

COUNCIL OF THE CITY OF PHILADELPHIA
COMMITTEE OF THE WHOLE

Room 400, City Hall
Philadelphia, Pennsylvania
Tuesday, April 15, 2014
10:25 a.m.

PRESENT:

COUNCIL PRESIDENT DARRELL L. CLARKE
COUNCILWOMAN CINDY BASS
COUNCILWOMAN JANNIE BLACKWELL
COUNCILMAN W. WILSON GOODE, JR.
COUNCILMAN WILLIAM K. GREENLEE
COUNCILMAN BOBBY HENON
COUNCILMAN KENYATTA JOHNSON
COUNCILMAN CURTIS JONES, JR.
COUNCILMAN JAMES KENNEY
COUNCILMAN DENNIS O'BRIEN
COUNCILMAN DAVID OH
COUNCILMAN BRIAN J. O'NEILL
COUNCILWOMAN MARIA D. QUINONES-SANCHEZ
COUNCILWOMAN BLONDELL REYNOLDS BROWN
COUNCILWOMAN MARIAN B. TASCO

BILLS 140144, 140145, and 140146
RESOLUTION 140159

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COUNCIL PRESIDENT CLARKE: Good morning, everyone. We're going to start now. This is the public hearing on the Committee of the Whole regarding Bills No. 140144, 140145, 140146, and Resolution No. 140159.

Ms. Lewis, would you please read the titles of the bills and resolution.

MS. LEWIS: Bill No. 140144, an ordinance to adopt a Capital Program for the six Fiscal Years 2015 through 2020 inclusive.

Bill No. 140145, an ordinance to adopt a Fiscal 2015 Capital Budget.

Bill No. 140146, an ordinance adopting the Operating Budget for Fiscal Year 2015.

And Resolution No. 140159, providing for the approval by the Council of the City of Philadelphia of a Revised Five Year Financial Plan for the City of Philadelphia covering Fiscal Years 2015 through 2019, and incorporating proposed

1 4/15/14 - WHOLE - BILL 140144, etc.
2 changes with respect to Fiscal Year 2014,
3 which is to be submitted by the Mayor to
4 the Pennsylvania Intergovernmental
5 Cooperation Authority (the "Authority")
6 pursuant to the Intergovernmental
7 Cooperation Agreement, authorized by an
8 Ordinance of this Council approved by the
9 Mayor on January 3rd, 1992 (Bill No.
10 1563-A) by and between the City and the
11 Authority.

12 COUNCIL PRESIDENT CLARKE:
13 Thank you.

14 Today we continue the public
15 hearing on the Committee of the Whole to
16 consider various bills read by the Clerk
17 that constitute proposed operating and
18 capital spending measures for Fiscal
19 2015, a Capital Program, and a
20 forward-looking Capital Plan for Fiscal
21 Year 2015 through 2020.

22 At this time, we will hear
23 testimony from the Department of
24 Behavioral Health, followed by Health
25 Department, Department of Human Services,

1 4/15/14 - WHOLE - BILL 140144, etc.
2 Supportive Housing, and City
3 Commissioners.

4 I would ask the Administration
5 to please state your name for the record
6 and proceed with your testimony.

7 DR. EVANS: Good morning,
8 President Clarke and members of Council.
9 My name is Dr. Arthur C. Evans. I'm the
10 Commissioner for the Philadelphia
11 Department of Behavioral Health and
12 Intellectual disAbility Services and I'm
13 here to present testimony on our FY 2015
14 Operating Budget. Joining me today is
15 Deputy Commissioner David Jones as well
16 as many senior staff who are in the
17 audience.

18 The FY15 DBHIDS Operating
19 Budget request totals \$1.2 billion: 13.8
20 million in the General Fund, 254.9
21 million in the Grants Revenue Fund, and
22 933 million in the HealthChoices
23 Behavioral Health Revenue Fund.

24 The DBHIDS FY15 budget will
25 support 268 positions, 16 in the General

1 4/15/14 - WHOLE - BILL 140144, etc.
2 Fund and 252 in the Grants Revenue Fund.
3 Of the \$1.2 billion budget, 61 million,
4 or 5.1 percent, is for intellectual
5 disability and early intervention
6 services and 1.1 billion, or 94.9
7 percent, is for behavioral health
8 services.

9 Class 100 totals 22.6 million;
10 Class 200 totals 1.2 billion; Class 300
11 totals 221,000; Class 400 totals 236,000;
12 and Class 800 totals 1.6 million.

13 The mission of DBHIDS is to
14 improve the health status of
15 Philadelphians in need of behavioral
16 health and intellectual disability
17 services. This is accomplished through
18 an emphasis on recovery and
19 resilience-focused behavioral health
20 services as well as an emphasis on
21 self-determination for individuals with
22 intellectual disabilities.

23 Our goal is to help individuals
24 realize their goals and to attain the
25 highest quality of life possible. We

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2 work with persons recovering from mental
3 health and/or substance use, individuals
4 with intellectual disabilities, families,
5 service providers, and members of the
6 broader community to ensure that
7 high-quality services are accessible,
8 effective, and appropriate. We are
9 committed to developing a system of care
10 that is data driven, employs
11 evidence-based practices, promotes
12 cultural competency, and eliminates
13 healthcare disparities.

14 The Behavioral Health component
15 of the Department coordinates the City's
16 mental health and substance use treatment
17 system for 130,000 individuals, adults
18 and children, annually. The Intellectual
19 disAbility Services Division is
20 responsible for the development,
21 coordination, and monitoring of services
22 for 14,000 infants, toddlers, children,
23 and adults with intellectual
24 disabilities.

25 In FY14, DBHIDS continued its

1 4/15/14 - WHOLE - BILL 140144, etc.
2 efforts to address behavioral health and
3 intellectual disability needs of
4 Philadelphians and to ensure that the
5 Department employs a comprehensive
6 person-centered approach to its service
7 delivery.

8 I'll just highlight a couple of
9 the key achievements over the last fiscal
10 year. First of all, in the Intellectual
11 disAbility Services area, we are serving
12 approximately 7,700 children and adults
13 with intellectual disabilities and 6,100
14 infants and toddlers who receive early
15 intervention services. The Infant,
16 Toddler, Early Intervention program has
17 had a significant impact on the
18 developmental trajectory of children from
19 birth to age 3. As a result, many of
20 these children enter elementary school
21 without the need for additional supports.

22 In 2013, 93 percent of
23 Philadelphia respondents to a state
24 survey indicated that the services that
25 they received helped them support their

1 4/15/14 - WHOLE - BILL 140144, etc.
2 child development at school and at home.
3 Ninety-five percent of families indicated
4 that they used the information learned
5 from early intervention services to
6 support their child's learning and
7 development.

8 We also continue to expand our
9 Life Sharing program. That's a program
10 that allows people with intellectual
11 disabilities to live in caring homes that
12 provide an enriching, supportive
13 environment, and as of December 2013, 236
14 people were enrolled in that program.

15 Employment is very important
16 for people with intellectual
17 disabilities, and we have put a lot of
18 emphasis on that. During the first seven
19 months of this fiscal year, 485
20 individuals with intellectual
21 disabilities were employed and 784
22 received employment services.

23 In terms of some of our
24 behavioral health initiatives, we
25 continue to emphasize

1 4/15/14 - WHOLE - BILL 140144, etc.
2 pay-for-performance. Last year, our
3 pay-for-performance payout was about \$10
4 million, and we've seen some very
5 significant improvements in service
6 delivery as a result of that program.

7 In terms of our minority,
8 women, and disabled-owned business
9 initiatives, the Department's goal for
10 the last fiscal year was 8 percent. We
11 in fact came in at 14 percent. And I
12 should note that there were several
13 vendors who actually are minority,
14 women-owned businesses, but have not been
15 certified. Had they been certified, our
16 percentage would be actually about twice
17 what it was.

18 The Department is a national
19 leader in implementing and using public
20 health strategies to address behavioral
21 health conditions. We are working in a
22 lot of different domains, including using
23 mental health screenings, both online and
24 in the community. We're using Mental
25 Health First Aid as a strategy to educate

1 4/15/14 - WHOLE - BILL 140144, etc.
2 the public about mental health issues.
3 We are employing crisis response teams in
4 the aftermath of traumatic events in the
5 community so that we are beginning to
6 intervene earlier when community members
7 experience trauma. We're also now doing
8 a pilot using an evidence-based online
9 therapy program to expand options for
10 people who are in need of behavioral
11 health services.

12 Finally, I'll make a few
13 comments about some of the challenges
14 that we have currently in our system and
15 in terms of addressing people's
16 behavioral health and intellectual
17 disability needs.

18 One of the main challenges for
19 us right now is the lack of Medicaid
20 expansion, which has impacted us in
21 several ways. A couple are that because
22 Medicaid was not expanded in the state,
23 we have less revenue in our Medicaid
24 managed care program than we had
25 anticipated at the beginning of the year.

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2 And the other issue is that it continues
3 to put pressure on our grants, which we
4 use to provide services for people who
5 are uninsured.

6 In terms of our 2015 issues and
7 priorities, two of the top priorities for
8 the Department is to continue to expand
9 to build our community-based network of
10 services, and we will continue to improve
11 and expand our performance evaluation
12 system. As I mentioned, we are using
13 pay-for-performance to drive provider
14 performance. We found that to be a very
15 effective way of providing -- of
16 improving provider performance and we
17 want to continue to expand that.

18 Finally, we appreciate the
19 continuing support of Councilmembers in
20 the ongoing effort to highlight public
21 health issues and to secure the resources
22 required to meet the growing demand for
23 behavioral health and intellectual
24 disability services. My staff and I
25 would welcome the opportunity to meet

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2 with any Councilmembers at your
3 convenience to engage in further
4 discussions regarding these issues.

5 I would also like to extend a
6 personal invitation to you and your staff
7 to enroll in our Mental Health First Aid
8 training, and I'm happy to answer any
9 questions that you might have this
10 morning.

11 Thank you.

12 COUNCIL PRESIDENT CLARKE:

13 Thank you, Doctor. A couple of quick
14 questions.

15 Section 45, Page 3 of your
16 budget detail shows a 62.9 million
17 increase in budgeted funds for FY15, and
18 the majority of the increase is due to a
19 proposed increase of over 51 million in
20 the HealthChoices Fund. Can you explain
21 that?

22 DR. EVANS: Sure. So because
23 of the way the state budget works --
24 remember, 99 percent of my budget comes
25 through the State of Pennsylvania.

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2 Because of the way the state budget
3 works, there are changes that happen
4 throughout the year, and to the extent
5 that those changes happen, we want to
6 have enough appropriation power in our
7 budget to accommodate those. So most of
8 the 62 million that you're looking at is
9 not identified real dollars that we're
10 expecting, but if we do get those dollars
11 based on discussions that we're having
12 with the state, we have the appropriation
13 power.

14 COUNCIL PRESIDENT CLARKE:

15 Appropriation power, okay. Do you
16 anticipate coming close to that amount?

17 DR. EVANS: No, unfortunately.
18 We don't anticipate that yet. There are
19 a couple of things that could happen.
20 One is that we're talking to the state
21 right now about the captation rate that
22 we receive for the Medicaid managed care
23 program, and if they make some policy
24 changes or some adjustments in that
25 captation rate, we might see an increase.

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2 It is also unclear where the
3 state will end up on Medicaid expansion,
4 and depending on that, that could also
5 result in additional revenue to the City.

6 COUNCIL PRESIDENT CLARKE:

7 Okay. On Page 4 of your testimony you
8 state that elimination of General
9 Assistance payments combined with the
10 impact of state cuts continue to further
11 weaken the safety net intended to care
12 for people who have no alternative
13 resources and continues to diminish.

14 Can you quantify the amount of
15 people who will be affected by this gap
16 in coverage, and also please detail the
17 specific impacts this loss may have on
18 the local population. And I'm
19 representing a part of the City that has
20 had significant challenges. I know that
21 this is having an impact. Can you just
22 kind of...

23 DR. EVANS: Sure. It's hard to
24 quantify the actual numbers, but let me
25 talk a little bit about what I think the

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2 impacts are going to be.

3 So there are two things that
4 have happened with regard to GA that have
5 been challenging for us at the
6 Department. One is that the cash benefit
7 went away. The other is that the state
8 has made it more difficult for people to
9 actually enroll in Medicaid and to GA in
10 particular.

11 So in terms of the cash
12 benefit, one of the ways that that
13 impacts us is that most of the people who
14 are on General Assistance are adults,
15 males, many of them are substance users,
16 many of them historically used their cash
17 benefit to pay for recovery housing, for
18 example, which was enormously important,
19 because we can provide all the treatment
20 in the world. At the end of the day,
21 people need a place to live and they need
22 that kind of support to help them engage
23 in long-term recovery. So the
24 elimination of the cash benefit has
25 really hurt the City's network of

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2 recovery houses and hurt our ability to
3 step people down out of higher levels of
4 residential care into the community into
5 residential -- into recovery homes.
6 That's one way.

7 In terms of the enrollment
8 issue, there are basically two types of
9 people in the public system when it comes
10 to financing, those who are uninsured and
11 those who are insured. And people who
12 have General Assistance, Medicaid,
13 Medical Assistance, all of that are
14 insured. What happens is that, and what
15 has happened over the last several years,
16 is that for the uninsured, that is a
17 finite pot, so to speak, of dollars that
18 has been consistently cut over the last
19 several years. So as the numbers of
20 people in the community have gone up in
21 terms of uninsured, the amount of money
22 that we've had to cover the cost of that
23 care has actually gone down.

24 Medicaid, Medical Assistance,
25 General Assistance are an entitlement, so

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2 as those numbers have gone up, our actual
3 revenue goes up. So what's happened is
4 that as we receive cuts or as it's become
5 more difficult for people to get health
6 insurance, to get Medical Assistance,
7 that has left those people on the
8 uninsured side, and that's the side that
9 has been cut. So the cuts to GA have
10 really complicated our ability to make
11 sure that when people show up at the
12 door, that we have enough resources to
13 make sure that they get the appropriate
14 care.

15 So those are just some of the
16 ways that the GA cuts continue to
17 challenge us as a department.

18 COUNCIL PRESIDENT CLARKE:
19 Lastly, the ACA. We sponsored a couple
20 of meetings in our district, and we're a
21 little frustrated because our good
22 Governor hasn't figured out a way to take
23 advantage of the potential opportunities
24 with expanding Medicare, and
25 unfortunately in that particular meeting,

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2 the majority of the people there weren't
3 actually able to take advantage of the
4 exchanges because of the income.

5 Is there any hope at this point
6 for those individuals who are not on --
7 have some sort of a General Assistance
8 provision that will allow them to get
9 some level of healthcare and don't
10 necessarily have the income to be in an
11 exchange because it's rather costly? Any
12 hope for those people?

13 DR. EVANS: Well, there is.

14 COUNCIL PRESIDENT CLARKE: Or
15 is there an option of some sort?

16 DR. EVANS: Well, the reality
17 is that there's still going to be a gap
18 of people who are not going to be insured
19 under the ACA even if the state decided
20 to expand Medicaid. So the way the
21 program works, as you probably know, that
22 for the people who are in that gap
23 between those who have Medical Assistance
24 and those who have private insurance is
25 that for people who have high enough

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2 incomes, their insurance, health
3 insurance, would have been subsidized,
4 making it more attainable, and then for
5 people who have the lowest incomes, to
6 push up eligibility so that more people
7 could be eligible. Still going to leave
8 a gap.

9 The problem with not expanding
10 Medicaid is that there are people who
11 today could be insured who are not
12 insured, and obviously that presents a
13 real challenge for us. I think there
14 is -- the Governor actually does have a
15 proposal in to what he characterizes as
16 reform Medicaid and would allow Medicaid
17 expansion. The challenge is I think
18 twofold. Number one is, Pennsylvania has
19 probably one of the best Medicaid managed
20 care programs in the country. It is
21 already a private-public partnership. It
22 has saved the state billions of dollars.
23 I think the actuaries show that it saved
24 probably between \$3 and \$4 billion. It
25 has improved access to care.

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2 And so I think there are many
3 people in the field who believe that
4 simply expanding on this very successful
5 program could have been -- would have
6 been much more expedient. People would
7 have had immediate access. What the
8 administration chose to do is to say,
9 Well, we need to reform Medicaid and get
10 a federal waiver in order to make these
11 reforms happen. That process takes a
12 very long time, particularly the waiver
13 that the government decided to go after.
14 So it's probably going to take at least
15 another year before anything would be
16 approved and could be implemented.

17 So I think there is hope.
18 There's not hope that it's going to get
19 resolved in the near future, but in the
20 long term, there is some hope that
21 Medicaid will be expanded.

22 The other thing -- and I think
23 this group should understand this -- is
24 that the way the ACA works is that
25 there's a payment called disproportionate

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2 share payments that go to hospitals, and
3 that's to help them cover people who are
4 uninsured. Because it was assumed that
5 all the state -- when the original
6 legislation was done, it was assumed that
7 all states would have expanded Medicaid,
8 that those payments are going to start to
9 go down. So hospitals that rely on those
10 DSH payments, those disproportionate
11 share payments, are going to feel
12 increased financial pressure because
13 they're not going to have those resources
14 to cover the people who are uninsured.

15 So I think as -- in the course
16 of time, it will be very difficult for
17 the state not to expand Medicaid.

18 COUNCIL PRESIDENT CLARKE:

19 Thank you, Doc.

20 The Chair recognizes Councilman
21 Goode.

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

24 Good morning, Dr. Evans.

25 DR. EVANS: Good morning,

1 4/15/14 - WHOLE - BILL 140144, etc.
2 Councilman.

3 COUNCILMAN GOODE: Could
4 Dr. Schwarz come to the table as well.
5 (Witness approached witness
6 table.)

7 COUNCILMAN GOODE: Good
8 morning, Dr. Schwarz.

9 DR. SCHWARZ: Good morning.

10 COUNCILMAN GOODE: I have
11 questions for Dr. Evans as well, but I
12 have a series of questions for you.

13 Are you aware of my information
14 request made to the Budget Director for
15 all departments?

16 DR. SCHWARZ: I believe I am,
17 yes.

18 COUNCILMAN GOODE: And you
19 oversee multiple departments testifying
20 today, correct?

21 DR. SCHWARZ: I do, yes.

22 COUNCILMAN GOODE: I'm going to
23 outline some of those questions just not
24 for direct response, unless you have it,
25 but just to outline them for the record,

1 4/15/14 - WHOLE - BILL 140144, etc.
2 and I need a written response to them.

3 DR. SCHWARZ: I don't
4 necessarily -- I came up not knowing what
5 question you were going to ask, so I
6 don't have my notes in front of me, but
7 I'm happy to be --

8 COUNCILMAN GOODE: Most of
9 these will be for written response
10 anyway.

11 DR. SCHWARZ: Yes.

12 COUNCILMAN GOODE: What
13 services does your department contract
14 out that were once performed by City
15 workers? Will you be able to provide
16 that information?

17 DR. SCHWARZ: I had thought
18 that that had been provided. I'm sorry
19 if it hasn't. We're happy to provide it
20 to you.

21 COUNCILMAN GOODE: And that
22 includes Dr. Evans' information?

23 DR. SCHWARZ: All of our
24 departments had, I believe, provided it.
25 If you haven't received it, I apologize

1 4/15/14 - WHOLE - BILL 140144, etc.
2 and will make sure that you do.

3 COUNCILMAN GOODE: Okay. Are
4 the private-sector workers who now
5 perform these contracted services paid a
6 living wage with benefits?

7 DR. SCHWARZ: So the answer to
8 that question varies slightly by
9 department, and I can give you an example
10 which may be most helpful, and I believe
11 that information was included in the
12 response.

13 COUNCILMAN GOODE: Rather than
14 example, are you going to provide a full
15 listing?

16 DR. SCHWARZ: Absolutely. I
17 believed that was done, and I again
18 apologize if you don't have it.

19 COUNCILMAN GOODE: Has your
20 department requested waivers for
21 contractors to help them avoid paying the
22 local living wage and benefits standard?

23 DR. SCHWARZ: Among the four
24 departments, yes, there have been
25 requests of waivers, and I believe they

1 4/15/14 - WHOLE - BILL 140144, etc.
2 were provided to you.

3 COUNCILMAN GOODE: And I have a
4 listing from another source, but I look
5 forward to your listing that information
6 as well, and so I can expect to receive
7 that?

8 DR. SCHWARZ: Absolutely.

9 COUNCILMAN GOODE: And the
10 basis for the request of the waivers.

11 DR. SCHWARZ: Absolutely.

12 COUNCILMAN GOODE: Can you tell
13 me the waiver process?

14 DR. SCHWARZ: Yes. So I want
15 to make sure I understand the question.
16 Do you mean what are the criteria used?

17 COUNCILMAN GOODE: How does an
18 agency get a waiver? I know what the law
19 says. I'm trying to figure out whether
20 it works according to the law.

21 DR. SCHWARZ: I believe that it
22 does. So an agency that has a part of
23 its workforce where the general wage
24 structure is such that people are paid
25 below the living wage and there is --

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2 COUNCILMAN GOODE: I guess my
3 simple question is, does the agency
4 request the waiver?

5 DR. SCHWARZ: Does the?

6 COUNCILMAN GOODE: Agency
7 request the waiver.

8 DR. SCHWARZ: The contracted
9 agency?

10 COUNCILMAN GOODE: Yes.

11 DR. SCHWARZ: Yes, they do.

12 COUNCILMAN GOODE: In each case
13 the agency requested the waiver?

14 DR. SCHWARZ: I believe that is
15 the case. I know it best, as you might
16 imagine, for the Department of Public
17 Health, but that is the process that we
18 have intended, yes.

19 COUNCILMAN GOODE: And can you
20 just verify in writing that each agency
21 requested the waiver in whatever you're
22 sending to me?

23 DR. SCHWARZ: I will do that to
24 the best that I can, so --

25 COUNCILMAN GOODE: Here's the

1 4/15/14 - WHOLE - BILL 140144, etc.
2 question, and it's somewhat off the top
3 of your head, so if you can't name an
4 agency, fine, but if you can, that would
5 be great.

6 What's the maximum amount that
7 these contractors could have afforded to
8 pay, the ones that got waivers?

9 DR. SCHWARZ: I need you to ask
10 me that question again.

11 COUNCILMAN GOODE: Take an
12 agency that got a waiver. What's the
13 maximum amount they could have afforded
14 to pay?

15 DR. SCHWARZ: They could have
16 afforded? You mean per hour of wage or
17 total amount for the contract?

18 COUNCILMAN GOODE: Per hour of
19 wage.

20 DR. SCHWARZ: I would need to
21 give you that by contract since there's
22 so much variety in the kind of workforce
23 and the issues. I don't -- I will go
24 back and look.

25 COUNCILMAN GOODE: Do you know

1 4/15/14 - WHOLE - BILL 140144, etc.
2 by agency and contract how much each
3 could afford to pay?

4 DR. SCHWARZ: I don't believe I
5 know --

6 COUNCILMAN GOODE: Did you ask
7 them how much they could afford to pay?

8 DR. SCHWARZ: I don't think we
9 did precisely. I think what ability to
10 afford --

11 COUNCILMAN GOODE: Dr. Evans,
12 did you ask any of the agencies that
13 requested waivers what they could afford
14 to pay?

15 DR. EVANS: We don't ask that
16 question specifically. What we try to
17 understand is why is a provider asking
18 for a waiver, and there are a variety of
19 issues. If you want me to go into some
20 of that, I could do that.

21 COUNCILMAN GOODE: I understand
22 why waivers are given, and we can get
23 into that a bit more. My question is, if
24 they could not afford to pay at least 150
25 percent of the federal minimum wage,

1 4/15/14 - WHOLE - BILL 140144, etc.
2 which is \$10.88 per hour, comparable
3 health benefits for full-time employees,
4 and up to 56 hours of paid sick leave,
5 did you ask them what they could afford?

6 DR. EVANS: Yeah. So for
7 providers -- so here's I think where
8 you're going. When the ordinance was
9 passed, we had providers who paid below
10 the 150 percent. Our position is that we
11 want all of our providers to be at 150
12 percent. And so what we've been doing is
13 for those providers -- there's only a
14 handful of providers that were paying
15 some of their workers below 150 percent.
16 We've been working with them to get them
17 up to 150 percent, and most of them will
18 be within the next couple years.

19 The instances where people are
20 paying less than 150 percent are really
21 special situations. Either they are
22 people who are in training, students, so
23 forth, or they are situations where you
24 have workers who are sleeping overnight
25 in a residential facility. So they're

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2 not working all day. They're sleeping
3 overnight. The pay structure for those
4 organizations was such that they paid
5 them less than the 150 percent.

6 COUNCILMAN GOODE: But my
7 question, Dr. Schwarz and Dr. Evans, is,
8 do you ask the contractors how much they
9 can afford to pay?

10 DR. EVANS: Well, we don't
11 ask --

12 COUNCILMAN GOODE: And if the
13 answer is no, then the answer is no. But
14 the law says that partial waivers are
15 preferred to full waivers, which means
16 that you don't offer a full waiver if you
17 can offer a partial waiver, which means
18 that it's important to know and to ask
19 and to determine how much they can pay if
20 it's less than 10.88 and for them to pay
21 that, because the law says that the
22 standard is what it is and there is a
23 waiver process, but it says that partial
24 waivers are preferred to full waivers.
25 And so we should be doing partial waivers

1 4/15/14 - WHOLE - BILL 140144, etc.
2 where appropriate.

3 DR. EVANS: Absolutely. So
4 what we're trying to -- and I clearly
5 understand the question. So what we're
6 trying to do is to get those providers
7 that are less than 150 percent up to and
8 above 150 percent as quickly as possible.
9 So while we don't ask the question, what
10 we do ask is for them to start moving
11 those rates up, and all of our providers
12 are doing that. So if they were, I don't
13 know, say they were at 100 percent at one
14 point. Now they might be at 125 percent
15 today. So what we're trying to do is to
16 move them up to that 150 percent.

17 The other challenge, just so
18 you have some context, is that what this
19 does is, it puts compression on the
20 salary structure in some of these
21 agencies that have a lot of low-wage
22 workers. And so it's not just what
23 they're doing with those workers, but
24 then what does it do to the entire
25 structure. So that's one of the reasons

1 4/15/14 - WHOLE - BILL 140144, etc.
2 that we're trying to help them get up to
3 that standard in a reasonable way.

4 DR. SCHWARZ: I would just also
5 say we agree with you about partial
6 waivers. So we work with our agencies
7 worker by worker and look at the wage
8 structure by job title. And you will
9 find in the information you receive --
10 and, if not, we can help you -- that it
11 is the minority of workers who are
12 receiving wages that are below living
13 wage even within organizations.

14 So we agree with your idea
15 there and have tried to operationalize
16 that.

17 COUNCILMAN GOODE: I look
18 forward to receiving the information.
19 The information I have now actually I
20 don't believe to be correct, which is why
21 I made a request of each department.

22 DR. SCHWARZ: We're happy to
23 work with you to make sure --

24 COUNCILMAN GOODE: And I'll ask
25 further questions on the next round.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 DR. SCHWARZ: Absolutely.

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

5 COUNCIL PRESIDENT CLARKE:

6 Thank you, Councilman.

7 The Chair recognizes Councilman
8 Jones.

9 COUNCILMAN JONES: Thank you,
10 Mr. President.

11 I think before I start my
12 question but in the process, I want to
13 thank publicly Dr. Evans for intervening
14 in a personal crisis, not of my own but
15 one of my constituents. I was
16 overwhelmed, quite frankly, with a
17 request from a mother and a father that
18 said, Somebody please come get my son.
19 He is out of control. He is approaching
20 females in an inappropriate way, and I
21 believe if left unto his own devices, the
22 guys and people in the neighborhood are
23 going to hurt him.

24 I don't know about my
25 colleagues, but when you get that kind of

1 4/15/14 - WHOLE - BILL 140144, etc.
2 request from a mother in panic, it helps
3 to have a professional like yourself to
4 be able to call and ask how do we deal
5 with this, and I just want to thank you
6 for intervening and possibly even saving
7 that young man's life. So thank you.

8 DR. EVANS: You're certainly
9 welcome. My staff is great at that kind
10 of stuff, so I appreciate that.

11 COUNCILMAN JONES: Listen, I
12 give credit where credit is due.

13 According to your budget, you
14 have a \$1.2 billion budget, which
15 services 130,000 Philadelphians through
16 your process. My question is similar in
17 nature to Councilman Goode's. This
18 process of contracting out, how much of
19 your budget is actually contracted
20 through subsidiary organizations?

21 DR. EVANS: So our department,
22 unlike other City departments, doesn't
23 provide services directly. We are solely
24 a pair, with the exception of acute
25 services. So all of the behavioral

1 4/15/14 - WHOLE - BILL 140144, etc.
2 health services that are provided in the
3 City are done on a contractual basis,
4 primarily with private non-profit
5 organizations, a small handful of
6 for-profit organizations.

7 So the answer to your question,
8 when it comes to behavioral health
9 service delivery, all of those services
10 are contracted through private
11 non-profits primarily.

12 COUNCILMAN JONES: And recently
13 you went to a community-based model that
14 emphasizes -- and I appreciate that you,
15 Dr. Ambrose, and Dr. Schwarz gave a
16 briefing last year about the
17 interconnectivity between the three
18 departments, and I believe together you
19 guys represent \$2.2 billion worth of our
20 budget of social service delivery. So
21 that was very helpful, and I would
22 encourage you doing it again this year
23 just to give us a refresher course.

24 But you also moved to a CUA
25 system, both you and DHS, and could you

1 4/15/14 - WHOLE - BILL 140144, etc.
2 explain your rationale for doing that.

3 DR. EVANS: Sure. So the CUA,
4 which is community umbrella agency, is
5 actually a DHS construct. And I don't
6 want to explain, but essentially what it
7 is doing, it's moving from a highly
8 centralized way of delivering child
9 welfare services to those services being
10 embedded within the community in
11 community-based organizations. Our
12 world, we're not a part of that per se,
13 but because we work so closely with
14 Commissioner Ambrose and her agency and
15 many of the families who require child
16 welfare services also require behavioral
17 health services, we've worked very
18 closely to embed and make sure that
19 behavioral health services are embedded
20 within them.

21 I think your point about moving
22 to community-based is really important.
23 I think the field is catching up with
24 this idea that if we're really going to
25 be effective with communities, we have to

1 4/15/14 - WHOLE - BILL 140144, etc.
2 be a part of the community. We just
3 can't be in communities, but we really
4 have to be a part of the fabric of
5 communities. And so both DHS and my
6 agency are moving in that direction.

7 COUNCILMAN JONES: And I agree
8 in theory with that notion that you
9 shouldn't send a child or a patient way
10 into Hoboken when you can deliver those
11 services here and the economic benefit
12 here. I get that part, but some
13 unintended consequences arise from that,
14 like how do you monitor the outcomes of
15 that. And I think in addition to the
16 human capital that we pay people with,
17 also some of the service delivery things,
18 how do you maintain a check and balance
19 over folk that are not quite in your
20 department. And I don't know how it
21 works with your department. I want to
22 also ask DHS and also Health Department
23 how they manage all of those contracts
24 and what kinds of -- as important in the
25 DHS construct, you have ten different

1 4/15/14 - WHOLE - BILL 140144, etc.
2 areas that have now subcontracted out,
3 and the input from elected officials,
4 community representatives, in my opinion,
5 needs to be tweaked a bit. And so what
6 is your observation of those outcomes
7 thus far under that construct?

8 DR. EVANS: That's a very good
9 question, and I think as a public payer,
10 what we try to do is to make sure that
11 every dollar that we spend is spent in
12 the most effective and efficient way. So
13 we have a wide range of things that we do
14 to make sure that we are getting the best
15 possible services for our providers and
16 that there's accountability around the
17 services that we provide. That includes
18 providers having to be credentialed to be
19 a part of our network, and we just went
20 through a very extensive process of
21 looking at our credentialing process
22 really using state-of-the-art -- what we
23 believe are state-of-the-art strategies
24 to not just do a minimal standard, which
25 is done typically in managed care, but to

1 4/15/14 - WHOLE - BILL 140144, etc.
2 really raise the bar on even being a part
3 of the network.

4 We have a monitoring process
5 where we have staff that go out and they
6 spend a day or sometimes two days.
7 They're talking to -- they're not only
8 looking at charts, but they're talking to
9 people who receive services or talking to
10 management. They're looking at the
11 service delivery in lots of different
12 ways.

13 We have a consumer satisfaction
14 team, which is an agency that is under
15 contract with the Department. So
16 independent of us, they go out to our
17 provider agencies and they're talking
18 directly to recipients of services. So
19 unfiltered. So they're getting feedback.

20 I meet with the consumer
21 satisfaction team with my senior staff on
22 a quarterly basis, because I want them to
23 hear what our service recipients are
24 saying about the services that they're
25 receiving.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 We have a pay-for-performance
3 system. For every provider in our
4 service system and probably 80 percent
5 now of our Medicaid managed care program,
6 they are being evaluated usually on five
7 to seven different metrics. We evaluate
8 them. We rate them. We rank order those
9 providers, and we provide incentive
10 payments. So there are a whole host of
11 ways --

12 COUNCILMAN JONES: So I'll go
13 back to my original question. How many
14 contracts do you oversee with how many
15 providers -- not how many contracts. How
16 many different providers do we --

17 DR. EVANS: So we have about
18 200 providers.

19 COUNCILMAN JONES: This round
20 of questioning applies to all of them, so
21 it's not just you.

22 DR. EVANS: Sure.

23 COUNCILMAN JONES: Because
24 that's a lot of monitoring.

25 DR. EVANS: Absolutely.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COUNCILMAN JONES: And I'm
3 more -- how long has the CUA system been
4 in effect?

5 DR. EVANS: I think, again,
6 this CUA system is really a DHS
7 construct.

8 COUNCILMAN JONES: I got it. I
9 got to ask everybody the same thing.

10 So to your knowledge, how long
11 has it been?

12 DR. EVANS: Commissioner
13 Ambrose has been rolling that out over
14 the last year, and like I said, we've
15 been working with her to do that. It's
16 not fully implemented at this point.

17 COUNCILMAN JONES: So my
18 point -- and I'll stop on this,
19 Mr. President -- is that this is a
20 perfect time to tweak, because we are
21 beginning to get some concerns from the
22 community about the new direction that
23 they've gone in and making sure that all
24 of the checks and balances, including
25 wages, are in that. But more importantly

1 4/15/14 - WHOLE - BILL 140144, etc.
2 to me, service delivery impacts and
3 outcomes. And I'll follow up on that in
4 my next round of questioning, sir.

5 COUNCIL PRESIDENT CLARKE:

6 Thank you, Councilman.

7 The Chair recognizes
8 Councilwoman Tasco.

9 COUNCILWOMAN TASCO: Good
10 morning.

11 DR. EVANS: Good morning,
12 Councilwoman.

13 COUNCILWOMAN TASCO: I just
14 want to ask a followup on the question
15 about the waivers. Do the for-profit
16 agencies ask for waivers?

17 DR. EVANS: No. These are only
18 non-profits.

19 COUNCILWOMAN TASCO:
20 Non-profits?

21 DR. EVANS: Right. These are
22 agencies that are contracted directly
23 with the Department and have grants with
24 the Department.

25 COUNCILWOMAN TASCO: Okay. On

1 4/15/14 - WHOLE - BILL 140144, etc.

2 Page 4 of your testimony you discuss
3 pay-for-performance as a way to provide
4 incentives for contract providers to
5 improve recovery and resilience outcomes
6 for adults, children, and adolescents.

7 Can you provide some more
8 detail for how this model improves the
9 effectiveness and efficiency of
10 behavioral health services in the City.

11 DR. EVANS: Sure. So I think
12 this goes to Councilman Jones' question
13 as well. So about five years ago, the
14 Department started looking at each level
15 of care that we pay for and developing a
16 set of metrics to evaluate people who
17 were providing that service. For
18 example, level of care would be inpatient
19 psychiatric hospitals. So what we wanted
20 to do is to look at how could we use
21 financial incentives to incentivize good
22 provider performance, and what we did
23 was, we identified things that we think
24 are related to good outcomes and good
25 services. We developed those metrics.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 We came up with a scheme to weight those
3 metrics and then to rank our providers
4 based on that.

5 So, for example, we will look
6 at things like the recidivism rate, the
7 extent to which people return back to an
8 inpatient hospitalization. We look at
9 continuity of care, the extent to which
10 when people leave an inpatient visit,
11 that they are connecting to a lower level
12 of care quickly, because we know that if
13 people don't connect very quickly, that
14 they're very likely to end up back in a
15 high-cost inpatient unit, and that's just
16 not good care for people.

17 So over the last several years,
18 we've increased the number of services
19 that are in our pay-for-performance
20 system. Right now we have probably about
21 80 percent of our service system that is
22 in pay-for-performance. We use about \$10
23 million a year for those performance
24 payments. It fluctuates, but around that
25 amount. And already we started to see

1 4/15/14 - WHOLE - BILL 140144, etc.
2 some pretty significant improvements.

3 So, for example, one of the
4 things that we have been working on for
5 years was trying to get -- trying to
6 reduce the recidivism rate back into
7 inpatient hospital care. When we moved
8 to pay-for-performance and providers,
9 hospitals, were no longer getting any
10 kind of increase outside of that
11 performance payment, it really focused
12 their attention on strategies to improve
13 in that area. So for the first time in
14 several years, we've seen a significant
15 increase -- or decrease in recidivism in
16 inpatient hospitals. We calculate that
17 we've probably saved \$4 million over a
18 two-year period just by using
19 pay-for-performance strategies in
20 hospital level of care alone.

21 COUNCILWOMAN TASCO: So they
22 work harder to provide better service.

23 DR. EVANS: Oh, absolutely, and
24 I'll give you a quick example. We had
25 one provider who -- one of the hospitals

1 4/15/14 - WHOLE - BILL 140144, etc.
2 who at the first year -- I should step
3 back and say we have not given a
4 cost-of-living payment to our hospitals
5 in about five years. We've said that any
6 increases in revenue are going to be tied
7 to performance.

8 A couple years ago we had a
9 provider who was at the very bottom of
10 the rankings and didn't get a payment. I
11 assumed their leadership found out that
12 they didn't get a payment. The very next
13 year they were at the top of the
14 distribution. So this is a very powerful
15 way of shaping good practices, and it's
16 something that we are very committed to,
17 because it actually saves us money and it
18 gets better care for people.

