COUNCIL OF THE CITY OF PHILADELPHIA

COMMITTEE ON PUBLIC HEALTH AND

HUMAN SERVICES

Room 400, City Hall
Philadelphia, Pennsylvania
Monday, April 2, 2018
10:25 a.m.

PRESENT:
COUNCILWOMAN CINDY BASS, CHAIR
COUNCILMAN DEREK S. GREEN
COUNCILMAN WILLIAM K. GREENLEE
COUNCILMAN CURTIS JONES, JR.
COUNCILWOMAN BLONDELL REYNOLDS BROWN
COUNCILMAN AL TAUBENBERGER

BILLS 171125 and 180215
RESOLUTIONS 170651 and 170837

- - -

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COUNCILWOMAN BASS: This hearing is called to order. This is a public hearing of the City Council Committee on Public Health and Human Services, and the purpose of this meeting is to hear testimony on Resolution No. 170651, Resolution 170837, and Bill No. 180215. Bill No. 171125 is being held at the request of the sponsor.

Members of the Committee in attendance are Councilman Bill Greenlee, Councilman Derek Green is here somewhere. I just saw him.

And just one procedural note before we get underway, after all testimony on Resolutions No. 170651 and 170837 has been given, we will hear testimony on Bill No. 180215 and then go into a public meeting to consider action on that bill. So at some point, we probably will be interrupted to take testimony on Bill No. 180215.

And we can now have the Clerk read the title of the resolution.

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THE CLERK: Resolution 170651, authorizing the Committee on Public Health and Human Services to hold hearings regarding the provision of Behavioral Health services for people of color and the state of mental health and mental health awareness in the Black community and other communities of color.

COUNCILWOMAN BASS: Thank you. Can we have the Clerk call forward the first panel.

THE CLERK: David T. Jones, Commissioner, Department of Behavioral Health and Intellectual disAbility Services; Chad Dion Lassiter, Professor of Race Relations, West Chester University, President, Black Men at Penn School of Social Work, and Engaging Males of Color Consultant.

(Witnesses approached witness table.)

COUNCILWOMAN BASS: Good morning.

(Good morning.)

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COUNCILWOMAN BASS: Please state your name for the record and begin your testimony, whoever wants to go first.

COMMISSIONER JONES: Good morning, Chairwoman Cindy Bass, Vice Chairwoman Maria Quinones-Sanchez, members of the Committee on Public Health and Human Services, I am David T. Jones, Commissioner of the Department of Behavioral Health and Intellectual disAbility Services. Joining me is Deputy Commissioner Roland Lamb. Thank you for this opportunity to testify in response to Resolution No. 170651.

DBHIDS is responsible for oversight of a provider network that serves children, youth, adults, and families in Philadelphia with behavioral health challenges and/or intellectual disabilities. Much of this work occurs throughout three of the six divisions that comprise DBHIDS: Intellectual disAbility Services, Division of

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Behavioral Health, and Community Behavioral Health, or CBH, which is the City-governed non-profit managed care entity that authorizes behavioral health services for individuals eligible for Medicaid.

Today I will speak to how DBHIDS has worked diligently to reflect the population of Philadelphia with our internal workforce, program and service development, the grassroots community-based organizations with which we partner and support and, most importantly, the individuals we serve. Today's testimony will focus on the following areas: diversity of DBHIDS's network, innovative strategies to promote engagement in services among minority groups and, lastly, network support and expansion.

In 2016, the demographic data reflecting the race of Philadelphians was reported at 44 percent African American, nearly 35 percent Caucasian, 14 percent

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Hispanic/Latino, and 7 percent Asian. I am happy to share that the racial and ethnic diversity of our members served by CBH continues to reflect the overall population of our city. The demographic composition of members served by CBH in Calendar Year '17 was nearly 53 percent African American, 24 percent Hispanic, 19 percent Caucasian, 3 percent other, 2 Asian, and 1 percent Native American.

We've increased the cultural and linguistic diversity among our staff and those employed through our provider network to reflect those we serve, in addition to providing more opportunities for individuals with lived experience. The workforce demographics of DBHIDS City employees are 71 percent African American, 21 percent Caucasian, 4 percent Hispanic, 3 percent Asian, and less than 1 percent other. As of June 2017, the workforce demographic of CBH are 45 percent African American, 39 percent Caucasian, 9 percent Hispanic, 6 percent

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Asian, and less than 1 percent Native American. The CBH provider network consists of 177 providers, of which 46 percent are minority, women, disabled-owned business enterprises. From FY14 through FY17, non-profits contracting with DBHIDS have shown an increase in minority presence on executive teams and boards of directors.

We value including people with lived experience in the workforce as they bring the richness of their experience to helping others. We work with stakeholders to offer training to individuals with behavioral health lived experience to address achieved employment throughout our department and provider network. Since 2006, we have trained 816 certified peer specialists. Last year 50 providers reported employing a total of 350 certified peer specialists. We've also trained 265 individuals in DBHIDS Storytelling Training, which targeted faith-based and Latino communities within

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Kensington, West Philadelphia, Southwest Philadelphia, Germantown, and South Philadelphia neighborhoods.

We take our responsibilities to ensure the availability of culturally competent services to our diverse members very seriously. In an effort to identify racial disparities among individuals participating in behavioral health services via Medicaid, DBHIDS partnered with the University of Pennsylvania's Center for Mental Health Policy and Services Research to gain an understanding of the extent to which disparities existed. The evaluation was published in 2014. Because we strive to provide equal access and quality treatment, we delved into the data to explicitly understand who we serve and how well we serve them.

Early findings from these evaluations provided insights into the need for more efforts to keep African American members engaged, especially

younger African American men. We found this population to be returning more frequently to inpatient psychiatric hospitalization and not engaging in outpatient service options such as mental health or substance use treatment. As a result, specific interventions were introduced to assist engagement, including text message reminders and greater linkages after an inpatient admission to outpatient follow-up. Additionally, we created the Engaging Males of Color initiative to reduce stigma and raise awareness of behavioral health treatment among young African American men. From 2014 to 2017, Engaging Males of Color reached more than 4,000 participants through various venues, including town halls and symposiums.

In 2015, CBH added an innovative incentive for providers who support the Department's goal of minority engagement. The Disparities in

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Engagement measure was included in pay-for-performance for mental health and substance use outpatient providers. Engagement rates are calculated by provider for each racial/ethnic group and compared to the provider's overall engagement rate. Although many managed care organizations have implemented pay-for-performance models, only CBH created a measure to incentivize providers to serve diverse racial and ethnic groups. Providers are rewarded for ensuring minorities not only participate in services, but these disparities are eliminated. Intervention was effective, resulting in improvement in disparities in engagement for adult mental health outpatient providers between 2015 and 2017. The findings from our racial disparity evaluation also informed service expansion decisions. For example, the Latino population was under-utilizing substance use services. As a result, Latino substance use

services were expanded through a request for proposal. Of note, the rate of both Asian and Hispanic populations using more services over time increased.

Within the DBHIDS network, it is critical for our department to create and maintain strong partnerships with diverse community organizations through initiatives that work to decrease stigma and promote awareness and access to services. We partner with grassroots community organizations to provide counseling and behavioral health referrals that are non-Medicaid compensable through memorandums of understanding. Examples include Grands as Parents, Mothers in Charge, Hebrew Immigrant Aid Society, African Cultural Alliance of North America, Southeast Asian Mutual Assistance Association Coalition and more.

Since 2010, our Faith and Spiritual Affairs unit has hosted an annual conference informing diverse faith

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and spiritual communities in Philadelphia about behavioral health services. The annual conference attracts 500 attendees each year. Partnerships include New Courtland Senior Services, Black Clergy, Enon Tabernacle Baptist Church and more.

Since 2012, 1,600 Philadelphians have been trained through Mental Health First Aid, with trainings organized for African American-serving organizations, including faith-based organizations, fraternities, and sororities. Overall, as of March 2018, 27,000 Mental Health First Aiders now live, work or study in Philadelphia. Between 2016 and 2017, more than 45 percent of our behavioral health screening events in the community took place in predominantly neighborhoods of color.

In 2017, our Immigrant Affairs and Language Access Service units played a key role in dissemination of mental health information in immigrant

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communities. By partnering with community-based organizations, they shared critical information, conducted focus groups to assess needs and challenges, and created a refugee and immigrant support network. In addition, this unit continued to work with community partners to use telephonic and in-person interpretation for limited English proficient individuals, translating resources into more languages and completing language access and cultural competency trainings for our network. The unit also conducted 16 community focus groups in Southeast Philadelphia by partnering with community and faith-based organizations, which included Cambodian, Laotian, Vietnamese, Chinese, Bhutanese, Nepali, Burmese, and Spanish-speaking communities.

Our Community Coalition Wellness initiative, which began in 2014, has four coalitions, each comprised of multiple organizations covering South and

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Southwest Philadelphia, Lower North Philadelphia, Northeast Philadelphia, each targeting a specific group. The Strength Alliance, led by RHD, serves LGBTQ people of color; the Reach Coalition, led by Ayuda, serves Latino youth and their families; the North Philadelphia Wellness Collaborative, led by Project HOME, serves African Americans; and the Youth Wellness Collaborative, led by ACANA, uses music and art programs to engage youth around behavioral health.

Minority, women, and disabled-owned business enterprise providers have opportunities to grow within our provider network. Three minority, women, and disabled-owned business providers are consistently among the top 15 revenue earners for Health Choices through CBH. They include Children's Crisis Treatment Center, Warren E. Smith, and Community Council. Each agency also has contracts for other

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lines of business, including DHS, School District of Philadelphia, charter schools, Early Intervention, Philadelphia DHS, Office of Homeless Services, and Intellectual disAbility Services. The following three Latino provider agencies experienced percentage increases in revenues from Calendar Year '15 to Calendar Year '17: Hispanic Community Counseling Services, Pan Am, and APM.

In the last three years, 36 new providers from minority, women, and disabled-owned business enterprise providers have entered the CBH network in the following levels of care: Outpatient, Partial Hospitalization, Crisis and others.

DBHIDS provides a comprehensive array of ongoing training for providers through our Behavioral Health Training and Education Network referred to as BHTEN. BHTEN had 235 days of training and informational events during the past year, reaching roughly 7,700 individuals.

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Through the Network Development Unit, CBH offers a General and Specialty Training Series for all provider network staff, which in 2017 included more than 45 trainings, reaching more than 1,000 attendees. Additionally, when issues with the program are identified, Network Development provides specialized technical assistance.

I've demonstrated the rich diversity of DBHIDS' network, innovative strategies we use to ensure minority groups are engaging in services, and provided examples of how our network has expanded and supported minority, women, and disabled-owned business enterprises.

I am appreciative for this opportunity to testify today. If you have questions, I'm happy to answer them now.

COUNCILWOMAN BASS: Thank you so much for your testimony.

I want to acknowledge Councilman Al Taubenberger has joined us.

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Councilman Green.

COUNCILMAN GREEN: Thank you, Madam Chair.

Thank you, Commissioner Jones, for your testimony. We're going to hear from the other two panelists in a few moments. I just want to give a few comments in reference to the context for this hearing.

As many people in this room know, I worked for Councilwoman Marian Tasco for a number of years, and she chaired this Committee of Public Health and Human Services. Over the years, there's always been a challenge in reference to some of the diversity in reference to dollars spent for behavioral providers of color.

I know over the past number of years there has been an attempt to address that issue through Commissioner Jones and also through Commissioner Evans, but there's still a concern in reference to how we're providing

resources to providers of color in this city, and that's been an ongoing issue for a number of years, although we're making some improvements, and I think Commissioner Jones's testimony provides that.

And this is important because historically when you look at behavioral health issues, traditionally people of color have not received the services or been encouraged to receive the services they need regarding behavioral health issues. There's often been a stigma, especially in the African American community and other communities of color, about actually even getting behavioral health, and I think part of that stems to not having enough resources, enough drive to provide resources to communities of color from those providers of color that can really make those cultural connections to increase the number of services that are needed and provided.

So the goal of this hearing is

to continue that dialogue and that conversation. And this dialogue also started from a conversation I had with both Jaynay Johnson and Farida Boyer, who started an initiative called The Black Brain Campaign to really talk about the issues in reference to mental health and some of the things I just spoke about, that we don't often see the direction as well as the push to really address some of the behavioral health issues in the African American community and also communities of color.

So hopefully through this conversation we will start this dialogue and continue the dialogue about how we can take additional steps to really make sure that people in the City, especially the people of color, get the resources and services they need to deal with some of our mental and behavioral health challenges in our city.

So thank you.

COUNCILWOMAN BASS: Thank you,

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Councilman.

And can we have our next panelist, state your name for the record and begin your testimony.

PROFESSOR LASSITER: Good morning. My name is Chad Dion Lassiter. I'm a Professor of Race Relations at West Chester University, in addition to being the President of the Black Men at Penn's School of Social Work, Incorporated, and over the three years, past three years, I've been fortunate and blessed to be a consultant with the Department of DBHIDS and specifically with our Engaging Males of Color initiative.

Just really briefly today, I'm not going to haggle you with statistics or scientific discoveries, but rather just paint a picture of some of the work that we've been doing in this space with EMOC and then actually share with you what we're attempting to do moving forward.

Once again, let me say good

morning to each person on City Council.

In America, we have two mental health care systems, separate and unequal. You gain access to one by going in through the front door, the door for those who have wealth or good healthcare insurance. This system emphasizes early intervention in treating intellectual disabilities such as depression. It provides psychotherapy and medication as long as they are needed.

You get into the other system through the back door and you are treated accordingly. This system is for those who are poor and/or among the nation's 50 or so million uninsured. Most often patients don't enter this system until their intellectual disability has reached a serious stage. The usual points of entry include hospital emergency rooms, homeless shelters, and jails and prisons and other non-traditional spaces. If psychotherapy and medication are made available at all in this system, it is

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only for a limited time.

The people who use this lower-tier mental health system look like America. They are men, women, and children from diverse racial and ethnic groups. But males of color and specifically black men suffering from, let's say, depression make up a disproportionate number of those who enter treatment through the back door.

In America, depression and intellectual disabilities of all sorts are still somewhat taboo subjects. In communities of color, and specifically the black community, they are topics that are almost completely shrouded in secrecy. As a result, millions of black men are suffering in silence or getting treatment only in the most extreme circumstances, as mentioned above.

The neglect of emotional disorders among men in the black community is nothing less than racial suicide. However, the back door has been

opened wider for black men. The primary reason for that is America's jails and prisons are used as repositories for people with intellectual disabilities. African American men who wind up behind bars in disproportionate numbers have been caught in the nation's tide of incarcerated people with intellectual disabilities.

Prisons are depressing places. I know because under the Nutter Administration I was on the Board of Trustees for the Philadelphia Prison System for eight years. And our prisons are primarily punitive, not therapeutic, which is why we should not allow them to become poor people's mental hospitals.

However, there is another door, and this door was created by DBHIDS under the leadership of Dr. Arthur Evans, Dr. Marquita Williams, and has been maintained and strengthened under the leadership of the new Commissioner, David T. Jones, and Roland Lamb. This door has

been about improving men's health through the Engaging Males of Color initiative. We have created a model based on theory that what contributes to the well-being of males of color is measurable and includes health literacy, health activation, and access to services when needed.

Additionally, the goal of EMOC has been to improve health literacy and collect mixed data to inform outcomes and to improve health status of males of color, such that they maximize their ability to perform their social and familial functions within their communities.

We've been able to accomplish this by partnering with arts organizations and community-based organizations in which we created non-intimidating conversations between males of color and the healthcare system that sometimes serves them. These males of color initiatives have been very

important and empowering. These dialogues have amplified the voices of males of color, and the first one was entitled Building Brotherhood in partnership with Mural Arts where we held four town halls in the African American, Asian American, Pacific Islander, Latino, and immigrant refugee communities around community/social impact that focused on societal stigmas around behavioral health, safe and nurturing social environments for discourse around behavioral health.

Our partnership with Mural Arts resulted in the Males of Color that we worked with to improve health literacy, a first of its kind in the country Mural dedicated solely to the males of color. This could be viewed over at 42nd and Chestnut. It's really a site to behold, and it was lauded by Broderick Johnson, the former Executive Director of President Obama's My Brother's Keeper initiative.

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Furthermore, our other innovative outreach strategies to reach males of color has been our partnership with First Person Arts and our Beyond Expectations Storytelling events. These storytelling events are not just merely just for the sake of storytelling, but they're narratives that talk about the peculiar experiences of hopelessness, despair, nihilism, also resiliency, and males of color. Our first one was held at the Suzanne Roberts Theatre where it was attended by over 400 males of color. Some of our well-known storytellers were Black Thought from the Roots, who told an impassionate story about losing his mother and how people still see him as this individual who is this -- on the today -- on the Tonight Show with Jimmy Fallon, but nevertheless he is still struggling with the loss of his mother, the loss of his father. It also was an opportunity for us to hear from Freeway, and everyone sees Freeway from the

identity of being with Roc Nation and Jay Z, but he talked about some of the struggles he had. And then what we do with that is, we pair them up with regular everyday individuals who are doing great things in their communities, and we do it along the continuum of the color line.

