

COUNCIL OF THE CITY OF PHILADELPHIA
COMMITTEE ON PUBLIC HEALTH & HUMAN SERVICES

McPherson Library
Philadelphia, Pennsylvania
Tuesday, December 11, 2018
5:30 p.m.

PRESENT:

COUNCILWOMAN MARIA QUINONES SANCHEZ, VICE CHAIR

COUNCILWOMAN HELEN GYM

COUNCILWOMAN BLONDELL BROWN

COUNCILMAN WILLIAM GREENLEE

COUNCILMAN MARK SQUILLA

RESOLUTION 180037 - Resolution authorizing the Committee of Public Health and Human Services to hold hearings to assess the City of Philadelphia's efforts, as coordinated by the Managing Director's Office and our Human Services Department, to prevent and treat abuse, addiction, and disease related to the use of opioids.

1 COUNCILWOMAN SANCHEZ: We have established
2 a Quorum. For the record, the Chair of this
3 committee, Councilwoman Cindy Bass has a show
4 for her daughter. And she is a mommy. And
5 that is extremely important. So we are going
6 to excuse her today. I am Vice Chair. And I
7 think I can handle it. So shout out to mothers
8 who go to Christmas plays. That's usually
9 important.

10 Having established a Committee on Public
11 Health and Human Services, having established a
12 Quorum, to my right is Councilwoman Blondell
13 Reynolds Brown. And I also want to excuse her,
14 because she had a prior commitment. Many of
15 you know we changed the dates two or three
16 times. So my apologies. And we wanted to get
17 it in before the end of the year and before the
18 holidays. So we will excuse her at the
19 appropriate time so she can complete her
20 duties. To my left, Councilman Greenlee, Bill
21 Greenlee, and to his left, Councilwoman Helen
22 Gym.

23 So for the record, I'm going to have the
24 clerk read the title of the bill.

1 THE CLERK: Resolution 180037, a
2 resolution authorizing the Committee of Public
3 Health and Human Services to hold hearings to
4 assess the City of Philadelphia's efforts, as
5 coordinated by the Managing Director's Office
6 and our Human Services Department, to prevent
7 and treat abuse, addiction, and disease related
8 to the use of opioids.

9 COUNCILWOMAN SANCHEZ: Thank you. Just
10 for purposes of bringing people up to date as
11 to where we've been, this resolution was
12 introduced on January 25th, 2018 -- that's
13 right, 11 months, since we started this
14 process.

15 On April 4th at Visitation Center, we had
16 a similar community meeting and discussion both
17 with the administration and members of the
18 community.

19 On March 12th in City Hall, we had a
20 public hearing to speak about the bigger
21 portfolio and human service providers and the
22 City departments and their responses.

23 And now we're, here, at McPherson Library.
24 So there's been a series of meetings. All of

1 the testimony related to those hearings are
2 public record. You can get it on the City
3 Council Legistar or you can contact our office,
4 and we're happy to share with you the
5 transcripts. We have an official stenographer.
6 This will be taped for purposes of public
7 access TV, government public access TV.

8 Do any of my colleagues have a comment
9 before we begin?

10 (No response.)

11 COUNCILWOMAN SANCHEZ: I want to
12 acknowledge there are many people in the room.
13 I thought I saw Representative Holstein in
14 here. Is he here? Joe, thank you so very much
15 for coming and congratulations. I look forward
16 to another partner in this work.

17 I'm going to recognize Donna Aument, who
18 is the ward leader of the 33rd Ward, which we
19 are in her Ward and many of you, who -- some of
20 you will be testifying, we will introduce as we
21 begin.

22 I'm going to ask the administration to
23 come in first, and then we'll ask a couple of
24 questions. And I do want to get to the

1 community. We are going to ask community
2 members to -- especially for those who did not
3 submit written testimony to do the testimony
4 between three to five minutes. I promise I'm
5 going to get everybody out of here in 90
6 minutes. And I'm going to stick to it. We're
7 going to get out of here in 90 minutes. So
8 what's that -- 7:00. We started 15 minutes
9 late, so we'll allow that grace period. You
10 know how we can be. I want to be clear.

11 So first of all, many of you have
12 participated in one way or another ,either in
13 the Kensington civic group or as part of the
14 emergency declaration made by the mayor that
15 folks will speak to. And when we have Tumar
16 Alexander and Joanna Otero Cruz, they will
17 speak a little bit to that.

18 But before that, we started a conversation
19 around systematic reform for treatment of
20 services in our Department of Behavioral
21 Health. So I'm going to ask David Jones, who
22 is the Director of our Department of Health, to
23 come forward and Liz Hersh to specifically
24 address some of the reforms that the system has

1 excepted, part of the recommendations in the
2 initial hearing that we had in March, but
3 really a lot of the input from hearing from the
4 folks, both in the community and in addiction.
5 I'm going to have them first speak to the entry
6 access to treatment, and the bigger picture
7 that we're going to be doing. And then we will
8 have Tumar Alexander, who has been leading our
9 Resilience Project. And he can speak
10 specifically to the emergency declaration and
11 some of the work that has been done in the
12 community. So with that...

13 MR. JONES: Good evening Chairwoman Cindy
14 Bass, Chairwoman Maria Quinones Sanchez, and
15 other Council Members on the Committee of
16 Public Health and Human Services. I am David
17 T. Jones, Commissioner for the Department of
18 Behavioral Health and Intellectual Disability
19 Services, DBHIDS. Thank you for the
20 opportunity to testify in response to
21 Resolution No. 180037.

22 DBHIDS is responsible for oversight of a
23 provider network that serves children, youth,
24 adults, and families in Philadelphia with

1 behavioral health challenges and/or
2 intellectual disability.

3 Today's testimony will focus on the DBHIDS
4 response to the opioid epidemic and reform and
5 variables of accessing substance use disorder
6 treatment.

7 Much of this work is centered between the
8 divisions of behavioral health and Community
9 Behavioral Health, CBH, which is a City
10 governed nonprofit managing care entity that
11 serves as a payer for behavioral health
12 services for individuals eligible for public
13 health or Medicaid. The Division of Behavioral
14 health serves as the care for individuals
15 without insurance.

16 Our work touches many lives. Both
17 national and Philadelphia data indicates that
18 one in five people experience some form of
19 mental illness or substance use disorder. In
20 calendar year 2017, over 700,000 Philadelphians
21 were eligible for Medicaid via Community
22 Behavioral Health.

23 During that same year, over 120,000 people
24 participated in treatment between DBH and CBH

1 representing approximately 21 percent,
2 consistent with national rates of Behavioral
3 Health Services utilization.

4 I will underscore the point that uninsured
5 individuals who have opioid use disorders have
6 access to treatments is one of our highest
7 priorities of the Department. We are equally
8 committed to helping community members feel
9 supported in their neighborhood. We are
10 working and we are making progress.

11 In calendar year 2017, at CBH, more than
12 32,000 individuals utilized substance use
13 disorders treatment services. More than 15,000
14 of whom were treated for opioid use disorders.
15 This demonstrates an increase of 6,500
16 individuals who utilize substance use disorder
17 services. And 1,500 individuals who are
18 treated for opioid use disorder in calendar
19 year 2016.

20 To give you a sense of the size of our
21 network, DBH contracts with more than 175
22 separate clinical programs service locations to
23 treat persons with substance use disorder and
24 mental illness.

1 These contracted entities comprise of over
2 2,000 beds including inpatient hospital
3 programs, residential programs, or
4 rehabilitation, detoxification, and halfway
5 houses.

6 In addition to the bed base services, CBH
7 also offers member services of varying levels
8 of intensity within an ambulatory and community
9 base setting. These services include
10 outpatient, intensive outpatient, partial
11 hospitalization, and services designed to keep
12 recipients in community settings such as case
13 management and care management services.

14 In our efforts to address the epidemic,
15 they centered around making sure that treatment
16 is accessible and making sure that treatment is
17 of high quality and effective.

18 In the area of opioid use disorder, the
19 most effective treatment is Medication Assisted
20 Treatment, MAT. MAT is the use of medication
21 such as Methadone, Buprenorphine, Suboxone, and
22 Vivitrol and a combination of counseling and
23 behavioral therapies.

24 Research has demonstrated a 75 percent

1 reduction in mortality in patients who treated
2 with Buprenorphine versus people treated with
3 psychosocial interventions alone. Therefore,
4 much of our work is focused on increasing the
5 availability and use of MAT in all of
6 Philadelphia, in terms of each level of care.
7 Despite the overwhelming impotent of the
8 ethicacy of MAT, currently 65 percent of our
9 providers all perform MAT. And we will
10 continue to work diligently to have our whole
11 network reach 100 precent in terms of being
12 able to offer MAT.

13 Given the ethicacy, again, of MAT, we
14 launched NET 24 hour, seven day access point,
15 which has been accepting members with a full
16 range of SUD and withdraw symptoms for
17 assessment, stabilization, and referrals from
18 the appropriate level of care also using hand
19 offs. You will hear a little bit more about
20 that from Regan in just a bit.

21 Temple's Episcopal Crisis Response Center
22 has been enhanced with hiring dedicated staff
23 to engage, assess and treat individuals with
24 opioid abuse disorder. I think you may hear

1 from Dr. O'Gurek about that.

2 MAT, we've expanded capacity by 3,000
3 slots during 2018. CBH issued three bulletins
4 to its provider network to increase education
5 in individual choice and the availability of
6 MAT. This includes short and long term
7 residential substance use disorder
8 rehabilitation and halfway houses provide MAT
9 compatible services.

10 All SUD providers incorporate, again,
11 medication assistance treatment options into
12 planning, treatment planning, and then making
13 sure that there's informed consent as a part of
14 that process. And that all provides -- to make
15 MAT available by 2020.

16 To further increase access, we also work
17 with provider network to decreased the time of
18 induction, that is the time that people are
19 actually placed on Medication Assisted
20 Treatment to expand night and weekend hours and
21 coordinate linkages after an individual is
22 discharged from one level of care to another.

23 Regarding barriers, we've actually worked
24 to remove managed care requirements, for

1 example drug screens and vital signs. That's
2 been kind of a sequential steps that -- in
3 which getting the drug screen was the first
4 part. And what we said is, Move into treatment
5 and we can get that as it goes.

6 We've expanded the flexibility of ID
7 utilization, particularly for opioid treatment
8 programs. And then we've ended prior
9 authorization requirements for short-term
10 substance use disorder treatment.

11 We realize that there's more work and
12 change still needed. We're committed to
13 addressing the barriers that remain, and to
14 capitalize on opportunities to increase access
15 to treatment across multiple settings.

16 We've actually also offered several
17 training opportunities to improve access and
18 quality of SUD treatment. We've launched a
19 monthly Medication Assisted Treatment learning
20 collaborative.

21 We've also -- DBHIDS has held 26 two day
22 American Society of Addiction and Medicine
23 trainings, which, essentially, help clinicians
24 complete an assessment of Substance Use

1 Disorder to determine, essentially, medical
2 necessity and level of care.

3 We've worked with all of the recovery
4 houses on training focus on MAT. And we
5 continue to have those trainings open to all
6 recovery house staff. And then there's also --
7 we've provided Buprenorphine Waiver Training to
8 183 Philadelphian prescribers.

9 We've also -- we're increasing access by
10 bringing engagement resources to individuals.
11 That includes CBH member services as well as
12 the two certificated peer specialists, one of
13 which is here tonight, that works at the Mural
14 Arts Storefront, here in Kensington.

15 The Mobile Engagement Unit, via
16 relationship with Prevention Point is offering
17 MAT induction, here, in Kensington. The Mobile
18 Outreach Program in engaging individuals on a
19 daily basis, utilizing innovative approaches
20 like UberHealth, as an example.

21 We also have convened a network of
22 behavioral health providers, here, in
23 Kensington to facilitate warm handoffs and
24 foster referral relationships, particularly

1 between the mental health and historic
2 substance abuse providers.

3 And then we are certainly working very
4 closely with Liz Hersh, Office of Homeless
5 Services, including providing additional
6 outreach teams to help individuals experiencing
7 homelessness.

8 Multiple additional resources have been
9 provided, including the Mobile Engagement
10 teams. And we have worked with, again, our
11 provider network, that includes in this case,
12 PHNC, NET, Merakey, Wedge, Pathways to Housing,
13 One Day at a Time, A Journey of Hope, our
14 project, our consumer satisfaction team, Clean
15 Slate, and, again, I had mentioned Prevention
16 Point.

17 There are over 70 in network behavioral
18 health program locations in Kensington. These
19 programs provide a wide variety of services to
20 children, adolescences, adult. And include
21 federally qualified health centers, mental
22 health outpatient programs, substance use
23 outpatient programs, intensive outpatient
24 programs, REX rehab, halfway houses, and acute

1 inpatient psychiatric programs along with
2 children's partial programs. We are excited
3 about what that continuum includes.

4 And what I'll do is I'll stop there. We
5 certainly have provided an overview of the
6 Department's response to the opioid epidemic
7 and our treatment continuum. And we'll
8 continue to focus on reforms in areas of
9 accessing Substance Use Disorder treatment,
10 appreciative of the opportunity to testify this
11 evening.

12 And if you have questions, I'm happy to
13 answer them now.

14 COUNCILWOMAN SANCHEZ: Before we go to
15 Liz -- and, unfortunately, we only have one
16 microphone. I hope you can hear me.

17 You spoke to 70 locations in Kensington.
18 As you know, some of the concerns with the
19 community of long-term residents of Kensington
20 is the locating of all of these centers.

21 Is there -- I know you launched the new
22 website. Where can people go to see who are
23 the 70 locations and the quality and the
24 contact person for those providers? I know you

1 have a table here. But for long-term
2 residents, people should know the 70 providers
3 in Kensington, who they are, the level of
4 quality, and the contact person for folks. Do
5 we have that available?

6 MR. JONES: So couple responses. One, so
7 folks should know that we actually have
8 888-545-2600 number that operates 24 hours,
9 seven days a week -- you can contact. Call the
10 number, a live person will answer. And
11 certainly, to the extent that you are looking
12 to participate in treatment, they will direct
13 you to treatment.

14 In addition to that, if you go on our
15 website, you can see there is a map of the
16 providers and where they are located, along
17 with the type of levels of intensity of
18 treatment they provide.

19 There is also -- we have on our website a
20 facts sheet that lists, kind of, again, all of
21 the providers, particularly, by categories.

22 So there's -- these are the all substance
23 use providers who are outpatient, intensive
24 outpatient, those are the ones providing

1 Medication Assisted Treatment. That
2 information is available.

3 COUNCILWOMAN SANCHEZ: And the contact
4 person and the person responsible for the site?

5 MR. JONES: Correct.

6 COUNCILWOMAN SANCHEZ: Thank you. The
7 Chair recognizes that Councilman Squilla has
8 joined us. Thank you, Councilman.

