COUNCIL OF THE CITY OF PHILADELPHIA

COMMITTEE OF THE WHOLE - BUDGET

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Room 400, City Hall
Philadelphia, Pennsylvania
Wednesday, April 11, 2007
10:35 a.m.

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PRESENT:
COUNCIL PRESIDENT ANNA C. VERNA
COUNCILWOMAN JANNIE BLACKWELL
COUNCILMAN W. WILSON GOODE, JR.
COUNCILMAN WILLIAM GREENLEE
COUNCILWOMAN BLONDELL REYNOLDS BROWN
COUNCILMAN FRANK RIZZO
COUNCILWOMAN MARIAN B. TASCO

BILLS 070114, 070115 and 070116
RESOLUTION 070128

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V A R A L L O Incorporated
Litigation Support Services
Eleven Penn Center
1835 Market Street, Suite 600
Philadelphia, Pennsylvania 19103
215.561.2220 215.567.2670

COUNCIL PRESIDENT VERNA: Good morning, everyone. Sorry for the delay. This is the continued public hearing of the Committee of the Whole.

I would ask Mr. McPherson to please call the first group up to testify.

MR. McPHERSON: Philadelphia Department of Public Health.

COUNCIL PRESIDENT VERNA: Good morning. Please identify yourself for the record and proceed with your testimony.

COMMISSIONER PARIS: Good morning, President Verna and members of Council. I am Carmen I. Paris, Interim Health Commissioner, and with me today is Carmen Lemmo, Deputy Health Commissioner for Finance and Administration. Thank you for the opportunity to present the Department of Public Health Operating Budget request for Fiscal Year 2008. We provided copies of the testimony to Council, but today I would like to

summarize the testimony by highlighting parts of the original version.

COUNCIL PRESIDENT VERNA: That's wonderful, and we will give the stenographer your complete testimony and it will be transcribed in full.

COMMISSIONER PARIS: Thank you, ma'am.

COUNCIL PRESIDENT VERNA: Thank you.

COMMISSIONER PARIS: The Fiscal Year '08 Department of Public Health budget request totals $195,973,305. Of this total, $114,321,171 is in the General Fund and $81,652,134 is in the Grants Fund. This is an increase from the Fiscal Year '07 estimated obligation total of 195.7 million, of which 114.4 million is in the General Fund and 81.4 million is in the Grants Fund.

In carrying out our mission to protect and promote the health of all Philadelphians, the Department of Public Health administers a wide range of

essential services. The Department coordinates, funds and monitors child health programs, prenatal care, family planning and gynecologic services, and provides childhood lead poisoning control and prevention. The Department maintains oversight of the Philadelphia Nursing Home and monitors the provision of health services at the Riverview Home.

The Department has been a part of the City's overall emergency preparedness effort, assuming the role in biopreparedness planning and activities, including ensuring the City's ability to respond to natural public health disease emergencies and threatened or actual bioterrorism events. Along with the Police and Fire Departments and the Office of Emergency Management, the Department is an essential component of the overall emergency response structure.

In anticipation of the implementation of the Clean Indoor Air Worker Protection law, on January 8,

2007, the Department's Environmental Health Services Unit mailed notifications to 4,000 food establishments most affected by the ordinance. In the first week of implementation, Department staff visited 1,900 food establishments to conduct smoke-free compliance checks. The implementation of the ordinance has proven to be a significant public health success by providing a safer and healthier workplace environment. Public support of and compliance with the ordinance has been overwhelming.

During Fiscal Year '07, the Department received a multi-year grant from the Healthy Tomorrows Partnership for Children to expand "215 Go," the Department's comprehensive pediatric obesity clinic. Previously available at Health Centers 5 and 9, the clinic is now provided at Health Center 6 as well.

In 2006, the percentage of Philadelphia's children having age-appropriate immunization coverage

increased from 81 percent to 85 percent for key childhood immunizations. The 85 percent immunization rate is the highest ever achieved in Philadelphia and exceeds the national average of 83 percent.

We continue to offer excellent medical care in our health centers. We strive to hire superbly trained physicians, and in a recent patient satisfaction survey, more than 90 percent of our patients expressed confidence and satisfaction with their physician. In that same survey, 84 percent indicated that they will recommend their health center to a family member or a friend.

We have focused on insurance enrollment for our patients for several years, and I am proud to report that for the first time, 50 percent of visits to our health centers were insured visits.

For a number of years, several issues have had a negative impact on recruitment to both professional and non-professional positions in the

Department, many of which are in the health centers. In FY07, we initiated a number of actions to address staffing challenges at the centers, including offering competitive starting salaries for dentists, nurses and pharmacists.

Within the Medical Examiner's Office we have been successful in filling a long-term vacancy by hiring one forensic pathologist. We have also contracted with a professional search firm to conduct a nationwide search for the position of Chief Medical Examiner, which was vacated through retirement.

In November 2006, I testified before the Committee on Public Health and Human Services on the status of the Department's Food Inspection Program. At that time, I described some of the actions we have begun, as well as our long-term plans to transform the program into a more meaningful risk-based program. I am pleased to say that these new activities are currently in place and

we have begun the assessment process of the City's food establishments by which we will be determining risk-appropriate inspection frequencies for each type of food establishment based on the risk associated with the actual food handling operations and activities.

The Department has identified implementation of an electronic medical record system as a key business need and a necessary technological improvement to ensure the efficient delivery of integrated high-quality healthcare to the citizens of Philadelphia. The City can achieve greater patient medical benefits, cost savings and operational efficiency by eliminating the use of paper charts as a means for recording patient data.

All of the Department's programs currently in place will continue through Fiscal Year '08. Those improvements related to recruitment, hiring and retention of our own staff that were initiated in Fiscal Year '07

will continue to result in increased staffing levels and better retention of experienced staff at the health centers in Fiscal Year '08, allowing us to better meet our needs.

Thank you for the opportunity to present testimony today. I will be happy to answer questions at this time.

COUNCIL PRESIDENT VERNA: Thank you very much.

Commissioner, what is the number of full-time General Fund positions for the Health Department in FY08?

COMMISSIONER PARIS: Our FY08 proposed budget total positions is 695.

COUNCIL PRESIDENT VERNA: Well, can someone explain why the Five-Year Plan and the Budget in Brief show that the Health Department with 663 full-time positions and the detail budget has 695 full-time positions? Which is the correct number and why should there be a difference between the Five-Year Plan and

the detail?

COMMISSIONER PARIS: The proposed budget total number of positions is 695. I believe you are referring to an additional number of positions that were added after the target budget.

COUNCIL PRESIDENT VERNA: After what?

DEPUTY COMMISSIONER LEMMO: Originally --

COUNCIL PRESIDENT VERNA: I'm sorry. You're going to have to identify yourself, please.

DEPUTY COMMISSIONER LEMMO: Carmen Lemmo, Deputy Health Commissioner.

We originally submitted as part of the Five-Year Plan, the original number was 663. After consultation with the Budget Director, we added an additional 32 positions in the General Fund and, true, because the Department has a high turnover rate, it was decided to increase the additional positions by 32. So the number now, the official

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submitted number, is 695.

COUNCIL PRESIDENT VERNA: The Health Department personnel services budget was cut $1,040,102 for the 2.5 percent reduction and the City Council increase of $1,620,000 from the FY07, which was eliminated in FY08. This apparently represents a total payroll reduction of $2,660,000 before the four percent pay increase is factored in, correct?

COMMISSIONER PARIS: That's correct.

COUNCIL PRESIDENT VERNA: Well, City Council did in fact last year give more money to the Health Department than the Administration was asking. I believe it was $1,600,000. Of that amount, how much were you able to spend? And if you say you have such a high turnover, how many people turned over and you were not able to hire, and why weren't you able to hire if you had more money in your budget?

COMMISSIONER PARIS: The $1.6 million turned out to be approximately 38 positions. What we did was, we added those vacancies to the vacancies that we had in the Department as, what you said, turnover and retirements.

COUNCIL PRESIDENT VERNA: How many retirements did you have?

COMMISSIONER PARIS: We have a very, very high turnover.

COUNCIL PRESIDENT VERNA: What was your turnover?

COMMISSIONER PARIS: It's about ten percent. The Health Department's turnover is about ten percent. So it might be a little bit higher at the health centers, 18 percent at the health centers.

COUNCIL PRESIDENT VERNA: Eighteen percent?

COMMISSIONER PARIS: Yes, ma'am.

COUNCIL PRESIDENT VERNA: Of what? Now you're saying 18 percent of

the health centers. Is it 18 percent of the employees?

COMMISSIONER PARIS: Eighteen percent of the staff at the health centers, ten percent total department turnover.

COUNCIL PRESIDENT VERNA: What is the operational impact of these reductions on the district health centers?

COMMISSIONER PARIS: There will be a loss of positions at the district health centers, approximately -- we estimate somewhere in the neighborhood of 38 positions, ma'am.

COUNCIL PRESIDENT VERNA: What is the projected visits to the health centers for FY07 and FY08?

COMMISSIONER PARIS: For FY07 our projected number of total visits will be about 600,000 -- I'm sorry; about 318,000.

COUNCIL PRESIDENT VERNA: For '08?

COMMISSIONER PARIS: That will be for FY07. Probably about the same for FY08.

COUNCIL PRESIDENT VERNA: And that's 300 and --

COMMISSIONER PARIS: Three hundred eighteen thousand.

COUNCIL PRESIDENT VERNA: I just can't understand -- and you're going to have to try to explain it to me in a much clearer fashion -- with the vacancies that you have and, in my view, not enough employees, if you had the money that Council had appropriated, the additional monies that Council appropriated last year, why would you not have hired more people?

COMMISSIONER PARIS: When we got the approval to hire the positions, we immediately started working on the process, the long-term process, on the hiring of the positions. As we were approving the positions and as we were hiring, there were still -- we were still

having to deal with the high turnover. So as we were hiring, people were leaving the Department. So that was a challenge that we had.

So then what we did was, in order to secure that we were getting large amounts of people in, we then came up with some innovative initiatives with the Personnel Department in terms of hiring at a large number, mass interviewing and so on, and with that initiative, we have been able to secure a lot of positions for the health centers. I think that in the past couple of months, we've had about 45 people just hired for the health centers alone.

COUNCIL PRESIDENT VERNA: When were you given approval to hire?

COMMISSIONER PARIS: We were given approval to hire at different times. We submitted our first approval -- I mean, our first request for hiring back in May, but when the new fiscal year started, we had to resubmit

those. For those, we got approval in August. Then we put together another list of vacancies. For those, we got approval in October. We got another list of vacancies in December. For those, we got approval in January. We just submitted a couple of weeks ago another list of vacancies for approval. We got approval immediately.

COUNCIL PRESIDENT VERNA: But were the hirings that you did, were they for vacant positions, people that were just retiring or leaving? Why do you have such a large rate of people leaving the Department? Is that because they're eligible for retirement, they're --

COMMISSIONER PARIS: It -- I'm sorry, ma'am. It is a combination of people that are in the DROP program, people that are looking at opportunities in other departments within the City, and it's also because we're faced with the fact that we have in the Health Department professionals that the

environment, the whole industry, is looking for; for example, nurses. I mean, there is a shortage of nurses. When we get them in the health center, they work with us. They require experience and then they're lured to other institutions at much higher salaries. We have the same situation with dentists. We face the same situation with pharmacists.

What we have done in order to diminish that and to be more competitive is, we have asked for increase of salaries for all those classes, and we have been given approval to increase the salaries. So now we feel more capable of not only keeping them but also hiring them.

COUNCIL PRESIDENT VERNA: Can you tell us what the projected waiting lists for '07 and '08 will be?

COMMISSIONER PARIS: Ma'am, projected waiting for an appointment? Is that -- okay. For appointments, well, we

had two different kinds of appointments. One is the initial visit appointment and another one is the return visit appointment.

For an initial -- for both of them, it really depends on the health center that you're referring to, because they all have different average waiting times. Some of them could be as low as a week, five days, seven days. Some of them could very well be as high as 20, 25 days. It depends on the health center, and that is for both. That is for initial visits as well as for return visits.

COUNCIL PRESIDENT VERNA: How are you able to improve this when in the paper and I think even last year we were told that some people had to wait six months for an appointment for an initial visit?

COMMISSIONER PARIS: The way in which we have done that is by identifying which are the health centers with the

highest demand, and one of the key indicators of that is looking at the community and how many providers are in the community that could serve the patients that we serve at the health centers. We then went on to aggressively recruit physicians for those health centers. And because we made a very conscious effort of bringing in physicians and expanding the physician hours at those health centers, that's how we were able to decrease the waiting time for an appointment.

COUNCIL PRESIDENT VERNA: Is that in every center?

COMMISSIONER PARIS: Yes, ma'am. We did it for those health centers with the highest demand. Like I said, the waiting time depends on the health center. For Health Center 5, for example, if you want an initial appointment, I can probably get you in within a week. For other health centers, like, for example, Health Center 6, it

could potentially be longer.

COUNCIL PRESIDENT VERNA: How much longer?

COMMISSIONER PARIS: That's the one that could take up to anywhere between four, five weeks.

COUNCIL PRESIDENT VERNA: And, Commissioner, I'm going to repeat a question. Apparently you do not need an additional $1,600,000 that the City Council gave your department last year; is that correct? Because apparently you didn't spend it.

COMMISSIONER PARIS: I'm sorry, ma'am. What is your question?

COUNCIL PRESIDENT VERNA: I'll repeat. Last year City Council unanimously felt that the Health Department and the health centers needed more money to be very prudent in the way we did business. We consequently added $1,600,000 to your budget. I don't think a dime of that was used, and I am saying to you, am I correct in my assumption

that you don't need that increase in money to be able to do a more efficient job?

COMMISSIONER PARIS: We in the Department are working very hard every day to utilize whatever resources we have available to the best of our ability. When we are able to hire staff, we make sure that the staff is there to service the patients. When we have vacancies, we make sure that services are still provided, and we do that by utilizing overtime or by using contract agencies. My job is to make sure that services continue regardless of whether or not we have one vacancy or more than that.

COUNCIL PRESIDENT VERNA: So that I clearly understand you -- and I'm sorry to do this to my colleagues, because I want it to be eminently clear -- what you're doing is you're simply replacing employees who are leaving the Department; is that true?

COMMISSIONER PARIS: Replacing?

COUNCIL PRESIDENT VERNA: Well, if they're leaving --

COMMISSIONER PARIS: I'm sorry. In the hiring process, we are replacing those that are leaving, and included in that group were the new positions that were approved.

COUNCIL PRESIDENT VERNA: What new positions?

COMMISSIONER PARIS: The ones that were approved because of the additional dollars identified by Council.

COUNCIL PRESIDENT VERNA: But they're being eliminated in '08, so how are you going to manage that?

COMMISSIONER PARIS: Well, the thing is that our turnover is so high that we have continuously and aggressively continue to and will continue to hire through '07 until the total number of budgeted positions, which is still not -- do not pose a risk to our budget, because, again, by the time we hire 20 individuals, we already have two

or three that are already resigning. So it's a constant going through. It's a cycle. It never stops.

COUNCIL PRESIDENT VERNA: How many employees do you have?

COMMISSIONER PARIS: Total employees, 695 budgeted for '08.

COUNCIL PRESIDENT VERNA: And what was it in '08 -- '07? I'm sorry.

COMMISSIONER PARIS: 748.

COUNCILMAN RIZZO: Point of information.

COUNCIL PRESIDENT VERNA: So that's quite a reduction.

Yes. Councilman Rizzo.

COUNCILMAN RIZZO: Madam President, I'd like it to be a little tighter response. You asked how many employees. The response from the Commissioner was budgeted. How many employees do they actually have?

COUNCIL PRESIDENT VERNA: Ms. Reed, please come up to the table, make yourself at home, because I want to

ask you a couple of questions.

COUNCILMAN RIZZO: Commissioner, when you're ready, could you tell us again the number of budgeted positions that you have and the actual number of positions? And that will include the money that we're discussing here for budgeted positions, correct?

COMMISSIONER PARIS: Budgeted positions for what year, sir?

COUNCILMAN RIZZO: The last fiscal year.

COMMISSIONER PARIS: Fiscal Year '07, the budgeted positions are 748 positions.

COUNCILMAN RIZZO: And how many employees did you have in Fiscal '07?

COMMISSIONER PARIS: Filled positions -- and this information the Director just shared with me, because her information is more updated. Filled positions we had 641.

COUNCILMAN RIZZO: Six hundred forty-one and you're budgeted for 748.

That amazes me.

COUNCIL PRESIDENT VERNA: No; for '08 --

COUNCILMAN RIZZO: No. She said '07.

Let's get it straight. This is real serious stuff here. The last fiscal year, how many budgeted positions did you have?

COMMISSIONER PARIS: You're asking for filled positions from last year or budgeted positions?

COUNCILMAN RIZZO: I want both. How many positions did you have budgeted and how many positions did you fill? There's a difference between having budgeted, as you know, and how many you really have.

