

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

Room 400, City Hall
Philadelphia, Pennsylvania
Tuesday, September 30, 2025
1:13 p.m.

PRESENT:

COUNCILWOMAN NINA AHMAD, CHAIR
COUNCILWOMAN QUETCY M. LOZADA, VICE-CHAIR
COUNCILWOMAN CINDY BASS
COUNCILMAN MICHAEL DRISCOLL
COUNCILWOMAN RUE LANDAU

RESOLUTION: 250362

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2 COUNCILWOMAN AHMAD:

3 Good afternoon, everyone. Welcome
4 to Philadelphia City Council's
5 Committee on Public Health and
6 Human Services. I now note that
7 the hour has come. I am City
8 Councilmember Nina Ahmad, City
9 Councilmember At-large.

10 And, Mr. Sham, would you
11 please call the roll.

12 THE CLERK: Chair Ahmad.

13 COUNCILWOMAN AHMAD:

14 Here.

15 THE CLERK: Vice-Chair
16 Lozada.

17 COUNCILWOMAN LOZADA:

18 Present.

19 THE CLERK: Councilmember
20 Thomas.

21 (No response.)

22 THE CLERK:
23 Councilmember Driscoll.

24 COUNCILMAN DRISCOLL:

1 Present.

2 THE CLERK:

3 Councilmember Bass.

4 (No response.)

5 THE CLERK:

6 Councilmember Landau.

7 COUNCILWOMAN LANDAU:

8 Present.

9 THE CLERK: And,
10 Councilmember O'Rourke.

11 (No response.)

12 COUNCILWOMAN AHMAD: I

13 note for the record that a quorum
14 of this committee is present and
15 this hearing is called to order.

16 This is a continuation of the
17 public hearing of the Committee on
18 Public Health and Human Services
19 considering testimony on Resolution
20 No. 250362. And I want to thank
21 again all of you for being here.

22 Back in June, we began a
23 critical conversation about
24 Philadelphia's child welfare

1 system, a system that touches
2 thousands of lives across our city.
3 Today we reconvene this hearing to
4 continue the work to listen more
5 deeply and to ensure the voices of
6 children, families and community
7 advocates are at the center, at the
8 heart of this hearing, our children
9 and families.

10 Every decision we make
11 as a city should be guided by
12 compassion, fairness and
13 accountability. That's why we have
14 invited a wide range of
15 perspectives from our Department of
16 Human Services to advocates on the
17 front line to young people who have
18 lived experience in the system.
19 Their testimony is essential
20 because they know firsthand what is
21 working and what still needs to
22 change.

23 This is not about blame.
24 This is about partnership,

1 transparency and progress. We all
2 share the same responsibility, to
3 make sure that our city's children,
4 the child welfare system protects
5 children, supports families and
6 helps every young person grow up
7 with safety, dignity and
8 opportunity.

9 When young people and
10 families speak, we must listen and
11 today we will. Thank you.

12 Mr. Sham, would you
13 please read the title of the
14 resolution.

15 THE CLERK: Resolution
16 No. 250362, authorizing the
17 Committee on Public Health and
18 Human Services to hold a hearing on
19 the policies of the Department of
20 Health and Human Services regarding
21 child welfare protections.

22 COUNCILWOMAN AHMAD:
23 Clerk, would you please call the
24 first panel to testify on this.

1 THE CLERK: Kimberly
2 Ali, Commissioner of Philadelphia
3 Department of Human Services; and
4 Laura DeRiggi, Executive Director o
5 Community Behavioral Health.

6 (Witnesses approached
7 witness table.)

8 COUNCILWOMAN AHMAD:
9 Good afternoon. Please state your
10 name for the record and proceed
11 with your testimony.

12 COMMISSIONER ALI: Good
13 afternoon. My name is Kimberly
14 Ali.

15 MS. DeRIGGI: Good
16 afternoon. My name is Laura
17 DeRiggi, Senior Director of
18 Clinical Consultation for CBH,
19 DBHIDS and DHS.

20 COUNCILWOMAN AHMAD:
21 Thank you. You may begin.

22 COMMISSIONER ALI: Good
23 afternoon, Chair Councilmember
24 Dr. Nina Ahmad, Vice-Chair

1 Councilmember Quetcy Lozada and
2 members of the Committee on Public
3 Health and Human Services. My name
4 is Kimberly Ali and I'm the
5 Commissioner of the City of
6 Philadelphia Department of Human
7 Services. With me today is Samuel
8 B. Harrison, III, Deputy
9 Commissioner for Child Welfare
10 Operations, Nadine Perese, Chief
11 Financial Officer as well as other
12 members of my team.

13 Today is day 2 of our
14 testimony on Resolution No. 250362,
15 on the policies of DHS regarding
16 child welfare protections. The
17 resolution asserts that the child
18 welfare model in Philadelphia is
19 not meeting its goals of approving
20 outcomes for children. I am
21 hopeful that my testimony on June
22 6, 2025 demonstrated that outcomes
23 have significantly improved over
24 the past several years.

1 Although we have made
2 significant improvements, we do
3 acknowledge that there is still
4 more work to do to continuously
5 improve the child welfare system in
6 Philadelphia and we remain
7 committed to making lasting change.
8 I am grateful for the support of
9 our Mayor Cherelle L. Parker, City
10 Council and the community as we
11 continue to make impactful change.

12 I have been asked to
13 provide testimony today regarding
14 the process that initiates DHS
15 involvement to delineate the roles
16 and responsibilities between DHS
17 and the Community Umbrella Agencies
18 and to highlight lessons learned
19 that helped improve the child
20 welfare system.

21 The field of child work
22 is an incredibly complex discipline
23 because social workers are required
24 to make daily decisions that

1 significantly impact the lives of
2 children and families. The amount
3 of critical thinking, assessment
4 and decision-making that is
5 required to do this job well is not
6 taken lightly. Therefore, DHS
7 makes ongoing investments in staff
8 and policies and practice, all with
9 the sole purpose of protecting
10 children and stabilizing families.

11 An example of a
12 significant investment occurs once
13 a call is made to the Child Abuse
14 Hotline that alleges the abuse or
15 neglect of a child. This call to
16 the Child Abuse Hotline initiates
17 DHS involvement. DHS operates a
18 24-hour, seven-day-a-week Child
19 Abuse Hotline that is staffed by
20 City of Philadelphia employees.

21 All of the social
22 workers have a Bachelor's degree at
23 a minimum and all social work
24 supervisors, administrators and the

1 director have a Master's degree in
2 social work. In addition to
3 becoming certified by the
4 Commonwealth as direct services
5 social workers, hotline social work
6 staff also receive vigorous
7 training and engagement,
8 understanding child abuse and
9 neglect and on hotline-guided
10 decision-making or HGDM.

11 The intention of HGDM is
12 to provide the hotline social work
13 teams with the opportunity and
14 structure to gather as much
15 information as possible regarding
16 the type and nature of maltreatment
17 as well as other elements of the
18 family dynamics so that DHS can
19 determine the best course of
20 action. All reports are thoroughly
21 reviewed and approved by a master's
22 level social work manager to
23 determine one of the following:

24 First, do the

1 allegations meet the criteria
2 according to the Child Protective
3 Services Law, CPSL, of child abuse
4 and neglect that will warrant a
5 child abuse investigation or a
6 General Protective Services
7 Assessment. If no, one of two
8 things can happen.

9 First, if a
10 determination is made that the
11 family needs supportive
12 intervention services, DHS refers
13 the case to one of our community-
14 based prevention providers and the
15 case is closed or if no services
16 are needed, the case is closed.

17 Secondly, if the
18 allegations do meet the criteria
19 according to the Child Protective
20 Services Law of child abuse and
21 neglect, therefore the family is in
22 need of a formal investigation by a
23 DHS investigator.

24 During Fiscal Year 2025,

1 DHS received 38,184 calls into the
2 Child Abuse Hotline. Can you turn
3 it to Slide 8 please. Of the
4 38,184 calls, 60% of them or 23,080
5 were diverted from the hotline,
6 while 15,104 received a formal
7 investigation by a DHS social
8 worker.

9 Of the 15,104
10 investigations that were conducted,
11 only 2,598 children were accepted
12 for formal child protective
13 services, resulting in ongoing
14 support by our Community Umbrella
15 Agency partners or CUAS. Turn to
16 slide 9. In slide 9, that's the
17 pyramid that depicts the testimony
18 that I just provided in terms of
19 the calls that come into the DHS
20 hotline until the cases are
21 formally accepted.

22 A CUA only becomes
23 involved with the family after it
24 is determined by the DHS social

1 work staff that the family is in
2 need of ongoing support. The CUA
3 provides case management services
4 designed to support the family in
5 achieving their goals. To ensure
6 the seamless transition of the
7 family's case, a DHS supervisor
8 facilitates a family team
9 conference that includes the family
10 their support system, the CUA team,
11 child and parent advocates,
12 Community Behavioral Health, DHS
13 psychologists and DHS nurses as
14 needed. The sole purpose of the
15 team meeting is for the family to
16 develop a plan to stabilize their
17 family.

18 You can turn it to slide
19 10. Slide 10 depicts the roles and
20 responsibilities as it relates to
21 DHS and the Community Umbrella
22 Agencies and the center depicts our
23 shared responsibilities. I
24 testified on June 6, 2025 that DHS

1 has had the unfortunate distinction
2 of removing more children and youth
3 from their parents and caregivers
4 than many jurisdictions of similar
5 size. However, as a result of our
6 continued work together, DHS has
7 seen a significant decrease in the
8 number of children in child welfare
9 placement, from 6,194 in 2017 to
10 2,406 children in placement today,
11 which equates to a decrease of
12 3,788 children or 61% reduction in
13 children and placement.

14 You can turn it to slide
15 21. As you can see from slide 21,
16 slide 21 looks at removals from
17 home, and that means the number of
18 children entering placement during
19 a specific fiscal year. You can
20 see in FY15, there were 3,308
21 children who were removed from
22 their homes. If you look at FY24,
23 it was 1,291 young people that were
24 removed from their homes, a

1 significant decrease.

2 The FY25 data isn't
3 completed yet because we do it
4 based on federal fiscal year. And
5 so, that data is to come. If you
6 look at slide 22, slide 22 is rate
7 of removal. It's the comparison.
8 Again, that's the number of
9 children who were removed from
10 their homes. This compares it with
11 other jurisdictions. If you can
12 see, in 2017 our rate of removal
13 from Philadelphia was 7.6 children
14 per 1000. And as you can see from
15 the data from 2023, it is 3.4 per
16 1000 child or children.

17 Again, the reason why
18 this data stops at 2023 is because
19 we use the federal data that
20 compares other jurisdictions and
21 they haven't finalized the 2024
22 data yet. I also want you to look
23 at slide 23. It's just another way
24 to depict the children in placement

1 outside of their home. So if you
2 look at June 30, 2017, there was
3 6,194 young people in the city of
4 Philadelphia who were in placement.

5 When you look at June
6 30, 2025, there was 2,504 young
7 people. And as I testified today,
8 it's 2,406 so a 60% reduction.
9 Slide 24 is just another depiction
10 of the children that are in
11 placement. Again, you see our high
12 point in FY17, which was reflective
13 of the 6,194, and then you see for
14 FY25 was 2,504 that ended on June
15 30. And as of today September
16 30th, it's 2,406 young people.

17 And finally, if you look
18 at slide 25, slide 25 does it again
19 in terms of a comparison. This
20 comparison is the rate of children
21 placed outside of their home. The
22 previous comparison when I talk
23 about removals, that's any young
24 person who's removed. When I talk

1 about children who are in
2 placement, that's point-in-time
3 data. And so, as you can see in
4 2017 the rate for Philadelphia was
5 16.1 for every 1000 children. 16.1
6 were removed or 16, I should say.
7 And then as you can see for 2023,
8 it was 8 children per every 1000 in
9 Philadelphia.

10 This data is evidence of
11 our commitment to supporting
12 children and youth in their own
13 homes and communities and to
14 stabilizing children and youth in
15 their own homes when it is safe to
16 do so. To address DHS rate of
17 removing children and the
18 disproportionate number of Black
19 children in the child welfare
20 system, DHS partnered with the
21 University of Pennsylvania, Casey
22 Family Programs and the Center for
23 the Study of Social Policy.
24 Through this work, we developed two

1 innovative ways designed to reduce
2 placement by creating avenues for
3 support that do not involve
4 entering the formal child welfare
5 system.

6 We developed a
7 supplemental mandated reporter
8 training to instruct such reporters
9 how to be supporters when they
10 identify a child or family in need
11 of services. And by way of our
12 partnership with the Philadelphia
13 Department of Health, we expanded
14 the Philly Families Can Support
15 Line that will connect families to
16 resources when there is a service
17 need.

18 We recognize that the
19 removal of a child from their
20 parents or caregivers is extremely
21 traumatic for the child, the family
22 and the community. Therefore,
23 these decisions are not taken
24 lightly nor are they made by a DHS

1 social worker or supervisor
2 independently. When a child is
3 unable to remain safely in their
4 home, the case is reviewed by a DHS
5 administrator or DHS director.

6 The purpose of the
7 review is to ensure that all
8 efforts to keep the child in their
9 home were made before separation is
10 even considered. After the review
11 by a DHS administrator or director
12 in many cases a consultation occurs
13 with the city solicitor. Based on
14 the evidence presented, a city
15 solicitor determines if the removal
16 is warranted.

17 If the removal is not
18 warranted, the city solicitor will
19 deny the request and provide legal
20 advice to the DHS social work team.
21 If the evidence presented warrants
22 a removal, then the city solicitor
23 or the DHS court representative
24 will ask a judge to grant an order

1 of protection to remove the child
2 from their home. Ultimately, only
3 a judge can grant the removal of a
4 child from their home.

5 In cases where an order
6 of protective custody is granted by
7 the courts, a hearing in front of a
8 judge occurs within 72 hours. The
9 child and the parents are given
10 counsel to represent them at court
11 hearings. After the initial
12 hearing, another hearing occurs
13 within 10 days and then a review
14 hearing occurs at a minimum every
15 three months thereafter until the
16 case is closed out of court.

17 Finally, because of the
18 importance and complicated nature
19 of the work that we do, we are
20 constantly working to ensure that
21 we are re-examining and refining
22 our policies and practices to focus
23 on reducing trauma and keeping
24 families together. We use data and

1 conduct regular case reviews to
2 learn and make any necessary
3 changes.

4 In any case where a
5 child or youth is fatally or nearly
6 fatally injured, DHS is governed by
7 Act 33 which requires state and
8 local reviews of all child
9 fatalities and near fatalities that
10 result from suspected child abuse
11 and neglect. An external
12 multidisciplinary team reviews the
13 case to identify systemic and
14 practice issues so that DHS can
15 address them and take necessary
16 action. All recommendations from
17 Act 33 reviews are tracked to
18 monitor their implementation.

19 Some of the
20 recommendations that were generated
21 by Act 33 reviews and have been
22 instrumental in improving the
23 practice at DHS and the Community
24 Umbrella Agencies include the

1 following: A parent with
2 significant untreated mental health
3 led to the physical abuse of their
4 child. Therefore, DHS developed a
5 policy that requires DHS and CUA
6 case managers to have a mandatory
7 consultation with the DHS
8 psychologist to understand the
9 mental health needs of the
10 caregivers and to make
11 recommendations for evaluation and
12 treatment.

13 To better improve the
14 identification and the coordination
15 of services for children and youth
16 with special medical conditions,
17 DHS social workers and CUA case
18 managers are required to refer
19 cases to our DHS nurses who obtain
20 and review the medical records of
21 the child, make appointments to
22 primary care physicians and
23 specialists and accompany the DHS
24 social worker or CUA case managers

1 on home visits to assess the
2 physical health of the child.

3 Recognizing the impact
4 that intimate partner violence has
5 on parents and their children, DHS
6 hires staff trained in domestic
7 violence to provide expertise on a
8 plan to keep everyone safe and to
9 connect the family to resources.
10 And finally, executive teaming
11 facilitated by a DHS operations
12 director or deputy commissioner are
13 required when DHS is investigating
14 a matter involving the physical
15 abuse of a child and the manner in
16 which the child sustained the
17 injuries is not known or the
18 alleged perpetrator is not known.
19 Given the uncertainty of the
20 investigation, coupled with the
21 fact that we must strive to keep
22 children safe from future harm,
23 such high-level teamings are
24 warranted.

1 In closing, while we
2 always have more work to do DHS
3 will continue to build on our
4 strengths and address our
5 challenges. Although state law
6 prevents me from answering
7 questions about families and their
8 cases, my team and I are happy to
9 answer any other questions the
10 panel has today. Thank you.

11 COUNCILWOMAN AHMAD:

12 Thank you, Commissioner.

13 And I was remiss in not
14 opening the floor to my colleagues
15 here before you started, if they
16 wanted to make any opening
17 statements at this time, if any --

18 (No response.)

19 COUNCILWOMAN AHMAD:

20 We're all about the business, so
21 thank you.

22 And before we go on to
23 you, I wanted to thank the
24 Commissioner once again to be here.

1 And after we hear testimony from
2 our next witness, we will ask the
3 questions of the panel altogether.
4 So please proceed with your name
5 and start your testimony.

6 MS. DeRIGGI: Thank you.
7 It's my pleasure to be here and
8 nice to meet all of you. I am
9 Laura DeRiggi. I am the Senior
10 Director for Clinical Consultation.
11 I'm the director of no one. I work
12 for CBH, but I also have a direct
13 reporting referral link to DBHIDS,
14 Department of Health Intellectual
15 Disability Services. And I've been
16 in this role with DHS since 1999 as
17 a clinical consultant.

18 Today I'm here to talk
19 about -- and you have my full
20 testimony. I'm not going to read
21 it. I'm going to talk just about
22 how we began the integration. From
23 a direct practice standpoint, we're
24 integrated at both a micro level

1 with direct practice being
2 colocated with DHS and at a system
3 level where we share resources, our
4 leadership, DHS leadership and
5 other city departments because
6 these are families involved in
7 multiple systems of care, not just
8 child welfare, not just behavioral
9 health.

10 What I'm going to talk
11 about today is the integration at a
12 direct practice level, which
13 actually began under the leadership
14 when Alba Martinez was the DHS
15 Commissioner and the Managing
16 Director at that time was Estelle
17 Richman who actually created CBH.
18 And back then we came together. We
19 felt the need, they felt the need
20 to set a foundation because we
21 share children, youth and families
22 and that these families are so
23 vulnerable to not just behavioral
24 health needs, but have complex

1 trauma histories, who have social
2 determinants of health, who may
3 suffer from experiences of
4 homelessness. It really was an
5 opportunity to really develop a
6 framework of care coordination
7 together from the front door.

8 So there are various
9 levels. And again, I'm not going
10 to read the full testimony. From a
11 direct practice level, we started
12 in 2000 and we colocated CBH,
13 Community Behavioral Health Care
14 Management. At that time -- I'm
15 going to date myself and
16 Commissioner Ali -- it was her and
17 I that jointly sat next to each
18 other in the central referral unit
19 at DHS.

20 So when kids were
21 deemed, got an OPC, needed
22 placement, CRU would find the
23 placement. I would be there to
24 look at clinical history and we

1 would authorize services to go
2 along with that child so there was
3 never any gap. The whole goal of
4 the integration was really to
5 ensure access to behavioral health
6 services.

7 Because of my role with
8 IBS and DBH, we can also look at
9 how many families and how many
10 children have intellectual
11 disabilities, developmental
12 disabilities, how many need
13 referral to substance use
14 treatment. So it goes beyond the
15 scope of just behavioral health
16 services for that child but the
17 holistic view of the whole family
18 in that case.

19 In 2003, we expanded the
20 colocation of CBH staff to the
21 courtrooms under now Justice
22 Dougherty, back then, Judge
23 Dougherty and our former CEO Nancy
24 Lucas. We really saw the need not

1 just to co-locate in the DHS
2 office, but also in the family
3 courtrooms. That included a number
4 of things:

5 One, the care managers
6 in the courtroom support the judge
7 and the team and offer suggestions
8 around what services are available,
9 did this child get their
10 assessment, did this mom go to this
11 outpatient program. So we have
12 up-to-date information but also we
13 have clinical guidance, because
14 often times depending on the case,
15 there may be recommendations for
16 things that may not make sense to
17 the clinical profile of what's
18 going on in that child or family.
19 So we're there as clinical
20 consultants to provide that
21 direction.