9 COUNCILMAN GREELEE: Can I just say
10 something real quick? I don't know if this is
11 your auspice, because you were talking about
12 treatment. And obviously, all that is very
13 important.

14 How much have you looked into the sources
15 of people getting addicted, particularly
16 talking about the overprescribing of
17 medications, that kind of thing. Has that been
18 something you've looked at?

19 MR. JONES: Well, I mean, so there has
20 been -- we know coming out of the Mayor's Task
21 Force from that opioid epidemic, there were the
22 four broad strategies prevention, education,
23 treatment overdose prevention, and then
24 criminal justice involvement. So there's been

1 concerted efforts working with the Health
2 Department to get information out to
3 prescribers to share information about
4 inappropriate opioid prescribing, and to reduce
5 the number of opioid prescribing. So that
6 information is -- we're working with, again,
7 the Health Department to get that information
8 out to physicians across the board, so they
9 have a sense as to what their prescribing
10 patterns are.

11 There's also been a host of information
12 provided that says -- looked at alternative
13 treatments to opioid.

14 So we've been, I think, pretty expansive
15 in sharing that information and trying to
16 address that issue from both a prevention and
17 over prevention perspective.

18 COUNCILMAN GREELEE: I appreciate that.
19 And the Health Commissioner is very active in
20 that.

21 I have to say very quickly, Councilwoman
22 Bass and I introduced the bill that just got
23 passed out of Committee that tries to put some
24 regulations on the pharma industry, because

1 that is, I think, a big concern that leads to
2 overprescribing. We try to regulate GPhCs,
3 register them to know where they are.

4 Bill Richards started with the
5 Administration. Councilwoman Bass and I have
6 taken it up.

7 And just for the record, everybody here,
8 we're hoping to get this passed. It comes up.
9 It can come up on Thursday. We'll see what
10 happens there, okay? But I think that is a
11 key.

12 Obviously, what you're doing is very
13 important. But I think trying to stop it
14 before it gets to that level, before that
15 downward spiral starts, I think is extremely
16 important. And that's what we're trying to do.

17 We know this is a multi-problem issue.
18 And it takes multi-solutions, if you will. And
19 that's what we're trying to approach from that
20 angle, too, with everything else you're doing,
21 so just for the record. Thank you, Madam
22 Chair.

23 COUNCILWOMAN SANCHEZ: The Chair
24 recognizes Councilwoman Gym and then

1 Councilwoman Brown.

2 COUNCILWOMAN GYM: Thank you, Madam Chair.

3 So I appreciate some of the services that
4 DBHIDS has been giving out. I think the impact
5 in the community has been profound in young
6 people, in particular.

7 Could you talk a little bit about some of
8 the school-base work that you're doing, at all,
9 in some of the schools?

10 I think in collaboration with CBH, we were
11 able to bring in a number of social workers
12 into schools.

13 So, you know, helping me understand --
14 what are the kinds of school-base work that
15 you're doing with the School District or other
16 schools in the area to help young people in the
17 community understand that, you know, there are
18 many different -- they need a lot of support
19 trying to understand what's happening around
20 them. And we want to make sure that they have
21 it.

22 MR. JONES: Thank you, Councilwoman Gym.
23 It's a great question. As you point to, we
24 have worked in terms of both -- in DBHIDS and

1 CBH in working with the school system to bring
2 up the support team for educational
3 partnership. That was the step program you
4 alluded to where there are the four disciplines
5 that include social workers, case managers,
6 behavioral consultants, and, essentially a
7 family navigator. Bringing that program up in
8 those 22 schools, I think that that's certainly
9 part of a rawer approach to take to get more
10 prevention.

11 Beyond that --

12 COUNCILWOMAN GYM: Which ones are here in
13 this community? Which schools would it apply
14 to?

15 MR. JONES: I can give you a list of
16 exactly where they are. I didn't bring that
17 with me, but we can make sure we get that
18 information out so you know exactly where they
19 are.

20 And beyond that, we have, through the
21 Department and CBH, been working with the
22 school systems for a significant period of
23 time -- so we have prevention programs.

24 So all total through our prevention

1 programs and our treatment, we actually are in
2 250 of the schools. And we provide, again, a
3 range of prevention treatment services.

4 We had -- in addition, we also have been
5 working with the school system around making --
6 looking at how, for example, our behavioral
7 health or rehabilitation services, how that
8 program has rolled out.

9 And we are looking at, also, our school
10 therapeutic services program, looking forward
11 to say does this program continue to meet the
12 needs of the students in the school system, and
13 working with them about potentially probably in
14 a year or two doing -- to identify a model that
15 most effectively serves kids.

16 So it's really a range in terms of
17 services that we have provided to the school
18 system.

19 There is also some specific focus that we
20 do on -- through some of our providers, working
21 with youth who are at risk for substance use
22 disorder. And doing, again, some family
23 work -- going in, doing that preventative work
24 to inform families on, again, the signs and

1 symptoms of someone who may be experiencing
2 Substance Use Disorder, and to show that there
3 is actually a different pathway forward.

4 Again we're in 250 schools, and our work
5 has been ongoing.

6 COUNCILWOMAN GYM: Just for clarity, I'm
7 very appreciative of and recognized that DBH
8 has a lot of programs.

9 I think I'm looking for depth and not
10 light breaths across the system. So there's a
11 particular crisis that we're facing. There's
12 particular schools and communities that we know
13 are very vulnerable. And we know the
14 geographic boundaries within which they happen.

15 I guess I'm curious about -- so I know we
16 talked about the step program. I have the list
17 somewhere. I was just trying to see if you
18 knew in this community whether you could say
19 where those specific schools are. But, you
20 know, again, I want to make sure that we --
21 we're being very targeted.

22 There are a lot of services that the
23 School District offers. But when we are --
24 when young people are going through extremely

1 difficult times, the community is suffering,
2 young people suffer 10 times harder. And they
3 can't even put into words what they are
4 experiencing, because it's all around them and
5 it feels overwhelming.

6 So that's why we wanted to put a nurse and
7 counselor in every school, that's why we wanted
8 to explore the step program, try to do
9 something different other than what we've done
10 and all the other programs.

11 But I'm curious about, you know, like how
12 deep can we go with schools and to get some
13 concrete outcomes rather than just rattle off
14 the programs that we already have.

15 So I'm pushing a little bit here. I'm
16 going to push the District on the same
17 question, too. They should have sharp answers,
18 and I need to know names of schools, numbers of
19 children served. Like I want to hear outcomes.
20 I want to know that these young people are
21 really responding to this. Because we're
22 putting our effort into this step program. So
23 we want to make sure there's something coming
24 out of it.

1 MS. ERNEY: The only things I wanted to
2 add -- I'm Joan Erney. I'm the CEO of
3 Community Behavioral Health.

4 In concert with what David reported, for
5 this particular community, we did do a number
6 of things. So I don't have -- I can give you
7 data with the number of kids, but a couple of
8 things, really, from the beginning.

9 One is when we were advised in the very
10 early days of some of the challenges schools
11 were having in even opening, we rallied our
12 agencies and said, Can you go out routinely on
13 the street and actually look for and help with
14 kind of looking for kids and families to make
15 sure that you're intervening, if there's
16 something going on as they were going into the
17 school. We did that and implemented that. And
18 now the City has taken on more safe streets and
19 safe school activity.

20 We also pulled together all of our
21 prevention and STS providers in the school
22 districts in this immediate area, the schools
23 in this immediate area, and asked them to make
24 sure that they were going to the principals --

1 because the principals have reported to us that
2 it's not only the children, it's the families,
3 it's the principals, it's the teachers.

4 Everyone is experiencing a level of trauma that
5 has been of concern. So they've gone to ask
6 what can we do, what can we do to support you,
7 what can we do in addition?

8 We also have Cora(ph), who is here
9 tonight, who does prevention services, and,
10 really, connects with those agencies and those
11 schools, particularly, where they're trying to
12 do deeper dives with children.

13 So some of this data we will have will be
14 more general, because we're not going to label
15 those kids as having a Medicaid episode. We're
16 going to talk about the trauma that they might
17 have experienced in that building, and are we
18 giving that building enough support.

19 And then I would say, finally -- actually
20 yesterday, we had, as David pointed out, the
21 convening of the Kensington and Allegheny
22 providers. Again, it's just to create those
23 linkages between agencies. And we did a focus
24 on schools. We had our educational staff

1 there, along with some of the providers who
2 were providing those services in the school to
3 talk about are there more best practices we
4 need to do. How are we identifying those, et
5 cetera.

6 So we really are trying to intervene. I
7 think we haven't gotten as much feedback from
8 the schools, is it making a difference or not
9 yet, and I think it's a work in progress.

10 COUNCILWOMAN SANCHEZ: I think it's really
11 important that -- again, we're here talking to
12 Kensington residents. This is the epicenter.
13 And the ability to give them a little bit more
14 details about whether it's on our website or
15 schools, and look at is there a consistency in
16 what we're doing at the schools, right?

17 So if I'm a parent and I walk into a
18 school, I should know who's the behavioral
19 health provider there, who's the point of
20 contact, if there is that kind of exchange. So
21 I think that's what we're looking for.

22 COUNCILWOMAN GYM: And similarly, you
23 know, there's the Safe Routes Programs. Those
24 are operated through the City in collaboration

1 with the School District. If the concern is
2 about a route to school in which young people
3 may witness things or feel not safe as they
4 walk -- we closed down a number of schools in
5 this community, as well. So I want to make
6 sure that we are in communication with our
7 parents, our community members, and our young
8 people. So I want to hear stuff like, yes,
9 we've double the number of people monitoring
10 the safe routes. And that the City has to step
11 up, to some extent, on that.

12 And then I want to hear the young people
13 say, Hey, it feels a little bit different for
14 us, even despite everything that's happening to
15 us, we feel like there's folks looking out for
16 us -- whether you're, you know, 10 or whether
17 you're 18.

18 I know you feel this way. But I'm going
19 to be looking and pushing for a little bit more
20 specifics in specific schools, and letting the
21 community know which schools have it, which
22 schools are on the standby list for it, and
23 that the Councilwoman and others in the
24 community can direct people towards that.

1 MR. JONES: The other thing I would want
2 to add, too, though, is just in terms of youth
3 voice, we also have youth motivating others
4 through the voices of experience. So we
5 actually have a very active part of the
6 Department, where, for example, Ziheed(ph)
7 Dayes(ph), who is our youth leader in part of
8 our system. We're here to grant where there's
9 a consistent effort working with families who
10 have obviously experienced psychiatric
11 distress, that they are part of giving us
12 information about how we can improve this
13 system, how we can do work with the families,
14 and, in fact, how youth can play a role in
15 leadership going forward. I want to put that
16 out there as another strategy that we're using
17 in that.

18 And I think, again, we can get back to you
19 guys around some of the specific numbers or how
20 many youth members we have and some of the work
21 that they have moving forward.

22 COUNCILWOMAN SANCHEZ: Thank you.
23 Councilwoman?

24 COUNCILWOMAN BROWN: Good evening.

1 MR. JONES: Good evening.

2 COUNCILWOMAN BROWN: One direct question
3 and then two others to follow.

4 You gave a projected date of 2020 to have
5 the entire network do MAT. And so what might
6 be the impediments that may prohibit or get in
7 the way of your achievement of the 2020
8 deadline?

9 MR. JONES: So there are probably a couple
10 challenges. One, is just in terms of getting
11 all of the providers to complete the training
12 in terms of the -- I mentioned for example the
13 Buprenorphine Waiver Training.

14 So we have, if you will, kind of
15 physicians at every site within every provider.
16 So we make that distance and go from 65 percent
17 to 100 percent.

18 And then candidly, there are also going to
19 be some providers who say we want to take a
20 medication free pathway. And that,
21 essentially, they're saying we really believe
22 that recovery is possible without using
23 Medication Assisted Treatment. That will be a
24 challenge, too.

1 We definitely believe that every pathway
2 to recovery should be explored, it's just that
3 the science is very clear about -- particularly
4 as it pertains to opioid use disorder.
5 Utilizing Medication Assisted Treatment is the
6 best pathway to recovery.

7 COUNCILWOMAN BROWN: Related question, so
8 do you find the providers?

9 MR. JONES: Yes.

10 COUNCILWOMAN BROWN: So if you find the
11 providers, I would think that training should
12 not be optional. Training should be required
13 by a certain deadline to achieve the goals
14 you're trying to achieve.

15 MR. JONES: You're absolutely right,
16 Councilwoman. In fact, that's what we've
17 indicated. It's actually mandated that the
18 providers participate in those trainings, but
19 giving them the opportunity to make the
20 adjustments and then reaching the deadline by
21 2021.

22 COUNCILWOMAN BROWN: To Councilwoman Gym's
23 point regarding the depth of it, I too believe
24 in saturation. In fact, given the magnitude

1 and the scale of this problem in Councilwoman
2 Sanchez's district, there needs to be
3 oversaturation and schools become one contact
4 point for young people.

5 You've mentioned schools. You've
6 mentioned prevention STS. You've mentioned
7 providers. You've mentioned CORA. We have
8 senior citizen centers. We have libraries --
9 any place where two people are gathered.

10 I'm curious to know, where's the glue,
11 where's the thread that ties all those rolls
12 together in the coordinated way to attack this
13 issue? Is government intended to be the glue?
14 Who's the thread separate from Councilwoman
15 Sanchez?

16 MR. JONES: So what I will say is that
17 we -- through our Division of Planning and
18 Innovation, we certainly participate in many
19 community meetings. We attend, kind of, health
20 forums. We share information about what's
21 available through not only DBHIDS, but our
22 partner entities.

23 There is a concerted effort to make sure
24 that the work that's coming out -- so for

1 example, some of the work that we do is through
2 our evidence based practice and innovation
3 center, which is to share information around
4 the most effective treatment strategies.

5 And so part of what we've done, too, is
6 make sure that -- and this goes beyond the
7 various entities that you've mentioned -- that
8 they have information around -- for example,
9 trauma informed treatment. So whether you are,
10 you know -- I'm going to give you an even
11 better example.

12 We do work with Grands As Parents. So in
13 our work with Grands As Parents -- obviously,
14 that's intergenerational work where we have
15 shared with them about trauma informed care,
16 trauma informed treatment, about, again, the
17 prevention strategies.

18 And so as they are looking and
19 certainly -- as developing their various
20 relationships, we are an active partner with
21 Grands As Parents and sharing information. And
22 that's just an example. And I think that we do
23 that pretty much across the board.