COMMISSIONER PARIS: Absolutely. For Fiscal Year '07 we had 748 positions filled, but as of June 30th, '06, which is the last day of the previous fiscal year, we had 622 positions filled.

COUNCIL PRESIDENT VERNA: And how about at the end of that '07 year?

COMMISSIONER PARIS: Right now as of today I have 641 positions filled. I have 21 positions more than what I had back in June 30th, '06.

COUNCIL PRESIDENT VERNA: So would you say you have 107 vacancies?

COMMISSIONER PARIS: From the budgeted number, yes.

COUNCILMAN RIZZO: What's the reason? And I'll end my point of information. I can't imagine what you're describing here, even though you do a great job in response to the needs in other areas of the Department, but why would you not fill those budgeted positions? You don't need them?

COMMISSIONER PARIS: It's a challenge. It's a recruitment challenge. It's an environment challenge. We are very much aggressively coming up with all kinds of strategies to make sure that we recruit qualified individuals, but we

face a challenge of shortages of pharmacists, shortages of nurses and a high turnover in the Department as well. I mean, other departments have turnover, but they're not as high as ours. And we have staff that are at the point where they're looking for different opportunities, and because of the nature of their skills and their educational backgrounds, there's a lot more options.

COUNCILMAN RIZZO: Madam President, since I'll wait my turn, but I just wanted to make sure we had the right numbers budgeted versus the actual number of employees, and then when it's my turn, I'll come back at it. Okay?

COUNCIL PRESIDENT VERNA: Thank you.

Ms. Reed, can you tell us or get us some explanation as to why the Administration eliminated the health center funding that was added to the FY07 budget in FY08?

MS. REED: Dianne Reed, Budget

Director.

We did not do this with any pleasure. We had to eliminate increases granted for '07 and '08 in five or six cases because we had to make the Five-Year Plan balance. We are aware of the fact that Health cannot fill all the positions and so that we, in discussion with Health, determined that this would not have an adverse impact on operations because of the safeguards that they have built into their structure through contracts. And we also would try to make sure that during the year so that they can maintain the average number of positions that they need to fully staff the health centers, when they need -- should they be fortunate in recruiting and at some point their number might go over their budgeted number, that's going to probably, as in the case of the Police Department right now with attrition and the other turnover they have, probably they'll end up, if lucky, at the average

full staffing level they need.

COUNCIL PRESIDENT VERNA: So can you tell me how you arrived at your decision to eliminate these funds? Just because you're trying to balance the budget, you decided that, Oh, we'll just take that --

MS. REED: Yes.

COUNCIL PRESIDENT VERNA: -- $1.6 million out of the budget?

MS. REED: Right. We had to prioritize uniformed positions, prisons and human services, and so all other Class 100 -- and FJD, and all other Class 100 operating departments did receive a two and a half percent cut, unless the amount was de minimus, in which case we did not. You know, if it's $3,000, we didn't do it.

COUNCIL PRESIDENT VERNA: Let me ask you, do you believe that healthcare is a valuable service?

MS. REED: I think it is interesting that the City of Philadelphia

does include healthcare in its services. Philadelphia has got a very high number of services compared to other cities. There are a few cities that do have health services. And it is an important safety-net feature. I do not think that the City of Philadelphia should replace the non-profit or public sector in this area, however.

COUNCIL PRESIDENT VERNA: Ms. Reed, I think that the Philadelphia Green program is really great. I really do. I simply cannot let myself sit here and be quiet about it. You're adding $4 million to Philadelphia Green and yet we're going to decrease the Health Department's budget, which makes absolutely no sense to me whatsoever. None. Now, can you give me an explanation for that?

MS. REED: I can try, ma'am, and, that is, that --

COUNCIL PRESIDENT VERNA: I'm sorry?

MS. REED: I can try.

COUNCIL PRESIDENT VERNA: Please.

MS. REED: And, that is, that Health Department services will be continued at the current level, but there would be no greening services if you eliminate that money, which has been before in the NTI budget and we augmented it a bit.

COUNCIL PRESIDENT VERNA: I'm sorry. I don't understand your answer.

MS. REED: There would be no lot greening services throughout the neighborhoods of Philadelphia if you eliminate that. Nothing will occur. And with the cut that the Health Department has, there will still be Health Department services at the level provided now.

(Question asked by Councilwoman Tasco without microphone on.)

MS. REED: Well, the NTI money has been spent. So that's why it's been

transferred to the General Fund at OHCD and two million were added to it for a total of four. That is something that cannot be funded out of Grants Revenue off General Fund budget.

COUNCIL PRESIDENT VERNA: I just don't know where our priorities are. I really don't.

COUNCILMAN RIZZO: Madam President, point of information.

COUNCIL PRESIDENT VERNA: Yes.

COUNCILMAN RIZZO: This is what amazes me: We're talking about this billion-dollar budget and we need to fund greening and we take it from the Health Department? I could give you 50 places to get that money that currently doesn't spend their money. The millions of dollars that we wrote off for Police overtime, the money that we're not collecting for the State Police patrol, on and on and on and on, and then you take money out of the pocket of the Health Department? It amazes me.

MS. REED: Actually, sir --

(Applause.)

MS. REED: -- we had already taken the two and a half percent cut out of the budget at the budget call and those other expenditures were added later.

COUNCILMAN RIZZO: I can sit down with you in five minutes and come up with the money in five minutes and give the money back to the Health Department. So I suggest you figure out a way. And, again, I just love it how the President puts it. If you can live with this budget, then it's yours to manage.

And, Commissioner, you're saying that you can live with what we're hearing today?

COMMISSIONER PARIS: What I'm saying is, my job is to do the best I can with the resources that I have available, and that's exactly what I'm doing.

COUNCILMAN RIZZO: And you think you'll be able to provide the same

level of service to our constituents, your constituents as you did last fiscal year?

COMMISSIONER PARIS: I have been able through this year, sir, yes.

COUNCILMAN RIZZO: Thank you, Madam President.

COUNCIL PRESIDENT VERNA: You're welcome.

Councilwoman Tasco.

COUNCILWOMAN TASCO: The level of service is not adequate. Would you agree?

COMMISSIONER PARIS: I'm sorry, ma'am. I didn't hear half of it.

COUNCILWOMAN TASCO: The question I believe was that you could maintain the level of service that you've been providing, but that service is inadequate, right? You can maintain the level of services, but it's inadequate services that you're providing.

COMMISSIONER PARIS: We are providing the services to the patients as

they come and we continue to provide --

COUNCILWOMAN TASCO: But you would agree that the level of service is not adequate. Would you agree?

COMMISSIONER PARIS: I wouldn't agree with the fact that it's inadequate. We provide quality healthcare --

COUNCILWOMAN TASCO: If there are long waiting lines and people can't get an appointment, you don't have the staff, it would not be adequate, right?

COMMISSIONER PARIS: We still are able to provide care --

COUNCILWOMAN TASCO: You provide some services to some people, but you don't provide services to the level that we require of the people who need the services, right? Right?

COMMISSIONER PARIS: We are providing services --

COUNCILWOMAN TASCO: I know you can't answer the question, and I won't pressure you. I appreciate your loyalty. Okay? I appreciate your loyalty.

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COMMISSIONER PARIS: Thank you, ma'am.

MS. REED: If I might also add to that, as we reported in testimony earlier, the number of people who wait fewer than 15 minutes to be seen has increased this year. It's back up around 18 percent. And the number of those who wait greater than an hour has decreased to a third, 33 percent. So they have been improving their response numbers.

And in addition, last year; that is to say, in summer of 2006, in the annual Citizen Satisfaction Survey we asked people if they were waiting about as long as they expected, and the vast majority said either that it was about as long as they expected or a shorter time than they expected, and there were only 40 percent who said it was more. So that in fact statistically the level of dissatisfaction is not very high. It is 13 percent of the people who use the centers are dissatisfied with the

services. That is not a large number.

COUNCIL PRESIDENT VERNA: Councilman Rizzo, you said you wanted to be recognized again.

COUNCILMAN RIZZO: I've heard enough. Thank you, Madam President.

COUNCIL PRESIDENT VERNA: Thank you.

Commissioner, I know that we have been asked on several occasions if any of the health centers are open -- if they have evening hours or weekend hours. Can you tell us if we do and how that works?

COMMISSIONER PARIS: We have Saturday hours, weekend hours, in one of our health centers. That's Health Center No. 2. The other health centers, including one session at Health Center 2 as well, have evening sessions. They all have one evening session. Health Center 2 has an evening session and a Saturday morning session.

COUNCIL PRESIDENT VERNA: You

spoke about some employees being under contract. Would they be the doctors? Who do you have under contract, what type of employees?

COMMISSIONER PARIS: Serving the health centers we had, until not too long ago, pharmacy techs, and we were able to hire those. Now we continue to use contracts for the pharmacists.

COUNCIL PRESIDENT VERNA: And they're the only ones that you have a contract with?

COMMISSIONER PARIS: They're the only ones that we contract to come into the centers and provide the services, yes. We have doctors that are hired that are our employees, and we hire them in two different categories. We have doctors that are on Civil Service and we have doctors that are on contract, but they are our employees, unlike the pharmacists that we use. It's a service that we contract with.

COUNCIL PRESIDENT VERNA: And

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for the record, can you tell us how much a doctor is paid?

COMMISSIONER PARIS: How much doctors are paid an hour?

COUNCIL PRESIDENT VERNA: What is their salary?

COMMISSIONER PARIS: I can tell you the hourly rate of our physicians, and, of course, they differ between pediatricians and adult medicine.

$76 an hour, ma'am.

COUNCIL PRESIDENT VERNA: Now, are the nurses under contract also?

COMMISSIONER PARIS: We only use nurses under contract for our Riverview Home. The nurses that we have at the health centers are our employees. They're Civil Service employees.

COUNCIL PRESIDENT VERNA: Do you find that you have a difficult time to employ doctors?

COMMISSIONER PARIS: It is challenging, yes, to recruit. I think recruitment in general in healthcare is

very challenging, not only the physicians, the nurses, the medical assistants. It is all challenging, ma'am.

COUNCIL PRESIDENT VERNA: The Chair recognizes Councilwoman Tasco.

COUNCILWOMAN TASCO: Thank you very much.

Certainly, Ms. Paris, I know that you've worked very hard to try to do your job, and I want you to know that we appreciate it. We understand -- at least I understand -- the constraints that you work under, and at the end of the day, it's not your call, but one time we hope in the future that the Health Commissioner will be an advocate for the needs of the people who need the health services, but we also know that you could not be there also.

Let me just ask a question, because we seem to be piecemealing the whole Health Department. There doesn't seem to be an overall strategy of what

the Health Department is supposed to do, what its mission is, how to fulfill that mission and what it will cost to fulfill that mission.

Has there ever been a strategic plan done for the Health Department, sort of lay out all of those things and then attach a bottom-line dollar so that we would know what it would take to fully -- not only the health centers, there are other areas that go lacking because you don't have staff, can't hire people and there doesn't seem to be an ongoing program to keep in the hopper a list, an ongoing list, of people who you can just pick up. If a doctor leaves, you should be able to have somebody on the waiting list or that you can call, or if there's a Civil Service, there should be a list that you can pick up somebody off that list without having to go out and recruit again and all that kind of stuff.

Is there a strategic plan for the Health Department?

4/11/07 - WHOLE - BILL 070114, ETC.

COMMISSIONER PARIS: Of course, as you know, there is the financial plan, but in terms of the Department as a whole, the answer is no. Now, there are units within the Department that right now we're conducting an assessment on. For example, we just hired a new Director for Human Resources. Our Director of Personnel is a new employee. And what we're doing with her is exactly that, we're doing an assessment of what are the process that we have in place that are not really up to speed to allow us to hire and retain staff the way we should. So that's something that we just started with hiring a new Director, and we are looking at completion by the end of this fiscal year.

Another one that we're doing the same thing for is Environmental Health Services. We are doing an assessment of that whole unit, because we have so many people in key positions retiring. We realize that we just can't

replace positions, that we need to be strategic about where is this unit going. We have plans to adopt programs such as the risk-based assessment Food Protection Program and so on. So we realize that we needed to have a plan for this unit, and we're doing that right now.

There are other units that are on the waiting list for that to be done. But we need that. We need to have a plan, and the way we're addressing it, I guess in terms of priorities.

COUNCILWOMAN TASCO: So you kind of like do it department by department. There's no overall plan for the Health Department. If you look at the Health Department and say, This is the Health Department, this is our mission and these are the things that we're supposed to accomplish and all these units fall within that, this is the staffing needed for that unit, staffing needed for that unit and the cost attached to that, so that when you're

doing your budget, you can see if you're meeting the needs of the various departments.

COMMISSIONER PARIS: We have identified over 135 objectives for the Department.

COUNCILWOMAN TASCO: Totally?

COMMISSIONER PARIS: Yes. And they are subdivided by unit. In other words, the Child Lead Poisoning have their objectives, and what we have done is, since I became Interim Health Commissioner, is, we put a timeline to those objectives. We have our first six months objective. We have our 12 months objectives and our 18 months objectives. And what we have done is, as we complete those objectives, we move on to the next projects.

So we did that now. It's been 12 months now that we have done that. So it's not like we're just working in a vacuum. We established objectives for each of those units, and each of those

Directors understand that that is where they're headed and that's what they need to do and that's where their priorities are.

COUNCILWOMAN TASCO: So has there been an evaluation of those efforts, and how will you evaluate whether you met your objectives or not?

COMMISSIONER PARIS: The evaluations are being conducted as the objectives are met. So, yes. Yes. Just because a unit says to me, We completed these five objectives, that doesn't mean that that's the end of that. There needs to be a report, an evaluation component to it, that tells me how was it met and if it was by a contract agency, what contract agency. If it was our own staff, how many staff, how many visits before we move on to the next objective.

COUNCILWOMAN TASCO: Are you familiar with the May 2005 study on the Philadelphia Department of Public Health entitled "Decent Healthcare for All in

Philadelphia"? It was prepared by healthcare professionals and others from the Woodrow Wilson School of Public Health and International Affairs at Princeton University.

COMMISSIONER PARIS: Yes, ma'am.

COUNCILWOMAN TASCO: So have you looked at this report to see what recommendations they made for the Health Department and what's happening? Are you using any of the recommendations?

COMMISSIONER PARIS: Actually, ma'am, it was our report.

COUNCILWOMAN TASCO: You commissioned that report?

COMMISSIONER PARIS: Yes. That's correct.

COUNCILWOMAN TASCO: Okay.

COMMISSIONER PARIS: And that's the report -- and we released that report in the spring of 2005, and that was, as you know, as a result of the voters' mandate to put together a plan that will

result in universal healthcare for all Philadelphians. And what we did in the Department was, we took that mandate very seriously, and instead of just putting together a plan and saying, Okay, here, the mandate has been fulfilled, we took it to another step, and what we have done is, we are creating right now a body, a Board, and we are providing support to the individuals on that Board to actually get incorporated to look at ways in which the stakeholders of healthcare in the City of Philadelphia can come in and together come up with a plan that will hopefully meet the mandate of universal healthcare or at least access to healthcare for all Philadelphians.

COUNCILWOMAN TASCO: Well, are you tying them in with the Governor's proposal to provide healthcare in this program?

COMMISSIONER PARIS: Actually, that's one of the things that we're doing right now. We have been in constant

communication with the Governor's office, because we have a lot of questions about what that proposal entails. Prescriptions for Pennsylvanians has more than 47 pieces. I mean, it's a very, very complex regulation.

One of the things that we are doing right now as we speak is looking at those 47 parts of that legislation, looking at which ones are the ones that will support the efforts that we already have here in Philadelphia so that then we can lobby for them, which ones are the ones that are not really in favor of the services and the needs of Philadelphia so that we can lobby for a change. And what we have found is, as we work with everybody in the Governor's office, is that there is still a lot of questions within the Governor's office that still need to be answered.

But they know we are interested. They know that we are going to work with them, and they know that

we're really -- this is more than just a good program. This is something that can benefit the Department of Health and we're not going to sit back and wait for them to just cross all the T's and dot the I's without our involvement.

COUNCILWOMAN TASCO: Okay. Let me just go to some other questions.

One of the issues you raised was the difficulty in hiring and recruiting staff. What effect has the $35 fee for Civil Service exams had on the number of applications for the Health Department positions?

COMMISSIONER PARIS: Ma'am, that is a very good question, and I don't have an answer for that. I think that I will need to probably talk to Tanya Smith in Central Personnel, because it is them that that responsibility falls in. We usually get the candidates from them and the list from them. But I'll be more than happy to have a conversation with Tanya and get back to you.

COUNCILWOMAN TASCO: We'll ask that question of her.

COMMISSIONER PARIS: Okay.

COUNCILWOMAN TASCO: Have you devised a plan to open all the health centers with full service to 9:00 p.m. at night with Saturday hours?

COMMISSIONER PARIS: You mean in addition to the 8:00 to 5:00 hours?