19 COUNCILWOMAN TASCO: I noticed
20 that you talked about sending individuals
21 away out of the City for services on Page
22 3, residential treatment facilities. Do
23 we have a number of residential
24 facilities here and how many do you have
25 outside of the City that you are

1 4/15/14 - WHOLE - BILL 140144, etc.
2 contracting with?

3 DR. EVANS: I don't know the
4 exact number that we have outside of the
5 City, but these are residential treatment
6 programs for children, and a couple years
7 ago, about three, four years ago, we as a
8 city made a commitment that it was not in
9 the best interest of our children,
10 Philadelphia children, to send them to
11 places like Utah and Colorado. We're
12 sending them to communities where often
13 there are no people that look like them,
14 that understand them, and then they're
15 coming back to the community and a lot of
16 those kids were not doing well, and
17 that's to be expected, because we weren't
18 working with the families.

19 And so Commissioner Ambrose,
20 Judge Kevin Dougherty, and I decided that
21 we were really going to change that
22 process, and over the course of about two
23 years, we went from having over 200 kids
24 in out-of-state residential treatment
25 programs to now we have probably ten kids

1 4/15/14 - WHOLE - BILL 140144, etc.
2 who are in out-of-state, and all of those
3 kids are there because those particular
4 types of programs are not available in
5 the state and in the City.

6 So we think that that's a good
7 thing. These kids are being served
8 closer to home, often in the community.
9 They have the ability to have treatment
10 services with their families, which
11 improves the outcomes, and to the extent
12 that these are local providers, it's
13 obviously helping our local providers in
14 that way.

15 COUNCILWOMAN TASC0: Page 4 of
16 your testimony details the 10 percent
17 state funding cut for behavioral health
18 services. For the upcoming state budget,
19 do you have any indication of additional
20 cuts?

21 DR. EVANS: No. This year it
22 looks like no cuts, surprisingly.

23 COUNCILWOMAN TASC0: Election
24 year, right?

25 DR. EVANS: I wasn't going to

1 4/15/14 - WHOLE - BILL 140144, etc.

2 say that, but you can say that. No cuts
3 this year.

4 COUNCILWOMAN TASC0: Okay.

5 Well, we'll see what happens.

6 DR. EVANS: On the grant side.

7 On the Medicaid side, there has been a
8 challenge, because we get paid on a
9 capitated basis, meaning we negotiate a
10 per member per month rate with the state,
11 and that rate has been severely, in our
12 opinion, restricted over the last three
13 to four years. We've actually had the
14 same rate and we've served more people at
15 a lower cost per person. So we've
16 actually gotten more efficient.

17 The way we've been able to
18 manage the rates not going up over the
19 last several years is that we've become
20 more efficient as a system, but we're
21 just at a point now where we cannot get
22 any more efficient. We really need to
23 get a higher capitation rate from the
24 state.

25 COUNCILWOMAN TASC0: Okay.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 I'll come back.

3 COUNCIL PRESIDENT CLARKE:

4 Thank you, Councilwoman.

5 The Chair recognizes Councilman
6 O'Brien.

7 COUNCILMAN O'BRIEN: Thank you,
8 Mr. President.

9 First, I would just like to
10 commend Arthur Evans for his wonderful
11 leadership in the City of Philadelphia on
12 so many very, very challenging issues,
13 and I would like to thank you for the
14 initiative the Philadelphia Autism
15 Project and the citywide Autism Task
16 Force, and I'd like to give a shout-out
17 to Valarie Oulds, who is just an
18 extraordinary person. And we had our
19 first leadership meeting last week, and
20 the energy in that room, I just can't
21 believe -- my brain just went like this,
22 because there were so many bright people
23 and committed people to that
24 conversation.

25 And the second statement, there

1 4/15/14 - WHOLE - BILL 140144, etc.
2 are a lot of wonderful questions that
3 preceded my interrogation on the
4 budgetary impacts, and I would just like
5 to echo that although there aren't any
6 cuts on the horizon right now, they're
7 not done until they're done. So these
8 hearings and our advocacy are critically
9 important to sustaining the level of
10 service that our citizens need.

11 And I'd just like to again -- I
12 understand the loss of General
13 Assistance, Cash Assistance in 2012
14 combined with a failure to expand
15 Medicaid eligibility puts a strain on the
16 behavioral health system, but I would
17 just like to stress the support that you
18 provide to the organizations that provide
19 the advocacy and the support for families
20 who need help with a loved one with
21 disabilities through agencies like Vision
22 for Equality, Arc, Speaking for
23 Ourselves, and the Mental Health
24 Association of Southeastern Pennsylvania.
25 Your support is critical, and we would

1 4/15/14 - WHOLE - BILL 140144, etc.
2 like, as were evidenced in these
3 hearings, trying to support and echo
4 those budgetary requests.

5 The other question I would like
6 to get to is, there recently was an
7 article in the newspaper about Christina.
8 I'm sure you're aware of that case. She
9 is an adult living with autism. And
10 there are three different areas that I've
11 recently had meetings with people on, and
12 I'd like your comment and advice. One is
13 expanding the Amber Alert system, because
14 I don't think it includes cognitive
15 deficits like this individual is
16 challenged with. And that would mean
17 that I don't understand completely how
18 the Amber Alert system works. I don't
19 want to reinvent the wheel. What I'd
20 like to do is take DBH, the Police
21 Department, perhaps the DA's Office, and
22 the media and understand how that system
23 works and see if we can collaborate on
24 creating a policy statement that would
25 add this population to that important

1 4/15/14 - WHOLE - BILL 140144, etc.
2 mechanism, because this individual
3 disappeared at 2 o'clock and
4 unfortunately she wasn't found until 6:30
5 the next morning when she had froze to
6 death. And that brings us to the second
7 level, which is that I'm encouraging law
8 enforcement to do an enhanced criminal
9 investigation. And I don't say that
10 lightly. I believe that there are three
11 things that have to happen. You have to
12 develop a behavioral plan. You have to
13 have goals, and maybe those goals are
14 expansive, more expansive than what we're
15 doing right now. And I'm not challenged
16 by that, but the training is critical.
17 But also the mens rea in this case is if
18 that individual had knowledge of this
19 behavioral plan and in fact advocated for
20 a one-on-one and knew the elopement
21 issues and knew the proclivity for taking
22 some of her clothes off and other issues,
23 then we have to critically examine
24 whether that behavioral plan was in
25 effect and to what extent. And I

1 4/15/14 - WHOLE - BILL 140144, etc.
2 believe, again, that we have to bring
3 that to the attention of our law
4 enforcement agencies and see where that
5 goes.

6 And it brings me to the third
7 issue, and that is -- and this is, again,
8 recognizing your advocacy. I know that
9 cases fall through the cracks. So I
10 would just like to know as I build these
11 other conversations, what is it that your
12 agency is going to respond to the
13 elements in this case, and what are your
14 thoughts and strategies going forward
15 that can prevent a case like this from
16 happening again?

17 DR. EVANS: So this was a
18 really horrible case, and I think all of
19 us felt really bad about what had
20 happened in this case. As you probably
21 know, the way -- unlike behavioral health
22 care services where we contract directly
23 with a provider, those providers are
24 directly accountable to us for persons
25 with intellectual disabilities. It's a

1 4/15/14 - WHOLE - BILL 140144, etc.
2 more convoluted system where the state
3 actually has the contract with the
4 provider. The accountability is with the
5 state, and we play an administrative role
6 in terms of identifying, recommending
7 providers and some other kind of things.
8 So it's a little more complicated when we
9 don't have a direct contractual
10 relationship with the provider.

11 So our role is to work with --
12 COUNCILMAN O'BRIEN: Can you
13 just drill down into that again. So
14 you're provided a list of providers from
15 the state and then you work within that
16 universe and then you select the
17 appropriate provider.

18 DR. EVANS: Well, the state
19 ultimately selects. What we do is, we
20 can help identify providers based on
21 criteria that the state uses, the state
22 develops, but that is the state's
23 criteria. We don't -- in fact, we can't
24 change that criteria. So we're in
25 somewhat of an awkward position in terms

1 4/15/14 - WHOLE - BILL 140144, etc.
2 of carrying out some of these tasks
3 without the real authority to change
4 them. We try to work with the state
5 around that, and we'll continue to try to
6 work with the state. And then in this
7 particular instance, we need to work with
8 the state to understand what happened,
9 what were the expectations in terms of
10 the contractual expectations with the
11 provider in terms of the oversight of the
12 person who was providing the care and so
13 forth, and to ultimately make
14 recommendations that will prevent those
15 kinds of things from happening again.

16 So we're in the very early
17 stages. I don't believe that the medical
18 examiner has finished their process yet,
19 but I think ultimately we need to get to
20 a place where we can make some very
21 strong recommendations to the state
22 around how we prevent these kinds of
23 things from happening again.

24 I actually like your idea about
25 adding people with cognitive disabilities

1 4/15/14 - WHOLE - BILL 140144, etc.
2 to the Amber Alert system. That just to
3 me makes a lot of sense, because you have
4 some of the same issues as you would with
5 someone who is a child.

6 COUNCILMAN O'BRIEN: If I can
7 just comment. I know that the state is
8 looking into this. I'm not going to step
9 on anybody's toes in the furtherance of
10 this investigation. I will emphasize
11 that this case is probably two months old
12 and that it's important that it stay up
13 front and current in front of everybody's
14 eyes.

15 There are two issues. One is
16 what did this individual caretaker know
17 about the behavioral plan, what should
18 she have known, and what did she do. And
19 I know certain things, and I'm sure you
20 do as well, that are very troubling about
21 that.

22 The second issue is that in
23 many of these cases, the provider simply
24 discharges this individual to avoid civil
25 liability and then they go and work for

1 4/15/14 - WHOLE - BILL 140144, etc.
2 the next provider right down the street.
3 That cannot happen.

4 DR. EVANS: Right.

5 COUNCILMAN O'BRIEN: That
6 cannot happen.

7 DR. EVANS: I agree with that,
8 and I think the other part of this is
9 it's not only the individual that can
10 move around the system, but then what is
11 it that the provider is doing to change
12 their policy. I mean, a big challenge
13 often in some of our non-profit
14 organizations can be, not all the time
15 but can be, the issue of supervision and
16 oversight and training. And I think
17 these kind of issues raise that kind of
18 issue up as well, as much as this other
19 phenomena of people moving around.

20 COUNCILMAN O'BRIEN: Thank you.

21 DR. EVANS: That's the kind of
22 thing that we want to get at.

23 COUNCIL PRESIDENT CLARKE:

24 Thank you, Councilman.

25 The Chair recognizes

1 4/15/14 - WHOLE - BILL 140144, etc.

2 Councilwoman Reynolds Brown.

3 COUNCILWOMAN BROWN: Good

4 morning, Mr. President.

5 COUNCIL PRESIDENT CLARKE: Good

6 morning.

7 COUNCILWOMAN BROWN: Good

8 morning.

9 DR. EVANS: Good morning,
10 Councilwoman.

11 COUNCILWOMAN BROWN: First, let
12 me echo Councilman O'Brien and say thank
13 you very, very much for the enormously
14 important work that you do and, more
15 importantly, for changing the paradigm on
16 what we do with our kids. When I came
17 here 12 years ago, the numbers were
18 completely reversed, where too many of
19 our kids were leaving Philadelphia to
20 find care. And what we know now is that
21 we can take care of them right here in
22 our backyard. So you're to be commended
23 for the collaborative leadership between
24 Dr. Schwarz and Anne Marie Ambrose around
25 that issue. It was unacceptable how many

1 4/15/14 - WHOLE - BILL 140144, etc.
2 kids were leaving Philadelphia.

3 Secondly, I too have tried to
4 follow the development of the CUAs from
5 the bleacher in the top row, and the
6 little I do know is that the actual
7 thinking around that started at least
8 four years ago, because I traveled with
9 Judge Dougherty and Anne Marie Ambrose
10 and Judge Dumas and others to DC to
11 participate in a week-long conversation
12 about this new best practice. And while
13 we watched the rollout, I joined
14 Councilmembers in being concerned in
15 making sure that the mission of the CUAs
16 is not lost in making sure that those on
17 the front line, community-based
18 organizations, are in the loop of
19 opportunity for the services they already
20 do well. And I'll look to hear from the
21 DHS Commissioner to see how well we're
22 doing that way.

23 To Councilman Jones' issue
24 around monitoring your particular
25 organizations, just walk through how that

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2 happens. Do you have a unit, an
3 evaluation unit, that hits the street and
4 does evaluations, or what?

5 DR. EVANS: Sure. So we have a
6 variety of mechanisms. We triangulate
7 different pieces of data to try to come
8 up with a good picture of the provider.
9 So part of that process is, we have a
10 unit called the NIAC Unit, which stands
11 for Network Inclusion and Accountability
12 Committee. So that group probably about
13 six years ago, seven years ago, we had
14 literally four, five different entities
15 coming from my department going out and
16 monitoring providers, depending on what
17 funding stream. So if they had Medicaid,
18 they had one group of folks, and if they
19 had addiction services dollars, then it
20 was another group and so forth.

21 So we made the commitment about
22 five years ago that we really needed to
23 move away from that, to put everyone on
24 the same team, and to go out and monitor
25 providers from a consistent framework.

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2 In addition to pulling people
3 together, we took a step back and we
4 looked at our practice guidelines that
5 we've issued to providers and said if
6 these are the things that we believe are
7 related to good outcomes, that we believe
8 are related to good care, when we go out,
9 we need to make sure that what we're
10 looking at are those things. Because
11 historically what happens in government
12 is, our thinking evolves, but the
13 mechanisms and the way we monitor
14 programs kind of stay the same. That
15 happens all the time. And so what we
16 tried to do is to make sure that the
17 current thinking was matching up with
18 what we were actually going to look at
19 when we went out to providers and making
20 sure that we were looking at, again, the
21 latest thinking around that.

22 So we did that. We have teams
23 that go out to providers. Even before
24 they leave, they will get the consumer
25 satisfaction team report that I told you

1 4/15/14 - WHOLE - BILL 140144, etc.
2 about. They will get pay-for-performance
3 data that I told you about. They will
4 get information on their compliance,
5 Medicaid compliance. So before they even
6 get to the provider, they have a lot of
7 information. And then while they're
8 there, they will spend literally a day or
9 two going through charts, talking to
10 people, talking to staff, and then
11 evaluating providers based on criteria
12 that we've determined.

13 So it's a pretty extensive
14 process, and that's just one of several
15 processes that we use to provide
16 oversight and monitoring of our
17 providers.

18 COUNCILWOMAN BROWN: Well, the
19 City has come a long way in evaluating
20 agencies. I actually worked in the
21 evaluation unit when I worked for the
22 City for the Youth Services Coordinating
23 Office, and so the thoroughness and
24 drilling down deep has really gotten
25 better in a big way.

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2 And so that's on the program
3 service delivery side of the ledger.
4 What about on the business side of the
5 ledger? How are these non-profits doing
6 when it comes to MBE/WBE supplier
7 activity?

8 DR. EVANS: Sure. So we also
9 looked at the business practices as well,
10 and so a couple of things. If you look
11 at our contracting, so if you look at our
12 budget and you look at the amount of
13 dollars that go to non-profits versus
14 for-profits, the overwhelming majority
15 are going to non-profits, which cannot be
16 certified. So one of the things that we
17 did starting a few years ago was to try
18 to characterize our non-profit agencies
19 in terms of are they minority run, women
20 owned.

21 COUNCILWOMAN BROWN: And that
22 detail is very much appreciated, very
23 comprehensive.

24 DR. EVANS: So the first thing
25 is that a number of a large proportion of

1 4/15/14 - WHOLE - BILL 140144, etc.
2 our non-profit network are run by -- are
3 agencies that are run by minorities and
4 women. That's the first thing.

5 Secondly, a few years ago we
6 started to look at their practices in
7 terms of how they procure. And to give
8 you an example of the kind of work that
9 our finance people did, when we first
10 went out and asked people do you have a
11 supplier diversity plan, zero percent had
12 a supplier diversity plan. Today about
13 50 percent have a supplier diversity
14 plan.

15 COUNCILWOMAN BROWN: And what
16 has been the contributing factor or
17 factors that have led to that kind of
18 progress?

19 DR. EVANS: That has been us
20 going out and making this an issue. I
21 mean, City Council has been clear about
22 their --

23 COUNCILWOMAN BROWN:
24 Expectation.

25 DR. EVANS: -- expectation

1 4/15/14 - WHOLE - BILL 140144, etc.
2 around this. We in turn have raised this
3 with our providers. We've worked with
4 OEO and our vendors, our top vendors, in
5 making sure that they in fact are paying
6 attention to this issue. As I said, a
7 number of them, over half of them, now
8 have a supplier diversity plan, which
9 when we started this process, they
10 didn't.

11 So, yes, we're looking on both
12 sides of the equation, both how are they
13 doing service delivery, but then how are
14 they doing practices, their business
15 practices as well.

16 COUNCILWOMAN BROWN: Okay. So
17 we'll honor the clock and I'll see you on
18 the next round.

19 DR. EVANS: Okay.

20 COUNCILWOMAN BROWN: Thank you,
21 Mr. President.

22 COUNCIL PRESIDENT CLARKE:
23 Thank you, Councilwoman.

24 The Chair recognizes Councilman
25 Henon.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COUNCILMAN HENON: Thank you,
3 Mr. Chairman and Council President.

4 Good morning.

5 DR. EVANS: Good morning,
6 Councilman.

7 COUNCILMAN HENON: One, I was
8 pleased to hear your response on a couple
9 things. In particular, Councilman
10 Jones', Majority Leader's, ability to
11 have a call accepted for advice and
12 guidance.

13 DR. EVANS: Yes.

14 COUNCILMAN HENON: I have
15 similar experiences with the Department,
16 but it's nice to know that somebody is
17 acceptance of a call. Unlike I think in
18 this budget process, we have heard that
19 somebody who really discourages phone
20 calls for advice and guidance. That's
21 all public record. So thank you for
22 that, especially when it comes to
23 people's lives.

24 Also, it was nice to hear and I
25 have known firsthand that it was nice to

1 4/15/14 - WHOLE - BILL 140144, etc.

2 hear you and Commissioner Ambrose and
3 Administrative Judge, Judge Dougherty,
4 working so closely together in a
5 collaborative effort to make things work
6 as efficiently and as safely and as
7 economically as possible. Because I
8 really think that's -- I mean, you can
9 stop a lot of things. You can help a lot
10 of the issues and what you do on a daily
11 basis. So thank you for that.

12 DR. EVANS: Sure.

13 COUNCILMAN HENON: I have just
14 a few couple questions. Can I ask
15 Dr. Schwarz to please approach. Is he
16 still here?

17 DR. EVANS: Yes.

18 (Witness approached witness
19 table.)

20 DR. SCHWARZ: Donald Schwarz,
21 Deputy Mayor for Health and Opportunity.
22 Good morning, Councilman.

23 COUNCILMAN HENON: Good
24 morning. So just a couple quick
25 questions for you and/or folks you have

1 4/15/14 - WHOLE - BILL 140144, etc.
2 here at the table. So as Deputy Mayor,
3 you're responsible for Department of
4 Human Services, Public Health Department,
5 the Health Department, and what other
6 department? Behavioral Health and
7 Intellectual disAbilities.

8 DR. SCHWARZ: And Office of
9 Supportive Housing.

10 COUNCILMAN HENON: So
11 question -- these are some infrastructure
12 questions, and I will provide you a list.
13 So I'm just going to give you -- I'm
14 asking every department for all the
15 departments that you oversee, one, where
16 are you located, each one; do we as a
17 city own that property; do we lease that
18 property; what is the rent if we lease;
19 what are the capital improvements that
20 are in the pipeline for infrastructure,
21 such as technology and program support;
22 what space is being used for employees;
23 what space is being used for storage and
24 materials. And I have a host of other
25 questions that I will send to you. If

1 4/15/14 - WHOLE - BILL 140144, etc.
2 you could get back to myself and the
3 Chair, I would appreciate it.

4 DR. SCHWARZ: Of course.

5 COUNCILMAN HENON: Great. So
6 just to recap a couple of the things.
7 Ninety-nine percent of the budget is
8 coming from the state. I understand
9 that. You have a little more than 200
10 contractors or vendors that are working
11 under everybody you're responsible for.

12 So one of the questions that I
13 have is, you were talking about state
14 programs and state requirements and
15 benchmarks and things like that. Does
16 the City -- where does the City and the
17 state -- let me try to put it this way:
18 So are there any instances where the
19 state issues a license or the state has
20 programs that the City does not have full
21 oversight or control over?

22 DR. EVANS: Sure. So our
23 relationship with providers is primarily
24 as a payer. We at the City level do not
25 license or regulate or develop

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2 regulations per se for providers. So
3 that comes from the State of
4 Pennsylvania. They do the licensing of
5 providers, and so you could have within
6 the City someone who is licensed by the
7 state but does not have a contract with
8 us or you could have someone who is
9 licensed and is contracted with us.

10 COUNCILMAN HENON: Let's start
11 with contracted with the City. So
12 somebody is contracted with the City.
13 Are all contracts RFP'd?

14 DR. EVANS: Most of the
15 contracts are RFP'd. We're not required
16 to RFP for non-profit contracts, but our
17 position has been -- actually even before
18 the legislation with City Council, our
19 position has been because of our desire
20 to be as transparent as possible, to
21 create as level a playing field for our
22 providers as possible, that we use a
23 competitive procurement process whenever
24 we are trying to expand our service
25 network.

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2 COUNCILMAN HENON: Totally
3 responsible and the right thing to do.
4 Do you have any sole-source contracts?

5 DR. EVANS: We do. For
6 example, with some of the academic
7 institutions, we might have -- for
8 example, if we're doing an evaluation on
9 a federal grant -- that's probably the
10 most typical kind of thing -- we will
11 approach, say, the University of
12 Pennsylvania or Drexel or one of the
13 other academic institutions to go in with
14 us on that particular project, and in
15 that case, we don't do any kind of
16 competitive procurement process. What we
17 do is, we identify who we think has the
18 best skill set for what we're trying to
19 do and include them in that.

20 COUNCILMAN HENON: Okay. So in
21 the case that a state has the authority
22 to issue all licenses and they issue a
23 license, where does the City weigh in or
24 does the City weigh in on the issuance of
25 any license or do they have any say on

1 4/15/14 - WHOLE - BILL 140144, etc.
2 any issuances of any license where it
3 directly impacts the citizens of
4 Philadelphia and your department, whether
5 it's RFP'd --

6 DR. EVANS: Or not, right.

7 COUNCILMAN HENON: So two parts
8 to that question. One, RFP'd, which
9 would be under your -- even though you
10 don't have the authority to license and
11 you may not weigh in on a vendor
12 receiving a license, how does it impact
13 you, us in the City, through the RFP
14 process or outside the RFP process?

15 DR. EVANS: Okay. So it
16 depends -- if it is a mental health
17 program, the Department of Public Welfare
18 licenses the mental health programs and
19 they have a process where they will
20 contact my office when someone applies,
21 and that person will have to get an
22 endorsement from my office in order to --
23 as a part of that process. That's for a
24 mental health program.

25 COUNCILMAN HENON: So in mental

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2 health the state --

3 DR. EVANS: There is a process
4 where they consult us.

5 COUNCILMAN HENON: There is a
6 process where the state includes the
7 City --

8 DR. EVANS: Right.

9 COUNCILMAN HENON: -- on
10 whatever, recommendations --

11 DR. EVANS: Exactly.

12 COUNCILMAN HENON: -- or the
13 authenticity of the contract, the
14 standing of a company?

15 DR. EVANS: Sure. But on the
16 addiction side, that is not the case. So
17 on the addiction side, if someone wanted
18 to open up, say, a residential addictions
19 program, an outpatient program, a
20 methadone program, they can go directly
21 to the state. They can apply. The state
22 can issue the license. We may not even
23 know, and in fact, we've had some cases
24 where providers have done that. They've
25 opened up and then they've come to us

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2 after the fact and asked to join our
3 network, in which case we typically say
4 no.

5 COUNCILMAN HENON: So what does
6 that -- how much of a disadvantage does
7 that have on the Department and the City
8 on the addiction and where a license is
9 approved and given to a provider or a
10 company and it's not under the City's
11 supervision?

12 DR. EVANS: Well, we would like
13 for the state -- and it's actually a
14 different state agency. It's the
15 Department of Drug and Alcohol Programs.
16 We would like for them to consult with
17 the City, County. It's actually a county
18 function, but the City on these issues.
19 One is that we can give them feedback,
20 number one, if we do have any kind of
21 information about the provider who is
22 applying. We can also give them feedback
23 on the extent to which we think the
24 service is actually needed in the City.

25 So we think it would be prudent

1 4/15/14 - WHOLE - BILL 140144, etc.
2 for the City -- for the state to have a
3 process that included us, as we do on the
4 mental health side.

5 COUNCILMAN HENON: I also like
6 that. I think it would be responsible to
7 include the City. So you would weigh in
8 on different types of measures --

9 DR. EVANS: Sure.

10 COUNCILMAN HENON: -- that
11 would conform with your department and
12 accountability. Would that also include
13 the community?

14 DR. EVANS: Right. So we --

15 COUNCILMAN HENON: Does the
16 community have involvement in terms of
17 location and to the extent of the
18 services that are being provided in our
19 neighborhoods?

20 DR. EVANS: Sure. So we think
21 it's really important for providers to be
22 involved, contact, engage communities as
23 opposed to just putting programs in
24 communities. Right now we really drive
25 where we -- when we contract, where we

1 4/15/14 - WHOLE - BILL 140144, etc.
2 want to site programs based on what the
3 needs are in a particular community, but
4 even in those cases, we still think that
5 there should be a process. The
6 Department has had a good neighbor policy
7 for many years. As a result of some
8 recent interactions that we've had with
9 City Council, we went back, we looked at
10 our good neighbor policy. It was
11 actually done during Estelle Richman's
12 tenure in the City. We went back, we
13 looked at that policy. We made some --
14 we updated some of the language, and in
15 fact, I think we most recently sent it to
16 Councilman Clarke's office, because we do
17 want to get feedback from City Council
18 around that issue.

19 So our goal is to make sure
20 that providers are good neighbors and to
21 do that in a way that recognizes
22 community input.

23 COUNCIL PRESIDENT CLARKE:

24 Thank you, Councilman.

25 The Chair recognizes Councilman

1 4/15/14 - WHOLE - BILL 140144, etc.

2 Johnson.

3 COUNCILMAN JOHNSON: Thank you,
4 Council President.

5 Good morning.

6 DR. EVANS: Good morning.

7 COUNCILMAN JOHNSON: How you
8 doing today?

9 DR. EVANS: Good morning.

10 COUNCILMAN JOHNSON: What is
11 the percentage of school-age children
12 that your particular department is
13 servicing, specifically, one, with the
14 Philadelphia School District; two,
15 through Family Court working with the
16 Youth Study Center, specifically in the
17 area of mental health and also drug and
18 alcohol use?

19 DR. EVANS: I'm sorry.
20 Percentage of children?

21 COUNCILMAN JOHNSON: School-age
22 children that your particular --

23 DR. EVANS: Percentage of the
24 total people we serve?

25 COUNCILMAN JOHNSON: School-age

1 4/15/14 - WHOLE - BILL 140144, etc.
2 children, juveniles.

3 DR. EVANS: Right. I'm sorry.
4 I just want to make sure I got the right
5 denominator. So you're asking for the
6 percentage of children of the total
7 children that we serve or the total
8 number of people that we serve?

9 COUNCILMAN JOHNSON: School-age
10 children.

11 DR. EVANS: I'm not quite sure.
12 What I can tell you is that the numbers
13 are for children that we serve in our
14 system. Probably around 50,000, 60,000
15 children each year are receiving
16 services.

17 COUNCILMAN JOHNSON:
18 Specifically 50,000, 60,000 children are
19 receiving mental health services?

20 DR. EVANS: Any of the
21 behavioral health services that we
22 provide as a city.

23 COUNCILMAN JOHNSON: Now, in
24 terms of specifically working with the
25 School District and the Youth Study

1 4/15/14 - WHOLE - BILL 140144, etc.

2 Center, do you have actual numbers of
3 students being serviced in the School
4 District for mental health issues?

5 DR. EVANS: Sure. I'll get
6 those numbers for you. Someone back
7 there will get me those numbers. What
8 I'll say is that we work with both the
9 School District and Youth Study Center.
10 With the Youth Study Center, we actually
11 have a program embedded within the Youth
12 Study Center, and we serve the youth
13 mental health, behavioral health needs
14 within that context, and we've been doing
15 that for a long number of years.

16 COUNCILMAN JOHNSON: So can you
17 give us an overview of those particular
18 partnerships and programs --

19 DR. EVANS: Sure.

20 COUNCILMAN JOHNSON: -- with
21 the School District as well as Family
22 Court?

23 DR. EVANS: Sure.

24 COUNCILMAN JOHNSON: And can
25 you break it down in two categories,

1 4/15/14 - WHOLE - BILL 140144, etc.
2 which are somewhat simultaneously the
3 same. From the mental health aspect,
4 one, mental health issues, but also give
5 us an overview of the drug and alcohol
6 therapy component as well. And I only
7 ask that question just based upon the
8 level of young people who self-medicate
9 oftentimes, you know, environment. So
10 some things that we may look at as
11 casually maybe young people engaging in
12 certain types of narcotics to
13 specifically self-medicate and looking at
14 what we are doing as a city to address
15 those particular issues.

16 DR. EVANS: Sure. We can get
17 that information for you. What I'll say
18 is that we have a very strong
19 relationship with the School District.
20 We invest about \$70 million a year in
21 services that are in the School District,
22 and those range from prevention services
23 that are evidence-based prevention
24 services that look at things like
25 bullying, substance use, violence

1 4/15/14 - WHOLE - BILL 140144, etc.
2 prevention, social skills. We have a
3 student assistance program where youth
4 who are having mental health challenges
5 can be assessed and connected to the
6 right services. We have our school's
7 therapeutic services, which is the bulk
8 of the services, and those are very
9 intensive services directed at kids who
10 are at the elementary and the middle
11 school level, and those services are for
12 kids who have more significant behavioral
13 health needs, as well as we have
14 therapeutic classrooms that we support.

15 So we support a whole range of
16 services. And I should mention that even
17 at the high school level, we have three
18 outpatient mental health clinics that are
19 embedded in three of our high schools.

20 COUNCILMAN JOHNSON: Located
21 where?

22 DR. EVANS: Frankford, MLK, and
23 South Philadelphia High School.

24 COUNCILMAN JOHNSON: And just
25 one last question. Out of that 70

1 4/15/14 - WHOLE - BILL 140144, etc.
2 million in services, can you give us an
3 overview on how those services are -- the
4 resources are distributed across the City
5 of Philadelphia School District-wise.

6 DR. EVANS: Sure. So about 103
7 of those 103 schools have school
8 therapeutic services. A lot more -- and
9 I can give you the specific numbers in
10 terms of the prevention services. The
11 prevention services are actually much
12 more widely distributed across the School
13 District.

14 COUNCILMAN JOHNSON: That's
15 about it for this round of questioning.
16 Thank you.

17 DR. EVANS: Okay. Thank you.

18 COUNCIL PRESIDENT CLARKE:
19 Thank you, Councilman.
20 The Chair recognizes Councilman
21 Jones.

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

24 I want to switch gears a second
25 and first preface my remarks with saying

1 4/15/14 - WHOLE - BILL 140144, etc.
2 that the work you do in recovery is vital
3 to my community, but like anybody else,
4 whether you make doughnuts or make good
5 citizens, being a good neighbor is
6 important to me. And I've talked to some
7 of my colleagues about this issue of
8 methadone clinics. Tell me your
9 interaction with them vis-a-vis the
10 state, you, and then the actual service
11 provider.

12 DR. EVANS: "Them" being who?

13 COUNCILMAN JONES: Methadone
14 recovery --

15 DR. EVANS: The programs?

16 COUNCILMAN JONES: Yes, sir.

17 DR. EVANS: So I should start
18 out by saying that methadone is probably
19 the -- no. It's not even probably. It
20 is the most regulated treatment service
21 that exists. It's regulated by the
22 federal government, by the state
23 government, the DEA, Center for Substance
24 Abuse Treatment, and licensure within the
25 state, as well as any of the regulations

1 4/15/14 - WHOLE - BILL 140144, etc.
2 or rules that they have to follow in
3 terms of payment, Medicaid in particular.

4 So it's very heavily regulated,
5 and we include them, as I described the
6 process that we go through in terms of
7 oversight of programs in general. They
8 go through that, plus all of the
9 additional things that they have to do as
10 Medicaid providers.

11 I think the issue around good
12 neighbor is really important for us.
13 Just from a practical standpoint, it's in
14 our best interest as a city and as a city
15 department to make sure that providers
16 that are in communities are good
17 neighbors. It makes it a lot easier when
18 we want to site another program in a
19 community.

20 So we do a number of things
21 with our providers to make sure that they
22 are living up to that. When we get
23 complaints from either the community or
24 from City Council --

25 COUNCILMAN JONES: Complaint.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 DR. EVANS: So we want to know
3 what those complaints are to go back and
4 deal with that.

5 But just to put it in
6 perspective, we have 200 providers, and
7 if you look at the number of sites that
8 those providers are in, it's probably
9 well over a thousand sites across the
10 City. We don't hear a lot of complaints,
11 so --

12 COUNCILMAN JONES: So here's
13 one.

14 DR. EVANS: It's a small
15 number. So I want to make sure that when
16 there are that small number, we get to
17 them and address them.

18 COUNCILMAN JONES: I admit I'm
19 a small number. I'm going to be a vocal
20 number, and here's why. And, again, I
21 don't want to say anything patronizing
22 like some of my best friends, but
23 literally some of my best friends have
24 had and need those kinds of services.
25 Yet within one recovery group, within a

1 4/15/14 - WHOLE - BILL 140144, etc.
2 block there is an elementary high school.
3 Within another block going the other
4 side, elementary high school. And I have
5 on more than one occasion called,
6 written --

7 DR. EVANS: To?

8 COUNCILMAN JONES: I'm not
9 going to say the name.

10 DR. EVANS: The provider?

11 COUNCILMAN JONES: A provider.
12 And asked them to take a look at the
13 numbers, the large numbers, that are
14 outside of the facility and to question
15 why those large numbers are allowed to
16 congregate outside the facility. And as
17 I dove a little deeper into the issue,
18 some disturbing things came out, that
19 there were certain transactions going on
20 right there, which if you're saying that
21 they're heavily regulated, I've said --
22 listen, I've reported it, and come to
23 find out a little further that there was
24 no -- and I asked and met with and toured
25 the facility. And so we go through it.

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2 And I understand the mission. I'm for
3 the mission. I get it, even though the
4 vast majority of people getting those
5 services weren't from my district, even
6 though almost 50 percent of them came
7 from Camden and other surrounding
8 counties. They need love and help too.
9 So I'm not angry about that. But when
10 listed a letter with concerns, having a
11 meeting after a tour and nothing happens
12 a year later, I'm at a different place in
13 my mind.

14 DR. EVANS: Absolutely.

15 COUNCILMAN JONES: Because I'm
16 watching parents walk their kids through
17 that kind of traffic on their way to
18 school. As we start to get development
19 in the area, I'm finding developers
20 reluctant, not because of the services in
21 the building but the activity outside.

22 DR. EVANS: Absolutely. I
23 understand.

24 COUNCILMAN JONES: And you know
25 exactly where. You ride by it.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COUNCILWOMAN BROWN: Daily.

3 COUNCILMAN JONES: So if I say
4 to you, neighbor, you might want to cut
5 your grass or you might want to not put
6 your trash out, I'm only going to say it
7 a couple times before I start sending L&I
8 and others to it. And I need to know
9 what our recourse in these kinds of
10 situations, because I'm not the only one
11 facing that dilemma, because you want to
12 support the mission, but I don't want to
13 be NIMBY, but I can say that the
14 residents, the development in that area
15 is vital to our total community's health
16 too.

17 DR. EVANS: Absolutely. So,
18 first of all, I appreciate and I hear
19 your belief in the need for those
20 services, and just to be on the record,
21 that's not always the case, so I
22 appreciate you being very clear and
23 strong on that issue.

24 In terms of the problems
25 that -- and I know which program you're

1 4/15/14 - WHOLE - BILL 140144, etc.
2 talking about. You know, first of all, I
3 think that when you have those kinds of
4 issues, I think it's fine to talk to the
5 provider, but bring us into that process
6 so that we can work with you to try to
7 get some kind of resolution.

8 Part of this is a bigger issue,
9 which is because it is so hard to site
10 those programs -- we have 5,000 people in
11 13 programs, right? So do the math. I
12 mean, it's a very large number, and the
13 reason that we have such large numbers is
14 that once you get a methadone program
15 sited, that program has to be all takers,
16 because to try to get another program
17 sited -- we just spent six years trying
18 to site one program in a part of the City
19 that has actually high rates of heroin
20 use and opiate use. So it's very
21 difficult, and so I think that -- we want
22 to address the very specific issues that
23 you're talking about there, and we will
24 do that with you. But we also I think
25 have to deal with the larger policy

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2 issue, which is how does a community have
3 a policy that allows us to distribute
4 these kinds of programs throughout the
5 City in a way that they don't have a
6 large footprint.

7 We had a program that was on
8 Walnut Street, middle of downtown
9 Philadelphia, for years. No one ever
10 knew it was there, and the reason they
11 didn't know it was there, because we only
12 had 200 or 300 people, it was on a busy
13 street, people came and went every day,
14 and there was no impact on the community.
15 But that was a small program. If that
16 program rose to 500, 600 people, you're
17 going to have an impact.

18 And so I think that we need
19 your help on both of those issues. Let's
20 deal with the smaller issues, but then
21 let's also take on some of the larger
22 issues.

23 COUNCILMAN JONES: So the
24 program in question is larger than 500.

25 DR. EVANS: It's larger than

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2 500.