24 COUNCILWOMAN BROWN: My final comment and

1 observation would be, any place where two young
2 people are gathered, that CVS, that Rite Aid,
3 that physician, that clergy member, that case
4 manager, that social worker, both -- what I'm
5 not hearing is a glue and a thread that ties
6 that all together where folks meet on a regular
7 basis to examine where we are, what progress
8 we've made since that last meeting, who's
9 responsible for doing X, Y and Z over the next
10 30 days.

11 And the template I have for that, that I
12 believe could have some value, under Mayor
13 Street's administration, he had a Blue Ribbon
14 Panel that met for an entire year to look at
15 how we look at systems for kids.

16 We met monthly. There were subcommittees
17 that reported to the Chair. And all of those
18 committee met monthly. And for a year we
19 examined how systems were doing and where
20 recommendations needed to be made. And then in
21 the second term, those recommendations were
22 implemented.

23 So a similar template, I believe, would
24 have value here in bringing all the providers

1 together, the STS providers, the preventions,
2 the heads of the school, physicians, clergy,
3 CBOs like with Grands As Parents. So that
4 everybody has an articulated role in how we can
5 address and further deepen our attack on the
6 problem.

7 Because it's happening. But I'm not
8 hearing glue and thread that ties it together
9 in the short time that I've been here and what
10 I've heard Councilwoman Sanchez talk about
11 often.

12 MR. JONES: The closest we can get --
13 DBHIDS, we actually have an advisory board that
14 consists of -- and what I didn't mention is we
15 also have -- part of that advisory board
16 includes faith and spiritual affairs. And so
17 it would be faith and spiritual affairs.

18 If fact, we actually have labor
19 represented on that advisory board. We have
20 providers represented on the advisory board
21 it's both child and adult providers.

22 And then we actually -- that advisory
23 board initially -- it used to be we had a
24 number of different advisory boards. We

1 brought those all together so they would be
2 much integrated and information shared --

3 COUNCILWOMAN BROWN: Not just to meet and
4 commiserate, but to meet with assigned tasks
5 where folks are held accountable for those
6 assigned tasks, where they're reports given on
7 what the progress has been related to the goals
8 that are trying to be achieved.

9 Meeting is great. Commiserating is great.
10 But it means nothing if they are not
11 achievable, articulated goals and outcomes at
12 the end of those meetings.

13 COUNCILWOMAN SANCHEZ: I'm going to stick
14 to 90 minutes. I will say that we will have a
15 further discussion, particularly around CBH
16 reforms.

17 And again, what I'm looking for and
18 particularly out of hearings like this, I want
19 my long-term residents to walk away with some
20 of this in their hands. I want them to know
21 there's a website. We know who the doctors
22 are. If there's a problem, who do we call, as
23 it relates, again, to the 70 providers.

24 When kids walk into a school -- I mean, we

1 had a successful morning this morning at Elkins
2 showing some of the success around walk
3 corridors. But again, we got to get better at
4 connecting the dots for folks. I want people
5 to walk out of here with some concrete stuff.
6 And we're getting better.

7 So to try to honor the clock, I'm going to
8 quickly let Liz give us a little bit of an
9 update on where we are around the housing
10 issue, so that we can talk about Project
11 Resilience. And then I want folks to listen to
12 the community. So I want to get there.

13 MR. JONES: Two points in closing, real
14 quick, Councilwoman.

15 So one, just to point to, as you indicated
16 in the beginning, so we actually have materials
17 on the table in the back. So that folks can
18 walk out with material in hand.

19 And then secondly, I think, as you will
20 hear from Tumar Alexander, I think that
21 Philadelphia Resiliency Project -- and this
22 goes to, Councilwoman, your question, too --
23 where there were 35 departments that came
24 together. I think you'll hear more about kind

1 of the comprehensive approach of when they
2 speak. So I just wanted to say that.

3 COUNCILMAN SQUILLA: Can I say one thing,
4 Councilwoman?

5 COUNCILWOMAN SANCHEZ: Yes.

6 COUNCILMAN SQUILLA: One more thing before
7 you -- we have a lot of good providers here.
8 We have seen in the past where we had some
9 providers that left receiving a lot of money
10 for fraud.

11 Is there any way that we can make sure
12 that's documented on the website, too? That
13 people realize what's going on, so that we know
14 who the bad providers are in the community and
15 to try to avoid them in the future?

16 MR. JONES: So Councilman Squilla, a part
17 of our process is certainly -- I think that we
18 have a pretty extensive oversight, kind of,
19 quality compliance inclusive of our network
20 improvement and accountability collaborative.

21 So when those situations come to our
22 attention, certainly, what happens, generally,
23 as an end result and an outcome, those
24 individuals, those providers, are moved out of

1 our network.

2 So what I think your question,
3 specifically, is to indicate when those
4 providers have moved out?

5 COUNCILWOMAN SANCHEZ: We need a report
6 card. I want to know that of the 70 providers
7 in Kensington, who is on probation, who has had
8 issues so people know that we're monitoring
9 that. And for the sake of transparency, if
10 people are getting government money, we need to
11 know, right?

12 This person is on probation for child
13 services or we remove this contract because of
14 this issue. Because you're talking to a
15 community that has seen providers close down
16 with thousands of patients.

17 So I'm just saying, I know we're working
18 towards that, we're on a website to be more
19 transparent. I want the report card. I want
20 the community to have an input around what is
21 quality, right?

22 MR. JONES: Councilwoman, we will send
23 drafts to your office so we can get your input
24 before we go and take it to scale --

1 COUNCILWOMAN SANCHEZ: I want the
2 community to see it. Because ultimately, being
3 a good provider is, I should not have to walk
4 down the block and know you're there and you're
5 being disruptive, right? I want the physical
6 plant to be clean, basic stuff, right?

7 And I think we have not seen that in
8 Kensington, so that's why that list of 70
9 providers and people being able to see it --
10 that we can get some of that feedback. That
11 215-888-2400 number is for people to access any
12 of those providers.

13 MR. JONES: It's 888-545-2600.

14 COUNCILWOMAN SANCHEZ: And that
15 information is in the back, too.

16 We're going to let Liz real quick -- and
17 we'll go the Resilience Project. Thank you,
18 Liz.

19 MS. HERSH: Thank you very much for the
20 opportunity to testify.

21 I was asked to focus on the expansion of
22 housing opportunities, and specifically the
23 role of the Temple Episcopal Campus to host two
24 new sites for services for people experiencing

1 homelessness and opioid use disorder.

2 So we're excited to see the services as
3 part of a medical campus, which we think is an
4 appropriate site for these services to be
5 offered. And we're appreciative of partnership
6 of Temple Healthcare System.

7 The first is the establishment of Beacon
8 House as a navigational barrier, navigation
9 center, for people exiting street homelessness,
10 located near the Huntingdon El stop at B
11 Street. It will hold 40 beds for men, women,
12 and couples. We are open 24 hours a day. It
13 will have on site staff and security.

14 We will ask that the provider establish a
15 community advisory board to ensure
16 transparency, responsiveness, and
17 accountability to the neighborhood. So this is
18 an innovation that we are adding in the new
19 site. This site is estimated to open early
20 next summer.

21 In addition, it will provide daytime
22 services such as laundry, showers, and
23 bathrooms, which we found to be successful in
24 engaging people in accessing services.

1 And we hope to continue to engage outdoor
2 meal providers to host meals in indoor
3 settings, as we have been doing in the Hub of
4 Hope.

5 We're working with Temple Health System to
6 ensure that individuals using Beacon House can
7 access the compressive physical and behavioral
8 health services offered by the hospital. So
9 rather than recreating them on site -- to use
10 the resources that are already there.

11 The second project is the proposed
12 development of the school of nursing building
13 on Huntingdon Avenue into 62 units of
14 affordable housing bi-project home.

15 They have site control, which positions
16 them to apply for the low income housing tax
17 credit to finance the development and
18 operation. They also secured the written
19 support of the Norris Square Civic Alliance,
20 the registered community organization.

21 So not only will this development provide
22 affordable housing opportunity, but it will
23 activate one of the many empty buildings in the
24 neighborhood.

1 As you know, the tax credit takes about
2 three years to go through if you're lucky.
3 Therefore, Project Home has taken the
4 extraordinary step of establishing a temporary
5 site at Sacred Heart on West Hunting Park
6 Avenue, a campus owned by the Dominican nuns,
7 where they used to care for terminally ill
8 people who were poor.

9 Project Home will operate two housing
10 programs on this campus. A 20 bed respite for
11 people exiting the street, which will open
12 around Christmas time. And a 40 bed longer
13 term housing for those who are fully in
14 recovery that need supportive housing.

15 When the development of the school of
16 nursing opens in about three years, Sacred
17 Heart residents will have the opportunity to
18 move to the new site.

19 The second -- so the first 20 beds are
20 scheduled to open around Christmas and the
21 second around Memorial Day.

22 So those are our plans right now with
23 Project Home with a provider to be determined
24 and the Temple Episcopal Campus. So the

1 initial funds are part of the funding that City
2 Council just approved.

3 COUNCILWOMAN SANCHEZ: So real quickly,
4 one of the -- just so that -- as folks have
5 heard that I have said no more of these sites
6 in Kensington is because we already have enough
7 in the pipeline. This is a City-wide problem.
8 And we want to be equitable in the distribution
9 of how these locations get sited.

10 For the purposes of the two current
11 respite centers, one which is coming to an end
12 soon. What is the current plan for the two
13 respite centers that we have on Kensington
14 Avenue?

15 MS. HERSH: Currently, they are intended
16 to sunset. We don't know exactly when. Part
17 of it depends what other sites we can get
18 online, and what the street population is and
19 getting people in.

20 We need the beds, for sure, to be able to
21 resolve the Emerald Street, the last major
22 encampment. And then I think we'll want to
23 turn our attention to K and A, and resolving
24 that encampment. So it certainly is our

1 intention to look at the totality of services
2 offered.

3 The one thing that we did do at your
4 suggestion, Councilwoman, was we did open one
5 day at a time on West Lehigh Avenue. And it
6 was a slow start, but it's at capacity.

7 And what's really interesting is that when
8 we have focus groups with people in the
9 Prevention Point Respite, when they are able
10 to get permanent housing or reunite with family
11 or move on, they talk about getting out. And
12 so -- and ODAAT has been a really good stepping
13 stone for people. So we really have taken to
14 heart a holistic approach to the extent we can
15 with getting site control.

16 COUNCILWOMAN SANCHEZ: The deadline for
17 Emerald Street?

18 MS. HERSH: We don't have a deadline, at
19 this point because we don't have the beds yet.
20 We're working on it.

21 COUNCILWOMAN SANCHEZ: That's not what we
22 heard at our last meeting. We were given a
23 date of January 15th, which mean a posting of
24 December 15th.

1 MS. HERSH: We don't have beds right now
2 for it.

3 COUNCILWOMAN SANCHEZ: That is a problem.

4 MS. HERSH: You're telling me. It's also
5 a problem that it's going to be down into the
6 teens tonight. And there's people on the
7 street. And we don't want people to freeze to
8 death.

9 COUNCILWOMAN SANCHEZ: Okay. I'm going
10 to -- for purposes of time, I'm going to allow
11 Cynthia Figueroa, the Commissioner of the
12 Department of Behavioral Health and Human
13 Services to come forward, because she has to
14 leave.

15 One of the things we continuously hear
16 when we have this discussion is what is the
17 City doing with our children and our after
18 school programming. And I want long-term
19 residents of Kensington to hear directly from
20 the Administration our commitment to funding
21 after school opportunities, partnership
22 opportunities for the young people of
23 Kensington. So thank you, Commissioner.

24 MR. JONES: So there are three step

1 schools in the area -- I just wanted to get
2 back to that. It's Elkins, Sheridan and Cramp.

3 COUNCILWOMAN SANCHEZ: Elkins, Sheridan,
4 and Cramp.

5 COUNCILWOMAN GYM: Can you explain, again,
6 for the public, the step school includes a
7 social worker who serves the entire school as
8 well as what other services?

9 MR. JONES: A case manager, a behavioral
10 health consultant, and a family navigator.
11 Those other three disciplines all will come on
12 during the second half of the calendar year
13 '19.

14 MS. FIGUEROA: Thank you for having me.
15 I'm not going to read the whole testimony in
16 the interest of time.

17 I want to just address and -- knowing that
18 a number of you are former educators, doing our
19 homework and knowing we're coming back home --
20 for those of you who don't know, I served this
21 district area for a good portion of my career.
22 So it's great to be back home in North
23 Philadelphia.

24 As it relates to after school programs, we

1 are very pleased to report that there are 29
2 programs in this district, of which 20 of them
3 operate in schools. And of that 20, 18 have
4 been in school districts.

5 This flyer -- for the folks who are in
6 this room. There's plenty of them here -- it
7 gives you the list of the location, the school,
8 and if whether or not it serves elementary,
9 middle, or high school, so please take those.

10 At the bottom of this paper, as well as
11 the top, it tells you who to call, whether you
12 want to do a website or a phone call to direct
13 you to the sites. And then also, it directs
14 you to general information.

15 The other resource that I think is very
16 important to share is that because we're
17 Department of Human Services, folks assume that
18 because of addiction that we automatically
19 would remove a child. And actually, unlike
20 other counties, we don't.

21 But we need to demonstrate that the child
22 can be safe in the home, even if there is an
23 addiction. That's a very complicated thing to
24 work through.

1 So on that note, we have our parenting
2 resources. And there's a number of parenting
3 resources that we have available. And in order
4 to simplify it for all community members, there
5 is one number you can call that guides you, as
6 well as a website, in terms of what are the
7 parenting programs in your community as well as
8 parent cafes.

9 So there's support groups, there's groups
10 for parents who have kids actively engaged at
11 DHS that are active in care, and then just if
12 you're interested in having parenting classes.

13 We talked a lot about the needs of older
14 youth. We're also very supportive of
15 intensive -- another resource in the back --
16 intensive prevention services for older youth
17 who may find themselves wrapped up in the midst
18 of the challenges of the opioid crisis.

19 I do want to highlight an interesting
20 dynamic that we've seen -- and my fellow
21 colleagues in Health and Human Services -- is
22 that the opioid has not seen an expansion in
23 the number of families who come into child
24 welfare. As a matter of fact, we reduced the

1 number of families who are with DHS by close to
2 500 individuals in over a year. So folks are
3 surprised by that.

4 Part of that is the demographic of what
5 we're seeing in terms of who is being impacted.
6 But we also know there's a lot of grandparents.
7 So we also work with Grands As Parents. We
8 know there's a lot of second generation who are
9 taking care of their grandchildren while their
10 children are struggling with addiction.

