15 So describe it for me.

16 COMMISSIONER JONES: So what
17 the carve-in means is, they want to
18 indicate that behavioral health and
19 physical health should be provided in an
20 integrated way. And so what we would say
21 is that actually that integrated care,
22 kind of whole-person care, is actually
23 happening currently with the model. It's
24 currently happening in the model. And so
25 two pieces around that. So not only is

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2 it currently happening in the model, and
3 I had mentioned earlier, but there is
4 actually much greater continuity because
5 in the --

6 COUNCILWOMAN PARKER:
7 Continuity in what? Providers?

8 COMMISSIONER JONES: Continuity
9 of care. So in the current model, we
10 actually have one behavioral health
11 managed care organization.

12 COUNCILWOMAN PARKER: So one?

13 COMMISSIONER JONES: One.
14 Which is Community Behavioral Health. If
15 they were to go with a carveout, we would
16 actually go from one to multiple. And
17 so -- and then there would be kind of
18 really the disintegrated care that would
19 happen in terms of splintered care when
20 you were trying to then work with the
21 current -- when you're trying to work
22 among multiple behavioral health managed
23 care organizations and multiple physical
24 health managed care organizations, right?

25 COUNCILWOMAN PARKER: So just

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2 walk me through it. And just be patient
3 with me because, again, this is not my
4 industry.

5 So we have CBH, which is our
6 umbrella, and all of those services are
7 under --

8 COMMISSIONER JONES: Correct.

9 COUNCILWOMAN PARKER: -- under
10 CBH versus having multiple providers
11 across the board.

12 COMMISSIONER JONES: Versus
13 having multiple health plans.

14 COUNCILWOMAN PARKER: Health
15 plans.

16 COMMISSIONER JONES: Yes. And
17 so what we know is that there's higher
18 likelihood if you have a single
19 behavioral health managed care
20 organization that is able to work with
21 individuals -- to work with the provider
22 network, I'm sorry, and fund that
23 provider network to then provide services
24 and then also coordinate with the
25 physical health managed care

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2 organizations, which currently is
3 happening.

4 And so I'll give you an
5 example. So right now there are
6 federally qualified health centers that
7 have -- that provide both physical
8 healthcare and based upon the
9 relationship with Community Behavioral
10 Health, they also provide coordinated
11 behavioral healthcare. So that's an
12 example of what's happening on the ground
13 now where people are able to access
14 healthcare and get both their behavioral
15 health and their physical health needs
16 met.

17 COUNCILWOMAN PARKER: So wait.
18 With that being said now, I want to put
19 my -- let's economically -- Councilman
20 Domb will appreciate this. These are
21 just some general questions, and I want
22 you to just sort of let me know where we
23 stand versus having multiple health plans
24 versus us having the umbrella, one
25 umbrella for us, which is CBH.

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2 What is CBH's administrative
3 costs like in the country?

4 COMMISSIONER JONES: So it's,
5 again, a great question, Councilwoman
6 Parker. So they actually have among the
7 lowest administrative costs in the
8 country. That would be CBH. Which is
9 around 9 percent. And as I had also
10 indicated, they also don't retain any
11 profit, which is -- and I would challenge
12 anyone to show another health plan whose
13 business doesn't include retaining
14 profit. And so they don't retain profit,
15 and what they do with the surplus, which
16 is, again, which is in 3 percent of
17 savings, is they reinvest that into
18 Philadelphia. It's the most robust
19 benefit package among health plans. And
20 the last thing I certainly will say again
21 is that integrated care in terms of
22 whole-person care is currently happening
23 under this model.

24 COUNCILWOMAN PARKER: So,
25 Mr. President, I know I heard the bell.

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 If you would just give me some leeway on
3 this one, you'll see where I'm going.