We also had another one, and I remember Councilman Derek Green was at that one, that we had at Girard College with Mayor Kenney and many others, and that was attended by over 1,000 males of color. And so these story events have been empowering, and they give us the data that we need to do the things that we're trying to do.

Our measurements are along individual lines, community lines, as well as systems lines. We're asking questions like are individuals more likely to seek help? Are they more informed about resources available? Have we reduced the psychological barriers to

resources? Have we reduced the societal stigma around behavioral health issues? Have we created safe, nurturing, and social environments for discourse around behavioral health issues? Within the programs metrics, are we within the system -- are we working within the system and improving the system?

From a provider standpoint, are providers more culturally competent to what Councilman Derek Green said? It's very important that we have culturally competent providers to deal with some of the societal frameworks, the theoretical frameworks that are deeply rooted in our American democracy as it relates to access and care.

And then with regards to access, have we reduced physical and psychological systematic barriers to resources?

At the present time, this year we're in the midst of creating a replicable engagement model that can

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teach other systems and is being developed, and we continue to strengthen our already strong partnerships. We're partnering with the Governor's Commission on African American Affairs, the Governor's Commission on Latino Affairs, and the Governor's Commission of Asian American-Pacific Islander Affairs, and the Department of Health and Human Services' Minority Office to just name a few.

Lastly, I just want to say that we're in the midst of establishing reports, and these reports will be forthcoming that will give us dissemination, will give us some qualitative and quantitative data of how to engage males of color. And I can say that for the past three years, this has been some of the most rewarding work that I've been a part of. Just the manner in which we're working in the space with providers of color and we're using non-traditional ways as well as

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traditional ways to reach males of color, and it's been very, very rewarding.

Thank you.

COUNCILWOMAN BASS: Well, thank you for your testimony.

Mr. Lamb, if you want to state your name for the record and begin your testimony.

DEPUTY COMMISSIONER LAMB: Good morning. My name is Roland Lamb. I'm Deputy Commissioner for the Department of Behavioral Health and Intellectual disAbility Services, and I'm here to share this morning about the efforts that we've made as far as building and perpetuating community coalitions.

Councilman Green, I want to thank you for raising the word of the morning, and that's stigma. One of the things that we've been working consistently around is addressing the issue of stigma throughout the community. Stigma has three basic impacts. On an individual level, it pervades a sense of

unworthiness, and that is the reason why we have so many people who don't seek treatment, because of the fact that they themselves have been stigmatized.

On a public level, stigma encourages disparity in care, which is why we have certain areas where there's not enough health literacy, there's not enough services available, and people don't seek those services.

On a social level, stigma creates conflicts that affect the quality of care. And so we have to begin to address issues on a community level by creating community organizations and groups.

In 2012, there were no drug-free communities in Philadelphia. A drug-free community is a community supported by the Office of National Drug Control. There were 5,000 across this country. In 2012, we had none. They receive about $125,000 a year for five years. We now have three. Part of our

initiative has been to encourage the development of community coalitions. Every year we have between three and four who are in a cohort who are trying to get through to actually receive the funding.

We also have community coalitions that we're funding with many grants throughout the City of Philadelphia who are doing cleanup exercises, who are supporting providing services in the community to people who are using drugs and who are addicted. We also have community coalitions that are providing education throughout the community.

The idea for us is to continually support those things that are in the community that provide ongoing information and ongoing orientation to folks in the community to empower them. So besides the word "stigma," I think the word I want to end with is the idea that we're moving more and more towards empowering. So we have the four that

have been mentioned here that Commissioner Jones mentioned. We also have the three that are in South Philadelphia, and we have approximately another six that we are supporting throughout the community.

COUNCILWOMAN BASS: Excellent. Thank you so much for your testimony.

Councilman Green.

COUNCILMAN GREEN: Thank you, Madam Chair.

Thank you all for your testimony, and I wanted to touch on some of the commentary that Mr. Lassiter made, because it's definitely a link between the lack or the challenge in receiving behavioral health services and connection to the criminal justice system, and it also impacts our education system, because I think many of the challenges that we have -- and you used the phrase "suffer in silence." Many of our -- especially our young African American men are dealing with issues of behavioral

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health, which cause them to suffer in silence, which impacts their ability not only to move through the educational system in a positive way but also can make that connection to criminal justice, which ultimately impacts our city from a poverty perspective. And I don't think people make the connections between behavioral health, criminal justice system, and poverty.

When you have such a large number of people of color, especially African American men, who may be in the criminal justice system, that robs not only the African American community, but the City as a whole of people that can provide either from an entrepreneurship perspective or just working that can address some of the poverty in our city.

So what are some of the efforts that can be done in reference to making the connection between in the Criminal Justice Center and the education system? I know, Commissioner Jones, you talked

about a lot of different initiatives, but what steps can we take to really start working with our young people, especially our young men in the School District, as well as those who are currently incarcerated or returning citizens to address some of those issues of behavioral health?

COMMISSIONER JONES: So a couple things. First of all, before I even go to speak to some of the prevention initiatives, because I think that's part of what we really want to do is get further upstream so we are not -- we are reacting as little as possible and really being more proactive.

I think, Councilman Green, the point that you made around stigma, again, is significant. One of the things I think that Philadelphia continues to benefit from, though, is the fact that we have, through Community Behavioral Health, a health plan that's actually pretty significantly robust in terms of

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the benefits that are allowed, and there's two or three points that I always like to make to make sure that we all understand the benefits. So in part, the Community Behavioral Health just in terms of when you -- if you compare it to other health plans, the fact that it has such a low administrative spend in terms of administrative overhead -- it's 7 to 8 percent -- and that they retain no profit and that in fact probably 92 to 93 percent -- 92 to 93 cents of every dollar is spent on medical claims is significant in terms of being able to provide treatment. And then to the extent that there are -- when there is a small profit, it is always reinvested back into the system so that when we recognize, for example, that there are disparities, as we talked about the issue of so how is it that we reach people of color, one of the strategies was the work that we had done, as I mentioned in testimony, with Penn was to say, okay, so we had these

disparities, how is it that you reach -- we really need to go through probably more non-traditional means in order to engage folks.

And so that was some of the work that you heard that we've done with Dr. Lassiter and others in terms of saying, so let's create these more wellness initiatives, let's use people who -- people like as he mentioned, who people respect and let them tell their stories as a way to say that there are many different ways to come in and get your kind of both emotional and psychological needs met, not necessarily going always through your traditional inpatient and then to outpatient.

And so we felt like it's important to have kind of both, if you will, options available, and I think that we are experiencing some success in doing that.

The other piece is is that from a prevention perspective, so we have, I

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would say, approximately 13 providers or so. Six are in schools. Seven are in the community. They've served probably over -- I would say they're in 90 schools, served about 30,000 individuals. And so we recognize that that is, again, another strategy of saying let's get to individuals before, again, the psychiatric needs that are creating challenges really start to manifest.

We also know the data continues to say that it is -- for symptoms of mental illness and actually substance use experimentation, the average age is really somewhere between about 10 and 13 that the onset of both occurs. And so what we realize is that if you can intervene sooner and earlier, in fact, you can help put people on a different pathway.

And so the prevention program that I just mentioned, I think that's part of the strategy there. There's also, as Deputy Commissioner Lamb

mentioned, was that we also have -- there are about eight providers here doing some early intervention work specifically around trying to prevent substance use disorder. So they actually are going out, they're working with individuals. They're working with families. They are conducting groups around just that there are different choices, that this is what it looks like in terms of the manifestation of substance use and the impact it has on families, and giving strategies around kind of how to address that.

So I just -- I covered a bit just in terms of some of the prevention work we're doing, some of the work that we continue to do in schools. There's also really -- and I'll pause here, but there's also pretty significant treatment work that's also happening in the schools that we continue to support, both for people who are insured and uninsured. And so I can speak to that later as well,

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but just wanted to give you some idea of kind of the girth in terms of how we're trying to address the issues for people of color, again, getting a little more upstream as opposed to just solely responding.

PROFESSOR LASSITER: Yes. And I'll just add that with regards to EMOC, we're embarking upon having town halls with young people. We've had two so far. One was at the Kingsessing Recreation Center and the second one was at the Lonnie Young Recreation Center. These were really impactful, because it was an opportunity for the young people to sit on the panel and to tell us all the things that they're experiencing, some of the risk-contributing factors in their neighborhoods, some of the stressors that they're under.

In addition to when you remarked this whole aspect of looking at the school-to-prison pipeline, one of the things that emerged from these town halls

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with the young people was not so much just drop-out, but also being pushed out, pushed out simply because maybe the curriculum is not culturally affirming of who they are, pushed out because maybe because of aggression and anger or bullying or maybe during the time of coming to school they had to go through a series of risk-contributing factors to get to school.

One of the things we also did was, we collected data from them, and we'll be disseminating that data, and some of that data was just how they deal with trauma, not just the trauma of seeing black and brown people killed by state violence all over the country, but also the trauma that they experience in their home vis-a-vis domestic violence, vis-a-vis a friend being beat up or going to school in an environment where there's a lot of urban decay or you pass by a corner and that corner is flooded with teddy bears because a friend just got

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killed.

I think one of the other things too, I'd be remiss if we didn't mention the work that the coordinator of EMOC is doing, Gabriel Bryant. One of the things that Gabe has done is, he has situated young people on our EMOC committee. So the committee is comprised of males of color, but it also has young people, because they keep us relevant. They let us know what's happening in their various communities.

And I think one of the things that all of us can do is to look at the Fulfilling Philadelphia's Promise where we're looking at the School District and we're also looking at workforce development and the intersectionality of that and how everyone is not going to go to college. We want to promote that, but we can make sure that males of color, specifically black men, can become productive and valuable in Philadelphia through the trades, through the unions.

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The Ph.D.'s don't understand what's going on with a leak in their house, but the people that they call will come in. They will do the carpentry, they will do the plumbing, they will do the electrical work.

And so I think one of the things that we're looking forward to doing now is just really getting in the space where we have two more town halls that we're going to do and we're collecting the town halls based on the high incident rates of violence and some of the data that we're getting from those particular police departments in those catchment areas. And so we have two more scheduled. The first two have been well attended, and just pushing the narrative for young people to tell us their stories. And as you can imagine, some of these stories are not just from a deficit model, but also from a strength-based perspective, that even in the midst of some of this chaos, they find comfort in

talking about their narratives. And so that's really good, where in other traditional means, males of color will kind of like be kind of taken aback and not want to talk about some of the things that are happening. So we have seen some of these young people be liberated with their narratives.

COMMISSIONER JONES: And if I can add also, the other piece too, as Chad just mentioned in terms of youth, because I think we also have a really dynamic leader who works with Gabe Bryant whose name is Shaiheed Days. Shaiheed takes the lead in Youth MOVE, Youth Motivating Others through Voices of Experience. They actually have been doing a phenomenal job of helping young people to not only find their voice, because young people already know their voice, but really to have those voices shared at various venues. They are a system of care work that's happening, so that's across a number of kind of City

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agencies. That work continues to happen.

Shaiheed has actually also been a part of a number of national conferences where they're able to talk about the work that's happening in Philadelphia. And I think that we're constantly looking for opportunities, for example, for young people to be able to even dialogue with Councilmembers to then talk about what is working in the community, where there is opportunities for improvement.

And then the only other thing I will say just as it pertains to back to our network is that we also when you think about -- because you guys -- you all know that we don't really provide in the Department of Behavioral Health and Intellectual disAbility Services, we don't really provide direct services. We oversee a provider network. And so if we contract with -- let's say that the numbers are about 177 -- particularly in CBH it's a little larger and more

broadly, but of that 177, 81 of those providers are either minority or women-led enterprises. So I think we also are approaching it from that perspective as well just in terms of being conscientious of making sure that the people who receive services are receiving it from organizations that represent them.

DEPUTY COMMISSIONER LAMB: One of the last things I wanted to say is that we have been very vigilant about expanding case management, to get to your point about reentry. The need that we have to engage people not just an episode of care, but in a continuum of care has led us down to where we are now providing case management on a routine basis for people who are coming out who have been identified for us as having challenges in terms of both mental health as well as substance use disorder. So we're seeing an exponential increase in the amount of case management that we're using to keep

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ourselves -- to keep our arms wrapped around folks as they reenter the community and go back to the very areas in which they struggled as far as addiction is concerned and certainly where mental health challenges are.

COUNCILMAN GREEN: Thank you, Madam Chair.

Thank you for your commentary. We'll hear from providers of color a little bit later, as well as also other organizations more at the grassroots level about some of the challenges they face, and hopefully -- we may have some additional questions for you. But I think from a 10,000 foot level, I think there probably needs to be an ongoing conversation and dialogue with both Commissioner Ross, Commissioner Carney regarding some of the ways we can integrate some of the data information you have and how that impacts both from the Police Department as well as the Prison System and having an ongoing

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dialogue of how we can use the information and resources and the skill sets that you're using, how that can better help us from a public policy perspective, especially with the Prison System as well as the Police Department.

Thank you, Madam Chair.

COUNCILWOMAN BASS: Thank you.

Councilman Taubenberger.

COUNCILMAN TAUBENBERGER: Madam Chair, thank you. Thank you very much.

Dr. Lassiter, if I could -- and thank you very much for your fine work -- ask you the following, and I want to just make one comment. I think mental health as a practice has been put in the corner for so many years in this country and maybe in other places in the world too that it is really awful. If you're a minority, if you're poor, then you're really in a bad situation, and some of your testimony brings this out.

Is there any municipality or city in the top ten cities of the United

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States that have it right, that are doing it well, or are we all kind of in the same boat?

PROFESSOR LASSITER: So I would defer to my colleagues to the right. I'm sure they would know.

COUNCILMAN TAUBENBERGER: Sure.

COMMISSIONER JONES: So I would say that I have had the benefit of working in a number of cities and also different states. Prior to coming to Philadelphia, I had an opportunity to work in Baltimore. Prior to that, Washington, DC. I had done some work in the states of Virginia and Illinois.

One of the things that I will say about Philadelphia and it is one of the things that I think continues to attract a lot of talent and, that is, the way the behavioral health system is structured here is one where -- so typically in other places you may have mental health under one department, you may have substance use in yet another,

intellectual disabilities in another, and certainly you typically do not have the pair in terms of a health plan as part of kind of behavioral health. In Philadelphia, the structure is extremely unique. In fact, probably we have sponsored -- and this is clearly for the last 10, 15 years -- study tours where other states, other cities, and in fact people have come internationally to look at the way the behavioral health is organized here.

And so I would say while behavioral health continues to suffer from obviously significant stigma and all the challenges that go with kind of providing treatment, that Philadelphia has among probably the most effective structures.

COUNCILMAN TAUBENBERGER: Thank you. Thank you very much.

Madam Chair, thank you.

COUNCILWOMAN BASS: Thank you.

No more questions from the

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panel. Thank you very much, gentlemen, for your testimony this morning.

And if we can have the Clerk call up the next panel.

THE CLERK: Mel Wells, President, Executive Director, One Day at a Time; the Honorable John White, President, CEO of The Consortium; Patricia Booker, COO, The Consortium; and LaJewel Harrison, Executive Director, WES Healthcare.

(Witnesses approached witness table.)

COUNCILWOMAN BASS: Good morning.

(Good morning.)

COUNCILWOMAN BASS: Can we have you state your name for the record and begin your testimony.

MS. POWELL-FOLKS: I'm Jennifer Powell-Folks. I'm the Director of Finance and Administration for One Day at a Time. I'll be testifying for ODAAT.

MR. WHITE: I'm the Honorable

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John F. White, Jr., President and CEO of The Consortium.

MR. HARRISON: Good morning. LaJewel Harrison, Executive Director of WES Healthcare.

COUNCILWOMAN BASS: And if we could start with One Day at a Time, if you want to start your testimony.

MS. POWELL-FOLKS: Absolutely. Good morning, panel.

COUNCILWOMAN BASS: Good morning.

MS. POWELL-FOLKS: Thank you so much for giving us as providers the opportunity to testify.

City Council members, fellow providers, and the community at large, thank you for this privilege to testify today on Resolution 180651. I would like to get started first by thanking you all for your support over the past 36 years for One Day at a Time. Without your love, support, and guidance, especially from Councilwoman Blackwell, President

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Clarke, Councilman Jones, Councilwoman Bass, Councilman Johnson, Councilwoman Quinones-Sanchez, One Day at a Time's work would not be possible. Thanks to your dedicated public service, we are able to save lives and repair families because of it.