11 We are trying to figure out all ways
12 through our prevention services to make sure
13 that we drive these specific services and we
14 try to simplify it in terms of access and
15 availability to the community.

16 COUNCILWOMAN SANCHEZ: So someone seeking
17 treatment and services who has a child, walk me
18 through how we're handling that. We want folks
19 to be able to come and say we need help. How
20 are we handling that?

21 MS. FIGUEROA: So thanks to the tremendous
22 partnership that we have with behavioral health
23 and CBH, we actually have staff that are
24 embedded in the community. So if there's an

1 active case, and it's an in-home case, we would
2 be working with that partnership to determine
3 what's the best way to navigate getting them
4 into treatment services if they aren't already
5 in treatment services.

6 We also have to navigate whether or not
7 somebody is not currently ready to enter into
8 treatment services. That's something that the
9 case managers have to navigate.

10 So what folks don't always get to see
11 behind the scenes is our day-to-day work with
12 Community Behavioral Health and DBHIDS in terms
13 of making that determination, because we're the
14 child welfare social workers. We're not the
15 clinicians. So we lean on them as partners to
16 figure out how to navigate that in the best way
17 possible.

18 COUNCILWOMAN SANCHEZ: Thank you. Any
19 questions for the Commissioner?

20 (No response.)

21 COUNCILWOMAN SANCHEZ: We're going to ask
22 Liz to come back. Council Squilla has a couple
23 of questions for her.

24 And then I'm going to ask quickly -- I

1 know Regan prepared to talk about her 24 hour
2 NET program, but I do want to give time for
3 members of the community to take advantages of
4 having all these folks here. Thank you for
5 your patience.

6 COUNCILMAN SQUILLA: I'm sorry,
7 Councilwoman, just a quick question. And I
8 know --

9 COUNCILWOMAN SANCHEZ: There are no quick
10 question.

11 COUNCILMAN SQUILLA: -- Councilwoman
12 Sanchez touched on it. And we had thought that
13 the January 15th date was going to be something
14 that we've been telling our residents.

15 And the problem we have sometimes when we
16 tell people things and it doesn't come true,
17 they think we lied to them. So when we do
18 throw some dates out there -- we knew that the
19 people who were going into respites from
20 Frankford Avenue would be there approximately
21 30 days to 45 days, and then hopefully move on.
22 Is that not happening?

23 MS. HERSH: We don't have time limits in
24 our sites. What we have -- the requirement

1 is -- I'm sorry for any misunderstanding. What
2 the requirement is, is that they have a housing
3 plan within the first 30 days that they are
4 there. So it takes time. People are very,
5 very sick when they come in. And it takes time
6 for them to get on a normal schedule, to get --
7 recover some physical health, hopefully to get
8 into the medication assisted treatment, to get
9 ID, to just get fed on a regular basis, to get
10 warm after being outside, to get clean. All of
11 those things take time.

12 And so even if we did have a time limit, I
13 don't have any place for those people to move
14 in 30 days. And it would be very disruptive.
15 It would be counterproductive, really, to force
16 them to move.

17 What we were hoping was that we would have
18 another site online. That hasn't happened yet.
19 We're still working on it. Once we have
20 another site online, then we'll be able to
21 resolve the Emerald encampment.

22 As you know, the law in Philadelphia
23 prohibits the criminalization of homelessness.
24 So people cannot be forcibly removed from being

1 homeless. We have to provide beds for them to
2 move in to. And if we don't have sites that
3 can open, then we don't have beds for them.
4 And they have to be sites that they are willing
5 to go to, because it's not -- we just have no
6 way of forcing them into services.

7 So I apologize for any misunderstanding
8 that there's been, but that is what the
9 situation is.

10 COUNCILWOMAN SANCHEZ: Can you clarify --
11 because you mentioned there were 20 additional
12 slots created by temporary sites from Project
13 Homes. So what are those 20 beds going to be
14 used for?

15 MS. HERSH: Those 20 beds, when they come
16 online at the end of this month, will be used
17 for people coming in from Emerald and from
18 other sites. Some of them will be coming from
19 other parts of the City based on vulnerability.
20 So those 20 beds -- there's 100 people in the
21 Emerald encampment.

22 COUNCILWOMAN SANCHEZ: I think it's really
23 important for us to clarify for the purposes of
24 the folks -- we do have beds. But we don't

1 have necessarily the beds that either people
2 want to go to or that allows them to continue
3 to use while we transition?

4 MS. HERSH: At this point in time, we have
5 zero beds.

6 COUNCILWOMAN SANCHEZ: Because it's
7 winter?

8 MS. HERSH: We have 50 people who are
9 sitting up every night at one of our men's
10 shelters. We have 20 women sitting up in
11 another shelter. Our winter beds are coming
12 online, and we anticipate that they will also
13 be filled.

14 COUNCILWOMAN SANCHEZ: That was going to
15 be my next question. Every winter we set up
16 how many additional winter beds?

17 MS. HERSH: About 300 additional winter
18 beds.

19 COUNCILWOMAN SANCHEZ: So why didn't we do
20 that earlier?

21 MS. HERSH: We are. The beds are coming
22 on a schedule. This is a matter of the budget.
23 And what we can afford to do. So these beds
24 are coming online. We've added 129. This is

1 the winter beds. We've added 129 full-time
2 beds. So those beds are all coming online.

3 COUNCILWOMAN SANCHEZ: Councilman, did you
4 want to...

5 COUNCILMAN SQUILLA: The beds depend on
6 the budget. And you don't have money for these
7 beds?

8 COUNCILWOMAN SANCHEZ: Eva, state your
9 name for the record.

10 MS. GLADSTEIN: Eva Gladstein, Deputy
11 Managing Director for Health and Human
12 Services. I see the Councilman being
13 frustrated --

14 COUNCILWOMAN SANCHEZ: He's beyond
15 frustrated. He's usually very nice about it.

16 MS. GLADSTEIN: Agreed. It depends both
17 upon budget. And we put money in the budget to
18 begin bringing beds on, and then bring others
19 coming on in December. It also depends on the
20 capacity, the organization and their abilities
21 to get the beds up on schedule and the location
22 of the site availability. So there are several
23 factors that go into it.

24 What I wanted to reassure members of the

1 Committee is that it is still our intention to
2 resolve the Emerald Street encampment in mid
3 January. But I want to be clear that -- to
4 support Liz's point, we have to have enough
5 sites that are available.

6 And one of the concerns that I think
7 everybody on the Committee and in the community
8 has experienced is that if we don't have sites
9 that people will go to, then we have more
10 people on the street. And we'll see more on
11 the street in less organized encampments or
12 without tents, but still sleeping.

13 So as we are able to help people in the
14 housing plans on the two sites move on as the
15 Project Homesite at Sacred Heart opens up,
16 which will only be 20 beds -- and they are
17 aiming for Christmas, but we don't know for
18 sure, because, you know, it's a development
19 project. We are continuing to push very, very
20 hard.

21 But I don't want -- I want to say that's
22 our intent, but whether or not it's January
23 15th or January 20th or something like that, we
24 will be sure to keep you informed about that.

1 I don't want to --

2 COUNCILWOMAN SANCHEZ: I want to be real
3 clear that we've also been very clear, because
4 we are now very experienced on the nuances
5 about posting notifications.

6 The frustration you hear from Councilman
7 Squilla and myself is that we have a code blue
8 situation, where every year we prepare hundreds
9 of additional beds. And we feel that those
10 beds should have been prioritized for Emerald
11 Street, because we made a public commitment to
12 people that we were going to post in
13 December -- because I think I was very clear
14 about posting in December for January.

15 To Liz's point, this is a crisis. It's 15
16 degrees outside. And I feel like people feel
17 like they have more time. And I say this every
18 time I have a hearing. We act like we have
19 time. We don't have time.

20 So how many additional beds, code blue
21 beds, do we have? How many are coming in July
22 and how many are going to be committed to
23 Emerald Street? And I want that commitment
24 now. And I want a date now that we're going to

1 stick to, because we told residents one thing.
2 And if we're going to have hundreds come
3 online, there's no reason why they can't be
4 dedicated to the people on Emerald Street.

5 MS. GLADSTEIN: I don't have the
6 information to make a commitment today, and I
7 don't want to make a commitment that will be a
8 false commitment.

9 COUNCILWOMAN SANCHEZ: Liz, how many beds
10 do we have coming on code blue?

11 MS. HERSH: 300 winter beds are coming on.
12 And then they'll be an additional, probably, 50
13 to 75 when it's code blue.

14 COUNCILWOMAN SANCHEZ: So we have 300 code
15 blue beds, and you're telling me, Eva, that you
16 can't commit today, that we're going to commit
17 the 60 or 80 that we know is required for us to
18 break down a camp? Is that what you're saying?
19 You're not willing to commit if we have 300
20 beds coming online, that we dedicate 80 of
21 those so we can remove the Emerald Street
22 encampment?

23 MS. GLADSTEIN: We haven't done enough
24 outreach to know how many beds we need. We

1 have well over 100 people at Emerald Street
2 now. So I'll use your assumption of 60 to, 80
3 we can make those -- we can offer those. It
4 does not mean people will accept them, given
5 the circumstance --

6 COUNCILWOMAN SANCHEZ: But we can do
7 notice, and we can do everything we've done
8 before, right?

9 MS. GLADSTEIN: We can do that, and we may
10 be less successful than we were before in
11 actually clearing and closing the encampment.

12 COUNCILWOMAN SANCHEZ: The issue
13 becomes -- we know that Emerald is going to be
14 much more complicated than the other site have
15 been, right, and this is why we've allowed this
16 kind of -- this is the last one.

17 So I have a feeling that even where we
18 were successful in the other encampment
19 removal. Emerald is going to take a different
20 dimension.

21 So I'm going to ask one more time if we
22 have 300 plus 50 beds coming online, why can't
23 the Administration commit today that they will
24 prioritize 80 of those, because we recognize

1 that Emerald Street is a crisis, and that we
2 are upon the deadline that we told people we
3 were going to be.

4 MS. GLADSTEIN: We can commit those beds.
5 What we cannot say is that the encampment
6 resolution will be successful if those are the
7 only beds that are available.

8 COUNCILWOMAN SANCHEZ: If we do the
9 notification, as we've done in the past, right,
10 we can begin -- we know that this is not going
11 to be as easy or as -- is going to operate in
12 the same time span. So we need to be a little
13 bit more flexible in limbo. I'm not looking
14 for the perfect, I'm looking for a pathway.

15 MS. HERSH: So we can certainly look at
16 that. The issue then, is you may end up with
17 people who are on other streets, they become
18 dispersed around other places in the
19 neighborhood.

20 COUNCILWOMAN SANCHEZ: We can begin the
21 process, right? We set up a 30 day notice.
22 And everything -- this is behavior. People
23 modify their behavior accordingly.

24 AUDIENCE MEMBER: People will overdose if

1 we spread them all around.

2 COUNCILWOMAN SANCHEZ: Excuse me. We are
3 not going to allow people to scream from the
4 hall. This is an official ruling. Everybody
5 gets their moment.

6 We know that it may take more than 30 days
7 to clear out Emerald Street. So you're telling
8 me that unless you can get it done in 30 days,
9 you're not willing to do it. And I'm saying,
10 let's begin the process. Because it's much
11 easier to deal with Emerald Street at 50 people
12 than right now when we're at 120 and exploding.

13 MS. HERSH: What we have done in the last
14 three encampment resolutions that have been
15 successful is that we had a model that we
16 followed. And we haven't been driven by
17 politics. We've been driven by what makes the
18 most sense for the individuals and the
19 neighborhoods. And this is the will that was
20 expressed to us by the civic associations.

21 And it's a combination of providing that
22 30 day notice, which gives a sense of urgency,
23 because substance use disorder is a behavioral
24 disability. And that sense of urgency and the

1 deadline motivates behavior, combined with the
2 low barrier respite that is in a place with a
3 provider who they will accept, because we do
4 not have the ability to force them in.

5 We could certainly post. And we could say
6 you have to leave and there's a bed in West
7 Philadelphia or North Philadelphia or somewhere
8 else. If they don't accept that bed, then they
9 may be living somewhere else on the streets in
10 wherever they chose.

11 So it's a matter of whether we want to
12 follow a model that has been effective both for
13 the neighborhood, because we have resolved --

14 COUNCILWOMAN SANCHEZ: It has not been
15 effective for the neighborhood, Liz. It has
16 been effective for the folks in addiction. The
17 people in the neighborhood have been patient.

18 MS. HERSH: So we have three encampments
19 that have been resolved. The civics asked us
20 that the other encampments, that the other
21 tunnels, be posted so that encampments did not
22 form there. We honored that request. And the
23 police have been enforcing that. And that has
24 been very effective.

1 And so that has been the model that we've
2 been following. And that's what we're still
3 planning to do.

4 COUNCILWOMAN SANCHEZ: Councilman Squilla,
5 do you have any other questions, because we
6 need to move on?

7 COUNCILMAN SQUILLA: No.

8 COUNCILWOMAN SANCHEZ: Councilwoman Gym?

9 COUNCILWOMAN GYM: We worked together a
10 little bit on the Anti-Eviction Task Force. We
11 talked a lot about what are the future things
12 that could address some of the crises that
13 we're seeing.

14 One of the discussions has been about
15 shallow rent subsidies. Obviously, does
16 that -- is there -- with the new allocation of
17 money from City Council, is there a possibility
18 to use shallow rent subsidies to assist certain
19 people that might qualify for some of these
20 beds, see if they can seek an alternative?
21 Thereby opening up more space or offering
22 shallow rent subsidies or some kind of voucher
23 thing that -- has that been discussed as a
24 possibility of helping with this?

1 MS. HERSH: We absolutely are doing that.

2 COUNCILWOMAN SANCHEZ: That's part of the
3 budget, 5,000,000 in allocation that we got
4 will allow for some of those.

5 COUNCILWOMAN GYM: Will that -- I mean, is
6 that --

7 COUNCILWOMAN SANCHEZ: It will not take
8 care of everything.

9 MS. HERSH: It is happening. This year,
10 we've added 40 shallow rents. We've added
11 rapid rehousing. We've added permanent
12 supportive housing. We've added Housing First.
13 I think about 50 people have already started to
14 move into the Housing First into the shallow
15 rent. So we are using that for people, where
16 it's appropriate to help them move out of
17 recovery houses and out of the respites or
18 transitional housing.

19 And that's how we get the flow through the
20 system, so that we open up those low barrier
21 beds.

22 So yes, thank you very much for that
23 funding. It is enabling people to move into
24 those options, yes, absolutely.