4 So I've listened to everything
5 that you've just described to me. CBH
6 has the lowest administrative costs in
7 the country. We don't retain the profit.
8 We invest all of our money back into
9 Philadelphia, and having one behavioral
10 health plan, in essence, allows our
11 constituents to have much better access
12 and continuity in care. So I want you to
13 correct me if I'm wrong, because with
14 everything that you just stated, is it
15 true that I've learned that this
16 legislation has been proposed to
17 eliminate the Behavioral Health carveout
18 that's been introduced in Harrisburg? Am
19 I right? I've been gone a long time, so
20 I don't get to do it the way I used to,
21 but a little bird just picked up the
22 phone and called and said, I don't think
23 people understand what's been introduced
24 here in Harrisburg that could impact
25 Philadelphia. Were they accurate or not?

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2 COMMISSIONER JONES: So, again,
3 you are on point. So there were
4 legislators from York County that
5 introduced a companion bill, House Bill
6 335 and Senate Bill 268, where they
7 wanted to essentially carve in and do
8 away with kind of Community Behavioral
9 Health, which we think would be a huge
10 mistake.

11 The other thing is, we've
12 actually had an opportunity to brief some
13 of Philadelphia's delegation, and what
14 they've actually said is that they are
15 going to -- I'm quoting one individual.
16 It's going to be a hard no against 335,
17 because maintaining the carveout is just
18 critical for Philadelphia.

19 COUNCILWOMAN PARKER: So I
20 appreciate that, and I have much
21 confidence in Jason Dawkins and Joanna
22 McClinton and obviously our democratic
23 Appropriations Chair in the Senate, along
24 with other members of Philadelphia, but
25 because we are here and we do have a

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2 thousand and one things to do, we would
3 ask that you all please keep us posted.
4 And we know that the delegation will as
5 well.

6 Mr. President, if you will
7 allow, I just have one other question
8 that I need to ask, and this is relative
9 to having access to -- I'm talking about
10 family counselors, therapy counselors,
11 and I'm wondering what do your ratios
12 look like. And I'll tell you where I'm
13 going with this. I'm thinking about a
14 primarily African American community or
15 if I'm in Olney and I have a heavy
16 Hispanic population or Asian population.
17 They are eligible for services. They
18 receive them, but when they go in to get
19 counseling or therapy, how probable is it
20 that the person that they're talking to
21 relative to these services look like
22 them? So now we're talking about
23 diversity and inclusion, because I'll let
24 you know where I am.

25 I was told that there is an

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2 ability to actual individual counseling
3 services in schools, but it doesn't
4 appear that they are meeting students
5 where they are. And so I'm wondering now
6 when I think about Temple in the Council
7 President's district, I have La Salle
8 near me, Chestnut Hill. How is CBH
9 addressing that providers are sort of
10 practicing what we will call cultural
11 competency? That's what we talk about
12 with the School District and not having
13 enough African American teachers when the
14 population is primarily African American.
15 So if I am finally getting over this
16 concern of finally going to talk to
17 people, which hasn't been traditional for
18 black families and other families of
19 color, and then I finally get the heart
20 to go in and bring my child and from a
21 preventive perspective to get the service
22 and then I'm going down to sit down to
23 talk to someone, it doesn't mean that a
24 person from another race or ethnicity
25 can't support me, but I want to know what

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 are we doing to ensure that we are
3 recruiting, that the providers understand
4 it's important to have people who look
5 like the people who are being served
6 working with them?

7 I know that was a mouthful, but
8 it's just a lot. My brain matter
9 contains so much data.

10 COMMISSIONER JONES: So, again,
11 we appreciate the question, and I think
12 as it pertains to both cultural and
13 linguistic sensitivity, I think that we
14 have -- we are continuing to see the
15 network expand in that way, that we
16 actually have seen I think over from 2011
17 to 2018, we've probably seen about -- I
18 think it's about a 45 percent growth in
19 our funding allocated to minority or
20 women providers, and we've also seen,
21 just in terms of the number of providers,
22 about a 3 percent growth, again over that
23 same period of time.

24 And so we are very cognizant of
25 the fact that we want to have our

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 provider pool represent the great
3 diversity of Philadelphia, and so I think
4 we are continuing to both develop the
5 pool in that way. I should say develop
6 the number of providers in that way,
7 being very conscientious about that. We
8 include that type of -- because it's a
9 priority, we include those requests and
10 that language in our procurement. It's
11 also in our contract. So it's not that
12 we're doing it as a one-off.