Because of the partnership between City Council and our funders; namely, Mr. Jones, Liz Hersh, Roland Lamb, David Holloman, One Day at a Time was able to reach over 46,000 contacts in the year -- in our FY18 year in the following areas through our programming: We've had women's groups called Women's Rap; our Neighborhood Constituent Services, over almost 1,000 people. We've reached on Friday Groups 7,500 people practically; Community Outreach. That's kind of introduced as street corner outreach, almost 14,000 people; Prevention Teams, which are individuals on the corners; Homeless Outreach, 2,500 people; BMXlife, which is a youth group

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that works with youth in North Philadelphia just working with young people and bikes, if you've seen them on the street. 1,000 Strong is our mentoring program where we've donated a number of things to families. We've worked with over 100 children and families. And through our PHS Community LandCare contracts, we've employed ex-offenders; our Neighborhood Information Linkage; and through our Candlelight Vigil program, we've had over 2,000 individuals.

The reason ODAAT continues to host all of these activities is because we see that it is often not just the individual that is in need of recovery, but the entire community.

These programs have afforded jobs to a number of ex-offenders and individuals recovering from substance abuse, mental health issues, who are currently employed now, earned their GED, and house even more from the streets and

the opioid epidemic.

On the last note, we must all come together to do something to tear down the walls dividing us, the City, the funders, the providers. My partners sitting here at the table, we make saving lives the only priority.

There are too many unnecessary barriers between the City of Philadelphia and the departments that hinder providers in the community from housing those in need on the street and providing or connecting individuals to the appropriate services. I am asking that the community-based organizations, the City, and the departments work with more transparency to fully understand the true state of emergency we are facing and eliminate these barriers to serving those in need.

I do believe that we can do more on the street level to address the opioid epidemic as well as mental health if providing the appropriate -- if

provided the appropriate resources. The only way we will initiate the much-needed change in our city is to put more boots on the ground through outreach, prevention efforts, and housing to reach those in the most marginalized areas.

If we continue to allow barriers and roadblocks that are directly detrimental to our ability to serve those in need, we will not save the lives we need to. We are not only doing ourselves a disservice, but the City's most vulnerable populations.

Thank you.

COUNCILWOMAN BASS: Thank you for your testimony.

Mr. White, how are you? It's good to see you.

MR. WHITE: It's good to be here. Some of my most enjoyable moments took place right here in these Chambers, and I want to thank the members of Council and Councilman Green for your attentiveness to this issue.

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If I could, I'd like to address it in somewhat a broader context. As I look at this panel and I look at the people in the audience, it reminds me that Tuesday night they're going to launch a new comedy series called The Last OG. I think that's most appropriate for me sitting here at this table.

With the closure of Philadelphia State Hospital, as early as 1948 the reputation of Philadelphia State Hospital or Byberry had become solidified. It was described by a journalist whose last name is Deutsch as Philadelphia's bedlam. He compared it to the London homes for the mad, akin to Nazi concentration camps. That was in 1948 describing the care and the treatment of people in our state hospital system.

By the 1980s, it was still a clinical and management nightmare. It just happened that on one February evening in an unannounced visit to the

hospital, I witnessed firsthand the type of care that was being provided. That weekend, that Friday we came back and announced to the staff that they had 90 days to clean up their act or else we were going to close it. In the interim, we established a Blue Ribbon Committee to review the clinical aspects of the hospital to make a determination of whether or not, quote/unquote, state government could save it. We concluded that that was not going to be possible, and in June we announced that we were going to close it.

Closing it was not the point. The point was to build a community network of services and supports for people being released from that hospital that would be holistic and that would represent the quality of care and treatment that all of us were seeking.

I think in response to the question that Councilman Taubenberger asked, when you look at the major cities

around this country, Philadelphia's behavioral health system would rank at the top. Accessibility, the quality of care, the financial accountability really signify how far Philadelphia has come. As a member of this body, my concern would be does it work. In many instances, it does. The services that are provided yield positive outcomes. We should be glad about that, but when we talk about diversity, we should not just be talking about the providers, the ones who are providing the service. Diversity also touches upon the needs of individuals in various communities.

There are different needs and different approaches that work with different populations, and it's important for the agency to be sensitive to that, to recognize that a functional family therapy program, which we happen to operate, that it works. It reduces the criminal offenses, repeat offenders almost 40 percent in Philadelphia,

working hand in hand with the Family Court, with the Department of Human Services chipping in and making sure that no one is denied service whether they have insurance or not. That is forward-thinking and recognizing that you know what, there is no such thing as a cookie cutter in this.

The word "stigma" was mentioned. It's not just to stigmatize the people with mental illness. It happens to be unfortunately in some cases minority providers are stigmatized too.

We remember recently we responded to an RFP, the previous Administration, for support services for people with intellectual disabilities. The last question that we were asked -- now, this is of an agency that has been around for 50 years, that clearly had the most diverse board, the most diverse leadership staff. The last question we were asked was, what makes you think you can serve the whole City of Philadelphia,

as if the fact that we were located in West Philadelphia would somehow inhibit our ability to provide quality care and supports for people from the Northeast and from other sections of the City. I could not help but take offense then, and I made it known that I was offended.

I'd like to believe that we've gotten past that with the Administration that is now in place. You see, the stigma is not about the leadership. It lies within the bureaucracy. The culture change taking place within a bureaucracy can make a difference in how people are treated, who gets the money, and who provides the service.

As fine as the work of CBH is, it is important for you to remember that the providers make up the system. If the providers are given the opportunity to present to those in authority what we identify as the specific needs of the populations that we serve, we would expect that CBH will continue to respond.

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They've done so recently with their initiative to provide behavioral health at the high school level. For years that did not happen.

People have no idea the level of trauma that high school young men and young women, particularly in the African American community, are facing every single day. As dangerous and as bad as that is, fast forward and think about what happens when trauma goes untreated. Trauma can change the way you look at life. Trauma can also change the way you value life, yours and someone else's.

The fact that they stepped forward and identified agencies to provide the service is a tribute to them, and I hope that they will contribute to real effective measures to reduce the incidence of trauma that our young people are facing. If you can't reduce it, at least let us treat it.

So now we face an opioid crisis. I remember when there was a

heroin crisis. Unfortunately, we did not draw this kind of attention. We started screaming about a heroin crisis in Philadelphia, a heroin epidemic, in the early 2000s. Not much has changed. Case management, yes. We serve over 400 people a day. We have one case manager and one peer specialist. It is impossible at that level of staffing and that level of funding that you're going to be able to identify ways in which you can really bring about recovery.

The definition of recovery needs to be clarified. Recovery is not maintenance. It is not maintenance. Recovery is lifting someone out of the holes in which they find themselves and giving them a path to where they can reach or at least try to reach their fullest potential. You can't do that simply by sitting in front of a counselor.

The problems of people needing homes, people need food, people need

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better education, people need jobs, all the various social determinants work against you if your definition of recovery consists of anything concerning maintenance. It is about improving the lives of people.

The advent of Vivitrol, Suboxone, and other opportunities to assist in the medication-assisted treatment programs are essential, and they can make a difference. Vivitrol and Suboxone allows the flexibility where if you have a job, you can go to work and you can catch your treatment later after work or before work, without interfering as it does now with methadone, where you literally have to make a decision, do you go on that job interview or do you go to your counseling session.

We can do something about that by really strengthening the social determinant cords that the integrated systems in Philadelphia, with DHS, the Office of Addiction Services, Behavioral

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Health, and others, can truly make a difference.

One of the largest obstacles affecting our young people in behavioral health is the lack of effective coordination between the system and the School District. I will tell you that there for years, there was an argument about whether or not behavioral health was covered by special education funds. And we looked to schools to use special education funds to provide services that are easily paid for under behavioral health. This Administration has made giant strides in trying to improve there, but they're not where we need to be yet. The red tape, the bureaucracy, the obstacles that are placed in front of you in order to provide or to get into a school to provide services that are clearly needed can sometimes be overwhelming, but they've been diligent about forcing people to the table on behalf of all students, including those

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of color.

And so, yes, there is clearly a need for minority-led, minority-operated agencies to have some degree of parity with respect to how funding is distributed, but to also offer the points of services that those agencies are providing. We're the closest to the people. We have the first chance, we are the first ones to know that things are different before this system -- before those in authority realize it.

We appreciate the attentiveness that they've given to us, the financial support and other supports that have been needed, but we still have a long way to go. I'm proud of what we developed. I'm proud of what I think can be accomplished if this Council takes the lead and holds us all accountable to the quality of work, to the fiduciary responsibility that we have, and making sure that in Philadelphia, along with having a fine behavioral health system, those who are

in the minority category have a fair shot at improving the quality of care and the quality of work that we're doing here.

Thank you very much.

COUNCILWOMAN BASS: Thank you for your testimony, Mr. White. A lot of information. Thank you very much.

Ms. Harrison.

MS. HARRISON: Good morning again. Again, my name is LaJewel Harrison, Executive Director -- please excuse my voice, but this is like really much better than it was two weeks ago -- Executive Director of WES Healthcare. I'd like to thank Councilman Green, Councilwoman Parker, and Chairwoman Bass for convening this hearing on behavioral health providers of color and for providing WES Health System an opportunity to provide testimony on the subject of mental health delivery services in the African American community. Thank you, Councilman Jones, Councilman Taubenberger, and Councilman

Greenlee for your attention to this matter.

The month of May has recently been designated as Mental Health Awareness in the Black Community, and as such, I'd like to acknowledge with gratitude the members of The Black Brain Campaign for their efforts to bring attention to marginalized people. I have worked in the behavioral health field in Philadelphia for almost 20 years. During, my tenure, I have served in multiple positions. I provided both direct care and managed service programs.

WES Health System is one of the largest African American behavioral healthcare providers. Our services in Philadelphia include outpatient therapy, case management, in-school therapy, in-home mental health services, in-home intellectual disability services, and community-based mental health recovery services. Our long history of providing culturally competent services to a

neglected population in Philadelphia provides the foundation for understanding the issues that prevent African Americans from accessing proper mental healthcare.

Mental health issues affect all aspects of life across all social stratification, and when treatment is not accessed, we see an increase in homelessness, violence, drug abuse, and an overall diminishment in the quality of life.

In 2007, approximately 12 percent of Philadelphia's adult population had mental health conditions. Today, only ten years later, the City's Community Health Assessment reports that over 20 percent of the adult population have mental health diagnoses. The need for treatment is growing while simultaneously government funding for these services are decreasing.

Philadelphia, with a 26 percent poverty rate, is experiencing high rates of drug-related deaths. Many of these

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deaths are attributable to self-medication with street drugs to alleviate the pain of untreated mental illness. We need more direct and targeted cultural competent services for the African American population of Philadelphia.

The definition of cultural competence, it is to be mindful and respectful of the social, culture, and linguistic needs of the consumer. Providing culturally competent services improves mental health outcomes and provides a better quality of care. In order to provide better care, we need to address access and engagement.

The Office of Minority Health and Human Service Division reports that African Americans are 20 percent more likely to experience mental health problems than the general population. However, only one-quarter of that group of African Americans actually seek mental health treatment. While there is an

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increasing need for services in the African American community, they're actually less likely to access service and to receive service.

Part of the problem is accessibility and the need to provide services in their community; access to cultural competent care providers; placing clinics within neighborhoods and near public transportation; treatment plans that incorporate cultural sensitivities and norms; accessing care providers with knowledge and training in cultural sensitivity. These additions will go a long way in creating therapeutic systems reform necessary to incorporate the above-referenced recommendation.

The current system is a one-size-fits-all, and that leaves a great many people to drop out of treatment. If appropriate culturally competent care is not provided, the locations of the services do not matter.

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We need both. Inappropriate care is ineffective care.

The state of mental health in the black community in Philadelphia urges us as providers to reform our system. There are many behavioral health providers in Philadelphia. These providers have formed multiple coalitions. The coalitions, in addition to the in-network provider community, allow for various streams of communication. It is in collaborative meetings with fellow providers and with our managed care organizations that ideas are born, best practices are discussed, and alterations are made to the manner in which we provide service. Although the system is big, there is actually a structure that allows for necessary communication that is beneficial to the recipients of service.

WES is currently in discussion with CBH to amend current outpatient program structure to make more -- to make

care more accessible in the African American communities we serve. WES has noticed that better outcomes are achieved when we spend time educating and reaching out to the community to inform them of the services we provide. Participants are also more likely to return when the therapists incorporate greater case management. We must ensure accurate information is disseminated to the community regarding mental health issues. Non-therapy time is allotted to establish trust, and case management time is increased to address medical, socioeconomic, and familial dynamics that are contributing factors to the overall health and recovery of the participant.

We must guarantee access to mental health care by ensuring that the system is offering appropriate services. U.S. Public Health reports that one of the main ways African Americans tackle mental illness is by finding a provider they trust. The African American

community must have providers that are relatable and unbiased in order to gain this needed trust. Care must be culturally competent. The providers must have the ability to understand the beliefs, values, language, and experiences of a community. Lack of cultural competence leads to misdiagnosis, inadequate treatment, and subsequently discourages the person from continuing treatment.

It is imperative that the RFPs contain language regarding cultural competency standards, give more weight to this requirement than previously allocated.

In order to eliminate any mental health disparities, we must meet them head-on. We must acknowledge that people are having different life experiences which lead to different views. Thus, there is diversity in how people choose to access mental healthcare services, and as providers, we must offer

a diversity of approaches that are flexible enough to welcome those in need.

In summation, the most vulnerable citizens of Philadelphia can be better serviced with greater outreach, increased case management, and culturally competent care.

Thank you for your time.

COUNCILWOMAN BASS: Thank you for your testimony. Very good.

Just so much information provided today, and I just really want to thank each of you for being here. I did have just two things I wanted to ask Mr. White just in your experience and from hearing your testimony. If you could talk a little bit further about trauma untreated, which is something that you mentioned, and if you ladies would like to weigh in as well, because I do believe that we have a significant -- a clear and significant issue with mental health in our city being untreated and that it just snowballs. Something that

could have been handled with maybe counseling or other services ends up snowballing into a full-out traumatic emergency situation. And so how do we get in front of the trauma that's left untreated in so many cases in our city where you have someone shot right in front of you? How do we address the person who has witnessed that trauma, and how do they get their lives back on track?

We hear so many stories about folks who have lost someone, folks who have witnessed something -- seen something that they really never should have seen or been exposed to, including children. And so how do we even begin as a city with so many needs begin to deal with trauma that is untreated? So I wanted to just see if you could touch on that a little bit.

MR. WHITE: I think the first step is to recognize the symptoms and have the diagnosis so that we can know

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what type of treatment to provide.

CBH has recently launched an initiative for training amongst conditions for trauma-related issues as it affects children and adolescents. Prior to that, that training had been mainly geared towards adults, but I think their recognition of the density of this problem that we're facing within our communities led them to see the need for us to have better training and more clinical options for folks to adhere to in terms of addressing it.

That's what you have to do now to address those who are facing it now. Preventing it, that's over my pay grade, because there's so many other issues, so many things that impact on trauma, that bring trauma to light. But we need to have a rapid response system almost is what you might want to call it.

I often will hear on the news where an incident takes place and a traumatic event and they'll make mention

of mental health workers being on the scene. It never -- I never understood why if I'm working in that community, why ain't you calling me? When something happens at Olney High School, you know more about the students at Olney than anybody else. They don't call us. Now, I'm crazy and my folks know it, so if we read about it in the newspaper, we just show up. That's the kind of thing where why not have the professionals on site, readily available to treat people who you know have experienced this trauma?

So the rapid response thing is the first thing that comes to mind for me. The training that CBH is about to offer or started to offer is the second thing, but I'm not even going to attempt to try to figure out how we prevent it. Like I said, that's over my pay grade. That's why you got elected, right?

COUNCILWOMAN BASS: So I've been told.

Did you want to weigh in?

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I do want to acknowledge, before you start, Councilman Curtis Jones, formally acknowledge Councilman Jones has joined us and also Councilwoman Blondell Reynolds Brown has joined us as well.

MR. WELLS: Good morning. Mel Wells.

First of all, it's about getting in the homes, working with the youth. We got to build trust in the community. We've been working with a broken system for the last 30, 40 years. So individuals in the community don't trust the system anymore, but they trust the peers within the system. So we have professionals right in our community that can be a part of the rapid response team. And not only that, but the other trauma that we're talking about that's totally, totally out of the box that these kids have to see day in and day out, which we probably can't even mention really in this room of some of these nightmares

that they deal with that actually make them become a part of the trauma and create a lot of trauma in the community. So we got to figure out a way to deal with these nightmares that we maybe can speak about even later.

MS. HARRISON: I just want to add, I grew up in Nicetown Philadelphia, and so it was a norm for us to hear that our friend had been shot and to show up the next day at school and have other students missing. So when I speak of things being a norm, we have to educate and inform people about what is actually trauma, right? So undoing some of these norms because we just live with it. And so certain people are actually showing up to receive treatment, because they don't even know yet that they need to be treated or that they've just experienced trauma.