1 COUNCILWOMAN SANCHEZ: Thank you. So
2 we're going to move on to Project Resilience.

3 I'm going to call out some of the
4 residents. We have Sterling Johnson. And we
5 have written testimony from Rosalind Lopez,
6 Ramon Cruz, Elijah Desamour, and Adrian Rivera
7 Reyes.

8 I apologize folks. I'm going to try to
9 honor this time as much as possible.

10 MR. ALEXANDER: Good evening, my name is
11 Tumar Alexander from the Manager Director's
12 Office.

13 COUNCILWOMAN SANCHEZ: We're going to ask
14 folks who are leaving the room to leave
15 quietly, please.

16 MR. ALEXANDER: Before we start to do our
17 official Project Resiliency presentation, I
18 just want to say one of the things that Liz
19 didn't mention was that the funding that you
20 all sort of voted for last week, one of the big
21 budget items was a large scale navigation
22 center that we're currently looking at -- we're
23 currently exploring locations of sites for. If
24 we're able to stand that up, that gives us the

1 ability to put about 100 to 150 folks off the
2 street into a building. And allow us to sort
3 of speed up the closure of the encampment.

4 And that's a big piece for us. And you
5 all have worked with us, given us suggestions.
6 We've been working hard trying to find
7 locations for that.

8 We have a location, not in the seventh
9 district. We're hopefully next week talking to
10 some community folks and the Council Member
11 where that location is sort of situated at, and
12 try to stand that up.

13 But we understand and relate to your
14 frustration as it relates to that encampment.
15 We want it closed. It's the worse encampment.
16 Police wants it closed. Everyone who sort of
17 is involved with Project Resiliency wants it
18 closed. We'll get back to you all on that. I
19 just wanted you all to know we're working --
20 that's a big piece that we're working on
21 actively.

22 COUNCILWOMAN SANCHEZ: Thank you.

23 MR. ALEXANDER: We'll be brief.

24 MS. FOIZEN: Good afternoon. I'm Noelle

1 Foizen. I'm the Deputy Director of Emergency
2 Management. The mayor's executive order that
3 declared the emergency to combat the opioid
4 public health crisis has the Office of
5 Emergency Management with coordinating our City
6 wide response.

7 Our Emergency Operation Center and EOC
8 brings together decision makers and allows for
9 face to face problem solving to ensure a
10 response as smart and decisive.

11 The EOC model cuts through red tape and
12 allows for quick action and first correction.
13 The executive order identified seven goals and
14 assigned a City department as a lead for each
15 goal. Those City departments are the lead of
16 our mission area, but they do not work alone.

17 The Philadelphia Resiliency Project has
18 brought together close to 40 City agencies and
19 represented by almost 80 individuals to support
20 all seven mission areas.

21 In the emergency declaration for 90 days,
22 the first two weeks consists of daily meetings
23 to support strategic planning for the seven
24 missionary areas.

1 During that time, we finalize immediate
2 short-term and long-term goals for each
3 mission. Immediate goal deadline was
4 November 15, 2018. Short-term goals will mark
5 the end of the 90 day period in the initial
6 executive order, which is December 31st, 2018.
7 And long-term goals are defined as those
8 expected to be completed within three to nine
9 months -- June 30th, 2019.

10 And the EOC has been providing weekly
11 updates on our progress at
12 www.phila.gov/opioids under block posts.

13 Tumar will now walk us through the seven
14 missionaries.

15 MR. ALEXANDER: Thank you, Noelle.
16 Missionary one is eliminating encampments. In
17 the interest of time, I'm not going to walk
18 through all of the goals. I'll mention
19 missionaries. I'll let Joanna talk about her
20 two missionaries as it relates to some of the
21 community -- support community engagement and
22 the cleaning projects that we sort of encounter
23 here.

24 And then we'll be open for questions, both

1 from members of Council. And then we'll stay
2 for questions for the audience.

3 Mission area one, eliminating encampments.
4 Mission area two, reducing criminal activity.
5 Mission area three, reducing shelter
6 population. Mission area four, reducing trash
7 and litter. Mission area five, reduction of
8 overdose and harmful prevention. Mission area
9 six, increasing treatment options. Mission
10 area seven, mobilizing community resources.

11 We've created and developed over 100
12 immediate short term and long-term goals.

13 Last month, we reported all the immediate
14 goals. On December 18th in this very building,
15 we will report on our short-term goals.

16 My note says just allow me to present some
17 of the goals. Allow me to highlight some of
18 the goals.

19 Mission area one, you guys heard a lot
20 about the encampment piece. The last remaining
21 encampment is Emerald Street. So we plan to
22 come up with a plan to eliminate that.
23 Initially, we talked about January 15th. We
24 want to stick as close as we can to that date.

1 We'll go back between the next few days and
2 work on getting the concise and clear message
3 out to the community as it relates to that.

4 One of the other goals is the role to take
5 comprehensive strategies to prevent encampments
6 from relocating and reforming. That's a
7 project we're doing with the Police Department
8 with DBH with Homeless Outreach with our CLIP
9 folks.

10 And a lot of that revolves around us
11 getting complaints and getting recommendations
12 from the community, sort of letting us know
13 where these camps are popping up at. We're
14 trying to respond in a rapid fashion to these
15 in hopes that we're being successful with that.

16 Mission area two, reducing criminal
17 activity. Councilwoman Sanchez talked a little
18 bit today and Councilwoman Gym talked a little
19 bit about sort of enhancing and strengthening
20 our safety in corridor routes for school kids.

21 Just today we launched one at Elkins
22 School. We have three or four other school,
23 Shepherd, Sheridan and Willard on our list.

24 And we are -- our attention and our plans

1 is to work with the School District, work with
2 parents, work with communities and volunteers
3 to stand these programs up and make them
4 sustainable.

5 And now I'll pass the mic over the Joanna.
6 And then we'll take question.

7 MS. CRUZ: So to be very brief, good
8 evening. My name is Joanna Otero Cruz, Deputy
9 Managing Director of Community Services.

10 The two missions that are -- I'm going to
11 talk about is mission four, reducing trash and
12 litter, and mission seven, mobilizing community
13 response. These are the two that are really
14 focused on the outward facing responses to our
15 resident's quality of life issues.

16 So since the inception of the signing of
17 the executive order, we have worked to
18 coordinate -- 126 abandoned vehicles have been
19 towed. That list continues. It's a very
20 exhaustive list of over 400 vehicles in the
21 neighborhood, vacant.

22 Over 32 miles of clean ups have been done
23 by mechanical brooms. We've had 67 clean and
24 seals. We know that, that is not just a risk

1 for fires, especially, in the winter, but also
2 conceals a lot of narcotics trade and other
3 criminal activity.

4 We had 5,959 graffiti abatements in the
5 neighborhood. 413 vacant lots have been
6 abated, which means have been cleaned. Many of
7 them -- we're working with the local CDC and
8 civic to activate those lots and get them
9 fenced with DHS.

10 19 tickets have been issued for illegal
11 dumping, short dumbing, continues to be an
12 issue in the neighborhood.

13 We have been working with the Water
14 Department in which they got 877 cleaning of
15 inlets, which is a common complaint in the
16 neighborhoods.

17 And our Parks and Recreation is actually
18 at the table, as well. And they have removed
19 over 4.55 tons of trash from their grounds.

20 Moving to mission seven, mobilizing and
21 community residents. Some of our response has
22 been -- we've had an incredible amount of
23 volunteer residents coming out and wanting to
24 support their own neighborhood. We've had over

1 435 volunteers for community clean ups, which
2 includes 24 City departments participating.
3 We've had four major clean ups since the
4 signing of the executive order.

5 Created a specialized 311 response unit to
6 intake community quality of life complaints.
7 If you call 311 and press 4, all of those --
8 anything that comes from this area, the East
9 Division, goes to that pod. And we are
10 utilizing that data and distributing among the
11 seven corresponding mission areas.

12 To date, we have 11 -- 1,190 calls that
13 have been serviced by the unit, of which 824
14 requests have been confirmed to be resolved
15 through the coordination at the Office of
16 Emergency Management and all of the
17 corresponding operational departments.

18 We are seeking actively and working with
19 Councilwoman Sanchez to locate a community
20 resource center, where we hope to distribute
21 clean up safety kits and co-locate the Office
22 of Emergency Management Services, as well as
23 co-locate a 311.

24 And Councilman Squilla, as well, has been

1 active in this conversation, where we hope to
2 bring resources to community residents, those
3 long-term community residents, including our
4 newly launching program, Municipal ID, and
5 working with local agencies in the neighborhood
6 to see how we can support our residents.

7 We created a volunteer website for anyone
8 who's interested in supporting or helping in
9 some way there's a short survey there.

10 Individuals who want to distribute food or
11 distribute any type of goods or just be of
12 service can go in and sign -- sign up for it
13 and we are following up accordingly.

14 We also attend and disseminate information
15 of not just the Resiliency Project, but we also
16 try to share information to numerous meetings,
17 community meetings. We have been hosting El
18 Barrio es Nuestro, the Neighborhood is Ours,
19 meeting for the last two years.

20 And so we also have 311 present to follow
21 up with the individuals.

22 We also generated a bilingual, biweekly
23 newsletter that is distributed to more than
24 5,000 individuals who have signed up for it.

1 We have also created an advisory
2 committee. The first meeting is going to be
3 held on Monday the 17th. And we just finalized
4 the consultation of a fund development
5 contractor, as we have to continue to fund many
6 of these various things.

7 And in closing, we continue to work for
8 the quarterly meetings and trainings with
9 recovery calls. We have many of those. Many
10 of which are not necessarily sanctioned in our
11 system. And so if you want to be an active
12 partner -- and we work not just with Behavioral
13 Health Services, but with L&I and with PARRS,
14 which stands for Pennsylvania Alliance Recovery
15 Residents. So we are continuing to work with
16 them and provide quarterly meetings and
17 trainings.

18 COUNCILWOMAN SANCHEZ: Thank you. I want
19 you to reiterate for folks to listen. If you
20 call 311 and you dial 4, all of those
21 complaints get driven into Project Resiliency,
22 and get priority in the seven service areas.
23 So long-term residents, 311, prompt number 4.

24 MR. ALEXANDER: I failed to mention that

1 in the audience, a lot of our missionary leads
2 have joined us tonight. So those folks in the
3 audience, if they can raise their hand.

4 COUNCILWOMAN SANCHEZ: Any questions from
5 our -- Councilman Squilla?

6 COUNCILMAN SQUILLA: Yes. Thank you. I
7 do want to say the Resiliency Project was very
8 cautiously optimistic when it was first
9 announced. And I have to say there's been a
10 very successful start up to the project. And I
11 thank you for that. There's been a lot of
12 things happening within the communities, both
13 for the people on the streets, as far as
14 getting them health and resources that they
15 need, and for the sounding community, who's
16 been negatively impacted by what's going on in
17 the streets, which is very important.

18 And I know you heard me a little
19 frustrated earlier, but the only part that was
20 frustrating is that when we do ask for a budget
21 for what it would need to get things done and
22 we provide that budget, that it's still a
23 resource issue. And that's the only thing that
24 gets us concerned. We want to provide all the

1 resources necessary to make this work, both for
2 the people on the streets and the community.
3 So we need to continue to work on that
4 communication to make sure that we stay focused
5 on that.

6 And also, when we tell people something,
7 we need to be able to stick to that, because it
8 does make it difficult to go back. We need to
9 build trust with the community, because a lot
10 of them don't trust what we say because of
11 things that happened in the past, whether it
12 was helping the people who are on the streets
13 or whether it's helping the communities
14 surrounded by that.

15 So we will -- I will and Maria will, I
16 know, all Council will continue to work with
17 you on that. It was a big task for all of
18 Council for an additional budget push for this.
19 And everybody supported unanimously, which very
20 rarely happens. So that's a good sign.

21 And so we want to continue that and
22 continue this process moving forward that we
23 can definitely see positive impacts moving
24 along as we reach our short-term -- our

1 immediate goal. Our short-term goal was going
2 to be done by the end of the year. And then
3 our long-term goal done by June 30th. Thank
4 you.

5 MR. ALEXANDER: Thank you, Councilman. I
6 just want to mention that we want to thank you
7 all. We want to thank the community, the civic
8 leaders.

9 There's a lot of folks in this room who
10 have been partners to us in this process. A
11 lot of folks have given us advice. We
12 appreciate. That's why I wanted to just
13 clarify that. The resources you all fought
14 hard for last week to help us get that big
15 budget item in there will hopefully go to us
16 being able to eliminate and shut down that
17 encampment.

18 COUNCILWOMAN SANCHEZ: Can you go quickly
19 just go through -- some of the money is going
20 to street cleaning and some of the other
21 things, for the purposes of the folks here,
22 Tumar?

23 MR. ALEXANDER: I'm going to ask Noelle to
24 go through those. I knew you were going to ask

1 that. I didn't bring the list with me. I'm
2 going to let Noelle go through some of them.

3 MS. FOIZEN: Sorry we're about to pull it
4 upright now.

5 COUNCILWOMAN SANCHEZ: We also provided,
6 it's in the back, Councilman Squilla and I
7 pulled together some of the other investments.
8 I know that we have -- particularly for
9 long-term residents -- it feels like the air
10 has all been sucked out around the opioid, but
11 that does not mean that the Councilman and I
12 don't continue to work on other structural
13 investments, and I want to list some of them
14 while we get the rest of this budget.

15 There is a multi-million dollar
16 infrastructure investment along Kensington
17 Avenue. We will be putting fiberoptic LED
18 lighting and cameras from the Frankford
19 Transportation Center all the way to Spring
20 Garden. That is not nothing new. It is not
21 for the new people. We've been working on this
22 for four years. There is nobody more
23 frustrated than us.

24 MR. ALEXANDER: The lighting phase is the

1 first phase. Camera phase is phase two.

2 Phase one is starting in the next two
3 weeks, starting at K and A, just got that
4 commitment from the Deputy Street's Commission.

5 And then phase two, we're planning working
6 with SEPTA to sort of plan the cameras and
7 where they should go.

8 COUNCILWOMAN SANCHEZ: So that project
9 will be completed as part of this.

10 As you can see, we have a massive clean up
11 trash plan that we've been working on, again,
12 for years. And we're working with Impact
13 Services who runs the Kensington Corridor.

14 You'll see many of the trash pans that are
15 out there. We have a whole identity campaign
16 that is being funded by our Department of
17 Commerce.

18 Many of the rec centers in and around the
19 Kensington Corridor and have been projected and
20 have seen investments. And I want to list
21 them, again, because folks say some of this
22 isn't happening.