3 COUNCILMAN JONES: And it is
4 24 -- well, it's seven days a week. And
5 I understand the need is to be able to
6 deliver those services seven days a week,
7 but, again, when you -- I don't want to
8 threaten a license because of the
9 services needed, but when you get ignored
10 and when the community gets ignored, at
11 some point, you know, I have to assert
12 myself. And I didn't want to talk to
13 dad. You know what I mean? I really
14 didn't. I wanted to handle it ourselves,
15 but at this point, my frustration level
16 is --

17 DR. EVANS: I will -- we can
18 certainly talk after this, and let's come
19 up with a strategy. I think that just so
20 that you know, the whole good neighbor
21 policy that I told you about that we are
22 reissuing and working with our providers
23 around that, the provider that you're
24 talking about in particular, one of the
25 discussions we're having is can they

1 4/15/14 - WHOLE - BILL 140144, etc.
2 create a space where people can
3 congregate -- because there's two things
4 going on. One is, there's a bus stop
5 there. So part of what the community is
6 seeing is people that are waiting at the
7 bus stop and people are not -- for
8 whatever reason, that's an issue for
9 people. I don't know how we resolve that
10 issue.

11 COUNCILMAN JONES: No. I'm all
12 right with that part.

13 DR. EVANS: But then the other
14 part that you're saying, which is what
15 you're describing as loitering, I think
16 that the solution there is to have some
17 other space that is within the confines
18 of the building that --

19 COUNCILMAN JONES: Which I'm
20 amenable to. And I really support them
21 being able to have their smoke breaks,
22 but it's the activities during that time.
23 And I literally -- and I'll end on
24 this -- sat in front of that place for
25 hours just watching the activity. Some

1 4/15/14 - WHOLE - BILL 140144, etc.
2 people just never go, and that's because
3 there's commerce there, and the
4 surrounding mall gets the unintended bad
5 consequence of folk hanging out, and it's
6 just a deterrent to further development.
7 And I want every citizen to be able to
8 experience sobriety and recovery, but I
9 want every young person to be able to
10 walk to school without having to go
11 through transactions. And that's what
12 I'll say, and I look forward to working
13 with you and I take you at your word.

14 DR. EVANS: We'll work together
15 on that.

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

18 COUNCILMAN GREENLEE: Thank
19 you. Thank you, Councilman.

20 Councilwoman Reynolds Brown.

21 COUNCILWOMAN BROWN: Yes.

22 Could I ask Deputy Mayor Schwarz to
23 return to the table, please.

24 (Witness approached witness
25 table.)

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2 COUNCILWOMAN BROWN: Welcome
3 back.

4 DR. SCHWARZ: Good morning.
5 Don Schwarz, Deputy Mayor.

6 COUNCILWOMAN BROWN: And I ask
7 that you return to the table, Deputy
8 Mayor, principally because these
9 departments, you are their direct link.
10 And so again the question goes to CUAs,
11 which we know are funded now to the tune
12 of about 250 million annually. What I've
13 read with interest is CBH's breakdown of
14 the Board at CBH and pleased to say that
15 CBH is leading by example in having a
16 Board that's diverse and looks like
17 Philadelphia.

18 So the question becomes too, in
19 the award of CUAs, was any consideration
20 given to or an expectation expressed --
21 if not now, going forward, since we know
22 that the Mayor has signed this bill into
23 law -- the composition of the Boards and
24 whether or not they represent the
25 communities that they serve? I need to

1 4/15/14 - WHOLE - BILL 140144, etc.
2 know that. And then, two, have the CUA
3 dollars gone to vendors with minority
4 ownership or to vendors with minorities
5 in key management positions, again, in an
6 effort to make sure that business is
7 happening in Philadelphia with MBE/WBES?

8 DR. SCHWARZ: So I apologize
9 for not having the specific information
10 on the CUAs in front of me, but the
11 Commissioner of Human Services, who was
12 responsible for the RFP process, will be
13 coming this afternoon and is prepared.

14 COUNCILWOMAN BROWN: Terrific.

15 DR. SCHWARZ: Let me say that
16 the idea of the CUAs is that agencies who
17 are responsible for CUAs should be in
18 neighborhoods, should be contracting with
19 other agencies in neighborhoods, and
20 should provide, therefore, for children
21 and families an experience that is much
22 more focused in neighborhood than what
23 we've done before where we've had a
24 central DHS that has contracted around
25 the City but hasn't been embedded in the

1 4/15/14 - WHOLE - BILL 140144, etc.
2 neighborhood the same way the CUAs are.

3 COUNCILWOMAN BROWN: On the
4 front line, yes.

5 DR. SCHWARZ: So I believe that
6 we're on the same page in terms of the
7 goal here to reflect the neighborhoods,
8 to represent the neighborhoods, and to be
9 embedded in the neighborhoods. It's why
10 the partnership with the Department of
11 Behavioral Health to assure that
12 behavioral health services are linked to
13 CUA services at a neighborhood level, so
14 that children and their families can,
15 whenever possible, remain together.

16 COUNCILWOMAN BROWN: Yes.

17 DR. SCHWARZ: And that children
18 can be reunited with their families as
19 soon as possible.

20 COUNCILWOMAN BROWN: Okay. So
21 then we can expect Commissioner Ambrose
22 to tell us the composition of the Boards
23 of the CUAs?

24 DR. SCHWARZ: I believe so.

25 COUNCILWOMAN BROWN: Okay.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 That will be important and revealing in
3 terms of how those organizations seek to
4 comply with expectations of the City on
5 the legal side as well as moving towards
6 a world where folks who are securing an
7 enormous amount of dollars from the City
8 are doing what they can to make sure
9 they're hiring folk from the City.

10 DR. SCHWARZ: Absolutely. I
11 want to emphasize that the CUA
12 organizations are non-profit
13 organizations.

14 COUNCILWOMAN BROWN: Yes.

15 DR. SCHWARZ: So you had
16 mentioned ownership. They're not owned.

17 COUNCILWOMAN BROWN: Agreed.
18 And even in non-profit circumstances,
19 that expectation still exists.

20 DR. SCHWARZ: Absolutely. We
21 understand that.

22 COUNCILWOMAN BROWN: To follow
23 up now to -- thank you, Commissioner.

24 Talk a bit about what sounds
25 very exciting, the mental health

1 4/15/14 - WHOLE - BILL 140144, etc.
2 awareness. Keep it brief, only because
3 the clock is short, but I want to hear
4 more details about that. And I did hear
5 you say that that's open to the
6 Councilmembers and staff?

7 DR. EVANS: Sure. So I think
8 that one of the biggest challenges we
9 have in our field obviously is resources,
10 but I think a very close second is
11 changing public perception about mental
12 health and substance use issues.

13 Less than 10 percent of the
14 people who have an addiction in the City
15 will access treatment services. That
16 means 90 percent of the people who are
17 addicted in Philadelphia are not going to
18 go into treatment, and 80 percent of them
19 believe that they don't need treatment.

20 COUNCILWOMAN BROWN: And
21 they're not going to go into treatment
22 because?

23 DR. EVANS: Eighty percent of
24 them believe that they don't need to go
25 into treatment. So we have a big job to

1 4/15/14 - WHOLE - BILL 140144, etc.
2 do. And then half of the people who have
3 a mental health challenge are going to
4 access services. And, again, if you look
5 at the 50 percent that don't, they either
6 don't want to go or they are afraid or
7 whatever. And so we have to pay
8 attention to the issue of how do we
9 change public perception so that people
10 are willing to seek out help and that
11 family members and people's social
12 circles can identify when people are
13 having problems and know how to connect
14 them. That's what Mental Health First
15 Aid does. Someone had a heart attack.
16 You'd be ten people that could jump and
17 give CPR. If someone starts to exhibit
18 psychiatric symptoms, start to
19 hallucinate or says that I'm going to
20 hurt myself, most people don't know what
21 to do. And so what Mental Health First
22 Aid does, it's a one-day course that
23 helps people to identify when people are
24 having problems, learn how to support
25 them, know how to support them, and then

1 4/15/14 - WHOLE - BILL 140144, etc.

2 know how to connect them to services.

3 COUNCILWOMAN BROWN: It's just
4 a one-day course?

5 DR. EVANS: It's a one-day
6 course. We have great partnerships with
7 the School District, with Comcast, with
8 PECO, with small community-based
9 organizations, American Red Cross. Just
10 across the City we've gotten really great
11 response to this, because in all of those
12 human service people-serving
13 organizations, they're running into these
14 issues. They're running into them
15 whether they're in corporate America or
16 they're a church or they're in the
17 school. And so when we describe what
18 Mental Health First Aid can do, people
19 are more than willing to partner with us
20 to try to educate people.

21 COUNCILWOMAN BROWN: So you go
22 on site to that location?

23 DR. EVANS: We are doing it
24 both ways. With the School District,
25 what we did is, we trained 30 people --

1 4/15/14 - WHOLE - BILL 140144, etc.
2 25 people to be instructors, and now
3 those instructors are now training
4 teachers and faculty and security guards
5 within the School District. In other
6 instances what we have done is create a
7 hub, like the National Constitution
8 Center is the hub. The American Red
9 Cross is a hub. Enon Tabernacle is a
10 hub. So we have these various entities
11 around the City who are opening up their
12 doors and saying, We will provide
13 training here on site, and they're
14 pulling in people from those geographic
15 areas.

16 COUNCILWOMAN BROWN: That's
17 awesome. I have more questions, but
18 we'll wait till the next round. Thank
19 you.

20 DR. EVANS: Okay.

21 COUNCILMAN GREENLEE: Thank
22 you, Councilwoman.

23 Councilwoman Tasco.

24 COUNCILWOMAN TASCO: You know,
25 since the rules came out that you

1 4/15/14 - WHOLE - BILL 140144, etc.
2 couldn't house or institutionalize
3 individuals with mental health problems,
4 we now see a number of people on the
5 street. Is there -- but you also send
6 young people away. What happens to them
7 when they become adults if they are
8 entering a facility? Do you have
9 residential facilities who may stay in
10 that facility or do they have to leave
11 the facility?

12 DR. EVANS: So for youth who
13 are in residential facilities and then
14 age out and become adults, that can be a
15 challenge, mainly because we don't have a
16 residential system for adults in the same
17 way that we have with children. We do
18 have some residential facilities, and
19 particularly for people who have very
20 high needs, we've created specialized
21 residential programs to transition those
22 individuals into those programs,
23 particularly people who have both
24 intellectual disabilities and behavioral
25 health challenges.

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2 The goal, though, is for people
3 not to be in residential settings.
4 That's always our goal. For some people
5 they need to be in a setting where they
6 have to have 24-hour services available,
7 but for the most part, most people, even
8 with the most severe forms of mental
9 illness, can live very successfully in
10 the community with the right set of
11 services and supports.

12 So that's essentially what
13 we've done. We worked with Dr. Schwarz
14 on a permanent supportive housing
15 initiative that the City has been doing
16 actually since the Mayor has been in
17 office. We've secured housing vouchers
18 from the Housing Authority. Then we
19 leverage those housing resources, those
20 Section 8 vouchers, with Medicaid-funded
21 treatment services, and what we've been
22 able to do is to move both people who
23 historically had been in residential
24 settings into the community, supported by
25 assertive community outreach teams or

1 4/15/14 - WHOLE - BILL 140144, etc.
2 assertive community teams, and for people
3 who are homeless, we've been very
4 successful in identifying those
5 individuals who are homeless who have a
6 mental health challenge or a substance
7 use challenge by getting them directly
8 into an apartment and then supporting
9 them with, again, those Medicaid-funded
10 services. In the cases where
11 particularly for people who have
12 addictions and they might not be able to
13 go directly into a housing, we have
14 created specialized treatment programs
15 that people can go into specifically
16 designed for people who are homeless.
17 They have very long lengths of stay, and
18 then we're able to transition them into
19 permanent supportive housing.

20 To date, we have, I think,
21 around 600, 700 people who have come
22 through that program. Ninety-three
23 percent of them are still in the housing
24 and they're being successful.

25 So the issue is, what's the

1 4/15/14 - WHOLE - BILL 140144, etc.
2 most effective model for supporting
3 people. It is to have housing resources
4 and then to support those individuals in
5 the community, and that's the -- again,
6 under Dr. Schwarz's leadership, we've
7 been able to -- and the Mayor, frankly,
8 who was instrumental in getting those
9 housing resources, we've been able to
10 successfully move people into independent
11 living in the community, and they're
12 doing quite well.

13 COUNCILWOMAN TASCO: I was just
14 concerned about the young man who
15 attacked the police officer on the train.
16 I guess evidently he did have a place to
17 stay. He just wasn't taking his
18 medication.

19 DR. EVANS: Well, and I think
20 that's why Mental Health First Aid is so
21 important, because if you look at that
22 case or you look -- and I don't know the
23 specifics of that case, so I'm not
24 speaking about his case in particular,
25 but if you look at the high-profile cases

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2 where you've had a person with mental
3 illness who commits some act of violence,
4 first of all, to put that in context,
5 most people who have mental illnesses
6 don't commit acts of violence, but some
7 do. That's a reality. In almost all of
8 those cases, when you talk to people
9 around that person, they saw something.
10 You hear the interviews. Well, we knew
11 something was wrong with Bobby, or
12 whoever, but we weren't quite sure what
13 to do.

14 So what we're trying to do is
15 to make sure that a wide range of people
16 within our community recognize that what
17 he's saying doesn't really make a lot of
18 sense and it might be related to a mental
19 health challenge and helping people
20 understand then how to connect people,
21 because in almost all of these instances,
22 people knew something was wrong. They
23 just didn't know what to do. So what
24 we're trying to do is really equip the
25 public to be able to intervene in those

1 4/15/14 - WHOLE - BILL 140144, etc.
2 situations.

3 COUNCILWOMAN TASCO: Could I
4 please ask one more question and I'll be
5 done and then I'll --

6 COUNCILMAN GREENLEE: We got a
7 long list here.

8 COUNCILWOMAN TASCO: I know,
9 but I won't be back.

10 COUNCILMAN GREENLEE: Okay. If
11 you could -- yes.

12 COUNCILWOMAN TASCO: On Page 46
13 of your budget detail, CBH is scheduled
14 to receive \$851 million under their
15 behavioral health managed care contract.
16 Considering the recent change in
17 leadership at CBH, have there been
18 changes in their operations and your
19 oversight of this provider?

20 DR. EVANS: Sure. So we are
21 very, very fortunate to get Joan Erney as
22 the CEO of CBH. Joan was the Deputy
23 Secretary for OMHSAS at the state level.
24 So she had responsibility for the entire
25 state's mental health system, and we now

1 4/15/14 - WHOLE - BILL 140144, etc.
2 have her actually running CBH. So we're
3 very fortunate. She's very accomplished
4 and a very strong manager. So in
5 addition to running CBH, she also sits a
6 part of my overall management team, sits
7 with my management team as we're making
8 overall decisions.

9 So we're not changing the way
10 we supervise, but I can tell you I have a
11 lot of confidence in her. The team that
12 she's been able to put together is really
13 excellent, and so we have no -- I'm
14 absolutely confident that we're going to
15 see even better work coming out of that
16 organization.

17 COUNCILWOMAN TASCO: Thank you.

18 COUNCILMAN GREENLEE: Thank
19 you, Councilwoman.

20 Councilman Kenney.

21 COUNCILMAN KENNEY: Thank you,
22 Mr. Chairman.

23 Relative to your outside
24 contracts not only with Behavioral Health
25 but throughout the Health Department --

1 4/15/14 - WHOLE - BILL 140144, etc.
2 and maybe Deputy Mayor Schwarz could
3 inform us as to what goes on. Who has
4 the utilization review and audit
5 responsibilities for reviewing, similar
6 to what a healthcare company would do,
7 they have separate audit departments,
8 separate utilization review departments,
9 and we do it in-house or do we do it
10 externally with a private company?

11 DR. EVANS: So I can speak
12 about the Department of Behavioral Health
13 and Dr. Schwarz can talk about the Health
14 Department.

15 So within our department, as
16 Councilwoman Tasco just noted, \$851
17 million of our \$1.2 billion budget is
18 dollars that the City receives for the
19 management of the Medicaid population.
20 We do that through CBH, Community
21 Behavioral Health. CBH is essentially an
22 administrative services organization that
23 performs managed care-like functions. It
24 does utilization review. It does claims
25 payment. It does compliance audit.

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2 COUNCILMAN KENNEY: You're
3 talking about national CBH, not --

4 DR. EVANS: I'm talking about
5 our CBH.

6 COUNCILMAN KENNEY: Our CBH.

7 DR. EVANS: Our CBH. So to
8 your question, we do that through our
9 administrative services organization,
10 which is the City-run, City-controlled
11 Community Behavioral Health. We do
12 utilization management. We do
13 compliance. So they are going in,
14 looking at charts of providers. They're
15 making sure that they follow the Medicaid
16 rules. If there are services that are
17 not following those rules, we will
18 actually take back money. We've taken
19 back --

20 COUNCILMAN KENNEY: Is there
21 interface with CMH?

22 DR. EVANS: I'm sorry?

23 COUNCILMAN KENNEY: Is there
24 interface with CMH, I think, isn't it?
25 The Medicaid --

1 4/15/14 - WHOLE - BILL 140144, etc.

2 DR. EVANS: Oh, CMS.

3 COUNCILMAN KENNEY: CMS. I'm
4 sorry.

5 DR. EVANS: So the way this
6 works is that CMS obviously controls the
7 Medicaid program. That program is
8 administered through DPW at the state
9 level. DPW contracts with the City of
10 Philadelphia, and the City uses CBH to
11 administer the program. So that's sort
12 of the --

13 COUNCILMAN KENNEY: Does CMS
14 have much commentary? I know --

15 DR. EVANS: Not to us directly.
16 They work through the state. So CMS's
17 relationship is with the 50 states. Our
18 relationship is with DPW.

19 COUNCILMAN KENNEY: And what's
20 the level of commentary from CMS on
21 contracts -- I know from another
22 responsibility that I have that CMS is a
23 difficult group to deal with, and it's a
24 good thing that they're a difficult group
25 to deal with, because they're looking out

1 4/15/14 - WHOLE - BILL 140144, etc.
2 for taxpayers' dollars.

3 So what kind of -- I mean, does
4 it ever get to our level -- when CMS has
5 a problem and expresses that to DPW or I
6 guess -- to DPW, does it ever get down to
7 us and what do we do?

8 DR. EVANS: Absolutely. It
9 gets to us all the time. So DPW is
10 constantly reviewing the state's Medicaid
11 program and it's reviewing how the state
12 has implemented that program. So they're
13 looking at our practices, and they may be
14 commenting on those practices in terms of
15 how the state administers the program.

16 COUNCILMAN KENNEY: That's just
17 on CBH, right?

18 DR. EVANS: I'm sorry?

19 COUNCILMAN KENNEY: That's just
20 on Behavioral Health?

21 DR. EVANS: Just on Behavioral
22 Health.

23 COUNCILMAN KENNEY: The
24 Medicaid-funded Behavioral Health
25 program.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 DR. EVANS: That's correct.

3 COUNCILMAN KENNEY: So there's
4 a straight line between CMS, DPW, and us.

5 DR. EVANS: That's correct.

6 COUNCILMAN KENNEY: Do we have
7 any idea -- do we find out when folks are
8 misbehaving or billing wrongly or
9 overbilling or do we get that
10 information? Are we told that?

11 DR. EVANS: So we are -- we're
12 responsible, because we have the contract
13 with the provider, we're responsible for
14 making sure that the providers are
15 eligible and are complying with Medicaid
16 rules. When we find that they are not,
17 then we -- if it's something that's not
18 egregious, we will do a take-back. If
19 it's something that we think borders on
20 illegality, we will refer that to the
21 state, the state's --

22 COUNCILMAN KENNEY: Is that
23 information proprietary or is it public
24 record?

25 DR. EVANS: Not per se. I

1 4/15/14 - WHOLE - BILL 140144, etc.

2 mean, if we do --

3 COUNCILMAN KENNEY: I'm not
4 talking about the clients themselves, the
5 patients themselves. I'm talking about
6 the contractor. Is that information,
7 CMS's responses or comments, DPW's
8 actions, our take-back or whatever, is
9 any of that public record?

10 DR. EVANS: I would believe
11 that under the Sunshine Laws that it
12 would be.

13 COUNCILMAN KENNEY: It would
14 be, other than anything under HIPAA,
15 anything dealing with HIPAA.

16 DR. EVAN: Yeah. Anything that
17 was HIPAA related, no, but I would
18 think -- I mean, we'd have to ask the Law
19 Department in particular, but my guess
20 would be that some of that information
21 would be --

22 COUNCILMAN KENNEY: Is that
23 something that should be reported so we
24 know who the good actors are, the bad
25 actors are, or the medium actors are?

1 4/15/14 - WHOLE - BILL 140144, etc.

2 DR. EVANS: Well, I think when
3 it comes to client care, those are the
4 kind of things that we should make more
5 available. We have talked about a report
6 card type of --

7 COUNCILMAN KENNEY: That's
8 where I'm going. I mean, should we not
9 know who the fine providers of service
10 are, not only in substance abuse or
11 behavioral health but in every other
12 segment of outside contracting?

13 DR. EVANS: I think ultimately
14 that's where we want to go.

15 COUNCILMAN KENNEY: Doctor,
16 your head was shaking more vigorously
17 under CBH as opposed to other types of
18 contracts. I noticed the different flow.

19 DR. EVANS: What I'll say very
20 quickly is that I think that that's
21 ultimately where we want to go. The
22 pay-for-performance system that I just
23 told you about is probably the template
24 for how we would do that. I think that
25 we just -- that is a system that is

1 4/15/14 - WHOLE - BILL 140144, etc.
2 evolving, and before we put out this is a
3 good provider and this is not a good
4 provider, we want to make sure that
5 that's system is reliable and valid.

6 COUNCILMAN KENNEY: But that's
7 mostly state money.

8 DR. EVANS: That is all
9 state -- well, state, federal.

10 COUNCILMAN KENNEY: State,
11 federal money, but not Philly.

12 DR. EVANS: It's not local.

13 COUNCILMAN KENNEY: But on the
14 other contracts, the non-CBH,
15 non-Medicaid contracts, are there City
16 dollars in play that need to be taken
17 into account?

18 DR. SCHWARZ: So I think what
19 may be helpful, one of the things that
20 we've done is, we've centralized the
21 audit functions for our four departments.
22 So there's a central audit agency now.
23 You know that many of the agencies that
24 contract with one of our departments
25 contract with more than one, and as a

1 4/15/14 - WHOLE - BILL 140144, etc.
2 result, their financial statements and
3 their history of audit is the same across
4 departments. It's not efficient for us
5 to do it separately, so we've centralized
6 that. It also means that there is an
7 independent review, in a sense,
8 independent of any department.

9 COUNCILMAN KENNEY: Independent
10 meaning which type of audit? Is there an
11 outside independent audit?

12 DR. SCHWARZ: There isn't.
13 It's their own independent audit in the
14 sense their financial statements, and
15 their audit is reviewed. Every audit
16 that comes to us, we actually get them
17 now and we monitor them. If there is a
18 question by an agency or there's a report
19 in the press or we get a report from
20 someone that there's an irregularity,
21 that unit with the department, if it's
22 specific to a department, otherwise if
23 it's broader, that unit goes out and does
24 a deeper dive on financial --

25 COUNCILMAN KENNEY: What

1 4/15/14 - WHOLE - BILL 140144, etc.
2 healthcare companies are required to do
3 is not only have an internal audit
4 division but an outside independent audit
5 division that meets with the audit
6 committee that compares information.
7 Does at some point -- and I'm not saying
8 that there's anything going wrong. You
9 know how things are billed and things are
10 filed and medical filings are often
11 mistaken. Is there any need for an
12 outside independent audit on a regular
13 basis to kind of confirm the numbers of
14 your own audit team?

15 DR. SCHWARZ: So two things
16 I'll say that may help. One is, DBH's
17 function as, if you will, an insurance
18 company is unique among government. So
19 we don't have an insurance company in the
20 same way on the health side. The
21 Medicaid health dollars go to other
22 agencies under HealthChoices, the state
23 program, and we have no control over them
24 and we have no ability to audit those
25 agencies. So the fee for service

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2 high-volume collection where people talk
3 about fraud, waste, and abuse, we, the
4 Health Department, don't -- we're not
5 analogous to DBH in that way, one.

6 Two, we have contract monitors
7 in every department. They look at the
8 expectations of contracts. They look at
9 what's delivered on the contracts. They
10 look and review every invoice based on
11 what's in the contract and what's been
12 done in terms of the work of that
13 contract. And particularly for higher
14 volume agencies where we have more
15 contracted dollars, like the AIDS
16 Activities Coordinating Office, there are
17 performance measures that are broader
18 based so we can compare.

19 COUNCILMAN KENNEY: I guess
20 just the final question is, would there
21 be a benefit to an outside independent
22 audit firm that would confirm those
23 findings?

24 DR. SCHWARZ: In a sense, we
25 have that in the Controller's Office for

1 4/15/14 - WHOLE - BILL 140144, etc.
2 the City. I'm happy to have someone else
3 come in.

4 COUNCILMAN KENNEY: My point
5 is, the Controller is constantly -- all
6 controllers come in here in budget season
7 to complain about their lack of
8 resources. I'm wondering whether or not
9 this rises to the level of taxpayer
10 expenditure that would call for an
11 independent audit, not that anyone is
12 doing anything wrong but just to confirm
13 your numbers.

14 DR. SCHWARZ: So the
15 Controller's Office looks at our
16 procedures, and I believe that in looking
17 at the procedures, we feel comfortable
18 that the procedures done within the City
19 would meet what an outside agency would
20 do. I'm not sure what would be gained
21 specifically based on the kinds of
22 contracts.

23 COUNCILMAN KENNEY: Okay.
24 Thank you.

25 DR. EVANS: I have to say for

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2 the HealthChoices program, the City is
3 actually required by the state to do an
4 independent audit, and so that program is
5 audited.

6 COUNCIL PRESIDENT CLARKE:

7 Thank you, Councilman.

8 Quick status report. We have
9 seven members teed up. We have four
10 departments left after this particular
11 department today. So no suggestions;
12 just a simple status report.

13 DR. EVANS: And I'll talk fast.

14 COUNCIL PRESIDENT CLARKE:

15 Thank you.

16 The Chair recognizes Councilman
17 Oh.

18 COUNCILMAN OH: Thank you very
19 much, Mr. President.

20 Good morning.

21 DR. EVANS: Good morning,
22 Councilman.

23 COUNCILMAN OH: Thanks for all
24 your great work. That's true, heartfelt,
25 and also a precursor to some questions.

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2 But these are technical questions. I'm
3 really just exploring the answer.

4 So as a city, there are about a
5 thousand licensed methadone clinics; is
6 that correct or incorrect?

7 DR. EVANS: No. There are --
8 we have ten -- sorry; 13. Ten providers,
9 13 programs.

10 COUNCILMAN OH: Where did the
11 number thousand come there? I just don't
12 recall where that --

13 DR. EVANS: I'm not sure where
14 a thousand came from. I'm not sure where
15 that came from.

16 COUNCILMAN OH: Okay. A
17 understanding on my part. So anyway,
18 there's ten --

19 DR. EVANS: There are ten
20 providers and 13 programs serving about
21 5,000 people.

22 COUNCILMAN OH: Okay. I
23 apologize.

24 So are there metrics on success
25 for these programs and clinics?

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2 DR. EVANS: Sure. So as I was
3 talking about, the pay-for-performance
4 system. For every level of care, we
5 develop metrics for that particular type
6 of service. So for methadone as well as
7 inpatient and outpatient, we are looking
8 at various kinds of metrics.

9 COUNCILMAN OH: So the
10 methadone is a replacement therapy with
11 maintenance treatment.

12 DR. EVANS: Methadone is an
13 agonist for opiates, which means that
14 what methadone does technically is that
15 it gets into the opiate receptors and
16 blocks the euphoria that people will
17 typically experience when they use
18 opiates.

19 COUNCILMAN OH: So my question
20 is, heroin addicts are opiate abusers.
21 They get -- they go to the methadone
22 clinic when they wake up in the morning
23 and then they return in the evening
24 typically. No?

25 DR. EVANS: No. People are

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2 usually dosed once a day, and most people
3 come in the morning but some people come
4 in the evening. But a lot of people come
5 for their daily dosing prior to going to
6 work, and so a lot of people will be
7 going in at 6:30, 7 o'clock in the
8 morning.

9 COUNCILMAN OH: Do you know the
10 number of people that come in in the
11 morning and then in the evening?

12 DR. EVANS: I don't know -- I
13 think that probably varies by program.
14 The programs that have a higher
15 proportion of people who are working
16 probably have more people coming in in
17 the morning and those that don't probably
18 have more of a shift to the afternoon.

19 COUNCILMAN OH: My question is
20 programs where they dose twice daily,
21 once in the morning, once in the
22 afternoon.

23 DR. EVANS: Right. But an
24 individual is only going once, either in
25 the morning or in the afternoon.

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2 COUNCILMAN OH: Going twice is
3 my question.

4 DR. EVANS: No. People would
5 not go twice. People would go either in
6 the morning or they would go in the
7 afternoon. So the times have more to do
8 with when people can go as opposed to
9 people needing to go twice.

10 COUNCILMAN OH: So my
11 experience is that people go twice. So
12 that's just my personal experience where
13 I know people who go twice, once in the
14 morning, once in the evening. So if that
15 is not supposed to be happening -- in
16 other words, are you saying they're not
17 supposed to be dosed twice a day?

18 DR. EVANS: Right. So if
19 people are going twice, it could be that
20 they're going in the morning for their
21 medication and in the afternoon for some
22 kind of psychotherapeutic, they might be
23 in a group or that kind of thing, but
24 people wouldn't be dosed twice. That
25 would not be --

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2 COUNCILMAN OH: So that would
3 contradict my observation where I can say
4 that people go twice a day for being
5 dosed twice a day. Is that illegal? Is
6 that improper?

7 DR. EVANS: Well, I can't think
8 of any reason why someone would go twice
9 a day. I'd be happy to talk to you about
10 that and try to find out what that's
11 about, but that would be highly unusual.

12 COUNCILMAN OH: Okay. So what
13 is the goal of methadone replacement
14 therapy and treatment? And I put that in
15 the context of alcohol addiction where
16 they try to get them off of alcohol,
17 gambling addiction. But methadone is a
18 substitute for heroin, and you still have
19 people who die of overdoses and studies
20 have shown that there hasn't been a
21 decrease in the mortality rate or the
22 crime for people on methadone because it
23 can extend their whole life.

24 DR. EVANS: Right. So I think
25 the thing to understand with addiction is

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2 that --

3 COUNCILMAN JOHNSON: Can I get
4 a point of information, please.

5 COUNCIL PRESIDENT CLARKE: Let
6 him finish. Let him just finish
7 answering the question.

8 COUNCILMAN JOHNSON: Go ahead.

9 DR. EVANS: So the thing with
10 addiction is that different things work
11 with different people and there's no one
12 strategy that works. So some strategies
13 are to help the person detox and to be
14 treated, what people call, drug free or
15 without some kind of medication. Some
16 people find that very, very difficult,
17 particularly people who have had a very
18 long history of heroin addiction or
19 opiate addiction. And so in the '60s,
20 methadone was identified, methadone
21 replacement therapy as you identified, as
22 a very effective way to help people who
23 have very long addiction careers, opiate
24 careers, be stabilized, not feel the
25 impact of the euphoria that is typically

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2 felt with opiate use, and to stabilize to
3 the point that they can get a job, that
4 they're not engaging in criminal
5 activity. And in fact, methadone has
6 literally hundreds, at this point
7 thousands of studies that show that
8 people who use methadone decrease
9 criminality, they increase employment,
10 they are more engaged with their
11 families. That's not even a question in
12 terms of its effectiveness. Most of the
13 opposition to methadone tends to be
14 philosophical, that there are some people
15 within the field that believe that, well,
16 you're not really, quote, clean or you're
17 not in recovery if you're using a
18 medication to achieve your recovery.
19 There are other medications that actually
20 block the effects of opiates, like
21 Naltrexone.

22 So there are a lot of different
23 treatment strategies, and the thing that
24 we try to do as a system is to make sure
25 that all of those options are available

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2 to people, because no one thing works for
3 everyone.

4 Did I answer your question?

5 COUNCILMAN OH: You did, and I
6 guess at another time, maybe not here,
7 I'd like to explore that -- not the
8 philosophy of it, but the -- in other
9 words, the ones who are on methadone that
10 actually -- methadone, Methadose that
11 actually reunite with their families,
12 that actually begin to live a normal
13 life, that actually go to work, that's a
14 success story, and the ones who don't or
15 who relapse and come back and relapse,
16 that's not a success story, and I'm just
17 wondering are there measurements on those
18 success and duplicate -- because as a
19 prosecutor, former prosecutor, I've been
20 familiar with the examples that I said
21 where people go twice a day. They're
22 high in the morning. They're high in the
23 evening. They have great difficulty
24 getting jobs. They don't work, and there
25 isn't the fundamental self-esteem,

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2 dealing with the problems type of
3 treatment in between, maybe for insurance
4 reasons or whatever reasons. That's my
5 familiarity with some of the failures.

6 DR. EVANS: Sure.

7 COUNCILMAN OH: But I'm just
8 wondering if there is a measurement of
9 success and encouragement of successful
10 treatment within these clinics.

11 DR. EVANS: Sure. So like I
12 said, the research -- this is probably
13 the most researched treatment
14 methodology, addictions treatment
15 approach, that we have. So I think the
16 research around this is really clear.
17 The reality is, like I started, there is
18 no one approach that works for everyone.
19 So even with methadone, you're going to
20 find people that continue to struggle for
21 a variety of reasons. One of the reasons
22 is that many of the people who use
23 opiates also use a lot of other
24 substances, and programs that don't -- so
25 if you only provide methadone, you're not

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2 dealing with the fact that, okay, the
3 person is using cocaine and alcohol and
4 those other things. You're going to see
5 the kind of pattern that you see.

6 So one of the things that we're
7 doing is, in benzodiazepine use for
8 example, is making sure the providers are
9 using a more comprehensive way of
10 addressing people's addiction and not
11 just focusing on their opiate use. Our
12 Director of Addiction Services, Roland
13 Lamb, has done a phenomenal job of moving
14 providers from just looking at dosing
15 medication to really providing a
16 comprehensive set of interventions that
17 really are going to increase the
18 likelihood that people are going to be
19 successful.

20 What I'd offer to you is that
21 if you'd like to sit down and talk to
22 people in a methadone program, because I
23 think you would be surprised at the folks
24 who are in those programs who have their
25 lives back, they have jobs, they have

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2 their families back, and they're doing
3 quite well. If they walked in this room,
4 you would never suspect that they were a
5 methadone client. I'd love to connect
6 you with those folks and let you hear
7 directly from them about what it's been
8 for them, and I'd offer that to you and
9 in fact anyone in Council.

10 COUNCILMAN OH: I appreciate
11 and thank you very much for your answer.

12 COUNCIL PRESIDENT CLARKE:
13 Thank you, Councilman.

14 Councilman Johnson, you had a
15 point of order?

16 COUNCILMAN JOHNSON: Yeah.
17 Just a point of information. Can you
18 just -- and this is specifically directed
19 toward my colleague's question. Just
20 elaborate on the dosage per payment that
21 the City doles out for individuals who
22 are part of methadone programs. And I
23 sat on the particular behavioral health
24 board. I won't say the board, but I've
25 always had an issue with the payment

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2 system based upon the level of doses that
3 you actually give to clients. Can you
4 elaborate the City's role and how that
5 operates?

6 DR. EVANS: So I think -- and
7 Roland can back me up here -- we pay
8 people on a per-day basis who are in
9 those methadone programs. Again, I give
10 a lot of credit to Roland Lamb who has --
11 because in a lot of places, in a lot of
12 communities, the only thing that people
13 are getting is the medication. They're
14 coming to a clinic. They're getting the
15 medication and they're essentially going
16 home, even despite the fact that there
17 are regulations around how much
18 psychotherapeutic activity --

19 COUNCILMAN JOHNSON: How much
20 is paid to the actual providers via the
21 City based upon the level of doses that
22 are doled out to the clients?

23 (Witness approached witness
24 table.)

25 MR. LAMB: Good afternoon,

1 4/15/14 - WHOLE - BILL 140144, etc.

2 Councilman. Good afternoon, Council.

3 COUNCIL PRESIDENT CLARKE: Good
4 afternoon.

5 MR. LAMB: The actual dosing
6 rate is a little bit over, I think,
7 \$10.50.

8 COUNCILMAN JOHNSON: So just
9 again a point of information for clarify
10 for my colleague. So would you say --
11 you won't answer it that way. I'm
12 looking at the level of an incentive of a
13 provider who is getting paid to dole out
14 doses of methadone to really want people
15 to get off the methadone. At least
16 that's what I'm trying to get an
17 understanding. If I make money off of
18 the number of doses that I give out to
19 clients, I just want to make sure there's
20 not, to be quite frank with you, an
21 incentive to make money off the system.
22 Because the more people stay on it and
23 the company is getting paid, you know,
24 when it makes the level of intervention
25 to actually get people off the methadone.

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2 DR. EVANS: Well, two things
3 about what you're saying. One is that
4 methadone is a maintenance approach, and
5 there are people who will be on methadone
6 for a very long period of time. Again,
7 philosophically, some people have an
8 issue with that. They have -- if someone
9 is diabetic and they take diabetic
10 medication for their diabetes, people
11 don't seem to have a problem with that.

12 COUNCILMAN JOHNSON: For the
13 record, I don't have a problem with that
14 actual approach. I just want to clarify
15 it, but I'm also looking at, you know, in
16 some industries, the healthcare industry,
17 medication is used when you're getting
18 paid to dole out that medication in some
19 cases as a way to make a profit. So
20 there's less on intervention. There's
21 less on the cognitive therapy. There's
22 less on addressing those various social
23 issues that will alleviate a person from
24 being dependent upon whatever opiates
25 that they may be addicted to as it

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2 relates to utilizing methadone. That's
3 all I'm backing up off the question of
4 the Councilman, and I'll leave it there,
5 Council President.