22 From when Improving
23 Outcomes for Children began, we
24 then colocated CBH care managers,

1 they're called clinical specialists
2 within each of the CUAs, so that
3 they sit in on when a case
4 transitions from DHS to the
5 Community Umbrella Agency. They
6 sit in on family team conferences.
7 They provide consultation on the
8 whole family and they support
9 families that are either getting
10 inhome services, whether they're in
11 different types of placements and
12 they're in need of our residential
13 treatment, other kinds of
14 behavioral health services.

15 From that point,
16 these -- I'm sorry. Let me step
17 back. Part of the integration that
18 also began in 2000 was the creation
19 of the capacity to do drug and
20 alcohol assessments in family court
21 for parents in need of substance
22 use treatment. So DBH funds the
23 clinical evaluation unit there, as
24 all outlined in the testimony.

1 They do evaluations for families,
2 parents and caregivers who need
3 drug and alcohol treatment
4 services.

5 In about 2004, CBH in
6 partnership with DHS we created a
7 behavioral health forensic
8 evaluation unit. Judges make
9 decisions based on really good
10 evaluations. So we really as a
11 collective partnership decided that
12 we really needed to create an
13 enhanced forensic evaluation center
14 in the court that allows
15 psychiatrists and psychologists to
16 do a much more comprehensive
17 evaluation, pull in information,
18 not just interviewing the child and
19 the family, pulling all the
20 collateral information from CBH,
21 DBH, whoever is involved in that
22 family's life, to do better case
23 conceptualizations and offer the
24 right recommendations for these

1 families and children that are
2 dependent and delinquent that are
3 going before the judge. And then
4 our CBH care managers provide
5 guidance and make those referrals
6 as recommended by those
7 evaluations.

8 So from the front end,
9 onsite with CUAs and DHS. And then
10 we have the different assessment
11 units. DBH as part of their single
12 county authority has a dedicated
13 staff person that works at the
14 front end with the hospitals on
15 plans, plans of safe care when
16 children are born prenatally
17 exposed to substances, so that
18 person links DHS staff to drug and
19 alcohol assessments and treatment.
20 So we have various arms. And I'm
21 sorry I don't have a PowerPoint and
22 graphic to show you all of this.

23 We wanted to address
24 both the behavioral health and the

1 substance use and both from the
2 county level and from the Medicaid.
3 CBH, you know, we all have
4 Medicaid, we all have eligibility
5 requirements. And part of this
6 integration was to try to break
7 down the silos, but try to figure
8 out how do we blend and braid
9 funding streams, eligibility and
10 clinical needs to really wrap
11 around children, youth and
12 families.

13 The last piece of this
14 is my role. I'm the hybrid, I
15 guess the hybrid of integration.
16 So I did my first home visit in
17 1999 and I still do home visits
18 today. Because of my background,
19 because I always made it a point to
20 work in every disability area
21 growing up in my career in social
22 work, but the department and DHS
23 and us, we felt the need that you
24 needed someone that could bridge

1 each system, but also has the
2 ability to go in and talk to a
3 family, do home visits, sit down
4 with, you know, the different
5 advocates, sit down with the judges
6 and map out here's what's going on
7 with Laura's family, this is mom,
8 this is dad, having someone that
9 has that ability to pull the
10 systems together but understand
11 what does the clinical information
12 look like, what do you not see and
13 what do you not hear and put all
14 those pieces together. So that's
15 part of the role of this hybrid
16 sort of piece that's still going on
17 today. I'm still doing home
18 visits.

19 I also support the
20 courtroom. And this is really not
21 about me, but it's about the role.
22 It's really creating a role that we
23 really hope to sustain, that really
24 is going to focus on trying to pull

1 those systems together, but really
2 understanding the needs of complex
3 families. These are parents that
4 have intellectual disabilities who
5 have children. These are children
6 who have medical complexities that
7 have attachment issues, that have
8 years of traumatic experiences, but
9 you need someone or that role to
10 really pull the pieces together and
11 explain that and link the systems
12 together. And that's part of the
13 integration that we felt was
14 important way back in 1999 that
15 still continues today.

16 And then within the CBH
17 and the DBH main, we link to --
18 like, when I go out and do the home
19 visit, it's not me CBH going out.
20 It's me as a clinical social worker
21 going out and bringing all the
22 systems together. Then we come
23 back, we sit down, we handle
24 complex review -- as Commissioner

1 talked about, the executive review
2 meetings.

3 We do teamings all
4 together with CBH staff, DBH staff,
5 myself if I do home visits. I
6 testify in court as an expert
7 witness based on my role, not
8 because I'm a CBH employee at
9 really pulling together the pieces.
10 And then lastly, part of this role
11 is aging-out kids.

12 So since 2000, DHS and
13 myself have been cofacilitating
14 aging out review meetings so that
15 aging-out kids get the supports
16 they need. It's a whole process.
17 I can share an outline of what that
18 looks like. But we've been doing
19 that since 2000 to ensure that kids
20 who age out of the child welfare
21 system, if they need to go into the
22 IDS system and get a waiver, they
23 can move into community homes if
24 they're able to get Social Security

1 benefits and need some supportive
2 housing through our mental health,
3 housing, we try to coordinate that.

4 If they're able to live
5 on their own but they need
6 additional supports, so we do --
7 since 2000, we do about probably
8 eight to nine a week of older youth
9 review meetings. But it's all of
10 us collectively as a system. And
11 that's just a few of the highlights
12 from my testimony.

13 COUNCILWOMAN AHMAD:

14 Thank you very much. We will now
15 proceed with some questions and
16 I'll start first and then open the
17 floor to my colleagues.

18 For Commissioner Ali,
19 could you tell us where voluntary
20 placement agreements, where they
21 fit in the scheme that you told us?

22 COMMISSIONER ALI: Yes.

23 DHS does not do voluntary placement
24 agreements. That was outlawed from

1 DHS a number of years ago. I was a
2 supervisor at the time. So well
3 over about 15 years ago we stopped
4 doing voluntary placement
5 agreements. We only do order of
6 protective custodies.

7 When we do have families
8 who come into DHS or may make a
9 phone call to DHS indicating that
10 they need some support with their
11 child, that they want their child
12 to go into placement, our first
13 course of action is to meet with
14 the family, meet with the young
15 person and develop a plan so that
16 we can keep that young person in
17 the home. So we don't do voluntary
18 placement agreements or VPAs
19 anymore.

20 COUNCILWOMAN AHMAD: So
21 that means this intervention that
22 you do is not coming through the
23 hotline call. This is a family
24 reaching out to you on their own?

1 COMMISSIONER ALI: Oh,
2 that will come through the hotline.
3 So even if a family walks in to the
4 DHS office, we will collect the
5 information and we will input it in
6 the system. So when I talk about
7 the 38,184 calls, if you will, that
8 come into the DHS hotline, they
9 could be by walk-in as well.

10 COUNCILWOMAN AHMAD: So
11 for that family who voluntarily
12 came in and was not reported by
13 someone, does the hotline-guided
14 decision-making go into place for
15 them?

16 COMMISSIONER ALI:
17 Absolutely.

18 COUNCILWOMAN AHMAD: And
19 tell us what that pathway looks
20 like and where is the data of those
21 people who are not because of a
22 report coming in? How many of your
23 children are in that arena and
24 where is the data for that

1 reflected in your reports?

2 COMMISSIONER ALI: Okay.

3 And so, in terms of hotline-guided
4 decision-making as I testified to,
5 that is a structured way of
6 collecting information about young
7 people as it relates to child abuse
8 and neglect as well as gathering
9 information about the family
10 dynamics. And that particular
11 situation, if the young person is
12 not being abused or neglected, if
13 you turn to slide -- let's do slide
14 9, slide 9 is our pyramid.

15 So that walk-in, if this
16 happened in FY25 would be the
17 38,184, so that's calls or walk-
18 ins, and because of technology
19 sometimes we even receive emails,
20 so that's all encompassing in terms
21 of that number. When you look at
22 the reports diverted from the
23 hotline in that particular
24 situation, if the family is

1 amenable to services, then we will
2 divert that because it doesn't rise
3 to the level of abuse and neglect.
4 So at that particular time, we will
5 offer prevention services. So that
6 could be our family empowerment
7 services where a case manager will
8 go out to the home, they will
9 develop a plan with the family in
10 order to stabilize the family.
11 They will connect the family with
12 resources. And so, that would be
13 captured there.

14 If, in fact, the family
15 came in -- the same family, if we
16 determined that there was a safety
17 threat in the home that rose to the
18 level of needing an investigation,
19 then that would come into the
20 15,104 reports that were
21 investigated.

22 COUNCILWOMAN AHMAD: I
23 just want to go back to the 23,080
24 folks that you mentioned, and these

1 were the voluntary family referrals
2 themselves to you, what exactly
3 does the family -- what kind of
4 agreement does the family come in
5 with you in order to get the
6 remaining parts of the service?

7 COMMISSIONER ALI: So
8 let me indicate that the 23,080 are
9 not always voluntary --

10 COUNCILWOMAN AHMAD:
11 Yeah, I got that. But they're in
12 there.

13 COMMISSIONER ALI: Those
14 are ones that don't rise to the
15 level.

16 COUNCILWOMAN AHMAD: But
17 that number is in there.

18 COMMISSIONER ALI: Yes.
19 And so, in terms of a teenager, we
20 could possibly offer with the
21 support of CBH functional family
22 therapy, in which a therapist will
23 go out to the family's home and
24 work on the dynamics between the

1 mother, the child or the father,
2 whoever is the household member and
3 the child, we could connect that
4 young person with our IPS or
5 Intensive Prevention Services so
6 that they can have a site-based
7 service afterschool time. It's
8 really individualized. So whatever
9 the family needs is what we would
10 help develop for the family.

11 COUNCILWOMAN AHMAD: So
12 does the family go into an
13 agreement with you to get this --
14 is there like a piece of paper
15 signed or --

16 COMMISSIONER ALI:
17 There's not.

18 COUNCILWOMAN AHMAD: How
19 do you track this?

20 COMMISSIONER ALI: So
21 all of our voluntary services, our
22 diversions are voluntary. And so,
23 parents can decide to accept it or
24 decide not. I will --

1 COUNCILWOMAN AHMAD: And
2 by accept, you mean accept how?

3 COMMISSIONER ALI: Agree
4 to it. They can agree to the
5 service. And so, after -- well,
6 the parent doesn't have to put it
7 in writing, but we will certainly
8 document that in our system.

9 COUNCILWOMAN AHMAD: The
10 reason I'm asking is so we can
11 separate out from that 23,000 who
12 is going into these voluntary sort
13 of diversions versus the rest who
14 are proceeding. That's what I'm
15 trying to get at.

16 COMMISSIONER ALI: So
17 maybe this will be more helpful.
18 Turn to slide 17. So in slide 17,
19 slide 17 depicts of if you look at
20 FY25, there was 5,083 families that
21 were referred to prevention
22 services at DHS.

23 COUNCILWOMAN AHMAD: So
24 from the 23,000, 5000 were what we

1 were discussing?

2 COMMISSIONER ALI: Yes.

3 COUNCILWOMAN AHMAD: And

4 so, you have a way -- The reason

5 I'm saying this is this is a

6 success in terms of not putting

7 someone in the system, right. So

8 this is a tracking of how well

9 they're doing because we can get

10 best practices from those to apply

11 to those who are actually in the

12 system as well.

13 COMMISSIONER ALI:

14 Absolutely. Let me just add,

15 although I indicated that the

16 family doesn't sign anything for

17 voluntary services, we do put -- so

18 any call that comes into DHS, any

19 walk-in that comes into DHS, any

20 email that DHS receives, we

21 document it in our case management

22 system. So all 38,184 reports, and

23 this is how we are able to get that

24 number, are documented in our case

1 management system. The services as
2 well are documented in our case
3 management system.

4 One of the things you
5 asked me to testify about was a
6 lesson learned. Prior to about
7 five years ago, our prevention
8 database was separate from our
9 electronic case management system,
10 and that was a lesson that we
11 learned because we wanted to have a
12 more holistic picture of the
13 family. If we provided prevention
14 services previously, we wanted to
15 have access to the information,
16 access to the notes so that we
17 could determine whether or not this
18 family needs -- if they were to
19 come back, did they need either a
20 similar type of prevention service
21 or did they need something
22 additional.

23 COUNCILWOMAN AHMAD: Two
24 more questions and then I'll go to

1 my Vice-Chair.

2 According to -- I'm just
3 switching to CUAs because they're
4 the end of the stream for those who
5 get in the system. According to
6 Net CUA-1 November 2024 invoice,
7 salaries and benefits alone total
8 over 2 million year to date. While
9 the line mark discretionary fund
10 prevention only shows no spending
11 at all.

12 So I just wanted to know
13 how are resources allocated to
14 prevention? We just talked about
15 prevention. Where does that show
16 up in your budgeting, what was
17 spent on actual prevention? And
18 also, corollary to that question
19 the prevention, does it look like
20 rent, does it look like food if
21 there's food insecurity? What does
22 that prevention look like outside
23 of just actual services that you're
24 mandated to provide, like mental

1 health or physical health services.
2 Outside of those because this is in
3 the prevention space, I want to see
4 where is it reflected, either in
5 your budget or the CUA budget?

6 COMMISSIONER ALI: So
7 I'll start by first saying that we
8 spend about \$110 million each year
9 in prevention services. And Nadine
10 Perese, who is the CFO, will tell
11 you where do you find it in our
12 budget. It's not in the CUAs
13 because the CUA provides formal
14 services. So after the accept-for-
15 service decision is made, but we do
16 provide them discretionary dollars
17 if, in fact, families need some
18 more supportive services. So
19 Nadine can speak specifically about
20 where do you find that.

21 COUNCILWOMAN AHMAD: And
22 what services they are.

23 COMMISSIONER ALI: Yes,
24 absolutely.

1 MS. PERESE: Sure. So
2 the department spends around 110
3 million a year on prevention
4 services. The dollars that you're
5 speaking to that say prevention
6 only for discretionary funds would
7 be any support that a family would
8 need that a CUA has some discretion
9 to support them in some way.

10 A lot of times we divert
11 them to our Concrete Goods Fund,
12 which is included in that 110
13 million that we have. We have a
14 Concrete Goods Fund that helps
15 support families and we use that
16 for things like utilities, food,
17 other concrete goods like furniture
18 that might be needed, that a family
19 might need, like a bed or bassinet
20 or something to support the family.

21 COUNCILWOMAN AHMAD: So
22 this is -- sorry. In that 110
23 million there's the Concrete Goods
24 Fund that can be used for these

1 kinds of services?

2 MS. PERESE: Yes, that's
3 correct.

4 COUNCILWOMAN AHMAD: So
5 that's a very small number. The
6 reason I'm asking is our goal is to
7 prevent family separations, our
8 goal is to prevent people getting
9 in the system. I just wanted to
10 know from a budgetary perspective
11 do we need an increase in that and
12 should that be a separate line item
13 so we can actually see where that
14 money is going, what is it being
15 used for and how is it preventing
16 the issues that we face in DHS?
17 Our goal is to put you out of
18 business basically.

19 MS. PERESE: So the
20 CUA -- the current line item for
21 the CUA is that goes to each
22 individual CUA within their budget,
23 the total across is about 1.3
24 million. We actually just made a

1 request to increase that in the
2 next fiscal year by another
3 million. So that's something that
4 they have discretion for. But
5 again, they're able to refer to
6 other avenues within DHS as well.

7 COMMISSIONER ALI: And
8 can I just add and give you a sense
9 of that because this is not in the
10 CUA's budget. And so, you can tell
11 them where they can find the
12 Emergency Fund. And so, the
13 Concrete Goods Fund that we support
14 for families is over \$3 million.
15 So \$3,135,000 million is the
16 emergency fund in which families
17 have access to. That's what we use
18 as part of our diversionary efforts
19 from the front door, so from
20 hotline and from investigations.
21 And the CUAs can also use that fund
22 as well.

23 When I look at the \$3
24 million, most of it is for housing

1 support. So about 70% is for
2 rental assistance, for utility
3 assistance. About 70% of the money
4 is used for that. The other
5 portion is used for furniture,
6 other supports that the family
7 need, but most of it has to do with
8 housing support.

9 We don't use it
10 typically for food security. It's
11 because as you know we do have
12 funding for food security as well.
13 And so, we will refer the family to
14 that avenue as opposed to using the
15 Emergency Fund.

16 COUNCILWOMAN AHMAD: So
17 do you need an increase in that
18 number?

19 COMMISSIONER ALI: We
20 don't. The number is sufficient in
21 terms of the \$3 million. The
22 reason why the number is sufficient
23 is because as I indicated we have
24 community-based providers and we

1 have a number of them. The
2 community-based providers also have
3 discretionary funds. And so, part
4 of their budget is also
5 discretionary funds.

6 This \$3 million sits
7 outside of our provider community
8 so that DHS social workers can make
9 a referral. So the family doesn't
10 necessarily have to receive case
11 management services in order to
12 have access to the funds. In order
13 for me to prevent a family who has
14 housing insecurity, for example,
15 for me removing that young person,
16 I pay their rent so that we can
17 keep the family together. In
18 addition, we do a budget. We try
19 to figure out what additional
20 support that the family needs so
21 that the family doesn't get back
22 into that circumstance. And so,
23 that \$3 million is outside the
24 money that we provide to our

1 provider community.

2 COUNCILWOMAN AHMAD:

3 Thank you.

4 I'll go to my colleague
5 Quetcy Lozada and Vice-Chair of the
6 committee.

7 COUNCILWOMAN LOZADA:

8 Thank you for being with us this
9 afternoon. Thank you for your
10 work. We're talking a little bit
11 about those families who are
12 receiving services who you're
13 trying to kind of keep together.
14 It's been brought to my attention
15 many times since I arrived, and
16 even just a few weeks ago, the fact
17 that there are some families who
18 don't self-refer but are called or
19 DHS is called on them, and
20 sometimes all of the information
21 isn't given to that person on the
22 hotline which then triggers an
23 investigation to happen, but it
24 ends up being a fraudulent type of

1 a situation.

2 And so, I want you to
3 tell us a little bit about how
4 often does that happen, you know,
5 sometimes folks will give you bits
6 and pieces of a story. If we take
7 a deeper look into the situation,
8 it's really not an abuse type of a
9 situation. It's more so related to
10 a need that needs to be met in
11 order to make that family whole or
12 keep that child in that space.

13 And so, how often are
14 calls made to the hotline that end
15 up triggering an investigation that
16 then, you know, mom is added with
17 the additional stress of having to
18 deal with an open DHS case that can
19 potentially cause trauma, not just
20 to mom, but to the entire family
21 because now the kids feel like this
22 person keeps showing up and I may
23 have to leave my home as a result
24 of a neighbor who really doesn't

1 know what is actually happening
2 within the four walls of my home
3 and is putting me at risk?

4 COMMISSIONER ALI: Yes.

5 Thank you for that question,
6 Councilmember. And I'm going to
7 refer you back to slide 9, which is
8 that trustee pyramid. First, let
9 me state that when you look at the
10 reporters who call in a report to
11 the DHS hotline, about 75% of them
12 are mandated reporters. The other
13 25% are not captured as mandated
14 reporters. And when I say mandated
15 reporters, I'm talking about
16 teachers, doctors, therapists,
17 anyone who has a caregiving role,
18 if you will, with young people.
19 And so, that's about 75% of the
20 calls that come into the DHS
21 hotline by way of a mandated
22 reporter.

23 However, we treat all
24 hotline calls the same. So whether

1 it is a mandated reporter or
2 whether it is a neighbor or whether
3 it is a noncustodial parent, we all
4 put them through hotline-guided
5 decision-making so that we can
6 determine the best course of
7 action, and that's what I testified
8 to.

9 And so, if in fact it
10 rises to the level that there needs
11 an investigation, look at the
12 orange. So of the 38,184 calls or
13 walk-ins or emails to the DHS
14 hotline, 15,000 of them were
15 investigated in FY25. Of the
16 15,104 that were investigated in
17 FY25, 4033 of those reports were
18 accepted for service. And then as
19 you can see, you can see the
20 further breakdown.