23 We invested \$400,000 in Hissey Playground.
24 \$1 million at Collazo Playground. \$1.4 at

1 Waterloo, about \$50,000 in Hope Park for
2 lighting. \$700,000 in lighting, here, at
3 McPearson. McPherson Library is also one of
4 the first rebuild projects. That's going to be
5 a multi-million dollar project that we're
6 working.

7 We opened up a PAL center in the 25th
8 Police District. Hagert Playground, Heitzman
9 Playground, Harrowgate Park are all receiving
10 direct funding from Councilman Squilla.

11 Rivera in Fairhill is getting -- we're
12 under construction, and that's multi-million.

13 There will be a beginning planning ground
14 from McVeigh Playground.

15 I mentioned Kensington and Allegheny. We
16 have a housing preservation pilot. We're
17 working with Esperanza Health on a \$20 million
18 investment at Kensington and Allegheny.

19 We've been working with SEPTA. They have
20 been part of the partners, here, to add
21 additional cleaning around their transportation
22 centers.

23 All of this was happening pre all of this
24 stuff, you know, I know we feel like we get

1 sucked up into all of this stuff. But both
2 Councilman Squilla and I understand and
3 appreciate the value of Kensington and the
4 transportation centers and what it can mean for
5 the neighborhoods.

6 We are very pleased that the
7 Administration understands that these were
8 urgent for us when we put them up. They are
9 even more urgent now, because we want long-term
10 residents in Kensington to feel that they are
11 just as important, and we understand them.

12 Going back to -- and I'll let Tumar
13 quickly talk. This morning we launched one of
14 the Safe Corridor Initiatives at Elkins. But
15 Conwell School is one of the schools that has
16 been impacted. We've asked the School
17 District. And there's an entire busing program
18 for the students at Conwell, who -- Conwell is
19 a City-wide special admit school, and we have
20 had many incidents there. So the School
21 District is on board and also making
22 investments, so that we can keep the children
23 safe to school and so that we can continue the
24 after school programming that Commissioner

1 Figueroa spoke to.

2 And now, Tumar, what is some of the
3 additional -- trash is a major issue. We're
4 asking those of you who are in the crowd, who
5 are doing feeding and all of that, we really,
6 really are pleading with you to register with
7 the City so we can better coordinate this.

8 When folks come from the suburbs, wherever
9 they come, and they think they are helping us,
10 if we don't pick up that trash afterwards,
11 people have to live with it. So we're
12 willing, the City is willing, Project
13 Resilience is willing, to help you set up trash
14 bags, all the coordination so that when you
15 come and you leave, you remember that there are
16 residents who live there who are going to stay
17 behind with all of that. So we're really,
18 really begging and pleading for people's
19 cooperation.

20 Tumar, you were going to --

21 MS. CRUZ: I was just going to say
22 something, Councilwoman, for those individuals
23 who want to do a community clean up or anything
24 like that can contact CLIP through 311, and we

1 can coordinate that. We provide the brooms,
2 the rakes, the bags. And then we coordinate
3 with you for the pick up after it's done.

4 MR. ALEXANDER: Thank you. Some of that
5 is going to Safe Corridor Cleanup campaign lead
6 by Clip. Some money is going to the equipment
7 for the Safe Corridor to School campaign.

8 There's a significant amount of money
9 going to the newly funded newly formed police
10 assistant diversion program that we planned,
11 and come back out to the community and talk,
12 specifically, more about. Right now it is
13 operating in the East Division, in parts of the
14 East Division. We want to expand that to the
15 entire East Division and also make it 24 hours
16 a day.

17 Some more money is going to the Salvation
18 Army to help them with their new day program,
19 which is a program that helps us identify and
20 get supports to victims of human trafficking.

21 There's a significant amount of money
22 going to the Liberal Arts program, to
23 Kensington and Lehigh Tunnel Makeover.

24 The Department of Parks and Rec is hiring

1 additional seasonal maintenance employees for
2 more increased syringe cleaning in and around
3 the parks.

4 I think some of you all may have seen in
5 the community some of the big red metal boxes,
6 which is our new needle boxes. We plan to put
7 more of those out.

8 We're putting money into the navigation
9 center. We're trying to put more money in to
10 increase community outreach workers on the
11 street. I think we have about four to six new
12 teams coming, as it relates to that.

13 A lot of these efforts -- all of the
14 efforts that we're doing for this problem is to
15 try to put more bodies, more people on the
16 ground being able to service and being able
17 alleviate some of issues we've been hearing in
18 the community groups and through the residents.

19 And thank you, City Council, once again,
20 for helping us to get that unanticipated
21 funding so we can get some of these items.

22 COUNCILWOMAN SANCHEZ: Thank you. I'm
23 going to quickly have Regan from NET, which is
24 our 24 hour center speak to that. And I'm

1 going to allow some of our community
2 residents -- I'm not going to be able to honor
3 anybody who just registered today. We're going
4 to go through those people who preregistered
5 for this evening. Regan?

6 MS. KELLY: Thank you very much. I am
7 literally going to convince --

8 COUNCILWOMAN SANCHEZ: Your name for the
9 record?

10 MS. KELLY: I'm sorry. Regan Kelly, CEO
11 and President of Northeast Treatment Center, or
12 the NET as people often refer to us. I'm only
13 going to make two points. I'm going to keep
14 them simple, so that the residents can have
15 more time.

16 One, is that I just want to say that NET
17 has always embraced the importance of working
18 with the people we serve and looking at things
19 through, sort of like, the shoes that they walk
20 in. We have historically hired people who have
21 gone through our treatment program and who are
22 living in recovery -- and you have to excuse
23 me. I have a sore throat.

24 We have found that this is valuable that

1 they are the people who need to be involved in
2 the outreach to really try to motivate and
3 engage -- particularly the people in the
4 encampments -- to come in and seek treatment.

5 So we have sent our peer team, peer
6 specialists, again, people who have gone
7 through our program, who have reached the life
8 of living successfully in recovery, to talk to
9 the people who now need to make a choice to
10 come in and chose recovery.

11 And the lesson learned from all of that,
12 quite frankly, is that recovery is absolutely
13 possible. And nobody conveys that message
14 better than somebody who's living in recovery.

15 So as you're all thinking about outreach
16 teams and engagement and trying to convince
17 people to come in and seek treatment, that's a
18 really invaluable group of people.

19 The second thing I want to say is that NET
20 opened their 24 hour, seven day a week access
21 program in about May or June -- actually, I
22 think we opened in April, but we have full
23 licensing to do all of Medication Assisted
24 Treatment by June.

1 And I brought bracelets, because I would
2 encourage people, as they are doing the
3 outreach, to really leave the bracelets with
4 people. We designed them, specifically, so
5 that it has the phone number. So as you're
6 talking to people, if they are not ready at
7 that moment, perhaps someday, the next day,
8 two, three days down the line, they'll become
9 ready.

10 Because the trick of the Access Center is
11 that people need to get treatment the moment
12 they are ready. And that has been the biggest
13 challenge, I think, of the treatment system,
14 and all of the changes that Commissioner Jones
15 referenced are really moving in that direction.
16 So this is a critical, kind of, resource to be
17 available 24 hours a day, seven days a week, no
18 appointment is necessary.

19 We are fully staffed with behavioral
20 health assistants, nurses, and peer
21 specialists, again, to really have peers engage
22 people, people in recovery, engage people who
23 are seeking recovery. And they'll get a full
24 assessment.

1 We've seen -- about 1,600 people have
2 walked through the door since we opened,
3 about -- just under 1,200 have been fully
4 assessed and referred to various levels of care
5 and various treatment programs. The remaining
6 people have been referred out, sort of, earlier
7 in the process, because if they have an obvious
8 psychiatric need or even an obvious physical
9 healthcare need, we won't complete the process.

10 What we'll do is get them -- for physical
11 healthcare, quite often, it's an emergency.

12 And we'll get them to an emergency room, so
13 that they can have that need addressed first.

14 But then we'll work with that person and
15 the emergency room staff to bring them back
16 when they are ready to access treatment.

17 I think the biggest part about it that is
18 critical to the current crisis is that people
19 can get access to Medication Assisted Treatment
20 the same day. So the doctor has to come in and
21 do the final stage of the assessment, and then
22 can prescribe Buprenorphine on site. We can
23 administer it on site. And people can begin
24 that induction process the same day that they

1 come in.

2 And again, it's kind of consistent with
3 the notion that people need access the moment
4 that they are ready.

5 So those are the only two points I really
6 wanted to emphasis in the interest of
7 streamlining. I will leave the bracelets in
8 the back. Please bring them to the
9 encampments, put them on the street --

10 COUNCILWOMAN SANCHEZ: You know I've
11 contacted you when people say that they come to
12 NET and they haven't had access. Is there a
13 phone number we can call? Sometimes as we're
14 doing intervention in the street -- is this the
15 number people can call --

16 MS. KELLY: There is a phone number on
17 here.

18 COUNCILWOMAN SANCHEZ: So if someone tries
19 to interface at NET, faces some dilemma, that's
20 the number that they call.

21 And I think it's really important because
22 I know that the system is working really hard
23 at being open and being accessible. Sometimes
24 I get calls, other people get calls -- somebody

1 went to NET, they couldn't get service. Please
2 call and get the information.

3 MS. KELLY: Personally -- because we just
4 recently shared a story that I was disappointed
5 and surprised to hear -- I'm going to go and
6 give my phone number out, 215-408-4943, that's
7 my direct access line. If there is a problem,
8 I would never sit here and say that 100 percent
9 of the staff we hire are flawless. But what I
10 do know is that the vast majority of them are
11 fully committed, work very hard. And that if
12 there's a problem, we will fix it.

13 The other thing we've done is at our other
14 sites, we've added doctor hours five days a
15 week at this point. We're working on
16 weekends -- we're working to address, also,
17 weekends -- so that we adopt this open access
18 model, even at our other Medication Assisted
19 Treatment sites.

20 People can get same day access to what we
21 call dosing at our other sites. One, of which,
22 is up in the Holmesburg section and one, of
23 which, is at Bridge and Harbison.

24 So all of those addresses are on our

1 website. And, of course, our 5th and Spring
2 Garden site is where this is located, as well
3 as a more traditional medication assisted
4 clinic. You don't have to come in through a
5 crisis. You can also come in through a planned
6 method or walk in through the open access model
7 at our 5th and Spring Garden location site.

8 COUNCILWOMAN SANCHEZ: Any questions?

9 (No response.)

10 COUNCILWOMAN SANCHEZ: Thank you so very
11 much. She is here and available, if anyone has
12 any questions around NET. Thank you so very
13 much.

14 I'm going to ask, quickly, Dr. Pope from
15 APM. I apologize. I do want to get to the
16 residents, providers. You guys have forms.
17 Thank you for your patience and your
18 cooperation.

19 DR. POPE: Good evening. Councilwoman
20 Sanchez, Councilwoman Brown, who left already,
21 Councilman Squilla, and other members of
22 Council, thank you so much for letting me
23 provide this testimony to you today in response
24 to the opioid epidemic in the City of

1 Philadelphia. I am going to keep my comments
2 short, because it's important that residents
3 get to speak.

4 My name is Dr. Cheryl Pope, and I am the
5 Vice President of Health Services at APM. I'm
6 here on APM President and CEO, Nilda Ruiz, who
7 couldn't be here due to a prior engagement.

8 APM has been in the eastern North
9 Philadelphia community for over 45 years. We
10 offer child care services, Pre-K to start, we
11 have outpatient clinics. We have two drug and
12 alcohol outpatient clinics. We have supportive
13 housing services, resource home certification,
14 adoption services. We have designed and
15 constructed over 300 affordable home and a
16 financial opportunity center.

17 We also facilitated a Hurricane Maria
18 resource program helping individuals to access
19 housing and other social services here in
20 Philadelphia.

21 We are a multi-cultural, multi-lingual
22 agency, who serves individual throughout the
23 greater Philadelphia area. You can, also, find
24 out more about our agency at www.APMphila.org.

1 In this testimony, I am going to provide
2 responses to what we have seen, what we have
3 done with the City, how we see our efforts
4 working, and our recommendations for the City.
5 Again, I'm going to keep it really short.

6 The opioid epidemic is really
7 multi-folded. What we see in our clinics are
8 persons who present with additions to Benzos,
9 as well as addictions to opioids. We also see
10 individuals who are presenting with -- who have
11 been overprescribed opioids in response to pain
12 versus providing physical therapy by doctors.
13 Much of which is resulting in the over
14 prescribing of Endocet and OxyContin
15 medications.

16 We are also see anxiety and
17 anti-depressant disorder, which is a common --
18 most common diagnosis and are commonly
19 prescribed benzodiazepines.

20 Members come and they state their
21 symptomatology so that they can receive these
22 certain types of prescriptions.

23 We were working directly with CBH to
24 address the need that resulted from a

1 particular clinic being closed, a particular
2 agency closing. There were four clinics. And
3 there were over 5,000 patients being seen.

4 We presented to CBH our proposal packet
5 along with others, and we were awarded the
6 opportunity to maintain mental health homes for
7 these individuals.

8 For us, it was important that they
9 maintain mental health homes. If not, these
10 individuals -- as I said 5,000, would have lost
11 care. We didn't want to see that happen.

12 So over the 90 days starting from April we
13 stood up four clinics. And there were, as I
14 said, 5,000 plus members who needed treatment.
15 And over the first 90 days, we were able to
16 ensure that no one got lost in care or no one
17 lost their medication, any of that.

18 And over the last four months, we have
19 been reassessing individuals to determine if
20 they really needed care, if our level of care
21 was most appropriate. We provided IOP/OP and
22 Suboxone services to members, as well.

23 But this population, you know -- in the
24 field, it has been said that meet members where

1 they are. Meet patients where they are. Meet
2 people where they are. Right now, these people
3 are in the streets. We are restricted to
4 providing services within the walls of our
5 clinics. Our contract requires that we provide
6 services in the clinic, but how do you get
7 people into the clinic if we can't get out into
8 the community?

9 Our agency has been around in this
10 community for a long -- a very long period of
11 time. And we need to be out there in the
12 streets with our members, with our community,
13 who needs services. And our current contract
14 doesn't allow us to do that.

15 All of the efforts of the City and other
16 agencies involved in this effort are great.
17 They are wonderful opportunities.

18 We need rent size and child protective
19 services to be in the community. We need to be
20 available and bring members in for treatment,
21 you know, to say that we make our numbers
22 available, to say that we have our services
23 available.

24 There is something called a moment of

1 sanity. You have to be there. You have to be
2 there to make that transition.

3 A story recently happened. We also manage
4 supportive housing services for individuals who
5 are of low income. One of the property
6 managers told me there was a person outside in
7 the backyard of a residence.