6 COUNCIL PRESIDENT CLARKE:

7 Thank you.

8 DR. EVANS: I hear the
9 question.

10 COUNCIL PRESIDENT CLARKE:

11 Doctor, can you do this -- and I think
12 you get the gist of the Councilman's
13 question. Can you just forward in very
14 specific terms in terms of the
15 programmatic side of it, the contractual
16 side of what it would be and just list
17 dosage, times of day. I get where
18 he's -- to determine whether or not
19 there's some things -- there's some
20 people out there that actually say that
21 there is a category of providers that,
22 frankly speaking, if people got well,
23 they'd be out of a job. Let's call it
24 like it is. So the question about
25 whether or not -- thank you. So if you

1 4/15/14 - WHOLE - BILL 140144, etc.
2 could just give us very specific
3 information on the contractual side of
4 that.

5 DR. EVANS: Sure.

6 COUNCIL PRESIDENT CLARKE:

7 Thank you.

8 The Chair recognizes Councilman
9 Henon.

10 COUNCILMAN HENON: Thank you,
11 Mr. President and Mr. Chairman.

12 So I have had several
13 conversations. I've been sitting here
14 patiently thinking to myself, listening
15 to some of the conversations and some of
16 the situations that we have in my
17 district specifically. And, look, I'm
18 glad there are treatments for people to
19 try to turn their lives around.
20 Everybody deserves a second chance. Some
21 people deserve two, three, four chances.
22 As long as they're at an advantage of
23 turning their lives around and being a
24 productive person in society, that's to
25 all our benefits. That keeps the cost of

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2 recidivism down. It keeps the cost of
3 the numbers in our prisons down and the
4 public safety for every community. So I
5 get all that.

6 One thing -- I kind of danced
7 around it early on because I didn't want
8 to get into this conversation because I
9 don't think this conversation should be
10 here. This is just my personal thing.
11 But there is a lack of oversight between
12 mental health and addictions from the
13 City perspective and the state license.

14 Now, if a bar -- if you have a
15 license issued by the state, not by the
16 City, from the state, and you have
17 violations and violations in that bar to
18 that license, it goes towards that
19 license, then that license can be
20 revoked. So what I'm going to say is, we
21 had conversations about bad actors and
22 everything. There are bad actors in the
23 City of Philadelphia dealing with
24 addictions and in exploiting the
25 opportunity to make money. And if I find

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2 out that they're bad actors in my
3 district and there's no oversight from
4 the City like mental health -- so I want
5 to continue to work with you and your
6 office and Dr. Schwarz in trying to have
7 that kind of parity or that same level of
8 oversight.

9 If I find bad actors, I will
10 build up a case of them being bad
11 neighbors and bad to society and bad to
12 the clients that they're trying to
13 exploit for money and bad to the
14 community and public safety, when you
15 have 600 people coming in and out of a
16 day, bad for the wrong location, next to
17 a daycare, next to a school, on a
18 commercial corridor, in a residential
19 neighborhood. All unacceptable if you're
20 a bad neighbor. If they're a bad
21 neighbor, they should be punished. They
22 should be treated as such and their
23 license should be revoked.

24 So I will work with you and
25 your office to ensure that if you are any

1 4/15/14 - WHOLE - BILL 140144, etc.
2 of those above, I'm going to make a
3 motion and move towards trying to have
4 that license revoked and have them not
5 be -- I think everybody should go through
6 an RFP process through your office and
7 the Department of the City of
8 Philadelphia so we have some level of
9 accountability.

10 If somebody wants to hang a
11 shingle or a sign on a shingle and say
12 we're open for business because somebody
13 gave us the authority doesn't mean that
14 you're good for the community. It
15 doesn't mean that you have the
16 experience. If you are buying so-called
17 jewelry, if you think you're a jeweler,
18 you're a pawn shop or you're somebody who
19 buys gold for cash and now you're going
20 to get into treatment, no. That's not
21 good work.

22 So I've waited patiently to say
23 that. I said it. And I want to continue
24 to have conversations, because you guys
25 do a great job and I want to make sure

1 4/15/14 - WHOLE - BILL 140144, etc.
2 that you have all the tools that you
3 need, you have all the support that you
4 need to make sure that people are
5 accountable so our folks, your employees,
6 our employees can do their job, do it
7 effectively, do it with the tools they
8 need, and to make sure that people are on
9 the road to recovery, whatever that is,
10 whatever that is, make sure that -- they
11 can be somebody in this room. You won't
12 even know it. I mean, I've seen people
13 come to these places in suits in the
14 morning, and I've seen them not. But
15 when you see 400, 500 of them or 50 of
16 them hanging outside and then a single
17 mom has to walk through with their kid to
18 get to daycare or school or after-school
19 program or to pick them up because she's
20 working, that puts everybody at risk and
21 in danger. So the message is clear.

22 DR. EVANS: Sure.

23 COUNCILMAN HENON: We need
24 oversight, and if you're bad, I want to
25 move to revoke their license.

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2 Thank you.

3 DR. EVANS: Thank you.

4 COUNCIL PRESIDENT CLARKE:

5 Thank you, Councilman.

6 The Chair recognizes

7 Councilwoman Quinones-Sanchez.

8 COUNCILWOMAN SANCHEZ: Thank
9 you.

10 Good afternoon, gentlemen.

11 DR. EVANS: Good afternoon.

12 COUNCILWOMAN SANCHEZ: I really
13 appreciate your working and providing the
14 tours and some of the information related
15 to the clinics so that folks kind of get
16 an idea of the complexity of this
17 situation.

18 One of the things that has
19 arisen from these very necessary kind of
20 tensions is what Councilman Henon was
21 alluding to, is the accountability and
22 how do we work to ensure that people on
23 methadone or people seeking mental health
24 services treatment that there is a
25 monitoring so that the product doesn't

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2 become a profit-making arm for the
3 non-profits.

4 With that, I've noticed an
5 abundance of pharmacies popping up
6 located near a lot of the mental health
7 services providers, and so I wanted to
8 ask, because you fund a lot of these
9 organizations and then they do the fee
10 for services, is there any way that we
11 monitor the level -- and you mentioned
12 that some folks on methadone have other
13 medical issues. Is there any way for us
14 to monitor the prescriptions that are
15 being issued to clients, and how do we
16 hold folks accountable to that? And the
17 reason I say that, from Broad Street to
18 Kensington on Lehigh Avenue that I share
19 with President Clarke, there are 12
20 pharmacies, and some of them only open
21 certain hours during the day, and it's
22 becoming a -- so I need to know what's
23 going on.

24 DR. EVANS: So that's a complex
25 question, in that there are parts of that

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2 that touch the behavioral health system
3 and then there are parts of that that
4 don't. As you can imagine, there are a
5 lot of primary care physicians. There
6 are pain clinics in communities that are
7 dispensing a lot of benzodiazepines, a
8 lot of opiates and has nothing to do with
9 behavioral health care other than once
10 they get addicted, they end up in our
11 system and we have to treat them.

12 What we're seeing is
13 increasingly the number of people who are
14 on prescription medications who start out
15 on those prescription medications. The
16 physician determines that the person is
17 now addicted, cuts them off of that
18 medication. Those people convert over to
19 heroin, which is a lot cheaper, to
20 continue their habit, because without the
21 medication, they're going to go into
22 withdrawal. So a lot of those people end
23 up in our treatment system.

24 In terms of providers within
25 our treatment system who are contributing

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2 to the problem because they are
3 dispensing benzodiazepines or whatever
4 the medication is, when we identify those
5 folks, we do make a referral to the state
6 around their practices, if we identify a
7 physician that is not -- their
8 prescribing pattern is questionable and
9 problematic.

10 The challenge is -- and we're
11 trying to get better on this, because
12 we're caught a little bit off guard on
13 this -- is that you might be at Clinic A
14 today. You get identified. Three weeks
15 later you might be at Clinic B, and we
16 may not know that until we catch up.

17 So we're looking internally now
18 about at how we can, when we find these
19 prescribers that do have these
20 questionable prescribing patterns, to
21 identify and track them and make sure
22 that we get them out of our network.
23 Obviously we don't have authority over
24 where they might end up if they have a
25 valid license from the state, but we can

1 4/15/14 - WHOLE - BILL 140144, etc.
2 try to make sure that they're not
3 continuing the practice within our
4 network. But it's a big issue for us as
5 really a society right now.

6 COUNCILWOMAN SANCHEZ: So we
7 have no -- so there's no systematic way
8 right now that we're monitoring the
9 scripts for some of the providers? Are
10 we looking at that? I mean, if a
11 person --

12 DR. EVANS: I think we do.

13 COUNCILWOMAN SANCHEZ: -- is
14 being reimbursed from CBH, are we
15 monitoring the scripts?

16 DR. EVANS: We do. We actually
17 get some of the prescription data, and
18 that allows us to look at certain kinds
19 of patterns.

20 (Witness approached witness
21 table.)

22 DR. HURFORD: Good afternoon.
23 Matt Hurford, Chief Medical Officer,
24 Department of behavioral Health.

25 So we are fortunate in that we

1 4/15/14 - WHOLE - BILL 140144, etc.
2 have, via the relationship the City has
3 through the state, access to the
4 prescription data for Medicaid recipients
5 in Philadelphia, and we use that
6 information in a number of ways to ensure
7 that our members and the people that are
8 served in the behavioral health system
9 are receiving optimal care. That happens
10 at an individual level during the
11 utilization review process. It happens
12 at an agency level when we, for example,
13 have coordination meetings with the
14 medication assisted treatment providers.
15 Roland Lamb meets regularly with those
16 providers, and there are opportunities to
17 ensure that if there are individuals who
18 are receiving high rates of medications
19 that should not be used in conjunction
20 with each other, that those providers are
21 able to work with those individual
22 members to have and receive appropriate
23 care.

24 COUNCILWOMAN SANCHEZ: So you
25 would be able to see, for instance, if I

1 4/15/14 - WHOLE - BILL 140144, etc.
2 said to you, I'm concerned about these
3 pharmacies, you would be able to see who
4 is writing scripts from your system that
5 go to that particular pharmacy?

6 So here's what's happening:
7 People claim they lose their
8 prescription, say we have, you know,
9 folks getting -- we know they're selling
10 it. They say they lose it. But in
11 particular I'm interested from a pharmacy
12 perspective and seeing if there's a
13 tie-in with a mental health organization
14 and a pharmacist.

15 DR. HURFORD: That would be
16 more difficult. The data that we receive
17 is for paid claims that Medicaid actually
18 pays. So the information that we
19 generally receive is the patient, the
20 medication dose, quantity dispensed, the
21 prescriber, but not necessarily the
22 pharmacy itself.

23 The other issue I should
24 mention is that both for individuals who
25 see providers that are not in our network

1 4/15/14 - WHOLE - BILL 140144, etc.
2 and pay cash either for the clinical
3 visit itself or for the medication
4 itself, we will have no way of tracking
5 that information. It will not be
6 reported via Medicaid, and there is no
7 way that we will have an ability to
8 access that, other than by individual
9 report.

10 COUNCILWOMAN SANCHEZ: Okay.
11 So the state -- we would have to get that
12 information from the state in terms of
13 tying it back into the pharmacies?

14 DR. HURFORD: That's correct.

15 COUNCILWOMAN SANCHEZ: And then
16 we're going to be like we are with the
17 recovery houses. The state chooses what
18 information it wants to give us and not
19 give us, and, therefore, we have a
20 problem.

21 I'll go back. I know -- I'll
22 come back to that point.

23 COUNCIL PRESIDENT CLARKE:

24 Thank you, Councilwoman.

25 The Chair recognizes Councilman

1 4/15/14 - WHOLE - BILL 140144, etc.

2 Jones.

3 COUNCILMAN JONES: Thank you,
4 Mr. President.

5 And I almost have to apologize
6 for starting the methadone clinic
7 discussion.

8 DR. EVANS: I want to talk to
9 you after this about that.

10 COUNCILMAN JONES: I mean,
11 really I will work better to do things in
12 writing.

13 DR. EVANS: Not a problem.

14 COUNCILMAN JONES: But one of
15 the more disturbing things I found out is
16 that one of the directors makes 892,000
17 each clinic that they supervise or is
18 that is a sum total?

19 DR. EVANS: No, I don't think
20 that that -- there may be -- the
21 methadone providers or programs are part
22 of usually larger organizations.

23 COUNCILMAN JONES: Can you
24 provide that --

25 DR. EVANS: You're probably

1 4/15/14 - WHOLE - BILL 140144, etc.

2 talking about someone who is at the --

3 COUNCILMAN JONES: I was

4 told --

5 DR. EVANS: -- at the agency

6 level, not at the actual program level.

7 COUNCILMAN JONES: How much

8 does the President of the United States

9 make today?

10 COUNCIL PRESIDENT CLARKE: Not

11 that much.

12 COUNCILMAN JONES: Not that

13 much. I'm just saying. To my

14 colleague's question, is it about the

15 money? I don't know, but it seems to me

16 it's not a vow of poverty either.

17 So I want to change gears and

18 get you out of that.

19 DR. EVANS: I appreciate that.

20 COUNCILMAN JONES: And I

21 appreciate your willingness to have your

22 staff work with us on the issue.

23 What I want to talk about at

24 this point is, in my neighborhood and in

25 a lot of neighborhoods, what happens is

1 4/15/14 - WHOLE - BILL 140144, etc.
2 as a result of gun violence, you have
3 trauma, and I want to know how do you
4 approach that problem, particularly for
5 youth. One of the most disturbing things
6 in my tenure as a Councilperson is riding
7 by those teddy bear memorials, but worse
8 than the teddy bear memorial is kids
9 playing jump rope almost as a
10 desensitized new normal, and I wanted to
11 know what role you guys play in
12 cooperation maybe with DHS or others.
13 How do you intervene on that?

14 DR. EVANS: So that's a really
15 great question, because it's something
16 that we're spending a lot of time and
17 energy on, the issue of untreated trauma
18 in our communities.

19 So the best way to describe it
20 is, we have a three-pronged strategy.
21 One is to make sure that we have
22 evidence-based treatment options
23 available to people. You cannot assume
24 that if you go to a generic mental health
25 clinic that people there are trained to

1 4/15/14 - WHOLE - BILL 140144, etc.

2 treat trauma, and in fact, most
3 clinicians, whether psychiatrists,
4 psychologists, social workers, whatever,
5 are not trained to actually deal with
6 trauma. So one of the things we've done
7 is to bring in people who have created
8 the most effective trauma treatments and
9 have them work within our system to train
10 our providers. We've trained a network
11 of both children's providers and a
12 network of adult providers to do that.

13 Secondly, our second strategy
14 is to make sure that we are intervening
15 early. So in those communities where we
16 have gun violence, particularly when it's
17 witnessed by children or by the
18 community; for example, a community
19 center, we will send what we call our
20 crisis response teams into those
21 communities to work, not necessarily to
22 do interventions but to provide
23 information to people. So these are
24 people that have been trained in
25 psychological first aid, and the idea is

1 4/15/14 - WHOLE - BILL 140144, etc.
2 that they're going in, they are a lot of
3 times at those memorials that they have
4 in the community. They're handing out
5 information, and they're just making sure
6 that people -- part of it is to send the
7 message that it's not okay for this to
8 happen in the communities and that people
9 are going to sometimes have a --

10 COUNCILMAN JONES: Could you
11 provide to members of Council the contact
12 person?

13 DR. EVANS: Sure.

14 COUNCILMAN JONES: Because all
15 too often we're dealing with that, and
16 it's like you're lost for words of what
17 to truly -- we're not trained.

18 DR. EVANS: That's right. And
19 these people are trained to go into those
20 kind of situations and provide support
21 for people. So it's our way of not
22 waiting until people develop PTSD, but
23 going into the community immediately
24 after these kinds of things happen,
25 getting information to people, and then

1 4/15/14 - WHOLE - BILL 140144, etc.
2 being that face so that if people do have
3 problems, they know someone down the
4 street is there that can help.

5 And then the third strategy is
6 to work with our systems partners,
7 police, for example. We've trained 2,000
8 police officers on crisis intervention
9 training, because police officers are
10 often going into situations where people
11 may have a trauma history, psychological
12 distress, and we want them and the Police
13 Commissioner wants them to be able to
14 respond appropriately in those
15 situations. We're doing similar work
16 with DHS in terms of helping that system
17 in terms of dealing with trauma.

18 COUNCILMAN JONES: Like
19 Pavlov's dog, I've learned to respond to
20 the bell, and I just want to end with
21 particularly dealing with public schools,
22 there are more and more occasions -- and
23 I've had a reason to talk to educators
24 more often with the school mergers and
25 the lack of counselors and this, that,

1 4/15/14 - WHOLE - BILL 140144, etc.
2 and the other. How closely do you work
3 when a child has an episode in a class
4 and do you train personnel in the schools
5 to know how to deal with that first aid,
6 if you would?

7 DR. EVANS: Sure. So --

8 COUNCILMAN JONES: Thank you,
9 Mr. President.

10 DR. EVANS: -- the relationship
11 that we have with the School District,
12 that we have with Dr. Hite and his staff,
13 is the best it's been in my tenure, and
14 I've been in my position for nine years
15 now. We're working with them in multiple
16 levels. We have the school therapeutic
17 services that are in schools. So for
18 those kids that are likely to have those
19 kinds of challenges, there are behavioral
20 health professionals in the schools that
21 are working directly with them. Those
22 behavioral health professionals are also
23 working with the staff, the
24 administration, the faculty on how to
25 better handle those kind of situations.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 We have a protocol worked out
3 with the School District so that when a
4 situation exceeds what they can handle in
5 the school, that we will deploy our
6 crisis response -- I'm sorry; our mobile
7 crisis teams to the school to help manage
8 those situations. And when there are
9 particular issues that come up, Dr. Hite
10 will call me directly or I might call
11 him, and we will collaborate and we'll
12 deploy staff.

13 So we have both routine
14 protocols that we have in place and we
15 have the kind of relationship that they
16 will call and we will work out those
17 kinds of situations directly.

18 COUNCILMAN JONES: Thank you,
19 Mr. President.

20 COUNCIL PRESIDENT CLARKE:
21 Thank you, Councilman.

22 The Chair recognizes
23 Councilwoman Reynolds Brown.

24 COUNCILWOMAN BROWN: My line of
25 questioning also includes what we're

1 4/15/14 - WHOLE - BILL 140144, etc.
2 doing in our schools, so I'd like some
3 further information on that, particularly
4 around violence in schools.

5 You currently fund several
6 programs that have proven successful in
7 reducing youth violence and recidivism
8 amongst juvenile offenders. The
9 Functional Family Therapy is one such
10 program. How many FFT programs are you
11 currently funding? How many of them have
12 established programs in the public
13 schools? What youth violence reduction
14 programs are you currently funding within
15 the public schools, and some detail
16 around those in particular. Is there
17 room to do more? Are there dollars
18 available to do more?

19 DR. EVANS: So FFT is -- we
20 have three providers of FFT.

21 COUNCILWOMAN BROWN: You said
22 three?

23 DR. EVANS: Three providers.
24 It's not an intervention that you do in
25 the school. The whole idea is to do it

1 4/15/14 - WHOLE - BILL 140144, etc.
2 in the family setting. So it's not a
3 school-based service. It's a
4 family-based service.

5 Our capacity to do more? Yes,
6 we have some capacity. In fact, one of
7 the conversations we are having with Dr.
8 Hite right now is around how we deploy
9 the current resources in the schools. So
10 I said we have a \$70 million investment
11 in the schools. A lot of where those
12 services are delivered is a historical
13 artifact, and what we're doing now is
14 we're looking at essentially re-procuring
15 those services and how would we
16 distribute those services in the areas
17 that the School District is identifying
18 as having the highest need.

19 So that's part of our capacity,
20 is to try to shuffle the deck so that we
21 are targeting services in the areas of
22 the greatest need, but part of it is, we
23 do have some capacity and we're working
24 with the School District to identify what
25 those services might look like.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COUNCILWOMAN BROWN: And so
3 coupled with that, might DHS be at that
4 table as well as -- is DHS at the table?

5 DR. EVANS: DHS, us, and the
6 School District. For example, a few
7 months ago we did a joint event that
8 included the School District, DHS, and my
9 department all coming together and then
10 looking at how do we better address the
11 social, emotional needs of children.

12 COUNCILWOMAN BROWN: And
13 maximize those resources. The other
14 agency I was trying to remember is the
15 DA's Office, because in having a meeting
16 with the District Attorney, he also has a
17 strong interest on the prevention side of
18 the ledger. So having him at the table
19 as well, he has some great ideas about
20 how well they do this in San Francisco.
21 So know that as an FYI, he has an
22 interest in that area as well.

23 DR. EVANS: Be happy to work
24 with him on that.

25 COUNCILWOMAN BROWN: Okay.

1 4/15/14 - WHOLE - BILL 140144, etc.
2 Community-based providers -- no. One
3 second.

4 The inclement weather, we know
5 it wreaked havoc on everybody, and
6 community-based organizations providing
7 behavioral health services were closed as
8 a result on many of those days. Since
9 those agencies were not able to provide
10 services and, therefore, unable to bill
11 CBH, what was the fiscal impact of such
12 closures on those agencies? Can you
13 discuss that, please.

14 DR. EVANS: We know --

15 COUNCILWOMAN BROWN: In the
16 past you made attempts to reimburse
17 agencies for some portion.

18 DR. EVANS: Sure. We know that
19 some agencies experienced a financial
20 impact because of all of the snow that we
21 had this year. This year we are not in a
22 position -- historically we have worked
23 with those providers to try to figure out
24 strategies to help compensate them for
25 that loss in revenue. We're just not in

1 4/15/14 - WHOLE - BILL 140144, etc.
2 that position this year. We're going to
3 be very, very tight this year, and we
4 might even have a deficit in the Medicaid
5 managed care program. So we're not in a
6 position to help the providers out this
7 year as we have in the past.

8 COUNCILWOMAN BROWN: And I
9 would imagine that's been shared
10 uniformly across the system?

11 DR. EVANS: The providers know
12 that. We've let them know.

13 COUNCILWOMAN BROWN: Okay. We
14 talked about the Mental Health First Aid.

15 I thank you very, very much. I
16 will look forward to hearing more about
17 the agencies that you contract with and
18 where they are with regards to Board
19 composition and engagement on the
20 procurement side of the ledger.

21 DR. EVANS: Sure. We'd be
22 happy to tell you that. I can tell you
23 that 75 percent of the staffing at our
24 non-profit agencies are minorities,
25 women, and disabled, and 65 percent of

1 4/15/14 - WHOLE - BILL 140144, etc.
2 their executive staff are minority,
3 women, and disabled. So I think we have
4 a good representation in our private
5 non-profit world.

6 COUNCILWOMAN BROWN: So it
7 suggests that it's possible.

8 DR. EVANS: I definitely
9 believe it's possible.

10 COUNCILWOMAN BROWN: Leadership
11 that moves the needle. Thank you very
12 much.

13 COUNCIL PRESIDENT CLARKE:
14 Thank you, Councilwoman.

15 COUNCILWOMAN BROWN: Thank you.

16 COUNCIL PRESIDENT CLARKE: The
17 Chair recognizes Councilwoman Tasco.

18 COUNCILWOMAN TASCO: Just very
19 briefly along with that. In looking on
20 Page 13 of your budget, I noticed that
21 the Northwest Human Services, one of your
22 largest contracts, has no minorities or
23 women on their executive staff and only
24 16 percent of their Board are people of
25 color or women.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 DR. EVANS: Yeah.

3 COUNCILWOMAN TASCO: How can we
4 correct that?

5 DR. EVANS: I don't know about
6 that provider specifically. I think
7 we've given the message that we think
8 this is important. In that particular
9 case, we can certainly raise it, because
10 they are one of our larger providers. So
11 that's an issue that we certainly can
12 raise with their leadership, which is
13 actually about to change in the next
14 couple of months.

15 COUNCILWOMAN TASCO: Okay.

16 Thank you.

17 COUNCIL PRESIDENT CLARKE:

18 Thank you, Councilwoman.

19 The Chair recognizes Councilman
20 Kenney.

21 COUNCILMAN KENNEY:

22 Mr. President, as an early Easter gift to
23 you, I yield my time.

24 DR. EVANS: I think that's an
25 early Easter gift to me, Councilman.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COUNCIL PRESIDENT CLARKE:

3 Thank you.

4 The Chair recognizes Councilman

5 Oh.

6 COUNCILMAN OH: Thank you very
7 much, Mr. President.

8 My last comment, which I
9 stopped because of the time, was that my
10 interest was in addition to my
11 colleague's about bad neighbors, bad
12 actors, but just if there are alternative
13 payment methods that reward the
14 successful treatment as opposed to the
15 continued maintenance. And I understand
16 continued maintenance may just have to be
17 the way it is, but I just wonder about
18 kind of in the overall cost of things
19 kind of rewarding successful treatment
20 over continued treatment.

21 Thank you.

22 DR. EVANS: Okay.

23 COUNCIL PRESIDENT CLARKE:

24 You're good, Councilman?

25 COUNCILMAN OH: Thank you.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COUNCIL PRESIDENT CLARKE:

3 Thank you.

4 The Chair recognizes

5 Councilwoman Quinones-Sanchez.

6 COUNCILWOMAN SANCHEZ: Thank

7 you.

8 To the issue of diversity, I

9 noticed that in your demographic

10 information, you have a zero percent in

11 terms of language, bilingualism. Can you

12 speak to that in terms of services.

13 DR. EVANS: I'm not sure what

14 you mean.

15 COUNCILWOMAN SANCHEZ: In your

16 report out on minority and staff

17 demographics, you put that you have out

18 of your staff six Hispanic males, four

19 Hispanic females, but you put that in

20 terms of language, bilingualism, zero

21 percent.

22 DR. EVANS: I don't think that

23 would be correct. I think the people --

24 COUNCILWOMAN SANCHEZ: I would

25 hope not.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 DR. EVANS: Yeah. The people
3 who self-identify are bilingual. We
4 actually have several bilingual staff,
5 multiple languages.

6 COUNCILWOMAN SANCHEZ:
7 According to your numbers, it's 2
8 percent. So I wanted to speak to
9 language access and cultural competency
10 given that number.

11 DR. EVANS: So language access,
12 the preferred way to have language access
13 in our field is to have providers that
14 speak the language who are trained as
15 psychologists, psychiatrists, social
16 workers. When it comes to Spanish, we
17 have lots of providers who can provide
18 services in Spanish. When we have other
19 languages, often we have to use
20 interpreters. We do have some Southeast
21 Asian capacity and some of those
22 languages. We also have providers who
23 have Russian-speaking staff, particularly
24 up in the Northeast. So we do have
25 around our system people who are

1 4/15/14 - WHOLE - BILL 140144, etc.
2 bilingual, bicultural, and can work
3 directly with people. In the instances
4 when we don't have that, we use an
5 interpreter service. We actually have
6 two contracts for interpreters, and there
7 is no language to date that we've not
8 been able to find an interpreter for in
9 those cases where we don't have trained
10 professionals in a person's language.

11 COUNCILWOMAN SANCHEZ: It would
12 be great for maybe next year if we can
13 report that out by provider, just to see
14 it.

15 I want to go back to
16 accountability as providers. I know that
17 on the recovery side, you guys have been
18 very proactive in helping us identify
19 good actors, bad actors, closing down
20 folks, helping us close down even those
21 houses that are not funded by the City.
22 In the last couple of years, we've talked
23 about the multiple providers who may have
24 multiple members living in a particular
25 address. How have you guys -- how have

1 4/15/14 - WHOLE - BILL 140144, etc.
2 your providers been working to ensure
3 that people living in these residency
4 houses -- I know part of what we asked
5 for was where we saw consistency in
6 multiple folks, that there be some sort
7 of site visit or other things. How are
8 you guys doing on that?

9 DR. EVANS: Are you talking
10 about recovery houses in particular?

11 COUNCILWOMAN SANCHEZ: Yes.
12 Recovery houses, yes.

13 DR. EVANS: Okay. I might need
14 Roland Lamb's help on some of this, but
15 we have, as you may recall, a set of
16 standards that we have issued and we've
17 encouraged our providers to -- well, for
18 our providers who we directly fund, they
19 have to follow those. We've used our
20 bully pulpit, so to speak, for those
21 providers that are not funded by us to
22 also adopt those standards, and I think
23 we've done a pretty good job. Roland's
24 staff and he have done I think an
25 excellent job of really getting providers

1 4/15/14 - WHOLE - BILL 140144, etc.
2 to adopt those.

3 We recently got a federal grant
4 that allows us to pay fee for service as
5 opposed to a grant for people to identify
6 a recovery house that they want to go to.
7 All of those providers now have to adopt
8 our standards. So I think our
9 penetration rate in terms of people
10 adopting those standards has gone way up,
11 especially with the federal grant that we
12 got.

13 And then the other piece is
14 that providers know that if they want to
15 be a part of our network, whether they're
16 funded by us or not, that that's
17 something that we are going to be looking
18 to.

19 COUNCILWOMAN SANCHEZ: I'd like
20 to get an executive summary of that
21 federal grant and how you're going to pay
22 folks for that, because that becomes -- I
23 know that's sort of a replacement to the
24 cash assistance that was provided for
25 people for recovery. So I'd like to know

1 4/15/14 - WHOLE - BILL 140144, etc.
2 how that's going to be applied and how
3 people are going to get paid for those
4 services.

5 DR. EVANS: Sure. Absolutely.
6 In fact, if we didn't have the federal
7 grant, the cuts that we received in GA
8 would have a much greater impact than
9 they've had, but we've been able to
10 compensate a little bit by using that
11 grant to give people those resources to
12 access recovery housing and other
13 recovery support services.

14 COUNCILWOMAN SANCHEZ: Okay. I
15 don't know, Roland, you want to report
16 any progress?

17 MR. LAMB: Well, the progress
18 that we've made is fourfold. Remember,
19 we have about 300 entities in the City of
20 Philadelphia that call themselves
21 recovery houses. Out of those 300
22 entities, we directly contract with 17,
23 and then under ATR, Access to Recovery,
24 which is the federal grant that Dr. Evans
25 mentioned, we have another 14. All of

1 4/15/14 - WHOLE - BILL 140144, etc.
2 those have to meet the standards of our
3 recovery house network or our housing
4 network.

5 We are also supporting the
6 Pennsylvania Association of Recovery
7 Residences, which is working with the
8 state to enact legislation to put
9 everyone that calls themselves a recovery
10 house under a set of standards. If
11 you're going to call yourself a recovery
12 house, you're going to have to adhere to
13 the standards.

14 We've actually taken two of our
15 recovery houses that we had under
16 contract and have removed them from our
17 system because of just that issue, that
18 we found that people were -- there were
19 too many people in a facility, and we
20 shut that facility down as far as we were
21 concerned.

22 COUNCILWOMAN SANCHEZ: Okay.
23 Just one last thing. When new providers
24 are coming into the system or people are
25 setting up new fee for services who

1 4/15/14 - WHOLE - BILL 140144, etc.
2 expect to be reimbursed by CBH, are they
3 getting a packet about how they locate?
4 And the reason I say that is because one
5 of the things that becomes problematic is
6 when people go into a facility that is
7 not zoned yet, set up, expend money, then
8 we're the bad guys because we don't let
9 them site.

10 What are you guys doing to
11 providers, current providers, who want to
12 expand? What are you telling them before
13 they go and set up anywhere else? Is
14 there something -- I want to know if
15 there's something in writing, because
16 what I don't want is for someone to say
17 to me, We're a good provider and all this
18 other stuff and call Roland Lamb and call
19 Dr. Evans. No. What are the rules --
20 what do we tell folks when they want to
21 move into somebody else's neighborhood
22 around expanding without all the pre
23 stuff done?

24 DR. EVANS: So we tell them two
25 things. One is that if they are going to

1 4/15/14 - WHOLE - BILL 140144, etc.
2 expand and we're doing some kind of
3 program expansion, we do it through a
4 competitive procurement process. And,
5 two, if they are going to expand, our
6 expectation is that they follow the good
7 neighbor policy.

8 One of the things that we've
9 done recently because of all of the
10 interactions we've had with Council
11 around this in the last several months
12 is, we've gone back and looked at that
13 policy and we will be reissuing that. We
14 actually want Council's feedback. We
15 sent it to Councilman Clarke. And so
16 hopefully all of you will have a chance
17 to take a look at that and give us
18 feedback, because what we'd like to do is
19 that before we do -- or as we do a
20 competitive procurement, that one of the
21 things that we'll get issued with that or
22 at least be referenced is, here's our
23 good neighbor policy and that is what we
24 expect you to adhere to.

25 COUNCILWOMAN SANCHEZ: I

1 4/15/14 - WHOLE - BILL 140144, etc.
2 haven't seen that information, but in
3 there, do you --

4 DR. EVANS: It just came out.

5 COUNCILWOMAN SANCHEZ: Have you
6 mapped out where the current services
7 are?

8 DR. EVANS: Yeah. One of the
9 things we do is, we look at both where we
10 identify need and where we have providers
11 and where people are. So what we're
12 trying to do nowadays is -- in the old
13 days, people basically set up a program
14 and we funded it based on other criteria.
15 Nowadays we are much more focused on
16 targeting areas of the City that don't
17 have access to services or areas where
18 we've identified high need and not enough
19 services.

20 COUNCILWOMAN SANCHEZ: So you
21 haven't done any new RFPs? I know folks
22 were waiting for that.

23 DR. EVANS: It's unlikely that
24 we're going to do any RFPs this year
25 because of the tight financial situation

1 4/15/14 - WHOLE - BILL 140144, etc.
2 we're in. There may be some very special
3 things that we do, but for the most part,
4 there are no major expansions this year.

5 COUNCILWOMAN SANCHEZ: Okay.

6 Thank you, Mr. President.

7 COUNCIL PRESIDENT CLARKE:

8 You're good?

9 COUNCILWOMAN SANCHEZ: I was
10 going to ask one more, but...

11 COUNCIL PRESIDENT CLARKE: Go
12 ahead.

13 COUNCILWOMAN SANCHEZ: In terms
14 of the information provided around the
15 policies, in terms of mapping that out,
16 if it's not included, can that be mapped
17 out for us?

18 DR. EVANS: Oh, sure.

19 COUNCILWOMAN SANCHEZ: I think
20 the visual, it becomes very important for
21 folks as you make these decisions. I
22 think siting these places -- I'd like to
23 see what those policies consist of and
24 I'd like to see you articulate what a
25 good -- without looking at the financial

1 4/15/14 - WHOLE - BILL 140144, etc.
2 part of it, what is a good model. I
3 think what you see is the hesitancy of
4 folks because when the number becomes
5 outrageous, then -- I have, for instance,
6 two methadone clinics within a mile
7 radius of each other. So what's an ideal
8 model? Is it a 200-person model?

9 DR. EVANS: I see.

10 COUNCILWOMAN SANCHEZ: What is
11 the best practice so that as you're
12 giving that to us and you're asking us to
13 help input on a policy, that we have that
14 information. What's the best model --
15 because I think at some point, if we want
16 to be proactive, we got to fund this
17 appropriately. And so your reliance is
18 solely on CBH, but some of us would say,
19 Hey, maybe we need to put general
20 operating money at the table to ensure
21 that we are not disrupting neighborhoods,
22 but at the same time, we're providing the
23 treatment.

24 I think too many times we look
25 at it from a financial perspective as

1 4/15/14 - WHOLE - BILL 140144, etc.
2 opposed to what's the best practice, and
3 I think if we're going to review any
4 policy, I think we need that. We need to
5 be able to say what makes sense. I know
6 for Council President, he has a huge one
7 in his district, and no one should be
8 subjected to that kind of volume because
9 we haven't said this is the model that is
10 best. It's a hospital setting. It's 200
11 visits a day, whatever that is, and then
12 how do we ensure that we're putting those
13 models with other programs and services,
14 the co-location, so that the model works
15 financially for the provider but, more
16 importantly, for the neighborhood.

17 DR. EVANS: Right. Those are
18 excellent points, and we'd be happy to
19 both share what our best thinking is now
20 but also get your input, because
21 ultimately this has to work both from a
22 treatment service delivery standpoint but
23 also from a community standpoint.

24 COUNCILWOMAN SANCHEZ: So we
25 just need that model. We want to know

1 4/15/14 - WHOLE - BILL 140144, etc.

2 what that looks like.

3 COUNCIL PRESIDENT CLARKE:

4 Right.

5 COUNCILWOMAN SANCHEZ: So we're

6 not the bad guys all the time.

7 COUNCIL PRESIDENT CLARKE:

8 Right. Exactly.

9 COUNCILWOMAN SANCHEZ: Thank
10 you, Mr. President.

11 COUNCIL PRESIDENT CLARKE:

12 Thank you, Councilwoman.

13 Can we agree to have a followup
14 and call it a working session, because
15 too often every year we have these
16 debates, and CBH tends to be one of the
17 longer departments and we don't address
18 it again until the following budget year
19 in realtime. So if we could agree -- and
20 I'll ask a couple of members of Council
21 to participate in a task force or some
22 sort of working group so we can go over
23 these different issues and to actually
24 come up with a set of recommendations, if
25 need be some changes in legislation, some

1 4/15/14 - WHOLE - BILL 140144, etc.
2 changes in direction or whatever we need.
3 Then we can actually have a report that
4 we can issue, so next year's budget
5 hearings won't be as long. All right?

6 DR. EVANS: I'm enjoying
7 myself, sir.

8 COUNCIL PRESIDENT CLARKE:
9 Well, you get to leave, right?

10 DR. EVANS: Right.

11 COUNCIL PRESIDENT CLARKE: We
12 got four more departments.

13 DR. EVANS: I think I just did
14 the rope-a-dope. I don't think you have
15 anything left for them.

16 COUNCIL PRESIDENT CLARKE: I
17 know. Seasoned veteran.

18 Thank you. I just want to
19 thank you so much for your testimony, and
20 we'll reach out and we'll set something
21 up.

22 DR. EVANS: Thank you.

23 COUNCIL PRESIDENT CLARKE:
24 Thank you so much.

25 We need to take a five-minute

1 4/15/14 - WHOLE - BILL 140144, etc.
2 break and then we'll come back and
3 hopefully we can get through the Health
4 Department relatively soon and then we'll
5 break for lunch.

6 (Short recess.)

7 COUNCIL PRESIDENT CLARKE:
8 We're going to start. Next up we have
9 the Health Department.

10 (Witnesses approached witness
11 table.)