21 The purple -- so of the
22 4033 reports that were accepted,
23 that equated to 2598 children. Of
24 the 2598 children, 1667 of them

1 received inhome services. Meaning,
2 they remained in their home with
3 their family and they had visits by
4 a Community Umbrella Agency staff
5 member. And then 991 of them
6 entered placement. And so, you can
7 see the background. That's why
8 using a structured decision-making
9 tool like hotline-guided decision-
10 making in which we test every
11 report that comes into the DHS
12 hotline to determine whether or not
13 it rises to the level of a formal
14 investigation. And even as you can
15 see after the investigation, only a
16 portion of them are accepted.

17 COUNCILWOMAN LOZADA:

18 How do you help those families who
19 we found, okay, there was an
20 investigation and it didn't come
21 out to be what was reported. How
22 do you help them kind of mend? How
23 do you help them -- maybe you
24 connected them with the services

1 that they needed. And again, it
2 wasn't abuse. How do you help
3 those individuals feel safe again,
4 right, especially if the report
5 came from a teacher or from a
6 neighbor? How does that work? Do
7 we provide that type of service?

8 COMMISSIONER ALI: Yeah,
9 that's extremely difficult. So
10 thanks for that question. Because
11 as you can imagine, the intrusive
12 nature of Child Protective Services
13 and someone called in a report, so
14 we tend to just try to encourage
15 the parent if, in fact, the parent
16 is in need of services. We do do
17 the distinction between formal
18 child welfare services versus
19 connecting with a provincial or
20 community-based provider.

21 When we connect them
22 with a community-based provider,
23 the case is closed out. But as you
24 can imagine, it takes time for the

1 parent to heal and that's why we
2 are very intentional about what
3 reports we accept in terms of
4 making sure it aligns to Child
5 Protective Services law versus the
6 ones we don't accept.

7 COUNCILWOMAN LOZADA:

8 Thank you.

9 COUNCILWOMAN AHMAD:

10 Next acknowledging Councilmember
11 Rue Landau.

12 COUNCILWOMAN LANDAU:

13 Thank you so much for being here
14 answering all of our questions.
15 Thank you for all the data and the
16 huge PowerPoint. Really appreciate
17 all of this information. And just
18 first want to start by commending
19 your department for the decrease in
20 rates of placement. The fact that
21 you've focused on harms of the past
22 and places where we might not have
23 been focusing on and tried to right
24 the wrongs of the past, we all

1 agree there's still so much work to
2 do kind of holistically and
3 collectively in Philadelphia, but
4 it seems that we're all at least
5 directed in the same direction now
6 and that feels really good.

7 Just want to first
8 follow up on my colleague's
9 questions here. In my previous job
10 with the city, I did see a lot of
11 those cases where neighbors were
12 calling on neighbors. It's very
13 upsetting. It's all anonymous. I
14 think the last time you were here I
15 asked you, do you put the same
16 weight on the case when, at least
17 on your end -- well, maybe not on
18 your end. Do you know who's
19 calling when it's been 10 calls to
20 the same house by the same neighbor
21 and you've come out and you're not
22 having any findings, how do you
23 start shifting those to the side
24 and saying, we have a different

1 problem here, we might even have to
2 go talk to the neighbor who's
3 calling, we have to do something
4 else?

5 And also, out of the
6 numbers you said, the 38,000 calls,
7 you said about 75% are from
8 mandated reporters. 25% are not.
9 So that would be 28,000 calls,
10 approximately from mandated
11 reporters with still only 15,000
12 being investigated. Do you have
13 any idea the distinction of the
14 calls that go forward to get you up
15 to that 15,000? Are they coming
16 from mandated reporters or are they
17 coming from the neighbors? That's
18 the first question.

19 COMMISSIONER ALI: So
20 thanks for that question. So we
21 don't, but I'm sure that my
22 performance management and
23 technology team can determine
24 because we do track who calls. So

1 we track whether or not they are
2 mandated reporter. Hence, is why I
3 know about 75% of the calls that
4 come into the DHS hotline are by
5 way of a mandated reporter. And
6 then we also track the relationship
7 or to the family, how do you know
8 this information.

9 We do treat the
10 information the same. It is
11 frustrating in terms of if there's
12 multiple reports called on a family
13 and we do the investigation, it is
14 frustrating for the family. And to
15 be honest, it's frustrating to my
16 staff as well. But what happens
17 often times is that sometimes they
18 provide new information.

19 And so, if it is new
20 information and it rises to the
21 level of a Child Protective
22 Services law investigation, then we
23 would complete that investigation.
24 However, what we've done

1 differently though is in 2017 we
2 saw a huge spike into our DHS
3 hotline, and this was post all the
4 changes to the Child Protective
5 Services laws when that unfortunate
6 traumatic incident happened at Penn
7 State. And so, we were flooded
8 with telephone calls.

9 And so, what we did was
10 we now have screening units on the
11 hotline that will actually make a
12 visit to the family's home to
13 determine whether or not the
14 allegations are true or if the
15 family needs services. And so, we
16 put that in place in 2017. So some
17 of those screen-out cases were
18 screened out or diverted by way of
19 the hotline versus going through a
20 formal investigation with DHS. And
21 so, the beauty of the data system
22 is that we would have documentation
23 of all of those phone calls, what
24 the reporter is reporting.

1 If it was the same
2 allegation, we would determine
3 whether or not we need to just send
4 someone out from the hotline to
5 determine if the young person was
6 safe. And we would do so.

7 COUNCILWOMAN LANDAU:

8 Okay. On our -- as you can
9 imagine, that's frustrating to
10 hear. If, for example, you know
11 there's a terrible domestic
12 violence situation, for example,
13 and the abuser is calling over and
14 over again, I hear you that you
15 want to look for any newer
16 additional information, but it does
17 feel like at some point we want you
18 to put your resources towards the
19 other cases where you need to put
20 your resources. But --

21 COMMISSIONER ALI: And
22 just to --

23 COUNCILWOMAN LANDAU: --

24 I wanted to also follow up on

1 funding. Let's see. You have a \$3
2 million Emergency Fund. How much
3 did you say was the Concrete Goods
4 Fund?

5 COMMISSIONER ALI: The
6 Concrete Goods Fund, we also call
7 it the Emergency Fund.

8 COUNCILWOMAN LANDAU:
9 Oh, it's the same fund?

10 COMMISSIONER ALI: Yep,
11 it's the same fund. And so, that's
12 \$3 million, a little over \$3
13 million. But in addition to that,
14 I testified to our Philly Families
15 Can hotline or Support Line, if you
16 will, that mandated reporters can
17 call if the family is in need of
18 support. That's an additional 1.5
19 million for concrete goods and
20 support. And then we also have a
21 Prevention Assistance Fund, which
22 is an additional \$1.4 million.

23 COUNCILWOMAN LANDAU:
24 I'm extremely interested in all of

1 the prevention money because I'm
2 curious whether you track or work
3 with groups like the Joy Bank that
4 are just giving cash to pregnant
5 women right now. And I'm really
6 hoping that Philadelphia will see
7 the light to make sure that the
8 more cash we give on hand to people
9 who need it when they originally
10 have children or when maybe there's
11 a second child added to the house
12 or something like that, how does
13 that affect them potentially being
14 diverted from DHS care in any way?

15 COMMISSIONER ALI: Yeah.
16 And so, at this point in time we
17 don't give funding to the Joy Bank.
18 However, as I indicated the support
19 line is through the Philadelphia
20 Department of Health, in which we
21 expanded that Philly Families Can
22 Line. Initially the Philly
23 Families Can Line only serviced
24 young people between birth up until

1 age 3. We provided some additional
2 support so that they can assist
3 families up until the age of 17
4 again as a resource to mandated
5 reporters to avoid the calling into
6 the DHS hotline when it is not
7 child abuse or neglect. And so, we
8 do fund the Philly Families Can
9 expansion. And part of that
10 funding does include the 1.5
11 million in concrete supports.

12 COUNCILWOMAN LANDAU:
13 Okay. And then just my last
14 question of the comparison to other
15 cities, you have a couple of
16 charts. So Page 20, Page 24 it
17 looks like, do all of the cities
18 calculate the same things or the
19 criteria the same?

20 COMMISSIONER ALI: They
21 do. And this is why I had to
22 use -- and the reason why you don't
23 see the data for FY24 and FY25 is
24 because we rely on the federal

1 data. And so, all of this data is
2 federal data through what is called
3 AFCARS child welfare jurisdictions
4 have to send our data to the state
5 and the state sends it to the
6 federal government in terms of a
7 number of things, but also the
8 number of young people who are
9 removed from their homes and the
10 in-care rate, the number of young
11 people who are in care on a certain
12 day. And so, yes, this is federal
13 data.

14 COUNCILWOMAN LANDAU: If
15 a case comes to you and a family
16 decides to voluntarily put the
17 child with another family member,
18 where is that on the chart?

19 COMMISSIONER ALI: So if
20 a case comes to us and the family
21 voluntarily does --

22 COUNCILWOMAN LANDAU:
23 Voluntary kinship care, we're just
24 going to put the child with

1 grandmom right now?

2 COMMISSIONER ALI: So if
3 the family made the decision,
4 that's fine, we will support the
5 family's decision. But we will
6 determine what services, if any,
7 that grandma would need and what
8 services the mother or the father
9 would need or whoever is the
10 caregiver so that that young person
11 can return back to them. And so,
12 we will work with the family to
13 determine what services they need.

14 COUNCILWOMAN LANDAU:
15 Super helpful. Thank you very much.

16 COUNCILWOMAN AHMAD: I
17 want to go back to safety plans.
18 Is there such a thing as a safety
19 plan?

20 COMMISSIONER ALI: There
21 is a safety assessment and a safety
22 plan, yes.

23 COUNCILWOMAN AHMAD: And
24 where is data around that -- what

1 explain to us what a safety plan
2 is, who's in a safety plan, how do
3 we track that and how that is part
4 of this flow chart that you gave
5 us.

6 COMMISSIONER ALI: We
7 would track a safety assessment and
8 a safety plan at the point where we
9 are accepting a case for
10 investigation. So those 15,104
11 reports that we investigated has a
12 safety assessment and a safety
13 plan. The purpose of the safety
14 plan is to determine whether or
15 not -- and it's a structured tool,
16 a state structured tool -- whether
17 or not there are existing safety
18 threats to the child and also the
19 protective capacities of a parent.

20 And so, every
21 investigation has a safety
22 assessment as well as a safety
23 plan. If you do a safety
24 assessment and the determination is

1 that the young person is safe in
2 their home, the case is closed.
3 If, in fact, you do a safety
4 assessment and the young person is
5 safe in their home but they're safe
6 with the plan, meaning we need to
7 put in some intervention to ensure
8 that the young person is safe, then
9 that will be by way of a safety
10 plan. And so, that will be
11 captured when I'm referring to
12 children accepted for formal
13 services. So the 2598 children on
14 the pyramid are young people who
15 have a safety assessment and a
16 safety plan.

17 COUNCILWOMAN AHMAD: Is
18 that safety plan -- is that child
19 placed with a relative or is there
20 they're still staying in their
21 home? Is there a safety plan for
22 that? Because anecdotally, we have
23 gotten information to say that
24 safety plan is when a parent agrees

1 to place a child with a relative,
2 sometimes indefinitely, and sort of
3 hidden foster care.

4 COMMISSIONER ALI: Okay.
5 So let me say this: I am aware of
6 the hidden foster care. I will
7 tell you that families can make an
8 arrangement in order to keep their
9 young person with a relative.

10 COUNCILWOMAN AHMAD:
11 This is not kinship care.

12 COMMISSIONER ALI:
13 That's not kinship care, correct.
14 However, I will also tell you that
15 in my experience families need
16 support. And so, when you are
17 talking about raising another child
18 and caring for another child, we
19 want that child in kinship care so
20 that we can provide the resources
21 to their grandmother so that the
22 grandmother could adequately take
23 care of their grandchild.

24 COUNCILWOMAN AHMAD:

1 Formalize it.

2 COMMISSIONER ALI:

3 Formalize it. Formalize the plan.

4 We do however have families who

5 don't want kinship care. Because

6 what comes with kinship care,

7 kinship care first and foremost is

8 a placement. Meaning, you will

9 have a CUA case manager that comes

10 out to your house at least once a

11 month. Depending on the needs of

12 the young person, it might be twice

13 a month. You would also have a

14 foster care agency that certifies

15 you that requires you to do

16 training that also will come out to

17 make sure that the young person is

18 safe. And some families decide

19 that they don't want the intrusive

20 nature of kinship care, which is a

21 placement. If they do make that

22 decision, we have what is called a

23 kinship care options form that we

24 go over with the family and it says

1 and a family signs whether or not
2 you want formal kinship care or do
3 you want some other arrangement.
4 And so, we will present that to the
5 family.

6 COUNCILWOMAN AHMAD:
7 What is that other arrangement?

8 COMMISSIONER ALI: The
9 other arrangement is that they'll
10 stay with them and they can pursue
11 custody if they choose. But
12 sometimes they don't even want to
13 choose custody. They want to
14 support their grandchild, their
15 niece, their nephew in their home
16 without the formal intrusion of the
17 government.

18 COUNCILWOMAN AHMAD: So
19 nobody signs anything for this
20 informal safety plan if it's a
21 grandparent or someone outside of
22 the parent?

23 COMMISSIONER ALI: Well,
24 the safety plan will consist of --

1 so we have to do a safety plan,
2 remember, for anyone. We have to
3 do a safety plan for all
4 investigations. And so, we will
5 document that in the safety plan.

6 COUNCILWOMAN AHMAD: And
7 that is counted somewhere. So
8 children who are in safety plans
9 are part of this 15,000?

10 COMMISSIONER ALI: Yes,
11 of the reports that was
12 investigated. Every report that's
13 investigated has a safety plan.
14 Every child that is accepted for
15 service also is included on a
16 safety plan.

17 COUNCILWOMAN AHMAD: And
18 that's not a placement because
19 that's an informal arrangement?

20 COMMISSIONER ALI: Yes
21 or it's not a placement. It
22 doesn't have to be informal because
23 we have some young people who are
24 placed for relatives and they are

1 receiving inhome services. And so,
2 you will capture them in the 1667.

3 COUNCILWOMAN AHMAD:

4 Thank you.

5 COUNCILWOMAN LOZADA:

6 Commissioner, explain to me how
7 every child has a safety plan. But
8 we have been informed and we've
9 heard in the media, right, that
10 some children, whether it be in
11 kinship or in placement, just
12 regular placement, I guess I will
13 call it, I don't know how they have
14 consistently been abused or hurt in
15 the care of someone else other than
16 their parents, right. Explain to
17 me how does that happen. What have
18 we done to make sure that our
19 children who are removed from their
20 homes and placed in the protection
21 of others that they're not hurt in
22 that space? How did that happen if
23 there's a safety plan for everyone?

24 COMMISSIONER ALI: Yeah.

1 So first, let me state that any
2 time that a young person is abused
3 is extremely traumatic. I would
4 also say that is worse if the young
5 person has been removed and is
6 placed where someone who was
7 supposed to be caring for them is
8 abused. I believe that that is
9 even worse in terms of, you know,
10 young people and the trauma that
11 the young person suffers.

12 And so, how do we
13 address that? We address that by
14 doing visitation, so visiting with
15 that young person in their setting,
16 so where they are placed, so
17 whether that is in a kinship care
18 home, a foster home or a group
19 home. Some of those visits are
20 unannounced so that we can see that
21 young person in their natural
22 setting. We will visit the young
23 person at school. We will visit
24 the young person outside of the

1 household so that the young person
2 is comfortable reporting that as
3 well.

4 We spend alone time. So
5 part of the visiting with young
6 people is not in the presence of
7 their caregiver, but it also is
8 with the young person individually,
9 again to establish that rapport, to
10 establish that comfortability. So
11 if the young person is being abused
12 in his or her placement setting,
13 they are able to disclose.

14 We rely heavily on other
15 mandated reporters, other
16 individuals who know the young
17 person. Because if that young
18 person makes a disclosure to
19 someone else, then we will
20 certainly want that individual,
21 whether they are a mandated
22 reporter or not, to call and report
23 to the DHS hotline.

24 What I will say is that

1 any young person that is abused,
2 that is in foster care, kinship
3 care, group, home care, so any
4 placement setting, those
5 investigations are done by the
6 Pennsylvania Department of Human
7 Services so there isn't a conflict
8 of interest, if you will, with the
9 Philadelphia Department of Human
10 Services.

11 COUNCILWOMAN LOZADA:

12 Thank you.

13 COUNCILWOMAN AHMAD: One
14 last example of prevention services
15 and how we might reallocate that.
16 This is just food for thought,
17 right. So in Children's Choice
18 August 2025 invoice, the agency
19 billed \$235,112.20 for foster
20 placements almost entirely in per
21 diem room and board charges. What
22 share of that same monthly spending
23 went towards keeping families
24 together before removal?

1 COMMISSIONER ALI: So
2 you will actually find that spend
3 not on Children's Choice because
4 Children's Choice is a foster care
5 agency. And so, they do foster
6 care and they do kinship care.
7 Where you will find the spend for
8 families prior to removal would be
9 in our rapid services. So RSRI,
10 you will find it there.

11 Can you get that spend,
12 Nadine. So RSRI, we spend 3.3
13 million a year for RSRI. You will
14 find it in our FES or our Family
15 Empowerment Services. Again, this
16 is prevention to keep young people
17 with their families. That spend is
18 2.4 million. You may find it in
19 our Family Empowerment Center,
20 which is two centers. One is
21 Congresso and the other one is
22 Gemma, and they are site-based
23 services that families can actually
24 walk in and receive services or

1 anyone in the community can refer
2 the family. And we also use that
3 by way of diversion. That spend is
4 \$4.5 million.

5 COUNCILWOMAN AHMAD: So
6 I hear there's a lot of money spent
7 on these prevention services. If
8 you were to compare current spend
9 on this, I believe these are
10 current numbers and compare them,
11 have you gone up in using -- have
12 these dollars gone up in their use
13 or are they stable or they've
14 dipped?

15 Because we would like to
16 see that number go up and the
17 number to foster care go down,
18 right. Those are the numbers we
19 would like to see. So I wanted to
20 know from your what actual data
21 what does that look like over maybe
22 two or three cycles?

23 COMMISSIONER ALI: Yes,
24 so we can provide it. It has

1 increased. We will provide that
2 information to you. And just as a
3 reminder part of my testimony,
4 remember when I indicated in FY17,
5 so all the data, the reason why we
6 chose FY17 as the starting point is
7 because remember that was post the
8 changes to the Child Protective
9 Services laws, when I had to also
10 establish the screening units on
11 the hotline to address the needs of
12 families and to make sure that they
13 are not investigated unfairly, you
14 know, unjustly and to utilize
15 resources appropriately.

16 At the same time, we
17 also had to increase our prevention
18 services. Because if a family
19 became known to the department and
20 they were in need of services, we
21 wanted to make sure that we met
22 their need. And so, we can get
23 that data for you.

24 COUNCILWOMAN AHMAD:

1 That would be great because we
2 would like to do similar to the Joy
3 Bank, right, even before people are
4 engaging with you at all. We know
5 who is, you know, food insecure,
6 housing insecure. We know those
7 numbers already. So we don't know
8 where that would rest, whether DHS
9 would be doing a similar Joy Bank
10 kind of model, but we can talk more
11 about that. But that's the goal of
12 what I'm trying to understand.

13 Have you seen when you
14 increase your prevention dollars,
15 you decrease placements and you
16 decrease actual termination and
17 those things. That's what we would
18 like to see, to have the data to
19 say it makes sense to invest in
20 prevention and what that could look
21 like. So thank you.

22 We have millions of
23 questions. My staff has given me,
24 like, you know, a full binder full,

1 but we might send you some
2 additional questions so that we
3 have time for the rest of our
4 witnesses.

5 I just wanted to switch
6 to -- help me pronounce your name
7 so I don't mess it up.

8 MS. DeRIGGI: Laura
9 DeRiggi.

10 COUNCILWOMAN AHMAD:
11 Laura DeRiggi, question for you in
12 terms of your involvement in the
13 let's see which slide it is. Slide
14 no. 8. Where are you involved in
15 the hotline-guided decision-making
16 in understanding whether a case is
17 going to go forward or not and
18 evaluating that information?