8 The property manager went out, asked the
9 person if they can help them in some way. The
10 person said they wanted treatment. He called
11 me to see what to do. I felt really in
12 despair, helpless, myself, because I couldn't
13 go get him. I don't have the structure, the
14 fiscal structure, to send my therapist out to
15 get that person.

16 Giving them the phone number and the
17 address and all that great stuff was wonderful.
18 By the time the property manager got back to
19 that person, they were gone. So that moment of
20 sanity is completely lost.

21 COUNCILWOMAN SANCHEZ: Thank you. I'm
22 going to let Donna Aument, the coordinator
23 here, speak.

24 And then we have written testimony for

1 Sterling Johnson and Dr. David O'Gurek. I
2 don't know if they are still here, Rosalinda,
3 Elijah -- Ramon, we have your written testimony
4 and Adrian Reyes. Go ahead, Donna.

5 MS. AUMNET: Thank you. I don't think I
6 need the mic, because I have a loud voice.

7 COUNCILMAN GREELEE: You need it for the
8 stenographer.

9 MS. AUMNET: Sorry, people. I am the ward
10 leader, here. And my interest is the people in
11 this community.

12 And I'm glad that you are doing everything
13 that you can for the people that have an opioid
14 addiction, but I think you have failed the
15 community. The reason I feel you failed the
16 community is because you haven't done for our
17 children enough.

18 Our kids cannot go out and play. For
19 Halloween we had to block the street off and
20 keep the opioid people off the street, so we
21 could let out kids trick or treat. The PAL
22 Center had to do a trunk or treat, because it
23 was so dangerous.

24 It is not fair to the people in this room

1 who live here and do the right thing raising
2 their children and have to watch the opioid
3 people laying all over the sidewalks using
4 needles, defecating on our sidewalks, having
5 sex on our sidewalks.

6 This playground -- Maria, you know how
7 hard we fought to get the Flyers in here to
8 make the playgrounds. The parents are afraid
9 to let the children come to the playground.
10 The only ones using the playgrounds right now
11 are the parents that drive their kids to
12 Stanley for the ice skating or take their kids
13 to the PAL where it's safe with police
14 officers.

15 So when you worry only about the opioid
16 people, who made the choice, whether it was a
17 good choice or a bad choice, they made the
18 choice to use opioids. You do a disservice to
19 every voting person in this room, every
20 taxpayer. I am glad that you are trying to get
21 them off the street. You're worried about
22 moving the encampment. When you move the
23 encampment, the hardest hit area was K and A.
24 And the ones that don't go in are going to come

1 to K and A. And they are still laying at K and
2 A. They are trying to charge people to get on
3 the El at 4 o'clock in the morning to go to
4 work.

5 They are laying all over. They are
6 sleeping all over. They are defecating all
7 over.

8 When are you going to help our children?
9 Yes, you are going into the school. But as my
10 great grandson is here -- he doesn't go to
11 school here. He goes to a charter school. We
12 drive him. He has to drive past people putting
13 needles in their neck and other places. He has
14 to drive past people sleeping on the sidewalk.
15 He keeps asking his grandmother and I why,
16 because we take him to school, why are those
17 people doing that? Why don't they do the right
18 thing?

19 I understand most of them have behavior
20 problems, but they are so far past behavior
21 problems now. They are nothing but addicts.
22 There are some that you're going to save. But
23 the ones that you don't save, do you intend to
24 leave them here with us? You tell me you can't

1 move them. When I was a kid, corner lounging
2 you can get moved for. Obstruction of the
3 highway. Kids walk in the streets. Some kid's
4 going to get hurt. Some kid's going to get hit
5 by a car, and then the City is going to be
6 sued.

7 Council, I commend you for the money
8 you're sending them, you, people, I commend
9 you, but you're going to have to figure out a
10 way to make those people move, because they
11 just can't stay here. It's not fair to us.
12 We've been the hardest hit.

13 Councilwoman has been fighting and
14 fighting. You've got the two respite centers.
15 You're taking them there, and put them back out
16 in the morning. All they do is sleep all over
17 and take more drugs. You're not going to help
18 them if you leave them out to take drugs.

19 I don't mean to beat you up, but we're
20 getting beat up. I cannot let that child go
21 out and play, that's why he's sitting here with
22 me. It's not safe. And the only reason he's
23 going out there is because his great
24 grandfather is standing at the top of the

1 steps.

2 Yous got to figure out -- and you've had
3 over a year. So why you don't have enough beds
4 to put them in, shame on you. Shame on you,
5 because this has been going on for over a year.

6 If you think these Council people are
7 frustrated, you should feel how these people
8 feel, who are afraid their kids are going to
9 get Syphilis or going to get AIDS or get
10 Hepatitis. That's why they don't want their
11 kids playing out there, because they don't use
12 the needles. My girlfriend found 60 needles
13 here the other day. I'm a diabetic. I control
14 my needles.

15 But you've got to figure out something,
16 because one of these kids really, really get
17 hurt. And that's who I'm responsible for.
18 Maria, you know that. My job is to take care
19 of the people of the community and get them to
20 come out and vote. You think they want to come
21 out to vote and this is what they've got to
22 live with?

23 There's a lady that feeds them every
24 Saturday and Sunday, and the trash -- G Street

1 is a crying shame. And I thought it was
2 getting cleaned Saturday, but it didn't. There
3 was trash from Kensington Avenue all the way up
4 to Sheridan School. You've got people sleeping
5 in the schoolyards.

6 Ride around and see what's really going
7 on. When you go out there and they are
8 sleeping all over Diamond Dollar and all over.
9 My Hoagies Plus has to chase four of them off
10 the step to open her store in the morning. We
11 need help. You are helping the opioid people.
12 I understand that, but you really aren't
13 helping us. And you aren't helping the police,
14 because what are they going to do with them?

15 COUNCILWOMAN SANCHEZ: Thank you, Donna.

16 MS. AUMNET: Thank you, Maria.

17 (Round of applause.)

18 COUNCILWOMAN SANCHEZ: Rosalind, I don't
19 know if you want to let Elijah...

20 MR. DESAMOUR: Thank for letting me speak.
21 My name is Elijah Desamour. And thank you for
22 letting me -- allowing me to come up here and
23 talk. I came here to talk on behalf of the
24 children who go through -- friends and stuff --

1 who are exposed to what happens outside.

2 I basically -- me and my brother, we're
3 making a movie, just to show about how our new
4 generation is being treated with being exposed
5 to the drugs, the people just laying and
6 sleeping there, just...

7 And when we were filming, we were walking
8 through the encampments. And even when my dad
9 was right next to me, I still felt scared. My
10 legs were shaking. And I still had to walk
11 through that.

12 And I was just amazed, because I still saw
13 kids coming out of school, and they had to walk
14 through there. Their faces were just
15 frightened. I could see it. And I did not
16 like it one bit. And I just really -- like I
17 felt like it was the wrong thing. But not just
18 that, I know it happens in more places.

19 I go to Visitation BVM Catholic School.
20 And right across the street, there's a tunnel.
21 And when I'm coming to school in the car, I see
22 kids walking. And when they are walking, they
23 are looking across the street.

24 And then there's a water ice store. And

1 thinking about the kids who just want to go out
2 and get water ice, but then there's those
3 people across the street doing drugs and
4 doing -- it shocks me a lot.

5 And I don't think that's right, while some
6 of us are here getting rides to school. The
7 others are walking alone -- seven years old --
8 holding their little sisters, no parents by
9 their side, not having a mom or a father or
10 anybody to look after them when they are
11 walking by themselves to school, possibly going
12 to get hurt, step on a needle or anything like
13 that. And yet nobody will care for them or aid
14 for them. I just feel like that is terrible.

15 So I felt it was the right thing to come
16 here and talk about it.

17 Basically, what I want -- what I'm saying
18 is that I feel like the children should be
19 safer, and that the adults, who do this, should
20 realize that the responsibility that they were
21 given and how they should handle it.

22 COUNCILWOMAN SANCHEZ: Thank you, Elijah.

23 (Round of applause.)

24 COUNCILWOMAN SANCHEZ: Elijah, is your

1 movie available online?

2 MR. DESAMOUR: We need to finish it.

3 COUNCILWOMAN SANCHEZ: We will be
4 sharing -- we have some of the raw footage of
5 Elijah and his brother filming the encampment
6 story. And we'll make it available to folks.
7 Rosalind?

8 MS. LOPEZ: Thank you for allowing me to
9 testify tonight. My name is Rosalind Lopez.
10 And I've lived here for 30 years already.
11 We've always had a problem with addicts in this
12 neighborhood.

13 And only with the cleaning of Gurney
14 Street has it gotten worse with all these
15 addicts around the corner. And I will call
16 them addicts, because that is what they are.
17 They make a choice to live out in the street.

18 And one of the pet peeves that I have with
19 this resilience is the people who come out to
20 Potter and Allegheny or Kensington and
21 Allegheny can see that they give them trash
22 bags, so that the addicts can clean up after
23 themselves. There are five trash bins on each
24 corner of Kensington and Allegheny. They don't

1 get used. If they don't use the trash bins,
2 they are not going to use the trash bags. They
3 use the trash bags for whatever they want to
4 use it. They might put trash in a few, but the
5 rest of it ends up in the corner of Potter and
6 Allegheny or Shelbourne, that little street
7 across the street.

8 I believe -- my thing is that I think
9 these people should be fined for feeding these
10 people out on the street, because I know that
11 people get fined in Center City when they feed
12 the homeless. So if they get fined in Center
13 City, they should be fined everywhere else for
14 feeding these people, these addicts, that make
15 a lot of trash.

16 In the last week or so, it has been clean
17 to some extent. I've seen CLIP up and down
18 Allegheny, but how long is that going to last
19 before the trash comes back? That's all.

20 COUNCILWOMAN SANCHEZ: Thank you. So I
21 don't know if Adrian Rivera is still here. I
22 know a Ramon is here.

23 MR. JOHNSON: I'm here. Sterling Johnson.

24 COUNCILWOMAN SANCHEZ: Sterling is here.

1 I mentioned, Sterling, we're going to wrap
2 up in a couple of minutes. I do have your
3 written testimony that will be added to the
4 record. I can't take anybody else who
5 registered here today. And I apologize to
6 everyone.

7 This is a continuing conversation. This
8 will not be the last hearing.

9 MR. JOHNSON: My name is Sterling Johnson.
10 I'm from ACT UP Philadelphia. We're part of a
11 coalition of organizations that engage on
12 stopping the war on drugs. Thank you providing
13 this space. I will just say my main points
14 here. I understand everybody wants to go home.

15 Basically, we need to recognize that these
16 are our people. There are people that come
17 from all parts in our City. They are not
18 outsiders. They are sons, brothers, or
19 daughters. We need to take care of them.
20 These are our people.

21 I mean, I think that there's an idea that
22 these are outsiders, but these are actually the
23 people that are in our homes.

24 First of all, we need to have more

1 housing, period. We need more shallow and deep
2 rent subsidies. People need -- there needs to
3 be flexible funding with all this housing.
4 Basically, this is a housing problem. These
5 are people on the streets who do not want to be
6 on the street.

7 By providing more emergency respites,
8 whether they are in Kensington, whether they
9 are in different sections up in the Northeast,
10 down in the south, in Councilman Squilla's
11 district. People will go in and be recessed.
12 They will be able to be discharged to housing.

13 Right now, people aren't being discharged
14 to housing. What are we even doing with them?
15 They need to be discharged to housing.

16 Secondly, we need to stop the demand for
17 drugs. Our advocacy supporting those
18 prevention sites. We have the same concerns
19 for public injection. We have the same
20 concerns to decrease trash and debris. But we
21 need to top stop the cycle. People are not
22 getting out of the cycle. More and more people
23 are on the street. More and more people are
24 suffering addiction. The cycle is not ending.

1 And it's not just the DPBH or the Department of
2 Human Services, it's a larger institution.
3 People are discharged from hospitals. People
4 are evicted from recovery houses. People are
5 taken from prison and put on the street.
6 There's no responsible made for any of the
7 people.

8 And, of course, we support Councilman
9 Greenly and Councilwoman Bass's legislation,
10 because all of these institutions put profits
11 over the people. They follow the money. If it
12 doesn't meet the bottom line, it is not their
13 issue.

14 Of course, we are concerned with
15 development that will come from this. We
16 support creating space for the people that are
17 in this neighborhood. We believe that more
18 City services should be dedicated to Kensington
19 neighborhood. It is historically a Puerto
20 Rican neighborhood, for people of Puerto Rican
21 decent. We notice that. That is important.
22 We know that that cannot being ignored.

23 The point is that more city services need
24 to be devoted to this neighborhood, not just on

1 a temporary basis. As the woman, that was just
2 up here, said this has been a 30 year problem.
3 That means we need to have community resources
4 to understand this is a 30 year problem.

5 When we're talking about what's going on
6 over the City, we're talking that that doesn't
7 matter. It matters what's happening in
8 Kensington.

9 And part of that is the idea of places
10 like Office of Homeless Services and the rental
11 subsidies.

12 What I know as a person that has been in
13 housing is that poverty is concentrated in only
14 a few neighbors.

15 Therefore, this is a neighborhood where
16 there is going to continue to be violence,
17 there is going to be poverty, because I can't
18 get a subsidy accepted in Mount Airy. That is
19 what happens.

20 And without senior responsibility for that
21 and holding these people accountability for the
22 discrimination that happens, this neighborhood
23 will continue for -- and honestly, I mean, that
24 is what we care about. That is what we care

1 about. We care about ending the cycle and
2 creating this space for the whole City. People
3 should not just be discharged to a housing
4 property that's in Frankford right by where
5 they used to be. It's not going to work. We
6 know it's not going to work. That's all I
7 have. Thank you.

8 COUNCILWOMAN SANCHEZ: Thank you, sir.
9 Thank you for your patient.

10 (Round of applause.)

11 MR. CRUZ: Good evening, Members of City
12 Council. My name is Ramon Cruz. And I'm a
13 life long community member of the Kensington
14 Fairhill neighborhood.

15 I want to start by telling you that I had
16 a good childhood. My mother and father gave me
17 all the love and support a child could ever ask
18 for. They worked very hard to provide me with
19 a great education.

20 I went to Saint Peter's Apostle from
21 kindergarten to eighth grade. Then graduated
22 from Roman Catholic High School.

23 Growing up in the Kensington, Fairhill
24 section of the City had its challenges. I did

1 not grow up with the aspirations or being a
2 lawyer, doctor, police officer or fireman. Due
3 to me being picked on in school, I gravitated
4 to the guys in the neighborhood seeking peer
5 acceptance. I started to go against the morals
6 and values my parents instilled in me. And I
7 adopted a street culture.

8 This behavior, which consisted of drug
9 dealing and other illegal activities, brought
10 me numerous incarcerations for the next 30
11 years.