13 What we can also say too is
14 that in terms of the workforce, the
15 workforce, if I were to point to our
16 handy-dandy, if you will, flyer that
17 talks about our minority, women, and
18 disabled-owned business enterprise
19 participation, we'll see that the
20 workforce actually is about 68 percent
21 minority and that it's actually about 97
22 almost percent women.

23 And so what we -- I think what
24 most people will find once they get past
25 the stigma -- because sometimes I think

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 there's a narrative out there that if you
3 go in, you don't have Spanish-speaking or
4 you don't have whatever the -- you don't
5 have African American therapists, and I
6 can attest that there are folks actually
7 who are here today that run those clinics
8 and run those operations who will say,
9 listen, it's African American-owned, it's
10 African American-operated, and they're
11 very conscientious about making sure that
12 as they bring therapists in, again, they
13 represent the diversity of Philadelphia.

14 COUNCILWOMAN PARKER:

15 Mr. President, thank you for your leeway,
16 and I'll put a pin in that and come back
17 during the next round for followup.

18 COUNCIL PRESIDENT CLARKE:

19 Thank you, Councilwoman.

20 The Chair recognizes Councilman
21 Domb.

22 COUNCILMAN DOMB: Thank you,
23 Mr. President.

24 And I want to try to make sure
25 I understand something. Your budget is

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 1.6 billion, costs to the General Fund
3 roughly 1 percent, 16 million. Public
4 Health's budget is 645 million and we
5 contribute 9 and a half percent or about
6 59 million from the General Fund. So
7 clearly whatever can go through DBH is
8 much better than going through Public
9 Health from a reimbursement standpoint.

10 Have we looked at these two
11 budgets and -- it looks to me like the
12 allocation, if you had a choice of where
13 expenses are going to go, they should go
14 through DBH versus Public Health. So
15 have we maximized that advantage that we
16 have, because DBH would only contribute 1
17 percent and through Public Health, we
18 contribute 9 and a half percent of the
19 General Fund.

20 COMMISSIONER JONES: So I'll
21 start responding, and then I can see that
22 Deputy Managing Director Eva Gladstein is
23 coming up.

24 So the way our funding flows is
25 that there is certainly -- it's very

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 prescriptive around what would come in
3 through the Department of Behavioral
4 Health and how those funds can be
5 allocated different than I think
6 sometimes the guidelines and the funding
7 kind of requirements and regulations that
8 would predict or kind of dictate, I
9 should say, how funding flows through the
10 Health Department.

11 COUNCILMAN DOMB: I'm not
12 doubting it. I just want to make sure
13 that we're fully aware that if there's an
14 option or a choice, it's better to get
15 reimbursed 99 percent than 90 and a half
16 percent.

17 MS. GLADSTEIN: Good afternoon.
18 I think I want to add to that and
19 clarify.

20 The Health Department has --
21 ambulatory healthcare services are direct
22 provision of health services for which
23 they are reimbursed at the same rate as
24 Behavioral Health, but it's a small part
25 of their overall function. So that they

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 have a lower match rate because they are
3 also providing a variety of other
4 services, and that could include
5 restaurant inspections, air management
6 services, vector control, which we talked
7 about, and many other services. So those
8 have to be funded through other sources,
9 and they don't have the same formula
10 reimbursement rate that the Department of
11 Behavioral Health has, which is primarily
12 focused on providing treatment. The
13 Health Department just has a broader
14 array of resources, but in both cases,
15 the matching is under a formula, federal
16 and state formulas, and would be the same
17 for each if you were looking apples to
18 apples at the services provided.

19 COUNCILMAN DOMB: Okay. I
20 understand. Thank you.

21 I want to follow up. I think
22 Council President had an opening question
23 about the increase in the HealthChoices.
24 Do you have any idea how many people are
25 not enrolled in CBH that you believe are

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 eligible?

3 COMMISSIONER JONES: So as I
4 had indicated, so we know that over
5 700,000 are enrolled, and part of what we
6 continue to do is through the provider
7 network, they are certainly constantly
8 reaching out to Philadelphians and
9 helping with making sure that they are
10 enrolled in all the services or at least
11 have access to all the services that they
12 are entitled to.