So when I speak of having downtime in our communities and making sure we're getting out and informing the

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public of what is a healthy lifestyle, what is trauma and identifying that, yes, you have experienced trauma and this is how you can receive treatment on it, but a lot of them just don't know.

COUNCILWOMAN BASS: And I couldn't agree with you more, because so much of what -- things that happen in our community have become normalized. They've become what we do and just somebody got shot, okay, back to business as usual. And it's like, okay, no, this is not normal. There is something really, really wrong with what's happening in our communities and the way that a lot of our neighborhoods are functioning.

Yes, ma'am.

MS. POWELL-FOLKS: Yeah. So my previous background is in youth services, and so what are we in, 2018? Ten years ago you can almost track the trauma. You can almost track the trauma and the behavior on the streets nowadays to when,

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for those who have been around that long in this world, when DHS started dropping off prevention services, when Rec started losing their dollars, when all of those services started to go away. We are now living with the effects of just what Mr. White said about the support in schools.

I ran programs that were fully funded by the City, not the School District, but we literally just went in schools and did prevention work, old-fashioned prevention work, with kids, knocked on doors. Literally I had case managers who found kids in -- I know where my kid is, he's at the Burger King, and snatched him out the Burger King and made sure they went to school. We didn't look at it as truancy. We looked at it as case management and saving children's lives.

And I think what Mel's approach is, not just because he's my boss but because of the attitude he has, which is

every person's life is a family. And so if we're attacking it from that perspective, if we're getting kids earlier, which we have programs that now thanks to just what Mr. White said, we now have a program that's funded by DBHIDS that is a youth -- we're in the middle schools, because they took a chance on that program to go into middle schools. So now we're working with 60 middle school kids so that we can start to work with them in that space. And those kids are traumatized from so much going on in their lives, and if we just have the opportunity to work with them, then we work with their families, we're finding majority of the kids are not only traumatized but there's housing, there's education, there's all kinds of things going on with the family, to just work with them. But a lot of that stuff was done ten years ago through the DHS process. That's not happening anymore. Nowadays it's strictly -- it's a case

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management process. It's a DYA process. If you're not -- this is what Mel says. If you look and smell like DHS, they don't want anything to do with you. And so now there's that feeling folks have. They don't want to even deal with you. There's that stigma attached. And so how do we come at them uniquely, right?

I'm a fan of LaJewel Harrison, not just because I know who she is but because of the work that they do. And so it's unique. I've literally stolen Mr. White's employees, so I like what he's done. So it's a matter of what we understand in the world going on, because those are the folks doing the work on the street. They understand what the clients need. They've seen it before. They know how to deal with it at the level, as Mel says, boots on the ground. So if we're not going to attack it, understanding that it's a family process, that it happens very young and that we have to incorporate all levels of systems, not

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just DBHIDS, that the School District and DHS, if we're not going to come at this comprehensively, we're not looking at a real comprehensive system cure. So, you know, that's just my...

COUNCILWOMAN BASS: I couldn't agree more. We can't treat gunshot wounds with Band-Aids. So thank you very much.

Councilman Greenlee and then -- oh, I'm sorry. Councilman Jones.

COUNCILMAN JONES: I'll yield to the Committee.

COUNCILWOMAN BASS: You yield to the Committee. Okay.

Councilman Greenlee, Councilman Green, and then Councilman Jones.

COUNCILMAN GREENLEE: Thank you, Madam Chair.

Just very quickly. Mr. Wells, in your written testimony, you talk about the continuing challenges presented by L&I to be able to provide some of your services, which, by the way, I think One

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Day at a Time is doing a great job.

MR. WELLS: Thank you, sir.

COUNCILMAN GREENLEE: Could you just maybe briefly give some specifics or examples of what you're talking about?

MR. WELLS: Well, we have barriers in our community. You may have issues with L&I and, you know, you have contracts with the City, but in our contracts, what we do need more of is maybe capital building dollars to actually work along with L&I to come up to be -- to actually have property that's in compliance with the services that we need to do.

For me, I know I'll be trying to clean up the Gurney Street epidemic that we have up there up in Kensington. So as soon as we start to house individuals, these individuals somehow get kicked back out onto the street. And then what happens? My overdose team try to administrate Narcan, but we have to call an ambulance because they get passed

way from an overdose.

And so if we all can come in together. Because I'm actually a fan of L&I, not against L&I, but we need to figure out a way to work more together to save lives instead of putting lives on the street that's dying on the streets.

COUNCILMAN GREENLEE: You mean because of L&I violations, you can't use the property? Is that what you're kind of referring to?

MR. WELLS: Well, the rules have changed over the years. The rules change. Sometimes the funding does not change for the actual organization to actually work in compliance with the people we must house. So when the rules change, you actually become out of compliance, because you may be able to house a certain amount of people. Compared to ten years ago, now you only can house these amount of people. But when our dollars are so tight with a contract, you know, I guess come out of

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the box.

A few years ago, maybe about I'd say five or ten years ago actually, we had reinvestment dollars that we were able to reinvest in our community. We no longer have those reinvestment dollars to reinvest into other community. So the neighborhood loved One Day at a Time. Why? Because we invested everything back into our community, not only the home but actually the individuals a part of the community.

COUNCILMAN GREENLEE: Okay. And are you having discussions with the Administration on these issues?

MR. WELLS: Yeah. I can actually say that the City Council and actually the funders are all with open arms trying to really help us out to figure this out, to even we actually have hired a marketing team to go out and we started actually raising our own dollars to match some of the dollars in our contracts to go above and beyond for our

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people.

COUNCILMAN GREENLEE: Thank you.

Thank you, Madam Chair.

COUNCILWOMAN BASS: Thank you.

Councilman Green.

COUNCILMAN GREEN: Thank you, Madam Chair.

As many people in this room know, I'm very involved in the autism community, having a son on the autism spectrum, and the City of Philadelphia probably has one of the best autism support networks in the nation. So listening to the testimony, especially from Mr. White talking about CBH and the current system we have, we probably have one of the better systems in the country, but just because it's better does not mean it's the best. There's a lot more we can do. And the two themes I keep hearing are bureaucracy and awareness. And when I say "bureaucracy," how can we work better through City agencies to come

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together to address some of these issues and bring out some of the barriers that really inhibit some of the work that you do and make your work better.

I think that's something from a Council perspective we can delve into how we can address the bureaucracy perspective. And then awareness is really how do we continue to do the work, and Dr. Lassiter talked about this earlier in the first panel of how we really try to provide more information, and I think, Ms. Harrison, you also talked about this in reference to trauma, letting people of color know, especially men of color, that you don't need to suffer in silence and that the stuff you're going through is just not normal.

I know from an African American perspective, more often people have a cultural perspective where we just don't go to a therapist. That's not something we do. So we've got to try to change that dynamic, that paradigm, and try to

bring out that more awareness about these are things that should not be the norm. I'm not sure how we do that, but there needs to be a grassroots mainstream perspective how we change awareness about the services that are available, and then also we got to step up provider services. So I'm curious about your comments.

MR. WELLS: Well, one of the main things is coming out to see what we actually do. We actually have the privilege of many City Council members and funders in this room who actually come out to the community to see what we actually are doing.

I was working with my homeless outreach team, and they said, well, you need to really see what we're doing. When I went out there and I went on those train tracks, I came back to Jennifer that day and I said, I don't care what you do. Them men need a raise right now for the job that they're doing, because they're doing a much harder job than the

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Philadelphia Police Department, trying to get these people off of drugs and from the overdose epidemic.

But we need people to come from the higher-ups and come down low to see what's really going on, to see the battle that's going on in the field. It's really sad, especially dealing with the youth, the nightmares that they have to live in, but we're really quick to throw them away when they're 18 or 21 and they create a murder, but then you don't realize what they have suffered all their life to become this type of individual.

MR. WHITE: The issue or what I call the siloization of government is an age-old problem. A lot goes into it. We become very selfish about the money. We often don't see where the integrated cooperation with another agency necessarily meets our immediate objectives. We're not necessarily graded in terms of our performance based on our ability to work with others.

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But I can tell you that in my experience, I see CBH, surprisingly, really being a bull in a China closet when it comes to having their way and forcing other agencies to work cooperatively with it. I can only use our agency as an example. DHS and their involvement with the Functional Family Therapy program that we operate, working closely with Family Court, they cover the needs of the people who are uninsured.

The District Attorney's Office is involved in providing diversion for individuals who appear in court with a drug offense.

The School District, I think the School District is the major elephant in the room, and I think that CBH has to continue to really put pressure on them to make sure that they're working cooperatively in meeting the needs of the students. A very simple example, in order to provide services in the high school, we found out that there's a

process called the SAP that the School District puts in place. Before any child can go into treatment, they have to have this SAP completed. I think they may have one and a half people serving all of the schools in the City. And so the wait time to get access to services in that school were insurmountable, because you couldn't do anything.

The first day that we showed up at West Philadelphia High School we had 44 referrals, 44 referrals in September. We saw our first child in January. Everybody is ready, but the School District's processes to allow us or representatives of CBH to come in and provide that service were difficult. I believe as a result of that and that example, that Joan Erney and others have really kind of sat with the School District to get them to streamline that just a little bit more, so that hopefully going forward, you won't have that as the obstacle.

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In terms of the recognition, the awareness, Senator Hughes held a meeting of about 70 ministers to talk about various issues, and he afforded me the opportunity to talk about in that case the opioid crisis and to establish a relationship where they could make referrals through our program for people who needed treatment. It reminded me of the fact that in our community, the first therapist we see oftentimes is our minister. I love my ministers, but they are not trained therapists in most cases. Did they take counseling courses? But every now and then there's a member of their congregation that needs more than just the counseling, that they need the hands that have been blessed by God to provide a higher level of care as well. And so making sure that we are, one, not offensive but, two, letting them know that we are a resource, not competing with the ministries of the church but there to try to support what they're

doing is one way to get the word out. And the more you work in schools and the more you raise awareness in the schools amongst the students, the teachers, that also helps. So a PR campaign is necessary, but is it sustainable, Councilman? That becomes the question. Is it sustainable? Do you ever get to the point where you don't have to advertise? I don't think so. I think it's an ongoing conversation. It's an ongoing dialogue. It's an ongoing strategy to raise awareness of all of the folks in the City of Philadelphia and our government in particular.

COUNCILWOMAN BASS: Councilman Jones.

COUNCILMAN JONES: Thank you, Madam Chairman.

And thank you, distinguished panelists. One thing became apparently clear a couple of months ago when somebody walked in my office and had a mental health crisis, and I realized just

how ill-prepared I was as a public servant to address it.

In the past, whether it's former members of my staff or people that I come in contact with from time to time, I've had to reach out, and I've never felt so helpless when a parent came in and said, Councilman, I need you to get my child arrested. I'm like, what? I mean, that's contradictory to every parenting book I've ever read, but the individual who had now become an adult had a touching problem and touched females in an inappropriate way, and the people in the neighborhoods weren't as tolerant about that kind of thing, whether it was their sister or their mother or their wife. They weren't.

MR. WHITE: You called it old school.

COUNCILMAN JONES: Yeah. I'm telling you.

So I had to reach out to the various departments, and they helped me,

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because I didn't know what to do.

The second part of this is in the criminal justice side, Madam Chair, we're struggling with people who are up on State Road who should not be on State Road. They should be at Norristown. And fortunately enough, the federal government has saw fit to try to add more money to make those distinctions now, and people are hopefully, God willing, going to get the kind of help they really need as opposed to the incarceration they find themselves in.

So if you look at these links in the chain that go all the way back to public school and childhood, the Defender's Chair, Keir Grey, talks about this all the time. She sees people as an advocate defending young people in the court system, whether it's DHS or being court appointed, and can tell you this child needs help, and later on wind up being her client as an adult.

So whether you are a person who

wants to save souls or some colleagues that might want to save money, both things intercede. You can -- it's easier to help a child -- and I don't want to plagiarize this comment -- than to fix a broken adult.

And so we got to get you guys intervening earlier. This trauma is real, and it comes out in different ways, not predicted at least by a layperson.

I know a child whose brother was killed, murdered, and he went through the funeral and it was like -- he was like, this is nothing. I mean, but it is something. This is not normal. This is abnormal. And then it came out later in a different way. I don't want to get into the specifics because people have privacy rights, but it is disheartening to see -- and let me back up and say, we've laid this burden on all of you, but it is our jobs collectively to try to make it better.

So I don't know how

structurally we need to do this, but we -- I realize that a lot of the behavioral health money comes from the feds and they are but conduits of insurance policies and insurance providers of this stuff, but it starts with the fact that you're not getting enough to do what you need to do. I heard you with my good ear, that a lot of these problems aren't just mental health problems. They are pressure of society problems. Like it's not the fact that I want to commit a murder, but on Monday I got my eviction notice. On Tuesday my significant other said I'm leaving you because I'm not going to be homeless. On Wednesday I got the layoff notice, the downsize notice. And Thursday, I mean, the pressure starts to build. My kid just got suspended. So on Friday night, I go out to get my drink. I got my last $20, and this guy just came over and knocked my drink over. I mean, that's how it really -- it's not the gun play

that we think it is. It is the mental health pressures that pile up to the boiling point that we got to fix.

And so I'm glad you're there, because, again, there's nothing more frightening than to not be able to help someone that is crying out for help.

MR. WHITE: I want to just comment on one point before I turn the mic over. I think we missed an opportunity. There was a time when we were promoting Mental Health First Aid. We invested in having someone trained and certified, two people as a matter of fact on staff. We conducted Mental Health First Aid training in several institutions, Rutgers University Security Force, University of Pennsylvania, Amtrak. Then I don't know what happened after that. CBH announced that they were going to be providing the service for free. I don't know what has happened since then.

Your staff, you, others, we

trained the community, and I don't know why if first aid training -- Mental Health First Aid is still not available, that you cannot access that as well to help you identify some of the more common symptoms that people may be experiencing and explain to you how you should respond, how you should react, where you should go, who you should call. That may be something that you want to look into, Madam Chair, to see if something like that could be made available to Councilmembers and their staff.

This is a public building. This is a public building, and as much as -- as long as people stand in line to show their ID to come in, they still get in. So it would not be a bad idea for people to be trained to identify certain traits, certain identifiers for people who may be experiencing some issues.

MR. WELLS: I will also go and say that this is not just our problem in the room, you know. It's more easy in

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our community to find trauma than it is to find hope. It's easy to find a gun than it is to find an education. So what we also need is more bodies, more departments to come together, the Recreation Department. I know One Day at a Time is serving in the community where there's no recreation departments. I talked to the young brothers on -- no recreation center. I talked to young brothers on the corner all the time, and they said, Mel, look, we willing to work with you, but can you at least get us our recreation center back? We have nowhere to go. This is where we hang out. This is our new hangout, is the corner.

So what happens on that corner? They see a lot of trauma. And a lot of these individual kids start off at the age of 5 years old, end up being 17 years old, and then as Councilman Jones was even saying, I have to be the one to actually go to prison to get them out of jail to bring them into One Day at a

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Time.

So it's not just our problem and your problem, but it's the City of Philadelphia problem. And then you see the schools shutting down over the last few years and the rec departments over the last few years. This is what happens when those types of things take place.

COUNCILWOMAN BASS: Thank you very much. Thank you for your testimony.

Councilwoman Brown.

COUNCILWOMAN BROWN: Thank you.

Good morning. Good morning. Good morning.

(Good morning.)

COUNCILWOMAN BROWN: I too wanted to thank all of you for your testimony. I worked for about seven months in the world that you live and breathe every day, and after seven months, I had to step away from it because emotionally I simply couldn't handle it. Professionally I couldn't handle it. So I salute you for the will

and commitment to the population we're speaking of.

I want to also salute Councilwoman Bass for getting this issue back on the radar screen, because gaps in service still exist, and while there have been some movement with department heads crossing across departments, clearly we're not where we need to be. So to get it back on the radar screen matters, and then it's about what strategic steps are we going to put in place to fill the gaps. Clearly they are there.

I am committed to working with Councilwoman Bass, Chairwoman Bass, on the opportunity you just presented, Mr. White, because we've had -- Councilmembers and staff have had trainings of other types, and to hear that offer is one I think we should take you up on.

I do want to follow up on Councilman Bill Greenlee's question to Mr. Wells, and if you could please

provide some clarity. You said that the rules have changed with regards to L&I building codes. Is that what you were referring to?

MR. WELLS: Yes. I was talking about simple building codes. That was just one of them.

COUNCILWOMAN BROWN: So walk it through with me. Years ago -- what are the protocols now? How many young people, clients can be housed in one building at one time for the services you provide? What are the rules now?