COUNCILWOMAN TASCO: Yes; the evening hours. One of the concerns people have is that we need evening hours for people who work and Saturday hours for people who can't get there. It's a convenience effort.

Have you had any discussion about expanding the hours of the health centers?

COMMISSIONER PARIS: Well, what we have had is numerous conversations about how we make sure that appointments are kept during the evening hours that we already have and how appointments are kept during the Saturday hours that we

have. One of the challenges with evening hours -- I can mention two off the top of my head immediately -- one is the weather, ma'am. Depending on how the weather is, we will have a good turnout on an evening session or we will not have a good turnout on an evening session.

Another thing that is very challenging for evening sessions is safety. Many of our seniors have told us that they will not come out to an evening session.

Another challenge that we have is SEPTA hours, what is considered the off-peak hours, where SEPTA riders, seniors that are utilizing SEPTA, they get a discount on the fare, and that is why they prefer the 9:00 to 3:00 hours of the day. I mean, so we've looked at how utilization is right now.

COUNCILWOMAN TASCO: What are the hours now for the evening hours at the health centers now?

COMMISSIONER PARIS: 5:00 to

8:00.

COUNCILWOMAN TASCO: So what is the level of service and the request for service from 5:00 to 8:00? Do you have a number of people coming in between 5:00 and 8:00?

COMMISSIONER PARIS: Yes, ma'am.

COUNCILWOMAN TASCO: And if you expanded that to 9 o'clock, could you provide more services? Is there a problem with that? That's the question I'm trying to get to.

COMMISSIONER PARIS: Yes, and what we found is that the patients prefer, if it's going to be in the evening, they prefer the early evening hours, because they don't feel safe coming into late in the night hours. And they prefer that if it's a child appointment, if it's a pediatric appointment, they specifically ask for the earlier hours, 5:00 to 7:00.

COUNCILWOMAN TASCO: What are

the hours on Saturday?

COMMISSIONER PARIS: 8:00 to 12:00.

COUNCILWOMAN TASCO: And could you use more hours if you had the money?

COMMISSIONER PARIS: Could I use more hours if I had the money? One of the challenges with that question is --

COUNCILWOMAN TASCO: No, not the challenge. Just answer the question.

COMMISSIONER PARIS: I'm sorry, ma'am.

COUNCILWOMAN TASCO: If we had more money to expand the hours on Saturdays, would that be helpful?

COMMISSIONER PARIS: I don't have the answer to that. I don't know if patients will come on a Saturday afternoon to a doctor's appointment.

COUNCILWOMAN TASCO: Well, how many people do you service between 8:00 and 12:00 and do you cut people off because you have to close down at 12

o'clock, so you have a waiting list for people to come back to the next Saturday and if you expanded it to 1 o'clock, maybe you could have more appointments on that Saturday, or 2 o'clock or whatever?

COMMISSIONER PARIS: We give appointments for the Saturday hours. So we give enough appointments, according to the physicians, that we are going to have on that specific session. It could very well be that we have adult medicine, that we have pediatrics. We could very well have GYN services for that time.

And one thing that we added this year that was key -- and I don't know if, Councilwoman Tasco, if you remember. I used to be a health center Director. So one of the challenges that we had on those evening sessions was that once we were -- I mean, we were seeing them at night, but we didn't have the lab working or the pharmacy open. So then they had to come back for services.

What we did this year is, in

working together with the Director of Ambulatory Health Services, is, now when they come in in the evening and they come in on Saturdays, we make sure that we have full services, that we have -- if we need to have radiology, we have radiology. And I know for a fact that we have lapse services now in each one of those sessions in the evenings and on Saturday.

COUNCILWOMAN TASCO: Now, you know the Jeanes Hospital has closed their OB/GYN clinic. I think Drexel has closed. And there's a discussion with Chestnut Hill Hospital that they may close, which is going to create a -- cause you, the Health Department, to service women who need these services. What plan have you developed to accept these additional cases?

COMMISSIONER PARIS: I have been told over and over again by the Director of Maternal and Child Health that prenatal is just not one service,

that prenatal is a package, that prenatal is not a service that you just provide on those first nine months and then forget about the patient. That is something that doesn't end until the delivery.

Our end is the prenatal, and what we're doing is, we're being very, very aggressive in making sure that we continue to have a relationship with hospitals so that we can continue to provide the prenatal care in the health centers.

The component that you're talking about is the delivery, the delivery of the babies. I mean, once we have provided those prenatal services, what we do. And there is very little control, legal control, that the City of Philadelphia has over those hospitals, because, as you know, they're regulated and they're licensed by the state, not by us. But understanding that, I had a number of conversations with the Director of Social Services and the Managing

Director and I've asked them to allow me to really take a leadership role in the City in convening a meeting not only with the delivery hospitals but also to the major players. What I did was, I reached out to people such as Joe Frick from Independence Blue Cross, and I have his commitment to come to the table to discuss this problem. And the same thing I've done with some of the major hospitals.

One of the things that I found in talking to the people from the University of Pennsylvania is that right now they have more babies that they're licensed to care for, and they are willing to come to the table and talk about these issues.

It's something that, again, we can play a leadership role and we're ready to do that, but on the other hand, we have the limitations that we don't really control. Once the hospital makes the decision, whether it's a business

decision or -- I don't know how they define that decision -- of moving out of the business of delivering babies, there is not much that the Health Department can do.

COUNCILWOMAN TASCO: Anyone else waiting?

COUNCILWOMAN BLACKWELL: They are. You can finish.

COUNCILWOMAN TASCO: I can come back, because I have a lot of questions.

COUNCILWOMAN BLACKWELL: Thank you very much, Councilwoman. Then we'll come back to you.

Councilman Greenlee.

COUNCILMAN GREENLEE: Thank you, Madam Chair.

Good morning, Commissioner.

COMMISSIONER PARIS: Good morning, Councilman.

COUNCILMAN GREENLEE: And I'm sorry I had to step out for a short time, so I may be repeating a question, so I apologize. But I know in your testimony

and you mentioned about that 84 percent of people indicated they would recommend health centers to a family member, and I don't mean this sarcastic, but we must be hearing from some of those 16 percent that feel differently, because we heard about the wait time, the three to six months, all that. Was that, in your estimation or your records, an accurate statement or was that an exaggerated statement? Because now you're saying you're down to maybe a couple weeks depending on the health center. I mean, was there a time that it -- was that accurate, that there was one time a six-month delay in appointments?

COMMISSIONER PARIS: In some health centers, yes.

COUNCILMAN GREENLEE: In some health centers, okay.

COMMISSIONER PARIS: And that happened, I believe, a couple of years ago when there was a challenging time when we were not able to hire some

physicians.

COUNCILMAN GREENLEE: So you've been able to work that down, you're saying?

COMMISSIONER PARIS: We have been able to address and make that a priority, sir.

COUNCILMAN GREENLEE: You still say there's differences in the health centers as far as the time and all in the delay. Are personnel switched around in some fashion to adjust for that? I mean, if one center is waiting six, seven weeks and another two weeks, it would seem that some change or adjustment in personnel is necessary. Is that accurate or do you do that?

COMMISSIONER PARIS: Actually, I am very pleased to say that I have personally worked with the Director of Ambulatory Health Services in addressing that specific need. At one point we sat down and looked at how many -- I mean, I personally went through position by

position how many clerks did we have in this health center versus this one versus the other one versus the other one. And what we did was, we agreed that in working in coordination with the unions, that we were going to transfer some staff so that there will be more of a balance between health centers, and we were very successful in doing that, and the union was very, very helpful.

COUNCILMAN GREENLEE: Okay. So you have been able to work on that.

Do you have any documentation that kind of shows how the times have gone down in waiting over the last year or two to kind of show the progression? Could you provide that to the Chair?

COMMISSIONER PARIS: Absolutely. Not a problem. We'll do that. We'll provide you with a table that will show 2005, 6 and the current year.

COUNCILMAN GREENLEE: Great. And you do that by district?

COMMISSIONER PARIS: Absolutely. Not a problem.

COUNCILMAN GREENLEE: Great. I appreciate that.

This is a general question. Ms. Reed, if I could, I know you said my figure right here, 1.6 million less for health centers. Is that the figure? Did I hear that right?

MS. REED: Correct.

COUNCILMAN GREENLEE: And maybe this is a longer discussion than today, but obviously the healthcare needs -- how generally do you prioritize this? I mean, it sounds like 1.6 million -- I know in a big budget maybe it's not a lot, but it still sounds like a lot of money to me. And 1.6 million cut from health centers, even given the improvement that has happened, sounds like a heck of a lot to me, particularly if I had family that are going to use this. And I know this isn't easy and it's easier for me to sit here and

criticize than for you to do it, but 1.6 million sounds like a lot of money that could be used in health centers and it would seem to me there should be other places that that money should be cut.

MS. REED: Based on our discussions with the Health Department, the funding that is being provided in '08 fully staffs the health centers, fully staffs the health centers, and there's also Class 200 contracts to fill in any gaps. So there are not going to be discontinuities for the health centers.

There are other things in the budget that have been added because if they weren't added, they wouldn't occur at all, such as a million and a half dollars for surveillance cameras, which is something that City Council wants.

COUNCILMAN GREENLEE: And also the public, by the way. Also the public. Okay? Not just us.

But just let me get back to it and then I won't dominate the time here.

You said that the health centers are fully staffed, but I hear about the vacancies. So that's not -- maybe, Commissioner, you can answer this. Those vacancies are not at health centers? You said about vacancies.

COMMISSIONER PARIS: There are vacancies in the health centers.

COUNCILMAN GREENLEE: So they're not fully staffed, right?

MS. REED: Budgeted.

COUNCILMAN GREENLEE: But they're not real people in the place; is that it?

COMMISSIONER PARIS: I don't understand the question, sir. I mean, we have vacancies in each health center, but we also have vacancies in our other programs.

COUNCILMAN GREENLEE: I understand that, but Ms. Reed said that the health centers are fully staffed. You said budgeted fully staffed, but are the people there, the workers there?

MS. REED: During the year, there may in fact be more filled positions than there are budgeted positions, but on average, the Health Department will hit the 345 number, and this is true also of the Police Department and any other department really.

COUNCILMAN GREENLEE: Okay. I'll admit I'm not sure I totally understand that, but thank you, Madam Chair.

COUNCILWOMAN BLACKWELL: Good morning.

COMMISSIONER PARIS: Good morning.

COUNCILWOMAN BLACKWELL: We appreciate the efforts of our Health Commissioner, but, Ms. Reed, Council put in the money -- I just checked with Charlie -- the additional 1.8. So we don't trade lives for cameras, and I resent you saying that. We don't do that. When a person comes to me and says

they've been waiting four months and they have a dental problem or when people come here and raise signs, we're committed to people. We know that people and cameras are two different things.

So the fact that Council supports cameras does not compare to what we feel about human life. You can't compare the two. You can't get angry with us. We support truant officers, too. That was the Mayor's idea, wasn't it, $3 million there? I don't hear you criticizing that.

So we can go there, but don't play lives against cameras. That's an unfair debate, but we can have it if you want to have it, because we care about people across this city and we haven't made that comparison.

Councilwoman Brown.

COUNCILWOMAN BROWN: Thank you, Madam Chair.

Good morning.

COMMISSIONER PARIS: Good

morning.

COUNCILWOMAN BROWN: I believe adequate concern has been expressed about the lack of use of the 1.6 million that was added to the budget. Has the question been asked on what that 1.6 million was slated for?

COMMISSIONER PARIS: It was slated for positions at the health centers.

COUNCILWOMAN BROWN: And this is redundant and I apologize for that. If they were for positions in the health centers and the dollars were not used, then one should surmise what?

COMMISSIONER PARIS: If dollars were not used --

COUNCILWOMAN BROWN: The 1.6 million, according to testimony, was not spent. So if those dollars were not spent and they were intended for new hires or staff needs, then what should one surmise from that?

COMMISSIONER PARIS: It means

that there will be a surplus in Class 100.

COUNCILWOMAN BROWN: Okay.

COMMISSIONER PARIS: At the end of the fiscal year.

COUNCILWOMAN BROWN: And what would or could have been the impact in terms of services? If those staff persons were not in place, does that not also mean that there was a shortage of services provided or the quality of services impacted?

COMMISSIONER PARIS: We have been able to serve every person that has come in through the health centers. We have been able to give an appointment to every patient that has called for an appointment. We have been able to see every person that had walked into the health centers that have been sick.

COUNCILWOMAN BROWN: Okay. And so can we then have comfort in knowing that based on testimony last year, some of those very persons you're speaking

about had to wait -- it goes again back to Councilwoman Blackwell's question. Concern raised last year was how long persons have to wait for service. Seeing them is important. It's good that they ultimately get -- that that gets done, but our question has been the wait for service. Our concern has been expressed around the wait, the length of the wait of service. So when we hear that the dollars have not been spent, those staff positions were not filled, then what are some of the yield of that? So we won't beat that dead horse.

Let's move now, if we could, to this issue of mercury. The good news is that what we know is that mercury fillings -- that there are other alternatives for mercury fillings, and according to three different major reports by several of the nation's leading environmental organizations, dental offices are the number one source of mercury in the wastewater.

Can you speak to us about the practices of the Philadelphia Health Department dental division?

COMMISSIONER PARIS: One of the concerns that we have right now is that we have looked at the risk that you just mentioned and we have asked for experts' opinion on this, such as the Food and Drug Administration, and, of course, we, as always, welcome your concerns on the public health impact on this, as well as your leadership, but we don't have at this point, Councilwoman Reynolds Brown, enough scientific evidence that will tell us that this is something that needs to be remediated immediately.

Again, one of the things that we did was, we reached out to the FDA, to the Food and Drug Administration, to see if they have come up with any set of regulations or recommendations that change the recommendations that are in existence right now, and what they're doing is, they're looking at the data,

they're looking at the scientific research that they have done, but they have not made any changes and they are not recommending any changes as of yet.

COUNCILWOMAN BROWN: So given that statement, what can we presume for the Philadelphia Health Department? That dentists use mercury fillings?

COMMISSIONER PARIS: We still use -- yes.

COUNCILWOMAN BROWN: And has an inquiry or request been made to the Food and Drug Administration for them to come in and speak with you and your professionals to address the issue of mercury?

COMMISSIONER PARIS: Absolutely. What we ask is, we ask them for their expertise, for their expert advice, and what they have said is that they don't have enough scientific evidence to prove that this needs to be changed.

COUNCILWOMAN BROWN: And so

you're, therefore, relying on the documents only from the Food and Drug Administration and not from other leading environmental organizations?

COMMISSIONER PARIS: Well, what we have seen is not enough to make us -- to prove to us that there is enough scientific evidence that this is a public health threat.

We are also very concerned, ma'am, in terms of our public health mandate, that if we were going out there and we will put forward a message of a potential threat to getting fillings and to getting dental care, that families -- that people will not seek dental care.

The other piece that we are very concerned about is that the options that you just mentioned are all not covered by the existing insurance companies. So then what we are establishing is certain disparities in who gets what. And, as you know, oral care has so many implications in terms

not only of the physical development but the mental development of the children.

COUNCILWOMAN BROWN: Absolutely.

COMMISSIONER PARIS: That I in this position don't feel comfortable yet that there is a balance in it and I still -- I am more concerned with people not seeking out oral care because of the issue.

COUNCILWOMAN BROWN: Okay. Well, I should seize the moment and use this as an FYI. My office has been looking at this issue for at least 18 months now, and we're not done with it, and at some juncture we are going to introduce a resolution calling for hearings on the matter, because we believe that there is enough evidence that suggests that we as a city need to look at it differently, particularly as it impacts children. So I share that with you as an alert that the hearings are coming.

COMMISSIONER PARIS: Yes, and I appreciate that. And by the same token, please know that we are going to stay on top of the FDA or any other -- whatever else we can get our hands on that will scientifically help us.

COUNCILWOMAN BROWN: So you've made a written formal request to the FDA; is that what I'm hearing?

COMMISSIONER PARIS: I know we did an official request. I don't know if that was written or not. I can certainly get back to you. But we reached out to the FDA, and I can get back to you on the method by which we did that.

COUNCILWOMAN BROWN: I would ask that you please submit that to the Chair.

COMMISSIONER PARIS: Not a problem, ma'am. My pleasure.

COUNCILWOMAN BROWN: One other question, Madam President.

A number of the hospitals that provide -- I'm not a physician. Deliver

babies, help me out.

COMMISSIONER PARIS: OB, obstetrics.

COUNCILWOMAN BROWN: -- (continued) OB/GYN services have closed and ultimately often times that means that the Health Department becomes additionally -- I won't say burdened but given the challenge to handle maternity services and OB/GYN services. Have you discussed strategies to accommodate patients who will be impacted by the closing of another hospital, for starters?

COMMISSIONER PARIS: Absolutely. This is something that we're very, very concerned about. It's a problem that the Health Department really doesn't have much control over because --

COUNCILWOMAN BROWN: You're talking about the actual closings of the hospitals?