19 MS. DeRIGGI: No, I
20 understand the process. I get
21 involved when they need me to go
22 out with the team on an
23 investigation because of some
24 concerns around behavior health,

1 cognitive abilities or they're just
2 not sure. That's when I get
3 involved.

4 COUNCILWOMAN AHMAD: So
5 my question is do you think it's
6 useful for behavioral and mental
7 health to be involved in the
8 decision-making process at this
9 point to support DHS in really
10 evaluating carefully that complaint
11 that comes in for it to move
12 forward?

13 MS. DeRIGGI: We have
14 been in the past. Correct me if
15 I'm wrong, we used to -- it's all
16 about consent. But in the
17 beginning when we started the
18 integration, we actually were part
19 of and we were colocated at the
20 hotline in case there were issues
21 around behavioral health.

22 The issue came to we
23 can't share information without the
24 consent to release behavioral

1 health information. So we did a
2 lot of work with DHS and the Law
3 Department to create consent forms.
4 So when DHS goes out on an
5 investigation, they have the CBH
6 consent form that allows, you know,
7 if the parent is willing to sign,
8 anybody 14 and above can sign it,
9 then they share or they can tell us
10 they got the consent and we can
11 share information.

12 In the cases that they
13 don't want to share consent, I go
14 out along with the DHS team because
15 again, I go out as just a social
16 worker, not necessarily --

17 COUNCILWOMAN AHMAD: And
18 you're just one person who does
19 this or there are many people like
20 you?

21 MS. DeRIGGI: It's just
22 me.

23 COUNCILWOMAN AHMAD:
24 Okay. That's the problem.

1 MS. DeRIGGI: For now.

2 COUNCILWOMAN AHMAD:

3 Okay. Because you can't be
4 everywhere. And the reason I ask
5 this is to make this -- when they
6 go in for either diversion or
7 accepted investigation, that's a
8 sort of a branching-off point that
9 is very critical after that
10 process. So to be as most
11 informed, to be as getting as many
12 supports not just for the families
13 and the child but actually for the
14 team going out, and that's my next
15 follow-up question, what is your
16 role in supporting DHS workers who
17 are overburdened and sometimes
18 pulled to the limit around these
19 issues? Again, if it's one person,
20 that's a problem.

21 MS. DeRIGGI: It is a
22 problem.

23 COUNCILWOMAN AHMAD: So
24 is that out-of-budget allocation?

1 MS. DeRIGGI: Let me say
2 it this way: number one, we have a
3 great data system across all the
4 city social services, right. These
5 aren't new families. These aren't
6 new cases for the first time. So
7 often times sadly I'm doing home
8 visits on adult parents who I did
9 home visits. Because I'm a young
10 68, I do home visits when they were
11 kids. So there's opportunities
12 here to learn from just some of the
13 points along the case processing,
14 right.

15 We have enough data to
16 look at what is the percentage of
17 people that are part of other
18 systems. The role that I play
19 needs to be expanded. And I know
20 in the needs-based plan a couple of
21 years ago the Commissioner
22 attempted to get that funded to
23 create a team because it's not
24 about me, it's about having the

1 role of someone who really
2 understands.

3 Again, it's not just
4 behavioral health. It's looking
5 across all disability areas, along
6 all social determinants of health.
7 These are folks that lived in
8 shelters, for example, and ended up
9 losing their kids because they
10 couldn't find housing vouchers or
11 they didn't have the capacity to be
12 on their own.

13 We have other systems
14 that -- like in the intellectual
15 disability system we don't support
16 parents with children because it's
17 just for the adults. So there's
18 eligibility requirements that limit
19 the ability to wrap the right level
20 of support. So the role that I
21 play at the front end, I go out
22 with DHS and I'm able to look at
23 the history before I go out. If
24 there's a consent, great. If I

1 look at the history and I know
2 there's something that I need to
3 ask myself because I can't share
4 information because I don't have
5 the consent, then that's when I go
6 out also and say, okay, and I talk
7 to the parent. And it's my
8 background. So having somebody
9 that has the background of working
10 like a crisis-intervention person,
11 understanding dynamics,
12 understanding trauma experiences,
13 what it means to be placed in care
14 from a home and also looking at the
15 dynamics of the families.

16 These are families that
17 have been involved in multiple
18 systems of care and need a level of
19 support that's not about child
20 welfare and it's a combination of
21 behavioral health and other kinds
22 of things that can help support
23 them. And I'm sorry. I don't mean
24 to ramble.

1 COUNCILWOMAN AHMAD: No,
2 no, that's fine. I'm just trying
3 to understand. If we had more of
4 you and you were involved across
5 the board in every intervention,
6 you meaning you and your clone was
7 involved in every intervention,
8 would that outcome of with the only
9 case that has you there, does the
10 outcome change when you're there?
11 Is there a way to assess when
12 you're not there versus when you're
13 there? What happens on that path?
14 MS. DeRIGGI: Yes, and
15 I'll tell you, and this is not
16 about any particular system. All
17 systems, they take care of their
18 individual client at a point in
19 time. I am one that has -- I step
20 back, and the Commissioner and
21 staff and people here know, I look
22 at all the background information
23 to see what are we missing, when
24 did they come into care, why did a

1 child come into care. Oh, well,
2 let's look at the parents, let's
3 look at the caregivers. So I look
4 at the whole picture.

5 I go into the CBH -- and
6 we have CBH care managers and our
7 team over there, we look at all the
8 background from the behavioral
9 health. Why are they getting
10 admitted to inpatient, why did they
11 get this level of family-based four
12 times, what are we missing, why is
13 another Childline report being
14 called in, what do we not know?
15 And so, it's not about the role
16 necessarily. It's about how you do
17 the work.

18 COUNCILWOMAN AHMAD: So
19 on slide 9 if we had this
20 intervention for every case, would
21 we expect a reduction in diversion-
22 I mean increase in diversion and
23 reduction in reports investigated?
24 Meaning, we have 23,000 reports

1 diverted and 15,000 investigated.

2 If we had this intervention from
3 DBHIDS, we would expect to see that
4 number go down?

5 MS. DeRIGGI: Yes, and I
6 also would say that I would expect
7 the right level of services be
8 attached early on.

9 COUNCILWOMAN AHMAD:
10 That's what I mean, yeah.

11 MS. DeRIGGI: That's
12 more the point.

13 COUNCILWOMAN AHMAD: So
14 whose decision is it to have only
15 one of you?

16 MS. DeRIGGI: It was
17 created a long time ago because we
18 all felt the need that you needed
19 that person to bridge clinical, to
20 bridge systems and have the
21 background.

22 COUNCILWOMAN AHMAD: But
23 that's only one person. Was it
24 supposed to be just one position

1 for 38,000 calls? That just seems
2 to make zero sense to me frankly.

3 COMMISSIONER ALI: And I
4 would say this: It's not one
5 position for 38,000 calls and not
6 every family needs the intervention
7 from Laura DeRiggi. Because of the
8 reports that are diverted, not all
9 of them are diverted and receive a
10 service through the Department of
11 Human Services. They may receive
12 services through Community
13 Behavioral Health which Laura works
14 for. And so, we will connect them
15 to services at the front door. And
16 so not all of the services -- and
17 what we find, as Laura testified,
18 is a child welfare issue and we
19 delineate that.

20 Where Laura is
21 definitely helpful is at the point
22 of investigations, again when there
23 is behavioral health needs of the
24 young person or their caregiver.

1 If there's intellectual disability,
2 if there's autism, she's extremely
3 helpful for those cases. And then
4 her ongoing consultation with the
5 other CBH clinical care managers
6 around families who are accepted
7 for services and of course for
8 young people who are either in home
9 receiving services or in placement.
10 And so, that's where it's helpful.

11 COUNCILWOMAN AHMAD: So
12 I'll push back and say it seems it
13 would be useful to have you from
14 the start, meaning to be a team,
15 from the early-on assessment going
16 forward. And you might have to
17 ramp up the services from DBHIDS or
18 CBH later on in the cascade. But
19 to have you there serves multiple
20 purposes. And it seems like the
21 deficiency of not having full sort
22 of compendium of things to address
23 the initial engagement we could
24 reduce cost, we could reduce a lot

1 of things having front-end work
2 done. So I don't want to belabor
3 this point.

4 Do you have any
5 questions for Laura?

6 COUNCILWOMAN LANDAU:

7 No. Again, I want to thank you.
8 I've known you for many years.
9 Thank you for the work you do as
10 well. But it is kind of
11 fascinating as we have been digging
12 into the budget, two of us only for
13 a year and a half, how much. It's
14 so obvious that the more money we
15 put at the front end of all
16 Philadelphia families who are in
17 need reduces the cost, the risk,
18 the harm and the trauma on the
19 other end. So we'll continue to
20 work on this and with you guys as
21 partners. Thank you.

22 COUNCILWOMAN AHMAD:

23 Thank you. We didn't even delve
24 into much of foster care. We have

1 a witness to talk about that.

2 That's a whole other ball of wax,
3 you know, aging-out children, how
4 early on they get their services.
5 We know their age. We know when
6 they're going to age out.

7 Could you describe very
8 briefly when that support starts
9 for them to be ready to actually
10 age out and to live independently?

11 COMMISSIONER ALI: So
12 our older youth, our transitional
13 planning starts with young people
14 at the age of 14. As you can
15 imagine, a 14-year-old may not be
16 as serious in terms of what does
17 that look like with leaving the
18 house and being self-sufficient as
19 you have a 16-year-old or a
20 17-year-old. But in terms of the
21 planning for older youth, it starts
22 at the age of 14.

23 Young people at the age
24 of 14 also can participate in our

1 Achieving Independence Center,
2 which does all of our life skills
3 for young people. So you're
4 talking about employment for young
5 people, you're talking about
6 addressing their physical health as
7 well their behavioral health,
8 helping them navigate college
9 applications and job applications.
10 That is our Achieving Independence
11 Center. And young people 14 years
12 of age or older can go to their
13 site-based service. And we also
14 offer virtual sessions as well.

15 COUNCILWOMAN AHMAD: So
16 the 14-year-old who starts with
17 these services, those services are
18 continuous maybe changing in nature
19 a little bit as they age to the
20 point of leaving the foster care?

21 COMMISSIONER ALI: Yes.
22 And then at the age of 18, young
23 people can make the decision
24 whether they want to remain in

1 placement with the department or if
2 they want to exit the department.
3 And so, we track every young person
4 who exits the department once they
5 are 18 years of age or older.

6 COUNCILWOMAN AHMAD: And
7 what does that tracking show you
8 about their success post-18 and
9 leaving your care?

10 COMMISSIONER ALI: Yes.
11 And so, we do track that because we
12 recognize that young people need
13 additional support. And so, our
14 data around older youth has
15 certainly improved over the past
16 few years. To give you a sense,
17 when we say that young people are
18 aging out, what that means is that
19 the young person did not reunify,
20 did not achieve adoption or did not
21 achieve permanency.

22 And so, when I look at
23 my numbers from the 2020 to 2021
24 Fiscal Year, there was 310 young

1 people who aged out of the child
2 welfare system. Our most recent
3 data from 2024-2025 is 178 young
4 people. And what we look at is
5 whether or not that young person
6 has a permanent residence, whether
7 or not they have a source of income
8 or support, whether or not they are
9 in an educational track and then
10 also, which is extremely important,
11 whether or not they have a life
12 connection. And so, we track that.

13 And so, I'll give you a
14 sense of the numbers. So a
15 permanent resident, as of the young
16 people, the 178 from 24 to 25, 126
17 of them had a permanent residence.
18 And so, the young people who don't
19 have a permanent residence, that's
20 when we refer them to our housing
21 support services.

22 We do provide housing
23 support for young people between
24 the ages of 21 to 23. Have a

1 source of income, 109 young people
2 had a source of income. And the
3 young people that have a life
4 connection was 142 young people,
5 they had a life connection.

6 COUNCILWOMAN AHMAD: So
7 what happens to the ones who don't,
8 like 178 minus 142 and for the
9 other factors?

10 COMMISSIONER ALI: And
11 what they tend to do is we help
12 them develop their own formal
13 supports or informal supports. And
14 so, the life connection means like
15 a relative or a mentor or a coach.
16 And so, we try to get that young
17 person connected to someone who
18 wants to pour into that young
19 person beyond the time that they
20 age out.

21 COUNCILWOMAN AHMAD: So
22 if they're not able to do it
23 themselves, the way the numbers you
24 told me, the remaining people, do

1 you kind of reach out and say, you
2 guys need a little bit more, they
3 haven't achieved these goals, do we
4 do anything with them or they're
5 just sort of on their own?

6 COMMISSIONER ALI: So
7 beyond the age of 21, we do track
8 young people. It's called NYTD,
9 the National Youth transitional
10 Database I believe it stands for.
11 So we do track the young people,
12 and we reach back out. Sometimes
13 we are successful with connecting
14 with the young people once they
15 exit the system and sometimes not.

16 However, why it's
17 important to make sure in
18 particular that the young people
19 are connected with housing
20 supports, and preferably housing
21 supports that are offered through
22 the Department of Human Services,
23 is because there is a case
24 management component. And so, the

1 case manager will continue to
2 provide services to the young
3 person even beyond the age of 21.

4 COUNCILWOMAN AHMAD:

5 Because this is where that sort of
6 discretionary fund could be really
7 useful.

8 COMMISSIONER ALI:

9 Absolutely.

10 COUNCILWOMAN AHMAD: And
11 so, I wonder if that is deployed
12 for this population when they need
13 just a little boost to make their
14 rent or things of that nature?

15 COMMISSIONER ALI:

16 Absolutely. And so, we cover the
17 cost up until the age of 21. In
18 the formal child welfare system,
19 from 21 to age 23 we do have
20 additional dollars with the support
21 of Council, that is all General
22 Fund, so that we can provide rental
23 assistance for young people up
24 until the age of 23 and it also

1 again has a case management
2 component. And so, they have a
3 case manager who will walk
4 alongside them as well while
5 they're in their housing.

6 COUNCILWOMAN AHMAD: I
7 think for children aging out who
8 have had no family to support them
9 and didn't land up in one, it
10 behooves us to continue to support
11 them until they're really on their
12 feet. And if we could formalize
13 this a little bit more so we have
14 data to see who needs it and who
15 doesn't and what works so that we
16 can have less we need to support,
17 that could be very useful for us,
18 because then it's not a massive
19 number of people we could follow
20 and track. So for further
21 conversation.

22 There are no other --

23 COUNCILMAN DRISCOLL:

24 Yeah.

1 COUNCILWOMAN AHMAD: I
2 want to thank you so much for all
3 these detailed questions that you
4 answered. Sorry, we really wanted
5 to spend more time with DBHIDS, but
6 I assure you we will be following
7 up, even though it won't take a
8 formal public hearing. I thank you
9 all --

10 MS. DeRIGGI: Thank you.

11 COMMISSIONER ALI: Thank
12 you.

13 COUNCILWOMAN AHMAD: I
14 would like the Clerk to please call
15 the next panel to testify on the
16 resolution.

17 THE CLERK: Orlethia
18 Hamilton Waring, Heather LaRocca
19 and Kysire Brown.

20 (Witnesses approached
21 witness table.)

22 COUNCILWOMAN AHMAD: I
23 thank you all for your patience,
24 but it was important to get as much

1 detail as possible so bear with us.
2 Please state your name and proceed
3 with your testimony. And we can
4 start from your end over to the
5 other end.

6 MS. HAMILTON WARING:

7 Hello. My name is Orlethia
8 Hamilton Waring. Thank you for
9 allowing me to speak today. In
10 2002 my life changed forever. My
11 husband was accused of the
12 unthinkable, hurting our 16-year-
13 old daughter. But the accusations
14 didn't come from her. It came from
15 someone I trusted for seven years,
16 my therapist, who already had
17 conflict with my husband. And from
18 that moment on, our nightmare
19 began.

20 DHS was called, suddenly
21 everything I said was twisted to
22 fit their narrative. The more I
23 insisted my husband was innocent,
24 the more I was threatened. I was

1 told my daughter could be taken
2 away and that I could go to jail
3 for not protecting her. At
4 meetings I was yelled at, belittled
5 and disrespected.

6 One statement still
7 echoes in my mind. A worker looked
8 at me in front of my daughter and
9 said, I can't believe he had a
10 whole grown woman but instead
11 wanted to mess with a child. I
12 thought DHS was supposed to help
13 families, not tear them apart.
14 Meanwhile my daughter was misled
15 into thinking she was getting a new
16 house until DHS discovered she had
17 Type 1 diabetes. Then the
18 supervisor coldly said, well, we
19 have to rethink this.

20 The accusations forced
21 my husband to resign from the
22 school district where he worked for
23 20 years. He was arrested and
24 charged without a shred of

1 evidence. I had never felt so
2 alone until I began researching DHS
3 and false accusations, and what I
4 found was devastating. We were not
5 alone. Families all over the
6 country had lived the same
7 nightmare, but instead of letting
8 it break me I let it fuel me.

9 I went back to school
10 determined to help other families
11 like mine, families who are
12 innocent but destroyed by a system
13 meant to protect. In the end, my
14 husband was found innocent of all
15 charges. And along the way, we
16 learned something lifechanging.
17 Our daughter is high functioning
18 autistic with sensory challenges.
19 What was seen as a suspicious
20 behavior was simply misunderstood
21 near divergency. A tickle, yes,
22 all over a tickle.

23 I know how it feels to
24 be misled -- mislabeled, I'm sorry,

1 misunderstood and unheard. I've
2 seen how it strips someone of their
3 dignity. I also learned something
4 powerful, that healing is a form of
5 justice and when people reclaim
6 their voice, they don't just
7 transform their own life. They
8 transform their family, their
9 community and their future. Thank
10 you.

11 (Applause.)

12 COUNCILWOMAN AHMAD:

13 Thank you so much for sharing that.
14 I know it must be painful to relive
15 this all over again. We'll hear
16 the rest of the testimony and then
17 we'll come back with some
18 questions. Please state your name
19 and begin your testimony.

20 MR. BROWN: Hi,
21 everybody. My name is Kysire
22 Brown, but for my biological
23 (inaudible), I go by Kysire King.
24 Thank you for giving me this chance

1 to share my story. I am here today
2 not only as someone who has lived
3 through foster care system but as
4 someone who believed that change is
5 possible when we truly listen to
6 the wishes of those who experienced
7 it firsthand.

8 I experienced foster
9 care at a very young age after
10 losing my parents. I was placed in
11 an adopted home when I experienced
12 severe abuse starting at the age of
13 4 until I was 11. I was physically
14 assaulted many times, including
15 being hit in my head with a golf
16 club at the age of 8, stabbed twice
17 in my arm with a knife, beaten with
18 wires, paint sticks, both eyes
19 injured, I couldn't see. So, yeah.

20 After years of harm, I
21 ran away and was homeless for two
22 years, sleeping in abandoned houses
23 and cars while still trying to
24 attend school. At one point, I was

1 taken to Belmont Hospital because
2 the adoptive family lied to the
3 police officers and said that I was
4 swinging knives around when I
5 didn't.

6 Later I discovered I had
7 been adopted, which added another
8 layer of confusion (inaudible).
9 Despite of losing my biological
10 parents, what I needed most was
11 safety, honesty and adults who
12 would believe and protect me. The
13 system failed me again. When I got
14 older, the system failed me again.
15 A judge aged me out of DHS care
16 without my knowing, even though
17 that it was clear I had nowhere
18 safe to go.

19 The system made me
20 homeless again. I wasn't placed in
21 SIO until I was already 19, even
22 though I was I was supposed to be
23 placed in SIO at 16. By then, the
24 damage was already done. So it's

1 like I'm about to turn 21 and I
2 still don't have everything
3 organized because I was on my own
4 for so long and I'm at the risk of
5 being homeless again, not because I
6 failed but because the system
7 failed me.

8 DHS should not be
9 allowed kids and homes to let them
10 grow and be attached and then just
11 kick them out at a certain age
12 without no real preparation or
13 support. DHS and SIO are supposed
14 to keep kids safe and stable, not
15 send them back to homelessness. If
16 there's a way to extend care for
17 older youth, you need to make it
18 happen. It could be done if
19 leaders, agencies and communities
20 listen to our voices and work
21 together.