MR. WELLS: Well, the rules now, it depends upon, you know, the individuals that we are housing. The rules now say we can go up to maybe 14 individuals.

COUNCILWOMAN BROWN: Is that right?

MR. WELLS: But the problem what's happening -- I think it actually happened years ago with Temple University. When they started opening up

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the houses for partying, a lot of L&I issues have arose where they came and shut down a lot of the homes. Back in the day, you say One Day at a Time 30 years ago, we housed hundreds of people right in our community. We cleaned up our community. But what happened when those changes came, we actually had to put those people back on the street, because we have to make sure that we're in compliance with L&I to house those individuals.

Then back on the contract side, Madam Chair, was that we had more flexible dollars to make those things happen. So if L&I -- of course we got to abide by the rules, but if L&I came up with something for us to change within that code, we had the dollars to actually change those things. But right now the dollars are so tight that we're actually looking at individuals that we're helping as numbers. And so the dollars are so tight that they're not flexible enough to

actually bring things up to code. And L&I was just one of the issues I was saying. We all need to sit in one room and really figure out how to help our community instead of putting people back out in the community.

COUNCILWOMAN BROWN: So I think I follow you. I think the interest of Councilman Bill Greenlee and this panel is to see where we can be useful to the impediments or the challenges you're facing with regards to a particular City agency.

MR. WELLS: Right. Well, what we're asking is that when these things arise, that if we can all sit down in the near future and put it all on the table about what's working, what's not working. Instead of shutting something down that has been working for over the last 36 years, how do we enhance it so it can actually do better service in the community instead of just writing it off as a number saying, well, listen, you

know, you don't have a line item for this or we need to shut that down, and never look at the individuals who are living in the property.

So what I'm saying is all of us to come together, not only the L&I but also the Recreation Department, because we're trying to put -- the stigma with the word "recovery," we think about drug and alcohol. Our community needs recovery. We need more food cupboards in our community. We need more recreation centers in our community. So that's what I'm speaking on today, Madam Chair.

COUNCILWOMAN BROWN: Okay. I thank you.

Thank you, Council Lady.

COUNCILWOMAN BASS: Thank you. Thank you, Councilwoman.

Thank you so much for being here today and for your testimony. Greatly appreciate it.

If we could have the Clerk call forward the last panel.

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THE CLERK: Farida Boyer, Ann Colley, Tiffany Robinson.

(Witnesses approached witness table.)

THE CLERK: I'm just going to read through those names again. Farida Boyer, Licensed Marriage and Family Therapist, Co-Founder, The Black Brain Campaign; Ann Colley, Licensed Marriage and Family Therapist; Tiffany Robinson, Client.

COUNCILWOMAN BASS: Good morning.

(Good morning.)

COUNCILWOMAN BASS: Almost afternoon. Thank you so much for being here and for your patience. If we could have you state your name for the record and begin your testimony.

Ms. Boyer, I saw you had your assistant, Mr. Boyer, with you earlier.

MS. BOYER: He had to run out, but he was here.

Good morning. My name is

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Farida Boyer. I am a licensed marriage and family therapist. I'm the Co-Founder of The Black Brain Campaign and a community activist, working diligently to advocate for my brothers and sisters who are suffering with mental illnesses, along with the clinicians who are working to provide mental health treatment in the City of Philadelphia.

The black community is unique. Therefore, we have advocated for increasing the usage of black clinicians and black-led social services organizations. Because of our unique history, it is critically important that the clinicians providing services in our community have proper cultural competency training.

As children, a number of us were told what happens in this house stays in this house. Our history affects our being, and this mentality makes it difficult to establish a healthy therapeutic relationship with any

clinician regardless of their color, because many blacks have difficulty with sharing and being vulnerable in the therapeutic setting. Unfortunately, most City contracts and dollars go to professionals that are not from our community. This must change.

In 2016, I collaborated with Jaynay Johnson, another marriage and family therapist and an advocate for teens, and together we formed The Black Brain Campaign. After a social media post regarding some of the disparities in the black community, we deemed it necessary to establish a platform that would work collaboratively to provide education and resources to clinicians and constituents who are affected by mental health.

You may wonder why we decided to focus our energies on the black community. The reality is, blacks are 20 percent more likely to experience mental health problems than the general

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population. Some of the common mental health disorders include major depression, attention deficit hyperactivity disorder, suicide, which is on a decline nationwide but has increased in the black community, and post-traumatic stress disorder due to the excessive number of violent crimes.

In our first year, we dived right in, partnering with Beckett Life Center, located in the heart of North Philadelphia, to offer a number of educational workshops focusing on bullying, trauma, drug and alcohol, sexual abuse, and other common diagnoses that impact the black community. In our second year, we had the opportunity to collaborate with State Representatives Bullock, Cephas, and Harris and Joanna McClinton to host community conversations in each Representative's district. These conversations included discussions led by clinicians of color that spoke to the basics of mental illness and provided a

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safe outlet for constituents to ask questions and share their experiences. Constituents addressed their concerns with receiving treatment in a timely fashion, the difficulty of receiving treatment by clinicians of color, and the overall shame of being diagnosed with mental illness.

We invited local mental health agencies to participate in the conversation to allow them to introduce their organization in an attempt to establish a relationship by reducing fears associated with mental health and to build a partnership when in need of support.

In addition, other activities during Mental Health Awareness Month included clinicians conversations, mental health conference, and a family fun day, and we thank Councilman Green, Councilman Jones, and Councilman Johnson for their presence and assisting us with these efforts.

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Clinicians participated in old-school games such as jump rope and hopscotch to engage with community members. It is important for clinicians to build a healthy relationship with the members of the community. This impactful activity allowed parents to feel comfortable with sharing their concerns and speaking candidly with clinicians in an isolated area about themselves, their children, and other family members.

We have learned to meet clients where they are, and sometimes that means engaging in activities that are non-traditional, which can help to establish a healthy therapeutic relationship outside of the clinical setting.

Mental illness is not something you can simply pray away, and although we believe the importance of having support from our spiritual leaders, they too need to be properly informed. A lack of information and education continues to

increase the numbers of those who suffer with untreated and undiagnosed mental illness. If one understands the severity associated with mental health and is able to recognize the signs and the symptoms of mental illness, he or she will be an impactful resource to one who is in need of treatment.

The brain is the most important part of the body. It controls our mood, the way we think, and the way we feel. However, societal influences such as homelessness, violence, and medical issues are major factors that increase the risk of developing mental health conditions. As leadership, the constituents need your help. As clinicians, we need your help and assistance in fighting this epidemic that continues to plague our community. We can help to eradicate the stigma against mental health and assure that Philadelphians who are struggling with mental illness have an opportunity to

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live productive lives in the City of Brotherly Love and Sisterly Affection.

Thank you.

COUNCILWOMAN BASS: Thank you for your testimony.

If you'd like to state your name for the record and begin your testimony as well.

MS. COLLEY: Yes. Hello and good morning. My name is Ann Lanai Colley and I am a licensed marriage and family therapist with a private practice. I'm also an intake evaluator at Dunbar Community Counseling Center, and I am a member of the Board of The Black Brain Campaign. I have also served in the position of Associate Pastor at the largest African American church in the region and provided therapy and pastoral counseling, as a lead clinician in an STS program. I've been a mobile therapist in a BHRS program, as well as a clinical supervisor over an STS and BHRS program. As a provider, a parent, a community

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advocate, and an African American female, this issue of access to culturally diverse and competent therapists for people of color in general and African American people in particular is extremely important to me.

I want to thank the Committee for inviting us to be a part of this discussion and the process of ensuring that we have a voice in closing the gap and looking at the disparity in access to therapists who are African American and/or people of color for African American and people of color.

I would first like to give you a brief statistical overview of the demographics of Philadelphia and then move into some data regarding mental health in America and closing with some anecdotal remarks.

According to the 2010 Philadelphia Census, African Americans make up 43.4 percent of the population and Hispanics make up -- Hispanic and

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Latino make up 12.3 percent. According to the Pew 2017 Charitable Trusts report, 25.7 percent of the Philadelphia population live in poverty. It is the highest among the nation's ten largest cities. Roughly 37 percent of the City's children under the age of 18 live below the federal poverty line, and nearly half of all poor residents live in deep poverty defined as 50 percent below the federal poverty line. Although Philadelphia has only 26 percent of the region's residents, it is home to 51 percent of the poor, and that gap of 25 percentage points is among the largest for any region in the country. And, lastly, of this poor population, 42.2 percent are African American or black, 14.4 percent are Hispanic/Latino, and 7.1 percent are Asian.

In April 2002, President George W. Bush established the President's New Freedom Commission on Mental Health to eliminate inequalities in mental health

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care. In 2006, the Commission released its final report called Achieving the Promise, Transforming Mental Health Care in America. The report began with the following statement: The report finds America's mental health systems to be in shambles. The mental health system has not kept pace with the diverse needs of racial and ethnic minorities, often underserving or inappropriately serving them. Specifically, the system has neglected to incorporate respect or understanding of the histories, traditions, beliefs, languages, and value systems of culturally diverse groups. Misunderstanding and misinterpreting behaviors have led to tragic consequences, including inappropriately placing minorities in the criminal and juvenile justice systems. Significant barriers still remain in access, quality, and outcomes of care for minorities. As a result, American Indians, Alaska Natives, African Americans, Asian

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Americans, Pacific Islanders, and Hispanic Americans bear a disproportionately high burden of disability from mental disorders. However, this higher burden does not arise from a greater prevalence or severity of illnesses in these populations. Rather it seems from receiving less care or poor and poorer care.

And in 2018, not much has changed, and I do applaud the previous panel as talking about what has already been changed, but there's still more to do.

In the Mental Health United States report, it said that clinically trained mental health professionals, psychiatrists and psychologists, are only 2 percent African American, and social workers who identified themselves as African American is only 4 percent. African American men make up even a smaller percentage of the mental health

professionals.

Why is this important? Well, when you are poor, your health insurance comes from Medicaid. Medicaid, a major public health insurance program, subsidizes treatment for the poor and covers nearly 21 percent of African Americans. Medicaid payments are among the principal sources of financing for the services of safety-net providers on which many African Americans depend. However, to date, most state Medicaid programs, including Pennsylvania, will not allow licensed marriage and family therapists to be reimbursed and/or to hold positions for mental health reimbursement. Most of those positions go to social workers. But that is a discussion for another day.

So what has been my experience as a practitioner? Additionally, it is not uncommon for me as an evaluator at Dunbar Community Counseling or in my therapy, private clients to be improperly

diagnosed, and I believe that statistically it has been shown that these diagnoses are improper because of the persons that sit before them not understanding the cultural factors that impact those that are before them.

There was a study that showed that more often African American men in particular are diagnosed with schizophrenia, and that is not what they have. They have pressures from life, which you heard from previous panelists, that are impacting them in a negative way, that are pushing them to do things and feel ways that push them to do things to give them this diagnosis.

So I am clear that these diagnoses miss the mark due to a system which is not allowed to take into account the mitigating circumstances, the cultural works at play, and other issues that plague the ecosystem in which these persons find themselves.

And although we are a city

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which has become a beacon of training for trauma-informed care, the practical implementation of these findings and trainings have not trickled down to the masses which are on the front line of care for most in need.

As an example, just the other day I did a trauma presentation to a local charter school, and when asked were they aware of trauma-informed care, everybody raised their hand. Then I did a follow-up question. How many of you are actually using it inside of your classroom? And four people raised their hand. So there is a disconnect between what is being said and actually what is being implemented, and that was just last week.

Lastly, every week I meet a man or a woman seeking assistance for mental health challenges, and inevitably I hear that they are glad that we look like them. As a client just said to me Thursday, I've needed this a long time,

but I don't trust the system, but I'm glad you look like me, because they don't understand my journey. Another woman when asked if she had suicidal ideation was hesitant and afraid to talk about it, because she says, I'm afraid the system will take my children.

So what would I like to see change in the system? A mandate or a law that requires a greater percentage of mental health services to be contracted to African American or black persons of color agencies and individuals in private practice; Medicaid, not sure how we're going to do that, to add LMFT, LPCs as well to those who can and should be reimbursed for services; for CBH to have open dialogues and discussions with African American therapists in general as well as -- specifically as well as other therapists of color; if we could create a Philadelphia Community Council that is very similar to the FCQH organizations that requires that not only the

professionals be on board but also those in the community that are being impacted by these services and that utilize these services; every agency to have regular ongoing cultural and diversity trainings and trauma trainings taught by African Americans and/or people of color.

And no disrespect to my Caucasian colleagues. I find it very difficult for someone who does not look like me to do diversity training for me and about me.

I want to thank you for your time and attention to my testimony, and I look forward to continued dialogue.

COUNCILWOMAN BASS: Thank you as well for your testimony.

Councilman.

COUNCILMAN GREEN: Thank you, Madam Chair.

I want to thank both of you for your work on addressing one of the issues I brought up earlier regarding awareness. The Black Brain Campaign has been doing

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that at a grassroots level, trying to bring awareness to this issue in communities of color, especially the African American community.

In listening to today's panel, we kind of started with the kind of City agency response and the perspective, and the word "stigma" came up. Then the next panel were leaders of various providers. And now listening to you as clinicians talking about some of the same issues and concerns with stigma and some of the challenges that you've seen, one of the aspects that we've heard a lot about is cultural competency. You both testified to that, and the lack of clinicians of color being available.

Can you talk more about that issue and concern? And also you raised something I had not thought about before, not only the lack of services but the misdiagnosis that I think from a clinician perspective you can provide different than the other two panels where

you may have people getting services but not getting the right type of services, which adds another aspect to this issue that even some who are getting some services, they're not getting the right types of services because they're being misdiagnosed. So I think that's another aspect to this whole issue of awareness. If you don't even know that you have a trauma and then when you get some type of services, the services you receive are not the type that you need for what you're dealing with.

So if you could talk a little bit about some of the challenges of having clinicians of color here in the City of Philadelphia, what we can do to address that, and these other things as well.

MS. COLLEY: So from my experience, I think part of the issue is is that the way people are reimbursed. So psychiatrists know that there are a number -- especially if we're talking

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about children, right? There are a number of diagnoses that if they write it down, they know that we'll get reimbursed as well as the children can get services, and those diagnoses tend to be ADHD, ADH -- ADHD, ODD, and conduct disorder. However, when I am training the clinicians, what I tell them to do is not look at the report, to get to know the child and get to know the circumstances to build a case formulation. So a lot of times what we're getting is that people who don't look like the children sitting before them are not looking at the whole picture, right? And so what I found is is that a lot of the diagnosis really is around what we call adjustment disorder, right, or it could be about attachment, right? So if you're living in poverty, if you have a mother who may be a single mother of five or six children and then she's supposed to care for these children, sometimes the children are not getting that attachment that they need,

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and then what it looks like is opposition, what it looks like is defiance, and really what they need is care and love. So helping the parent to reconnect with the children can overcome that.

Another -- to your point around sort of that misdiagnosis is that when you look at not only the disparities in what we're seeing, you're looking at the disparities in the educational system. We already talked about how a lot of kids are not being -- are being misdiagnosed within the system, but also in the educational system the way CBH is providing the services. Because I'm a licensed marriage and family therapist, right, I don't quality for Medicaid. So I could not actually say I can take those children for a number of reasons. One, they don't pay enough. Like I'm an individual provider, and the reimbursement to people to work for the agencies is very low, and it's not

something that one can sustain themselves on to live. So those are a couple of the issues that I see.

MS. BOYER: The other thing I wanted to address is when you -- so right now I'm in private practice, and left working with an agency because of some of the issues that I saw. So, for example, if you have a client who is coming in to treatment, you have to provide -- the first day you see them, you have to give them a diagnosis in order to make sure your paperwork is correct. In the first session, it's about 50 to 60 minutes. You don't have enough time to sit there and evaluate to give them a proper diagnosis, which I think is not just unfair for the clinician to have to do but it's also unfair to the family. So that's one of the major issues that I see as far as just giving a diagnosis.

And another thing, it's important that we somehow begin to work together, because you have this agency

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and this agency and they're all doing different type of things also, which Ann spoke to. We're licensed marriage and family therapists. So we're trained differently to look at the system -- to look at the family as a systemic piece as opposed to not just treating the individual client. We more or less treat the whole entire family, because if somebody is coming to therapy, it doesn't just impact them. It impacts the whole entire family, and that includes maybe you're reaching out to a teacher or you're reaching out to somebody who is supporting the family just to offer some assistance on getting the help that they need.

COUNCILMAN GREEN: Thank you.

COUNCILWOMAN BASS: Okay. Well, thank you very much. Thank you for being here and for your testimony and for everyone who has been here to testify on this resolution today. It's really been a great discussion. We could have really

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gone all day long on this topic, and maybe we can have some additional conversation in the future, I think, because this is something that we clearly have just scratched the surface on and need to go back in and have more conversation on this. So thank you so much again for being here.