COMMISSIONER PARIS: Exactly.

COUNCILWOMAN BROWN: That's for

sure, but one of the outcomes is someone then has to pick up the responsibility of many of those patients for OB/GYN services.

COMMISSIONER PARIS: Well, we provide prenatal care services in all our health centers. That is really not directly connected with what is happening in terms of the last hospital that closed, for example. But in the big picture, there is a relation, because we need to make sure that there is still enough licensing beds for those women to go in and deliver the babies.

COUNCILWOMAN BROWN: Repeat what you just said. There's what?

COMMISSIONER PARIS: That there are enough beds for those babies to be delivered at those hospitals. And what is happening today is that as hospitals close, then there's more demand on the hospitals that remain open, to the point that some of them are not in compliance with their licensed number of beds,

because now they're caring for more babies than what they're licensed to do. And what we're doing is, in the Health Department, with the support of the Division of Social Services as well as the Managing Director, is, we are convening a meeting of stakeholders and the different players of healthcare in the City to address that need.

COUNCILWOMAN BROWN: Okay.

COMMISSIONER PARIS: We can't control who closes.

COUNCILWOMAN BROWN: I'm not suggesting that.

COMMISSIONER PARIS: I understand, but what we're doing is, we're going to bring them together, because when one closes, it affects others. It affects all. So what do we do to ensure that, whether it is together go to the state and ask for more resources or -- I mean, what is it that we need to do, develop a plan that not only serves the public health but also

serves the insurance companies, the hospitals and all the providers, the maternity care coalitions of the world and everybody that is involved in this issue.

COUNCILWOMAN BROWN: Okay. What type of programs does the Health Department offer to teen mothers after or before they leave a hospital? Does the Health Department offer any kind of parenting education of any type to teen mothers before they leave hospitals?

COMMISSIONER PARIS: We have the prenatal -- if they come to the health centers for services, yes. We also fund a number of agencies that provide outreach and education efforts to teen mothers.

COUNCILWOMAN BROWN: Any connection with the School District specifically as it relates to teen mothers?

COMMISSIONER PARIS: No, ma'am.

COUNCILWOMAN BROWN: Do you

think that there may be an opportunity there for the Health Department to have conversations, discussions, look for systems talking across each other, talking with each other around the issue of teen mothers?

COMMISSIONER PARIS: Absolutely. We will welcome the School District's invitation to come and discuss that.

COUNCILWOMAN BROWN: So the School District should make the reach? That's what I'm hearing.

COMMISSIONER PARIS: Well, we participate -- we collaborate with the School District in many levels. We have collaborations between the health centers and the schools in the area. If we want to expand to make sure that one of the issues that we address is teen mothers, we will do that, ma'am.

COUNCILWOMAN BROWN: Okay. My final question is around the City food establishments, the inspections of City

food establishments and another hearing that was chaired by Councilwoman Tasco where there were not enough sanitarians -- is that what you called them -- sanitarians to handle the demand for food establishments. Can you speak to what the plan is post that hearing, what you're doing differently going forward to address that increasing need?

COMMISSIONER PARIS: One of the things that we talked about at that meeting was the establishment of a risk-based inspection program, and that risk-based inspection program will allow the Department to prioritize the establishments that will get more than one inspection a year.

At the point -- at that time when I came to Council and talked about it, it has not in any shape or form been implemented as of that point. And actually at that point, we didn't even have the software that will help us and that would allow us to do that.

What we did was, we went to the state and secured a grant to put the software for the risk-based program in place, and right now as we speak, that component is almost completed. So we're very happy.

Once it's completed, which will not be -- should be by the end of this fiscal year, then we should be able to do a test and start working on risk based.

The other thing that we have done is, we are training. We are allowing the staff to participate in trainings that will allow them to change how they do inspections today to how inspections are going to be done. So we're doing that as well. And what's going to happen is, we are going to end up with a number of -- we're going to end up with all our food establishments being prioritized. We will have those that need more than one food inspection a year and those that only one food inspection is required a year. And then with the

data with the software that we will have implemented, we will be able to --

COUNCILWOMAN BROWN: Keep track of in a uniform way?

COMMISSIONER PARIS: That's correct, ma'am.

COUNCILWOMAN BROWN: Well, that's progress post that hearing, and we thank you for that. Thank you for your testimony.

Thank you, Madam President.

COMMISSIONER PARIS: Thank you.

COUNCILWOMAN BROWN: Thank you, Madam President.

COUNCIL PRESIDENT VERNA: You're welcome.

The Chair recognizes Councilman Rizzo.

COUNCILMAN RIZZO: Thank you, Madam President.

Commissioner, earlier you reminded me of an issue that Council had an interest in when you started to talk about doctors that work part time for the

City that get benefits and all the things that a full-time employee receives, and one of the concerns that we had was the residency waivers, the residency waivers for those physicians. We've asked this question many times, why we can't find young, middle-aged, older doctors right here in the City of Philadelphia.

What I'd appreciate you doing is commenting on the number of residency waivers that the Health Department presently has across the board, specifically the physicians, and present that to the Chair. And could you comment, though, on how many doctors and other employees have residency waivers that have gone on for, in some cases, a decade or more?

COMMISSIONER PARIS: If I may, I want to step back for one moment and clarify that. Part-time doctors do not have full benefits. They also have partial benefits. So the full benefits are just for our full-time --

COUNCILMAN RIZZO: What are partial benefits?

COMMISSIONER PARIS: -- employees only.

COUNCILMAN RIZZO: What are partial benefits?

COMMISSIONER PARIS: Well, those that are working -- the hourly doctors do not get any benefits. It is just those that are working with us that are Civil Service doctors. They're the ones that get full benefits. The other doctors don't get the benefits of -- we don't pay their malpractice. We don't pay them for sick time. We don't pay them for vacation. It's only those that are with us full time that get those kind of benefits.

COUNCILMAN RIZZO: And you do --

COMMISSIONER PARIS: Hourly doctors do not get benefits.

COUNCILMAN RIZZO: So employees that have residency waivers, the

full-time doctors, the City pays their malpractice, which is a big perk today based on the amount that I understand doctors have to pay for malpractice, but let's just talk about how many employees in the Health Department have residency waivers, and many of them have had them for a long, long time.

COMMISSIONER PARIS: Currently, it is the physicians. It is the physicians that have been granted residency waivers. We don't have any other position that has been granted residency waivers on a permanent basis. On occasion we might have to ask for a residency waiver for -- I believe at some point we did have two nurses on residency waiver. One of them moved into the City, was able to relocate into the City. The other one was not able to, and she was let go. She was fired because of that.

The other position that I believe that we looked at potentially asking for a residency waiver were

engineers for the Air Management, as well as pharmacists. But currently, I couldn't tell you off the top of my head how many we have, how many doctors we have that live in Philadelphia and which ones don't, but I will be glad to get you those specific numbers and the classes.

COUNCILMAN RIZZO: That would be terrific.

COMMISSIONER PARIS: I will do that, sir.

COUNCILMAN RIZZO: Because seeing the amount of young people graduating medical school, staying in the City, I just can't imagine that we can't recruit -- one of our colleague's daughters is a doctor. It just amazes me that we will really have to go to -- that we can't do a better job in recruiting here young physicians that want to work in the Health Department. I'm not suggesting that that's an easy job, but you talked about earlier how tough it is in the area of recruiting. You need some

help with that. You're not in the job of recruiting, and maybe Central Personnel or some of the other agencies that have expertise have to get more involved in getting the nurses, getting the doctors that you need. Go to the medical schools. We have a new medical school, Hahnemann, and see if we can start to recruit people. Because if we do have a policy that has an exception to it with residency, that's fine, but we need to really try hard to get people that do live in the City if in fact that's the rules of the game.

COMMISSIONER PARIS:

Absolutely. And to that extent, sir, we have developed agreements and partnerships with Drexel and with other academic institutions for that purpose. But, again, we are competing with the suburbs and many times it is more attractive, the school systems and so on, in those other places for some of these young professionals. Some of them are

very fortunate that look at all the good that the City has to offer and decide to stay here. So we have been able to recruit some very good people.

COUNCILMAN RIZZO: Good.

COMMISSIONER PARIS: But it's still very challenging. But if you don't mind, you can give your colleague --

COUNCILMAN RIZZO: I wasn't suggesting she's looking for a job. My point is that we have young doctors that live and were educated here in the City of Philadelphia that I'm sure if we asked them or explained to them the opportunities that exist, many of these young people don't even know that there are opportunities to be a physician that works for the Health Department, that gets benefits, that gets their malpractice paid for them. So I think that maybe we need to do a campaign. And I'm not suggesting that we knock off a doctor that lives in Bala Cynwyd for the last 20 years that works for the City,

but maybe there ought to be a point where that list starts to shrink where then we have young physicians, again middle-aged physicians, older physicians that work for you.

I'm not locked in to residency. There's some areas that I believe that we should be able to go outside the City, but as long as that isn't the policy currently, I think we should try to do a better job in adhering to the policy than just saying, Oh, well, we can't find anyone, so we'll go to Gladwyne and hire a doctor and that's the end of the effort.

Thank you, Madam Chair.

COUNCIL PRESIDENT VERNA: You're welcome.

The Chair recognizes Councilwoman Brown.

COUNCILWOMAN BROWN: Quick follow-up on the services you provide to teenage parents. Just talk about that real briefly to give me a sense of the

extent of the service rendered by the Health Department for teenage mothers, you or a designee.

Good afternoon. This is my last question. I promise.

COUNCIL PRESIDENT VERNA: Please identify yourself for the record.

MS. MOSS: My name is Kate Moss. I'm the Director of Maternal, Child and Family Health for the Health Department.

We provide prenatal care, as we've said, in all eight of our City district health centers, and some portion of the pregnant women, young women, who come to us are teens. I'm not sure what that proportion is. But in addition, we serve about 3,000 families a year with home visiting programs. And I actually had our data people take a look at how many of those caregivers -- what was the age of those caregivers. More than half of the caregivers in families we serve are under 22. And I understand that the

School District has responsibility on some alternative programming available for pregnant and parenting young people, teens, girls and boys, up to the age of 22. And we're actually currently involved in discussions through the Project U-Turn initiative to try to figure out how we could make better connections between our home visiting programs. I'm willing to write in to every one of our home visiting contracts that any time they encounter a pregnant or parenting teen, their first call needs to be Project ELECT or whoever at the School District.

COUNCILWOMAN BROWN: Okay. Well, for the record, that's an opportunity for several different systems to do what we can to save teenagers so that they don't become dropouts, who become the working poor taking care of children. And you should know that my office will be looking at this closely and be working with a number of

interested parties and calling for hearings on it. So when you get the notice, you'll know why.

MS. MOSS: Right.

COUNCILWOMAN BROWN: Thank you very much.

COUNCIL PRESIDENT VERNA: You're welcome.

Councilwoman Tasco, did you want to be recognized?

COUNCILWOMAN TASCO: I'll come back.

COUNCIL PRESIDENT VERNA: The Chair recognizes Councilman Greenlee.

COUNCILMAN GREENLEE: Just one question on a whole different subject. PACA I know comes under the Health Department. Is it still the plan to keep them as the animal control agency? Because there were some stories about a possible change there.

COMMISSIONER PARIS: We are not foreseeing any changes on that contract, sir.

COUNCILMAN GREENLEE: All right. That's an easy question.

Thank you.

COUNCIL PRESIDENT VERNA: You're welcome.

COUNCILWOMAN TASCO: I have a couple of questions about the -- these are questions about the lead program. We understand that there has been great progress made in the City to prevent children from being poisoned by lead, but we have learned that Philadelphia is beginning to again have a waiting list of homes where children have been poisoned by lead, but the homes have not been cleaned.

Why is the waiting list growing and what does the Health Department need to do to clean these homes?

COMMISSIONER PARIS: There are two different components to the lead program, ma'am. One is the component of testing the children. Once the children are tested positive, then they go on a

list for their homes to be either cleaned or abated. That's one component, and that is funded by HUD primarily and also we have some General Funds in that program.

The other component is the primary prevention component, where we are actually identifying women that are pregnant close to delivery or women that have just had a child. We're going into the homes. This is something that we're very proud of. We actually can go into the homes before the child is exposed to lead and we do an assessment of the home, and based on the assessment, we are able to, for the most, do a cleaning. We can do a super clean.

But we don't have any dollars. Our grants are very strict, and unless there's a child with a positive test, we don't have resources right now to abate a home where there is no child living with lead.

COUNCILWOMAN TASCO: Well,

isn't this a federally mandated requirement?

COMMISSIONER PARIS: If the child is positive, yes, and that's what we use the monies that we have secured to do. The homes that I'm referring to are homes where the young woman just had a baby. The baby is not yet --

COUNCILWOMAN TASCO: Wait a minute. There are two issues. The one is, the home is being inspected by HUD, by the federal government or by your program.

COMMISSIONER PARIS: By our program.

COUNCILWOMAN TASCO: That's one program, right?

COMMISSIONER PARIS: Yes, ma'am.

COUNCILWOMAN TASCO: Where is that? Is there a waiting list for that?

COMMISSIONER PARIS: We are inspecting and we continue to -- most of those homes -- the problem answering

that -- that's the program that used to have a backlog. That's the program where we used to have 1,400 homes in the backlog. Right now we have approximately about 230 homes on that backlog, and there is no children living in any of those properties, and we go back to those properties to make sure that there are no children living in those properties. The others -- the difference between the 1,400 and the 200, we had either abated, we have cleaned those homes or they have been demolished or there's nobody in the home right now.

COUNCILWOMAN TASCO: So you're saying that there are no children in homes that might have had lead and that have not been cleaned?

COMMISSIONER PARIS: No. What I'm saying is the backlog that was originated by those, by having children living in homes that --

COUNCILWOMAN TASCO: Had lead.

COMMISSIONER PARIS: -- had

lead, that is the one that we have completely dealt with.

COUNCILWOMAN TASCO: So there is no backlog?

COMMISSIONER PARIS: There is no backlog of the homes of children with positive levels.

COUNCILWOMAN TASCO: But you have 230 homes that you do need to clean where families could live?

COMMISSIONER PARIS: And that is why we are constantly reinspecting those homes, to make sure that no family move in with a child, because as long as there is no children in the home, we don't consider that a priority, but we want to make sure that nobody goes back in there again.

COUNCILWOMAN TASCO: But considering the fact -- I was just reading Ms. Dainette's testimony from the Office of Services to the Homeless. There is a need for housing for families, and so if we have housing available and

these families have children and we have 230 houses that need to be cleaned, that means that 230 families can't utilize those homes.

COMMISSIONER PARIS: These 230 homes are not vacant. These homes are occupied by adults, and many of them are owned by the people that live in them.

COUNCILWOMAN TASCO: Well, how did we get to 230? Where do they come in?

COMMISSIONER PARIS: This is the original 1,400 backlog where we identified children with lead poison. Since then, since we started this -- and this is back when we started the program, I believe this was 2002. Since then, we have reduced that backlog that started with 1,400 to where we are today, which is exactly 273. But of the 273 that we have left out of the 1,400, there is no child in that home. That doesn't mean that that home isn't occupied and that doesn't mean that that home is available

to have families coming in. This means that the children that used to be in those homes are no longer there.

COUNCILWOMAN TASCO: How do you keep track of that?

COMMISSIONER PARIS: What we do is we reinspect those homes anywhere between three and six months. Every three to six months we go back out there, we look at those 273 homes to make sure that no child has moved back in.

COUNCILWOMAN TASCO: Now, let's go to the second one where you have the Safe Babies program.

COMMISSIONER PARIS: Yes, ma'am.

COUNCILWOMAN TASCO: Where the homes are tested for a newborn. Is there a backlog for that? What's the status of that program?

COMMISSIONER PARIS: We have been able to go into the homes and -- the purpose of that program is primary prevention, is to go in and educate the

parents about the risk of lead poisoning and what to do to prevent that. So what we do is, we go into the homes and we visit with the parents. We do an assessment of the home. We let them know whether or not there is lead present in the home and we educate the parents on how to prevent child exposure. We do that by showing them and actually teaching them how to clean the homes, and in many instances we provide super cleans, which is we go in there and we thoroughly clean the property for them and we teach them how to do that.

COUNCILWOMAN TASCO: But you don't remove the lead paint?

COMMISSIONER PARIS: We do not abate the lead, no, ma'am.

COUNCILWOMAN TASCO: Is there a program for lead abatement for that category?

COMMISSIONER PARIS: No.

COUNCILWOMAN TASCO: Only for the category for the --

COMMISSIONER PARIS: The ones that have been tested positive.

COUNCILWOMAN TASCO: Okay. A couple other questions, then I think I'm going to be done.

I noted on Page 22 you have appropriated $50,000 for the preparation of Medicare and FQHC report costs. Are our health centers federally qualified health centers or look-alikes? Can you tell us what that is?