22 Music became my
23 lifeline, the way I found a voice
24 and the reason I keep going. I

1 survived the hardest years of my
2 childhood and refused to be defined
3 by them. The lesson for the
4 system: I tell my story now so the
5 system's foster parents and city
6 leaders understand how critical it
7 is to prioritize safety, long-term
8 stability and trauma-informed care.
9 Small acts of true care, consistent
10 compassionate adults who listen and
11 act, continues the course of a
12 child's life. If (inaudible) helps
13 improve foster or adoptive
14 placements, so even one child
15 avoids the harms I experience, then
16 telling it was worth it. Children
17 in care are not broken. They are
18 survivors with potential. They
19 need safety, truth and adults
20 willing to see their light. I
21 never chose the streets and I never
22 will, but I need the system to keep
23 its promise so I don't have to face
24 them again.

1 (Applause.)

2 COUNCILWOMAN AHMAD:

3 Thank you for sharing and thank you
4 for your courage, your resilience
5 and your grit. We are deeply
6 grateful to you for coming and
7 sharing a difficult traumatic and
8 reliving your traumatic story. We
9 take this extremely seriously.
10 This is why the questions in the
11 last panel at the end was about how
12 we support foster youth beyond when
13 they've aged out at 21. But it
14 seems like we have a lot of work to
15 do all along the way and I thank
16 you for that. We'll come back to
17 questions. We'll take Heather's
18 testimony and then we'll go back to
19 questions. Thank you again.

20 MS. LaROCCA: Thanks
21 again for having me today. Hard to
22 follow that. So I just want to
23 applaud my two other panelists for
24 sharing their story. That was

1 really brave to be here. So just
2 wanted to thank you both for that
3 before I start.

4 So, yes, my name is
5 Heather LaRocca. I'm the Director
6 of the Salvation Army's New Day to
7 Stop Trafficking program. For
8 around almost 20 years I, myself,
9 personally have worked in and
10 around the child welfare system. I
11 started as a children's case
12 manager in a domestic violence
13 shelter here in Philadelphia before
14 the CUA system even existed. So
15 have been around for a bit.

16 Thank you again,
17 Councilmember Ahmad and others, for
18 having us and listening today. I
19 think it's important just before I
20 begin just to quickly define
21 trafficking, which especially for
22 our youth here in Philadelphia when
23 I'm talking about trafficking, I'm
24 talking about commercial sex under

1 the age of 18, so kids who are
2 exchanging sex for something of
3 value. That is child abuse and
4 considered trafficking both by our
5 state and federal law. That also
6 includes labor exploitation, so
7 youth who are forced, tricked or
8 coerced into performing labor.

9 We just had a recent
10 case in north of the city on a
11 mushroom farm with a 14- and
12 17-year-old who are forced to work.
13 So this is happening here in
14 Philadelphia and in our surrounding
15 counties. And we also see a huge
16 intersection unfortunately with
17 kids who've had involvement in the
18 child welfare system and who've
19 been trafficked. Studies show
20 various percentages, but anywhere
21 from 50% to 90% of those youth
22 who've been trafficked were also
23 involved in the child welfare
24 system. And we see similar themes

1 here in Philadelphia.

2 The New Day to Stop

3 Trafficking program has been doing

4 this work since 2010 and we've been

5 doing this work with vulnerable

6 youth in our city. We now have

7 comprehensive services that address

8 human trafficking here in

9 Philadelphia, through housing, a

10 drop-in Kensington, case

11 management, diversion services, a

12 hotline, peer services. And last

13 year we served over 1300 survivors

14 with these things.

15 In 2019, we began a

16 contract with DHS to provide human

17 trafficking-specific services to

18 youth in our city. Our team since

19 then has sat with many vulnerable

20 youth offering hands-on case

21 management and support. Last year

22 we served over 100 individuals

23 under the age of 25, and I say 25

24 because I am including those who've

1 aged out as we've been talking
2 about today.

3 As a part of this
4 contract, we're also youth
5 specialists or youth victim
6 specialists in something called
7 WRAP Court, which is a specialty
8 court here in Philadelphia for
9 those delinquent and dependent
10 youth and/or dependent youth who've
11 been trafficked or at risk of
12 trafficking. And it's a trauma-
13 informed courtroom where the judge
14 sits at the table and we try to
15 have a comprehensive and trauma-
16 informed response for the youth in
17 that court.

18 Last year there were 16
19 youth enrolled, which is not
20 anywhere near the amount of youth
21 who have been trafficked in the
22 city. And many of the partners are
23 here that are involved in that.
24 Over the years we've seen this

1 crisis of trafficking grow and
2 intensify. In the last few years,
3 we served one of our youngest
4 individuals at 11 years old, and we
5 know that that's not even as young
6 as it happens from hearing
7 testimony from adults who are
8 trafficked as kids.

9 And the national move
10 away from group homes, which is a
11 trend across the state, across the
12 nation which we understand in a lot
13 of ways, and also just the lack of
14 resource families has really
15 created a crisis of placement in
16 our city, especially for youth
17 who've been trafficked. The
18 behaviors that are often in their
19 files, the way that they're viewed,
20 the things that they've done and
21 the things that they've been
22 involved with often bar them
23 from -- or they're not often placed
24 or have difficulty being placed in

1 certain group homes and in resource
2 homes or foster homes because they
3 see their behaviors and they don't
4 want them in their spaces, and that
5 has been a real crisis.

6 We have partnered with
7 DHS, as I've said, to try to solve
8 some of these crises. We all have
9 heard of the DHS Child Care Room
10 and the lack of placement,
11 especially for older youth, and we
12 partnered with DHS and have tried
13 to do outreach in these spaces to
14 offer that support.

15 We've also been in the
16 Juvenile Justice Center and other
17 youth shelters trying to do
18 outreach, and we've seen DHS
19 respond to these crises through
20 things as moving all the girls from
21 the DHS Child Care Room to Carson
22 Valley, which is a much more
23 trauma-informed and open space.
24 We've also seen DHS try to

1 alleviate some of this crisis
2 through creating an RFP for
3 community homes for trafficked
4 youth. They have 4 beds and soon
5 to be 12, but we know that that's
6 not enough.

7 We've seen a lot of this
8 over the years, and a lot of the
9 trafficking that we see doesn't fit
10 what we see in Hollywood or what we
11 hear on the news. It isn't the
12 kidnapped blonde little girl who's
13 thrown in the back of a van.
14 Instead studies show and we have
15 seen that our Black and Brown
16 youth, in Philadelphia especially,
17 are more quickly removed from
18 homes. They're missing without
19 attention paid to them and more
20 quickly criminalized for the
21 behaviors that happen while they're
22 being trafficked.

23 I've sat in courtrooms
24 where 14-year-olds who are

1 trafficked are charged with crimes
2 that occurred while under the
3 control of their adult trafficker.
4 I've seen kids charged with robbery
5 that occurred of a sex buyer. I've
6 seen kids try to escape in a car
7 that was of a sex buyer and crash
8 it and get charged with car theft.
9 And I've seen different fights at
10 group homes that these kids have
11 had that end up with charges.

12 Our WRAP Court system
13 and our other partners here have
14 tried to respond to these concerns.
15 But again, 16 kids enrolled in WRAP
16 Court isn't enough to really
17 address that issue. And we have
18 kids sitting in delinquent places
19 who really have dependent issues,
20 and there just isn't enough places
21 to put them. So we've seen
22 trafficking in all these forms.

23 We've seen the 14-year-
24 old runaway who's picked up by

1 adults. We've seen the
2 generational effects now. We've
3 worked with kids that are in WRAP
4 Court and then their mom who is at
5 our drop-in center and seen that
6 generational effect, and we've seen
7 those kids that we're talking about
8 then end up on the streets of
9 Kensington with homelessness,
10 substance use and continued
11 victimization.

12 So again, thanks for
13 having us here today. We want to
14 partner with DHS, with law
15 enforcement, with our city systems
16 to highlight and change this
17 trajectory. We don't want to sit
18 here again in 10 years saying the
19 same thing that we said 10 years
20 ago about trafficking in our city.
21 We need a comprehensive citywide
22 response to this issue.

23 And I hope that everyone
24 here is listening, that we can help

1 to increase identification of
2 trafficking and increase services
3 for both youth and families and we
4 hope that we can take the view and
5 change how we see trafficked youth,
6 from seeing them as perpetrators to
7 understanding them as victims to
8 then seeing them as survivors and
9 helping them thrive in our city.
10 Thank you.

11 (Applause.)

12 COUNCILWOMAN AHMAD:

13 Thank you very much for that
14 testimony. Just for purposes for
15 the audience here, my office is
16 actually working on a separate
17 track around human trafficking all
18 together to address that and
19 working with many different
20 stakeholders. And Heather and the
21 Salvation Army is one of those
22 stakeholders. So thank you for
23 coming here and showing us that
24 intersection we have.

1 We'll have some
2 questions, but we'll go back to
3 Orlethia and start with you. Thank
4 you again. And I'm sorry you had
5 such a traumatic, really awful
6 experience. I hope your daughter
7 is doing well and of course your
8 husband. You're never going to
9 forget this clearly.

10 I wanted to -- if we
11 were to go back in time and that
12 therapist reported you, I don't
13 know if you've been hearing all of
14 the things that DHS and DBHIDS
15 said, what could have been done at
16 the inception of your case that
17 might have had a very different
18 outcome, particularly recognizing
19 differences like cultural
20 differences, neurotypical
21 differences, all of those things?
22 Where do you think we could have as
23 a system done something differently
24 that could have changed the

1 outcome?

2 MS. HAMILTON WARING:

3 Well, I think the first thing with
4 the therapist saying as though I
5 was his patient for seven years,
6 could have asked her what do you
7 mean by that. I think DHS could
8 have asked her what do you mean by,
9 you know, what did you say. They
10 did interview her, but the more I
11 said you need to look into her, not
12 him because I've noticed that some
13 things were amiss, I didn't know
14 what the spectrum of autism was. I
15 was in the process of trying to get
16 her help. That's why she was
17 talking to my therapist.

18 And the more I said
19 something's wrong with her, you're
20 taking what she's saying out of
21 context, the more they made me feel
22 like I wasn't protecting her. I
23 was the problem.

24 COUNCILWOMAN AHMAD: Was

1 there somebody from behavioral
2 health in the team that assessed
3 you from DHS?

4 MS. HAMILTON WARING:

5 No.

6 COUNCILWOMAN AHMAD: It
7 was just a social worker?

8 MS. HAMILTON WARING: I
9 don't even remember them telling me
10 what their positions were. It was
11 the DHS call. I got a call from a
12 supervisor that I needed to go to
13 SVU right now. I talked to
14 someone. They separated us.

15 COUNCILWOMAN AHMAD:
16 Separated who?

17 MS. HAMILTON WARING:
18 They separated myself and my
19 daughter so I don't know what they
20 were saying to her and --

21 COUNCILWOMAN AHMAD: And
22 you had no representation, no legal
23 representation, no support from
24 anyone else to go in --

1 MS. HAMILTON WARING:

2 No, it was just me. And when I
3 would ask, well, what are you
4 asking her, what are you saying,
5 what is she saying, they wouldn't
6 give me any information. So it was
7 just I didn't know what to do. The
8 only person that I knew was the
9 supervisor and he wasn't even there
10 when I got to SVU so I was alone.

11 COUNCILWOMAN AHMAD: Any
12 questions for her?

13 (No response.)

14 COUNCILWOMAN AHMAD: So
15 in terms of if you were to go back
16 and do it -- you do it differently,
17 not DHS and others, what would you
18 have done differently, in order to
19 go to that meeting, when they
20 called you and said you have to
21 come in right away?

22 MS. HAMILTON WARING: I
23 would have consulted a lawyer or
24 wanted to have some kind of

1 representation because a lot of
2 things were done. I thought I just
3 had to -- when they said they had
4 to come to my house, they gave me
5 20 minutes to get home. So I went
6 straight home. I didn't know that.
7 I could have said no. I didn't
8 know my rights. I could have got
9 her representation. And the more I
10 said can you help me get her
11 evaluated, I would have
12 concentrated on her or wanted help,
13 like with the behavioral person.
14 And the more I said look into her,
15 not him, I was --

16 COUNCILWOMAN AHMAD: We
17 didn't get to ask all the questions
18 around the rights of those being
19 investigated. That's something
20 that I know I'm very interested in
21 to understand. How much
22 information and where would you get
23 it before you went into that
24 interview when you were called?

1 I'm not talking about an
2 emergency situation when somebody's
3 imminently in danger. I'm talking
4 about something that they need to
5 investigate. And that information
6 actually resides on their website.
7 But when you're under so much
8 stress, trying to think of how we
9 support people to have some agency
10 in that process, and this is why
11 we're talking to people who've been
12 impacted by the services.

13 We actually had a town
14 hall few weeks ago which is where
15 we met you to actually get a sense
16 of what happens when somebody gets
17 this notice and how that notice can
18 be misled. We're trying to see how
19 it can be redundant in that
20 information so that you hear it
21 many different ways, if you weren't
22 home, if you didn't answer the
23 phone, those kinds of things.

24 It's the responsibility

1 of the investigating agency to
2 really make sure there's a full
3 wraparound for you and to make sure
4 you also know what your rights are
5 at that point. And so, we're kind
6 of going to be talking to lawyers
7 to debate that issue as to what is
8 the responsibility to inform you.

9 Clearly, it would made a
10 difference if you had some
11 behavioral help who would actually
12 understand how to question that
13 therapist and also to potentially
14 assess your daughter about her
15 neurodivergence, right. Thank you
16 for that.

17 We'll go on to our young
18 witness here. So very grateful to
19 you for coming and sharing, even
20 though it's deeply painful and we
21 are reliving what happened to you.
22 When you look back, I mean you were
23 4 when you went into the system
24 because of the loss of your

1 parents.

2 Oversight at that point
3 of who you were placed with seems
4 to have been not done, right. They
5 were beating you, they were abusing
6 you. Clearly, that's a problem.
7 And I'm hoping that we break down
8 the data enough to know each child
9 is being followed as they are
10 placed for care in any kind of
11 situation. That is something we
12 want to work on.

13 Apart from that, at 4
14 you can't advocate for yourself so
15 obviously we have to advocate for
16 you. As you progress through the
17 system, you said you were homeless
18 at some point, was there anyone you
19 could have gone to at that point?

20 MR. BROWN: No.

21 COUNCILWOMAN AHMAD: You
22 had access to nobody who you felt
23 you could go to?

24 MR. BROWN: Nobody.

1 COUNCILWOMAN AHMAD: And
2 along the path had you talked to
3 any behavioral health therapists in
4 any of these placements, any of
5 these --

6 MR. BROWN: I tried to
7 get DHS to come to the house at
8 that point in time. But you know
9 what DHS did, they sat there with
10 the lady and laughed with her while
11 I was sitting there with my eyes
12 bruised up. They were just sitting
13 there laughing.

14 COUNCILWOMAN AHMAD:
15 Laughing?

16 MR. BROWN: Yeah,
17 laughing with the parent. And I'm
18 like -- so I just ran away. I
19 ain't about to take that.

20 COUNCILWOMAN AHMAD: At
21 no point did you have somebody, a
22 mental health therapist, take you
23 aside and have a conversation with
24 you?

1 MR. BROWN: No.

2 COUNCILWOMAN AHMAD:

3 Looking back, I mean I hate to put
4 this burden on you, but if you were
5 to say something to us that we
6 could do, you might think we can
7 do -- that's a different question
8 whether we can -- but I would love
9 to hear from you what do you want
10 us to do differently?

11 MR. BROWN: Well, for
12 you and DHS in general, if a kid
13 say that he or she is getting
14 abused, believe them. Don't just
15 sit there trying to investigate.
16 Believe them. It's real. And what
17 a parent would do, they would put
18 on an act. They would put on an
19 act for when the DHS person come.
20 They would put on an act. And when
21 that person leave, all hell going
22 to break loose and that's going to
23 be the worst thing you do. If you
24 tell the DHS oh, yeah, that you're

1 getting abused, because then they
2 going to act like nothing happened.
3 And as soon as that person leave,
4 you going to get it even worse.
5 And that's what happened to me.

6 COUNCILWOMAN AHMAD:
7 Were you in school along this time?

8 MR. BROWN: Yeah, I was
9 in school. That's how DHS got to
10 the house.

11 COUNCILWOMAN AHMAD: Was
12 there a safe place in school where
13 you were able to say this after DHS
14 had left and those people went back
15 to their behavior?

16 MR. BROWN: No. The
17 school just saw my face just
18 bruised up. And then he was like
19 what's going on and I just told
20 him.

21 COUNCILWOMAN AHMAD: So
22 no therapist at school talked to
23 you?

24 MR. BROWN: No.

1 COUNCILWOMAN AHMAD:

2 Well, once again, deeply sorry, so
3 sorry you have to go through this.

4 Do you have any
5 questions for --

6 COUNCILWOMAN LANDAU:

7 Thank you for sharing with us, all
8 of you, but there are definitely
9 stops in the road where we can try
10 to help somebody else after you.
11 But we heard you when you said that
12 children like you aging out of
13 foster care are not broken, they're
14 survivors. I want you to know we
15 heard you.

16 MR. BROWN: Thank you.

17 COUNCILWOMAN AHMAD:

18 Question for Heather: You know,
19 you said 16 children are in the
20 WRAP Court, which means they were
21 found, right, to have been
22 trafficked. If you step back and
23 go before that in terms of what DHS
24 should be looking at or the CUA who

1 has supervision of these children
2 in these families, what do we need
3 to tell them to watch for to
4 identify that this is happening?

5 So just wearing the
6 other hat of working on human
7 trafficking, part of the issue is
8 the family can traffic you or you
9 can be groomed over time by
10 somebody who reaches you on a
11 gaming platform, right, or you have
12 some adult in the school system
13 doing this. So what do we need to
14 change in DHS procedures to have
15 this awareness and the
16 vulnerability that many of our
17 children face being in the system
18 and are ripe for these predators to
19 come and do this? What do they
20 need to change to be aware and stop
21 it?

22 MS. LaROCCA: Yeah. I
23 mean, there is a mandate from the
24 state that requires a CSEC,

1 Commercial Sexual Exploitation of
2 Children assessment for all youth.
3 And I know DHS has implemented
4 that. And I think the thing about
5 trafficking is it's not often --
6 even with an assessment, it's not
7 always so clear that that's what's
8 going on.

9 So I think the greater
10 need is ensuring that our staff and
11 across the system are trained in
12 really understanding and seeing
13 those signs and trained in a
14 deeper, comprehensive and annual
15 basis. So that is something -- and
16 trained in what's going on here in
17 Philly because it looks different
18 in different areas of the city. So
19 I think just hearing from -- and
20 that is something that our agency
21 offers.

22 We have someone fully
23 dedicated, paid through by DHS, to
24 do trainings for on prevention and

1 education for survivors of traffic
2 or about identifying and
3 understanding those signs. So I
4 think just really increasing that
5 training, ensuring that that's
6 something that's going on. And,
7 you know, yeah, that's a part of
8 it.

9 COUNCILWOMAN AHMAD: So
10 there's a mandate to actually do
11 that?

12 MS. LaROCCA: To do the
13 assessment?

14 COUNCILWOMAN AHMAD:
15 Assessment --

16 MS. LaROCCA: A
17 screen --

18 COUNCILWOMAN AHMAD: So
19 it has to just improve as to how
20 the DHS worker or the CUA worker is
21 trained to be able to spot because
22 our team just got the training from
23 the police commissioner's office
24 just recently, and it was amazing

1 how many crimes that were sort of
2 spotted were really started with
3 trafficking, like children were
4 sent in to do shoplifting.

5 There was no way for
6 anyone to know that they were
7 required to shoplift enough money
8 so they could get the drugs that
9 they were addicted to by the
10 trafficker. That was the payment.
11 You would have to go shoplift
12 enough product that they could sell
13 so you could have your fix.

14 MS. LaROCCA: Mm-hmm.
15 Yeah, and we see forced criminality
16 as a huge part of again our youth
17 that are being trafficked. So I
18 think it's just that kind of deeper
19 understanding. I think we can have
20 a system in place and we can have a
21 structure in place, but there's a
22 difference between a system and a
23 structure and then that deeper
24 understanding and having that

1 implemented throughout the system.