13 We don't necessarily have any
14 information that indicates that there are
15 individuals who should be enrolled that
16 aren't enrolled. Part of what you tend
17 to do is, you look across the country,
18 and I would say that they're typically --
19 when you think about utilization, you
20 tend to be around 20 percent, of which we
21 are obviously in excess of 20 percent,
22 and so would say that, again, I think we
23 certainly are doing well with getting
24 Philadelphians enrolled in Medicaid.

25 COUNCILMAN DOMB: We don't have

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 any idea of what the potential is that we
3 could enroll?

4 COMMISSIONER JONES: So I think
5 that the way we could potentially kind of
6 back into that number is just to look
7 across the board to see kind of just in
8 terms of the various means testing. So
9 who is able to be enrolled based upon
10 salary and those needs and see if there
11 are individuals that, again, have not
12 taken advantage of the opportunity. We
13 can explore that. At this point, we
14 don't have any data that speaks to that.

15 COUNCILMAN DOMB: Okay. Thank
16 you.

17 Last question I have is, the
18 performance measures show that you served
19 nearly 115,000 unduplicated persons in
20 Fiscal Year '18, and the goal for Fiscal
21 Year '20 is 95,000 people served. I'm
22 just curious why the goal for '20 is
23 lower than what we accomplished in '18.

24 COMMISSIONER JONES: Where is
25 that?

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 COUNCILMAN DOMB: In your
3 performance measures, you show that you
4 served nearly 115,000 unduplicated
5 persons in Fiscal Year '18, and the goal
6 for '20, Fiscal Year '20, it says 95,000
7 people will be served. It's 20,000 lower
8 than the goal that we accomplished in
9 '18.

10 COMMISSIONER JONES: So I think
11 that that's in part attributed to at one
12 point in time we actually had anticipated
13 that there would be -- and this actually
14 I'm going to dovetail back to your
15 previous question, that we had
16 anticipated that there would be a number
17 of -- a larger number of people who were
18 uninsured that were served. And so as
19 we've seen more people become insured
20 served, and that obviously --

21 COUNCILMAN DOMB: That's going
22 down.

23 COMMISSIONER JONES: Right.
24 Exactly.

25 And then, Councilman Domb, I

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 did want to circle back. So just in
3 terms of the potential number of
4 individuals who aren't currently enrolled
5 in Medicaid, so when we think about --
6 that would then be kind of some of the
7 uninsured individuals who we're serving
8 now. That number is at about 35,000.
9 Now, there would be various reasons for
10 some of those individuals. Some of it
11 could be around that -- it actually could
12 be documentation status. There are
13 various reasons why they're uninsured.
14 So I wouldn't necessarily say that it's a
15 one for one in terms of that all 35,000
16 could be, but certainly probably that
17 would be the range.

18 COUNCILMAN DOMB: Okay. Thank
19 you very much. Thank you for your
20 testimony.

21 Thank you, Mr. Chairman.

22 COUNCILMAN GREENLEE: Thank
23 you, Councilman.

24 Councilwoman Parker.

25 COUNCILWOMAN PARKER: Thank

1 4/23/19 - WHOLE - BILL 190152, ETC.

2 you, Mr. Chairman.

3 Commissioner, I want to go back
4 to the issue that we ended on, and I
5 compared the cultural competency of
6 therapists and counselors to that of
7 teachers, and one of the issues that
8 Dr. Hite and members of his executive
9 team have raised consistently about the
10 decline and/or low numbers of minority
11 teachers in the School District of
12 Philadelphia has been that either they
13 don't choose to come to the District,
14 they'll choose other regions that pay
15 more, and/or there's just so few who are
16 majoring in education and choosing it as
17 a field of study.

18 With that being said, what is
19 the academic requirement or teaching
20 assessment and/or tool? Teaching is what
21 I know. I'm a certified secondary
22 English teacher. So when I graduated
23 from Lincoln, I was required to take the
24 NTE and pass it, but I also had to take a
25 test called Praxis, and that was to

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 affirm my proficiency and ability to have
3 mastered English and teach it to high
4 school students.