COMMISSIONER PARIS: Our health centers, all eight of them, are federally qualified look-alike health centers.

COUNCILWOMAN TASCO: And do you get funding from the federal government for those health centers?

COMMISSIONER PARIS: In the form of reimbursement for the services that we provide, yes.

COUNCILWOMAN TASCO: The other question I have, and I think I'm done, is the reimbursement. You talk here on Page 22 you're asking for $50,000 to address

the completion of Medicaid forms. What does this cost? Are you assisting clients to complete the application form for reimbursement when clients come to the health centers? Are you billing the state for the services you provide?

COMMISSIONER PARIS: Yes, we are. We're billing not only the state but also we have a number of private insurances, and we bill to all of them.

COUNCILWOMAN TASCO: Are you up to date on the billing?

COMMISSIONER PARIS: Yes. Yes, we are. We have taken very aggressive approaches to making sure that we continue to bill and that we do it in a timely fashion, because there was a time that our T's were not all crossed and we were billing but were not submitting those claims on time, so that by the time we were submitting them -- and this was a few years ago. By the time we are submitting them, they were no longer effective. So now we make sure that

they're submitted in a timely fashion so that we can get reimbursements.

COUNCILWOMAN TASCO: So what does the $50,000 do? How are you going to spend that? Is that for staff?

COMMISSIONER PARIS: That is the cost for the preparation for the reports that we need to submit to medical assistance.

COUNCILWOMAN TASCO: It costs $50,000 to do that?

COMMISSIONER PARIS: Yes, ma'am. But that then results in us being able to get what is called the wrap-around dollars, which is the dollars that we don't get reimbursed from Medicare and Medicaid.

COUNCILWOMAN TASCO: Okay.

Thank you, Madam President.

COUNCIL PRESIDENT VERNA: Thank you.

Are there any other questions from members of the Committee?

(No response.)

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COUNCIL PRESIDENT VERNA: Thank you very much, Commissioner. Thank you.

COMMISSIONER PARIS: My pleasure.

MR. McPHERSON: The next department is the Department of Behavioral Health.

COUNCIL PRESIDENT VERNA: Good afternoon. Please identify yourself for the record and proceed with your testimony. And I would ask you -- your testimony is rather lengthy -- if you can abbreviate it, we would make certain that the stenographer actually transcribes it in whole. Thank you.

DR. EVANS: Yes, ma'am. I will do that. I'm Dr. Arthur C. Evans, Director for the Department of Behavioral Health and --

COUNCIL PRESIDENT VERNA: I'm sorry. You're going to have to pull the microphone closer to you.

DR. EVANS: I'm Dr. Arthur C. Evans, Director for the Department of

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Behavioral Health and Mental Retardation Services, and accompanying me today is my Deputy Commissioner, Michael Covone. And I will abbreviate my comments.

Good morning, President Verna and members of Council. My name is Dr. Arthur C. Evans. I am here to present testimony on the Department's FY08 budget.

The Behavioral Health Department has two major divisions. The Behavioral Health component of the Department consists of three major entities that coordinate the City's behavioral health treatment services for approximately 100,000 adults and children annually. These three entities include Community Behavioral Health, or CBH; the Coordinating Office of Drug and Alcohol Programs, or CODAAP; the Office of Mental Health, or OMH.

Mental Retardation Services is a component of the Department responsible for the development, coordination and

monitoring of services for children and adults with mental retardation. MRS provides services to over 12,000 individuals per year, including case management/supports coordination, in-home and residential services, early intervention for infants and children, family support, day programs and employment services.

The FY08 Department budget request totals $1.4 billion, 14.2 million in the General Fund, 538 million in the Grants Revenue Fund, 886 million in the Health Choices Behavioral Health Fund. The DBH/MRS FY08 budget will support 293 positions, 34 in the General Fund and 259 in the Grants Revenue Fund.

Over the past two years, the Department has continued to foster the concept of recovery-oriented care. The initial phase of this approach was the alignment of concepts associated with recovery. Towards this end, the Department has worked closely with

stakeholders to assure that training and educational opportunities were available to create a strong foundation of concepts. The current and upcoming activities highlighted below have and will continue to support the implementation of these concepts and to everyday practice and service delivery. I'll just highlight a few of those.

One of those being the implementation of the Blue Ribbon Commission recommendations on children. In February of 2006, the Mayor commissioned a Blue Ribbon Commission consisting of families, consumers, advocates and child service professionals. The BRC was charged with developing a set of recommendations to improve Philadelphia's ability to promote the social and emotional well-being of children -- of all of the City's children. This initiative is addressing the complex needs of children who frequently require support from multiple

systems of care, such as behavioral health, child welfare and housing.

Another important initiative has been the continued expansion of Early Intervention services for children zero to 3. And Early Intervention is an entitlement program for children with developmental delays between the ages of birth to three and their families. It is a comprehensive, coordinated program where multi-disciplinary teams work to enhance the development of the infant and the toddler to enhance the capacity of the family to meet the needs of their infants and toddlers with disabilities or delays. Early Intervention has the goal of minimizing the need for special education services while enhancing the potential for children with disabilities to participate fully in typical everyday life activities.

A few of the other major initiatives that the Department has been engaged in, one is the faith-based

initiative in which we are working with community-based organizations and faith-based organizations to increase the relationship and their ability to refer people into the formal treatment system and for behavioral health professionals to understand better how to integrate a person's faith within their treatment and recovery experience.

We are engaging in several activities that are increasing the linkages of the formal provider treatment system to the broader community. One of those is the Coalitions of Care initiative. In this initiative we have identified coalitions from around the City who are working on behavioral health issues and problems and are supporting those through grants that we've made to them for the next two years. We believe that these coalitions will have the potential for strengthening communities and their ability to address and prevent behavioral health conditions.

We're also looking at and have been actively involved in expanding our services to diverse cultural groups. In the upcoming year, the Department is continuing its efforts to work with these groups. The Department has engaged in a collaborative process with several cultural groups to gain a better understanding of behavioral health needs within those communities; for example, the Asian community. The Department has supported the Asian Behavioral Health Task Force, which developed a set of recommendations which we're now actively implementing.

We're also looking at how to better meet the needs of people who are homeless. In order to better address these needs, we are looking in the process of transforming several residential treatment programs to better address the needs of people who are chronically homeless and looking at how we can use those services to reduce

homelessness in the City.

In the MR division, based on the Governor's FY08 budget, mental retardation services statewide would see the largest proposed increase in over a decade. Philadelphia MRS expects to have a unique opportunity to address the needs of a large number of people on the waiting list. The Philadelphia waiting list is the largest in the state, with over 800 people currently identified as meeting the criteria of a person in emergency status requesting one or more services.

The Governor's budget proposes services for 3,428 persons statewide, with approximately 15 to 20 percent of that being available to Philadelphians on the waiting list. This number represents between 500 and 700 new people who could expect to receive services in the upcoming year.

Finally, I would be remiss if I did not point out a number of challenges

facing the Department and our sister social services agencies in the upcoming year. The proposed federal reductions in Medicaid will increase the risk to our most vulnerable citizens. Federal and state reductions to Medicaid eligibility or limiting of benefits will place individuals at greater risk for homelessness, hospitalization or out-of-home placements. DBH/MRS will continue to articulate the potential impact of the federal and state reductions and to partner with members of City Council and our stakeholders in the community to advocate for continued state and federal funding for these critical supports.

Thank you for the opportunity to provide this overview. I look forward to continuing to work with City Council in the upcoming year.

COUNCIL PRESIDENT VERNA: Thank you very much.

Dr. Evans, can you explain how

your department works with DHS and other governmental departments?

DR. EVANS: Very closely. The two Directors have a great relationship, for one. We have a number -- one of the things that has been happening really -- I guess it started with Estelle Richman -- is that the two departments have been working very closely. As you can imagine, there is a lot of overlap between behavioral health issues and child protection issues. And so really starting with Estelle, the two departments have met regularly for several years.

We're now looking at how we evolve that work to look at some real critical issues, and I'll give you an example. One of the real challenges that we face really in both systems are the number of children that we have in the City who are placed in residential care and oftentimes that residential care is very far from the City, and so it makes

it very difficult for those children to transition back into their families and transition back into the community. So we are working with the Robert Wood Johnson Foundation, who is providing some support for us to look at ways that we can develop new services that allow those children to be served within their community context. That's just one of many examples. We also have staff that are located within the Department, Behavioral Health staff, that are located within the Department of Human Services and are co-located in the courts, and those staff have been very effective in helping to facilitate referrals when DHS staff need to refer children into the behavioral health system. They've been very effective in helping children to do that.

So on a number of levels, both at the practical, clinical practice level, we're working. We're also working at the systemic level to look at

large-scale systems issues that are barriers for children.

COUNCIL PRESIDENT VERNA: Thank you, Doctor.

The Chair recognizes Councilman Greenlee.

COUNCILMAN GREENLEE: Thank you, Madam President.

Along the same line, Dr. Evans -- good afternoon.

DR. EVANS: Good afternoon.

COUNCILMAN GREENLEE: What communication or what working relationship do you have with the schools, particularly the public schools or schools in general with children and behavioral health issues?

DR. EVANS: I think we have a very good relationship with the School District. I mentioned in my testimony the Mayor's Blue Ribbon Commission on Behavioral Health. Mr. Vallas, Paul Vallas, was a part of that Commission. He dedicated staff to that Commission.

He's a part of the Philadelphia Compact, which is the mechanism that we're using to implement the recommendations coming out of the Blue Ribbon Commission.

The Department spends about $50 million annually in the School District. We are at this moment looking at the services that we provide. There's the school-based behavioral health teams that we provide in the School District and looking at how we optimize that.

So on a lot of different levels, the School District has been very supportive. They clearly understand that mental health issues, behavioral health issues are very important, and, in fact, they will tell you that it's one of the, if not the number one -- I think it's the number one predictor of whether a child will succeed in school, is whether or not they have a mental health problem. So they see the importance of what we do. They partner with us in lots of ways.

COUNCILMAN GREENLEE: How about

the non-public schools? You probably don't have a direct connection, but are there referrals? Do you have contact with them, that kind of thing?

DR. EVANS: I think we do. We don't have the same type of relationship with those, particularly the private schools. It's an area that we could do better in.

COUNCILMAN GREENLEE: Okay. Thank you, Doctor.

Thank you, Madam President.

COUNCIL PRESIDENT VERNA: Thank you.

The Chair recognizes Councilwoman Brown.

COUNCILWOMAN BROWN: Thank you, Madam President.

Let me first commend you on the seamless transition of leadership there at DHS, when one recognizes how challenging it can be to embrace another huge system and still maintain a level of service and the one you currently led.

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Give us just a quick update on where we are in the Blue Ribbon recommendations. And the second question is, you say that Robert Wood Johnson Foundation is playing a role in working with your department on how to keep children closer to home, and that role will be what? Is it funding? Is it --

DR. EVANS: Yeah. What they're doing is, they're actually providing technical assistance to a cross-systems team of people within the Department of Behavioral Health and DHS and the Director of Social Services, Julia Danzy, and they've been providing that technical assistance through consultants, but also in other -- by pairing us with other jurisdictions around the country that are doing similar kind of work. So it's been very helpful to the Department.

In terms of the Blue Ribbon Commission, there were several major recommendations. The one that I think is probably the hallmark and really

distinguishes this work from other work that's been done nationally is that the Commission that you co-chaired took the position that children's behavioral health, their social and emotional health was the business of everyone, which was a very significant recommendation, because what happens is, children often find themselves in multiple systems. They're in the School District, they're in recreation centers, they're in lots of different places. And to the extent that those other systems understand children's mental health issues, people who can identify and intervene early, children will have much better outcomes. So that recommendation was a huge, I think, milestone for the City.

In terms of where we're at, the mechanism that the Commission and all the people that were involved decided to use to implement those recommendations was something called the Philadelphia Compact, and the Compact essentially has

three components. One is an Intergovernmental Leadership Council, which, again, is a huge milestone, because for the first time, you have the legislative branch, we have members of Council, the judicial branch and the executive branch all sitting down together looking at how we address the needs, the mental health and substance use needs, of children.

There's also a component of community advocates. We had several hundred citizens, stakeholders, participate, parents and youth themselves who participated in the generation of the recommendations. Those individuals will continue to be a part of implementing and making sure that the recommendations are implemented, and they'll do that through a process called the Council of Advocates.

And then the third component is a group of experts around a variety of areas that -- content experts that will

be used to implement specific recommendations.

So I think the important thing at this point is that we have very clear recommendations. We have the infrastructure and I think all of the people in place to implement those. We've actually started already implementing some of the recommendations, and through our website and other mechanisms, we're going to be getting out the story of our successes.

COUNCILWOMAN BROWN: Okay. Is there any interface with the Children's Commission, any interface between the Blue Ribbon Commission execution plan and the Children's Commission?

DR. EVANS: Well, only through common membership. We haven't made formal connections, but one of the things that we see the Compact doing is forming those relationships. I think one of the things that we noted in the process is that there are lots of other people in

the community that really need to be connected to the Philadelphia Compact, and that's really the next phase of the work in terms of making those connections more formal.

COUNCILWOMAN BROWN: My final question is a follow-up to the hearings of a resolution that was co-sponsored by Councilwoman Tasco and myself regarding internal changes that need to take place with regards to professional development of DHS staff and the notion that they work years without having a pause or taking a break for a professional development. Where are you with that?

DR. EVANS: I can talk about that now or I can talk about it in my DHS testimony. I actually refer to it in my DHS testimony, so if you'd like for me to talk about it now --

COUNCILWOMAN BROWN: Okay. We can wait.

DR. EVANS: We can wait. Okay.

COUNCILWOMAN BROWN: Thank you.

Thank you, Madam President.

COUNCIL PRESIDENT VERNA: You're welcome.

The Chair recognizes Councilwoman Tasco.

COUNCILWOMAN TASCO: Thank you.

Good afternoon.

DR. EVANS: Good afternoon.

COUNCILWOMAN TASCO: First I want to say thank you to you and your staff for your immediate response to the shooting that took place at Simons Recreation Center. You responded immediately to talk to the young women and men who were in that center at that time and provided counseling, and then right on the heels of that, you sponsored one of the Department of Social Service Safe Streets program with Dr. Ella Bowen, and all her wonderful staff came forward and provided a positive picture to the community that Simons is a wonderful recreation center, it's still a safe place to be. And we didn't end up with

any negative yelling and screaming about what happened, but a positive reinforcement that the center is a good place to still go. So I want to thank you for that. It was very helpful.

DR. EVANS: Thank you.

COUNCILWOMAN TASCO: I don't have any other questions.

DR. EVANS: Okay. Since you made that statement, I want to thank Dr. Gail Edlesohn, who is in the audience, who really took the lead on that and has done a tremendous job in leading our efforts around addressing the needs of children.

COUNCILWOMAN TASCO: Very important.

COUNCIL PRESIDENT VERNA: Thank you.

The Chair recognizes Councilwoman Blackwell.

COUNCILWOMAN BLACKWELL: Thank you, Madam President.

Good morning, Dr. Evans.

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DR. EVANS: Good morning.

COUNCILWOMAN BLACKWELL: Can you explain to us the role of the ICM, intensive case managers, their role with their clients and families? As you know, given the population, we deal with so much, we get concerns about them.

DR. EVANS: Absolutely. I'll have my Deputy speak to that.

MR. COVONE: Michael Covone, Deputy Director with the Department.

The Intensive Case Management system has evolved probably over the last 15 years within the Behavioral Health system, and really the intent of that was to provide families and individuals with a level of case management where the case managers were not overburdened with heavy caseloads. So most of our case managers have caseloads between 15 and 18.

The other recent evolution with that is, we've gone to much more of a teaming model with the case managers, whereas there will be individuals to back

up so that the availability of an individual in crisis at off hours or on weekends, there will be a team available who is familiar with the individual situation, familiar with the family and can help facilitate those linkages that would be necessary.

COUNCILWOMAN BLACKWELL: All right. What we'll do is, I have one of my people who works mainly with people who are on the streets who's having some issues, so I'll contact you in detail about that later.

MR. COVONE: Sure.

DR. EVANS: Sure.

COUNCILWOMAN BLACKWELL: The other question is on the beacon program, because I know you all administer the beacon program.

DR. EVANS: No. That's DHS. I know it's confusing. I'm wearing my Behavioral Health hat right now, but I do have people who can answer that if you'd like to address that now or --

COUNCILWOMAN BLACKWELL: Can I ask you about ADD?

DR. EVANS: Sure. I can do that one.

COUNCILWOMAN BLACKWELL: Thank you. As you know, or you may not know, I bring up this issue every year. I always have. I'm concerned about these youngsters who are so designated or labeled having ADD and what happens with them. I've talked to charter school principals and administrators who kind of tell me if kids are on their meds, it's okay. And I'm always concerned about it because as we know, when a child becomes a teenager, if the medication isn't altered, it could have the opposite effect and we do have people who are suicidal if they're not properly diagnosed.