(Thank you.)

COUNCILWOMAN BASS: Was there anyone else here to testify on this resolution?

(No response.)

COUNCILWOMAN BASS: Okay. Seeing that there's none, we are going to switch up just a little bit and we are going to now hear testimony on Bill No. 180215.

We are up against the clock because there is a hearing in about 40 minutes that is coming right after us. So we are going to try to move things along a little bit at a faster pace.

(Witnesses approached witness

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table.)

THE CLERK: Bill No. 180215, an ordinance amending Chapter 6-800 of The Philadelphia Code, entitled "Lead Paint Disclosure," to clarify an existing requirement that as a condition of licensing Family Child Day Care facilities built before March 1978 that such facilities be certified as lead safe or lead free, all under certain terms and conditions.

COUNCILWOMAN BROWN: Madam Chair, I'm going to reserve my comments to right before the vote given the demand of scheduling of our witness.

COUNCILWOMAN BASS: Certainly.

Okay. Thank you for being here and thank you for your patience. If you can just state your name for the record and begin your testimony.

DEPUTY COMMISSIONER JOHNSON: Hi. I'm Caroline Johnson, Acting Deputy Health Commissioner.

COUNCILWOMAN BASS: You want to

begin with your testimony.

DEPUTY COMMISSIONER JOHNSON:

Okay. Fine. Thank you for the opportunity to present testimony today on Bill No. 180215, which clarifies existing requirements on licensing family child care facilities. Health Code Chapter 6-800, entitled "Residential Lead Paint Disclosure and Family Child Day Care Facility Lead Certification," requires as a condition of licensing that family child day care facilities built before March 1978 be certified as lead safe or lead free. The current bill clarifies language in the law and proposes to delay full enactment until January 1st of 2020.

Preventing exposure to lead among children in Philadelphia is a great priority to the Health Department. Lead can be damaging to the developing brain, and when young children are exposed to lead, it can lead to lifelong developmental and behavioral problems. By far, the most common source of

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exposure to lead in children is paint in older houses, which includes potential exposures in family child care facilities. Although lead-containing paint has been banned since 1978, Philadelphia still has many homes and buildings that contain leaded paint.

To protect children, we need to assure that the homes and buildings where they spend most of their time do not have chipping, peeling paint or lead-containing dust, which can be accidentally ingested by a small child. Environmental prevention in settings where children live and play focuses on identifying lead-based paint hazards as well as providing safe and effective lead hazard reduction techniques. Lead wipe clearance tests, which involve collecting dust from floors and windows and testing those samples for lead, provides some assurance that a building is safe to be occupied by young children. Applying these environmental prevention strategies

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in family child day cares helps to assure that our children are not exposed to lead in these settings.

The Health Department endorses the Family Child Day Care Facility Lead Certification requirement as specified in the Health Code Chapter 6-800. We are prepared to assist family day care operators in understanding the requirements of the lead certification law and in complying with its standards. In addition, we are ready to assist the Department of Licenses and Inspections in enforcing this law in accord with the date specified by Council.

I am happy to answer any questions at this time.

COUNCILWOMAN BASS: Thank you for your testimony.

Ms. Swanson.

MS. SWANSON: Good morning, Chairwoman Bass and members of the Committee on Public Health and Human Services. My name is Rebecca Swanson.

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I'm the Director of Planning for the Department of Licenses and Inspections. Today I am here to provide testimony on Bill No. 180215, which, if enacted, will amend the Philadelphia Health Code to clarify existing requirements for lead testing in family child day care facilities.

This bill changes the effective date of the existing code requirement that family child day care facilities, which are those that host less than seven children at any given time in a residential property, must complete lead testing of the premises and provide a lead-safe or lead-free certification to the Philadelphia Department of Public Health in order to obtain a family child day care license. Under the proposed bill, operators will now have until January 1st, 2020 to obtain the certification and provide it to the Department of Public Health. After this effective date, Licenses and Inspections

will have the ability to potentially refuse to issue or renew a family child day care license if the Health Department has affirmatively communicated to L&I through an automated database that the facility at issue has not submitted a valid lead certification.

The bill also clarifies that the lead certification requirement applies to all family child day care facilities, not just those being operated in leased properties.

Thank you for the opportunity to provide the Department's testimony. I'm happy to answer any questions at this time.

COUNCILWOMAN BASS: Thank you so much for your testimony.

COUNCILWOMAN BROWN: Thank you both and your staff, because I know that you're members of a team, for working very, very closely with my office for us to add clarity to this issue while we continue to push and nudge the issue

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along given the harsh reality that too many of our kids are still being poisoned by lead and the opportunity for us to now look at family child care providers as well and put them in the loop of coverage and licensing by L&I. So thank you for your work.

Thank you, Madam Chairwoman.

COUNCILWOMAN BASS: Thank you.

I did have a question in reference to making sure that these properties are going to be lead free or lead safe. And so two things. Can you talk about lead safe versus lead free? Because as I understood it, there was no level of lead that was safe in terms of lead exposure.

The other thing I had a question on is, we had a hearing, I guess it was, about a year or so, Councilwoman, and we talked about lead in the water and that we do have a significant problem with lead in the water pipes here in the City of Philadelphia. So we deliver

clean drinking water up until it hits the homeowners' property, and because most people have lead pipes, it is then often contaminated here in the City. And so has that been factored into making sure that these properties are lead safe and lead free?

DEPUTY COMMISSIONER JOHNSON: Right. So your first question about lead free and lead safe, you're absolutely right about the clinical significance in a child with lead, there is no safe level of lead that a child could test for.

The lead free and lead safe is really talking about the environment itself, and lead free really means what it says, there is no lead in that building. That's a pretty unusual situation in Philadelphia because so many of our older buildings or basically anything built before 1978 is going to have some lead-containing paint in it. So to make that lead free, you would really have to remediate or remove every

bit of it. So we don't usually see certificates coming in with a lead-free designation. That's mostly brand new construction.

Lead safe means that the leaded paint or any lead product that might be in that building has been adequately covered up or made safe in such a way that a child couldn't be exposed to it.

So lead-safe status -- the other thing I'll just point about this is, it's not permanent. If you're lead free, you are permanently lead free. There's nothing in your building. If you're lead safe, it means you are lead safe right now, but probably in a few years the paint is going to deteriorate again and you're going to need to repaint.

COUNCILWOMAN BASS: Okay. And will that trigger a reinspection or recertification if someone -- if I'm a family child care provider and it comes up that I am lead safe because I painted

over and sort of covered the lead paint, but will there be a trigger that requires a reinspection within a certain number of years? I'm just wondering --

DEPUTY COMMISSIONER JOHNSON: Yes.

COUNCILWOMAN BASS: -- what happens.

DEPUTY COMMISSIONER JOHNSON: So when the child care facility submits for a renewal of their license, they are required to also submit a lead wipe test certification, which comes to the Health Department, and that's where we're trying to link up with L&I to make sure that they have access to that information. So, yes, it is redone periodically. Right now it's every two years.

COUNCILWOMAN BASS: Okay. Very good. And can you talk about lead in the water?

DEPUTY COMMISSIONER JOHNSON: That's a complex issue. And so as you mentioned, the water in Philadelphia does

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not have indigenous lead in it. We have basically lead-free water. The lead enters because so many of our pipes are older and they're lead-containing pipes. And I know the Water Department is working aggressively to try to identify all of the lead-containing connections and help people replace those in their home, but the current recommendations are really to flush lines very well before you use water in a home that might contain lead pipes.

Now, presently we recently passed a bill that required the School District to test their water in the school system, and that's being followed in accord with what the bill says. I do not believe there's a requirement in the day cares for lead testing of the water yet. We've been looking at that periodically, if I'm not mistaken, so it may -- that may evolve in time as well.

COUNCILWOMAN BASS: Okay. I hear you, but based on the hearing that

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we had last year or so, I would like to follow up with the Health Department and with the Water Department, because we had the discussion a little while ago and it didn't make a whole lot of sense to me then and it doesn't make a whole lot of sense now that we're just flushing the water, because if the lead is still in the water, what are we flushing? It just doesn't make a whole lot of sense, and there is a level of exposure still through the lead pipes.

I would like to work with the bill sponsor, Councilwoman Brown. I do have an idea in terms of something that we could do to address this in day care centers. So I'd like to work with her on that so that we can move forward on this. So I'll be working with her and reaching back to Health and also to Water to talk about how do we make this safe -- make water safe permanently in these facilities.

So thank you very much.

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DEPUTY COMMISSIONER JOHNSON:

We're happy to discuss it.

COUNCILWOMAN BASS:

Councilwoman Brown.

COUNCILWOMAN BROWN: I'll follow your lead, and we're ready to move the needle again because we have clearly additional steps to take to move to a point of no lead at all.

COUNCILWOMAN BASS: Thank you. And I want to thank you for your years and years of work on this issue. Thank you so much. You've done so much on this issue, and it affects all of our young people. Every baby born in the City of Philadelphia is really going to be affected, so I thank you for that.

Thank you so much, ladies, for being here. I know, Rebecca, you're busy. You got a lot going on. Congratulations.

MS. SWANSON: Thank you. I will wait until after the next panel just in case there are additional questions.

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COUNCILWOMAN BASS: Okay. But if you have to go, we understand.

If we could call the next panel forward.

THE CLERK: Shawn Towey, Health Policy Director, Public Citizens for Children and Youth; Michele Cooper, District 1199C; and Anita Caraway, Family Day Care Provider.

(Witnesses approached witness table.)

COUNCILWOMAN BASS: Hello. Good afternoon. Good evening, it seems like. Thank you so much for being here. If you could each begin by stating your name and begin your testimony, whoever wants to go first.

MS. TOWEY: Good morning. My name is Shawn Towey. I'm the Early Childhood Policy Coordinator at PCCY. I'd like to read the testimony of my co-worker, Colleen McCauley.

Thank you, Councilwoman Reynolds Brown and members of the

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Committee on Public Health and Human Services. My name is Colleen McCauley. I'm a registered nurse and Health Policy Director at Public Citizens for Children and Youth.

As many of you know, PCCY has been a leader in efforts to eliminate childhood lead poisoning in Philadelphia for 20 years. In 2011, PCCY and our Lead Poisoning Prevention Coalition worked with Councilwoman Reynolds Brown to create and strengthen requirements for testing for lead hazards in pre-1978 rental properties where most affected children live.

Of all the children in our city who are enrolled in licensed child care, about one in ten attends a family child care home. Parents choose home-based child care for many reasons, but we know that they're a critical resource to families to permit them to secure and maintain stable work. Parents, including many single parents who work in the

retail, service, and healthcare sectors, are most likely to have non-traditional schedules that do not mesh with those at child care centers and thus use family child care homes.

There's a good reason to focus on child safety in family child care homes. While we've seen little documented evidence that children are being poisoned -- in fact, I'm not sure -- there's an error in my testimony where I say that one was closed last year, but I now understand that that was a center, not a child care home.

Children in family child care homes are more likely to be infants and toddlers than those in centers, and the younger the child, the more dangerous and damaging the effect of the lead exposure.

PCCY supports the mandatory testing of all licensed child care providers and making the lead-free or lead-safe certification a condition of renewal of their City license to operate.

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We're grateful to Councilwoman Brown for initiating the effort almost two years ago.

However, we know there's been some confusion about implementation of the new law. We understand that all the newly licensed family child care homes are securing the required lead-safe certification. However, we understand that only a few of the 502 state-licensed family child care homes have completed the process. We're concerned that it may be too easy for providers with state certification to skip the City certification entirely. For many years, we have noticed a wide gap between the state's reported number of family child care homes and the number known to L&I. Steps should be taken to close this gap so that we can guarantee that no child's health and safety is comprised because of where they are in child care.

For all family child care providers, the City could take steps to

make the process -- to keep the process affordable and efficient by adding more qualified lead inspectors to its approved list. The City could also increase awareness, clarify the rule, and reduce confusion by creating and posting a written guide on the Health Department's website, creating and delivering a training to family child care providers, identifying a Health Department staff member to provide technical assistance, and mailing a new letter explaining the process in plain English as well as Spanish to all providers.

And I'll just note that I checked the website again this morning. There is a guide, but it is rather hard to find, and most of the links were broken.

For these reasons, PCCY understands the need for a one-year extension of the deadline. But we are talking about 500 mostly older homes that are quite likely to contain lead-based

paint and caring for around 2,500 children, most of whom are low income. When our City's children's health and futures are at risk, we should not delay any more than is necessary. In our opinion, the current two-year extension is unnecessary and excessive. Please amend the bill and make January 1st, 2019 the new deadline.

Thank you very much.

COUNCILWOMAN BASS: Thank you very much for your testimony.

If you want to state your name for the record and begin.

MS. CARAWAY: Yes. Again, good afternoon. My name is Anita Caraway and I am a 24-hour family child care provider. And I am here to say thank you for that extension, not because so much of we are not concerned about the children, but financially it's a strain on family providers, because we don't make the money that centers do. We are already underpaid.

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This is not what I came to say, but just listening to all the testimonies, I think it should be heard.

When I had asked the question in a Council meeting, I think, a year ago how many homes from family providers had children who had lead poisoning, and it was none. Not that the children or the homes don't need to be tested. I agree, if there's an issue with that, then it should be done.

I did have my home tested. I am lead free. It was newly renovated, of course. I don't give my children water from the fountain water lines. I have -- and most of the family providers do -- have water delivered to their homes. So while I'm sure it is important for the children, it should also be taken into consideration that we as family providers don't have the income that -- especially when you have -- for myself. I'm talking about me right now. Not to be selfish, but a lot of providers are working 24

hours to make the income happen.

We love what we do. We care about our children. So, of course, the lead testing is important, and we're not not trying to do it, but having an extension would be great, because it was a lot of confusion as to when it needed to be done. It was kind of -- past all that, thank you. And I'm here on behalf of all the family providers who are providing care, because it is our goal to give our children exactly what they need and to achieve all the educational and loving care that all these children need.

Thank you.

COUNCILWOMAN BASS: Thank you for your testimony.

You want to state your name for the record and begin.

MS. COOPER: Good afternoon. My name is Michele Cooper and I'm with District 1199C, and I'm here today to thank Chairwoman and Councilwoman Reynolds Brown. On behalf of the family

child care providers of Philadelphia, we appreciate the work that you championed over the years on behalf of children and families of this city. So we are appreciative of that.

We also are here to stand to say we appreciate the extension on this bill for all of the reasons Ms. Caraway specified and more. It is not the intent -- it is the intent of all the family child care providers to make sure they provide a safe, happy, healthy environment for the children and families that they service.

It is widely know that children that are serviced in family child cares are often less sick than children who are in centers and often thrive and stronger in many different ways. So the choice that parents continue to have in the City of Philadelphia between centers and family homes is important, and we do appreciate, again, the extension on this matter.

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The family child care provider is generally a woman, generally a woman of color, and they love taking care of children, and they do it from their heart, because they do not make any money. So in appreciation, we do appreciate the extension of the bill, because this allows, again, like Mrs. Anita said, clarity. It allows for people to be able to raise the funds to do this properly and to be educated on the matter.

Through District 1199C and the gentleman that you spoke of earlier, Mr. Ryan Boyer, he provided free services through the building trades to our members to educate them on the standards of -- that the building trades use in building. So they're even higher standards than the City is requiring for family child care providers. They are very committed to this.

It is daunting and scary, so we do appreciate the delay. We do support

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the delay. It's very daunting and scary, but they are nonetheless committed to get it done, because they are a force to be reckoned with and they want to be looked at and intend to be looked at as premier places to offer services for Philadelphia's children, not just day care centers but these homes.

If you visit some of these homes -- I encourage you to visit Ms. Anita's home. I visited her home quite often, and she has a premier -- I mean, she has a yard. She has a premier facility, and she takes very good care of children.

So we're just here to say thank you and to say publicly that we do support the amended time so that it allows all of Philadelphia's licensed family child care providers to be up to code and ready to service the children and families of the City.

COUNCILWOMAN BASS:

Councilwoman Brown.

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COUNCILWOMAN BROWN: Thank you very much.

Let me first say thank you to all of you for your testimony. Us finally getting here today is the result of many, many meetings with all of the stakeholders, including L&I and Health. We cannot do this without them. So we need to acknowledge their contribution to this. And clearly as a former activist on the outside of government, PCCY, I get the enthusiasm and the eagerness to want to move this along more quickly, but once we get on this side of government, we have to find a middle ground that sort of captures and tries to keep everybody whole. And when representatives from 1199C approached us over a year ago about these new requirements, we thought it prudent, appropriate, and fair to push the pause button and figure out how we can accommodate family child care providers, because I would suspect that much of your testimony, which is true,

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focused on commercial child care providers. Two different worlds, two different sets of compliance rules of operating and, therefore, that commands us to factor the fact that there are two separate worlds and to treat the worlds differently. The only glue being you're taking care of little people.