2 COUNCILWOMAN AHMAD: And
3 fundamentally to care. We have to
4 mandate care. Thank you very much
5 to all of you for your powerful
6 testimony. This is why we are here
7 to not only hear from the system's
8 perspective what is happening, but
9 to see how the system is impacting
10 you and what the outcomes have
11 been.

12 So we are trying to
13 listen as deeply as possible so
14 that we can actually do something
15 to impact and improve so that we
16 don't have to see a young man like
17 you ever again here in City Hall.
18 So thank you very much for your
19 testimony.

20 Mr. Sham, would you call
21 the next panel.

22 THE CLERK: Paul
23 DiLorenzo.

24 (Witness approached

1 witness table.)

2 COUNCILWOMAN AHMAD:

3 Good afternoon. Please state your
4 name and begin your testimony.

5 MR. DiLORENZO: My name
6 is Paul DiLorenzo. Thank you for
7 inviting me here today. I'm a
8 Philadelphia resident and I care
9 deeply about these issues. I began
10 my career as a case worker in
11 Philadelphia in 1976, probably
12 before lots of people in this room
13 were born.

14 Since then I've held
15 various positions in government,
16 nonprofit agencies and philanthropy
17 both here and nationally. I'm a
18 consultant for child welfare
19 organizations around the country. I
20 was the Director of Children's
21 Policy under Mayor John Street, and
22 then I spent 13 years at Casey
23 Family Programs, a national
24 foundation that provides grant-

1 funded consultation to agencies all
2 over the country.

3 More recently I've been
4 called on to serve as an expert
5 witness in child welfare liability
6 cases here in Philadelphia and in
7 other jurisdictions as well. I
8 also serve as a senior fellow for
9 Child Welfare at League of America.
10 In 1987, I along with 11 other
11 individuals were appointed by then
12 Secretary John F. White to review
13 the circumstances under which 21
14 children who were known to DHS had
15 died.

16 Our work resulted in a
17 report which concluded, simply put,
18 the child welfare system in
19 Philadelphia has broken down. I
20 brought a copy of that report for
21 you. Fortunately, those same
22 circumstances do not exist today.
23 That is in large part because DHS
24 has continued to evolve for the

1 better. It has been progress, not
2 perfection. The agency makes an
3 effort to learn from its mistakes
4 and adjust to external factors it
5 cannot control. Since 1987,
6 reports have been written,
7 committees formed, Council hearings
8 held and articles written about the
9 city agency.

10 So my most important
11 cautionary note to City Council
12 today, it's critical that you
13 understand the history of these
14 improvement efforts. Despite the
15 heroic work being done by social
16 workers every day and their
17 leaders, who are making a genuine
18 effort to succeed, DHS and its CUA,
19 Community Umbrella Agencies, are in
20 a precarious position treading
21 water and uncertain of how and when
22 to take their next leap forward.

23 Over the last several
24 years, the city has lost scores of

1 experienced providers and social
2 workers. The lawsuits against the
3 nonprofits continue to pile up and
4 the safety and well-being of many
5 Philadelphian children is still
6 precarious. While at Casey Family
7 Programs, I worked in projects
8 resembling the CUAs in many states.
9 As a part of my Casey tenure, I was
10 also on a team that provided
11 technical assistance to
12 Philadelphia DHS when they were
13 putting together the CUA model.

14 I'll say now what I said
15 then. The modern model in
16 Philadelphia as it was designed
17 will not be sustainable over time
18 because of four reasons: First,
19 the lack of clarity between
20 unionized employees of DHS and the
21 myriads of private provider
22 agencies with their own histories,
23 missions and values. But success
24 depends on a commitment to a single

1 core message, an unambiguous why
2 affirmed by everyone from the
3 commissioner to a case worker in
4 the community. Without that
5 clarity, the CUA has become
6 satellite offices of DHS
7 partnerships that are marriages of
8 convenience.

9 Second, the inability to
10 pay providers the right amount of
11 money in a timely manner and to
12 protect them from liability. Let
13 me repeat that. Protect them from
14 liability without these resources.
15 You're trying to support a
16 Nordstrom set of services with a
17 Walmart budget. Highly skilled and
18 seasoned social workers with
19 reasonable caseloads are essential.
20 Unfortunately, this is only partly
21 within the control of DHS
22 leadership. Successful systems
23 that resemble the DHS CUA model
24 make a commitment to an

1 organizational culture and not
2 simply a series of incremental
3 strategies. It might be cliché to
4 say this, but culture does eat
5 strategy for lunch. Despite the
6 best intentions and attempts, DHS
7 has never been able to get past
8 strategies.

9 Fourth and finally, the
10 challenges and opportunities facing
11 families are far too complex for
12 any one system to manage. In every
13 single child fatality or serious
14 injury case I have reviewed, there
15 are failures of omission or
16 commission by multiple parties,
17 including the courts. The city
18 needs a coherent family policy that
19 encompasses child protection and
20 family support, schools, housing,
21 health care, behavioral health and
22 substance use resources.

23 The current coordination
24 is much better than it was in the

1 past but still not good enough,
2 because city government has no
3 singular set of metrics for safety,
4 health and well being of families.
5 The data is clear that we need a
6 comprehensive approach to
7 supporting families because we have
8 an increase in parental mental
9 health issues, ongoing substance
10 use disorders, persistent poverty,
11 a shortage of affordable housing,
12 and according to a recent study, an
13 increase in social isolation among
14 neighbors. The CUA needs to
15 address those realities in a more
16 proactive manner. It must be
17 intentional, comprehensive and
18 collaborative.

19 So I would suggest that
20 the next redesign of the CUAs
21 should be led not just by DHS, but
22 all sectors that influence the
23 lives of children and their
24 families. The CUAs should be the

1 primary point of engagement at the
2 neighborhood level where you make
3 the most difference. Customer
4 service must be excellent every
5 day, encouraging residents to
6 proactively seek support and
7 connections.

8 We should measure
9 customer satisfaction and community
10 engagement. According to one DHS
11 report, clients said that the
12 caseworker behaviors they valued
13 the most were honesty, fairness,
14 dependability, competency and
15 empathy. This is how trust is
16 developed and why people willingly
17 will return to a business, a doctor
18 or a social service agency. Ask
19 yourself who is reporting or
20 returning to DHS or the CUAs.

21 In cases where I've
22 served as an expert witness,
23 systemic failure was the result of
24 confusion about roles, poor

1 casework practice and an outdated
2 approach to serving families and
3 always a lack of coordination among
4 the multiple parties responsible
5 for helping families.

6 Unfortunately, kids are
7 further traumatized and agencies
8 have paid out millions in lawsuits.
9 Those lawsuits have been a windfall
10 for lawyers, but not for systemic
11 change. The Philadelphia DHS CUA
12 model needs a deep and wide culture
13 shift towards excellence and common
14 sense or this litigation will
15 persist.

16 Finally, I'll share a
17 few observations that require
18 broader conversations. First, I've
19 read the report that the Council
20 produced a few years ago sometimes
21 referred to as the David Oh Report.
22 I'm not enthusiastic about it.
23 It's more ideology and less an
24 actual strategy or roadmap towards

1 transformation.

2 I do not believe that
3 all cases of neglect are singularly
4 related to poverty or race. Both
5 factors play an important role in
6 how families are treated, but the
7 complicating circumstances of
8 parental substance use, untreated
9 mental health and generational
10 trauma also contribute to high
11 numbers of families struggling to
12 provide a safe environment for
13 their kids.

14 I also do not believe
15 that the number of children in
16 out-of-home care is the only marker
17 for systemic progress. The
18 system's first responsibility is to
19 keep kids safe, preferably in their
20 own homes and in their own
21 communities, but we also want
22 families to thrive, to break those
23 generational cycles of trauma and
24 disruption and feel confident that

1 there is a safety net for them when
2 things get difficult. This should
3 be manifest through the CUAs.

4 I do believe that
5 stories of lived experience have
6 value and purpose, especially when
7 families have been disrespected or
8 ignored by the system, and it's
9 equally important to find parents,
10 caregivers and children whose
11 experience was positive. What can
12 we learn from both perspectives?

13 There is no single DHS
14 or CUA improvement strategy. No
15 one case can characterize the
16 entire systems. There are stories
17 of hope and healing as well as a
18 multitude of families' situations
19 that are so grim we can't even
20 imagine what will happen to the
21 children over the next five years
22 or even the next five hours. The
23 work of improving child welfare is
24 never done, but I applaud you today

1 for your role in keeping the
2 momentum going.

3 COUNCILWOMAN AHMAD:

4 Well, thank you very much for your
5 testimony.

6 I want to acknowledge
7 Councilmember Cindy Bass who
8 actually was the Chair of Health
9 and Human Services before this
10 Council session when I became the
11 Chair, and she's an invaluable
12 source of information and support
13 in navigating this space.

14 Going back to you, Paul,
15 thank you so much for your long
16 years of service. I know
17 children's lives have been saved
18 because you have done the work so
19 we're grateful for that. And your
20 perspective on from a different
21 vantage point is very, very
22 important.

23 You outlined four
24 different things, you know, four

1 different factors. One was the
2 lack of clarity between unionized
3 workers of DHS and the myriad of
4 provider agencies. And what do you
5 mean in that space, because the
6 unionized workers of DHS have more
7 rights in terms of how they execute
8 on their job or what resources they
9 get versus the CUA workers who -- I
10 don't know any CUA who is unionized
11 in terms of the comparison, is that
12 what you were meaning by that?

13 MR. DiLORENZO: It's
14 nothing against the union at all.
15 It's just that city employees,
16 public service employees are
17 different than private agencies.
18 The one agency is a city agency as
19 opposed to the private agencies.
20 All of whom have their own missions
21 and purpose and goals, boards of
22 directors, history. And they come
23 to the CUA experience in a
24 different way than DHS does.

1 But in the places where
2 it has been this similar model, and
3 no one has the same, there are
4 similarities between this and other
5 places, there is more clarity
6 between what the public agency
7 does, the role of the public agency
8 which is essentially to do intake,
9 and then everything else that gets
10 done by the community-based
11 organization. So there really has
12 to be a clear differentiation.

13 And then I went on to
14 say in my remarks also that it's
15 not only a question of the clarity
16 of roles. It's the consistency of
17 mission and purpose throughout that
18 system. And the more dispersed the
19 system is, the more difficult it
20 gets to keep the integrity of the
21 model.

22 COUNCILWOMAN AHMAD: So
23 in your opinion, DHS sort of hands
24 over the case to CUA and they're

1 supposed to have meetings and
2 oversight. Is that where the CUAs
3 could benefit from having a much
4 more uniform oversight for all of
5 our 10 CUAs -- and each one is
6 different because they're different
7 communities and neighborhoods --
8 and to have that nuance built into
9 that oversight so we know when
10 we're looking at one community
11 versus the other, what we need to
12 look at and how we need to assess
13 the CUA and support them from a DHS
14 vantage point?

15 MR. DiLORENZO: I've
16 spent the last 20 years of my
17 career working mostly in developing
18 community-based family support
19 agencies and programs similar to
20 the CUA model here. And at that
21 time, what I've seen is that those
22 agencies that are successful is
23 that the public agency allows those
24 provider agencies to be all in.

1 COUNCILWOMAN AHMAD: To
2 be?

3 MR. DiLORENZO: To be
4 all in. They're fully responsible
5 for just about every function and
6 they're given a wide berth of
7 latitude I think in many ways so
8 that they can do the job that that
9 particular neighborhood or
10 community requires. There are
11 nuances in Philadelphia, in any big
12 city, but even in rural communities
13 where I've worked.

14 And so, the beauty of
15 the model is that you allow people
16 to do the work. They do it well,
17 they hire the right people, they
18 figure out the right strategies to
19 approach the work, but you've got
20 to fund them. You've got to
21 support it. You've got to buy
22 quality. The difference --

23 COUNCILWOMAN AHMAD: So
24 do you --

1 MR. DiLORENZO: Let me
2 just kind of give one metaphor.
3 I'm probably the least
4 mechanically-inclined person in the
5 world so the thing I hate to do the
6 most is to go to Lowe's or Home
7 Depot, because what happens is I
8 walk into there and I go to aisle
9 17 and there's no one there to help
10 me.

11 So I decided a long time
12 ago that I'm going to go to the
13 neighborhood hardware store up on
14 Ridge Avenue, because what they do
15 is they take time and explain
16 things to me. They work with me.
17 They recognize me when I walk
18 through the door. There's a
19 connection and I'm more inclined to
20 go back, right.

21 So what we want is the
22 ability of families to go back, to
23 feel respected, regarded. I'm
24 going to pay \$1 more at the

1 hardware store, but I don't care
2 because I feel valued and I feel
3 like it was worth my time to go
4 there. How do we create a system
5 of community-based services and
6 entities that encourage people to
7 go back not in a way of dependency,
8 but in a way that says that's a
9 friendly place, a respectful place.

10 COUNCILWOMAN AHMAD: So
11 the Killians of DHS, CUAs. You go
12 to Killians?

13 COUNCILWOMAN BASS: I'm
14 sorry?

15 COUNCILWOMAN AHMAD: Do
16 you go to Killians for the hardware
17 store?

18 COUNCILWOMAN BASS:
19 Yeah.

20 MR. DiLORENZO: It's a
21 free plug for the hardware --

22 COUNCILWOMAN AHMAD: We
23 have a hardware store where we
24 live. So if you're looking at the

1 current system, you're saying that
2 the CUAs are hamstrung by not being
3 able to do that and to do customer
4 service in a way that really
5 understands the needs and it
6 becomes a space where the people
7 come for help, not necessary in a
8 punitive manner. And do you think
9 DHS doesn't allow that to happen or
10 they don't get enough funding for
11 it to happen?

12 MR. DiLORENZO: I think
13 it was built into the design. I
14 don't think it has much to do with
15 the current situation. I think the
16 Commissioner and her team have done
17 probably as much as they can. But
18 I think the original design -- my
19 point is the original design didn't
20 allow for that full breadth of
21 clarity between what does the
22 public agency do, what does the
23 Department of Human Services do and
24 what do those Community Umbrella

1 Agencies do. How do you empower
2 those Community Umbrella Agencies
3 so that they really fully do their
4 job with the best people possible
5 to create that sense of customer
6 service.

7 COUNCILWOMAN AHMAD: I
8 acknowledge Councilmember Cindy
9 Bass.

10 COUNCILWOMAN BASS:
11 Thank you. Thank you, Madam Chair.
12 And I thank you for your
13 testimony today, one of my favorite
14 topics, CUAs.

15 MR. DiLORENZO: Good to
16 see you again too.

17 COUNCILWOMAN BASS: I'm
18 sorry?

19 MR. DiLORENZO: It's
20 good to see you again.

21 COUNCILWOMAN BASS: Good
22 to see you as well. I'm not a fan
23 of CUAs. I've made it pretty clear
24 over the years. I remember the

1 original, you know, decision-making
2 around the city going into the CUA
3 system, which was that it was going
4 to be a cost-cutting measure to
5 basically help DHS provide a better
6 quality of care to its clients and
7 also sort of in my opinion
8 privatize, which I just didn't
9 think was a good idea for a number
10 of reasons.

11 And I just don't see how
12 we could have thought that we could
13 spend less and get more on such a
14 vulnerable population. And the
15 then Director of DHS, Anne Marie
16 Ambrose, who thought this was a
17 good idea and who then shortly
18 after bringing it in left to take a
19 job with the very foundation that
20 brought this to our doorsteps and
21 then dumped it on us, in my
22 opinion.

23 So I think that again it
24 was supposed to be cost-cutting.

1 Clearly, it was not. We have the
2 same budget. Actually, we have a
3 higher budget now, and that's not
4 taken into account for inflation.
5 We have a higher budget because we
6 have two, as you put it, dueling
7 systems that really don't have the
8 clarity that's needed to say, CUA
9 systems, this is what you do and
10 this is what all of you do and this
11 is how you should all operate under
12 the same framework. And in my
13 opinion it's had disastrous
14 results.

15 I think DHS and Kimberly
16 Ali are doing a great job. I think
17 that we could absorb that work
18 back into the DHS system. That
19 would be my hope, to bring it back.
20 Because I just think that having
21 these sort of outliers have not
22 been helpful.

23 When we look at the DHS
24 scorecard that's issued every year,

1 it never ceases to amaze me the low
2 scores that some of these providers
3 get for again our most vulnerable
4 population here in the city of
5 Philadelphia, and that's our
6 children and children who are in
7 severe need and distress. So it's
8 still my hope that some day we'll
9 be able to go back just to a DHS
10 system and to relieve ourselves of
11 the CUAs because I haven't seen it
12 in their work and I haven't seen it
13 in the outcomes for our young
14 people. They're just too valuable
15 for us to take a chance with any
16 longer in my opinion.

17 MR. DiLORENZO: I'll
18 respectfully disagree and only say
19 that --

20 COUNCILWOMAN BASS:
21 Okay.

22 MR. DiLORENZO: If I had
23 an opportunity to maybe show you
24 some places that really do a good

1 job at neighborhood and community-

2 based care, you would --

3 COUNCILWOMAN BASS: I

4 would love to --

5 MR. DiLORENZO: -- see

6 that there are opportunities to

7 improve the system. But I want to

8 mention something that is

9 consistent with what you've said.

10 Over the last few years there have

11 been millions of dollars of

12 lawsuits that are in effect

13 breaking the system.

14 COUNCILWOMAN BASS: Yes.

15 MR. DiLORENZO: And if

16 there were any other system in the

17 city that this was happening to we

18 would be going crazy. But there

19 are nonprofit agencies in the city

20 that have had dozens of lawsuits

21 against them. It's a feeding

22 ground for everybody. But at the

23 end of the day, it's not clear

24 that -- and those lawsuits happen,

1 because I've been involved as an
2 expert in some of them, they're
3 happening because the basics aren't
4 getting done.

5 COUNCILWOMAN BASS:

6 Mm-hmm.

7 MR. DiLORENZO: So I
8 think what you have to really
9 figure out is how do you either say
10 we're fully committed to this
11 system and we've got to improve the
12 quality of it and let people do
13 their job, let CUAs figure that
14 out, you know, what that might be
15 or you're going to say, as you've
16 indicated, let's get out of the
17 business of CUAs and get back to
18 doing our thing.

19 COUNCILWOMAN BASS: Yes.

20 MR. DiLORENZO: I think
21 there's a room for debate for both.
22 But you cannot sustain a system
23 that continues to get sued over and
24 over because it becomes a feeding

1 trough for lawyers and people who
2 know that they can get millions of
3 dollars for a lawsuit.

4 COUNCILWOMAN BASS:

5 Agreed. We can't continue to
6 maintain a system that has failed
7 our children. And, listen, because
8 these are all people-powered, you
9 know, there's no perfection. But
10 can we do better, absolutely. I
11 forget which one of the -- I want
12 to say a name, but I don't want to
13 call them out and for it to be the
14 wrong one. But the CUA provider
15 who basically sort of quit, went
16 out of business and left us holding
17 a bag after they were sued and now
18 couldn't get any sort of insurance
19 coverage because of the number of
20 lawsuits and the number of losses
21 to the City of Philadelphia.

22 So they couldn't, you
23 know, number one, we weren't going
24 to fire them which is what we

1 should have done, and we allowed
2 them to quit on us and they walked
3 out on us and left us sort of high
4 and dry. I think they were
5 something like 40% or 60%, I forget
6 what the number is, but a big
7 percentage of the CUA cases in the
8 entire city of Philadelphia and
9 they just kind of walked away from
10 us and left us hanging and able to
11 do that without repercussion.

12 So --

13 MR. DiLORENZO: Not just
14 one agency, I think the city has
15 lost several agencies involved in
16 child welfare, Lutheran, Episcopal.
17 There's --

18 COUNCILWOMAN BASS: But
19 one agency was able to acquire a
20 larger caseload than any other
21 provider in the CUA system. I
22 believe it was Turning Points. I
23 could be wrong. But they had I
24 think it was at least 40% of the

1 child welfare system cases in the
2 entire city of Philadelphia. And
3 to just be able to walk out of the
4 door and leave us hanging, you
5 know, even with the bad job in my
6 opinion that they were doing that
7 resulted in them not being able to
8 get the insurance coverage that
9 they needed to continue to operate,
10 it speaks to the reforms that need
11 to happen in the child welfare
12 system to make sure our children
13 are taken care of and that the
14 system that we have in place really
15 does work and makes a difference.
16 So thank you.