12 It was during one of these incarcerations
13 that I received the news that my father had
14 passed away. I was not able to attend his
15 funeral, due to my high bail. My father's
16 death brought feelings of resentment, guilt,
17 anger, and depression. I truly believe that
18 due to my lifestyle, I took my father to his
19 grave. My spirit was broken. And the capacity
20 to feel was lost.

21 This led to an opioid addiction in prison.
22 And in prison, I experienced periodic jolts of
23 reality or self-awareness. With my using
24 becoming uncontrollable and antisocial, I came

1 out of prison with a fully active substance use
2 disorder. One aspect of my substance use
3 disorder was the inability to deal with life on
4 life's terms.

5 As I continue to go through a cycle of
6 incarcerations, my world shrank. And isolation
7 became my life. I was seeing that substance
8 use disorder was being treated as a crime or a
9 moral deficiency. My spirit was broken. My
10 life skills were reduced to a low level. And
11 found myself sleeping at times on the Gurney
12 Street tracks. The capacity to feel human was
13 lost.

14 This led to several suicide attempts by
15 trying to overdose, but I was saved by this
16 community with Narcan every time.

17 My life changing moment happened in a
18 courtroom, when the judge stated, if I
19 committed another crime, I will spend the rest
20 of my life in jail.

21 It was during this incarceration through
22 treatment that I identified the core of my
23 substance use disorder, which was learning to
24 properly grieve my father's death.

1 Upon my discharge, I decided to go to a
2 recovery house and continue my therapy and my
3 co-occurring issues. I was committed to a new
4 way of life by putting some structure and being
5 open minded, willing, but most of all, to be
6 honest with myself and others.

7 It was in the recovery house that I was
8 offered employment and the opportunity to give
9 back and find restoration in my life.

10 Through this opportunity, I learned about
11 the training and services that the Department
12 of Behavioral Health and Intellectual
13 Disabilities, who offered to people in
14 recovery. And I applied for the certified peer
15 specialist training, which gives a person in
16 recovery the opportunity to use their living
17 experience by supporting people to obtain a
18 better quality of life.

19 In 2016, I graduated from this training
20 with several job offers. I decided to work for
21 the Community of Behavioral Health. It was
22 there that I was given the opportunity to build
23 my life professionally, financially, and most
24 of all, personally.

1 After ten months, I moved in to a position
2 to Assistant to the Special Liaison to the
3 Deputy Commissioner of DBHIDS. In this
4 position, I had the opportunity to share my
5 story in different aspects to spread hope and
6 healing while assisting many of the DBHIDS
7 initiatives.

8 I had the privilege to share my living
9 experience on the subcommittee for the Mayor's
10 Opioid Epidemic Task Force.

11 I was recently transferred to work in the
12 Planning Innovation Division as a peer, senior
13 peer initiative specialist, and the lead Narcan
14 trainer, as well as being one of the team
15 leaders at the DBHIDS Overdose Rapid Response
16 Team during the surge, and have been recently
17 invited to be on the Philadelphia Resilience
18 Project Advisory Committee.

19 After many years of substance use and
20 mental health disorders, and being part of the
21 problem in the community, I have chosen to be
22 part of bringing solutions to a community that
23 is near and dear to my heart.

24 I volunteer in the City's clean ups and

1 initiatives to help strengthen our
2 neighborhood.

3 I have approached -- I have learned to
4 help strengthen a community, we need to not
5 have a nine to five mentality, but a 24/7
6 approach.

7 Today, I am proud to say that I have 46
8 months in recovery and working on getting my
9 degree.

10 (Round of applause.)

11 MR. CRUZ: I am now a father to my
12 children, a brother to my siblings, but most of
13 all, a son to my mother.

14 I can say that all of my liabilities of my
15 past have become assets. And I hope by sharing
16 my story with you, I am able to help you put a
17 face and recovery and destigmatize substance
18 use and mental health disorders. Thank you.

19 (Round of applause.)

20 COUNCILWOMAN SANCHEZ: Thank you. Real
21 quickly, before we go to the last two -- and
22 I'm going to have to keep you guys down to
23 three minutes -- I want to recognize our Police
24 Department partners, Deputy Commissioner

1 Sullivan and Inspector Bachmayer, who are here
2 with us.

3 As many of you heard, there's a lot of
4 challenges around public safety. And we have
5 asked our police department to go way beyond
6 the scope of their duties and what they signed
7 up for. And we appreciate their partnership
8 and their work with us. So thank you very
9 much.

10 (Round of applause.)

11 COUNCILWOMAN SANCHEZ: So I have -- you're
12 Adrian. And I'm really going to keep you guy
13 to the three minutes. We're an hour behind.

14 MR. REYES: Thank you for this wonderful
15 opportunity. My name is Adrian Rivera Reyes.
16 I'm a Philadelphia resident, a proud
17 Philadelphian, Puerto Rican, boricua.

18 And, you know, today we talked about what
19 City Council is doing, what they are doing with
20 different community organizations, and how they
21 are working to address this epidemic, this
22 opioid epidemic. Which, to me, is a personal
23 issue. This is affecting our communities and
24 our families and our neighborhoods. Ramon just

1 gave that wonderful and beautiful testimony.

2 And so to me, this is personal. Because
3 in the early 2000's, it was my uncle who died
4 of HIV contracted by unsafe usage of needles.
5 It was my cousin earlier this year in January
6 of 2018, that passed away, that overdosed with
7 her husband, leaving two children behind. This
8 is real. And this has to be addressed now.

9 And we bold, progressive motions and
10 legislation to actually get this solved. This
11 is not going to come. This is not easy. And
12 we are all have to work together.

13 And so I ask City Council as a
14 constituent, as a resident, that we need to do
15 more. We need to do more. And we must do
16 more. Again, this is personal.

17 So I stand here today in front of you --
18 and I appreciate all the work that you're
19 doing, but it has to be more. It has to be.
20 It has to be. Because we are dying, our
21 community is dying, our people are dying.
22 There's people dying. There are people in the
23 street. This is about compassion. This is
24 about humanity. We need to address that.

1 I stand here today as a healthcare
2 professional in front of all of you and in
3 front of this beautiful, beautiful community,
4 knowing that all of these things and these
5 personal experiences and these issues, right,
6 have affected my life directly, and I know are
7 affecting our community and our people and our
8 lives, directly.

9 And so with that, I want to say, all of
10 these things have led me to one very simple
11 conclusion, but very big conclusion.

12 And so I am a perspective candidate for
13 City Council at Large next year, because I want
14 to take part of this issue. And I want to help
15 solve this issue.

16 And I look forward to working with all of
17 you in the near future. Thank you.

18 COUNCILWOMAN SANCHEZ: Welcome to the
19 chaos.

20 MS. VIVES: Friends, community activists,
21 in working in the streets for many years, I
22 focus on the under the bridge before the clean
23 up with a lot of the homeless, especially, that
24 have the addiction of drugs and alcohol.

1 Now there's a big difference, but it's not
2 because -- it's also because of -- let me put
3 it this way. A lot of people came from
4 Northeast, from New Jersey, from Chester. So
5 the question is, what are we doing about it?
6 Because you can tell if you work in the
7 streets, you know I who's there. You know
8 who's been there. And those that live in
9 Philadelphia, when they would come in, I would
10 send them back home. I would personally take
11 them to the train station to go back home. And
12 I would give them tokens.

13 Couches and chairs that are placed there,
14 they want to give you the impression that it's
15 to help them. No. It's so they can stay there
16 and they don't go back to the Northeast and
17 Chester and New Jersey. Families have given
18 up. Not all families given up, and that is
19 also part of the problem.

20 Video taping them, exposing them, and then
21 having the audacity to say that they have no
22 shame -- you should be ashamed of yourself
23 video taping them and placing them on social
24 media. Because when they've given me

1 permission, in working under the bridge --
2 given me permission to video and photograph,
3 you have never seen me expose that information.

4 One of the things I want to say that's
5 really important is in the shelters, there was
6 a program. It was called fees and savings,
7 which Liz Hersh is well aware of that.

8 When families or people that have an
9 addiction go into these shelters, their
10 fundings, if none of you are aware, 60 percent
11 of that would go into a net, which would help
12 them save for a home or for a room. 15 percent
13 were going to fees in the shelters. Then
14 25 percent would go to them for allowance,
15 whether it be cigarettes, candy, hoagies.

16 After the end of the fiscal year 2016 --
17 as Liz Hersh is well aware, because she was a
18 main supporter of stopping this -- they stopped
19 this program. And I kidd you not, by
20 December 2016, we spoke -- me and my partner,
21 Charito Morales -- spoke to the Inquire about
22 the drastic change and then need of this
23 change.

24 Such a coincidence when they stop this

1 fees and savings program, we started getting an
2 abundance of people out in the street. When
3 you stop a fees and savings program, what
4 you're doing is you're not giving them hope.
5 You're slapping all the funds they are
6 receiving from the government on their hands.
7 And now they are going out on the street and
8 spending it all on drugs, because they no
9 longer have this program and savings.

10 60 percent in savings to be able to save for a
11 home or for a room to give them hope.

12 So you're talking about beds and saving
13 beds, why don't you talk about why you stopped
14 the program? Because you're so busy comparing
15 with what other states do. And you can't do
16 that. You can't do that. Because over on
17 Front Street and Lehigh Avenue -- Front and all
18 of that area, if you know the records, that was
19 the worst area in the United States.

20 Now you stopped the fees and savings
21 program. And you don't speak about that. And
22 a lot of people out her and our advocates are
23 unaware of that. I'm making it known. So I
24 want to know, when is this coming back, why you

1 stopped it -- because people who are addicts --
2 what people say, because they are actual
3 people, okay, just like dogs are children --
4 when you send them out in the street, what do
5 you do?

6 Instead of giving them activities, instead
7 of giving them basic life skills, you send them
8 in the street to do what? Then they come back
9 at night to sleep, then you send them back in
10 the street to do what? Does that make any
11 sense when you're not giving them any
12 activities or even basic life skills,
13 especially when many of them are young people
14 that have the addiction of drugs and alcohol.

15 So this is what I want to say. One of the
16 things is noticed is a lot of people in housing
17 who say, I don't have enough beds, I can't give
18 you a determination or a deadline. You came
19 here. In your mind, you're set -- I'm not
20 giving a date. I'm not giving a date. That's
21 what you did. You came with that attitude,
22 which is pretty disgusting.

23 What I want to know is -- first of all, in
24 my opinion, you're not compassion. I don't see

1 you out in the street cleaning.ing I don't see
2 you out in the street -- community services.
3 You're nine to five. You are out there in the
4 community event. You're paid for four hours,
5 you're done. You're packing up in three hours.
6 So you're not really for the community.

7 So if it means that we need too replace
8 people who are not there for the community,
9 that's what we need to start doing.

10 But what I want to know is when is that
11 fees and savings coming back.

12 COUNCILWOMAN SANCHEZ: You have to direct
13 it at me, because this is a hearing --

14 MS. VIVES: You want to know why I didn't
15 look at you? Because I didn't want you to
16 think I was directing it at you, like I'm
17 blaming you.

18 COUNCILWOMAN SANCHEZ: That's okay. I
19 appreciate that.

20 So here's what I would say, because I know
21 there is some confusion with cash assistance
22 and other stuff. We will get you some response
23 around state cash assistance and some of that
24 money and have a respond back to you.

1 MS. VIVES: Thank you so much for the
2 time.

3 COUNCILWOMAN SANCHEZ: We're happy to get
4 you an official response to those questions.

5 I want to end -- and I want to thank
6 Councilman Squilla, who's kind of been my
7 partner in crime in all of this, Councilwoman
8 Gym, and the rest of the Council who came here.

9 And while we will officially recess --
10 because, as I said, this is not the first
11 conversation. This is actual the third on the
12 hearing. We are going to recess today.

13 I will add that we are hearing the folks
14 in the community. We are trying to go from --
15 as you heard from Tumor -- our providers and
16 some of the government be a little bit more
17 nimble about trying to meet people where they
18 are. This additional funding that we have is
19 so we can remove the encampment that we have.
20 We are committed.

21 I will say this. I want to be real, real
22 clear, we're not going to get 700 beds to clean
23 up Kensington. And Kensington residents cannot
24 wait for us to have 700 beds to clean up

1 Kensington.

2 And so part of our challenge continues to
3 be how do we get to a place where we stabilize
4 and stop normalizing some of this behavior out
5 there.

6 I will tell you that through Project
7 Resilience and some of the work we're doing, we
8 remain cautiously optimistic. And we know that
9 the Mayor has come down here, personally,
10 himself, and made some commitment. This is all
11 hands on deck.

12 Dennis, we don't have time. And you did
13 not register.

14 MR. PAYNE: Just one minute --

15 COUNCILWOMAN SANCHEZ: No

16 MR. PAYNE: Just for the record.

17 COUNCILWOMAN SANCHEZ: Just give it to us
18 in writing.

19 MR. PAYNE: You know it will be in writing
20 all over. You know that.

21 COUNCILWOMAN SANCHEZ: Of course. In case
22 you don't know, Dennis Payne is an active
23 member of Kensington and the leader of HAVOC,
24 who calls them HAVOC on social media.

1 MR. PAYNE: And so the record's straight,
2 we, the residents, property owners, would like
3 to know what this letter is about. To the
4 property owner. It wasn't discussed tonight.
5 And I waited all night to hear it.

6 COUNCILWOMAN SANCHEZ: Okay. I will
7 briefly -- just for your purposes, there was a
8 letter that was sent out with no stationary and
9 signature notifying people who have lots or
10 vacant properties, that they have to maintain
11 the property maintenance code, which is get a
12 vacant license or have your property clean and
13 sealed to avoid small encampments from
14 forming.

15 There was some confusion. There was a new
16 letter that was sent out, the copy that is in
17 your packet for purposes -- because there was
18 confusion about this information -- about the
19 property maintenance code so that people who
20 have vacant lots are responsible for them.

21 So that is the notification that if you're
22 a property owner, whether your property is
23 vacant or not, you have to have a license and
24 you have to have it up to code.

1 MR. PAYNE: Thank you.

2 COUNCILWOMAN SANCHEZ: And with that, we
3 conclude this hearing to the call of Chair.
4 Thank you.

5

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7 (Whereupon the hearing concluded at 8:04 p.m.)

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C E R T I F I C A T I O N

I, hereby certify that the
proceedings and evidence noted are
contained fully and accurately in the
stenographic notes taken by me in the
foregoing matter, and that this is a
correct transcript of the same.

Kathryn Doyle
Court Reporter - Notary Public

(The foregoing certification of
this transcript does not apply to any
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