12 COUNCIL PRESIDENT CLARKE: Good
13 afternoon.

14 DR. SCHWARZ: Good afternoon.

15 COUNCIL PRESIDENT CLARKE: Good
16 afternoon. You can proceed.

17 DR. SCHWARZ: Good afternoon,
18 Council President Clarke, members of City
19 Council. I'm Donald Schwarz here for
20 this session as Health Commissioner.
21 With me today are Tara Mohr, Deputy
22 Commissioner for Finance; Kevin Vaughan,
23 Deputy Commissioner for Administration;
24 and Karla Hill, Director of Human
25 Resources for the Department. Thank you

1 4/15/14 - WHOLE - BILL 140144, etc.
2 for the opportunity to present the
3 Department of Public Health's Operating
4 Budget request for Fiscal Year 2015.

5 The FY15 budget will continue
6 to support services basic to the
7 Department of Public Health's core
8 mission, to protect and promote the
9 health of all Philadelphians and provide
10 a healthcare safety net for those most at
11 risk.

12 The Department's Fiscal Year
13 '15 budget request totals about \$356
14 million, which represents an increase of
15 \$10,086 over the Fiscal Year '14
16 estimated obligations due to an incentive
17 award under the City's Energy Efficiency
18 Savings Program bestowed upon the
19 Department for lowering its overall
20 energy usage.

21 You have my full written
22 testimony, so I'll summarize.

23 COUNCIL PRESIDENT CLARKE:

24 Thank you.

25 DR. SCHWARZ: It includes a

1 4/15/14 - WHOLE - BILL 140144, etc.
2 summary of the great progress that we're
3 making in many areas of public health in
4 collaboration with Council: Reducing the
5 rate of smoking in the City by more than
6 15 percent, lowering the amount of sodium
7 in Chinese takeout restaurant food by 20
8 percent, stopping the increase in rates
9 of obesity for our children and adults,
10 reducing rates of sexually transmitted
11 diseases in our young people, lowering
12 our infant mortality rates, reducing the
13 level of toxins in our air, improving
14 home environments for children, reducing
15 the horrible toll that AIDS and HIV take
16 on our communities, and improving the
17 care we provide to vulnerable
18 Philadelphians in our health centers.

19 Let me briefly highlight for
20 you two particularly important
21 initiatives for the Department. We're in
22 the process of seeking public health
23 accreditation. Accreditation is a new
24 national process by which local, tribal,
25 and state public health agencies assess

1 4/15/14 - WHOLE - BILL 140144, etc.
2 and document their ability to provide the
3 ten essential public health services.
4 The National Public Health Accreditation
5 Board, an independent non-governmental
6 agency, has developed a set of more than
7 300 standards and measures to serve as
8 benchmarks for accreditation. Through
9 accreditation, the Board strives to
10 advance quality and performance within
11 public health departments all across the
12 country.

13 While public health
14 accreditation is not currently required,
15 federal agencies such as the U.S. Centers
16 for Disease Control and Prevention have
17 indicated that they will likely require
18 accreditation within the next five years
19 as a condition of grant awards.

20 Through this effort, we've
21 developed a required community health
22 assessment, which is now available online
23 for everyone at our website,
24 phila.gov/health, and I encourage
25 everyone to explore it. It includes 62

1 4/15/14 - WHOLE - BILL 140144, etc.
2 health indicators for Philadelphia,
3 looking at them over time by population
4 subgroups, by neighborhood, and it
5 provides comparative today to other U.S.
6 cities and counties. We're using the
7 assessment to develop a new strategic
8 plan for the Department, also as part of
9 accreditation, and have shared that plan
10 and -- have shared the data widely in
11 Philadelphia neighborhoods with
12 Philadelphians, both through our website
13 and through community and organization
14 stakeholder meetings with a range of
15 public health partners.

16 In addition, since 2012, the
17 Department has focused formally on
18 performance management activities under
19 leadership from the Commissioner's
20 office. Some of the stars of performance
21 improvement are here with me today. We
22 began by improving the infrastructure
23 parts of our department, but we're now
24 moving on to improve the core operations
25 work of the Department. In this regard,

1 4/15/14 - WHOLE - BILL 140144, etc.

2 I am particularly proud of the work of
3 the Office of Food Protection, or the
4 OFP. This effort has been led by
5 Dr. Palak Raval-Nelson, Director of our
6 Division of Environmental Health; Nan
7 Feyler, my Chief of Staff; and Bernard
8 Finkel, the Director of the Office of
9 Food Protection.

10 At Council's request, we strive
11 to become more business friendly. The
12 office recently released a guidebook for
13 starting a new stationary food business
14 and has provided our customers; that is,
15 the businesses, with the ability to pay
16 plan review and enforcement fees online,
17 which is revolutionary, as you know, for
18 our part of City government. As a result
19 of the electronic payment system, revenue
20 has increased for the Department and the
21 ease of payment has improved for our
22 consumers.

23 Currently, customers can pay
24 only two types of fees online, but the
25 Office of Food Protection is working to

1 4/15/14 - WHOLE - BILL 140144, etc.
2 address programming and firewall issues
3 and hopes to have the system operating
4 for all types of fees by the end of this
5 year.

6 I thank you, Council President
7 and the members of Council, for your
8 continuing support of public health in
9 Philadelphia, and I'm happy to answer
10 your questions.

11 COUNCIL PRESIDENT CLARKE:
12 Thank you very much, Doc.

13 I actually just have one
14 question for you at this point. In your
15 testimony, Page 2, it talks about
16 currently having 135 unfilled budgeted
17 full-time positions for FY14 and it also
18 states on Page 4 of your testimony that
19 many of your divisions face challenges in
20 maintaining staffing. One, is that
21 number accurate? And I know it was in
22 your testimony. And, two, can you talk
23 to us about the likelihood that you will
24 be able to fill those positions and the
25 challenges associated with filling those

1 4/15/14 - WHOLE - BILL 140144, etc.
2 positions if that in fact is the only
3 basis for having 139 unfilled positions?
4 Because I know our government works --
5 sometimes we appropriate money. We do
6 certain things as we move throughout the
7 process. And I saw Rebecca sit up as I
8 said that. She thought I was getting
9 ready to ask questions about the money.
10 But can you talk to me about the 139,
11 please.

12 DR. SCHWARZ: So we have worked
13 very hard in the Department on improving
14 our hiring processes. And as you know
15 from your years in the City and you know
16 from talking to departments, that is a
17 difficult process. Hiring in the City is
18 precise, often it's difficult because
19 there are a lot of job classes, and it
20 takes a long time for certification and
21 testing to happen, and there are a lot of
22 moving parts, as government I think on
23 this issue needs to have to assure that
24 the work of the Civil Service system
25 isn't violated and to assure that all

1 4/15/14 - WHOLE - BILL 140144, etc.
2 Philadelphians have an opportunity to
3 apply through the merit-based Civil
4 Service system.

5 We have worked diligently, and
6 I highlight our Director of Human
7 Resources, Karla Hill, to reduce the time
8 for hiring, and what you see in the
9 number of vacancies in the Department is
10 the output of that work.

11 What I have to say is that at
12 the same time, we are a relatively old
13 department in terms of our workforce, and
14 many people are retiring. We are doing a
15 lot for succession planning, but keeping
16 up with retirements and keeping up with
17 staff turnover is equally difficult. So
18 to bring down the number of vacancies
19 means that not only do we have to fill
20 the vacancies each year, but we have to
21 fill the new openings that happen because
22 of retirements or people leaving. And
23 that is an ongoing challenge for us,
24 particularly since about 40 percent of
25 our workforce is delivering healthcare

1 4/15/14 - WHOLE - BILL 140144, etc.
2 services in our health centers, and that
3 kind of staffing is highly competitive in
4 Philadelphia.

5 So we have a lot of staff
6 turnover, although I have to say our
7 staff turnover rates in our ambulatory
8 health centers are comparable to other
9 healthcare institutions in Philadelphia,
10 but given the number of people, that
11 still creates vacancies throughout the
12 year.

13 COUNCIL PRESIDENT CLARKE:
14 Okay. So 40 percent are directly related
15 to healthcare service delivery.

16 DR. SCHWARZ: Yes, sir.

17 COUNCIL PRESIDENT CLARKE: And
18 you would acknowledge that the City of
19 Philadelphia has some of the best
20 healthcare schools. Is there a reason
21 why we cannot recruit those employees,
22 those potential employees, from those
23 schools?

24 DR. SCHWARZ: No. We do,
25 but --

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COUNCIL PRESIDENT CLARKE: Is
3 there a reason why they opt not to go our
4 direction?

5 DR. SCHWARZ: The demand for
6 those folks is substantial, and salary is
7 often the deciding issue. You all know
8 that in the last year, with Council's
9 approval, we increased, for instance,
10 salaries for our physicians. That has
11 made a huge difference in our ability to
12 fill unfilled vacancies for positions and
13 retain physicians.

14 COUNCIL PRESIDENT CLARKE:
15 Right.

16 DR. SCHWARZ: That took us
17 three years. So we have to keep up on
18 salaries. Council and the Administration
19 I think have worked well to try to do
20 that, but it's a very competitive
21 environment, particularly with the
22 Affordable Care Act. Demand for
23 personnel has changed and is changing.
24 It's, I think, part of the beast. All
25 healthcare institutions in Philadelphia,

1 4/15/14 - WHOLE - BILL 140144, etc.
2 not just us, have the same issue.

3 COUNCIL PRESIDENT CLARKE:

4 Right. So this is unrelated, the
5 question that I will put forth to the
6 School District, but related in a sense
7 that you basically are making our case
8 that one of the concerns that we
9 consistently raise with the School
10 District is, for whatever reason, not
11 having a very significant curriculum
12 based on the job opportunity. I always
13 like to say we spend too much time
14 teaching to pass the test, but we don't
15 teach to get a job. And I talk about the
16 fact that in the City of Philadelphia,
17 we're probably surpassed by maybe two
18 other cities in terms of healthcare
19 careers and opportunities and why we need
20 to start refocusing some of our
21 curriculum so these young people in the
22 public school system have a real
23 opportunity to ultimately be in probably
24 one of the only growth industries and it
25 will, in the foreseeable future, continue

1 4/15/14 - WHOLE - BILL 140144, etc.
2 to be a growth industry, why we need to
3 focus on having some serious curriculum
4 changes in the Philadelphia School
5 District to make sure that we can take
6 advantage of that.

7 But that's not a question for
8 you today. But I just want to say thank
9 you for possibly giving me an opportunity
10 to reference this conversation when the
11 School District comes in.

12 I want to thank you for your
13 good work, and I'd like to recognize
14 Councilman O'Brien.

15 COUNCILMAN O'BRIEN: Thank you,
16 Mr. President.

17 Dr. Schwarz, welcome.

18 DR. SCHWARZ: Thank you.

19 COUNCILMAN O'BRIEN: I know
20 that the AIDS Activity Coordinating
21 Office's Preventative Planning Project
22 has experienced some significant budget
23 cuts. As a result, the HIV/AIDS program
24 for people with disabilities run by
25 Vision for Equality lost their \$62,000

1 4/15/14 - WHOLE - BILL 140144, etc.
2 funding for this program in the year
3 2013.

4 One, I know that reducing the
5 toll of HIV/AIDS through surveillance,
6 prevention, education, and health is one
7 of the Department's goals. However, I'm
8 concerned about the need to do outreach
9 to individuals with disabilities. I'm
10 sure you're aware that people with
11 intellectual disabilities, autism are
12 often sexually active, but they have
13 little access to information regarding
14 how to have safe sex, where to seek
15 testing or the means to protect
16 themselves. So I'm concerned why this
17 sole program offered to people with
18 intellectual disabilities and autism in
19 Philadelphia was ended, and I have a
20 two-part question.

21 Are you familiar with this
22 program, the HIV/AIDS program for people
23 with disabilities, and, two, is there any
24 possibility of restoring some or all of
25 that funding at some point during the

1 4/15/14 - WHOLE - BILL 140144, etc.
2 Year 2014 and '15?

3 DR. SCHWARZ: I appreciate your
4 question. I can give you some good news
5 for the clientele that you're most
6 concerned about, and I agree with your
7 concern. And I can say that for any
8 agency, as with Behavioral Health and
9 Human Services, actually the money the
10 AIDS Activities Coordinating Office,
11 which is largely state and federal
12 funding, is bid out through request for
13 proposal processes. So with the next
14 round of RFPs, every agency will have an
15 opportunity to bid. Our priorities,
16 therefore, are heavily set by the
17 agencies that give us money or cut our
18 money, as you can see. That's issue one.

19 Issue two is, what has changed
20 dramatically in the last, I would say,
21 year and a half nationally around
22 outreach, testing, and education for HIV
23 is that the Centers for Disease Control
24 has pushed very hard, and we agree with
25 them, that HIV testing and education

1 4/15/14 - WHOLE - BILL 140144, etc.
2 should be routine in healthcare settings.
3 So that when you go to the doctor or I go
4 to the doctor or anybody goes to the
5 doctor, that provider needs to address
6 issues around sexual behavior and needs
7 to make sure that everyone has had at
8 least one HIV test. And if someone has
9 had an HIV test that's negative but they
10 continue to have risky behaviors, to
11 continue to educate and test. And we are
12 working now with all of the healthcare
13 providing agencies in Philadelphia to
14 routinize that.

15 So for clients who have
16 intellectual disabilities who generally
17 have another healthcare provider, we want
18 that healthcare provider routinely to
19 test those folks and talk to those folks
20 about HIV. That is a new strategy. It's
21 a federal strategy, and we have embraced
22 it wholeheartedly here in Philadelphia.
23 And we hope what that will do is allow
24 populations that we've not been able to
25 reach through contracting out with

1 4/15/14 - WHOLE - BILL 140144, etc.
2 individual agencies to more globally and
3 comprehensively reach everybody in
4 Philadelphia, because we have a
5 substantial number of folks who have HIV
6 and don't know about it and yet they may
7 be receiving regular medical care. So
8 through regular medical care for all
9 populations, we hope we will better
10 identify those who have HIV.

11 COUNCILMAN O'BRIEN: Thank you.
12 I'll try to sneak this under the wire. I
13 want to congratulate you on your work on
14 Get Healthy Philadelphia, and I know that
15 by reading your testimony that the rates
16 of smoking have dropped by 15 percent
17 over the last four years and the level of
18 childhood obesity has declined by 5
19 percent, and these are just some of the
20 many successes this program has
21 experienced.

22 DR. SCHWARZ: Thank you.

23 COUNCILMAN O'BRIEN: But we
24 also -- again, my proclivity for
25 protection and advocacy for my guys, we

1 4/15/14 - WHOLE - BILL 140144, etc.

2 know that individuals with disabilities
3 experience co-morbid conditions. They
4 often have higher rates of sedentary
5 behaviors and higher rates of obesity.
6 These higher rates of obesity can be
7 attributed to accessibility issues,
8 stigma, which can isolate individuals
9 with disability, the lack of knowledge
10 and information regarding what is
11 available, and the lack of accessibility
12 to playgrounds.

13 We know the side effects of
14 medications can result in secondary
15 health conditions like diabetes and that
16 individuals with disabilities often have
17 shorter life expectancies.

18 My first question is, to my
19 knowledge, there hasn't been a concerted
20 effort to target families impacted with
21 disabilities, and if that's correct, I
22 would love to work with the Health
23 Department to include a focus on
24 individuals with disabilities as part of
25 Get Healthy Philadelphia.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 We established through my
3 office and Katy Kaplan some wonderful
4 relationships with our institutions of
5 higher learning that are eager to address
6 some of these issues and can really serve
7 as a wonderful resource for this
8 important initiative.

9 DR. SCHWARZ: We'd be happy to
10 work with you. Absolutely. I think it's
11 an important population.

12 One thing I want to say is
13 about smoking.

14 COUNCILMAN O'BRIEN: Please
15 elaborate.

16 DR. SCHWARZ: So for
17 populations who have mental health
18 issues, nationally, not in Philadelphia
19 but nationally, 50 percent of people who
20 smoke nationally are part of the
21 behavioral health system. And what we
22 know is, for instance, about 90 percent
23 of people with schizophrenia smoke. So
24 one group that we have worked with really
25 well is the behavioral health system, and

1 4/15/14 - WHOLE - BILL 140144, etc.
2 having Dr. Evans and his people as our
3 colleagues has meant that here in
4 Philadelphia, we are bringing together
5 public health and behavioral health to
6 address those issues and, at the same
7 time, helping to educate providers about
8 the issues of obesity. Because people
9 with behavioral health issues generally
10 don't die from their behavioral health
11 issue. They die from chronic illness.

12 You are completely on target.
13 Obesity and tobacco are killing people
14 who have disabilities and particularly
15 behavioral health issues. So we believe
16 it's a critical need to partner and reach
17 those individuals and offer them
18 prevention help, guidance, resources and
19 so forth, because they should live --
20 everybody should live a long life, and if
21 either lack of knowledge, lack of access
22 or lifestyle is impacting people's length
23 of life, in the Health Department we
24 believe we need to address it.

25 COUNCILMAN O'BRIEN: I'd just

1 4/15/14 - WHOLE - BILL 140144, etc.
2 like to comment that it was so evident
3 how well you work with Arthur Evans, and
4 that also part of that grouping and
5 excellence of integration and blending
6 and braiding of service include Anne
7 Marie Ambrose at DHS and Joan Erney at
8 CBH. So thank you very much. It's
9 wonderful to see that level of
10 cooperation.

11 DR. SCHWARZ: Thank you.

12 COUNCIL PRESIDENT CLARKE:
13 Thank you, Councilman.

14 The Chair recognizes Councilman
15 Jones.

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

18 I too want to commend you for
19 the cooperation that you've had and again
20 reiterate the briefing that you had last
21 year with all three major stakeholders
22 within Health, Human Services, and
23 Behavioral Health. I thought it was
24 excellent for us to see the interaction
25 and helped me a great deal to kind of

1 4/15/14 - WHOLE - BILL 140144, etc.
2 understand what you guys go through and
3 how you -- the teamwork approach to
4 taking and providing services.

5 Another issue that you are
6 paying attention to is alternate forms of
7 service delivery, such as telemedicine.
8 We had a hearing. I was delighted to
9 hear that you guys have used that, and is
10 there further areas that it can be
11 expanded to was the question during the
12 hearing.

13 DR. SCHWARZ: Yeah. I think we
14 are very open, as you heard, to
15 exploring. Part of the challenge for us
16 has to do with professional licensure,
17 and you heard that I think loud and clear
18 in the hearing. So there are regulatory
19 issues by both the state and the federal
20 government, although heavily by the
21 state, that impact the ability to expand
22 in many areas of telemedicine, and those
23 are being addressed. It may seem like a
24 slow pace to us locally when we see need,
25 but I have to say looking at the

1 4/15/14 - WHOLE - BILL 140144, etc.
2 challenges in changing the regulation,
3 both at the state and federal level,
4 progress is being made.

5 COUNCILMAN JONES: I was told
6 you would develop a task force to look at
7 that.

8 DR. SCHWARZ: So we have not
9 yet. Part of it is through inquiry to
10 see who would be the expert helpers.
11 We're still trying to figure that out.
12 So where are the opportunities, because
13 we could develop a task force report
14 that's not based in reality, but I think
15 you want and you're going to want
16 something that can be actionable. So
17 that's the first step.

18 COUNCILMAN JONES: I appreciate
19 that, and a wise Councilperson told me
20 act in haste and repent in your leisure.
21 I always remembered that. One of these
22 days. I'm paraphrasing.

23 How has sequestration and the
24 loss of stimulus dollars impacted your
25 service delivery, and are there options

1 4/15/14 - WHOLE - BILL 140144, etc.
2 to replace those dollars that you may
3 have lost?

4 DR. SCHWARZ: So I don't think
5 we're going to see anything of the
6 magnitude of stimulus again. And
7 remember that, in a sense, stimulus was
8 supposed to tide us over as tax dollars
9 rebounded, and to some extent, this
10 Council has worked with us to replace
11 some dollars. Probably the biggest area
12 has to do with obesity and tobacco
13 prevention. We were the number one rated
14 entity nationally for those dollars. So
15 we received a good amount of dollars in
16 Philadelphia, which we've used to build
17 infrastructure, as you know, and we have
18 results which are pretty gratifying.

19 What is more concerning that
20 isn't exactly sequestration and isn't the
21 loss of stimulus is a federal policy
22 change that dollars which may have gone
23 to large cities are now increasingly
24 being directed back to states. Those
25 dollars originally went to cities to

1 4/15/14 - WHOLE - BILL 140144, etc.
2 reflect the fact that state governments
3 often didn't appreciate or politically
4 wouldn't acknowledge the needs in cities.
5 By redirecting those dollars to states,
6 what we're seeing is the reallocation in
7 formula changes for dollars that have
8 come to Philadelphia in the past and
9 instead they're going here and there
10 around the state, without a direct tie to
11 need, because if you look at need,
12 Philadelphia has the lion's share of need
13 in Pennsylvania, and if you look at
14 proportionate dollars, federal formulas
15 that included us generally were more
16 proportionate.

17 So what's happening now I
18 believe is disadvantageous to the City
19 and isn't disadvantageous based on
20 rationale. It's based on a change in
21 policy.

22 COUNCILMAN JONES: And,
23 finally, because Pavlov's dog is
24 salivating at the sound of the bell, two
25 fiscal notes. Payments to Alpha Medical

1 4/15/14 - WHOLE - BILL 140144, etc.
2 Group for reading x-rays and mammogram
3 films was reduced substantially, but
4 purchases of pharmaceutical care
5 increased 33 percent, from 2.9 million to
6 4.25 million. Can you explain, A, the
7 reduction and, B, the increase.

8 DR. SCHWARZ: So the increases
9 and decreases have to do in part with
10 demand and have to do with adjusting the
11 contracts to what we've seen in past
12 years as need. So it's rightsizing the
13 dollars and in part the appropriation.
14 You and we both know that for health
15 services where there is a question of
16 use, if we don't err on the sign of
17 generosity, we have to come back to you
18 again.

19 COUNCILMAN JONES: We don't
20 want that.

21 DR. SCHWARZ: And the goal was
22 to estimate within a range of error that
23 was reasonable. If we don't spend it
24 all, it will go to the rest of the City
25 for other things that have been

1 4/15/14 - WHOLE - BILL 140144, etc.
2 appropriated.

3 COUNCILMAN JONES: One other
4 reduction was prenatal care issues,
5 resulting in the loss of 750,000 to fund
6 prenatal services. You gave a scenario
7 where prenatal premature deaths a couple
8 years back that was frightening and
9 alarming. You talked about a study that
10 was done in inner city neighborhoods why
11 particularly minority women were having
12 premature births, and you could only,
13 after you peeled the layer of the onion
14 off, talk about it was stress, similar to
15 people growing up in a war zone area,
16 that the day-to-day pressures of living
17 in the hood were actually causing this,
18 and that struck me and I never forgot it.
19 So when I see the \$750,000 reduction,
20 tell me what's going on with that.

21 DR. SCHWARZ: I need to see the
22 exact line. I think, but I'm not sure,
23 that it may represent a movement of
24 dollars -- oh, wait. Different issue.
25 What you're seeing is in the last year,

1 4/15/14 - WHOLE - BILL 140144, etc.
2 in keeping with both the wish of this
3 Council and the wish of the
4 Administration, as you know -- I hope you
5 know -- we moved a substantial number of
6 physicians who had worked with the
7 Department through contract into Civil
8 Service, and what you're seeing is the
9 contract that's labeled that way, but
10 actually represents the purchased
11 physician services moving into Civil
12 Service.

13 COUNCILMAN JONES: So the
14 funding level -- service level has not
15 been reduced.

16 DR. SCHWARZ: It has not.

17 COUNCILMAN JONES: I'm good.
18 Thank you, Mr. President.

19 COUNCIL PRESIDENT CLARKE:
20 Thank you, Councilman.

21 The Chair recognizes
22 Councilwoman Tasco.

23 COUNCILWOMAN TASCO: Thank you.

24 Dr. Schwarz, thank you and
25 certainly thank you for your leadership

1 4/15/14 - WHOLE - BILL 140144, etc.
2 in the Health Department.

3 On Pages 3 and 4 of your budget
4 testimony, you discuss Medicaid expansion
5 under the Affordable Care Act. According
6 to various news accounts, it does not
7 appear that Governor Corbett's Healthy PA
8 plan will be approved by the federal
9 government as an acceptable means of
10 Medicaid expansion in Pennsylvania.

11 Do you have any new updates on
12 this issue? Also, how has the expansion
13 delay impacted Philadelphia, and if the
14 Healthy PA plan is rejected, how will
15 this outcome impact Philadelphia going
16 forward?

17 DR. SCHWARZ: I appreciate your
18 question. So we are not part of the
19 conversation between the state and the
20 Department of Health and Human Services.
21 The period for comment on the Healthy PA
22 plan, public comment, ended I think it's
23 last Thursday. City commented,
24 Behavioral Health, and Health commented
25 separately, because there are both

1 4/15/14 - WHOLE - BILL 140144, etc.
2 behavioral health issues on Medicaid
3 expansion and physical health issues. We
4 commented on both.

5 We are hopeful that the
6 Department of Health and Human Services
7 and the Governor's Office will be able to
8 come to some accommodation. We would
9 prefer that that accommodation not
10 unnecessarily burden Philadelphians and
11 that the closer we get to simple Medicaid
12 expansion using existing mechanisms that
13 have been shown to be effective, as
14 Dr. Evans talked about, to simply
15 increase by a hundred thousand the number
16 of Philadelphians with health insurance,
17 which could be done with the stroke of a
18 pen tomorrow, we're hopeful that this
19 negotiation ends positively and quickly
20 so that we can get more Philadelphians
21 insured.

22 In the meantime, I want to
23 assure you and all of Council and all
24 people in Philadelphia that our health
25 centers continue to provide care for

1 4/15/14 - WHOLE - BILL 140144, etc.
2 people without health insurance. We are
3 the provider of last resort. We will be
4 the provider of last resort. What you
5 see in this budget reflects, I think,
6 efficiency and operation of those health
7 centers. So we're trying to use our
8 dollars wisely. But we are committed to
9 providing care for those people who are
10 not insured in Philadelphia to assure
11 that everybody has access to healthcare.

12 COUNCILWOMAN TASCO: Well, I
13 appreciate that, and I know that you'll
14 do all you can to make sure to give us
15 some assurances that our citizens will be
16 taken care of. I have no doubt about
17 that.

18 Have you had or has there been
19 any attempt by the state Health
20 Department to bring not only you from
21 Philadelphia but other health directors
22 from across the state together to sit
23 down and talk about what's going on? Has
24 that dialogue taken place?

25 DR. SCHWARZ: Around Medicaid?

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COUNCILWOMAN TASCO: Medicaid
3 or anything in terms of the health issues
4 of the state.

5 DR. SCHWARZ: So something very
6 exciting. There are 16 local health
7 agencies, ten of which are recognized by
8 the state through a funding stream. It's
9 been longer than anyone's memory since
10 they all came together, and the Secretary
11 of Health convened us all. So there was
12 a meeting in Harrisburg. People got to
13 see each other for the first time in many
14 cases. We had talked on the phone a
15 couple of times, but now we have faces,
16 and we're now doing regular conference
17 calls.

18 So the state is trying,
19 particularly around public health issues,
20 to do better in coordinating the local
21 agencies and the state, which is very
22 exciting. Medicaid is not a topic for
23 that conversation, because that's DPW,
24 not the Health Department. So while you
25 and I might wish that there could be

1 4/15/14 - WHOLE - BILL 140144, etc.

2 conversation, there has not been.

3 COUNCILWOMAN TASCO: On Page 4
4 of your testimony details the federal
5 funding cuts for lead poisoning, infant
6 mortality, and STD programs. Over the
7 past years, the Health Department has
8 made great strides in these areas. How
9 do we maintain these success in light of
10 the federal cuts?

11 DR. SCHWARZ: So we're worried,
12 let me say that. What happened around
13 lead in particular is that we took a 90
14 percent cut, and those dollars have now
15 been distributed throughout Pennsylvania
16 independent of need in terms of lead
17 poisoning. So we have taken this as a
18 stimulus to become as efficient as
19 possible and to go for any grant dollars
20 that are available and to figure out
21 partnerships with other City agencies,
22 state agencies to try to both maintain
23 and expand what we're able to do. It's a
24 challenge.

25 I'm happy to say that our

1 4/15/14 - WHOLE - BILL 140144, etc.
2 numbers on lead poisoning, our numbers on
3 infant mortality look good this year. We
4 have the lowest infant mortality rate in
5 the City's history. And the issue that I
6 raised last year about problems with
7 access to prenatal care persist, but the
8 rate of inadequate prenatal care looks
9 like it's finally coming down. So I have
10 good news. We've had great partnerships
11 from other parts of the healthcare
12 sector, both insurers and providers. I
13 think it's the best we can do at the
14 moment.

15 COUNCILWOMAN TASCO: Okay.
16 Thank you. I got one more question
17 before the bell rings. On Page 5, you
18 describe capital improvements for Health
19 Department facilities. Can you provide
20 some more detail with regards to capital
21 improvements at the health centers and
22 particularly are we making improvements
23 at technology at our facilities?

24 DR. SCHWARZ: So I can provide
25 you offline, if you want, detail, but I

1 4/15/14 - WHOLE - BILL 140144, etc.

2 can say that yes, we are. The biggest
3 investment has to do with electronic
4 health records. So we have just finished
5 implementing the practice management part
6 of electronic health records at seven of
7 our eight. The eighth one will go live
8 in June. It will be the second of our
9 full clinical suite as well, and by the
10 end of this calendar year, we should have
11 all of our health centers electronic in
12 terms of health records, which is pretty
13 exciting.

14 In addition, we are moving more
15 and more toward digital radiography, so
16 state-of-the-art x-ray, both the
17 equipment piece and the ability to send
18 images through computer to people
19 interpreting them. The Alpha Medical
20 Group is not located in our health
21 centers. We can now send images and get
22 excellent review and answers in realtime.

23 We are committed to assuring
24 that Philadelphians have access to
25 state-of-the-art care, and as is in my

1 4/15/14 - WHOLE - BILL 140144, etc.
2 testimony, the partnership with the
3 Children's Hospital, building a new
4 Health Center 2 in South Philadelphia
5 with a rec center and library and a
6 health center from CHOP, will mean -- I
7 can say we're pretty far into the
8 planning process now and people will be
9 dazzled by the new health center.

10 COUNCILWOMAN TASCO: What about
11 our health center in the Northeast?

12 DR. SCHWARZ: So the good news
13 is the waiting times for healthcare
14 now -- I have been -- this is my seventh
15 time to City Council, and for every one
16 of them, I have had to say at Health
17 Center 10 the waiting time for a new
18 adult patient appointment is 235 days or
19 more. We're now down below 150 days
20 waiting for a new patient appointment at
21 Health Center 10. So I'd like to sort of
22 celebrate that moment.

23 Now, part of -- that's the good
24 news. Part of the issue is, we've had
25 increased waiting times at some of the

1 4/15/14 - WHOLE - BILL 140144, etc.
2 other health centers. Nothing to the
3 extent that we had at 10, but I think
4 it's great news. So particularly for
5 those folks who had to wait the longest
6 amount of time, the reduction in waiting
7 time in the Northeast is important. That
8 does not reflect -- I want to be really
9 clear -- that does not reflect a
10 reduction in demand or need. We need
11 more healthcare in the Northeast.

12 COUNCILWOMAN TASCO: Aren't we
13 supposed to get federally funded
14 healthcare?

15 DR. SCHWARZ: We're hoping that
16 we'll get what -- the first step in
17 expanding federally qualified health
18 centers is that the area has to be
19 designated as one of medical need or
20 shortage. That process was undertaken by
21 the Department, and we finally in 2014
22 got approval from both the state and the
23 federal government, so there is a new
24 health shortage area in the Northeast.
25 That will stimulate, I hope, more

1 4/15/14 - WHOLE - BILL 140144, etc.
2 federally qualified health centers in
3 that area.

4 I worry that as we look at
5 need, need keeps moving further out, and
6 the only health center located relatively
7 far out in the Northeast is our own
8 Health Center 10. So we're going to see
9 a lot of demand at Health Center 10 I
10 think for a long time and we need another
11 health center or we need expanded health
12 center, and that is both a capital and
13 operating expense issue. As I said to
14 Council last year, we wait to see what
15 the impact of the Affordable Care Act
16 will be. If the Affordable Care Act
17 brings new revenue to the Department, I
18 would propose that that revenue be used
19 for the operation of either a new or an
20 expanded Health Center 10.

21 COUNCILWOMAN TASCO: Thank you.

22 I've asked all my questions.

23 COUNCIL PRESIDENT CLARKE:

24 Thank you, Councilwoman.

25 The Chair recognizes

1 4/15/14 - WHOLE - BILL 140144, etc.

2 Councilwoman Quinones-Sanchez.

3 COUNCILWOMAN SANCHEZ: Thank
4 you.

5 So we can keep that
6 conversation going around the health
7 center. What are the possibilities -- I
8 realize that this designation was hugely
9 important for the need in the Lower
10 Northeast. What are the possibilities
11 and have you explored with the
12 co-location of any other need that we're
13 exploring in the Northeast as a way of
14 incentivizing potentially a federally
15 certified medical center from locating
16 there as opposed to the City having to
17 build its own?

18 DR. SCHWARZ: So the answer to
19 that question is yes and no. We've met
20 with all of the currently federally
21 qualified provider agencies and have
22 talked pretty clearly with them and
23 shared our information about need, and
24 we're hopeful that folks will begin to
25 think about new sites. The problem with

1 4/15/14 - WHOLE - BILL 140144, etc.
2 relocation as opposed to new location is
3 that, in general, the current centers are
4 located in places of need. So they can't
5 move very easily without leaving somebody
6 behind. What we need is an additional
7 federally qualified provider, and
8 co-locating them would be terrific. We
9 need to figure out what either new site
10 or existing site has capacity of the size
11 required for a new federally qualified
12 center and what provider agency would
13 like to open. All of that will be much
14 better if Medicaid is expanded.

15 The financials in the Northeast
16 are very difficult because of the
17 proportion of people who are currently
18 uninsured and will likely continue to be
19 uninsured until Medicaid is expanded. So
20 I think what we'll see in the marketplace
21 in general when Medicaid expands, we'll
22 see much more interest, and I hope we'll
23 see better access, particularly in the
24 Northeast.

25 COUNCILWOMAN SANCHEZ: I agree

1 4/15/14 - WHOLE - BILL 140144, etc.
2 with all of that. We need the Medicare
3 expansion. I just think that when I talk
4 to the great providers that I have in my
5 district, there's an issue of capital and
6 building capacity. And so what I don't
7 want is for us to only look at it from it
8 has to be our center and we have to
9 manage it, and really look at, okay, if
10 we can't do all of these things, how do
11 we incentivize it. Because I agree with
12 you, it has to be an expansion. They're
13 all overcapacity in all of their current
14 sites. But it's sort of like how do we
15 create that incentive so that we're
16 looking at it.

17 Now, I know there's controversy
18 around where it gets located also in
19 terms of the neighborhood because of the
20 changing kind of demographic. And so I
21 want to be part of those discussions.

22 DR. SCHWARZ: Sure.

23 COUNCILWOMAN SANCHEZ: Because
24 it will probably -- I'll probably end up
25 having to take the hit for wherever we

1 4/15/14 - WHOLE - BILL 140144, etc.
2 put it, and I'm okay with that, because I
3 think strategically it makes sense. I
4 just want to look at a model that allows
5 us to speak to the community about how
6 that enhances. So the location is key
7 and potentially the provider is key.

8 So I just want to be kept in
9 the loop, because I get asked the
10 question all the time, because I think
11 people want me to say, No, I wouldn't
12 locate it in my district, which I'm not
13 going to say it. But I do want to figure
14 out -- again, it's a potential for a good
15 partnership and a good co-location
16 potentially, so to deal with some of the
17 fears and the concerns when you talk
18 about a publicly subsidized health center
19 over there. So I want to be part of that
20 conversation early on.

21 DR. SCHWARZ: Thank you.

22 COUNCILWOMAN SANCHEZ: Real
23 quickly, and you can submit this to the
24 Chair, because I know our Council
25 President, we have other stuff going. If

1 4/15/14 - WHOLE - BILL 140144, etc.
2 you can give me one, two, three bullet
3 points of where we are with the
4 Philadelphia Nursing Home. I notice that
5 there is an increase allocation for it.
6 Where are we in terms of some of the
7 quality assurance, the financial
8 reporting? There's been controversies
9 around the subcontractors. You can give
10 me one, two, three update and then submit
11 everything else to the Chair.

12 DR. SCHWARZ: Be happy to.
13 One, two, three update?

14 COUNCILWOMAN SANCHEZ: Yeah.
15 Some good news?

16 DR. SCHWARZ: Let's see. We
17 are in great shape in terms of quality
18 assurance from the point of view of the
19 inspections by the state, which are, as
20 you know, the most comprehensive. We're
21 doing incredibly well there. The state
22 is, I think, very pleased with the
23 operation of the nursing home and how
24 we're doing on standards.

25 What else can I say? The

1 4/15/14 - WHOLE - BILL 140144, etc.
2 increase has to do with spending
3 authority mostly actually and the ability
4 to spend if revenues go up, because we
5 match fairly well. And --

6 COUNCILWOMAN SANCHEZ: On the
7 contracting, particularly some of the
8 living wage provisions with their
9 contractors.

10 DR. SCHWARZ: So we have worked
11 very closely with the nursing home. As
12 you may know -- I don't know if you know
13 actually -- their issues with living wage
14 have to do with security guards, and they
15 started at a point where they were way
16 behind. They have increased on an annual
17 basis, I would say, generously from the
18 point of view if you look at percentage
19 increase. So that on January 1st, 2015,
20 all of their security guards will be
21 above living wage. So this issue will go
22 away in less than a year and -- that's
23 the answer.

24 COUNCILWOMAN SANCHEZ: Awesome.
25 Good to hear. If you could submit that

1 4/15/14 - WHOLE - BILL 140144, etc.
2 just as a kind of report, update on those
3 issues since we get calls.

4 DR. SCHWARZ: Be happy to.

5 COUNCILWOMAN SANCHEZ: Thank
6 you.

7 Thank you, Mr. Chair.

8 COUNCIL PRESIDENT CLARKE:

9 Thank you, Councilwoman.

10 The Chair recognizes
11 Councilwoman Reynolds Brown.

12 COUNCILWOMAN BROWN: Thank you.

13 I'd like to continue the line
14 of questioning around nursing homes and
15 ask that you include in the information
16 that the Council Lady has asked the
17 demographics of the nursing home by age
18 and race. What is the average age?
19 Would that be -- average age of nursing
20 home.