I'm really, really concerned about people being diagnosed, this Chadd company, C-H-A-D-D, that is in business to make money from -- this company that's

in business to make money on drugs, and I'm really concerned about youngsters who maybe need home life, who maybe need proper food and proper care who may not be ADD. There are some, but I don't know if there are as many as are so designated. And nobody is talking about it lately. But it's been an issue with me for many, many years, and Council had hearings about it. We've had several hearings about it, because we're concerned about these youngsters and about them being properly diagnosed and receiving help they need and maybe not properly being diagnosed.

DR. EVANS: Right. Let me address that, and I've also asked Dr. Edlesohn, who is a child psychiatrist, to come up and talk about that, particularly the issues around the medication.

It is a big concern and I think you are right, and I think we are equally concerned about the number of children

who are diagnosed with ADHD and have that label.

Clearly, one of the things that I personally believe that we have to do better when it comes to children is do a better diagnostic job and also look at other alternatives. There are a number of cases where children who have been on medication who were told or the families were told that they really needed to be on this medication. When the medication was removed, the child did fine. And given that those medications often have other side-effects, I believe that there needs to be much more flexibility at looking at treatment options.

But I'm going to ask Dr. Edlesohn to also comment on this, as she's a psychiatrist that often prescribes --

COUNCILWOMAN BLACKWELL: Thank you, and we will note that we had hearings, because we learned many years ago that medicine was arbitrarily being

passed out, and after this Council held hearings, then one person in a school, if the nurse wasn't there, since nurses share two or three or four schools in today's world, the principals had to designate someone specifically to give out meds for little children, those who were taking them.

So we've had a big, big, big issue with this. We've had one mother who was threatened to be removed from her welfare -- in those days it wasn't called TANF assistance -- if she didn't agree to let her children take meds, and we fought with her and she took her kids off meds and they were fine.

So it's a very big issue. I know it's complicated, but it's very, very important, because it does deal with the health of our youngsters and their future.

DR. EVANS: Let me just say that if that person were in our system, that's the kind of thing that if you

brought it to our attention, we could also intervene.

I don't know if you wanted to add anything.

DR. EDLESOHN: Yes. I'm Dr. Gail Edlesohn. I'm the Associate Medical Director for Children Services in the Department of Behavioral Health and Mental Retardation Services, and thank you for an opportunity to comment.

Attention deficit hyperactivity disorder, which is a mouthful, ADHD for short, is a complicated diagnosis, not one to be made lightly, and as Dr. Evans says, it requires a comprehensive evaluation, which means having a good understanding of the child in their home, school and community environment.

As far as treatment goes, the treatment is multi-factorial and may include medication but also includes a behavioral component, a social support and for many children there's a high chance that they may also be struggling

with some learning problems. Any one of those problems alone can be mistaken for attention deficit disorder, including undiagnosed ear infections. So the diagnosis is extremely important.

I did want to say something about medication, because I think there's a lot of misinformation out there, that there has been a multi-site national study done, almost nine years old now, that shows the effectiveness of medication under conditions of proper diagnosis. And it's important that I think people know that although many chemical substances sound like some of the medications, they don't behave differently. And the federal government has done studies to look long term at the consequences of medication and that although they may sound the same, they do not increase of themselves a risk of substance abuse. In fact, there are studies looking at teens who if they are treated and truly have attention deficit,

they're treated earlier, it can actually reduce their risk of substance abuse. I don't think this information is well known enough.

But by no means is medication the only answer and, as I said, many presentations can be mistaken. So it's not a diagnosis that should be made lightly. And the combination of treatment usually can make a huge difference, especially if the school, home and parents, caretakers and children are all on the same page. It takes a lot of coordination and significant attention to monitoring the progress over time and monitoring the effects of all sorts of treatment.

I hope that gives some clarification.

COUNCILWOMAN BLACKWELL: Well, I might say that there are studies too that show that certainly for those children who need it and who need meds, that's one thing, but for those who don't

need it, the risk of becoming a victim of substance abuse is just as great if they're misdiagnosed. Then you create drug addicts. They go from these chemicals into those. There's as much study out there. And we've also had hearings where we had grandmothers who came in and who told us that they didn't want to give their grandchildren as caregivers, they didn't want to give their children meds and they believe their children didn't need them, the grandchildren didn't need them, that they were told by the system and the School District, Well, we have no program for you. There are too many children in a class and if you don't give your children this medication, then we don't know what you do. You can do whatever you want to do. You can keep them home. You can home-school them. You can do whatever.

But if one child becomes a substance abuser because he or she was misdiagnosed, it's too many. But I've

read many studies that say drug addicts are created from this medication, just as you mentioned there are some that say the opposite. But after all my years of dealing with this issue, maybe 20 years now, we've read many horror stories and have experienced some in my office with parents and grandparents who talk about kids. And we've all seen movies about people who become suicidal, as you know, when misdiagnosed.

So it's a very important issue, and so I really am concerned about -- obviously anybody who gets proper medication for a proper condition is great, but there is the grave danger that we have youngsters who have other problems, other problems in their family, dysfunctional families, abuse problems, you name it, who get involved in a situation where they're given medication and in today's world, it's worse and worse. I mean, you have grandparents at 40 years old. You have kids that have so

many, many issues to deal with, raising other kids, victims of abuse, so many.

And so I mention again how important proper diagnosis and that we do everything we can to ensure that we keep a focus on this as an issue. I've tried to deal with it for years. Obviously I've been unsuccessful, but I bring it up every year, and we will continue to do that, because it's so important for young people to have a chance at life and to have a chance at a wholesome life without being drug ridden and without being victims of abuse of this chemical sort that could certainly hurt them as they try to become stable, wholesome, responsible adults.

DR. EVANS: We agree with you, and if there's anything that we can ever do to support what you're trying to do, just let us know.

COUNCILWOMAN BLACKWELL: Thank you. So I'll be in touch with you on this, because we have some issues in my

office with the ICM workers. I'll get in touch with you. I'll get the detail. Thank you.

Thank you, Madam President.

COUNCIL PRESIDENT VERNA: You're welcome.

Are there any other questions from members of the Committee?

(No response.)

COUNCIL PRESIDENT VERNA: Dr. Evans, as long as you're at the witness table, perhaps we could hear testimony at this time from the Department of Human Services.

DR. EVANS: Okay.

COUNCIL PRESIDENT VERNA: Sorry.

DR. EVANS: I'll grab my other book.

(Pause.)

COUNCIL PRESIDENT VERNA: Doctor, we're ready to proceed. Please identify yourself for the record and proceed with your testimony.

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DR. EVANS: I'm Dr. Arthur C. Evans, Acting Commissioner for the Department of Human Services, and I'm here with my Deputy Commissioner, Dr. Joseph Kuna.

Good afternoon, Madam President and members of Council. Today I will present to you the Department's FY08 Operating Budget request. I will also report on our significant progress on reform efforts, outline our plans moving forward, and detail how DHS is responding to the changing needs of Philadelphia's children.

DHS's FY08 General Fund budget request is $677 million, which represents an increase of $85 million over the Department's FY07 estimated obligations of 592 million. DHS also receives 20 million in Grants Revenue Funding, placing our grand total of funds at 698 million.

These budget figures are based on current assumptions regarding the

state budget. We are currently in negotiation with the Department of Public Welfare regarding our FY08 budget. Changes in the final state budget that is passed by the Legislature and signed by the Governor may impact on the proposed request.

DHS is acutely aware of the enormity of the responsibility to the children of the City. Since I assumed my position in October of 2006, the Department has focused resolutely on ensuring the safety and well-being of our city's children. To that end, we are actively engaged in an aggressive reform effort aimed at improving the quality and effectiveness of our services and restoring public confidence in the agency. The framework of that effort is called the Children's Safety Net Action Plan, which was designed in consultation with numerous child welfare experts.

I want to underscore that we are proceeding with urgency in these

reform efforts. Rather than wait for mandates, we are acting immediately on information as it becomes available so that we can improve our responsiveness to the children and families we serve. I am pleased to report that DHS has achieved many of the goals outlined in that plan and I would like to take a moment to update you on our progress and our plans for the upcoming year.

One of the most urgent goals set forth in the Action Plan was to conduct face-to-face visits with every child in the system to ensure that they are safe and receiving the most effective and appropriate services. DHS has successfully completed safety visits to all children receiving services in their own homes from the Children and Youth Division. A total of 6,653 children in 2,636 families were visited and assessed by a social worker. Also within the past six months, compliance visits have occurred for children in out-of-home

care.

To further the Department's ability to assess safety during visits, the Department has developed and will be using a standardized tool going forward. During these visits, social workers used a uniform tool to examine a number of factors affecting the child's safety, including how frequently the child is visited by a social worker, the length of those visits, whether the child has a doctor or whether they have special needs, and whether the child is in imminent risk or danger of abuse or neglect. In addition, a special database was developed to collect, monitor and analyze the information from those visits. Furthermore, we are consistently using that information. For example, when it is noted that a child with special needs or conditions does not have a doctor, the Health Management Unit at DHS is engaged to assist that family in obtaining healthcare.

Another priority outlined in the plan was to evaluate the quality and appropriateness of in-home services we provide. One important way to achieve this goal was using a process called the Quality Service Review, in which cases are randomly selected and all the records of those cases are carefully reviewed using a federally vetted standardized instrument. In addition, a series of interviews are conducted with all individuals involved with the case, including the social worker, supervisor, parents or caregivers, service providers, teachers and others. Through this process, the case is examined on safety, well-being and permanency factors. The QSR also helps to identify systemic factors impacting service delivery.

We achieved our goal of completing QSRs on 15 randomly selected cases that received in-home services from the five DHS units where child deaths had occurred between 2003 and 2006. The

reviews were conducted by trained internal and external reviewers, including staff from DHS and the Office of Children Youth and Families, providers and Philadelphia Safe and Sound. A report summarizing the findings and recommendations from those reviews was drafted and is being used to guide immediate reform efforts.

A third area of concern addressed in the Action Plan was increasing the openness and transparency of the agency. There are a number of things that I won't go into now that we've done, including interviews with the press. We have a website. We are doing internal and external newsletters to keep people apprised of the progress that we're making as a department.

We are also better utilizing extensive knowledge and the expertise of our staff and working to be more responsive to their concerns. We're enhancing our suggestion box through

which employees, providers and the public are encouraged to propose ideas, raise concerns or make complaints. Additionally, we are establishing a DHS Innovator Award to acknowledge individuals who make suggestions that result in improved services and/or efficiency.

Let me just talk about a couple of other initiatives, one of them being the curfew center that we recently established in South Philadelphia. This center opened in July 2006. Youth in violation of the City's curfew laws in the 1st and 17th Police Districts are taken to the center, where they receive an intake assessment and behavioral health assessment and are linked to appropriate services. Through March 18, 2007, 338 youth have been screened and assessed for services at the center.

The center has also stimulated community involvement. Since the institution of the curfew enforcement

initiative, over 75 residents have volunteered at the curfew center, contributing their time and demonstrating their commitment to combatting violence in their community. One of the things that's been very exciting about this initiative is that since the center has opened, we've seen a dramatic 43.5 percent drop in juvenile shooting victims in that neighborhood -- or in those neighborhoods.

Another initiative I just point out for you is the truancy initiative, which we are actively involved in. In September of 2007, the eight regional truancy courts will operate two full weeks per month, which is double the number of days they currently operate. Youth involved in the truancy court process receive case management and support to address the underlying factors that lead to truancy. Approximately 3,500 families will be served by the courts in FY07. By the end of FY08, we

expect the courts to serve 10,500 families. In addition, we are working with the School District of Philadelphia to increase the use of parent truant officers to reach out to parents and caregivers about the consequences of truancy.

We are also making great strides in reducing recidivism among those involved in the juvenile justice system. Until as recently as FY04, of the 1,500 young offenders placed by the county annually, 34 percent were back in juvenile justice placement within 12 months. The Philadelphia Reintegration Initiative was developed in 2004 by DHS and numerous other stakeholders to provide young offenders with the necessary support and resources to help them make a positive transition into their community and avoid further contact with the juvenile justice system.

Finally, we continue to work hard to prevent families from becoming

involved in the formal child welfare system by providing a comprehensive network of supportive services to help them address the underlying problems that often lead to abuse and neglect. These services include diversion case management, parenting support and education, crisis nurseries, supportive services to relatives raising children, enhanced services for compromised caregivers, and truancy and delinquency prevention programs, as well as an array of positive youth development programs.

In conclusion, I want to reiterate that DHS is fervently dedicated to becoming the very best child welfare agency in the country. I believe that we can achieve this goal. Since coming on board, I have been consistently impressed with the high standards and level of expertise and professionalism of many of the agency's staff and the high quality of our providers. They are truly passionate about ensuring the safety and

well-being of our children. The past six months have been an extremely difficult time for the Department. Yet despite the challenges we have faced, the staff have remained dedicated and focused on the tasks at hand, and I salute them for their hard work and perseverance.

This concludes my testimony. Thank you for the opportunity to present it on behalf of the Department. I'll be happy to answer any questions that you might have.

COUNCIL PRESIDENT VERNA: Thank you very much, Doctor.

Doctor, what is the amount of additional state aid that you are requesting to be added to the Governor's budget?

DR. EVANS: It's $94 million.

COUNCIL PRESIDENT VERNA: Do you know what the status is of that request?

DR. EVANS: Well, we have been in conversations with the Department of

Public Welfare. We'll be actively lobbying the Legislature. In fact, a group of us will be going to Harrisburg on Tuesday to meet with our legislative delegation and other key legislators to lobby for what we believe the state should be giving to the Department.

COUNCIL PRESIDENT VERNA: Can you tell us what additional City dollars have been added to your budget to cover the City's share for FY08 Needs-Based budget?

DR. EVANS: That would be $12 million.

COUNCIL PRESIDENT VERNA: What happens to these dollars if the state does not increase its funding?

DR. EVANS: Well, we're hopeful that the state will. We're looking at both Act 148 dollars as well as additional drawdown from the federal government. We think that we can draw down additional dollars from -- Title IV-E dollars by changing some processes

internally.

If we're not successful -- I think we will be successful. I think it's the degree to which we'll be successful -- we're prepared to make changes both in terms of what we are proposing to do and perhaps some reshuffling of dollars to address any of those things that we deem as priorities.

COUNCIL PRESIDENT VERNA: Thank you.

On Page 44-48 of your detail, you're requesting $2,250,000 for the relocation of the Youth Study Center in FY08. Are these funds for a temporary relocation and, if so, where will the facility be located?

DR. EVANS: Those are for a temporary relocation. We don't have a site at this point for that temporary location.

COUNCIL PRESIDENT VERNA: Doctor, on Page 44-74, you're requesting $46,904 for Fund for Philadelphia to

provide housing programs. Can you tell us what services Fund for Philadelphia provides? Page 44-74.

DR. EVANS: That is providing some family preservation support --

COUNCIL PRESIDENT VERNA: I'm sorry. It's providing?

DR. EVANS: Family preservation support, a communications campaign and some support for Temple University.

COUNCIL PRESIDENT VERNA: Can you be a little --

DR. EVANS: The training facility.

COUNCIL PRESIDENT VERNA: I'm sorry. I didn't hear you.

DR. EVANS: Okay. What I said was that it's providing family preservation support, some support for a training facility at Temple University and some communications support.

COUNCIL PRESIDENT VERNA: Who provides the communications support and how much is that?

DR. EVANS: I'm sorry?

COUNCIL PRESIDENT VERNA: Who provides the communications support and what is the cost of that?

DR. EVANS: I'm trying to get an answer for you.

I'll have to get back to you on the specific individual entities that that supports, but those dollars are used to support our efforts around promoting adoption, foster care and those kinds of services.

COUNCIL PRESIDENT VERNA: See, Doctor, you really have me a little confused here. I know it's not too difficult to confuse me these days, but according to your detail, it indicates -- and, as I said, on Page 44, Section 74 -- "provide housing programs." Now we're getting an entirely different version of what Fund for Philadelphia is.

DR. EVANS: I'm sorry. I gave you the wrong information. Can I get back to you on that? I will look into

exactly what that fund is funding and get back to you with an answer.

COUNCIL PRESIDENT VERNA: I would appreciate it. Thank you.

DR. EVANS: No problem.

COUNCIL PRESIDENT VERNA: On Page 44-79, you have two requests for the Fund for Philadelphia. The first is for $180,000 and the second is for $798,688. Can you explain why you use the Fund for Philadelphia and what services they will be providing?

DR. EVANS: I guess that was the confusion. The amounts that I -- the amounts that I talked about before were related to these items. The Fund for Philadelphia, items of communication, were as I mentioned earlier, about promoting adoption and foster care, the faith in families, the fatherhood initiative and those kinds of efforts that the Department is engaged in.

I'm sorry. What was the other part of your question?

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COUNCIL PRESIDENT VERNA: I was asking about the two items on Page 44-79.

DR. EVANS: All right.