And so we want to say thank you for offering your testimony. It does matter. Always come and speak your voice. Never be shy. That's what that table is for, for folks to have a say in how we're trying to make things better for everyone.

And I needed to provide that clarity, Madam Chair, because it was the request coming from 1199C membership that required us to sit down and examine how we can do this in as balanced a fashion as possible.

Lastly, in his absence, I do want to salute Ryan Boyer for igniting his membership to go into family child

care provider agencies and make sure that you were in compliance.

MS. COOPER: And many of them did that on their own time. They were not compensated anything extra for it.

COUNCILWOMAN BROWN: And that's the beauty of partnerships.

MS. COOPER: Absolutely.

COUNCILWOMAN BROWN: So we thank you both. Make sure you take that back, that we appreciated very much Local 332 stepping up to help us in the way that they did.

And so the mission continues, PCCY, with us in lead, as Chairwoman Bass has indicated, and we can check off this item and move on to the next challenge when it comes to children and lead.

Thank you all very much.

(Thank you.)

COUNCILWOMAN BASS: Thank you. Thank you, Councilwoman.

Is there anyone else here to testify on this bill?

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(No response.)

COUNCILWOMAN BASS: Seeing none, okay. This concludes the public hearing on Bill No. 180215, and we're now going to go into a public meeting to consider the action to be taken on this particular bill.

The Chair recognizes Councilman Bill Greenlee for a motion on Bill No. 180215.

COUNCILMAN GREENLEE: Thank you, Madam Chair. I move that Bill No. 180215 be reported out of this Committee with a favorable recommendation and that the rules of Council be suspended to allow for first reading at our next session of Council.

COUNCILWOMAN BASS: Second?

(Duly seconded.)

COUNCILWOMAN BASS: It has been moved and properly seconded that Bill No. 180215 be reported from this Committee with a favorable recommendation and further moved that the rules of Council

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be suspended to permit first reading of this bill at the next session of Council.

All those in favor of this motion will signify by saying aye.

(Aye.)

COUNCILWOMAN BASS: Any opposed?

(No response.)

COUNCILWOMAN BASS: The ayes have it and the motion carries. Bill No. 180215 will be reported from this Committee with a favorable recommendation with a request that the rules of Council be suspended to permit first reading at the next session of Council.

And I just do want to reiterate that there is a quorum here of Councilwoman Blondell Reynolds Brown, Councilman Bill Greenlee, and myself and Councilman Al Taubenberger.

And that concludes the public meeting on the bill. We'll now go back into the public hearing on Resolution No. 170837.

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THE CLERK: Resolution authorizing the Committee on Public Health & Human Services to hold hearings regarding board and leadership diversity among foundations and nonprofit organizations in Philadelphia.

COUNCILWOMAN BASS: Thank you. If we can have the Clerk call the first -- why don't we call Panel 1 and 2 at the same time since it looks like we may have lost a couple of people. I'm not sure. Why don't we call everyone at the same time.

THE CLERK: Nolan Atkinson, Chief Diversity and Inclusion Officer, City of Philadelphia; Sharmain Matlock-Turner, President and CEO, Urban Affairs Coalition; Keith Green, Coordinator, Philadelphia African American Leadership Forum; and Sulaiman Rahman, CEO, DiverseForce.

(Witnesses approached witness table.)

COUNCILWOMAN BASS: Good

evening. No; just kidding. Good afternoon.

MR. ATKINSON: Good afternoon.

COUNCILWOMAN BASS: Thank you so much for your patience, and if you could state your name for the record and begin with your testimony.

MR. ATKINSON: Certainly. I'm Nolan Atkinson, Chief Diversity and Inclusion Officer, City of Philadelphia.

Would you like me to begin?

COUNCILWOMAN BASS: Actually, before you begin, I do want to recognize Councilman Green, who would like to make a statement.

COUNCILMAN GREEN: Thank you, Madam Chair.

I want to thank this panel for being here today on this very important topic. All of you have been working on this issue regarding diversity in the non-profit sector.

It's interesting having this panel coming after the previous

conversation regarding behavioral health providers of color. Although they provided social services primarily on the behavioral health perspective, a number of the non-profits in our city provide a whole host of services to people throughout the City of Philadelphia, but not always does the leadership of those organizations reflect the constituencies that they provide services to. And some of the people in this room and in this panel have been taking steps to address that issue going forward and trying to diversify board leadership and executive leadership of non-profit organizations.

So I want to thank you for being here. I think this is a very important issue to make sure that the leadership of the organizations that provide the services to our constituencies that need them have the same perspective. So thank you for your time.

COUNCILWOMAN BASS: Thank you.

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Councilwoman Brown, did you have comments?

COUNCILWOMAN BROWN: No, no.

COUNCILWOMAN BASS: All right. Mr. Atkinson, if you could state your name again and begin testimony.

MR. ATKINSON: Sure. Nolan Atkinson.

Good morning, Councilwoman Bass and members of the Committee on Public Health and Human Services. I am Nolan Atkinson, Chief Diversity and Inclusion Officer for the City of Philadelphia. I come before you this morning to testify on Resolution No. 170837 regarding board and leadership diversity among foundations and non-profit organizations in Philadelphia.

The findings by the BoardSource report "Leading with Intent: 2017 National Index of Nonprofit Board Practices," which surveyed both chief executives and board chairs of non-profit organizations regarding national

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non-profit board leadership indicates that much work remains to be done to advance diversity among board leadership.

For example, with respect to board composition and people of color, the report notes that both executives and board chairs are most dissatisfied with their racial diversity and ethnic diversity. Later on the report notes that since 1994 when BoardSource began tracking this data, the levels of board diversity have largely remained unchanged, with people of color and ethnic minorities never representing more than 18 percent of board membership. Although the report highlights this critical data, the report also notes that there is a dissonance between attitudes and actions when changing board recruitment practices as failing to be a, quote, "top three priority for most boards," end quote. The numbers are a little more encouraging with respect to gender diversity, with the report noting

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that women are better represented on boards and in executive positions.

With respect to the City of Philadelphia, we are a majority-minority city. Therefore, any data representing a local disparity and disproportionate representation of people of color on boards and in executive leadership positions is particularly concerning.

The Office of Diversity and Inclusion is committed to working on this issue. A central mission of the office is to assist boards and commissions in identifying, developing, and implementing inclusive strategies and initiatives to improve the recruitment, retention, and promotion of diverse persons. We have taken several important steps to advance this directive, which includes providing targeted diversity and inclusion trainings to many boards within the City. More importantly, we are also working to develop a data project to enable the City to ascertain the diversity of the board

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membership of the non-profit organizations the City contracts with under Executive Order No. 3-12.

These measures are just a start to addressing this important matter. The report further notes, quote, "who serves on a board impacts how it functions and the decisions it makes," end quote, particularly as those decisions relate to goals and objectives that impact communities of color, for better or for worse. This data will help the City to hold the non-profit organizations that we contract with more accountable for board and leadership diversity.

As we continue to tackle this issue, I look forward to working with colleagues from City government and non-profit partners on this matter and am happy to lend my support.

That's the end of my testimony, Councilwoman. I would, if I could, just like to say that we are very much focused on making sure that the elements of

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Executive Order 3-12, which has a specific section regarding non-profit organizations, is implemented uniformly throughout the City, and we are currently examining surveying departments to ascertain what each department is doing with respect to non-profit organizations.

COUNCILWOMAN BASS: Thank you very much for your testimony.

And if we can have you state your name for the record and begin.

MR. GREEN: Good afternoon. My name is Keith Green. Thank you for inviting us to testify at this very important hearing on non-profit board and leadership diversity. I currently serve as the Coordinator for the Philadelphia African American Leadership Forum, which I will hereafter refer to as the Leadership Forum. Established in 2011, the Leadership Forum is a collaborative of African American leaders who are committed to improving the quality of life and opportunity for African

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Americans in the City of Philadelphia.

In 2013, with funding from the United Way of Greater Philadelphia and Southern New Jersey, the Leadership Forum commissioned a study of African American-led non-profits in Philadelphia. More specifically, we were interested in understanding whether the experiences and needs of African American-led non-profits in the City differed in important ways from white-led non-profits. We partnered with Branch Associates, Incorporated, a Philadelphia-based African American-owned research and evaluation firm, to conduct a survey of 145 leaders of human service-oriented non-profit organizations in the City. The survey research was supplemented with qualitative interviews and focus groups with African American executive directors and local funders.

This research yielded a number of important findings that are relevant to today's hearing on non-profit board and leadership diversity. As we know

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from empirical evidence as well as anecdotes from the field, an organization's board is a key component of that organization's leadership. Board members can greatly influence both the direction of the organization as well as its growth and sustainability. African American executive directors, or EDs, who participated in our research reiterated this point, suggesting that while the role of the ED is important, the organizational decision-making begins and ends with the board.

On average, the organizations that we surveyed had 12 board members who bring a variety of skills to their positions. This percentage does not differ significantly between African American and white-led organizations. However, significant differences were observed in the demographic characteristics of these organizations' boards. Overall, African American-led organizations were more likely to have

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African American board members, and white-led organizations were more likely to have white board members. Moreover, while most organizations participating in the survey demonstrated some level of diversity in race, gender, and skills, some of these organizations were racially homogenous. At over a quarter of African American-led organizations, all board members were African American. At 10 percent of white-led organizations, the board was all white.

A board that is diverse, not only in race and ethnicity but also in class, gender, industry, profession, and expertise, was discussed in our focus groups and interviews as particularly important for building diverse networks and, therefore, increased ability to access funding and other critical resources. However, as previously mentioned, a 2017 report issued from BoardSource, the nation's leading organization focused on strengthening and

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supporting non-profit board leadership, revealed that non-profit boards are no more diverse than they were when the organization's last report was issued in 2015. Furthermore, nearly 20 percent of all chief executives reported that they were not prioritizing demographics in their board recruitment strategy despite being dissatisfied with their board's racial and ethnic makeup.

The implications of these findings are far-reaching. For African American-led non-profits, organizations that are more likely to serve the most marginalized among us and subsequently individuals with the greatest need, a board without white representation may have limited access to both funding and political influence. Conversely, white-led non-profits without African American representation on their boards may lack the cultural competence and expertise necessary for addressing the social and systemic issues that continue

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to marginalize the most vulnerable Philadelphians.

It is important to note that efforts to increase diversity among non-profit boards of directors are incomplete without intentional efforts to also increase inclusion, which involves ensuring that diverse voices and perspectives that are added to the table are fully considered and validated.

Board development that involves a deliberate focus on diversity and inclusion is labor-intensive and will not materialize without intentional focus and resources. This work can be incredibly taxing on non-profit organizations, particularly smaller non-profits with leaner budgets and also overextended staff.

It is important to note that many grant funding applications ask non-profit organizations to document the ethnicity of board membership, which has helped to increase board diversity among

white-led non-profits over the years. For example, the City of Philadelphia requires non-profits that do business with the City to submit an annual diversity report which includes data on board makeup. However, as the data I have shared with you today clearly suggests, these efforts have not done enough to level the playing field.

We look forward to working with the City Council to identify, implement, and evaluate solutions for increasing board diversity and inclusion among Philadelphia's non-profit sector. Such solutions could include amendments to the City's contracting processes with non-profits to ensure that the boards of funded organizations more adequately reflect the diversity of the populations served. For example, instead of asking non-profits to simply report annually on board diversity, the City could require diversity thresholds based on the client populations that organizations provide

services to. The City could also consider leveraging its relationship with the various corporations that it does business with to encourage professionals within these organizations to lend their talents and expertise to serve on non-profit boards that pique their philanthropic interests.

In addition to these approaches, the City Council could consider a special initiative that provides non-profit organizations financial and technical support for developing tools and resources for diversifying their boards. The Council could also explore ways to support board-matching initiatives, such as the Nonprofit Board Diversity Program offered through a collaborative of DiverseForce and the University of Pennsylvania's Fels Institute of Government represented by Brother Sulaiman Rahman here today. This innovative program selects and trains mid- to senior-level professionals of

color to serve effectively on non-profit boards, and recently celebrated its first graduating class of participants.

We thank you for holding this hearing today and for the opportunity to testify in support of improving diversity and inclusion among Philadelphia's non-profit sector. We acknowledge the massiveness of the task at hand. It is our hope that the seeds planted for potential solutions today will bring forth fruit that strengthens our city's non-profit sector in ways that benefit our most vulnerable citizens, making our great city a leader in non-profit board and leadership development.

Thank you.

COUNCILWOMAN BASS: Thank you for your testimony.

And if we can have you state your name for the record and begin your testimony. Good to see you.

MR. RAHMAN: Good afternoon. Sulaiman Rahman. I'm CEO of DiverseForce

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as well as UPPN, a professional network of over 18,000 professionals in the region, and last year -- well, thank you, City Council, Madam Chair, and thank you, Councilman Derek Green and Councilwoman Blondell Reynolds Brown, who have been very supportive of the initiative that Keith mentioned as well.

Last year we actually launched this initiative with University of Pennsylvania to actually look to develop diverse professionals, mid- to senior-level executives, to serve on non-profit boards in the region.

Nolan mentioned that BoardSource had a recent article talking about the national lack of diversity on non-profit boards. To bring it more local, there's over 8,000 non-profit organizations in the Philadelphia region, and as we know, that we're looking at an industry in Philadelphia that's a major economic driver in the City as well. When you look at the top ten employers in

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Philadelphia, eight out of the ten are non-profit organizations. We're looking at the health institutions and the education institutions. You look at the top 20 employers in Philadelphia, looking at government and non-profit organizations, represent 17 out of the top 20 employers in all of Philadelphia.

So this is a major issue. And as we talk about non-profit, many of these organizations are multi-billion-dollar institutions. So really a better name for it would be non-distribution of profit, but the reality is, they operate like big businesses and some operate like small to mid-size businesses as well.

And when we think about diversity, obviously this city is 60 percent people of color, and there's numerous studies that show that diversity is -- at the end of the day, diversity creates better results. And there's three reasons why the lack of diversity

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in the non-profit sector in Philadelphia affects the population here.

One, we know that those who are being served by non-profit organizations -- we talked a lot today about cultural competency, and when organizations do not reflect the communities that they serve, there's a lack of cultural competency, not just in the healthcare but across the board. We know that McKinsey and Company came out with a study and many other organizations and research, credible research organizations came out with studies that ethnically and racially diverse organizations perform better, bottom line. And so the same practices should be considered in the non-profit sector.

And last but not least is that we know that when the leadership of non-profit organizations are not diverse, there's that trickle-down effect, if you will, to the staff, to supplier diversity, and true partnerships. And

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what I mean by true partnerships is, you'll find a lot in the non-profit sector that those who are being paid for services, those who are employed by these organizations are predominantly white. However, you get the trickle-down community engagement, if you will, organizations like ours that tend to get the call last minute and say, we want to employ black people or Hispanic or we want to start to move into the community. However, there's no budget to do so. And many times you hear organizations say they cannot find diverse talent, and we hear this quite a bit, and it's actually a reality that an organization that's looking to diversify to increase in different dimensions of diversity, diverse talent are not flocking to these organizations in order to work for them.

So it does take a focused effort to, one, to brand those organizations as welcome organizations, to also to make sure that you're

recruiting in markets where people are not necessarily looking for jobs many times. They're looking for top talent that may be at other organizations that are looking to get into the philanthropic space. So just like other recruiting agencies that are paid to find talent, there needs to be similar resources allocated for organizations to do that for diverse recruiting as well.

So we believe as an organization that everything rises and falls in leadership and that it starts at the board level. Many times boards are underperforming or underutilized, if you will, when it comes to strategic and generative board leadership, and our program with University of Pennsylvania is focused on making sure that diversity and inclusion is institutionalized from a board level, making sure that professionals of color are recruited and sitting on non-profit boards and are equipped to lead effectively for

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organizational change.

So we hope that City Council supports from a public and private sector as well as philanthropic sector to support -- continue to sponsor those through a program like this and matching with non-profit boards, and do want to speak that we have over 70 non-profit organizations that did sign up for the program from various different regions to actually -- to look for diverse talent on the board. So it's been -- we have 25 that just recently graduated. So there's opportunity to scale, and many, many more people would love to serve on boards who are qualified to serve on boards.

Sometimes the cost of a program like this could be prohibitive. So sponsors like the Knight Foundation as well as the Philadelphia Fund and B&B Community who support it, as well as some of the employers, private employers, who sponsored their talent through the program for leadership development as

well as civic engagement is very supportive in allowing us to scale this program even more.

Thank you.

COUNCILWOMAN BASS: Thank you.

And, last, but not least, if you want to state your name for the record and begin your testimony.