17 COUNCILWOMAN AHMAD:

18 Thank you, Councilmember.

19 I just wanted to go back
20 about this whole lawsuit issue.
21 These lawsuits are initiated
22 because there's a problem. As much
23 as we might think about predatory
24 law firms doing this, the point is

1 there's something wrong, which is
2 why these are happening. So if you
3 had a system where you actually
4 took care of children, we wouldn't
5 have this exposure.

6 So while we can talk of
7 how would we indemnify and all of
8 that, end of the day if we are
9 hurting children, children are
10 dying, that's a problem. We cannot
11 have a system in the city that
12 is -- whether it's the CUA, DHS and
13 CUA or just DHS, both of them have
14 had fatalities. Both of them have
15 had severe issues that children
16 have faced. We just met this young
17 man who became homeless coming out
18 of the system. So there's a need,
19 but there's a need to look at how
20 we work in a system.

21 Children have no lobby
22 group. We are their lobby group
23 here and a lot of these
24 organizations, advocacy groups.

1 They don't vote. They don't have a
2 voice, which is why we are seeing
3 what Councilmember Bass referred
4 to, that an agency could walk away,
5 leave us holding the bag.

6 Anybody else who would
7 be treated like this in our city,
8 there would be people on the
9 streets. There would be massive
10 marches. I have not seen this city
11 erupt when there's a child who
12 died. That's on us. That is on
13 all of us in this room for not
14 standing up and shouting and
15 screaming how are we allowing even
16 one child to be hurt in a system
17 that's supposed to save them. It's
18 not working. This is not working.

19 Much as all the work
20 that has been done by DHS, and I
21 applaud Commissioner Ali who
22 inherited a system, she didn't form
23 the CUA system, she had to make the
24 best of what there is, and we can

1 find fault, all these mechanical
2 ways we can fix it.

3 But at the end of it, it
4 is who is the client. The client
5 is the child. And when a child has
6 no agency and is at the mercy of
7 all of us to look away if something
8 happens and we're not going to fix
9 it or we're going to say do some
10 small repairs, we cannot -- as a
11 city of the first world, sixth
12 largest city in the country, we
13 spend billions in the child welfare
14 system, billions with a B, and yet
15 we cannot keep people safe is
16 unacceptable.

17 It is unacceptable that
18 all of us are sitting here and this
19 is not the first time there's a
20 hearing. We've had hearing after
21 hearing. Our public are disgusted
22 with us because we keep doing these
23 hearings and nothing real comes out
24 of it. Well, you have to support

1 us when we're going to do dramatic
2 things because there'll be forces
3 telling us not to do it. There'll
4 be people coming after us if we're
5 going to try something different.
6 Because clearly, what we've done
7 this far has not worked.

8 If there's one child who
9 dies, the system has not worked.
10 Even if there's been advances made,
11 I understand that. I don't want to
12 denigrate the work of hundreds of
13 people, social workers, who work
14 every day. Yes, they're bad apples
15 here and there. I just think
16 there's a flaw in who we're taking
17 care of. It's the silence of young
18 people.

19 I'm just frustrated
20 beyond belief that here we are
21 again, because they had done a
22 whole hearing in 2018, 2022 there
23 was a report and here we are all
24 over again.

1 (Applause.)

2 MR. DiLORENZO: I'm
3 sitting here holding a report here
4 from 1987 from a committee I was on
5 so I get it, and that's why I have
6 gray hair. But let me in defense
7 of the Commissioner and her team,
8 child welfare agency -- and I
9 probably can say things that the
10 Commissioner can't say.

11 In defense of what
12 they're trying to do, you heard
13 families have multiple issues,
14 right. It's not just one thing.
15 Their primary job is to keep kids
16 safe and families strong. That's
17 the job. But when you have all of
18 these other factors that influence,
19 it's very difficult to expect one
20 agency or a CUA or anyone to be
21 able to do that. So the design of
22 this really as you think about
23 redesigning, my suggestion is that
24 you do bring in these other systems

1 and say, look, it's just as
2 important for you, the school
3 system or the health department or
4 this to be a part of developing a
5 set of metrics that measure safety
6 and well-being for kids and
7 families. And it can't just be on
8 the shoulders of DHS or an
9 individual CUA.

10 I'm going to go back to
11 my defense of the CUA though, which
12 is to say if you give a CUA
13 provider what they need, the right
14 resources, the right support, the
15 right level of independence to do
16 their thing, they can be that
17 resource for a family. They might
18 be able to help with a variety of
19 different services that a family
20 needs and still keep kids safe.
21 But at the end of the day, the job
22 is to keep kids safe. That's it.
23 That's the job.

24 COUNCILWOMAN AHMAD: But

1 if we could separate out families
2 who are in need of housing or food
3 or a job or this and how that
4 trickles into abuse or neglect, we
5 have to recognize that. Now, we're
6 the second poorest big city in the
7 country, right. So right there
8 whether we are acknowledging that
9 we have penalized poverty with
10 this, poverty is as at the base of
11 a lot of it.

12 I know you said it's not
13 always race, it's not always that.
14 But when you are at your wit's end,
15 you cannot feed your family, you
16 cannot clothe your family, you
17 cannot do all those things, your
18 mental state is not in the right
19 frame of mind to raise a child when
20 we can't even feed the child,
21 right.

22 So if we don't look at
23 our system that says how do we just
24 give some resources, support them

1 and still give them support of
2 mental health, of DHS workers or
3 social workers watching that the
4 resources we give but, you know.
5 When a woman goes into a shelter
6 because of domestic abuse, her
7 child is at risk because she's in a
8 shelter. That's not good housing,
9 and she left because she wants to
10 keep herself and the child safe.

11 MR. DiLORENZO: And to
12 your point, even if you were to
13 give that person housing tomorrow,
14 they need ongoing support.

15 COUNCILWOMAN AHMAD:
16 Exactly. What we're doing is
17 saying, okay, this box is don't
18 have good housing, have to remove
19 the child, unsafe conditions.
20 Instead of saying, okay, the mother
21 has moved, is trying to make a
22 difference, support her to keep her
23 child, we don't do that. We remove
24 the child. How is that okay? How

1 is that okay that all these systems
2 we've talked about we don't have
3 the humanity to understand that we
4 need to make these kinds of
5 interventions.

6 We need to make sure if
7 you see a child coming into school
8 and there's -- first of all, we
9 should have behavioral health in
10 the school who can assess issues,
11 which is why I asked that young man
12 who was here before you how was he
13 tracked. They just saw a bruise on
14 his face but then they didn't do
15 anything else, right. So we have
16 these things and then they're just
17 left without continuing wraparound
18 services.

19 We have a traumatized
20 Philadelphia. There's a segment of
21 Philadelphia we have to acknowledge
22 and accept is going to need a lot
23 of help in order to put us back on
24 the right footing.

1 MR. DiLORENZO: Right.
2 You need a system that is helpful
3 and healing and common sense.
4 Large bureaucratic systems
5 typically can't do that, but those
6 community-based organizations,
7 neighborhood-based organizations
8 have a better feel for it. That's
9 why I'm suggesting to think
10 about -- before you kind of have
11 this idea of getting rid of the
12 CUAs, think about how do you kind
13 of reconfigure or redesign or do
14 something that allows you to have
15 that personal touch at the
16 neighborhood level from people who
17 understand to do that kind of work
18 that you're talking about. Large
19 bureaucracies have trouble doing
20 that.

21 COUNCILWOMAN AHMAD: We
22 have Councilmember Rue Landau who
23 has a question for you.

24 COUNCILWOMAN LANDAU:

1 I'm sorry. I just have a
2 clarifying question. If the parent
3 and child does leave a domestic
4 violence situation and goes to a
5 shelter, do we take the child away?
6 No, I think you're able to maintain
7 living together in the shelter,
8 parent and child.

9 MR. DiLORENZO: Yeah.

10 COUNCILWOMAN LANDAU:

11 Thank you.

12 MR. DiLORENZO: But to
13 the other point, I think is even if
14 you gave me a house tomorrow, I
15 know I'm dealing with the trauma,
16 the anxiety, the economic issues,
17 all of the educational disruption
18 issues for kids, it's a holistic
19 issue and one 23-year-old case
20 worker with a Bachelor's degree is
21 not going to be able to solve that.
22 I'm sorry.

23 COUNCILWOMAN AHMAD:

24 Well, thank you so much for your

1 testimony because what I'm hearing
2 is we are missing that wraparound
3 holistic service that we need,
4 whether it's a CUA system or it's a
5 direct DHS, because we are mandated
6 to have child welfare services. We
7 can't just say we're going to do
8 away with it. We have to have it.
9 So this is going to be more of a
10 conversation about how we move
11 forward on making -- but our goal
12 is that we keep our children safe
13 regardless of all the other
14 extenuating circumstances. So I
15 thank you and I look forward to
16 continuing our conversation off the
17 public hearing so we can tap you
18 for further information.

19 MR. DiLORENZO: Thank
20 you.

21 COUNCILWOMAN AHMAD:
22 Thank you. I think we go into
23 public -- we have no more panels,
24 correct, Mr. Sham?

1 THE CLERK: No more

2 panels.

3 COUNCILWOMAN AHMAD:

4 Okay. All right. So are there any
5 more comments from our committee?

6 (No response.)

7 COUNCILWOMAN AHMAD:

8 Okay. Hearing none, we will now
9 transition to the public comment
10 session. Please note that the time
11 limit for each speaker is sadly two
12 minutes, because we have spent so
13 much time, it's 3:51 now, and
14 someone transcribing this is
15 getting very, very tired so we're
16 trying to be thoughtful for that
17 person. So we have two minutes for
18 each speaker.

19 And, Mr. Sham, would you
20 call the first speaker for public
21 comment.

22 THE CLERK: We have
23 April McBride, Yalonda Houston and
24 Bridget Powell. Okay. I guess

1 we'll move on.

2 (Witnesses approached
3 witness table.)

4 COUNCILWOMAN AHMAD:

5 They're coming.

6 THE CLERK: The next two
7 we have Tamiera Harris and Marie
8 Fleming.

9 COUNCILWOMAN AHMAD: You
10 want to call the next two -- oh,
11 somebody's coming.

12 THE CLERK: We have
13 Caroline Hill.

14 (Witness approached
15 witness table.)

16 COUNCILWOMAN AHMAD:
17 Caroline is coming. Please state
18 your name and begin your testimony.

19 MS. HILL: Good
20 afternoon. My name is Bridget
21 Powell. I'm surely no stranger to
22 these DHS sessions. I basically
23 wanted to say -- and I'm not going
24 to go into my story, but we talked

1 about the safety plans and how
2 there's a need to revise them. I
3 did meet with Kimberly Ali and
4 Vanessa Garrett Harley and how a
5 lot of parents aren't aware of
6 their rights with safety plans and
7 we definitely need to address that.

8 I'm with Cindy Bass.

9 I've endorsed CUAs since 2016 and
10 they've done nothing but ruin
11 families. And I've done it from
12 both sides. I've done it as an
13 aunt, I've done it as a kinship
14 parent. So I actually see the
15 flaws in the CUA system. Just
16 recently, this summer, I watched a
17 DHS worker actually not tell the
18 truth when it came to a safety plan
19 and basically traumatize the 1 and
20 2-year-old. And it really broke my
21 heart because all I was doing was
22 going to the house to get the car
23 seat so that the kids could be
24 transported the next day.

1 And as I was taking this
2 child's car seat by them, they just
3 dropped everything they had and
4 they just hollered and I wasn't
5 even touching the child, but he
6 knew that that car seat meant that
7 he probably was going somewhere
8 else. So the trauma that some of
9 these children, who really can't
10 even talk, endure is just
11 unacceptable.

12 And basically this DHS
13 worker Tara Jones removed these
14 kids from a licensed foster care
15 home instead of actually going out
16 to see if these children were safe
17 just for 24 hours, because court
18 was the very next day. The CUAs,
19 they just have not gotten it right
20 and it's almost 10 years now. So
21 it's like how much more do we allow
22 CUAs to suck up money from the
23 taxpayers before we do something
24 different.

1 I've watched -- I wasn't
2 here, but we talked about birth
3 certificates. And a lot of these
4 children who age out of the system,
5 like you can ask a CUA worker to
6 get a birth certificate for a
7 child, and they would act like it
8 was some kind of complex thing.
9 Just one month ago I needed my own
10 birth certificate. I got there by
11 9 o'clock. I had my birth
12 certificate in 20 minutes, so I'm
13 not sure what kind of information
14 these CUAs are getting that they
15 don't know how to navigate a system
16 of a birth certificate for a child
17 when you can really get it in 20
18 minutes if you get there at
19 9 o'clock in the morning.

20 COUNCILWOMAN AHMAD:
21 Bridget, we're going to try to wrap
22 up.

23 MS. POWELL: I'm just
24 going to wrap up and say we do need

1 to get rid of CUAs. They're not
2 being honest. They're not being
3 fair with these parents and thank
4 you for hearing me.

5 COUNCILWOMAN AHMAD:

6 Thank you so much.

7 Go ahead please.

8 DR. HARRIS: Good
9 afternoon, Councilmembers. My name
10 is Dr. Tamiera Harris and I am the
11 founder of Philly Faces, an
12 organization dedicated to
13 supporting families navigating the
14 child welfare system. I stand
15 before you today representing the
16 many faces affected by DHS
17 practices in Philadelphia,
18 including biological parents,
19 grandmothers, aunts, cousins, and
20 tragically the children who are no
21 longer with us.

22 I have been on a 10-year
23 adoption journey with my biological
24 relative. Her biological parents

1 voluntarily terminated their rights
2 so that I can adopt the child.
3 There was no agency involvement
4 required. Yet here I am 10 years
5 later still fighting even our
6 latest adoption hearing, even
7 though DHS was terminated in 2021.

8 They showed up. We told
9 them that we didn't want them here.
10 My daughter told them -- she's 10
11 years old -- that she didn't want
12 them there. They've been
13 terminated and they stayed. So I'm
14 here to not only share my story,
15 but also to highlight some of the
16 families that I work with.

17 And just very briefly,
18 when talking about my story my
19 daughter came from a six-figure
20 household. She's the only child.
21 I got custody of her in 2015
22 through a family placement and we
23 went on about two and a half years.
24 The DHS would come out to visit the

1 family due to the biological mother
2 having marijuana in her system when
3 she was first born.

4 So I began to ask
5 questions on how long is this
6 adoption is going to take, and
7 that's when I began to get the
8 resistance. My daughter was taken
9 the first time in 2017 after a
10 caseworker working for a CUA stated
11 that the child did not have safety
12 visits for three months.

13 We later discovered many
14 years later and thousands of
15 dollars in appeals and lawyers and
16 attorneys that that caseworker
17 simply was on the case for three
18 days and didn't have the correct
19 update for the court. My daughter
20 spent time in foster care. They
21 did not do any family finding.
22 Within her first few months of
23 placement, she was hurt in abused
24 under DHS's watch.

1 Later in 2017 right
2 before she was scheduled to be
3 adopted by me again, DHS showed up
4 to my apartment and they fabricated
5 a safety complaint. They said they
6 didn't see a car seat, they didn't
7 see any baby food in the house and
8 they didn't see appropriate bed.

9 Well, again this child
10 had everything. She had her own
11 room. She came from a household
12 where me, myself, I have a PhD, an
13 MBA. I graduated from Villanova
14 University with a Bachelor's
15 degree, six-figure career managing
16 global clinical cancer trials, and
17 we didn't really want for anything.
18 We just wanted the adoption
19 finalized. So that began my quest
20 when I began on this journey.

21 I said, despite my
22 daughter coming back home to her
23 biological family, her grandmother
24 was able to get her out of the

1 system. It did take a fight, but
2 she was able to do it. And I began
3 to learn so much that I wanted to
4 see how I could help other
5 families. So I started Philly
6 Faces along with her grandmother to
7 help advocate for other families in
8 Philadelphia to let them know their
9 rights and to also make sure that
10 DHS knows that I'm going to show up
11 to court hearings, I'm going to
12 show up to the video visits for my
13 parents that are engaged with my
14 organization, and we're going to
15 continue to stay on top of them so
16 that they can do what's right and
17 protect these kids.

18 COUNCILWOMAN AHMAD:

19 Thank you so much for your
20 testimony. Sorry to rush you
21 along.

22 Please state your name
23 and begin your testimony.

24 MS. HILL: My name is

1 Caroline Hill. I'm with DHS Give
2 Us Back Our Children. My nieces
3 was taken from -- I'm glad to be
4 here. I was here before. I'm glad
5 to be back again. But my nieces
6 was taken from me as infants 14
7 years ago. All agreed they were
8 doing well, but DHS took them
9 because they said I did not have a
10 GED. I was living in low-income
11 housing and on disability.

12 I was racially profiled.
13 They put them with a family member
14 who was better off financially, but
15 not connected with the rest of the
16 family. But like most kids taken
17 from loving families, the girls was
18 having a hard time. I recently
19 learned that they were put in a
20 mental hospital and had been three
21 months struggling just to get a
22 visit with them.

23 I want to let them know
24 they are loved and to prevent

1 further harm from coming to them.
2 I want the recommendation to be
3 special -- be of special committee,
4 implement especially the
5 recommendation that poverty is not
6 neglect as what was the reason they
7 took my nieces. Family needs
8 support, not separation.

9 And it's a woman, her
10 name is Barbara Gurley. She was
11 supposed to be here, but she
12 couldn't make it and I wanted to
13 read her testimony. I'm Barbara
14 Gurley. My grandkids was taken
15 from their mom because of poverty.
16 She developed mental health
17 problems after that. My
18 grandchildren and I were robbed of
19 chances to have a relationship with
20 each other as they grew up.

21 Now, I'm volunteering
22 with Every Mother is a Working
23 Mother Network to help mothers stay
24 with or redefine with their

1 children. I accompany mothers to
2 court as a support system, but I'm
3 barely allowed, which stacks the
4 deck against families. Recently
5 only one judge has allowed me in.
6 I'm here to speak in favor of the
7 implementation of the
8 recommendation, potentially the
9 recommendation to open family court
10 I will make children -- that will
11 make children safe and families
12 better served to not have
13 difficulty about their lives made
14 insecure.

15 COUNCILWOMAN AHMAD:
16 Thank you for reading her testimony
17 into the record. Thank you.

18 Do you have any
19 questions for any of our witnesses?

20 COUNCILWOMAN BASS: I
21 don't have any questions, but I
22 would say that I'm obviously very
23 troubled by what has happened in
24 your interactions with the system.

1 It's supposed to work. It's
2 supposed to be helpful. And
3 clearly, it in too many cases, and
4 particularly I think that if you're
5 Black, if you're Brown, if you're
6 in poverty, then there's a bias
7 against those who are trying to
8 care for our children and not
9 giving them the same benefit of the
10 doubt that you might get in
11 Chestnut Hill or West Mount Airy or
12 in Center City. People are treated
13 differently clearly in the system.
14 So I just want to thank you for
15 being here today and sharing your
16 stories.

17 COUNCILWOMAN AHMAD:
18 Yes, we want to thank you because
19 all of your testimonies are
20 informing us about these examples
21 we're getting and we can find a
22 thread that's the same throughout
23 many of these testimonies. So
24 thank you very much for being here.

1 Clerk, would you call
2 the next panel for public
3 testimony.

4 THE CLERK: Rosemary
5 Barbera, Phoebe Jones, Pat
6 Albright, Tara J. and Raven J.

7 (Witnesses approached
8 witness table.)

9 MS. JONES: Rosemary had
10 to leave, but she left me --

11 COUNCILWOMAN AHMAD:
12 Okay. Just one second. We have
13 somebody else coming.

14 THE CLERK: Can we
15 actually also have Yalonda Houston
16 come up as well.

17 COUNCILWOMAN AHMAD:
18 Thank you so much for being here.
19 Please state your name and begin
20 your testimony. We'll start with
21 you.