21 DR. SCHWARZ: The residents of
22 the nursing home?

23 COUNCILWOMAN BROWN: Yes.

24 DR. SCHWARZ: Sure.

25 Absolutely.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COUNCILWOMAN BROWN: Might you
3 know now as you sit here? I'm just
4 curious.

5 DR. SCHWARZ: It's low compared
6 to other nursing homes.

7 COUNCILWOMAN BROWN: Low
8 meaning lower than 60?

9 DR. SCHWARZ: Yes.

10 COUNCILWOMAN BROWN: So you
11 have young people, you have citizens
12 there that are 60 and under?

13 DR. SCHWARZ: Yes.

14 COUNCILWOMAN BROWN: So --

15 DR. SCHWARZ: That is the
16 particular niche that our nursing home as
17 a county nursing home in Philadelphia
18 fills, because there are a substantial
19 number, as you may know, of younger
20 people in Philadelphia who particularly
21 have traumatic brain injury.

22 COUNCILWOMAN BROWN: Brain
23 injury?

24 DR. SCHWARZ: Brain injury. So
25 they have gunshots. They have overdosed

1 4/15/14 - WHOLE - BILL 140144, etc.
2 and had anoxic brain damage. They have
3 other reasons for brain trauma. And
4 those folks are Medicaid covered and they
5 can't often get into private nursing
6 homes because of the rules on Medicare.

7 COUNCILWOMAN BROWN: Amazing.

8 DR. SCHWARZ: So our county
9 nursing home provides them with a place
10 to go for the kind of ongoing care that
11 they need, and it is a particular and
12 important role for our county nursing
13 home. And so we have been very careful
14 in how we have thought about and worked
15 with the nursing home in order to not
16 damage that ability to care for those
17 younger people.

18 COUNCILWOMAN BROWN: To capture
19 that particular group.

20 How much money does the City of
21 Philadelphia spend per year on the
22 nursing home, approximately?

23 So different question would be,
24 do we generate any revenue from owning --

25 DR. SCHWARZ: Do you mean

1 4/15/14 - WHOLE - BILL 140144, etc.

2 revenue -- you mean the expenditure

3 after --

4 COUNCILWOMAN BROWN: Yes, yes,

5 yes. Expenditure per year.

6 DR. SCHWARZ: We put about \$3.5

7 million in in terms of operating.

8 COUNCILWOMAN BROWN: Does the

9 City generate any revenue from owning --

10 and the operative word here is

11 "owning" -- the nursing home?

12 DR. SCHWARZ: We do, and it's

13 reflected in the budget.

14 COUNCILWOMAN BROWN: Okay. So

15 to the question, scenario, factual,

16 Montgomery County actually sold their

17 nursing home for 41 million and netted 28

18 million.

19 DR. SCHWARZ: Yeah.

20 COUNCILWOMAN BROWN: And so the

21 question becomes, can, should we be in

22 the business of running, owning a nursing

23 home given the prospect that we stand to

24 net X number of millions of dollars by

25 placing it in the hands of professionals

1 4/15/14 - WHOLE - BILL 140144, etc.

2 who live and do that every day?

3 DR. SCHWARZ: So you know I'm a
4 pediatrician.

5 COUNCILWOMAN BROWN: I know
6 that you are?

7 DR. SCHWARZ: I'm a
8 pediatrician.

9 COUNCILWOMAN BROWN: Yes, yes,
10 yes, I do. I knew that before --

11 DR. SCHWARZ: So you can
12 imagine when I started in this job how
13 much I knew about nursing homes. So I've
14 had a steep learning curve, and I started
15 off just where you are with the question
16 of why does Philadelphia continue to have
17 the license and run a nursing home. And
18 it is the patient population and the need
19 to guarantee those folks a place to go
20 that is the reason and the justification
21 that I would give you for Philadelphia
22 continuing to manage that nursing home.

23 The issue is that we could sell
24 the license to our beds.

25 COUNCILWOMAN BROWN: We could

1 4/15/14 - WHOLE - BILL 140144, etc.

2 sell the license to?

3 DR. SCHWARZ: Our beds, which
4 is how this would happen. If that
5 happens, we don't have a guarantee that
6 those beds would be filled with all those
7 people who have gunshot wounds to their
8 head and traumatic brain injury, and I
9 don't know where they would go. There is
10 no incentive for private providers to
11 care for them in the way we are.

12 COUNCILWOMAN BROWN: Wow. And
13 so you've done the homework and research
14 on that that says that private providers
15 who do this for a business are less
16 inclined to capture, care for, be
17 concerned with that population?

18 DR. SCHWARZ: It's the reason
19 we continue to have demand for our
20 services.

21 COUNCILWOMAN BROWN: Really?

22 DR. SCHWARZ: Yes. So
23 populations that you care a lot about and
24 I care a lot about and this Council cares
25 a lot about --

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COUNCILWOMAN BROWN: Would be
3 castaways.

4 DR. SCHWARZ: -- are critical
5 patients to the nursing home.

6 COUNCILWOMAN BROWN: Wow.
7 That's troubling. Okay. I think we've
8 adequately covered that topic, at least
9 for now. So you'll make sure that the
10 President gets that breakdown, if you
11 will.

12 DR. SCHWARZ: Yes.

13 COUNCILWOMAN BROWN: And
14 there's no place in the country that does
15 what we currently do for our Philadelphia
16 Nursing Home in a private enterprise?

17 DR. SCHWARZ: I'm not aware and
18 I will do my best to answer the question
19 of nowhere, but none that I'm aware of or
20 have found. I think that's the answers.

21 COUNCILWOMAN BROWN: And
22 reflecting on this book, Getting to Yes,
23 and folks who are extremely expert
24 negotiators, I would bet that given your
25 expertise that you could persuade --

1 4/15/14 - WHOLE - BILL 140144, etc.
2 first of all, we agree on the positive
3 yield of wanting to move in that
4 direction. You just never know until you
5 have the conversation. You know what I
6 mean?

7 DR. SCHWARZ: Yeah. I'd be
8 happy to talk with you more about the
9 issue.

10 COUNCILWOMAN BROWN: Let's
11 explore that.

12 DR. SCHWARZ: Good. Thank you.

13 COUNCILWOMAN BROWN: Thank you.
14 Thank you, Mr. President.

15 COUNCIL PRESIDENT CLARKE:
16 Thank you, Councilwoman.

17 The Chair recognizes --

18 COUNCILWOMAN BROWN: I'll come
19 back on the next round.

20 I get that. So I'm not on the
21 next round.

22 COUNCIL PRESIDENT CLARKE: We
23 have to do lunch and then we got three
24 more after that.

25 COUNCILWOMAN BROWN: Okay.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COUNCIL PRESIDENT CLARKE: The
3 Chair recognizes Councilwoman
4 Quinones-Sanchez.

5 COUNCILWOMAN SANCHEZ: So I'm
6 going to ask you to submit this stuff to
7 the Chair. I wanted to give you a
8 heads-up. We're going to be doing a
9 hearing around language access. I notice
10 that the Department gives the Health
11 Federation \$261,000 for translation
12 services at health district centers. So
13 I'll save those questions for that
14 hearing and maybe I'll just give you one
15 of the things we're going to be looking
16 at is the creation of bilingual positions
17 throughout the different departments, and
18 your department is one of the places
19 where we think we have some room to grow.

20 I wanted to ask you who
21 collects student data on disease,
22 pregnancy, and others? I can't seem to
23 get the District to give me answers.

24 DR. SCHWARZ: I missed the --
25 did you say student data?

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COUNCILWOMAN SANCHEZ: Yeah,
3 the data of our young people. Who tracks
4 data around diseases, pregnancy and other
5 things?

6 DR. SCHWARZ: So I'm going to
7 answer you in two ways so that it's clear
8 to you, because I'm not sure what you
9 want exactly, but --

10 COUNCILWOMAN SANCHEZ: I want
11 to know who tracks it. So I want to
12 know -- I've been trying to get pregnancy
13 data and some other data related to
14 schools as we look at holistic
15 approaches, syphilis, herpes.

16 DR. SCHWARZ: So we track it
17 for all young people in Philadelphia.

18 COUNCILWOMAN SANCHEZ: For all?

19 DR. SCHWARZ: But we don't have
20 a way to track it for those people who
21 are students. It's not reported that
22 way. We don't have any access under
23 FERPA --

24 COUNCILWOMAN SANCHEZ: HIPAA?

25 DR. SCHWARZ: -- to the list of

1 4/15/14 - WHOLE - BILL 140144, etc.
2 kids, where they're in school and so
3 forth. So I can tell you by all of the
4 census tracts around the school, but we
5 know that particularly as kids get to the
6 age of pregnancy, they don't necessarily
7 go to their neighborhood high school.

8 COUNCILWOMAN SANCHEZ: Right.

9 DR. SCHWARZ: And certainly for
10 charter schools, I have no way to do it.
11 So we can track for you the general
12 rates, but we have no information on the
13 rates for pregnancy, for instance, by
14 school. What we do have is, we now
15 screen for sexually transmitted infection
16 in all of the public high schools and
17 some of the charter schools. And we can
18 array the rates of positivity or the
19 numbers of positivity. That depends on
20 kids coming forward to be tested. So I
21 would caution you that you don't really
22 want our data if what you want is a
23 systematic exploration.

24 COUNCILWOMAN SANCHEZ: I think
25 we need to have a conversation. As we're

1 4/15/14 - WHOLE - BILL 140144, etc.
2 dealing with school climate and issues
3 that are going on in the schools, we're
4 going to need to figure out how we
5 interface that data and not violate HIPAA
6 to get that, because it's very hard to
7 address an issue if we can't track it,
8 particularly as it relates to syphilis,
9 herpes and other things that are going on
10 in the school building.

11 DR. SCHWARZ: Okay.

12 COUNCILWOMAN SANCHEZ: Thank
13 you.

14 That's it, Council President.

15 COUNCILMAN JONES: The Chair
16 recognizes Councilwoman Brown.

17 COUNCILWOMAN BROWN: I want to
18 simply put these questions on the record.
19 Forward the information to the Chair
20 and/or I can meet with your designee as
21 directed by the issue.

22 So an update on our great lead
23 activity. And kudos again to Nan for
24 working closely with my office for over a
25 year and for Councilwoman Sanchez helping

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2 me from the sidelines to get that
3 through. I would like an update on that
4 and then the progress we've seen with
5 childhood obesity and what the next steps
6 might be that we can do as a city. I
7 know there's been great improvements for
8 little people, 3 to 5 year olds, but what
9 can we do better to capture teenagers,
10 the high school students.

11 DR. SCHWARZ: We're doing it.

12 COUNCILWOMAN BROWN: So if we
13 could maybe just have a meeting about
14 that --

15 DR. SCHWARZ: Absolutely.

16 COUNCILWOMAN BROWN: -- to get
17 a huge update on that.

18 DR. SCHWARZ: We appreciate
19 your leadership on that issue.

20 COUNCILWOMAN BROWN: I remain
21 excited about it, because it's still a
22 national crisis.

23 DR. SCHWARZ: Absolutely.

24 COUNCILWOMAN BROWN: We're
25 doing better in Philly, but we're unlike

1 4/15/14 - WHOLE - BILL 140144, etc.
2 a lot of municipalities. So we will get
3 that. Send that to the Chair and we'll
4 have a meeting on the other.

5 DR. SCHWARZ: Be happy to.

6 COUNCILWOMAN BROWN: Thank you
7 very much, Commissioner.

8 Thank you, Mr. President.

9 COUNCILWOMAN SANCHEZ: Council
10 President, I just have one issue, but I'm
11 going to ask that maybe we consider doing
12 it on the briefing, which is
13 environmental services. I wanted to tie
14 in one of the things that we've learned
15 with this L&I around inspections and the
16 proactivity, I wanted to get a briefing
17 or have a discussion around environmental
18 services and health inspections,
19 particularly its impact on small
20 businesses, but maybe we can do that in a
21 briefing versus this. But I want to put
22 it on the radar, because I think we need
23 to schedule that.

24 COUNCIL PRESIDENT CLARKE:

25 Thanks, Councilwoman, because I actually

1 4/15/14 - WHOLE - BILL 140144, etc.
2 was thinking about asking that question
3 about the rotation of inspections,
4 because we have some, particularly in
5 these restaurants, some real challenges.

6 DR. SCHWARZ: We would welcome
7 hearing your concerns.

8 COUNCIL PRESIDENT CLARKE:
9 Thank you. Thank you, Councilwoman.

10 Okay. We're going to break
11 until 3 o'clock, at which time we will do
12 the City Commissioners and then we'll
13 follow up with --

14 COUNCILWOMAN BROWN: Don't we
15 have DHS?

16 COUNCIL PRESIDENT CLARKE:
17 Yeah. I think that will be an extended
18 version, so we'll probably do the
19 Commissioners first.

20 (Short recess.)

21 COUNCILMAN GREENLEE: Good
22 afternoon again. We're going to continue
23 our hearings now. The next department up
24 is City Commissioners. Welcome,
25 everyone. Please identify yourself for

1 4/15/14 - WHOLE - BILL 140144, etc.
2 the record. If you could summarize your
3 statements and then we'll have questions.

4 COMMISSIONER SCHMIDT: My name
5 is Al Schmidt and I have the honor of
6 serving as Vice Chairman of the City
7 Commissioners. Our Chairman,
8 Commissioner Anthony Clark, has come down
9 with the flu and can't join us today, and
10 Commissioner Stephanie Singer has a
11 personal commitment, but we are joined by
12 Carla Moss, Chief Deputy Commissioner to
13 Commissioner Clark, and Dennis Lee, Chief
14 Deputy Commissioner to Commissioner
15 Singer. We're also joined by our
16 Department Administrator, Greg Irving,
17 and our Budget Officer, Valerie Crawford
18 Keith.

19 Thank you for the opportunity
20 to testify before you today and to give a
21 brief summary of our budget for the
22 coming fiscal year, our budget request.

23 Our total proposal for FY15
24 General Fund budget request is \$9.4
25 million, which is 514,000 higher than our

1 4/15/14 - WHOLE - BILL 140144, etc.
2 FY14 current estimates due to the new
3 need for a voting machine parts warranty
4 and an electronic voting machine
5 maintenance contract. These services
6 were previously covered under the
7 Department's ten-year warranty contract
8 that began with the purchase of our
9 current voting technology in 2002.

10 During our current fiscal year,
11 the Department has had several important
12 achievements. I'd like to quickly
13 highlight a few of them now.

14 COUNCILMAN GREENLEE: Sure.

15 COMMISSIONER SCHMIDT: The
16 Department launched a new website,
17 www.philadelphiavotes.com and continually
18 adds features to this site, making it the
19 best county election site in the nation.
20 We've revamped our Election Board
21 training by creating improved and updated
22 election guides and providing all of our
23 training material online. The Department
24 made copies and filed nomination
25 petitions, made them available

1 4/15/14 - WHOLE - BILL 140144, etc.
2 electronically for free for the first
3 time. Beginning this coming election,
4 Election Board workers will receive a
5 modest \$5 increase for attending Election
6 Board training. This is the first
7 increase in 19 years.

8 The Department will strive to
9 increase the Election Board worker pay by
10 making modest incremental increases where
11 possible. We hope these increases will
12 begin to help mitigate the challenge of
13 filling vacancies on Election Boards and
14 contribute to better trained Election
15 Boards.

16 And, lastly, last year the
17 Department assigned our new Budget
18 Officer, Valerie Crawford Keith, with the
19 responsibility of performing outreach to
20 minority, women, and disabled business
21 enterprises. Val met with the African
22 American Chamber of Commerce and Hispanic
23 Chamber of Commerce. Both organizations
24 publish business opportunities with our
25 department in their newsletters, and Val

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2 is in contact with them throughout the
3 year to provide them with updates. In
4 the coming weeks, Val will be meeting
5 with the Asian American Chamber of
6 Commerce and Women Business Associations
7 to foster relationships with both groups.
8 The Department hopes that these outreach
9 efforts will yield more opportunities to
10 disadvantaged business enterprises to do
11 business with the Department.

12 I'm now going to provide an
13 overview of the Department's minority,
14 women, and disabled business enterprise
15 levels and the demographics of our staff.

16 Our current M/W/DBE
17 participation rate goal has been set by
18 OEO at 30 percent. Our department is
19 currently at 43 percent. Our new voting
20 machine hauling contract is subcontracted
21 to a WBE. This makes up 42 percent of
22 the 43 percent participation rate.

23 The Department's full-time
24 staff is composed of 44 percent minority
25 employees, 56 percent white, and 34

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2 percent female. The Department's
3 executive staff consists of 38 percent
4 minority employees, 63 percent white, and
5 38 percent female.

6 We have six full-time bilingual
7 speakers in the Department, five of whom
8 speak English and Spanish and one who
9 speaks English and Arabic.

10 In closing, I'd like to thank
11 the dedicated staff of our department for
12 their hard work and again thank City
13 Council for the opportunity to testify
14 today. We welcome any questions.

15 COUNCILMAN GREENLEE: Thank
16 you, Commissioner. Thank you for your
17 time and for all you do. I know
18 something about having trouble getting
19 Election Board officials, and I'm glad to
20 see any increase that happens. I
21 understand the first two elections, that
22 money will come from a HAVA grant; is
23 that correct?

24 COMMISSIONER SCHMIDT: That's
25 correct. We have some "use it or lose

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2 it" money in HAVA that's dedicated for
3 Election Board training issues and --

4 COUNCILMAN GREENLEE: We never
5 want to lose it.

6 COMMISSIONER SCHMIDT: No, we
7 don't.

8 COUNCILMAN GREENLEE: All
9 right. Now, I know you referenced that
10 there will be savings. Can you detail
11 what you think the savings will be in the
12 future or is it a little too early to
13 tell, to make up that money?

14 COMMISSIONER SCHMIDT: Well,
15 this past year, for example, we had
16 increased expenditures to our budget by
17 roughly \$700,000 beyond what was budgeted
18 for. Because we were in an off year,
19 so-called off year, election cycle with
20 lower turnout, fewer voter registrations
21 and things like that, we were able to
22 save resources through fewer temporary
23 full-time employees, only because it was
24 a lower turnout election. Now, with the
25 gubernatorial election coming up and

1 4/15/14 - WHOLE - BILL 140144, etc.
2 municipal election for Mayor and City
3 Council and all the rest, we won't have
4 that opportunity right around the corner,
5 but we were able to close the \$700,000
6 gap this year.

7 COUNCILMAN GREENLEE: Great.
8 And you talk about in your testimony
9 about a proposed budget increase of
10 514,000 plus for voting machine
11 maintenance. Can you detail that a
12 little bit more? I know the machines
13 have been around a little bit.

14 COMMISSIONER SCHMIDT: They
15 have. The machines have been around for
16 some time and the cost of maintaining the
17 machines has been increasing, not only
18 because of parts and other issues, but we
19 had a ten-year warranty for the machines
20 that is now expired. That accounted for
21 the \$700,000 increase in the form of a
22 parts warranty and a software maintenance
23 contract. We were able to cover that
24 this last year. We'll be able to cover
25 \$200,000 of the 7 in the next year's

1 4/15/14 - WHOLE - BILL 140144, etc.
2 budget. That's why the request for the
3 additional 500,000, to cover those
4 expenditures until we acquire new voting
5 technology.

6 COUNCILMAN GREENLEE: And is
7 the plan to get different machines at
8 some point, actually new machines?

9 COMMISSIONER SCHMIDT: It is.
10 When we came in, we didn't have the
11 benefit of previous data for machine
12 malfunctions or other sorts of issues,
13 but it's something that we've begun to
14 track and is of concern, because the
15 machines are now older. We have a good
16 number of calls on Election Day from
17 Election Boards about problems. Most of
18 those are resolved over the phone. A lot
19 of them are not. Whether they're machine
20 malfunctions or all the rest -- I'm sure
21 you've seen it in 15.

22 COUNCILMAN GREENLEE: And have
23 they increased the concerns or the
24 problems with the machines?

25 COMMISSIONER SCHMIDT: The

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2 anecdotal evidence we have points to an
3 increase both in terms of smaller
4 mechanical malfunctions and greater
5 issues with, as we understand the voting
6 machine -- this doesn't affect the vote
7 totals, but the voting machine turning
8 off and has to be reset and restarted.
9 Again, it doesn't affect votes that are
10 cast before or after that happens, but it
11 results in a call to our department with
12 a concern.

13 COUNCILMAN GREENLEE: Okay.
14 Well, we want everything to run as
15 smoothly as possible out there.

16 COMMISSIONER SCHMIDT: Our
17 vendor has been working on that.

18 COUNCILMAN GREENLEE: And we
19 have a really keen interest in that next
20 year, don't we?

21 COMMISSIONER SCHMIDT: Yes.
22 Certainly.

23 COUNCILMAN GREENLEE:
24 Councilman Jones, you have questions?
25 That's a rhetorical question, do you have

1 4/15/14 - WHOLE - BILL 140144, etc.

2 questions, Councilman.

3 COUNCILMAN JONES: More of a
4 statement than a question. I wanted to
5 thank your offices and all of the
6 Commissioners for working with us on
7 issues related to elections, whether it's
8 polling places or whether it's
9 complicated issues like voter ID and
10 dealing with that. I want to
11 particularly thank you for your outreach
12 efforts with Dennis Lee, who is the
13 Deputy, and Tracey Gordon and Craig
14 McLaurin, who I see at community
15 functions teaching people how to use the
16 machines. And all I can tell you is that
17 we appreciate it and want to make sure
18 that we support you in the pay increases
19 for those people who work for just about
20 minimum wage for --

21 COUNCILMAN GREENLEE: Maybe
22 sub-minimum wage.

23 COUNCILMAN JONES: It might be.
24 You might be in violation of Councilman
25 Goode's labor law here.

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2 So I just want to say thank
3 you. I see your staff in the community
4 whenever there's a question about who is
5 registered. There's not a long answer to
6 come after that, and we appreciate that
7 as we go about our business of trying to
8 service the people. So thank you.

9 COMMISSIONER SCHMIDT: Thank
10 you for your kind words, Councilman.

11 COUNCILMAN GREENLEE: And I
12 certainly second that. The Commissioners
13 Office does a great job. I have to throw
14 in a plug for Carla Moss, who is my
15 election expert, as far as I'm concerned,
16 who gives great service, and I know it's
17 a tough job and actually I think
18 considering everything, the elections run
19 very well every year, and I think all
20 you, the Commissioners and the staff,
21 need to be congratulated.

22 COMMISSIONER SCHMIDT: Thank
23 you, Councilman.

24 COUNCILMAN GREENLEE: Thank
25 you, sir.

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2 Any other questions?

3 (No response.)

4 COUNCILMAN GREENLEE: See, this

5 is good. This shows you're doing a good

6 job because the board is not lit up.

7 Again, thank you for your time.

8 COMMISSIONER SCHMIDT: Thank

9 you, sir.

10 COUNCILMAN GREENLEE: We'll be

11 seeing you.

12 The next department is

13 Department of Human Services, and I'm

14 going to go out on a limb and say this

15 will not be as short as the City

16 Commissioners.

17 (Witnesses approached witness

18 table.)

19 COUNCILMAN GREENLEE:

20 Commissioner, how are you?

21 COMMISSIONER AMBROSE: Good

22 afternoon. How are you, Councilman?

23 COUNCILMAN GREENLEE: Good.

24 Very good.

25 Please identify yourself for

1 4/15/14 - WHOLE - BILL 140144, etc.
2 the record and proceed.

3 COMMISSIONER AMBROSE: Anne
4 Marie Ambrose, Commissioner, Department
5 of Human Services.

6 COUNCILMAN GREENLEE: Please
7 proceed.

8 MS. HANNS: Chane11 Hanns,
9 Chief of Staff, Finance, Department of
10 Human Services.

11 DEPUTY COMMISSIONER HARLEY:
12 Vanessa Garrett Harley, Deputy
13 Commissioner, Children and Youth
14 Division, Department of Human Services.

15 COUNCILMAN GREENLEE: Welcome.

16 COMMISSIONER AMBROSE: Good
17 afternoon, members of City Council. I'm
18 Anne Marie Ambrose, Commissioner of the
19 Department of Human Services. DHS's FY15
20 General/Grants Revenue budget request is
21 \$657,450,812. Our general obligation
22 budget request is \$98,338,951. This is
23 the same as the FY14 estimated obligation
24 level. DHS's Grants Revenue Fund request
25 is \$559,111,861.

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2 I would like to highlight two
3 of DHS's many accomplishments this year.
4 DHS is currently fully engaged in a major
5 system transformation called Improving
6 Outcomes for Children. IOC is based on a
7 belief that a community neighborhood
8 approach with clearly defined rules
9 between county and provider staff will
10 positively impact safety, permanency, and
11 well-being. Under IOC, families will
12 have one case manager and one plan to
13 guide them through their child welfare
14 system. Services will be delivered in
15 ten geographic regions by lead agencies
16 called Community Umbrella Agencies.

17 Currently, DHS is on schedule
18 to have all ten Community Umbrella
19 Agencies fully operational by January of
20 2015. CUAs I and II began receiving
21 in-home and placement referrals in
22 January and April of 2013. CUA-III and
23 CUA-IV each began receiving in-house and
24 family foster care referrals in January
25 of 2014. CUA-V is scheduled to begin

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2 receiving cases next week, and CUA-VI
3 through VIII will begin to receive cases
4 in July of 2014. The remaining CUAs will
5 begin to receive cases in November of
6 2014.

7 Additionally, I am pleased to
8 report that on August 5th of 2013, DHS
9 sex abuse investigation staff began
10 working with staff from the Philadelphia
11 Police Department, the Philadelphia
12 Children's Alliance, and the District
13 Attorney's Office at the new co-located
14 site called the Philadelphia Safety
15 Collaborative at 300 East Hunting Park.
16 The co-located facility was created to
17 better coordinate investigations and
18 services to child victims of sexual
19 abuse. This new larger facility will
20 help lessen the trauma of the
21 investigative process by offering a
22 comfortable child-friendly place for
23 children to receive services and by
24 allowing partner agencies to effectively
25 and efficiently coordinate their efforts

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2 in a single location.

3 Our commitment to this process
4 is evident by the fact that we have
5 increased funding for the Philadelphia
6 Children's Alliance by 442 percent since
7 FY08. I would like to say a special
8 thanks to Councilwoman Quinones-Sanchez
9 for her leadership and support in moving
10 this project forward to completion.

11 My staff and I are available to
12 answer any questions you may have
13 regarding my testimony today or the
14 formal testimony I submitted previously.

15 Thank you for the opportunity
16 to appear before you today.

17 COUNCILMAN GREENLEE: Thank
18 you, Commissioner.

19 On Page 2 of the testimony, you
20 talk about 251, which I believe is 14
21 percent, of the staff force unfilled
22 positions; is that correct? What are the
23 particular challenges in having those
24 unfilled positions and is there a
25 particular plan to get those filled?

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2 COMMISSIONER AMBROSE: So the
3 challenges for us are transitioning to
4 Improving Outcomes for Children. So we
5 don't want to fill positions that
6 ultimately might be direct case
7 management positions in the community.
8 So we've been very conservative and
9 actually have used our data to inform.

10 Recently, we decided that we
11 needed to fill some of the positions
12 because caseloads were creeping up and we
13 were getting more investigations coming
14 in. So we recently filled about 119
15 positions.

16 COUNCILMAN GREENLEE: Okay.
17 All right. So they're being filled as
18 kind of almost as we speak, right?

19 COMMISSIONER AMBROSE: That's
20 correct.

21 COUNCILMAN GREENLEE: Great.
22 Let me go to the Councilmembers.

23 Councilman Jones.

24 COUNCILMAN JONES: Thank you
25 very much, Mr. Chairman, and

1 4/15/14 - WHOLE - BILL 140144, etc.

2 Commissioner, good afternoon. Thank you
3 for the work you do and to your very
4 competent staff, many of whom I've gotten
5 to know on case specifics and recognize,
6 in doing so, the hard task, the often
7 challenging and almost impossible task
8 you guys face. I want you to know
9 sincerely that I -- I could not do your
10 job, and I've said that to members of
11 your staff. My heart is way on my sleeve
12 and I know it is in your staff persons
13 too, but you guys have developed a
14 tougher skin than I ever could dealing
15 with some of the not so pretty parts of
16 our society. So, again, sincerely thank
17 you for the work you guys do.

18 COMMISSIONER AMBROSE: Thank
19 you.

20 COUNCILMAN JONES: I want to
21 say before I even get started that the
22 questions that I'm asking -- and I wanted
23 to put that on the record -- aren't
24 designed to come at the Department. It
25 is designed to get clarity for me so that

1 4/15/14 - WHOLE - BILL 140144, etc.

2 I can help you, and whether it's through
3 legislation or budget or whether it's
4 through the ability to provide you
5 resources that you may need, that's the
6 spirit of what I'm asking about.

7 So with that said, can you help
8 me to understand your CUA process. And I
9 remember early on when you were kind
10 enough to orientate me and my staff
11 members how your interest was to create a
12 localized service delivery product, but
13 for the record, can you tell us how that
14 started.

15 COMMISSIONER AMBROSE: Sure.
16 Well, Improving Outcomes for Children
17 actually comes directly out of the Child
18 Welfare Review Panel recommendations
19 related to the Danieal Kelly death. All
20 of those 37 recommendations were related
21 to safety and the need for the Department
22 to focus more clearly, in a laser-like
23 fashion on the safety of the children
24 that we're responsible for. And the
25 specific recommendation that IOC actually

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2 addresses is the need to provide clarity
3 between what the provider worker does and
4 what the DHS staff do. So if you
5 remember from the Danieal Kelly death,
6 there were caseworkers that the
7 Department paid to go out and visit
8 Danieal Kelly through a private provider
9 and there were DHS staff who were
10 supposed to go out and check on the
11 safety of her and her siblings. And
12 unfortunately what I've come to say, when
13 everybody is responsible, nobody is
14 responsible. So we had a dual case
15 management system that was inefficient
16 and ineffective in keeping children safe.

17 And so the history behind this
18 is about 20 years ago, DHS sort of
19 privatized services and they started
20 having private providers go out and
21 deliver services direct case management,
22 but they never redefined what DHS staff
23 were supposed to do. So IOC is an
24 attempt to fix that structural problem.

25 So through IOC, we have direct

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2 case management through provider workers
3 that are paid by the Department. They
4 are the single case manager responsible
5 for those families. And we also knew
6 that we were one big building at 1515
7 Arch in the middle of the City where none
8 of our children and families lived, and
9 we believed this was an opportunity to
10 use neighborhood providers who had a
11 history of providing services to really
12 gain the trust of the children and
13 families that we serve so that they would
14 go to those Community Umbrella Agencies
15 for help.

16 And so we have -- I've actually
17 talked about IOC since 2011 in my
18 testimony. We've had a four-year
19 planning process with the benefit of over
20 150 stakeholders, including providers,
21 advocates, the courts, DHS leadership and
22 staff, and the launch of IOC was actually
23 last year as a result of that planning
24 process. We also have the two leading
25 national child welfare foundations

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2 supporting the work of IOC. So Casey
3 Family Programs has been providing
4 guidance from the very beginning, and
5 more recently, about two years ago, the
6 Annie E. Casey Foundation started
7 providing us with support and guidance.

8 COUNCILMAN JONES: And I
9 appreciate all of the due diligence that
10 went into this directional change.
11 However and nevertheless, you could build
12 a rocket to go to Mars and if folk on the
13 ground find issues with it, you should
14 adjust and maybe even take that into
15 account.

16 Having said that, my wheelhouse
17 of information will never be in the
18 social work area, but from time to time,
19 I get concerns from stakeholders, end
20 users, your clients that prompt me to
21 want to take a look at, well, how are we
22 doing things a certain way, and one of my
23 concerns is regulations, monitoring,
24 oversight of those CUAs.

25 It's become very popular for

1 4/15/14 - WHOLE - BILL 140144, etc.
2 folk to kind of, whether it's zoning or
3 other things, to kind of cut out the
4 Councilpersons in that, and one of the
5 good things about us is that we don't
6 know a whole lot about a whole lot of
7 things, but we know a whole lot of things
8 that people and other people have
9 information and expertise on.

10 And so to be able to get that
11 check and balance I think is very
12 important from an oversight kind of way.
13 Your department represents 2.2 billion if
14 you include Health and Behavioral Health.
15 It makes up a massive part of our
16 appropriations.

17 So with this system, I have
18 some concerns about how we make sure and
19 assure -- and I know it's still early.
20 I'm going to say that again. I know it's
21 still early, but with an eye towards not
22 having conflicts of interest, meaning
23 that if I'm a subcontractor and my job is
24 to self-police or monitor myself, I'm
25 never going to find issue with myself,

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2 ever. I'm perfect. Ask my staff.
3 They'll tell you. I will never -- but
4 also the good thing about me is that I
5 have to go every four years before the
6 voters, and then they may correct me a
7 little bit and say, Well, yeah, you're
8 all right, but here's some things you can
9 improve on.

10 So one of the things I'm very
11 concerned about is whether or not it is
12 structured to be able to look at itself
13 and say, We need to do things this way,
14 and what happens in issues maybe of
15 conflict of interest, that it is -- I'm
16 throwing the ball and my sub-recipients
17 are catching it, so, therefore, I'm not
18 going to be as discriminating against
19 taking people out of the process because
20 of failure to execute your mission.

21 How do you circumvent or
22 safeguard that against in the CUA system?

23 COMMISSIONER AMBROSE: So not a
24 day goes by that we don't get one or
25 several complaints about what we do at

1 4/15/14 - WHOLE - BILL 140144, etc.
2 DHS. So I'm not unfamiliar to the
3 complaints that you probably receive
4 about my agency, and I know that we try
5 to address those when you bring them to
6 our attention.

7 Another criticism of the agency
8 that played out in the Child Welfare
9 Review Panel is that we weren't
10 monitoring our providers, and so the
11 provider in the Danieal Kelly death had
12 never provided children services before
13 and probably shouldn't have been
14 providing the services that they were
15 providing. And so when I came in as
16 Commissioner in 2008, one of the first
17 things that I did was create a Division
18 of Performance Management and
19 Accountability, and I think we presented
20 some of the work that we started when you
21 came to our office for the orientation.
22 That division has actually evolved, and
23 there is a very arduous quality assurance
24 process that we have for monitoring the
25 CUAs, because we also share your

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2 concerns. Despite the fact that the
3 direct case management will be done by
4 Community Umbrella Agencies, the
5 responsibility for children and families
6 still rests with the Department of Human
7 Services. And so we've built structured
8 monitoring functions into Improving
9 Outcomes for Children for all of the CUA
10 agencies and the subcontracting agencies.
11 And I'll just go over briefly some of
12 those quality assurance functions.

13 COUNCILMAN JONES: Wait a
14 minute. Rather than do that, because my
15 Chairman is a strict timekeeper, I've
16 sent you a letter and having you in
17 advance -- we'll argue about whether it
18 was to be provided in writing. We won't
19 argue about it, but some of the questions
20 I wanted submitted for the record were,
21 what is your processing chart for
22 ordinary placement?

23 COMMISSIONER AMBROSE: I have
24 answered all of those questions. I'm
25 happy to go over them today or I can

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2 present them in writing.

3 COUNCILMAN JONES: So I don't
4 have to keep talking. You can just
5 answer.

6 COMMISSIONER AMBROSE: Okay.
7 So when calls come into the hotline, we
8 answer those calls and we have -- I have
9 all the questions and answers. I'm good.

10 We answer all of those calls
11 and we have something that we've created
12 called Hotline-Guided Decision-Making.
13 In other jurisdictions and in child
14 welfare in general, it's called
15 Differential Response, because every call
16 is not the same. So based on the
17 allegations that are brought to our
18 attention, we have specially trained
19 hotline staff who handle those calls and
20 they have a script that they use, and we
21 prioritize those calls based on the
22 vulnerability of the children and the
23 issues that are brought to our attention.
24 And so sometimes there's a two-hour
25 response that we have to go out for.

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2 Sometimes it's not a priority and we sort
3 of triage those cases. And Gary
4 Williams, who is my Director, and Vanessa
5 know these things much more explicitly.
6 But we have a safety assessment process,
7 and Gary can talk through all of those
8 things if you want the specifics, but
9 based on those issues, we make a
10 determination of whether there's an
11 immediate safety threat.

12 If there's an immediate safety
13 threat to a child, we have a
14 responsibility to remove them from an
15 unsafe environment. And so that's what
16 the hotline workers do immediately. And
17 then there's an entire process that we
18 use to make decisions about what's the
19 most appropriate placement for that
20 child. If they can't remain in their
21 home, we look for family first, and we're
22 proud of our kinship care rates. DHS
23 does a good job in keeping children with
24 their families whenever possible, and if
25 that can't be done, then we move them to

1 4/15/14 - WHOLE - BILL 140144, etc.
2 foster care settings. So we use a least
3 restrictive set of criteria that's laid
4 out in the child protection services law
5 to make those decisions.

6 COUNCILMAN JONES: So we're
7 going to skip down some of those, because
8 what it calls for is a process chart,
9 which you will provide the Chair so that
10 every Councilperson can have that, and it
11 also talks about a process chart when
12 complaints happen, and you will provide
13 that to the Chair for all members of
14 Council. But let me -- how many children
15 are under your care?

16 COUNCILMAN GREENLEE: I think
17 you're breaking -- you said I was going
18 to stick to the five minute.

19 COUNCILMAN JONES: But she was
20 going to answer all these. I was going
21 to skip down for you.

22 COUNCILMAN GREENLEE: Okay.

23 COUNCILMAN JONES: So that she
24 doesn't have to answer each --

25 COUNCILMAN GREENLEE: You must

1 4/15/14 - WHOLE - BILL 140144, etc.

2 be a politician. Okay.

3 COUNCILMAN JONES: I am. No

4 doubt.

5 So how many children are under

6 your care?

7 COMMISSIONER AMBROSE: So under

8 our care as far as cases that have been

9 accepted for service, we have about 4,500

10 children in placement, which is out of

11 home care, and accept-for-service cases

12 where families need some services but the

13 children can remain in the home, we have

14 about 1,500 cases right now.