MS. MATLOCK-TURNER: Yes. To my Councilwoman, I'd be very glad to. Sharmain Matlock-Turner and I'm President and CEO of the Urban Affairs Coalition, and I want to thank Councilwoman Bass, who chairs this Committee, along with Councilman Derek Green, who I've had a lot of conversations about in reference to this issue, and certainly the same is true for my good friend, Councilwoman Blondell Reynolds Brown. It's a pleasure to be here with this wonderful panel and to really know that City Council is really focused in on this issue. I don't know if we have any easy answers, but I still think that shining the light is

always the beginning of any good process to find good solutions.

I just want to make a few comments about the issue, but I also want to talk a little bit about the Urban Affairs Coalition and how we make sure that we stay committed to board diversity in hopes that that information might help as we continue to look at these issues.

So, again, good afternoon. This is a critical and timely topic that I think has great implications for a broad range of organizations engaged in important work across our city.

I am proud to say that not only am I President of the Urban Affairs Coalition, I serve as Co-Chair of the African American Leadership Forum, and you heard from Keith just recently who is now coordinating that for us, but I also want to give kudos to the leadership of the Forum, the Reverend David Brown, who also co-chairs it with me. Many may know that David is currently a professor at

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Temple University. And also to Kelly Woodland, who served as our original Coordinator and oversaw the research of the Forum, who is now the Executive Director of After-School All-Stars. That work has not only, I think, helped to inform the City of Philadelphia about the importance of this issue, I think it has also served as an inspiration for others who are trying to tackle this work.

At the Urban Affairs Coalition, we're committed to diversity and inclusion at all levels, including our board of directors. We unite government, business, neighborhoods, and individuals to improve the quality of life in our region, build wealth in our communities, and work on solving issues.

Hi, Councilman Jones.

COUNCILMAN JONES: Hello.

MS. MATLOCK-TURNER: Formed out of the social justice movement in 1969 -- as a matter of fact, this is a very momentous week for us. The Coalition was

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actually founded after the assassination of Dr. Martin Luther King, who I know we will commemorate this week as we reflect on his life and I think inspiration he's given to so many of us. Over, though, that time, our almost 50 years, we have successfully managed more than $1 billion of social investment over our history. We are a network of over 70 partner organizations, programs, and initiatives that serve over 150,000 children, youth, and adults annually. Our program partners vary in size. You saw one of them here today, One Day at a Time, but all work on diverse issues that immediately affect a wide range of Philadelphia's communities.

At UAC, we believe in the power of coalition, and together we work hard every day to drive change from the ground up. I am clear, however, that UAC could not have such a deep impact on the ground in our communities without strong diverse leadership at the top of the

organization. The UAC Board of Directors consists of 40 professionals from a wide variety of fields, including finance, healthcare, education, transportation, labor, and community-based organizations. We are diverse in terms of race and ethnicity. I am proud to say that 53 percent of our Board is African American, and we also have representation from the Asian and Latino community as well.

In recent years, however, we noticed that though we had a diverse board, we were not actively recruiting enough women and the number of women on our Board had dropped to 20 percent. I'm proud to say that after a lot of work and effort, we are now at 40 percent of our Board are women. And although the average age of our Board of Directors tends to skew to the older side, 28 percent of our members are under the age of 50, and we're excited that now 5 percent of our members are between 20 and 35. And we're looking forward to working

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with DiverseForce so that we could continue to tackle the age question.

The UAC Board of Directors takes prides in working towards a more diverse, equitable, and inclusive society. We believe that our Board should represent the communities we work with and serve within. Our experience has taught us that the best way to achieve this vision is to set goals and follow a standard process to find and vet diverse candidates. In 2017, the UAC Board of Directors established three goals that are focused specifically on growing and strengthening our Board. More specifically, this year our Board of Directors aims to enhance board development and engagement, strengthen diversity through increased corporate partnerships, and foster the next generation of UAC through intentional investment. We use these goals to frame our agendas for every Board meeting as well as for our six governing committee

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meetings.

At the leadership level, the Governance Committee is charged with finding, recruiting, and vetting potential candidates for the UAC Board. UAC has a Nominating Subcommittee made up of Board and non-Board members who meet twice a year to review current UAC Board membership and identify potential members to meet the needs of the organization. Diversity of candidates is discussed and included in the recommendations sent to the Governance Committee. Board candidates go through four processes: recruitment, engagement, approval, and orientation.

UAC also has a Friends of UAC Committee who have members serving on the Nominating Subcommittee. Each year the Governance Committee reviews the composition of the Board and the needs of the organization in order to develop recruitment criteria. The goal is to develop a diverse board of directors that

includes representatives and leaders from business, non-profit, government, and educational. The engagement process acquaints the candidate and the organization and determines if a recommendation will occur. This must take place before the Governance Committee is scheduled to review and discuss candidates for recommendation to the Board. The approval process allows the Governance Committee and Board members to make decisions about a candidate's membership. This takes place during quarterly meetings of the Governance and Executive Committees and full meetings of the Board.

The Board orientation is designed for new Board members to better understand the organization, their responsibilities as a Board member, and to receive perspective from current Board members.

Our Governance Committee recently completed the annual review of

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our Board composition and have identified several areas of need for UAC. As a result, we are actively recruiting diverse candidates in the corporate arena, information technology, and human resources. As stated previously, we are also actively looking to recruit young and emerging leaders as well as members of the LGBTQ community and women.

Again, thank you for holding this hearing and for the opportunity to testify in support of improving diversity and inclusion among Philadelphia's non-profit sector. For 49 years, the Coalition has worked tirelessly to empower our communities. The success of our work has also given us the responsibility to represent community voices to power. Diversity to us means those voices are at the table helping to shape our society, creating inclusion and equity in our human service systems. Having a diverse and inclusive board at UAC allows us to fulfill that

responsibility to fully represent our communities.

On behalf of the Coalition, our 70 program partners, and 350 employees, I applaud City Council and your efforts to search for potential solutions that strengthen our city's non-profit sector and benefits our most vulnerable citizens.

Thank you very much for the opportunity.

COUNCILWOMAN BASS: Thank you for your testimony.

Councilman Green.

COUNCILMAN GREEN: Thank you, Madam Chair.

I want to thank all of you on this panel for your comments and testimony this afternoon. In particular, I would like to commend Ms. Sharmain Matlock-Turner for your leadership in helping to put together the Leadership Forum, bringing together non-profit leaders to really address this issue.

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Also to Mr. Sulaiman Rahman for putting together your initiative. And as I was reflecting, I think I said this in your comments at your graduation. Back when I had a little bit more hair and I went through the Urban League then Leadership Institute a few years behind my colleague, Councilwoman Brown, but having an initiative like what you put together that ties an institution like Fels School of Government with your organization to really train and provide those leadership opportunities is kind of the first time I've seen that initiative. Because I think it really helps to train that next generation of non-profit leaders that Ms. Matlock-Turner talked about.

So I think this is something that's very important going forward. And then having Mr. Atkinson here from the City's perspective, it raises some interesting opportunities, and I'm going to ask a few questions.

One, is there an ability to

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talk with some of the non-profits that are vendors or providers to the City to talk with them about their board leadership? And where that's coming from is, the opportunity to connect those providers with the Philadelphia Leadership Forum initiative as well as Mr. Rahman's initiative. So as those boards are looking to diversify, you have a talent pool coming from diverse boards as well as the opportunity to engage with non-profit organizations and leaders that Ms. Matlock-Turner talked about and connect them with City providers.

COUNCILWOMAN BROWN: Point of information, Madam Chair Lady.

COUNCILWOMAN BASS: Yes.

COUNCILWOMAN BROWN: Just to provide context for our Chief Diversity Officer, the history that Councilman Green is referring to is during the tenure of Councilwoman Marian Tasco, a lot of questions were raised about the composition of non-profit agencies doing

business with the City, and during that time, there was an intentional effort to fix that, change it, make it better. So with that context, if you could address Councilman Green's question.

MR. ATKINSON: I think our goal is to find out exactly what departments are doing, all City departments are doing to comply with Executive Order 3-12 as far as non-profit organizations are concerned, and once we get -- and are they reporting that data to OEO, and then once that information is reported, to develop a policy as to -- to make sure that we're getting that information in a consistent and uniform manner.

COUNCILMAN GREEN: I mean, gathering that information is good, but I also think we also need to be proactive in either convening some of our non-profit vendors and maybe even letting them know that there are organizations like DiverseForce or Leadership Forum that are available to you if you're

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looking to change the complexion or just fill board vacancies.

I've been a member of a number of different non-profit boards, and I think providing that resource is helpful, because sometimes people say we can't find diverse talent, and here's an initiative that is working with an ivy league institution that is training the next generation of leaders. And this is an issue and it goes back to the whole perspective I often talk about, poverty. In order to develop certain skill sets, sometimes you have to involve certain organizations, and often that comes by way of non-profit leadership.

I look at my own experience from being President of East Mount Airy Neighbors, also after another colleague, Councilwoman Bass, being able to go from one non-profit to another and you're developing skills that you may not be able to develop in your for-profit corporate sector. These are leadership

skills that you can develop, and I think that helps to grow the talent base in the City of Philadelphia, making our talent pipeline more attractive for employers, so when you have entities like an Amazon or Apple try to come to the City of Philadelphia, we have a talent pool of people who not only have the education background but the leadership experience that comes not just working in a for-profit entrepreneurial perspective but also taking a leadership position in non-profit corporations.

MR. ATKINSON: Councilman, I could not agree with you more, as someone who also spent my life in non-profit corporations. I've probably been in more non-profit corporations than I could list right now, and each one gives you a little bit more skill, each one gives you a little bit more perspective in a particular area, whether it's healthcare or housing, and you're able then to utilize that to really help a large

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number of persons.

I fundamentally like your idea of working with organizations and non-profit vendors and moving forward in that area, and we certainly will do that.

MR. RAHMAN: And I want to comment similar to the City of Philadelphia, other leveraging points -- and you have it in the brief as well -- is that foundations have a leverage point in making sure that organizations are diverse as well. So working with foundations. And they also find it helpful, because many of them are faced with the same issue internally, that they are struggling with diversity and have some trepidation to actually enforce that with the non-profit organizations that they fund. But having a resource like what we're putting together, what we have with DiverseForce, has been helpful to them to say that we want to see more diversity, but also providing a solution side by side. And as we look to scale,

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we have a lot of professionals who are interested in serving on boards, over 300-plus who have signed up and interested in the program. Many -- and 25 who actually went through the program, all of which are almost already linked up with non-profits and going through the process of nominations.

So we're looking to scale that even more. So we have more non-profit organizations than even talent right now. So we're looking to scale that up, and the next cohort would be in September, with an opportunity to work with organizations to sponsor more talent through its own. That would be supportive to have potentially a nudge from City Council with some of our private sector and even quasi government sector that's actually going through programs currently who are actually funding professional development with their staff to look at DiverseForce as a program as well.

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MS. MATLOCK-TURNER: Thank you, Councilman. I just want to add, I think it's an excellent suggestion, number one, to first and foremost always convene and talk to people and let them know about the resources that are available. At the African American Leadership Forum, we will continue to look at this question and continue to study these questions. So as programs and projects and services are brought online, we want to continue to look at the fact how effective are we being, are our foundations really meeting the challenge both within their own organizations as well as making diversity and inclusion a critical part of what they present to their grantees.

So we think that there's a lot of work to be done in this space, and we will continue to be a part of providing support and leadership in this area.

COUNCILMAN GREEN: Another follow-up question. My understanding based on your testimony, the Leadership

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Forum received dollars from United Way and also, Mr. Rahman, from your testimony, you received some dollars from the Philadelphia Foundation. Has there been ongoing conversations between Leadership Forum and United Way in reference to what they're doing as an organization as well as some of the member agencies regarding diversity and some of these issues?

And then from the perspective from the Philadelphia Foundation, a few years ago, the United Way and the Philadelphia Foundation funded a training for executive directors and board chairs to try to enhance board leadership throughout the Greater Philadelphia region. Has there been any conversations about that perspective from an organization of color perspective as well?

MS. MATLOCK-TURNER: Thank you so much for those questions. Part of the work around the African American

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Leadership Forum has really been to really develop it into an organization. It started as an idea that we really wanted to make sure that we have really quality data and information that we could share with the broader community, and that was the research project that we worked on that was funded by the United Way with support from the Philadelphia Foundation.

We then said we really need to make sure that we can build an organization and have staff, and so we held a couple of events and fundraisers, because we also wanted to raise money from the African American community. And I'm proud to say that we have been able to raise $25,000 from local leaders to support this work, and that's how we were able to attract Keith to come and join us. So on his agenda is to talk about what is going on in the community, how we could continue to partner with United Way. And so all of those suggestions are

really great ones, but we really needed to make sure that we had sustainability and that we had staff to be able to make that happen.

So I'm proud to say we've accomplished a couple of those goals, but we know we have a lot more work to do.

MR. RAHMAN: To your question as well, Councilman, there's been natural conversations with Leadership Forum as well with those who are graduates who are now leaders at organizations that are also signed up to get leaders from our program to serve on their board, like Shakima, Talent and Fillmore (ph), to sit on her board, because to the Leadership Forum's research, understanding that it's important to have a diverse board. Many of the executives are incumbent leaders on boards that do not have diversity and many times trying to lead organizations that do not have the cultural diversity necessary to help them and support them to the next level. So it's important to

make sure that the boards are also diverse with those who may be new leaders for organizations that were historically not as diverse as they are today.

COUNCILMAN GREEN: Thank you, Madam Chair.

COUNCILWOMAN BASS: Council Lady. I'm sorry.

COUNCILWOMAN BROWN: No worries.

I'm excited about the alignment of the work of what you're doing and the continuum that's evolving that will help us -- help government even do better in this particular way.

Two questions. What have been -- Sulaiman Rahman, you're now with the first year in the rear-view mirror. What have been one or two lessons learned as a result of the first year?

And to Sharmain Matlock-Turner, speak briefly about -- first of all, you were very intentional and strategic, which is in your DNA. What did you do to

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get to that 40 percent women and how long did it take?

MR. RAHMAN: So with our program, it has been -- throughout the whole process, we've done surveys, impact, and it's been very great feedback and even more than we've anticipated actually through the program when it came to confidence that was gained from those going through the program. Over 30-plus non-profit and civic leaders and business professionals came through that they had a chance to connect with and learning the language. So the confidence level of those who sit on boards. And we understand also that it's one thing to just have representation on boards that count heads, if you will, but it's another thing to make sure the heads count. And when they're on the board, that they understand -- and many times you sit on boards, you have one foot on the gas and one foot on the brake and not really bringing your whole self, and we

talk about studies and how conformity works and tokenism ultimately ends up being on boards. So it's important to equip them with the strategies from a governance perspective to make sure that once they're on the boards, that they're also very strategic about making sure they're not the only ones on the board, but also how they can be champions to institutionalize diversity from a board level.

We're also working with the non-profit organization -- it's going to be a two-sided strategy in the fact that we can't just have individuals sit on boards that are not inclusive and understand that there are equitable chambers that exist and that in order for things to be different, that constructive conflict needs to happen in the boardroom in order to come out with better decisions.

So for us, it's not enough just to train on one side of the table, but to

work with organizations well to make sure that the non-profit organizations are also becoming more inclusive and really harness the power of diversity on their boards as well.

COUNCILWOMAN BROWN: In a big way.

Thank you.

MS. MATLOCK-TURNER: Thank you, Councilwoman. Yes. Going from 20 percent to 40 percent was really very intentional. In order to recruit candidates and to find candidates, we really talked to the other women who were on our Board as well as I have the opportunity to serve on many boards myself, so I was able to also have a good sense of who was in the community, who might be cycling off of a board, and who may have an opportunity and have more time available. But in the end, the Governance Committee made a decision that every opening would be filled by a woman until we had better parity. And so we

intentionally recruited women and promoted them through the board structure. And one of the sort of concerns that some people had were because we try to make sure that we're bringing people into the organization who are outside of our community as well because we want to make sure that we're spreading the idea that we all need to work together is what I call making sure we're marrying downtown interests with uptown concerns, and so -- but we found women CEOs, we found women in the C suite. We were able to reach those goals, at the same time maintain a very strong leadership class at our board with our board. So, again, we recruited women and we said we're going to just bring all women in until we get to a much better place than we are right now.

COUNCILWOMAN BROWN: That was bold. Kudos.

MS. MATLOCK-TURNER: Thank you.

COUNCILWOMAN BROWN: Thank you,

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Madam Chairwoman.

COUNCILWOMAN BASS: Thank you.

Is there anyone else here to testify on Resolution No. 170837?

(No response.)

COUNCILWOMAN BASS: Okay. And seeing none, this concludes the public hearing. There will be no further business before this Committee on Public Health and Human Services, and I want to thank you all for being here and for your testimony today. Thank you so much.

(Thank you.)

(Committee on Public Health and Human Services concluded at 1:35 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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