5 What is that for therapists?
6 Is there a special kind of certification
7 that family therapists have to have in
8 order to actually provide the service
9 and, if so, has there been any challenges
10 in us seeing African Americans in
11 particular pass whatever the teaching
12 assessment is? Is there any challenge
13 there?

14 COMMISSIONER JONES: So, again,
15 I think that -- so there is variation
16 depending upon the discipline. And so
17 most -- so we have, for example, social
18 workers, we'll have psychologists, we
19 will have psychiatrists. We'll have
20 other Master's-prepared clinicians who
21 would provide, relative to your question,
22 would provide kind of the bulk of the
23 treatment.

24 COUNCILWOMAN PARKER: These are
25 the Master's-level clinicians, so they

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 would be like therapists who are not
3 psychologists?

4 COMMISSIONER JONES: Correct.
5 Exactly.

6 COUNCILWOMAN PARKER: And
7 that's the group. That's the group that
8 I'm concerned about, because I was at a
9 meeting probably about six months ago and
10 I had someone to mention to me some sort
11 of testing that has to occur in order for
12 you to obtain certification. And I
13 remember the challenge in minority
14 students sort of passing that NTE and
15 Praxis. I was fortunate. We weren't
16 there. We were doing well, but there
17 were so many others that did not. And so
18 I asked the question, not as a criticism
19 in any way, but to ask if you could go
20 back, you and your team go back, and
21 evaluate whether or not it is possible
22 for your department to work with any of
23 the institutions of higher learning in
24 our region, take an assessment of any
25 specific courses and/or programs. It's

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 almost like going through the SAT prep
3 program. And as we just learned from
4 this interesting debacle relative to
5 access and testing, we know that all
6 people don't pass because they are doing
7 well, and so we always want to level the
8 playing field. And I'm wondering for
9 that constituency in particular, I would
10 like to know if I have anyone in my
11 district who is interested in doing it.
12 I would love to be able to say, hey, I
13 know you're an undergrad or you're
14 preparing for the test now. We're the
15 City of meds, eds, and beds, and I know
16 you can go to Drexel, you can go to La
17 Salle, you can go here. They have a
18 cohort that's six months that you can go
19 through that can help to get you
20 prepared.

21 I'm just telling you that as an
22 elected official, I don't know that and
23 have that information to share with them.
24 So I would love to work with your
25 department on that and help to find a way

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 to disseminate that information to as
3 many people as possible, because I think
4 that will help us ensure that the pool of
5 those, particularly those Master's-level
6 clinicians that you reference -- and I'm
7 glad you sort of defined it that way,
8 because you described exactly what I was
9 referencing, particularly those who are
10 preparing for the certification test. I
11 want to make sure that they have access
12 to as many opportunities that can help
13 them prepare as possible, because not
14 everybody can afford Kaplan.

15 COMMISSIONER JONES:

16 Absolutely. We are absolutely committed
17 to working with your office. I think
18 that in addition to some of the current
19 strategies where our department, and then
20 through the provider network, offer
21 internships so that they can help to
22 develop both the skill sets and then get
23 the additional information that would
24 make whatever those variables are less
25 challenging.

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2 And then I think the other
3 thing is, we also continue to look at how
4 we provide and support continuing
5 education, again, as another strategy
6 that we utilize to then help, again, any
7 of those individuals overcome some of
8 those barriers. So we'll continue those
9 strategies, and welcome the opportunity
10 to work with you.

11 COUNCILWOMAN PARKER: That
12 leads into my next question, and I think
13 you also just helped me touch it just
14 now. The reason why the part of this is
15 so important to me is because many of the
16 employees of CBH, unlike some others who
17 benefit from doing business with the
18 City, they live here in Philadelphia.
19 And so these are homeowners, and we want
20 to ensure that they have access to an
21 opportunity to earn a wage that will
22 allow them to be homeowners and to
23 successfully contribute to our economy.
24 Nothing more frustrating than you know
25 that you're doing the work of the

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 Master's-level clinician who has been
3 fortunate enough to pass the test and
4 achieve the certification and you haven't
5 been able to pass the test and achieve
6 the certification, but you know you can
7 work circles around that person who did
8 much better academically on the testing.
9 So that's why I'm asking the questions
10 about the barriers to sort of passage
11 into getting there.