22 MS. JONES: Thank you,
23 Councilwoman Ahmad and Cindy Bass,
24 for taking up the mantle on this

1 crucial issue. We've heard a lot
2 about moving forward, but I really
3 beg to differ with the previous
4 speaker when he said that the '22
5 report of the Special Committee on
6 Child Separation was not a roadmap.

7 It is a roadmap and it
8 is the way forward, and they must
9 be implemented without delay, not
10 rewritten, not abandoned, not
11 watered down, but rather used to
12 create a timeline for
13 implementation, define priorities
14 from community input and hold
15 authorities to account. So not
16 only is it a roadmap, but it's also
17 a checklist, as players can say
18 what they have and what they have
19 not done.

20 Now, for us I'm Phoebe
21 Jones. I'm with the Support Not
22 Separation Network. Our number one
23 priority for implementation is the
24 poverty is not neglect

1 recommendation, that any condition
2 that can be remedied through
3 concrete help shall not constitute
4 neglect. The vast majority of
5 removals, especially for mothers
6 and families of color, are due to
7 conditions of poverty, but it must
8 go a step further.

9 DHS dollars must be used
10 to provide that concrete help to
11 family, and I've been thrilled to
12 hear today the calls for Joy Banks,
13 which are basically unconditional
14 cash for mothers. And if there are
15 any federal or state regulations
16 restricting DHS funds from being
17 used to support families, we're
18 asking City Council to please take
19 the lead in advocating for changes
20 in those restrictions at whatever
21 level, like what City Council did
22 when it passed a resolution in
23 support of the expanded child tax
24 credit that Councilwoman Rue Landau

1 put forward, and that made a big
2 difference in relation to child
3 welfare.

4 During the pandemic, the
5 child tax credit was expanded so
6 that work and income restrictions
7 were lifted and it was paid
8 monthly. Child poverty was cut in
9 half and DHS removals went down.
10 This is the direct relationship
11 between the money in the hand and
12 the ability to deal with things.
13 So the services we need is the
14 money, we need the house, you know,
15 as well as whatever the support.

16 So in closing, my
17 testimony, I just wanted to say
18 that severing the bond between
19 mother and child destroys families
20 and harms children. Take away our
21 poverty, not our children.

22 COUNCILWOMAN AHMAD:

23 Thank you.

24 Please state your name

1 and begin your testimony.

2 MS. JONES: And I have
3 Rosemary's also who was on the
4 list. Do you want me to wait
5 for --

6 COUNCILWOMAN AHMAD:
7 What's the rule on reading other
8 people's testimony? Could you
9 submit that to us?

10 MS. JONES: Okay.

11 COUNCILWOMAN AHMAD:
12 Just because of the interest of
13 time. We still have people
14 waiting.

15 Go ahead, ma'am.

16 MS. CARTER JENNINGS:
17 Hi. My name is Kara Carter
18 Jennings. The room is like
19 spinning. I'm having anxiety.
20 Okay. I'm just going to --

21 COUNCILWOMAN AHMAD:
22 Take a deep breath.

23 MS. CARTER JENNINGS.
24 I'm just going to stick to my

1 notes. Okay. It's been a long
2 time coming. I want to thank the
3 panel, everyone here for giving me
4 the opportunity to be here and I'll
5 go right into my notes. Okay. You
6 gave me two minutes, but this is
7 not a talent show. This is trauma.
8 This is truth and I refuse to make
9 my pain perform on your clock.

10 You gave me two minutes,
11 but this trauma doesn't last
12 minutes. It doesn't even last
13 years. It lasts lifetimes. It
14 lives in our DNA. It becomes the
15 silence in the car seat, the ache
16 in the womb, the ache in the
17 child's soul. A no file in your
18 drawer can explain what that moment
19 did to mine.

20 I'm not a case number.
21 I'm a mother. But in that
22 courtroom, love didn't matter,
23 healing didn't matter. What
24 mattered was the paper trail. And

1 the truth is our pain fuels your
2 paperwork. The more we suffer, the
3 more your files grow. The more we
4 cry, the more your stats climb.
5 The hairs which your files never
6 measured. The cost of a bedtime
7 story left untold. The weight of a
8 mother's arms left empty, the grief
9 of a child forced to learn survival
10 before they learned to spell, and
11 you call that protection.

12 I came here from
13 Kentucky back to Philadelphia not
14 for pity, not for vengeance, but
15 for voice, for dignity, for
16 reckoning. Because what was taken
17 from us, our children, our safety,
18 our lineage was never yours to
19 erase. I don't come up here as
20 just one woman. I come as
21 generational legacy interrupted.

22 I was raised by my
23 grandparents in the city of
24 Philadelphia in the very era when

1 DHS was tearing Black families
2 apart at rates the world should
3 have called genocide. In the 1980s
4 and '90s, Philadelphia led the
5 nation in child removals. Today
6 Black children are 65% of youth in
7 foster care, though we are only 42%
8 of the population. That is not
9 coincidence. That is a system.

10 And where did our
11 children go? Their cries now echo
12 through prison walls. Their trauma
13 is locked in institutions, not just
14 behind bars but behind diagnosis,
15 behind case plans, behind broken
16 school systems, behind housing
17 statistics, behind silence. They
18 were funneled from family court to
19 juvenile court to adult court,
20 passed from desk to death like a
21 lost file no one wanted to claim.
22 Marked as trouble before they were
23 even taught how to spell their
24 names.

1 When DHS came for my
2 family, they didn't just take my
3 children, they renamed them,
4 replaced their story, rewrote their
5 history. They broke the very blood
6 lines my grandparents worked for to
7 protect. My wound carried legacy
8 and the system erased it like a
9 typo on paper, as if my children
10 were a clerical error to be
11 corrected instead of souls to be
12 protected.

13 I wasn't a criminal. I
14 didn't have a record. I wasn't
15 abusive. I was just trying to
16 heal. And instead of hell, they
17 gave me a caseworker. I am one of
18 those statistics, but I'm also the
19 exception because I didn't die in
20 addiction, I didn't die in
21 depression, I didn't die in their
22 chains, but many of us do and I'm
23 not the only one.

24 There are fathers,

1 grandmothers, aunties, uncles still
2 fighting in silence, still grieving
3 children who were legally
4 kidnapped. Let's call it what it
5 is, state-sanctioned child
6 trafficking labeled as unfit
7 because we were too poor, too
8 Black, too honest, too human.

9 You want to understand
10 what trauma does? Let me take you
11 there. Imagine baking a cake, you
12 pour the batter into a pan, but the
13 pan has a dent in it. No matter
14 how sweet the batter is, the cake
15 comes out with a dent. It still
16 bakes. It might even rise but the
17 mark is there. That's what trauma
18 does. It imprints. It shapes how
19 we grow. It shows up in
20 courtrooms, classrooms and
21 bedrooms. It gets handed down like
22 a family recipe no one asked for.

23 The child isn't broken.
24 This system is the pan. And if the

1 pan is denied, the outcome comes
2 out damaged every time. So
3 whether -- I'm almost done. So
4 whether you call it progress or
5 policy, if it's baked in racism and
6 bias, it's coming out the same.
7 You traded nooses for legal
8 notices. You went from hanging us
9 on trees to hanging our futures and
10 hearings. From slave ships to
11 court slips. From shackles to
12 signatures. Different tools, same
13 terror. Because you don't need
14 literal chains when you got legal
15 documents that bind people in
16 place.

17 You replaced slavery's
18 physical shackles with the binding
19 power of paperwork. You don't need
20 a whip when you have a courtroom.
21 And then you use court orders,
22 adoption papers, termination
23 notices, signatures that destroy
24 families with a pen. It's not

1 rehabilitation. It's not justice.

2 It's professionalized enslavement.

3 You didn't stop the
4 violence. You just did it quietly.
5 But don't get it twisted. It's not
6 just violence. It's murder.

7 Murder to bloodlines, murder of
8 identities, murders of futures,
9 murders of names that were never
10 supposed to be changed. And I came
11 here to put that truth on record
12 and I will no longer be silent
13 about it.

14 We are not your case
15 files. We are not your failures.
16 We are your mirror and your
17 judgment is long overdue. You
18 thought we'd die in your paperwork,
19 but we rose from it. And now,
20 we're speaking and we will not
21 stop, not until the system breaks
22 beneath the weight of every stolen
23 name we remember.

24 So go ahead and cut the

1 mic if you must. But by the time
2 you do, truth will already be in
3 the room and you cannot escort
4 truth out. And if Jehovah says to
5 keep talking, I will keep exposing.
6 I will keep returning to Pharaoh to
7 say, let my people go. I will keep
8 pulling light up beside darkness.
9 I will keep naming what you tried
10 to bury. I will keep calling out
11 what you --

12 COUNCILWOMAN AHMAD:

13 Thank you, ma'am.

14 MS. CARTER JENNINGS: --
15 claim you can't find. I will keep
16 unveiling every file you hold --

17 COUNCILWOMAN AHMAD:

18 Thank you. I'm sorry, but we've
19 given you a lot more time than
20 anybody else so that's not fair.

21 Thank you.

22 MS. CARTER JENNINGS:

23 Thank you.

24 COUNCILWOMAN AHMAD: Did

1 you want to testify?

2 MS. JACOBS: Yes.

3 COUNCILWOMAN AHMAD:

4 State your name and please begin.

5 MS. JACOBS: Hi. My
6 name is Raven Jacobs and I come to
7 you not as a parent but as an
8 auntie, a kinship care provider for
9 five of my nieces and nephews. Me
10 already being a single mom, okay.
11 When I speak, I speak from a place
12 of knowing and being really
13 knowledgeable to children.

14 When this happened, I
15 already had 20 years professionally
16 with working with children within
17 the education system. I had
18 opportunities to work in behavioral
19 health schools such as Wordsworth
20 Academy where I got a chance to
21 experience children that was
22 already in the system.

23 And one thing I used to
24 question is, if they took you from

1 a broken place and put you
2 somewhere else, why are you still
3 angry, why aren't you here, why
4 aren't you healing. And then I got
5 a chance to experience this with
6 the children that I fostered, which
7 are my nieces and nephews. And I
8 seen how the system just tears the
9 lives apart.

10 They say they're helping
11 parents and helping put children
12 into a better situation, but the
13 things that go on in the
14 background, they uproot these
15 children from their homes, from
16 their family, from their loved ones
17 and, no, they do not call family
18 members that try to help out the
19 children, that ask for custody of
20 their children because it was done
21 to my nieces and nephews.

22 Biological parents have
23 stepped up, aunts, uncles. So many
24 people from their family and

1 friends circle that stepped in once
2 these children was illegally
3 removed from my care after 27
4 months. I got a chance to witness
5 how taken -- I had two adolescents
6 and three toddlers. I went to take
7 them to daycare one day just for
8 them to say, oh, they can't come
9 because they finally cut the mom's
10 benefits.

11 So I basically had to
12 pay out of pocket for them to go to
13 school because all DHS wanted to do
14 was just pick them up and move them
15 to another building, and then to
16 take them from that building where
17 they can stay temporarily, and
18 we're talking about a 1 and two
19 2-year-olds, and then pick them up
20 and then move them somewhere else.

21 I had to intervene and
22 say, no, we're not going to move
23 them anymore, it's too much mental
24 destruct on the child, on an

1 infant, on a toddler, for you to
2 just pick up and just completely
3 dismantle their whole entire lives.
4 Like I feel as though DHS
5 caseworkers need to all have mental
6 evaluations because a lot of them
7 are moving from their personal
8 experience and perspectives, but
9 they're not always all the way
10 attuned to what the family really
11 needs in the best way to approach
12 each identical situation.

13 I'm hurting to this day,
14 because from 2017 up until now
15 these children have been told that
16 I was in jail -- no, I was dead and
17 their mother was in jail just to
18 prevent them from communicating
19 with me. When they terminated my
20 rights, Judge Lyris Young, she
21 threw me in jail for 21 days
22 without even a reason. If you go
23 to the files, they didn't even say
24 contempt of court or anything.

1 I spent 21 days in jail
2 away from my own child. He had to
3 suffer and deal without having his
4 mom for the first time in life. He
5 had to deal with the same children
6 that was removed from me. That was
7 his family. So they're not just
8 hurting the children that they
9 remove, they're hurting everybody
10 that's attached to these children
11 as far as my son is concerned as
12 well.

13 COUNCILWOMAN AHMAD:

14 Well, thank you so much. I'm so
15 sorry you had this -- all of you,
16 have these experiences. And as I
17 said to the panel before, these are
18 all informing us. So thank you for
19 sharing your stories. Thank you so
20 much.

21 Mr. Sham, if you can
22 call the next person.

23 THE CLERK: I believe
24 we --

1 COUNCILWOMAN AHMAD: Oh,
2 we have one person, yes. Go ahead.

3 THE CLERK: Yes, Yalonda
4 Houston. And then can we have
5 Skylar Smith and Margaret
6 Robertson.

7 (Witnesses approached
8 witness table.)

9 MS. TAYLOR: Hello.
10 Good afternoon, ladies. Thank you
11 guys for having this as well. My
12 name is Yalonda Taylor and I dealt
13 with DHS on two aspects. When I
14 first started, I started off as a
15 foster so I can speak on a few
16 things on that side just like the
17 gentleman that spoke earlier.

18 I had an incident where
19 the grandmother of the child that
20 was in care asked me to take over
21 care for her grandson. Being that
22 she had suspicions that he was
23 being abused, upon his arrival at
24 my home when I was about to give

1 him a shower, he had knife marks on
2 his back. And when I went to wash
3 him up, he would cringe. You could
4 tell that he's been touched.

5 So being a mandated
6 reporter, I took pictures, I
7 advised the CUA worker at the time
8 of exactly what was said. He said
9 that she would throw him in the
10 trash bag, time him up and so
11 forth. And I mentioned this just
12 because of the gentleman's
13 testimony. Nothing ever became of
14 that. There was no follow-up.
15 There was nothing to be said. So I
16 can see -- I've seen it personally
17 where it's supposed to be a safe
18 haven where, hey, you know, go to
19 your advisor, CUA. And
20 unfortunately, the system, what
21 it's supposed to do and what it
22 actually does are two different
23 things.

24 So I just wanted to

1 mention that portion just as a
2 foster that's a mandated reporter
3 actually doing their job and
4 nothing becoming of it. So I can
5 only imagine from a child's aspect
6 as well. But moving forward as
7 well, I do agree with Cindy that
8 CUA definitely needs to be
9 eliminated.

10 Half of the issues, I've
11 heard you make testaments to the
12 fact that they're overworked, and I
13 believe to a certain point -- but
14 the major problem is if you look at
15 the city as a whole, because we are
16 out in the streets, we interact
17 with the parents, it's always the
18 same baseline story. And it's
19 usually that a worker is they have
20 too much power.

21 Unfortunately, like DHS
22 is not governed I don't think under
23 anyone. This is the closest we
24 will get right here in this moment

1 at a chance to be heard. And even
2 if you're being done wrong, like
3 myself as a foster, one of my
4 babies which is who I was trying to
5 adopt, in the process of adopting
6 she came to me at 2 years old. She
7 wasn't taken from her parent.

8 She was brought to a
9 safe haven. Had her for four years
10 until I had a worker on my case.
11 They gave me a foster child. They
12 gave me no background on the foster
13 child. She became a danger to my
14 to herself as well as the home. I
15 asked for her to be removed, and I
16 was told I have to deal with that
17 situation as long as it is or I
18 will never adopt the baby that I
19 wanted to.

20 So moving forward, I
21 complained about that worker to
22 CAROL, which is supposed to be a
23 complaint system within DHS. And
24 the thanks that I got was that

1 worker coming to my home making a
2 false accusation, which led to the
3 removal -- to be precise, she went
4 as far as to say I pulled a gun out
5 on her, okay, which never happened.
6 And she called the ChildLine and
7 made that direct statement.

8 Fortunately for me,
9 someone within CUA called and gave
10 me a heads-up so I was able to call
11 the police onsite to dismiss that
12 never happened. And based on
13 Christina Ali's previous testimony,
14 that call was -- a screen-out call
15 that should have never been
16 investigated.

17 In return, she was
18 removed from my care for three
19 months and the investigation for
20 local should only be 30 days. So
21 three months passed that. I went
22 above their heads to Harrisburg and
23 she was then awarded back to me in
24 a sense. But what happened was it

1 started I guess a little issue,
2 because I know how to speak up for
3 myself and articulate. And because
4 of that, they came back a year
5 later and took her, which I was
6 told when they returned her, we're
7 giving her back because we have to,
8 not because we want to.

9 So I say all this to say
10 that power corrupts and absolute
11 power corrupts absolutely. And we
12 can sit here and go over the
13 schematics. And I know Christina
14 Ali, you've been in the system for
15 a while. You know you previously
16 testified. You've been there since
17 you were young. It's a culture, so
18 everyone's going to be aware. Like
19 if we have to attack the elephant
20 in the room, we know what's going
21 on. So where do we go from here?

22 And I feel that one of
23 the issues being with the workers,
24 if a worker lies on the stand,

1 that's perjury which is accountable
2 by time, correct. Why are we not
3 holding them accountable? If a
4 parent could come to you and say,
5 listen, I could have lost my
6 freedom or I did lose my freedom
7 based on false testimony by a
8 worker so the person is now left
9 with the trauma, and this worker is
10 now able to continue and just keep
11 going right back to what they're
12 doing. So I know I got to wrap it
13 up.

14 So my suggestion, I feel
15 that the workers themselves should
16 be able to have to take out some
17 kind of insurance because they'll
18 take the liability away from the
19 city. And if they're taking out a
20 personal insurance themselves and I
21 can hold them personally
22 accountable for the foolishness
23 that they do, I think that would be
24 a way to minimize a lot of the

1 issues that happen.

2 COUNCILWOMAN AHMAD:

3 Thank you so much for your
4 testimony. Did you finally adopt?

5 MS. TAYLOR: No. As it
6 stands, I did meet with Christina
7 Ali last December and I went with a
8 whole booklet of over 100 sheets to
9 prove how I was done wrong.
10 Unfortunately, she said because the
11 court already terminated my rights
12 there was nothing she can do. I
13 further pursued it and someone told
14 DHS to get in touch with me to make
15 it right. How we left that is I
16 needed proof of life for her.
17 Because when they took her the
18 second time, the worker who said
19 they saw her, because they kept
20 calling me every month for that
21 checkup, and I'm like, you know,
22 she's not in my care. And my State
23 Rep was working with me. So while
24 in a room with the State Rep, that

1 worker had to admit eight months
2 later they never laid eyes on her.
3 So this is why we get into
4 situations where we are today,
5 because she didn't have a family
6 prior to. I am her only family.
7 So if I'm not looking and
8 questioning where is she, you know.

9 And then you have a
10 State Rep that has been there from
11 beginning to the end of my entire
12 case. Reach out to you via email
13 and so forth, said something is not
14 copacetic, there has been no
15 response at the end of our meeting.
16 I was promised I would get proof of
17 life so I would also ask you guys
18 to find out if she is safe. Thank
19 you.

20 COUNCILWOMAN AHMAD:
21 Well, thank you for your testimony.

22 Mr. Sham, are there any
23 other speakers on public comment?

24 THE CLERK: There are no

1 other public commenters on the
2 list.

3 COUNCILWOMAN AHMAD:

4 Thank you everyone for your
5 patience, for sitting through this.
6 This is important. I know we went
7 over time for some of our speakers,
8 but they had deep, you know,
9 speaking from their heart and they
10 needed to let us know their
11 experience.

12 So this concludes the
13 business before the Committee on
14 Public Health and Human Services
15 today. Thank you very much for
16 your attendance and have a great
17 day. Thank you.

18 (Committee on Public
19 Health and Human Services concluded
20 at 4:55 p.m.)

21

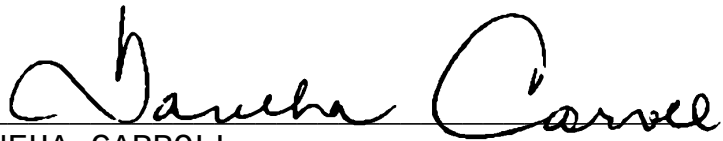
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C E R T I F I C A T I O N

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.

A handwritten signature in black ink, reading "Taneha Carroll". The signature is fluid and cursive, with the first name "Taneha" and the last name "Carroll" clearly distinguishable.

TANEHA CARROLL
Court Reporter - Notary Public

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