COUNCIL PRESIDENT VERNA: Can you tell us why you're using Fund for Philadelphia?

DR. EVANS: Why we're saying Fund for Philadelphia?

COUNCIL PRESIDENT VERNA: Why are you using Fund for Philadelphia?

DR. EVANS: Well, my understanding is that it's a mechanism for us to quickly get out brochures, pamphlets, those kinds of things and it's a mechanism, I guess, the Department has historically used to do those kinds of activities.

COUNCIL PRESIDENT VERNA: Do you use the Procurement process to do that?

DR. EVANS: I'm going to defer to my CFO for that.

MR. ZANIER: Hi. I'm John Zanier, DHS Finance Director.

Using the Procurement process, usually these projects are quick projects that we need to get out right away on campaigns, like co-sleeping, public outreach, staff recruitment, and we use this fund, the fund that was set up, to provide funds to get these out quickly for these activities.

COUNCIL PRESIDENT VERNA: Aren't you avoiding the City system that way?

MR. ZANIER: Well, there's a need to get these brochures and these campaigns and staff recruitment and things out in a fast way. The City Procurement process will be a long and protracted process. We wouldn't be able to do these things in a timely manner.

COUNCIL PRESIDENT VERNA: And I see on that same page, Fund for Philadelphia, $180,000, it's rental fees for meeting spaces and visual and equipment project.

MR. ZANIER: This is for the

facility we use at 15th and Market Street, Temple University, for our training, mostly training, and large staff and community and provider meetings. We don't have the space at DHS to have these large meetings.

COUNCIL PRESIDENT VERNA: How large are the meetings?

DR. EVANS: It could be 50, 100 people, staff members, up to 200.

COUNCIL PRESIDENT VERNA: And how often do you have the meetings?

DR. EVANS: It varies. There are meetings that we have regularly, monthly meetings, where we bring together all of the senior-level managers within the Department. We have no space within the DHS building to hold a group that large. And then when we have periodic special meetings, again, we don't have a space adequate within the building to do that and so we will use the Temple University site.

COUNCIL PRESIDENT VERNA: On

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Page 44-110, you're requesting $53.7 million for Safe and Sound. Doctor, what services does Safe and Sound perform?

DR. EVANS: They provide a variety of services, including the after-school programs, beacon programs. They provide some support to the Department around research and evaluation. They do the Report Card. They do AVRP. It's a variety of services.

COUNCIL PRESIDENT VERNA: Does the School District get reimbursed for the expenses it incurs for after-school programs?

DR. EVANS: Does the School District get reimbursed? I'm not sure if I'm following the question. Does the school system get reimbursed by whom?

COUNCIL PRESIDENT VERNA: From Safe and Sound.

DR. EVANS: I don't know the answer to that question. I think I saw -- the answer is no. The answer is

no.

COUNCIL PRESIDENT VERNA: Well, I think we would like to know why the School District doesn't get reimbursed.

DR. EVANS: Okay. We will get that answer for you.

COUNCIL PRESIDENT VERNA: Councilwoman Tasco.

COUNCILWOMAN TASCO: Thank you.

I got a couple of letters and some calls regarding reduction in funding for some of the DHS programs, the EPIC Stakeholders program and some of those programs.

DR. EVANS: I saw that letter, too. I can tell you that it's erroneous. There is no reduction that is being planned. That letter was inaccurate. There is no reduction that we're planning in our prevention services.

COUNCILWOMAN TASCO: So they will continue?

DR. EVANS: They will continue.

COUNCILWOMAN TASCO: Do they

continue at their same level of funding? Do they get an increase?

DR. EVANS: No. We are looking at how to reconfigure those services, as any department would do. You have a set pot of dollars. You want to use those in the most effective way, and we are looking at are we using those prevention dollars in the best possible way.

I'll give you one really important thing that's come out of the crisis that we've had in the child protection part of the Department. As I noted in my testimony, many of the families that we see often don't need child protection services. The child isn't at imminent risk for maltreatment, but the families need support, and one of the things that I think we have universal agreement among our top management is that we have to do a better job of connecting those families to prevention resources, resources that we have in our Prevention Department.

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So we're looking at two things. One is how do we create an alternative for families so they don't have to go into the child protection system when they don't need to and how do we use those resources to support families even if they are in those systems. Often times the families need services that they could benefit, parenting classes and other kinds of services that we provide in the prevention part of the Department that would greatly benefit those families, and we're looking at how do we make those connections. And some of those connections, frankly, are going to need us to rethink services that we may already be providing in terms of designing them differently to meet those needs.

COUNCILWOMAN TASCO: So as you look at redesigning those services, it could mean that some of the programs that are existing would be reconfigured or no longer exist?

DR. EVANS: Well, I mean, I think one of the things that we're looking at and, frankly, what we've talked about is how do we ask providers to do something different with the resources that we're giving them. That's primarily the approach that we've taken and the approach that we're looking. So if you're providing parenting classes, for example -- I'm making up an example here, but if you're providing parenting classes, we know that one of the real challenges we have is families or parents who have some kind of cognitive impairment, that they have an intellectual impairment or they might have mental health impairment. The kind of parenting classes that you might do for that parent would look different than a parent who might not have those kinds of challenges. And so we're looking at how do we ask our providers to modify their services so that they are more useful to the kind of populations that

we're serving in the child protection part of the Department.

COUNCILWOMAN TASCO: How long has the EPIC Stakeholders program existed?

DR. EVANS: I don't know. Someone who has some history in DHS can answer that.

AUDIENCE MEMBERS: Eight years.

COUNCILWOMAN TASCO: Eight years.

DR. EVANS: Okay. I guess it's eight years.

COUNCILWOMAN TASCO: I'm sure they feel some sense of -- they have some fear that their programs may be cut.

DR. EVANS: I know. Their fears are unfounded.

COUNCILWOMAN TASCO: They're all my ladies. We got good programs and we don't want them -- they provide services needed in the community.

DR. EVANS: Absolutely.

COUNCILWOMAN TASCO: Don't be

messing with them.

(Applause.)

DR. EVANS: I just want to know if I can carry them to some of the meetings I go to.

COUNCILWOMAN TASCO: Yeah. Okay.

Today our youth and their families are more troubled and seem to need more intensive prevention services. I know there are many children in after-school and beacon programs and there is the Adolescent Violence Prevention Program for the 10- to 15-year-old. What services are available for youth who need more intensive services who are younger than 10 and older than 15?

DR. EVANS: I'm going to ask Ellen Walker, who is our Prevention Director, to talk about what services we have available.

MS. WALKER: Good afternoon.

COUNCILWOMAN TASCO: Good

afternoon.

MS. WALKER: Ellen Walker, Department of Human Services, Director for the Community-Based Prevention Services.

We have many programs directed at serving both the child/youth below age 10 and the older youth above age 16. For youth that are exhibiting behaviors which demonstrate they're out of control, we normally use the case management services, Intensive Case Management services, to support those youth. We also use our consultant and education program, commonly known as school-based case management, to support those youth, because they are normally displaying those behaviors in a school environment. We also have targeted programs after school or positive youth development programs for those youth.

An example of a program that supports the older youth is the IDAAY program. Unfortunately, I can't do the

acronym right now, but -- Institute for the Development of African-American Youth. That program was recently sponsored in the Daily News. We also have our E3 programs that support youth that are transitioning from juvenile justice service facilities back to the community. Those programs also support older youth that have dropped out of the school system or systems in general. Other programs that I can talk about is our youth empowerment services, our Trip programs.

So in short, Councilwoman, we do have an array of programs that are designed to support youth that are not active with Adolescent Violence Reduction Program, youth both on the older continuum and on the younger continuum.

COUNCILWOMAN TASCO: Okay. What are the recommended interventions for at-risk youth and their families since most youth don't, particularly at-risk youth, do not attend after-school

programs? Are they required to go?

MS. WALKER: A youth is not required to go to an after-school program. Youth that are age 15 or older that have been identified at risk due to their behaviors, we make direct outreach to them through our Adolescent Violence Reduction Program intake staff in the Department to strongly encourage those families and those parents and caregivers to involve their children in those programs, and those programs have both a quasi-mentoring component and a center-based program component that includes academic support, counseling, training around get real about violence, some Bar support, which is giving back to the communities, for example.

Youth that are younger, the outreach is through our community-based services, primarily case management programs. Again, the support is directed to the families in their own home, because, no, they --

COUNCILWOMAN TASCO: Who manages all of this? Who manages all of these programs? I mean, from your department, if you have a child that is at risk and he's supposed to be or she's supposed to be involved in some of these programs, how do you monitor that?

MS. WALKER: The programs that are directly affiliated with -- the programs in the Prevention Division that are directly affiliated with the Department and not through a fiduciary agency that has the management or monitoring component is monitored by the Prevention Division. Programs that are through a fiduciary agency are monitored by that agency.

COUNCILWOMAN TASCO: Those are the agencies you contract services?

MS. WALKER: Yes.

COUNCILWOMAN TASCO: Thank you.

MS. WALKER: You're welcome.

COUNCILWOMAN TASCO: Dr. Evans, will any prevention programs receive

funding increases in '08, and what services and how much?

DR. EVANS: We haven't completed our process of looking at the programs, so I don't know that as we sit here today.

COUNCILWOMAN TASCO: What funding will be utilized to annualize prevention programs in FY08 which are being implemented in FY07?

DR. EVANS: We have the dollars in the certified numbers that the state has given us to annualize the things that we've started for FY08. We don't have the dollars, as was noted earlier, for those new and expanded programs that we want to do.

COUNCILWOMAN TASCO: Those dollars come from the state?

DR. EVANS: Those dollars come from the state.

COUNCILWOMAN TASCO: I heard you say to the President that you are lobbying the state?

DR. EVANS: We are lobbying the state. We feel that the state funding level should be higher for the Department, and we're lobbying the state to get those additional funds.

COUNCILWOMAN TASCO: In your testimony you talked about a lot of the changes that you've made in the Department in your programmatic effort. Now, how will that fit in with the report that's due and when is it due?

DR. EVANS: The report from the Mayor's Child Welfare Panel, which is looking at the Department and what changes we should make in the Department, that report, again, is due in May. I work very closely with the Panel, really through the Co-Chair, Dr. Carol Spigner, who is a Professor at the University of Pennsylvania. The way we've looked at this -- and I noted in my testimony that we're moving forward on changes, that we're not waiting for the Panel to complete its work, but on those things

that we think are really important for us to move on, we're doing that. I do that in consultation with Dr. Spigner and members of the Panel.

The way we've sort of divided the world is that I'm focusing on operational issues and they're focusing much more on large-scale policy issues. Now, obviously there's overlap between the two of those, but I think we have a good division of what we're focusing on and I think that the kinds of changes that we're making -- and I'm quite confident the kind of changes that we're making are very consistent with what the Mayor's Panel will come out with, again, because we're constantly consulting with them as we make those changes.

COUNCILWOMAN TASCO: So as you look at the changes that you've made, do you think they will have an impact on the number of abused children that come to the Department?

DR. EVANS: I do, and I do for

a number of reasons. One is that we are, in all the work that we're doing, we're looking to and consulting with national experts on this issue. We're looking at and using the collective wisdom of people within the Department who have, I think, correctly identified what some of the areas are that we need to improve.

By the way, one of the things that we've done over the last several weeks is to visit other jurisdictions. We spent a day, me and some top managers, in Allegheny County. We also spent a day in New York City, which has gone through a similar process to what we've gone through. And what's been striking about particularly the New York visit -- their crisis happened about 18 months ago -- they developed an action plan and many of the things that they identified in their action plan are almost identical to the same kinds of issues that we identified in our action plan. So it says a couple of things. One is that -- and they've

gotten rave reviews for the kind of reform that they've done.

It says a couple of things. One is that some of the issues that we struggle with are more universal than might be known, but it also, I think, reinforces that the kinds of things that we are picking up in our own internal review are probably the right things, because they're the same kind of things that other systems are picking up. It's changes that they need to make in the system in order to improve how the Department performs its duties.

COUNCILWOMAN TASCO: You talked about curfew centers. Are you scheduled to open other curfew centers?

DR. EVANS: The process is that the Mayor and top City officials have gone around to various communities. One of the things that the Mayor has insisted on is that the community not only has to want the curfew center but has to also participate in it. And you heard in my

testimony that in South Philadelphia they have 75 volunteers that are manning the curfew center from the hours of --

COUNCILWOMAN TASCO: Staffing.

DR. EVANS: Staffing, yeah. What did I say, manning? Personing the curfew center to 7 o'clock in the morning.

So as we've identified spots around the City, we've made that commitment. I think we are opening 12 over the next year or so. We have three open now. I think we're due to do a couple more this month, and we'll continue to open those up until we get to the number.

COUNCILWOMAN TASCO: Are you doing those by RFP process or are you just identifying --

DR. EVANS: There is an RFP, but what happens is once a community decides that they want to do it, we do an RFP and make a selection of a provider. So it is a competitive process.

COUNCILWOMAN TASCO: Okay. Thank you.

COUNCILWOMAN BLACKWELL: Thank you very much.

The Council will likewise note that we passed hearings on school violence years ago, maybe in the early '90s, where we talked about parent patrols, PPO. And now we're happy to have parent truancy officers, but we've been -- and it was the same time that we passed legislation asking for uniforms.

So this is a good Council. We're on the case and happy to do that.

I suppose now I can ask you about the beacon program.

DR. EVANS: Yes. I'm going to ask Ellen to come back up and respond to that.

COUNCILWOMAN BLACKWELL: Is the beacon program -- obviously they're in the schools, and I've had people come to me about West Philadelphia High School with our current issues there. I've had

two beacon models whose leaders I've spoken with. So my question is, do I assume there are different models for different schools and are they just after school, are they during school, and how are those decisions made? Are they made by you or the School District?

DR. EVANS: I'm going to let Ellen talk a little more in detail. They are different. I think it's driven by the community in terms of how those look. So there's not a standardized -- I should say an identical model in each place that there are.

But, Ellen, you want to speak more into it.

MS. WALKER: Councilwoman Blackwell, I will attempt to answer the question you have related to the beacons.

They are primarily facilitated by our Philadelphia Safe and Sound program, but as our Acting Commissioner stated earlier, beacons are developed to be in tune with the communities in which

they are placed. Key stakeholders are involved in the development of what the beacons should look like. They also develop the RFP process for those communities.

They do operate during the after-school hours and not primarily during the day. Some beacons do have weekend activities; some do not. Depending on the beacon, they may have activities that may be on site that focuses on enhancing a parent-child relationship, older programs, younger programs, depending on the needs of the community and the beacon itself.

COUNCILWOMAN BLACKWELL: So they're really RFPs to private people who -- or I guess they could be non-profit -- to provide a service for that school and community?

MS. WALKER: Yes.

COUNCILWOMAN BLACKWELL: All right. Because all mine work except one, and that's Turner School. That's always

been an issue, always been an issue. It was a different program there, different zip codes, but it's been one of those instances where the community said one thing and the school said another. And very seldom in life do you have an issue where you have oranges and apples and in between do not meet and never did. Of course, now the school is pretty much out of control, with all components therein.

But we have looked at a couple models for West Philly High and would like to have that discussion. We're trying to work with various programs. We started an expanded Third District Safe Corridors Program after the problems at Sayre and we tried to organize that, and today was the first day out on the streets for a Safe Corridor Program there.

So we really want to have a model to help the community in and around West Philadelphia High School. So who do we approach? Do we approach you or do we

approach the School District?

DR. EVANS: You can talk to us and we will facilitate.

COUNCILWOMAN BLACKWELL: Great. That helps a lot. Thank you.

Councilman Greenlee.

COUNCILMAN GREENLEE: Thank you, Madam Chair.

Commissioner, on the number of social workers, how many do you have for the coming year? Is that an increase, decrease, the same?

DR. EVANS: I will have to give you that number. I thought I knew that. I'll have someone get that number while you ask another question.

COUNCILMAN GREENLEE: And could you also put in there their caseload as far as, again, increase, decrease, whatever?

DR. EVANS: The caseloads have been coming down over the last really ten years within the Department. For workers who are in the family service regions,

it's about 14 -- I'm sorry; about 20, around in the 20 range. Overall within the Department, it's about 14 to one. And it varies depending on the intensity of the families that the workers are working with.

COUNCILMAN GREENLEE: Is there a target that you'd like to see ideally caseload-wise?

DR. EVANS: I think we could probably go down to maybe 18, would be a good number. I think we're in the ballpark. In fact, our ratios are probably at or a little lower than a lot of other jurisdictions of our size.

COUNCILMAN GREENLEE: They are? Okay. If you could give me the total number and get it through the Chair, I'd appreciate it. Thank you, Commissioner.

DR. EVANS: Sure.

COUNCILMAN GREENLEE: Thank you, Madam Chair.

COUNCILWOMAN BLACKWELL: Thank you very much.

Are there further questions?

(No response.)

COUNCILWOMAN BLACKWELL: Thank you very much. Maybe we've questioned you out.