15 COUNCILMAN JONES: So how many

16 children -- and these are hard

17 questions -- have been fatally injured

18 under the last three years? Let's go

19 with that.

20 COMMISSIONER AMBROSE: So in

21 the last year, there were seven near

22 fatalities and six fatalities. And I

23 don't have the other two years with me.

24 COUNCILMAN JONES: You said

25 seven fatalities?

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COMMISSIONER AMBROSE: Seven
3 near fatalities and six fatalities.

4 COUNCILMAN JONES: And these
5 are children that were in foster care?

6 COMMISSIONER AMBROSE: No. No.
7 They were on active DHS cases. That's
8 what the law provides for. Act 33
9 provides for active DHS cases.

10 COUNCILMAN JONES: How many
11 incidents of child abuse were reported to
12 your agency in the last three years? And
13 while you're getting --

14 COMMISSIONER AMBROSE: Reports
15 coming in?

16 COUNCILMAN JONES: Yeah. And
17 then how many while in your care?

18 COMMISSIONER AMBROSE: You're
19 talking about reports. So that's about
20 1,200 reports a month that come through
21 the hotline as I described it.

22 COUNCILMAN JONES: How many are
23 while in your care, where you get --
24 whether through a foster parent or
25 through direct care? How many complaints

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2 of abuse do you get over the last three
3 years?

4 COMMISSIONER AMBROSE: I don't
5 have that figure with me today.

6 COUNCILMAN JONES: That was in
7 here. That was Question No. 3. Under
8 the documents then comes the questions.
9 That was No. 3.

10 COMMISSIONER AMBROSE: Yeah.
11 So No. 3 there were 18 indicated reports
12 in FY13, which was July 30th to June 30th
13 of 2013.

14 COUNCILMAN JONES: Say that
15 again.

16 COMMISSIONER AMBROSE:
17 Eighteen.

18 COUNCILMAN JONES: Eighteen for
19 the year?

20 COMMISSIONER AMBROSE: Correct.

21 COUNCILMAN JONES: How many for
22 the past three years?

23 COMMISSIONER AMBROSE: I don't
24 have that with me.

25 COUNCILMAN JONES: All right.

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2 COMMISSIONER AMBROSE: But I
3 can get that to you.

4 COUNCILMAN JONES: You can get
5 it to the Chair.

6 COMMISSIONER AMBROSE: Sure.

7 COUNCILMAN JONES: I'm going to
8 ask one other. So explain the followups
9 once you get a complaint of abuse -- and
10 I don't want to get into the types of it
11 and I want to maintain all of the
12 confidences I can. What happens once you
13 get a complaint? What is that process?

14 COMMISSIONER AMBROSE: So if
15 it's a complaint of --

16 COUNCILMAN JONES: And I'll
17 stop, Mr. Chair. Look.

18 COMMISSIONER AMBROSE: If it's
19 a complaint of a child that's in our
20 care, those investigations are actually
21 handled by the Department of Public
22 Welfare. So they handle all of those
23 investigations through their southeast
24 regional office, and then they provide us
25 with a finding based on their

1 4/15/14 - WHOLE - BILL 140144, etc.
2 investigation of the cases. If it's a
3 general complaint where there isn't a
4 report that's called in, we handle those
5 complaints through a number of ways
6 through the Commissioner's Action
7 Response Office, which is managed in my
8 office where I have staff who look into
9 those complaints, and sometimes we do
10 those independent of our staff and
11 sometimes we do them in consultation with
12 our staff. And then there's also in our
13 Provider Relations and Evaluations of
14 Programs staff, which is where we look at
15 our provider agencies, sometimes it's a
16 concern about a provider. And so if that
17 comes up, then we handle -- there's
18 special analysts within that unit who go
19 out and investigate that complaint.

20 COUNCILMAN JONES:

21 Mr. Chairman, again, this process will
22 continue on the next round.

23 COUNCILMAN GREENLEE: I'm sure
24 of it. Okay. Thank you, sir.

25 Councilman Goode.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COUNCILMAN GOODE: Thank you,
3 Mr. Chairman.

4 Good afternoon, Commissioner.

5 COMMISSIONER AMBROSE: Good
6 afternoon.

7 COUNCILMAN GOODE: Are you
8 familiar with the information request I
9 made to the Budget Director for all
10 departments?

11 COMMISSIONER AMBROSE: Yes,
12 sir.

13 COUNCILMAN GOODE: I'm really
14 looking at those services that were once
15 performed by City workers, now are
16 performed by contractors, whether they
17 are local firms, whether there's a
18 diversity of local firms, whether the
19 workers there are paid a living wage and
20 benefits. And so I'm going to focus on
21 just two areas within my timeframe.

22 First is waivers that were
23 requested with regard to living wage and
24 benefits standard. In Fiscal Year '12,
25 you requested 16 waivers, I believe. In

1 4/15/14 - WHOLE - BILL 140144, etc.
2 Fiscal Year '13, you requested ten
3 waivers. In Fiscal Year '14, you
4 requested 11 waivers. I want to focus on
5 one waiver in particular. I'm not going
6 to call the name of the agency, but it's
7 a \$25 million contract, and the reason
8 given by the Managing Director's Office
9 in the documentation that I see here says
10 it was in the best interest of the City.
11 It doesn't say financial hardship. It
12 doesn't say it was collective bargaining
13 agreement. It simply says it was in the
14 best interest of the City.

15 COMMISSIONER AMBROSE: Yeah.
16 I'm sorry, Councilman. I don't actually
17 have that on my list of waivers that we
18 gave this year. My list has eight
19 different providers and PHMC is not one
20 of them. So I might be confused about
21 the list that I have and the one that you
22 received, so I apologize.

23 COUNCILMAN GOODE: That's part
24 of the reason why I asked departments for
25 the information, because I don't think

1 4/15/14 - WHOLE - BILL 140144, etc.
2 this information is necessarily accurate.
3 So I prefer to receive it from the
4 departments.

5 COMMISSIONER AMBROSE: I
6 think --

7 COUNCILMAN GOODE: So I'll just
8 shift in questions.

9 In terms of the waivers that
10 you requested -- or I should say I should
11 start here, were there waivers as
12 requested by the agencies? Because
13 that's the actual protocol.

14 COMMISSIONER AMBROSE: Yes.
15 Yes, sir.

16 COUNCILMAN GOODE: And when the
17 waivers were requested by the agencies,
18 did you ask them how much they could
19 afford to pay?

20 COMMISSIONER AMBROSE: It looks
21 like only on one of them we did ask, and
22 in fact, the agency -- for Adelphoi
23 Village, we denied their waiver because
24 they had a lot of cash in reserve, and so
25 it appeared that they could easily pay a

1 4/15/14 - WHOLE - BILL 140144, etc.
2 living wage. And so that was the one
3 that we denied. I can't speak to
4 whether -- I don't know if we did that
5 routinely, but on this one we did.

6 COUNCILMAN GOODE: And you are
7 aware that the law says that partial
8 waivers are preferred to full waivers.
9 In other words, if they can't pay \$10.88
10 per hour, which is 150 percent of the
11 federal minimum wage, and offer
12 comparable health benefits for full-time
13 employees and up to 56 hours of paid sick
14 leave, whatever portion of that they can
15 offer, they should offer. We should not
16 be subsidizing poverty wages, and
17 particularly in this line of work, it's
18 important. And the number of waivers may
19 not seem like a lot of money, but if that
20 \$25 million contract does not exist,
21 there's still some mighty big contracts
22 there.

23 COMMISSIONER AMBROSE: I agree
24 with you, and I think we could do a
25 better job on doing the partial waiver.

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2 COUNCILMAN GOODE: Okay. I'll
3 be satisfied with that. And you are
4 still forwarding or that information has
5 been forward in terms of the information
6 request?

7 COMMISSIONER AMBROSE: Yes, and
8 I'll make sure the chart I have is
9 consistent with the information you have.

10 COUNCILMAN GOODE: The other
11 concern I have, of course, is whether
12 there is a diversity of opportunities
13 being offered once this stuff is
14 contracted out, and when I look at the
15 Fiscal Year '13 and the fact that the
16 Department was responsible for about \$53
17 million in contracting, I see that \$47
18 million in contract dollars were excluded
19 because there was supposedly little to no
20 opportunities related to businesses owned
21 by women and people of color. Can you
22 explain that to me? That's 81 percent of
23 the contract dollars being excluded from
24 opportunities.

25 COMMISSIONER AMBROSE: I think

1 4/15/14 - WHOLE - BILL 140144, etc.
2 that change -- and I know that Angela
3 Dowd-Burton couldn't be here today. She
4 had a prior commitment. I think some of
5 that was done in consultation with DHS
6 regarding our numbers because of the fact
7 that so many of our contracts are
8 court-ordered placements, and so the
9 Department sometimes doesn't have a say
10 in where the court decides some of those
11 children go. And so we have lots of
12 conversations with Judge Dougherty, and
13 he's an amazing partner, but he has a
14 little bit more power over some of these
15 decisions than I do.

16 We've done a really good job of
17 trying to look at things creatively and,
18 in fact, have brought some of our bigger
19 providers into the City to provide
20 services, and I think we've talked about
21 that before. We've also seen some
22 increases with some of our bigger
23 providers. And so we've been hammering
24 home the message with them around the
25 supplier diversity plans.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COUNCILMAN GOODE: So the
3 question is, are there goals set for
4 supplier diversity?

5 COMMISSIONER AMBROSE: Yes.

6 COUNCILMAN GOODE: And if not,
7 why?

8 Then why is \$47 million in
9 contracts excluded if there are actual
10 goals for supplier diversity?

11 COMMISSIONER AMBROSE: So on
12 some of the -- I have both calculations.
13 So the way the law is written, we've seen
14 progress. We're still below the 25
15 percent, and we have to do better.

16 COUNCILMAN GOODE: That's not
17 the question I'm asking. The question
18 I'm asking is, why was \$47 million in
19 contracting excluded?

20 COMMISSIONER AMBROSE: I think
21 you'd have to ask the Office of Economic
22 Opportunity. We did the calculations
23 both ways.

24 COUNCILMAN GOODE: You did not
25 request for that \$47 million to be

1 4/15/14 - WHOLE - BILL 140144, etc.
2 excluded?

3 COMMISSIONER AMBROSE: We had
4 conversations with the Office of Economic
5 Opportunity about the difficulty in
6 reaching the goals based on the array of
7 service providers that we have.

8 COUNCILMAN GOODE: Did you
9 request that the \$47 million dollars --
10 did you request that 81 percent of your
11 contract dollars be excluded?

12 COMMISSIONER AMBROSE: No. I
13 don't recall making that request.

14 COUNCILMAN GOODE: Thank you.

15 COUNCILMAN GREENLEE: Thank
16 you, Councilman.

17 Councilwoman Bass.

18 COUNCILWOMAN BASS: Thank you.
19 Thank you, Mr. Chairman.

20 Good afternoon.

21 COMMISSIONER AMBROSE: Good
22 afternoon.

23 COUNCILWOMAN BASS: So I have a
24 couple of questions for you, and just in
25 keeping in mind what everyone else said

1 4/15/14 - WHOLE - BILL 140144, etc.
2 and really has summed up here is that
3 there's really nothing more important
4 than the future and the focus on our
5 young people. And as the mother of a
6 4-year-old, I know that if I mess up, you
7 can't do it back. You can't take it
8 back. You can't do over. Once you mess
9 up with a child, that's it, you know. So
10 the work that DHS does is critical to our
11 future, to our young people, to our
12 communities. It's so very important. So
13 I just feel that this is one of the
14 City's departments that deserves the
15 attention and spotlight, if you will,
16 during budget season, and we want to do
17 that appropriately and ask the harder,
18 more difficult questions.

19 So I just want to ask a few
20 questions and I want to start out with
21 questions about the CUA, and I wanted to
22 talk about the CUA in the sense that as I
23 understand it -- and I always look at
24 nationally what are other cities doing,
25 how does Philadelphia fit in with what

1 4/15/14 - WHOLE - BILL 140144, etc.
2 other folks are doing, are we doing
3 things sort of ahead of the curve, are we
4 behind the ball, are we looking at what
5 succeeded elsewhere or are we just trying
6 to something brand new. And so my
7 question regarding the CUAs is really how
8 they're managed, how that has worked thus
9 far. I know that it's relatively new,
10 but I was wondering if you would speak to
11 the fact that it seems as if we're the
12 only ones who are on this sort of
13 arrangement on a national level that I
14 know of, unless you can speak to that and
15 know of others who are doing this sort of
16 arrangement.

17 COMMISSIONER AMBROSE: Sure.
18 So as I indicated earlier, we actually
19 spend about two years researching
20 Improving Outcomes for Children and we
21 had the support of Casey Family Programs
22 during the initial piece of that
23 research. What we did is scan a national
24 best practice, and so there are many
25 systems that are doing, quote,

1 4/15/14 - WHOLE - BILL 140144, etc.
2 "privatized" service delivery. However,
3 they're not doing it the neighborhood
4 level that we are. And so we visited New
5 York City, which is actually doing the
6 direct case management through the
7 providers, not through the agency. We
8 visited Florida where the whole state is
9 privatized and they created lead agencies
10 that are very similar to the CUAs. We
11 talked and continue to talk to Kansas,
12 which has been one of the most successful
13 privatized systems that's out there.

14 And so we've done a lot of
15 research, but nothing is like
16 Philadelphia, and so we wanted to make
17 sure that whatever we did was going to be
18 best for the children and families that
19 we serve, which is why as we learned
20 about what was happening, we brought
21 together the 150 different stakeholders
22 that I referenced earlier. We broke
23 ourselves out into six groups to look at
24 things like practice. And so we have a
25 new safety model of practice that's

1 4/15/14 - WHOLE - BILL 140144, etc.
2 consistent with the values that we
3 established. We had a contracting and
4 finance subcommittee. We had a legal and
5 legislative subcommittee. We had a data.
6 And we went over different systems. We
7 talked through lots of --

8 COUNCILWOMAN BASS: I guess
9 what I'm asking is, what other cities are
10 similar to Philadelphia in terms of the
11 scope of services that we're offering and
12 also the numbers of children. So I think
13 you said it was about 4,500 children in
14 placement and then another 1,500 who are
15 at home under DHS or the CUA supervision.

16 So who else is doing what we
17 are doing; that is, at this size and in a
18 similar fashion?

19 COMMISSIONER AMBROSE: So New
20 York City is probably the system that's
21 most similar to what we're doing, and as
22 I indicated, they're doing the direct
23 case management. Now, they do that in
24 their boroughs. So we went out and
25 visited those community centers in their

1 4/15/14 - WHOLE - BILL 140144, etc.
2 boroughs.

3 COUNCILWOMAN BASS: How many
4 children are they serving? Because New
5 York City is considerably larger.

6 COMMISSIONER AMBROSE: Way more
7 than we are. I can get that number for
8 you.

9 And the other thing that we
10 took from New York City was their teaming
11 model of practice.

12 COUNCILWOMAN BASS: Their what?

13 COMMISSIONER AMBROSE: Teaming.
14 We call it family team conferencing. So
15 while DHS has given the direct case
16 management responsibility to the CUAs, we
17 continue to monitor every single case.
18 Initially we do a safety conference
19 within 20 days of us getting that case,
20 but then every three months DHS staff,
21 what we call facilitators, are actually
22 out in the Community Umbrella Agencies
23 teaming the case with the family and
24 anybody that the family wants to bring
25 and any service provider, including our

1 4/15/14 - WHOLE - BILL 140144, etc.
2 behavioral health partners who sit in on
3 those teamings so that we can monitor how
4 things are going for that family based on
5 the plan that's been developed.

6 COUNCILWOMAN BASS: I still
7 don't think that we have the answer here,
8 because as I said, New York City is a
9 population of 8, 9 million people. We're
10 1.5. And, you know, with the five
11 boroughs, I'm sure that they serve a
12 larger population. And so it's not
13 really comparable to Philadelphia and our
14 issues, even though geographically we're
15 both very close by and East Coast cities
16 and all that, but in terms of the scope
17 of services that they're providing in
18 their boroughs, in their areas and the
19 numbers of folks that they have in terms
20 of providers and actually out and about
21 doing this work, it would be great to get
22 some idea of who else is nearby. Is
23 Baltimore? Which is a city that's
24 probably a little closer in scope and
25 size. What are they doing? What about

1 4/15/14 - WHOLE - BILL 140144, etc.
2 Boston? What about other cities that are
3 similar that are doing this?

4 COMMISSIONER AMBROSE: So
5 there's no other city that's doing what
6 Philadelphia is doing. We do have
7 collaborations with Boston. They're a
8 state-run system, though, so it's
9 difficult to compare them, because we're
10 a state-administered county --
11 county-administered state oversight state
12 and Massachusetts is not.

13 I think you're exactly right.
14 When we compare ourselves to cities and
15 looking at child welfare issues, we
16 compare mostly with places like Cleveland
17 and Baltimore based on our poverty rates,
18 based on our number of single-headed
19 households. And so those similarities
20 are much more clear with the cities that
21 you've mentioned.

22 COUNCILWOMAN BASS: And you
23 said that the CUA system came out of the
24 Danieal Kelly case or it came out of the
25 Improving Outcomes for Children?

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COMMISSIONER AMBROSE: The
3 recommendation that we addressed was one
4 of the recommendations in the Danieal
5 Kelly death, yes.

6 COUNCILWOMAN BASS: Okay. And
7 I know that the bell rung, so I'll come
8 back around for my next set of questions,
9 Mr. President.

10 COUNCIL PRESIDENT CLARKE:
11 Thank you, Councilwoman.

12 The Chair recognizes
13 Councilwoman Tasco.

14 COUNCILWOMAN TASCO: Good
15 afternoon.

16 COMMISSIONER AMBROSE: Good
17 afternoon.

18 COUNCILWOMAN TASCO: On Page 1
19 of your testimony you stated that one of
20 the goals of this system transformation
21 entitled Improving Outcomes for Children,
22 which uses ten regional providers called
23 Community Umbrella Agencies, or CUAs,
24 since they have more children and youth
25 maintained safely in their homes and

1 4/15/14 - WHOLE - BILL 140144, etc.
2 communities. In this regard, can you
3 describe the CUA selection process and
4 state the number of CUAs that are based
5 inside the City or outside of the City.

6 COMMISSIONER AMBROSE: So what
7 we recognize -- and I was able to watch
8 the testimony of Dr. Evans and heard him
9 talk about the goal that he and Judge
10 Dougherty and I had to bring kids closer
11 to home, and in fact, we have too many
12 kids in congregate care settings and most
13 times those congregate care settings are
14 outside of the City, and so the goal was
15 really to provide supportive services in
16 the communities where our children and
17 families live and make those services
18 easily accessible.

19 And so the selection process
20 was looking at the RFP that we developed,
21 and that was after all of the work we did
22 with the stakeholders, and the selection
23 process was the response to the RFP as
24 well as looking at a financial audit of
25 the agencies that applied, looking at

1 4/15/14 - WHOLE - BILL 140144, etc.

2 past performance of those agencies based
3 on the services that they were delivering
4 to DHS or elsewhere, and then doing a
5 presentation. What was their vision for
6 improving outcomes for children in the
7 neighborhoods where they were applying.
8 And so that was a presentation to me and
9 my executive staff, and the decisions
10 were made based on that criteria.

11 COUNCILWOMAN TASC0: Well, do
12 the Boards of the CUAs reflect the
13 community from where they are?

14 COMMISSIONER AMBROSE: So some
15 of them do better than others, and so I
16 can go through of the ones --

17 COUNCILWOMAN TASC0: Do you
18 require them to have a diverse Board?

19 COMMISSIONER AMBROSE:
20 Absolutely.

21 COUNCILWOMAN TASC0: And does
22 it include the community where they are?

23 COMMISSIONER AMBROSE:
24 Absolutely.

25 COUNCILWOMAN TASC0: You say

1 4/15/14 - WHOLE - BILL 140144, etc.
2 some of them are doing better. So those
3 who are not doing better, what do you do
4 to make them comply?

5 COMMISSIONER AMBROSE: Well,
6 for instance, one of the requirements of
7 the Community Umbrella Agencies is that
8 they have a Community Advisory Board. So
9 that Community Advisory Board is made up
10 of community members who would advise the
11 CUA and DHS about how things are going
12 for the children and families that are
13 being served in their neighborhood. One
14 of the members of that Community Advisory
15 Board must sit on the Board of Directors
16 of the CUA. So there's an accountability
17 issue that happens there.

18 With a couple of the CUAs in
19 the first round of selections, they did
20 not get selected because they didn't have
21 a diverse Board of Directors for their
22 agency. The second time around they had
23 actually done much, much better, and so
24 they ended up being a successful
25 applicant the second time around.

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2 So it is something that we've
3 taken very seriously, because we believe
4 that the people delivering the services
5 to the children and families that we
6 serve should be culturally appropriate
7 and relate to them in a way that helps
8 them address the issues that brought them
9 to the agency's attention.

10 COUNCILWOMAN TASCO: Have all
11 the CUAs been set up?

12 COMMISSIONER AMBROSE: They
13 have all been selected.

14 COUNCILWOMAN TASCO: All
15 contracts have been let?

16 COMMISSIONER AMBROSE: Correct.

17 COUNCILWOMAN TASCO: Throughout
18 the City?

19 COMMISSIONER AMBROSE: Correct.

20 COUNCILWOMAN TASCO: Now, we
21 just talked a little bit about the role
22 that you would play once they're all up
23 and running, but I heard you say that
24 you're going to have clear monitoring
25 oversight. I mean, how much are you

1 4/15/14 - WHOLE - BILL 140144, etc.

2 going to be involved, and does that call
3 duplicates service?

4 COMMISSIONER AMBROSE: So we've
5 tried to intentionally and deliberately
6 eliminate the duplication of service,
7 which is why the model is for a single
8 case management role. But the way that
9 DHS is going to be involved primarily is
10 through the teaming process, and Vanessa
11 can walk through that teaming process,
12 where we have a DHS staff person
13 monitoring and looking at how the plan is
14 working for that family every 90 days.
15 So we'll be checking in every 90 days
16 and, more importantly, through our
17 Division of Performance Management and
18 Accountability, we have several
19 monitoring functions that we'll be doing,
20 which are quality assurance functions
21 where we're randomly looking at cases on
22 a weekly basis to check the safety
23 assessment of those cases, quarterly
24 basis we're randomly pulling cases and
25 reviewing those cases to make sure things

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2 are going well with the case, and then we
3 also have established over a number of
4 years our child stat process and our
5 quality service review process where we
6 regularly review cases. With the quality
7 service review process, we randomly pull
8 cases, 12 cases every quarter for the
9 CUAs. We spend two days with a team of
10 folks that includes all stakeholders. So
11 we have advocates that participate,
12 people from CHOP, people from the court.
13 Two-people teams review those cases.
14 They interview the child, they interview
15 the family, they interview service
16 providers, they interview teachers, and
17 they then rate that case. They look at
18 how is this child doing and they rate
19 that case, and then they rate the system
20 performance on the case with certain
21 measures that we've established.

22 With child stat, that's an
23 even -- we take cases from the quality
24 service review and then we look at
25 performance measures for those providers,

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2 and we review those cases every quarter
3 for each of the CUAs. So there's a
4 pretty rigorous monitoring function.

5 The other thing that we've
6 added is something that we called quality
7 visitation review, where we go out
8 randomly and select cases, and I think
9 we're going to be doing 20 or 30 a month
10 where we go out and we interview the
11 family and we say, you know, have you
12 been receiving services, who was here,
13 how long did they stay, did they come in
14 the house and look at things and make
15 sure kids were safe or did they just sit
16 on the porch and ask you five questions
17 and leave. And that quality visitation
18 review is a really important way to check
19 on how kids and families are doing and
20 how families perceive the services that
21 we're delivering. And so we have a
22 pretty rigorous monitoring function that
23 we've established.

24 COUNCILWOMAN TASC0: I have one
25 more question while he's talking.

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2 When the CUAs were organized,
3 when the agencies presented a proposal to
4 you and -- I guess you had sent out an
5 RFP, and in the RFP they had to respond
6 to how you thought the CUAs would work,
7 right?

8 COMMISSIONER AMBROSE: Correct.

9 COUNCILWOMAN TASCO: So they
10 responded. Now, a lot of these agencies
11 have to hire additional people. Are they
12 going to train these people or the
13 retiring staff, individuals who may have
14 already been in service to families
15 before?

16 COMMISSIONER AMBROSE: So we
17 actually assisted with the training, with
18 the support of the state. So the Office
19 of Children, Youth and Families has been
20 supportive of Improving Outcomes for
21 Children from the very beginning. We
22 actually meet with them every other week
23 to ensure things are going well. We have
24 used their child welfare training program
25 and their charting the course training,

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2 which is how workers who do direct
3 service in child welfare get certified,
4 and our training -- I don't know how many
5 people we've trained over the last -- 398
6 staff from the CUAs, with more coming.
7 We actually had a new class that started.
8 I think we have 114 people being trained.

9 So this has been a pretty
10 gigantic effort, but essential for us to
11 do to make sure that all of the work that
12 we've done over the last six years to
13 ensure that children in the City are safe
14 gets transferred to the CUAs and the
15 agencies that are doing the work at the
16 neighborhood level.

17 COUNCILWOMAN TASCO:

18 Mr. President, I have a lot of questions,
19 but what I'm going to do is just ask a
20 couple when my turn comes around, key
21 questions, but I would submit questions
22 to Ms. Ambrose and ask her to respond,
23 and then we will share the questions and
24 answers.

25 COUNCIL PRESIDENT CLARKE:

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2 Thank you, Councilwoman.

3 COUNCILWOMAN TASCO: Because we
4 could be here all afternoon.

5 COUNCIL PRESIDENT CLARKE:

6 Thank you.

7 Councilman Jones, you said you
8 were going to do the same thing?

9 COUNCILMAN JONES: No. No. I
10 mean, some of them -- to be honest, I
11 already submitted mine in writing, and
12 there was a miscommunications about
13 providing it back in writing. So while
14 we're here --

15 COUNCIL PRESIDENT CLARKE: I
16 thought I heard you say "me too" when the
17 Councilwoman was saying it.

18 COUNCILMAN JONES: No.

19 COUNCIL PRESIDENT CLARKE: All
20 right. Thank you.

21 Thank you, Councilwoman.

22 The Chair recognizes

23 Councilwoman Reynolds Brown.

24 COUNCILWOMAN BROWN: Thank you.

25 Good afternoon, Commissioner.

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2 COMMISSIONER AMBROSE: Good
3 afternoon.

4 COUNCILWOMAN BROWN: As you can
5 see with this new paradigm shift, there
6 are a lot of questions, and it's not
7 unusual. We're adjusting to a different
8 way of trying to provide services to
9 children and families in what we hope to
10 be a better way.

11 Now, you've given a lot of
12 explanation on the accountability on the
13 case management side. Speak to us about
14 accountability and how we're going to
15 monitor those CPOs that are trench
16 warfare at ground level who will be
17 working with the CUAs.

18 COMMISSIONER AMBROSE: So it's
19 actually the same way. Because of the
20 way that we're going to be reviewing the
21 cases, we're going to be digging deep,
22 and so any service -- so right now the
23 CUAs have subcontracts with foster care
24 agencies, let's say, and so that foster
25 care agency is going to be required to

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2 submit case notes. And so we have access
3 to those case notes. We'll be reviewing
4 those case notes and then verifying the
5 activity that's reflected in the case
6 notes through the teaming process and
7 through the other quality assurance
8 functions that I've mentioned.

9 COUNCILWOMAN BROWN: And how
10 will that differ from the pre-Danieal
11 case?

12 COMMISSIONER AMBROSE: So
13 before we had our case managers doing
14 some of the work. So let's say we're
15 supposed to do monthly visits of children
16 and supervised visits for parents. Their
17 children are in placement and there needs
18 to be a supervised visit so we can work
19 toward reunification. Many times,
20 despite the fact that we were paying a
21 provider agency to do that supervised
22 visit, they just didn't show up and then
23 we would have to come. Now we don't have
24 that confusion. There's one person who
25 is responsible, one person who can be

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2 held accountable, and we'll be monitoring
3 that process.

4 COUNCILWOMAN BROWN: Okay. You
5 said that the court-ordered placements --
6 Councilman Goode raised a question around
7 this chart that he and I keep, and one of
8 the explanations was the fact that the
9 court-ordered placements then disqualify
10 them from being held to the same
11 standards around MBE/WBE activity. So
12 share an example of a court-ordered
13 placement that would not be treated the
14 same way as those in this \$47 million
15 contract number.

16 COMMISSIONER AMBROSE: So when
17 the court -- and probably the best
18 example of these cases are the juvenile
19 justice cases where the court has
20 authority to make decisions based on
21 their concern regarding community
22 protection. So with youth who are
23 arrested through the delinquent system,
24 if there's a community protection issue
25 and they can't find a placement that's

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2 close to Philadelphia, they might want to
3 send a kid to -- we use Summit Academy --

4 COUNCILWOMAN BROWN: Roanoke,
5 Virginia.

6 COMMISSIONER AMBROSE: Well, we
7 don't do that anymore, thank God. We've
8 gotten better with out-of-state
9 placements. We still send, in my
10 opinion, our children too far away from
11 home where we can't do the kind of family
12 work that we should be doing.

13 COUNCILWOMAN BROWN: Agreed.

14 COMMISSIONER AMBROSE: But if
15 there's a court order for a placement,
16 even if I don't have a contract, I'm
17 required to get a contract.

18 COUNCILWOMAN BROWN: The reason
19 why I say Roanoke, Virginia, I actually
20 when I worked for the state court unit at
21 Philadelphia Family Court was responsible
22 for taking a 6 foot 15-year-old to
23 Roanoke, Virginia because our area did
24 not have the skill set capability agency
25 that could adequately meet his need.

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2 COMMISSIONER AMBROSE: That was
3 the Pines, wasn't it?

4 COUNCILWOMAN BROWN: Yes. So
5 as we said to Dr. Evans this morning,
6 it's been a dramatic paradigm shift in
7 figuring out how we can keep kids closer
8 to home, and that's a good thing.

9 COMMISSIONER AMBROSE: Yes.

10 COUNCILWOMAN BROWN: That's a
11 good thing.

12 Back to the CUAs. We're well
13 aware that there's an expectation that
14 Boards look like Philadelphia. And so
15 with the CUAs, does the composition of
16 the Boards of the CUA operators represent
17 the communities that they serve? Was
18 that a part of the RFP process in this
19 review?

20 COMMISSIONER AMBROSE: The 25
21 percent requirement was part of the RFP
22 process, absolutely. And traditionally
23 with the non-profits that we have in
24 Philadelphia, we're pretty lucky that
25 many of the Boards and staff reflect the

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2 population that's being served. And so
3 with the selections that we've made, some
4 of the providers do better than others,
5 and one in particular we're not satisfied
6 with the Board composition and we've
7 talked to them about that, and in the
8 next 30 days, they'll be appointing two
9 more African American women to their
10 Board based on our concerns regarding the
11 composition of the current Board.

12 And so this to us is a new
13 opportunity for us to be clear with the
14 Community Umbrella Agencies what our
15 expectations are and to work with them to
16 make sure that they meet those
17 expectations, including the law requiring
18 the 25 percent. And so I meet with the
19 CUAs directly every Monday and we talk
20 about these issues, and we've seen
21 improvements in the small amount of time
22 that we've been meeting with them, and we
23 continue.

24 COUNCILWOMAN BROWN: So they
25 get it that this is not optional, it is

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2 required, and in cases where they're
3 having difficulty in meeting this new
4 requirement, the consequence is what?

5 COMMISSIONER AMBROSE: Well,
6 the consequence could be, if it was
7 necessary, that we award the contract to
8 somebody else. They've actually
9 understood this. I think that they've
10 worked hard and they've worked together.
11 So, for instance, they identified a
12 computer supplier on their own together
13 that's a minority contract. And so what
14 we're seeing is a lot of partnership and
15 a lot of thinking together, which is not
16 something that we usually see among the
17 provider community. So it's a positive,
18 and we need to continue to push for them
19 to do that kind of work, and we make
20 suggestions to them as well. So, for
21 instance, at our CUA meeting this week,
22 we brought in Congreso and the Attic as
23 potential subcontracts for the CUAs. And
24 so the Department has a role in this too.
25 It's not just abdicating the

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2 responsibility to the CUAs. It's
3 something that we need to monitor and we
4 need to continue to push.

5 COUNCILWOMAN BROWN: The bell
6 has run. I'll get to my next set of
7 questions on the next round.

8 Thank you, Mr. President.

9 COUNCIL PRESIDENT CLARKE:
10 Thank you, Councilwoman.
11 The Chair recognizes Councilman
12 Jones.

13 COUNCILMAN JONES:
14 Mr. President, when you give a hint, I
15 try my best, to the degree that I can, to
16 accommodate it.

17 So Councilwoman Tasco and
18 myself have submitted a bill for
19 consideration that looks at the
20 community-based oversight board. So
21 during that hearing, a lot of these
22 questions and concerns will come up,
23 because we do have some questions and
24 some of them were raised in these
25 Chambers about composition, about

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2 possible conflicts of interest, service
3 providers being on those oversight boards
4 which might have a reluctance to kind of
5 report some of these things, which --

6 COMMISSIONER AMBROSE: Are you
7 talking about the Community Oversight
8 Board that monitors DHS or the Community
9 Umbrella Agencies? I'm sorry. I'm just
10 confused.

11 COUNCILMAN JONES: All of the
12 above. So we're talking about the
13 Community Oversight Boards that deal with
14 you and you deal with the sub-providers
15 and the CUAs. So my point is, and simply
16 put, is that we're talking about a lot of
17 money. Each of these agencies that we've
18 developed, CUAs, how much are they
19 contracted with the City for on average?
20 About \$7 million?

21 COMMISSIONER AMBROSE: No.
22 It's more than that.

23 COUNCILMAN JONES: How much is
24 it?

25 COMMISSIONER AMBROSE: It's

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2 about -- it's a total of \$40 million.

3 COUNCILMAN JONES: So divided
4 by ten. So my point is, Councilwoman
5 Bass has not met with her CUA. I have
6 not -- maybe you have, but I haven't, and
7 I'm concerned that we need to. And
8 usually when there's a contract over a
9 year, it has to come before this body.
10 We're talking about a considerable amount
11 of money that is not going to get the
12 oversight that it needs.

13 So my concern is that, yes, in
14 the effort of it being more efficient,
15 well, it kind of usurps our
16 responsibility here. So we're going to
17 take a look at that and we'll send you a
18 copy of it, so there's plenty of time for
19 us to have these longer discussions, but
20 three things that concern me. Diversity,
21 monitoring, and self-monitoring possibly
22 within the CUAs. And at the end of the
23 day, it's about these kids and making
24 sure that they're given the best
25 environment, which I think we share that

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2 concern. No doubt in my mind that you
3 and your staff do, but sometimes in order
4 to do an efficient thing, we're not doing
5 also an effective thing, and I want to
6 make sure that that happens. And the
7 jury is still out. It's very new, but
8 this is the best time to start to take a
9 strong look at it when we're talking
10 about this much money and impact on that
11 many folks.

12 COUNCIL PRESIDENT CLARKE:

13 Thank you. Thank you, Councilman.

14 The Chair recognizes
15 Councilwoman Bass.

16 COUNCILWOMAN BASS: Thank you,
17 Mr. President. Had to think about it,
18 huh?

19 COUNCIL PRESIDENT CLARKE:

20 Well, we're trying to make sure during
21 the rotation that people that haven't
22 asked questions in this particular round
23 gets an opportunity. The board is a
24 little more challenging than meets the
25 eye.

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2 COUNCILWOMAN BASS: That's all
3 right. That's all right. So thank you.

4 A couple more questions. I
5 just want to pick up where Councilmember
6 Jones just left off in terms of concern
7 about the CUAs and the system that we
8 have in place, because it seems that this
9 again came out of the Danieal Kelly case
10 and the idea was that, you know, this
11 would be somewhat more effective or
12 reduce the City's liability by having it
13 sort of -- having these CUAs which would
14 do something very similar to what was in
15 place before, because you said that
16 during the Danieal Kelly case, there was
17 an outside provider and then it was sort
18 of monitored by the City, and that fell
19 apart, and it seems like we're actually
20 right back at the same system almost
21 again, maybe with a different name, but
22 it does seem like we're kind of doing the
23 same thing over and over again. And I
24 just wanted to ask a couple of questions
25 about the CUAs and the way we monitor

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2 them, because, again, in some ways, as
3 Councilman Jones just said, we talk about
4 effectiveness and efficiency, and my
5 question is what is the real goal here?
6 And I would assume that we're really
7 trying to be effective, effective in the
8 lives of these children that we're
9 serving.

10 So when it comes to the high
11 turnover at provider agencies, can you
12 talk about -- let me ask you, what is the
13 turnover at these agencies and how are
14 you made aware of it? What do you think
15 of it? What is your thoughts behind the
16 agencies and the turnover that they see?

17 COMMISSIONER AMBROSE: So I
18 just want to be clear that this isn't
19 about being more effective. It's about
20 doing our best that we can to take care
21 of the children that we're responsible
22 for. So that was the only goal that we
23 had in mind in moving forward with
24 Improving Outcomes for Children. And in
25 fact, we haven't recreated the dual case

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2 management system model that existed
3 before. We're not even out of that,
4 because we're doing a phased
5 implementation approach. So only two of
6 the CUAs have been fully implemented.

7 But in regard to the turnover
8 question, we actually meet with the CUAs,
9 as I said, every week. We monitor their
10 staffing at those meetings and we address
11 turnover issues. There have been some
12 turnover issues.

13 COUNCILWOMAN BASS: What kind
14 of issues are they?

15 COMMISSIONER AMBROSE: So the
16 issues are that the staff before in the
17 provider agencies could have relied on
18 DHS. So if they couldn't do the work,
19 they always knew that there was somebody
20 at DHS who was going to pick up the
21 slack. That doesn't exist anymore. And
22 so I think the children and families that
23 we serve, the cases are very complicated.
24 The poverty issues can be devastating.
25 The abuse and neglect issues are

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2 difficult to see, and this is very hard
3 work and so --

4 COUNCILWOMAN BASS: Absolutely.

5 COMMISSIONER AMBROSE: -- I
6 think the heavy lift that the provider
7 agencies have experienced, particularly
8 since the first cases they took were the
9 safety-related cases where you see the
10 more difficult issues were sometimes more
11 than the staff were able to handle. And
12 so I think that the CUAs have done a very
13 responsible job of trying to weed out the
14 staff who can't do this work, because
15 some people just aren't made to do the
16 kind of work that my staff do every day.