12 With that in mind, tell me
13 about how are we addressing the City's
14 new minimum wage mandate.

15 COMMISSIONER JONES: So if I
16 can just also share just one initiative
17 that's underway within DBHIDS also. So
18 you have the Master's-level clinician
19 that you just referred to, Councilwoman
20 Parker, but we also have what we're
21 referring to as a family legacy
22 organization. And so within the family
23 legacy organization, part of what we are
24 planning to do is, these are now family
25 members whose children have gone through

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 the kind of behavioral health system, and
3 they certainly have great expertise in
4 terms of being able to navigate the
5 system, understanding how to communicate
6 with other parents who may be going
7 through the system, but some may not have
8 those kind of traditional educational
9 credentials in order to be able to make,
10 if you will, kind of a living. And so
11 part of what we're doing is, we're
12 looking at how to create a career pathway
13 for some of those family members, and we
14 think -- and obviously the collateral
15 benefit will be that their families would
16 benefit. And so we're talking about
17 having those individuals be employed
18 through -- so we would push out funding
19 that would go to a non-profit again, and
20 it would be this family legacy
21 organization, and they would have a
22 career pathway where they did things like
23 they may be resource coordinators, they
24 may be family support partners, they may
25 be family navigators, and they're able to

1 4/23/19 - WHOLE - BILL 190152, ETC.
2 earn what we would plan for to be a
3 higher than or at least equivalent to a
4 living wage -- and now I'm going to
5 dovetail into your second question -- so
6 that that would then lift candidly some
7 families who may not have had access to
8 both a career pathway and a way to
9 sustain their families, that would
10 actually go to help lift them, if you
11 will, kind of beyond -- kind of out of
12 poverty. And so that's a strategy that
13 we're moving forward.

14 And then as it pertains to how
15 we are looking to address kind of the
16 living wage issue, so part of throughout
17 the Department and specifically also
18 within Community Behavioral Health, we
19 are looking at how the -- our rate
20 structure. And so there's a plan to do
21 kind of a rebasing of those rates that
22 then would take into account the higher
23 cost of salaries for the, if you will,
24 for the therapists and other kind of
25 professionals within the provider network

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2 as a way to offset that.

3 So that's part of the kind of
4 broader strategy that we're looking at in
5 terms of how we would then address kind
6 of living wage going forward.

7 COUNCILWOMAN PARKER: Okay. We
8 want to make sure that you keep us posted
9 on that. I mean, we were proud when we
10 passed the effort here in Council, but we
11 also want to make sure that you're paying
12 for it, right, and that when you're doing
13 your work, you're assessing it, you know
14 that people are earning more, and that
15 sort of when you're paying for the
16 services, that you take that into
17 account. So I appreciate it.

18 Thank you, Mr. Chairman, for
19 your leeway.

20 And, Commissioner, if you all
21 hadn't been responsive every time we
22 called, if we thought you and your team
23 were doing a crappy job, I want you to
24 know I would call you out publicly right
25 here. I wouldn't have a problem doing

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2 it. But when your team is responsive,
3 and I don't care if it's tough, if I need
4 to see you, Nicole, anybody I need to see
5 in your office, they answer the
6 questions, and I don't ask easy
7 questions. I want to thank you for being
8 straightforward even when I don't like
9 the answer. So thank you very much.

10 COMMISSIONER JONES: Thank you,
11 Councilwoman Parker.

12 (Applause.)

13 COUNCILMAN GREENLEE: Thank
14 you, Councilwoman.

15 No further questions. Thank
16 you all. Thank you for your time today.
17 Thank you for all you do.

18 This Committee will stand in
19 recess until Wednesday, April 24th, 2019
20 at 10:00 a.m., at which time we will
21 reconvene here in Room 400, City Hall.

22 Thank you.

23 (Committee of the Whole
24 adjourned at 1:53 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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April 23, 2019

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