You may stay, if you'd like, Mr. Evans.

DR. EVANS: No. I'm leaving.

COUNCILWOMAN BLACKWELL: Thank you. Thank you, all.

MR. McPHERSON: The next office is the Office of Emergency Services and Shelter.

COUNCILWOMAN BLACKWELL: I thought we were all OSH, ladies. My favorite department. Good afternoon.

MS. MINTZ: Good afternoon.

COUNCILWOMAN BLACKWELL: Thank you very much. We're happy to see three women in power here today. Always a pleasure. Please identify yourself for the record and begin your testimony. Thank you.

MS. MINTZ: Good afternoon,

distinguished members of City Council. My name is Dainette Mintz and I am the Deputy Managing Director for Special Needs Housing and Director of the Office of Supportive Housing. I am here today with Leticia Egea-Hinton, the Deputy for Operations, and Roberta Cancellier, our Deputy for Planning, Policy and Administration.

The function of OSH is to plan for and assist individuals and families in moving toward independent living and self-sufficiency through Philadelphia's Homeless Continuum of Care, the Office of HIV Planning and Riverview Home. I am pleased to offer this testimony on the Division of Social Services - Office of Supportive Housing budget request for Fiscal Year 2008, as well as on the challenges and opportunities that lie ahead for Philadelphians experiencing homelessness and the agencies and departments dedicated to serving them.

As presented to Council, the

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proposed Fiscal Year '08 budget for the Office of Supportive Housing is $97,850,920, of which $37,911,333 is in the General Fund and $59,939,587 is in the Grant Revenue Fund. The proposed Fiscal Year '08 budget includes two significant changes from the Fiscal Year '07 budget.

The first is the transfer of administrative responsibilities for the federally funded Shelter Plus Care homeless rental assistance program from the Office of Housing and Community Development to OSH, representing 255,198 of that funding.

The second is the additional funding of 3.9 million to address an increase in the family emergency housing census and use of temporary emergency housing space by the reopening of the 43rd and Chestnut Street and Acts Masters family programs and, two, to relocate the Family Intake site to Broad and Arch Streets due to the Convention Center

expansion.

Continuing essential operational responsibilities and working under the Mayor's vision of ending the need for anyone to sleep on the street, the budget request for OSH reflects efforts to achieve these goals. The Fiscal Year '08 budget request will enable OSH to manage an average of 2,830 emergency housing beds, nearly 1,800 beds in transitional and permanent supportive housing, and provide emergency relocation services for up to 2,000 individuals. This request will also support a total of 198 all fund positions. One hundred and forty-five of them are General Fund positions and 53 are non-General Fund positions, reflecting an 11.5 percent increase from the number of positions filled in our agency in December 2006. This increase is the result of the additional staff needed to manage the Shelter Plus Care program that was transferred to OSH from OHCD.

The increased single and family census necessitates the increased Fiscal Year '08 budget request. The increase in persons experiencing homelessness can be seen as a result of increasing poverty, the prevalence of low-wage and the absence of living-wage jobs, rising housing costs, and declining federal supports and resources. On our streets, City outreach teams report a rise in the number of unduplicated individuals contacted, reflected in the annual average street count of 375 individuals living on the streets of Center City. This represents a 16 percent increase from the previous year's annual average.

Yet amid increasing demand, we secured the safety of our homeless residents this winter by ensuring that no one would be forced to remain on the streets during cold and inclement weather. To achieve this, OSH again utilized neighborhood recreation centers and successfully launched three overnight

cafe sites. Although this mandated a funding increase in annual operating expenses, it will provide a safety net for winter seasons to come.

Against this backdrop of documented and increasing demand, the City is entering the third year of Philadelphia's Ten-Year Plan to End Homelessness and continuing to reform the way services are delivered to individuals and families experiencing homelessness. In particular, efforts are focused on strengthening partnerships across the Division of Social Services and within the faith-based community to compassionately and assertively engage individuals and connect them to appropriate services, treatment and cost-efficient long-term housing opportunities. The higher Fiscal Year '08 budget level supports these objectives to strengthen Philadelphia's response to the experience of homelessness through collaboration and

targeted initiatives.

However, please note that to maintain successful momentum, we must simultaneously work to address a compounding problem. We must work to increase the available stock of safe, dignified and affordable housing opportunities. The decreasing availability of affordable housing, along with rising energy and healthcare costs, has made it nearly impossible for many of our residents to make ends meet. According to the National Low-Income Housing Coalition, to afford a fair-market rate one-bedroom apartment in Philadelphia a worker must earn $14.87 per hour or work 2.9 full-time jobs at minimum wage. Due to this widening gap between income and cost of living, large numbers of Philadelphians can no longer afford safe and secure housing and are, therefore, seeking housing assistance or emergency housing placement through our agency. Available assistance is far

surpassed by the demand for affordable housing, which now exceeds 60,000 needed units.

Our Fiscal Year '07 accomplishments: In Fiscal Year '07, OSH committed to develop an emergency housing model that accounts for the valid concerns of neighborhood and community residents who oppose homeless housing programs and projects. OSH acknowledges that the proposed number of residents to be assisted remains a prevailing issue. Accordingly, we have created two distinct program models with individualized and targeted components that include an array of comprehensive services. For families, the model proposes serving no more than 35 families per site and providing access to child care, life skills and parenting skills. For single adults, the model proposes serving no more than 75 individuals per site and providing employment and job training. However, both program models stress a framework

for community collaboration, community safety and community service. This will entail providing 24-hour-a-day security, community beautification initiatives and/or green spaces, and the creation of Community Advisory Groups to quickly address and resolve community concerns. In Fiscal Year '08, we will continue to further develop this model and work with communities to share information and progress and solicit feedback.

OSH has a responsibility to do all that it can to promote a healthy, safe and prosperous environment and must enforce what we know to be acceptable and safe public behavior. In Fiscal Year '07, OSH sought to address the issue of people sleeping in makeshift encampments, the distribution of food on the Parkway, and the danger of exposure to inclement weather as our major objectives. To address these issues, the following initiatives were implemented:

A, through collaboration with

the Office of Behavioral Health and the Police Department, Operation Quality of Life sought to encourage persons experiencing homelessness to accept emergency housing placement and/or other appropriate placement through outreach engagement and ultimately through the clearing of encampments from public areas. During Fiscal Year '07, we have successfully placed six individuals formerly living in encampments and to increase access to treatment services. We expanded specialized psychiatric addiction and treatment services within our outreach teams and began to collaborate with the Philadelphia Community Court.

B, to encourage the continued generosity of those groups and individuals who provide food to those in need, OSH has partnered with the Mayor's Office of Faith-Based Initiatives to implement Breaking Bread: An Indoor Meals Initiative. By the end of this

month, this initiative will establish and build on partnerships within the faith-based community to provide space for indoor meals and utilize City services, outreach teams and non-profit partners to extend additional services to those who are resistant to traditional offers of assistance.

C, as we worked to identify assertive means of engaging those resistant to traditional services, we also found it extremely advantageous to provide an opportunity for non-traditional tactics. By capitalizing on the success of Grace Cafe, OSH launched two additional winter initiative overnight cafes in December and November of Fiscal Year '07, St. John's Cafe and Cafe 315 South. With three cafe sites currently serving up to 175 individuals per night, Philadelphia's model provides an environment that is in great contrast to traditional emergency housing. Hailed as a model that is saving the lives of

those unwilling to enter emergency housing during dangerous and inclement weather, this innovative approach provides an overnight setting where outreach workers and addiction and mental health professionals build the rapport necessary to engage individuals previously unwilling to enter services and treatment. The goal is to eventually bring them to accept appropriate placement opportunities.

In Fiscal Year '06 at Grace Cafe, the dedication and compassion of outreach staff and provider organizations successfully engaged 50 percent of all cafe guests. Fifty percent of the regular guests, or 39 individuals, actually entered placement, leaving the streets.

For our Fiscal Year '08 objectives and planned initiatives, we are implementing the tactical phase of Philadelphia's Ten-Year Plan to End Homelessness. This process involves

seven issue-specific work groups that will identify the specific steps and tasks needed to meet designed objectives for achieving the Mayor's vision of ending the need for anyone to sleep on our streets.

Those efforts include homeless prevention. To address the increasing demand and requests for emergency housing services, it is important that we focus on preventing and diverting households from ever entering the emergency housing system and returning those households to their own housing located in supportive communities as follows:

First is the Housing Retention Program, which will provide funding for delinquent rent, mortgage or utility payments to assist over 300 City residents in remaining in their existing housing in the community. This program is targeted to specific neighborhoods that have high rates of foreclosures and evictions with provider partners assigned

to specific geographical areas. The source of funding for this program is $629,700 in Neighborhood Transformation Initiative Bond Proceeds.

B, the Diversion Program will provide housing, housing subsidies, and social service support to rapidly attach 75 families to housing in the community. The annual cost to house an average family of three in this pilot program is 21,000 as compared to 35,000 for the same family to be housed for one year of shelter costs. The source of funding for this program is $245,300 in NTI Bond Proceeds and a Fiscal Year '06 allocation of 489,000 and a Fiscal Year '07 allocation of 593,000 from the Housing Trust Fund.

To prevent placement or extended stay in emergency housing, both of these prevention efforts will assist households facing economic crisis jeopardizing their independent living.

We also wanted to share with

you our new permanent housing opportunities. In support of the Ten-Year Plan to End Homelessness, this Ten-Year Plan Leadership and Housing Trust Fund Oversight Board created a homeless housing rental subsidy program this past fall. With a Fiscal Year '07 one million commitment from the Housing Trust Fund, 40 households will be provided rental subsidies and move from transitional into permanent housing. The housing inventory for this program will consist of existing affordable rental housing developments with vacancies due to the units turning over. This model strives to address the gap between the existing rent and what a homeless family can afford by paying the difference. It is anticipated that the program will provide assistance up to three years and utilize case management and employment and training support to enhance the incomes of the households so that they can afford to retain their housing after

the duration of the subsidy.

In addition, our Housing First program model continues to have positive outcomes. OSH will continue to move individuals experiencing long-term homelessness and living with a disability from the streets or emergency housing to permanent supportive housing. Since the 2002 inception of the initial Housing First program, 190 Housing First units have been established. Of the 152 individuals enrolled by July 2006, 84,000 have been successfully housed and there has been a 50 percent decrease in hospitalizations for that same population. Measurable outcomes such as these demonstrate that secure housing creates the context for successful solutions. In Fiscal Year '08, OSH will continue to seek federal Housing and Urban Development funding and leverage state and local dollars to support this program and the increase of units.

And, finally, we wanted to talk

about our domestic violence initiatives. Lastly, OSH will continue its commitment to strengthening the City's response to incidents of domestic violence in Fiscal Year '08. Promoting the recommendation of Mayor Street's Task Force on Domestic Violence to provide survivors with assured access to services, OSH, in partnership with Women Against Abuse, will finalize another expansion of housing opportunities for survivors of domestic violence. Supported by General Funds, this expansion will increase the total inventory of available, safe housing opportunities from 65 to 100. This program is projected to open by the end of this month.

I appreciate the opportunity to testify before you today. I would be happy to answer any questions you may have.

Thank you.

COUNCIL PRESIDENT VERNA: Thank you very much.

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You state on the bottom of Page 1 of your testimony that City outreach teams report a rise in the number of unduplicated individuals contacted, reflected in the annual average street count of 375 individuals living on the streets of Center City. This represents a 16 percent increase from the previous year's annual average.

What do you mean by "unduplicated individuals"?

MS. MINTZ: Meaning that the number of contacts between the outreach workers and that individual is -- we're not counting the total number of contacts they're making. We're just counting the initial contact they made and counting that one person as someone who has been contacted, as opposed to if we were engaged with them every day of the week, that number would spike up. So we're just counting the one individual.

COUNCIL PRESIDENT VERNA: What do you believe are the reasons that this

population has increased by 16 percent over last year?

MS. MINTZ: I believe the reasons are the issues that we cited, increasing poverty issues, the prevalence of low-wage and absence of living-wage jobs, the lack of job skills for many of the single men in particular who are living on the street, rising housing costs, and obviously for many of the homeless who are living on the street, they have behavioral health issues. There's either a mental health issue, a severe addiction issue or they're duly diagnosed with those. And so all of those factors I believe has resulted in an increase of folks who have found themselves homeless as a result of those factors and have chosen to live on the streets of our city.

COUNCIL PRESIDENT VERNA: Thank you.

The Chair recognizes Councilman Greenlee.

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COUNCILMAN GREENLEE: Thank you, Madam President.

Good afternoon.

MS. MINTZ: Good afternoon.

COUNCILMAN GREENLEE: Just a couple of quick questions.

You talk about some of the new programs you had over the winter. Have you seen an increase in cooperation of homeless residents in participating in these programs?

MS. MINTZ: Actually, we have been very gratified by the number of homeless, chronically homeless, street consumers who have opted to utilize the overnight cafes. That traditionally is the population that would be the most resistant to going into any kind of emergency housing placement, even knowing that it was only for one night. And so in our mind, we really believe that the overnight cafes have presented an option that we didn't have that provides that group of folks with an opportunity to get

off of the streets when it's really cold.

I don't think it is -- it is not a factor that many of those programs are a combination of a partnership between a non-profit homeless provider and a church group, and I think that there's also a level of trust and comfort in going to a church site where the cafes are located. And so we've seen just a wonderful response to that and we're very gratified that over this past winter, we didn't have any homeless individuals who expired on the street due to inclement weather.

COUNCILMAN GREENLEE: That definitely is good news.

MS. MINTZ: Yes.

COUNCILMAN GREENLEE: You mentioned the distribution of food on the Parkway, which is kind of a timely issue because I'm supposed to be at the Logan Square Civic Association tomorrow night. They raise that issue all the time.

Again, you talk about some of

the programs. What cooperation have you had with the private agencies or private groups that do feed the homeless?

MS. MINTZ: Actually, that also has been very encouraging. One of the sort of basic concepts that we decided was that it is anecdotally known to us that many of the groups who feed along the Parkway are religiously affiliated, and so our thought was if we could identify local churches of various denominations, we would then offer those groups who are carrying out a ministry on the Parkway an opportunity to partner with the church of their own denomination who is willing to host the indoor feeding.

So we reached out to a number of Center City churches. We have seven Center City churches who have identified an interest to work with us in opening or creating a new feeding program indoors. We have three of the seven who have identified a desire to initiate their

program by the end of April. And so we're very gratified by that. Our goal is to achieve a schedule where we would have an evening meal scheduled for every day of the week.

COUNCILMAN GREENLEE: That certainly makes sense. I guess the other question, those churches, has there been any communication with the communities around this? Because I know people are sometimes a little difficult.

MS. MINTZ: Exactly. Yes. Each church has identified to us that they have an internal process that they have to follow, and that's the reason why the end of April actually ended up becoming the date, or beginning of May, that's more realistic. We had the Easter holiday and the churches needed to go through the internal processes to get it approved and have their congregations on board. And so we certainly recognize the necessity, encourage them to go through the internal processes, because part of

what we want to be sure is that we have 100 percent buy-in when we initiate the programs.

COUNCILMAN GREENLEE: And once you start it, you don't have community opposition in trying to stop it.

MS. MINTZ: Exactly.

COUNCILMAN GREENLEE: Got you. Okay. Thank you.

Thank you, Madam President.

COUNCIL PRESIDENT VERNA: You're welcome.

The Chair recognizes Councilwoman Blackwell.

COUNCILWOMAN BLACKWELL: Thank you, Madam President.

I certainly would like to thank all three individuals with whom I work regularly, daily and who work so well with us so that we may try to do our part to deal with this issue that is closest to my heart out of all that we do. We've really been focusing a lot on trying to get people off the streets. After all

these years, even though I like feeding in the subway, people shouldn't live there. This is year 2007. And we support all of these cafes, the night programs to try to get people accustomed to being up here with the rest of us and in a place where they can get the services they need.

And so I only wanted to pledge my continued commitment to do what we can to end homelessness in this city and hope that at the end of this ten-year period, we may be a role model for the rest of the nation, as we are for many, many cities, as to what can happen to help people who are absolutely on the bottom rung of the ladder and who are homeless in the City of Philadelphia.

Thank you, ladies.

MS. MINTZ: Thank you, Councilwoman Blackwell. We certainly do depend on your support.

COUNCIL PRESIDENT VERNA: Are there any other questions from

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Councilmembers?

(No response.)

COUNCIL PRESIDENT VERNA: Any comments?

(No response.)

COUNCIL PRESIDENT VERNA: Seeing none, we thank you for your patience.

MS. MINTZ: Thank you.

COUNCIL PRESIDENT VERNA: I know you've been waiting quite a while to testify.

This Committee will stand in recess until Monday, April the 16th at 10:00 a.m.

Thank you all very much.

(Committee of the Whole adjourned at 2:15 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 on April 11, 2007, and that this is a true and correct transcript of same.

_____

MICHELE L. MURPHY

RPR-Notary Public

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