17 COUNCILWOMAN BASS: I agree.
18 This is not for everybody. That is not
19 for anybody and everybody.

20 COMMISSIONER AMBROSE: What
21 we've done is had Khalid Asad and the DHS
22 University go out to each of the CUAs,
23 talk through some of the turnover issues,
24 try to provide some technical assistance
25 and additional training to those CUAs to

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2 make sure that they could be fully
3 staffed.

4 COUNCILWOMAN BASS: So what
5 would you say on average the turnover has
6 been at the agencies?

7 COMMISSIONER AMBROSE: I mean,
8 it's hard to say because only two of them
9 have been fully operational.

10 COUNCILWOMAN BASS: For those
11 two, what's the turnover been?

12 COMMISSIONER AMBROSE: I don't
13 know. I can get you that number.

14 COUNCILWOMAN BASS: Okay. I
15 think that's important information to
16 have, just so that we can have a sense of
17 what's going on with the CUAs who are
18 handling this.

19 And also one of the things you
20 mentioned was the caseload and that --
21 again, everybody is not meant for this
22 kind of work. It's very difficult. It's
23 very challenging, very complicated. And
24 so can you talk about the caseloads that
25 these folks are expected to carry and

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2 what happens. So is my caseload 20 cases
3 or 50 cases. What is the caseload that
4 is on the average? And if I am not
5 keeping up with my caseload, what does
6 that mean? How does that affect the
7 service that I provide, that I offer, the
8 care that we offer? What happens then?

9 COMMISSIONER AMBROSE: So the
10 caseload sizes for the CUAs are ten
11 families per worker. The state
12 regulations go up to 30, but we know that
13 that would be nearly impossible and not a
14 good thing for kids and families. So we
15 did a lot of research. We looked at our
16 caseload sizes. We looked at other
17 systems, and we came up with ten, and
18 that is the caseload size. We think
19 that's a manageable caseload size, but as
20 we continue to learn more about the
21 challenges of the work from the CUAs'
22 perspective, that's something that we'd
23 be open to changing either up or down
24 based on the monitoring that we're doing
25 and the conversations that we're having

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2 with the CUAs.

3 COUNCILWOMAN BASS: Okay. And
4 I know that the bell rung, so I'll come
5 back.

6 Thank you, Mr. President.

7 COUNCIL PRESIDENT CLARKE:
8 Thank you, Councilwoman.

9 The Chair recognizes
10 Councilwoman Quinones-Sanchez.

11 COUNCILWOMAN SANCHEZ: Thank
12 you.

13 Let me continue that line of
14 questioning. It wasn't where I was going
15 to start.

16 You spoke about the CUA
17 caseload. What is your staff's caseload
18 in comparison to what we're asking CUAs
19 to do?

20 COMMISSIONER AMBROSE: So our
21 caseloads range -- our average right now
22 is probably around 17. It depends on
23 where you are in the agency. So our
24 intake at the front end, the staff that
25 do the investigations, the caseloads are

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2 a little bit lower there. At the back
3 end of the system, our caseloads are too
4 high right now, and part of that is
5 because we're working through Improving
6 Outcomes for Children and transitioning
7 those cases to the CUAs. So the
8 instability in the agency right now is
9 actually with the back end, because those
10 are the cases that are being transferred
11 over to the CUAs.

12 In our Adoptions Unit, I think
13 our average caseload size is about 15
14 right now. So it varies, and I can
15 actually send you -- we monitor the
16 caseloads at DHS on a monthly basis, and
17 we often hear from our staff that the
18 caseload size is too much and they're not
19 able to do the kind of work that they
20 need to do with the families, which is
21 why we arrived at ten. So we did a lot
22 of discussion with staff as part of our
23 due diligence in moving forward with the
24 model.

25 COUNCILWOMAN SANCHEZ: And

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2 obviously we've been working on this CUA
3 stuff and I have a lot of just kind of
4 generic questions, because I think
5 there's been some positives and some
6 negatives, but I just wanted to state in
7 this kind of framework because I want to
8 talk about -- or I want you to talk about
9 we're creating kind of an external unit,
10 and I want to make sure that the rules of
11 engagement for them is one where you want
12 them to be successful, but I also want us
13 to internally also be looking at how do
14 we make our internal system successful.
15 And so looking -- when you see the
16 disparity, you know ten is ideal, yet our
17 folks are being asked to do 17. When are
18 we going to level that out so that folks
19 feel like this is not just about them
20 being successful but it's also
21 internally, in light of the fact --
22 because I think on the staffing issue
23 we've learned with all the CUAs, it's
24 hard to staff.

25 COMMISSIONER AMBROSE:

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2 Absolutely. So we're working towards
3 transitioning that whole back end out,
4 which is the difficulty in stabilizing
5 the caseload sizes now. What I'll say to
6 you is that the design is for us to build
7 resources at the front end. We'd
8 actually like to have much lower
9 caseloads at the intake section so that
10 our workers can feel good about the
11 investigations they're doing. We have
12 amazing staff in our multidisciplinary
13 team, sections that have too many cases
14 right now, and so the idea is to make
15 sure that we're able to put the resources
16 at the front end so the staff can feel
17 better about the work that they're doing.
18 We're going to be increasing their
19 responsibilities with their participation
20 in the teaming, and so we need to give
21 them the time not only to manage those
22 investigations but to participate in the
23 teaming that's going to be the handoff of
24 the case from DHS once there's an
25 accept-for-service decision to the CUA.

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2 So we agree with you.

3 COUNCILWOMAN SANCHEZ: Okay.

4 So do you have a plan that you are
5 already articulating about what that
6 number is that gets you there, how many
7 years is it going to take us to get
8 there?

9 COMMISSIONER AMBROSE: So we
10 have a plan. The plan is to hopefully
11 get to -- right now all of our new
12 investigation workers get about nine
13 cases a month. We'd like to get that
14 down to six cases a month. And so we
15 have a staffing plan post IOC that would
16 get us there. And so we're thinking
17 about those things, and we meet with
18 those -- Vanessa responsible for pulling
19 that plan together with the support of
20 the other staff at DHS and the leadership
21 team.

22 COUNCILWOMAN SANCHEZ: Okay. I
23 wanted to ask you in terms of -- and
24 we'll get into some of the CUA
25 discussion, but I wanted to talk about

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2 internally.

3 So what are the things that
4 you're doing internally for your system
5 around building capacity, morale and all
6 of the issues related? Because, again,
7 we'll get to the CUA piece of it.
8 Internally what are some of the things
9 that are going on to help with training
10 and all of those other things?

11 COMMISSIONER AMBROSE: So
12 training is a big piece of what we're
13 trying to do. It occupies a lot of our
14 time. I think those staff who are now on
15 the CUA side are very excited and happy,
16 and so morale is very different. On
17 the -- still in the old DHS system, staff
18 are really struggling because they don't
19 know what it's going to mean for them.
20 So what we've tried to do is, we do a
21 monthly newsletter. We've done a series
22 of all staff meetings. We did one for
23 all staff. We had to do it over the
24 course of four days because we have a lot
25 of staff, where they're able to come

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2 together and we answer questions. We're
3 getting ready to do one next month as
4 well, where we're not going to talk as a
5 leadership team, but we're going to
6 actually have the CUAs come and present
7 on what's happening in the neighborhoods,
8 and we're also going to have our DHS
9 staff who have transitioned to the new
10 positions in IOC to come and talk about
11 what that looks like and give them a
12 sense of what their future is.

13 So those are constant issues.
14 We have a lot of communication campaigns.
15 We have our Crusaders Award next month,
16 and last month we had our breakfast for
17 all of our DHS staff who have been in the
18 agency for over 20 years. So those kinds
19 of things we try to do routinely. It was
20 Social Work Month last month, so we gave
21 out goodies and treats. We had someone
22 come in and do massages and we set up a
23 photo booth.

24 So we try to do lots of things
25 for staff morale, but these are hard

1 4/15/14 - WHOLE - BILL 140144, etc.
2 jobs, and I think when you're in the
3 midst of transformation the way that
4 we're in the midst of a transformation,
5 staff morale can be low, and so we've
6 been trying to work on that.

7 We've also recently established
8 an employee recognition program where
9 every month we're honoring a DHS
10 employee, giving them like free parking
11 for a month and a card. And then we do a
12 kudos corner, because I think every day
13 the staff at DHS do very heroic work that
14 no one ever talks about, and so we
15 acknowledge that internally by putting up
16 signs and posters honoring the staff at
17 DHS who have done something exceptional.

18 COUNCILWOMAN SANCHEZ: On the
19 next round we'll talk a little bit about
20 long-term sustainability. One of the
21 things that I don't want to see us is in
22 a situation where we shift all of our
23 resources and capacity externally and we
24 don't keep some internally. And so I
25 want to talk a little bit about long term

1 4/15/14 - WHOLE - BILL 140144, etc.

2 how that looks.

3 COMMISSIONER AMBROSE: Sure.

4 COUNCILWOMAN SANCHEZ: Okay.

5 Thank you, Mr. President.

6 COUNCIL PRESIDENT CLARKE:

7 Thank you, Councilwoman.

8 The Chair recognizes

9 Councilwoman Reynolds Brown.

10 COUNCILWOMAN BROWN: Thank you.

11 Continuing with the discussions
12 and inquiries around CUAs, so we've
13 spoken about Board composition, and we'll
14 look to hear how that is progressing in a
15 way that makes sense so that all of us
16 are aware. The next question deals with
17 how CUA dollars go to vendors with
18 minority ownership and/or to vendors with
19 minorities in key management positions,
20 what that process looks like, what the
21 status is to date, what are the
22 procedures to keep you informed on how
23 they're doing in this area.

24 COMMISSIONER AMBROSE: So our
25 contract with the CUAs requires me to

1 4/15/14 - WHOLE - BILL 140144, etc.
2 approve every subcontract.

3 COUNCILWOMAN BROWN: Oh,
4 really?

5 COMMISSIONER AMBROSE: Yes. So
6 we'll be able to monitor who the CUAs are
7 subcontracting with in a way that's
8 consistent with the vision for IOC, that
9 children and families are receiving
10 grassroots, neighborhood-based services
11 that can respond to their well-being
12 needs as well as their safety needs. And
13 so through that subcontracting approval
14 process, DHS will remain responsible to
15 ensure that diverse continuum of services
16 at the neighborhood level.

17 COUNCILWOMAN BROWN: Wow,
18 that's encouraging, to repeat what was
19 said over here, to know that there's
20 another layer of oversight. So for CUAs
21 who don't get it, they know that you're
22 looking.

23 COMMISSIONER AMBROSE: That's
24 right. And we've already had to have
25 some difficult conversations with some of

1 4/15/14 - WHOLE - BILL 140144, etc.
2 the CUAs.

3 COUNCILWOMAN BROWN: We
4 wouldn't be surprised with that.

5 COMMISSIONER AMBROSE: In
6 Florida, you know, one of the systems
7 that we learned a lot from, they actually
8 put a cap on the number of contracts the
9 lead agency could have at 30 percent, and
10 70 percent of the contracts had to be
11 subcontracted out. We're getting
12 dangerously close to having to do that
13 based on some of the CUAs not really
14 moving forward in subcontracting the way
15 we need them to. And so if we need to do
16 that, we certainly have the authority and
17 discretion to do that.

18 COUNCILWOMAN BROWN: Okay. So
19 that speaks to the program management
20 social service side. Now let's look to
21 the business side of the ledger. What
22 are the expectations with regards to
23 supplier diversity and who those CUAs do
24 business with, catering to uniform to et
25 cetera, et cetera, et cetera.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COMMISSIONER AMBROSE: So all
3 of the subcontractors will be required to
4 have a supplier diversity plan. That
5 will be part of the review process that
6 the CUA does and part of our internal
7 review process that we have at DHS.

8 COUNCILWOMAN BROWN: Is that a
9 new requirement piece for DHS?

10 COMMISSIONER AMBROSE: So it's
11 a new requirement for us. All of our
12 contractors over the last two years have
13 been required to have a supplier
14 diversity contract. So if it's an
15 existing DHS provider, it shouldn't come
16 as a surprise. But our numbers aren't
17 always that good, and so we need to use
18 this as an opportunity to reinforce that
19 expectation.

20 COUNCILWOMAN BROWN: What are
21 some of the excuses given to those who
22 can't figure out how you can look at the
23 Greater Philadelphia Chamber or the
24 African American Chamber or the Latino
25 Chamber to find businesses in this town

1 4/15/14 - WHOLE - BILL 140144, etc.
2 that have what it takes to do business
3 with these larger non-profits?

4 COMMISSIONER AMBROSE: I think
5 some of the excuses we get is that
6 they're not certified, but we've already
7 set up a webinar with Angela Dowd-Burton
8 for just the CUAs to walk through and do
9 a meet-and-greet with some of these
10 Philadelphia-based providers who are
11 certified. So Angela is being very
12 proactive in assisting us in making sure
13 that we're doing a better job.

14 COUNCILWOMAN BROWN: Okay.
15 Well, know we'll be looking to see what
16 the progress and status of that is next
17 year when you report.

18 Since launching the Improving
19 Outcomes for Children program, what are
20 some of the significant changes your
21 office has noted thus far related to
22 delivery of services?

23 COMMISSIONER AMBROSE: I think
24 the most promising change is the teaming
25 process, where we've actually created a

1 4/15/14 - WHOLE - BILL 140144, etc.
2 philosophy and values that really value
3 the voice of families in that teaming
4 process. And so we have supports at the
5 CUA with parent advocates. If it's a
6 youth case, any youth 13 or older
7 participates in the teamings. And I
8 think we try to facilitate the teaming in
9 a way that provides them with the
10 supports necessary to work through their
11 plan, and I think they feel more valued
12 in the process. And so we've gotten very
13 positive responses. Our teaming
14 director, Tyrone Harvey, is here, and I
15 think that's been one of the more
16 positive developments. And so we're
17 seeing a change at the neighborhood level
18 where families feel that their voice is
19 something that we value in trying to help
20 heal the issues that brought them to the
21 Department's attention, and that's very
22 promising, and staff feel good about that
23 too.

24 COUNCILWOMAN BROWN: Okay.
25 Thank you. I'll see you on the next

1 4/15/14 - WHOLE - BILL 140144, etc.
2 round.

3 Thank you, Mr. President.

4 COUNCIL PRESIDENT CLARKE:

5 You're welcome, Councilwoman.

6 The Chair recognizes

7 Councilwoman Tasco.

8 COUNCILWOMAN TASCO: Thank you.

9 How does this new program
10 impact on your budget? So you're running
11 the show. It's \$15 million and now
12 you're contracting out to all these
13 agencies. What is the budget impact?

14 COMMISSIONER AMBROSE: So there
15 is no budget increase. It's a budget
16 neutral proposal. We knew that there was
17 no new money, and this really wasn't
18 about money. It was streamlining a
19 process and making sure that we got
20 better outcomes for kids and families
21 because the accountability was clear.

22 So what we've done is actually
23 just looked at, based on each CUA, the
24 number of children and families being
25 served, did a lot of work on coming up

1 4/15/14 - WHOLE - BILL 140144, etc.
2 with case rates, and we now have a case
3 rate for each of the CUAs. And we're
4 going to implement that case rate July
5 1st, but up until now, we've been paying
6 the actual costs. And we're actually
7 doing fine financially right now, but we
8 also have a financial audit piece,
9 because we need to make sure we keep
10 doing fine, because there is no
11 additional money and we need to make sure
12 that we're using the taxpayer dollars
13 effectively.

14 COUNCILWOMAN TASCO: So now are
15 you transitioning out some of the
16 caseworkers that worked for DHS that --

17 COMMISSIONER AMBROSE: No. We
18 made a commitment to our staff that there
19 would be no layoffs. And so through
20 attrition we've lost some staff, but we
21 recently hired some staff. We have
22 identified new functions. And so what
23 used to be the social work supervisors on
24 the back end of the system in our ongoing
25 service regions are now practice

1 4/15/14 - WHOLE - BILL 140144, etc.
2 specialists, and they actually conduct
3 the teamings that I've been talking
4 about. And then our workers who provided
5 the direct case management system in the
6 ongoing service regions are now called
7 team coordinators. So what they do is
8 they really get prepared and get families
9 prepared for the teamings. They gather
10 all the paperwork. They invite all the
11 people who need to be there, and they
12 participate in those teamings as well.

13 We've also --

14 COUNCILWOMAN TASCO: What's a
15 teaming?

16 COMMISSIONER AMBROSE: A
17 teaming is a family team conference that
18 we're going to be doing at key decision
19 points. There's four different teaming
20 conferences that Vanessa can -- she's the
21 expert and Tyrone is really the expert,
22 but she can talk through all of those
23 teamings and what happens at each of
24 those teamings and how we remain
25 accountable.

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2 COUNCILWOMAN TASCO: Now, these
3 are the teamings that you're teaming with
4 the CUA?

5 COMMISSIONER AMBROSE: In the
6 neighborhood. In the neighborhood, yes.

7 DEPUTY COMMISSIONER HARLEY: So
8 what we have is four different types of
9 teamings. Primarily they're conducted in
10 the neighborhood, because we found that
11 if you can bring services closer to the
12 home of someone, if I only have to walk
13 three blocks as opposed to take two
14 buses, I'm more inclined to go. So we do
15 them in the community at various places,
16 and the CUAs are responsible for
17 identifying sites that are appropriate.
18 Sometimes they're in -- they may have a
19 partnership with a religious place or a
20 rec center or wherever, but we do them in
21 the neighborhood.

22 At the table is the family
23 primarily. They are the most important
24 ones, and the facilitator, who is the DHS
25 social worker who is facilitating the

1 4/15/14 - WHOLE - BILL 140144, etc.
2 meeting, the team coordinator of DHS
3 social worker as well that Anne Marie
4 just talked about. But also at the table
5 is any of the other providers who are
6 giving services, usually CBH or the
7 Department of Behavioral Health is there,
8 because many of our cases involve that,
9 and anybody else who may -- our Education
10 Support Center, because we have found
11 that we're really trying to work on
12 improving the educational outcomes for
13 our kids, particularly given the status
14 of the school system right now. So we
15 have an Education Support Center liaison
16 there and anybody else that may be able
17 to add to the family in what's going on.

18 Ultimately at that table,
19 things are discussed at key
20 decision-making points, but usually
21 around every 90 days. And we do that
22 because we now have court hearings around
23 every 90 days. So it's also a check-in
24 point in terms of whatever court orders
25 to make sure that things were done so

1 4/15/14 - WHOLE - BILL 140144, etc.
2 that everyone can come to a consensus in
3 terms of when you present in court.

4 At the table in the initial
5 conferences, which are the child safety
6 conferences, if we are removing a child
7 from a home or trying to figure out if we
8 could stabilize a child in their home,
9 you would have a DHS worker, because our
10 front-end investigators do the initial
11 investigations, but also the CUA may have
12 a representative. The conferences moving
13 forward would have the CUA worker or case
14 manager who is assigned to the case
15 present at the table. And so --

16 COUNCILWOMAN TASCO: Let me
17 just ask about that. Families are
18 experiencing problems. DHS intervenes,
19 and then at some point, you assign them
20 to a CUA. Is that the way they get to
21 the CUA?

22 DEPUTY COMMISSIONER HARLEY:
23 Yes. The way --

24 COUNCILWOMAN TASCO: They get
25 to the CUA through DHS or through the

1 4/15/14 - WHOLE - BILL 140144, etc.

2 courts?

3 DEPUTY COMMISSIONER HARLEY:

4 Through DHS, because primarily how it

5 would flow is, we would get a call into

6 our hotline. We would investigate.

7 Based on that investigation and the

8 safety assessment that we do, we make a

9 determination as to whether or not there

10 is a safety threat that exists or whether

11 or not this family needs services. We

12 accept a family services. It's after the

13 investigation is completed and we have

14 made a determination and accepted them

15 for services that the case is actually

16 handed off at one of the team meets to

17 the CUA so that the family can, you know,

18 meet that new CUA worker and it is

19 transitioned from DHS to the CUA. That's

20 when it's handed off.

21 COUNCILWOMAN TASCO: Okay.

22 Thank you.

23 COUNCIL PRESIDENT CLARKE: The

24 Chair recognizes Councilman Jones.

25 COUNCILMAN JONES: So yesterday

1 4/15/14 - WHOLE - BILL 140144, etc.
2 the Community Oversight Board released a
3 report, and as Councilwoman Sanchez said,
4 there have been some improvements, yet
5 there's still some challenges. I think
6 one of the areas of improvement is the
7 visitation portion that they stressed
8 that in '13 that --

9 COMMISSIONER AMBROSE: It's one
10 of the challenges, not improvements.

11 COUNCILMAN JONES: So that's
12 one of the challenges. And that brings
13 to mind one of the issues that we shared
14 with the staff, and they've been working
15 on it diligently.

16 So it's also my understanding
17 that this Board was created under the
18 Street Administration?

19 COMMISSIONER AMBROSE: That's
20 correct.

21 COUNCILMAN JONES: And that
22 there is at least a recommendation or a
23 feeling that they may be out of useful
24 life, that they're ready to disband?

25 COMMISSIONER AMBROSE: No.

1 4/15/14 - WHOLE - BILL 140144, etc.
2 What happened is about a year and a half
3 ago, the Community Oversight Board --
4 they report to the Mayor. They don't
5 report to me. They reported to the Mayor
6 that we had substantially completed most
7 of the 37 recommendations that were made
8 by the Child Welfare Review Panel, and
9 they felt that they didn't need to do
10 that anymore. Dr. Schwarz and the Mayor
11 felt that they were so beneficial to the
12 improvements of the agency and that we
13 still had so much more work to do, that
14 they needed to stay, and at that time, we
15 added some -- we had lost a couple of
16 members. We added some additional
17 members. We added former Mayor Goode.
18 We added Shelly Yanoff. We added a youth
19 advocate who had aged out of the foster
20 care system, and we added a parent
21 advocate who had lost her children to DHS
22 and had children in placement. And so we
23 also decided that while we may have had a
24 stabilization around how we were handling
25 safety cases. We really needed to move

1 4/15/14 - WHOLE - BILL 140144, etc.
2 on to well-being issues. And so -- I'm
3 sorry.

4 COUNCILMAN JONES: I know.
5 It's just this is my clock. I just --
6 what I wanted to say was that to me a lot
7 of the questions that are being brought
8 up are found within this report and that
9 President Clarke did his due diligence
10 and realizes that we may have some
11 further input on this, which I think is
12 important. Councilwoman Tasco's bill and
13 ours is looking into this relationship,
14 and I think specifically Councilwoman
15 Bass around the question of the newborn
16 CUAs, that we need to monitor this a
17 while to -- it's like anything, you need
18 beta testing. You need to take it out on
19 the road and see what works real well,
20 reinforce that, and see what needs a
21 little tweaking that might better improve
22 what is our common goal, which is service
23 for these kids.

24 So we've seen some inherent
25 conflicts. We think maybe if we talk

1 4/15/14 - WHOLE - BILL 140144, etc.
2 about it a little more -- and I heard you
3 say that the CUAs are coming in to talk
4 to your staff about what's going on in
5 the real world, because all of us are
6 sitting in these Chambers, but these
7 babies are out there in these homes.
8 Well, it might be good to have a couple
9 of members from Council go to that too to
10 be able to ask questions and get some
11 concerns raised about it. And I trust my
12 leader, Councilwoman Tasco, who runs that
13 committee, who has put a lot of time in
14 on this, as at least someone who has a
15 wheelhouse of information about it.

16 So that's up to you, Council
17 President, but I think this board is
18 raising some of the issues. When we talk
19 about this type of money and this amount
20 of responsibility, we do need to have
21 some input.

22 COUNCIL PRESIDENT CLARKE: I
23 agree, Councilman. Thank you so much.

24 The Chair recognizes
25 Councilwoman Bass.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COUNCILWOMAN BASS: Thank you,
3 Mr. President.

4 Councilman Jones, I agree with
5 you. The more input, the better. And
6 so, you know, I could agree with myself
7 all day long, but it's important to hear
8 what other people think and what other
9 input can be provided to really perfect
10 the system. And so just a couple more
11 questions.

12 Can you talk about if a CUA is
13 not performing up to par, what is the
14 formal process for the City ending a
15 relationship or breaking an agreement
16 with a CUA?

17 COMMISSIONER AMBROSE: So our
18 contract allows us to get out of any
19 contract with 30 days' notice.

20 COUNCILWOMAN BASS: Thirty
21 days' notice, okay. And --

22 COUNCILWOMAN BROWN: I'm sorry.
23 What was the answer?

24 COMMISSIONER AMBROSE: I'm
25 sorry. We have to give 30 days' notice

1 4/15/14 - WHOLE - BILL 140144, etc.
2 to the CUA if they're not performing
3 consistently with our expectations.

4 COUNCILWOMAN BROWN: Thank you.

5 COUNCILWOMAN BASS: And what
6 would bring a CUA to that point, that you
7 would determine that they're not
8 performing up to your expectations?

9 COMMISSIONER AMBROSE: There
10 could be lots of issues. So the most
11 obvious would be repeated patterns of not
12 taking care of the children and families
13 that they're required to serve. I've
14 been doing this work long enough to know
15 that one incident shouldn't determine an
16 outcome, but if we are monitoring the
17 CUAs the way we expect to monitor them
18 and, that is, on a weekly meeting with
19 them and looking at their safety
20 assessments and digging into their files,
21 we're going to know pretty soon whether
22 there's a pattern of children not being
23 properly served, and we're going to have
24 to take some urgent action if we see
25 that. And we've had to do that since

1 4/15/14 - WHOLE - BILL 140144, etc.

2 I've been Commissioner, and we don't
3 hesitate to do that when we need to.

4 COUNCILWOMAN BASS: Okay. As
5 you said, I mean, this is not new to you.
6 You've been around. How long have you
7 been in this line of work?

8 COMMISSIONER AMBROSE:
9 Twenty-seven years.

10 COUNCILWOMAN BASS: So you know
11 or know the signs of a provider who
12 should not be in place.

13 COMMISSIONER AMBROSE:
14 Absolutely.

15 COUNCILWOMAN BASS: Okay. And
16 the other question I have for you is in
17 terms of DHS workers that move into
18 CUAs -- that's correct?

19 COMMISSIONER AMBROSE: Correct.

20 COUNCILWOMAN BASS: So what's
21 the process there in terms of moving an
22 employee with the Department of Human
23 Services into a CUA?

24 COMMISSIONER AMBROSE: So
25 they're actually still DHS staff. They

1 4/15/14 - WHOLE - BILL 140144, etc.
2 just have a new job title and their
3 location changes. And I talked about
4 this before when social work supervisors
5 transitioning into practice specialists
6 lead the teamings and social work service
7 managers transitioning into team
8 coordinator roles. Also social work
9 supervisors transitioning into practice
10 coaches, which sort of work within our
11 DHS University. When we're noticing a
12 problem based on our case reviews that
13 we're doing with the CUAs, we don't want
14 to just say, Oh, they're not doing well.
15 We want to go in there, sit down with
16 them, talk through what our findings are,
17 and help them get better. So that's the
18 role of the practice coaches.

19 COUNCILWOMAN BASS: And so if
20 you're taking a DHS worker, who is still
21 a DHS worker, you're taking them and
22 you're moving them to a new location and
23 with a new job title and responsibility.
24 What happens with their old caseload?

25 COMMISSIONER AMBROSE: So their

1 4/15/14 - WHOLE - BILL 140144, etc.
2 old caseload has transitioned over
3 already.

4 COUNCILWOMAN BASS: So it goes
5 with them as well?

6 COMMISSIONER AMBROSE: No. No.
7 So this has been a very complicated and
8 difficult to task for us to transition
9 these cases. So we review all the cases
10 before they transfer over. As staff get
11 freed up because cases are transitioning
12 to the CUAs, those staff are the ones who
13 can apply -- it's not a one-for-one.
14 It's staff apply as caseloads shrink.
15 Staff apply for the new positions. They
16 get interviewed and then they move into
17 those roles.

18 COUNCILWOMAN BASS: So, again,
19 if I'm a DHS worker and I move over to a
20 CUA and I had a caseload of, say, 20
21 cases and then those 20 cases are not
22 coming specifically with me, the person
23 who has been familiar with those cases,
24 knows those families, has been intimately
25 involved with the care of those children,

1 4/15/14 - WHOLE - BILL 140144, etc.

2 those cases are now going elsewhere?

3 COMMISSIONER AMBROSE: So
4 that's also done very carefully. So if
5 cases -- because we've been involved with
6 the family for a long time and the case
7 is getting ready to close out in the next
8 couple of months, those cases won't get
9 transitioned. So Kimberly Ali, who is
10 our Operations Director on the ongoing
11 service region side, actually personally
12 has herself and a unit that reviews all
13 those cases before the transition takes
14 place. So the cases --

15 COUNCILWOMAN BASS: But I guess
16 what I'm saying is, it seems as if
17 there's a gap in care and it seems as
18 if -- like I said, if I'm a DHS
19 caseworker and now someone else has my
20 cases or actually I leave and no one else
21 is immediately assigned, it seems -- and
22 there might be what you figure, okay, out
23 of the 20 cases that I have, maybe five
24 of them are sort of on the tail end, they
25 seem as if it's going to be okay, it's

1 4/15/14 - WHOLE - BILL 140144, etc.
2 going to be a situation where we can
3 close particular cases, and then the
4 other five, ten, 15, whatever, cases kind
5 of sit and wait for someone to pick them
6 up.

7 COMMISSIONER AMBROSE: So they
8 wouldn't sit and wait. I mean, I think
9 you're laying out one of the challenges
10 of moving to Improving Outcomes for
11 Children, which is running a dual case
12 management system and transitioning those
13 cases over. And so there's -- obviously
14 we're not letting cases languish. I
15 mean, the whole --

16 COUNCILWOMAN BASS: But I guess
17 I'm still not clear. So if I have 20
18 case and say five of them are about to
19 drop off, so there's another 15 cases.
20 I've moved over to a CUA. Who is
21 immediately picking up my 15 cases and
22 handling them?

23 COMMISSIONER AMBROSE: There's
24 a redistribution of the cases through a
25 floater unit. I can let Vanessa talk

1 4/15/14 - WHOLE - BILL 140144, etc.
2 about it.

3 DEPUTY COMMISSIONER HARLEY:

4 Basically what happens is that your
5 remaining caseload, whether it be the 15
6 or the 20, is redistributed amongst other
7 social workers within your unit, section,
8 whatever. There are floaters units in
9 every section. We call floaters because
10 they pick up caseloads for just such a
11 time as this. When somebody leaves,
12 there is a worker that can fill in that
13 gap.

14 If the floaters unit has
15 already sort of reached their maximum
16 capacity, which does happen at times, and
17 certainly while we're running this dual
18 system, moving cases into the new system
19 under IOC and trying to work our old
20 system, what you have described has
21 happened, but we do make provisions --

22 COUNCILWOMAN BASS: So it has
23 happened that cases have been kind of
24 just left hanging?

25 DEPUTY COMMISSIONER HARLEY:

1 4/15/14 - WHOLE - BILL 140144, etc.
2 Not left hanging. They're reassigned to
3 another worker, is what happens to that
4 case. That entire caseload, whether it's
5 20 cases, to use your example, would be
6 redistributed. So two might go to one
7 worker in this unit, two go to another,
8 but they're redistributed so that they
9 are all reassigned.

10 COUNCILWOMAN BASS: Is there a
11 particular -- do you have a timeline for
12 when someone should be in touch to say,
13 you know, I'm going to be helping you
14 now, I'm going to be working with you
15 now, Cindy Bass is somewhere else now? I
16 guess an initial contact. Do you have a
17 timeline for when that has to happen when
18 a caseload is redistributed?

19 DEPUTY COMMISSIONER HARLEY:
20 So, yes. So when a case is
21 redistributed, the new worker is actually
22 required -- usually we try to get them
23 out within like seven days of getting the
24 case to meet the family so that they will
25 know I am now your new worker,

1 4/15/14 - WHOLE - BILL 140144, etc.
2 particularly the young people, because we
3 want as much continuity as possible for
4 them to go out, hopefully meet the family
5 and to say that I'm the new worker.

6 We also -- it's a little bit
7 easier for us to manage it in this
8 situation because we know the worker that
9 is leaving and when they're leaving, so
10 we're already trying to prepare for that
11 transition. So that worker is already
12 working with her families and letting
13 them know I'm going to be transitioning
14 into a new position, and if she knows who
15 the worker is going to be, so-and-so is
16 going to be your new worker. Sometimes
17 they're going out together and meeting
18 the family so that the transition piece
19 occurs.

20 The other thing is, sometimes
21 we have to stagger when they move. While
22 I may have wanted them to go into their
23 new position on May 1st, I may have to
24 hold it up until I have an opportunity --
25 because we have to make sure that all of

1 4/15/14 - WHOLE - BILL 140144, etc.
2 the cases are accounted for and all of
3 the families are getting the services
4 that they need. So sometimes you have to
5 stagger when you allow people to move
6 into their new positions.

7 COUNCILWOMAN BASS: Okay. Is
8 there any internal -- this is my last
9 question, real quick question.

10 Is there any internal quality
11 control in terms of ensuring that that
12 initial contact has happened?

13 DEPUTY COMMISSIONER HARLEY: We
14 do get reports on whether or not the
15 initial contact happens.

16 COUNCILWOMAN BASS: I'm sorry.
17 Within seven days. Is there --

18 DEPUTY COMMISSIONER HARLEY: We
19 monitor visitation. So there is a
20 hierarchy. There's a worker, a
21 supervisor, an administrator, a director
22 assigned to every case. So that that's
23 the team assigned. So that supervisor or
24 administrative team tries to make sure it
25 happens. Now, in some cases -- I'm

1 4/15/14 - WHOLE - BILL 140144, etc.
2 giving you best-case scenario, but to be
3 honest, there are cases where it's the
4 supervisor for a short period of time who
5 is intervening until the case is
6 reassigned to someone else. So the
7 contact with the family may be made by
8 the supervisor on the case.

9 COUNCILWOMAN BASS: Okay. All
10 right. Thank you.

11 COUNCIL PRESIDENT CLARKE:
12 Thank you, Councilwoman.

13 The Chair recognizes
14 Councilwoman Quinones-Sanchez.

15 COUNCILWOMAN SANCHEZ: Thank
16 you.

17 So I want to talk now a little
18 bit around the CUAs. I know some of the
19 issues as this was rolling out was the
20 issue of these being a geographic overlay
21 with the Police Department. Have you
22 guys readdressed that and looked at a
23 better geography versus just the Police
24 Department for service areas, and how
25 have you dealt when there might be

1 4/15/14 - WHOLE - BILL 140144, etc.
2 multiple children in a family and they
3 cross the street, Lehigh Avenue, they're
4 in a different police district?

5 COMMISSIONER AMBROSE: I think
6 on the police district side -- and,
7 remember, the reason we did that is
8 because that's traditionally the way we
9 assigned cases. And so there's been a
10 huge community engagement strategy that
11 not only DHS is engaged in, but really
12 the CUAs are responsible for. And so now
13 they're viewing it as the neighborhoods.
14 So they're able to articulate the
15 neighborhoods they're in instead of just
16 the police districts that they're in.

17 On the issue of children moving
18 or living with a relative across lines,
19 we do an assessment of that family and
20 make a decision based on the family
21 composition and the service array as to
22 which CUA that case belongs to. And, you
23 know, those are sticky situations, but
24 our families often are transient and so
25 that's not an uncommon occurrence. You

1 4/15/14 - WHOLE - BILL 140144, etc.
2 know, they have family members throughout
3 the City and sometimes they move from one
4 family to another, and some of those
5 arrangements are informal and some of
6 those arrangements are formal or court
7 ordered, and so we have to pay close
8 attention to that issue, but it is a real
9 issue.

10 COUNCILWOMAN SANCHEZ: When
11 there are disputes around the handling of
12 a CUA, does the family have the ability
13 to appeal that back to DHS directly?

14 COMMISSIONER AMBROSE: Yes.
15 Not only every CUA has our Commissioner's
16 Action Response phone number on their
17 letterhead, but also anybody, including
18 the family, can request a teaming at any
19 time. So it doesn't have to be just the
20 intervals that Vanessa talked about. And
21 the family -- this is explained to them.
22 If they're not happy with something
23 that's happening, they can say, I want to
24 have a teaming, and they can call for a
25 teaming. Anybody in the sort of team as

1 4/15/14 - WHOLE - BILL 140144, etc.
2 we define it can ask for that, but they
3 also have very clear directions on the
4 letterhead of the CUAs that they can call
5 DHS directly.

6 COUNCILWOMAN SANCHEZ: Going
7 back to -- and you said this, and I heard
8 it, and you weren't affirming it as
9 strongly as I know you meant it when you
10 said it around the contracting and the
11 subcontracting. One of the things that
12 we've seen over the course of the last
13 six years, in particular during this
14 transition, there were a lot of services
15 all over the City. There was a robust
16 provider system, and there's many
17 reasons. Cultural competency was an
18 issue. Some people don't cross Broad
19 Street for services, all the things that
20 you talked about.

21 Have you done an analysis of
22 the providers by area and looked at who
23 has been de-funded as a result of this
24 shift in terms of who's still in the
25 game, who is not in the game, who has

1 4/15/14 - WHOLE - BILL 140144, etc.

2 made the decision and -- because in some
3 cases you have providers that provided
4 very unique services because that's all
5 they wanted to do, which was a good
6 thing, but because they're small, and we
7 talked a little bit last year around
8 capacity, that I didn't want a CUA to
9 say, I'm not contracting with this person
10 because I don't think they have the
11 capacity, that they not be responsible
12 for building the capacity so that they
13 could play in this new reformed arena.

14 COMMISSIONER AMBROSE: So this
15 is a really important issue. That's why
16 I retain the authority to approve any
17 subcontract. So that's probably the
18 biggest piece of this.

19 COUNCILWOMAN SANCHEZ: But have
20 you done an analysis? Can you see who is
21 in the game?

22 COMMISSIONER AMBROSE: So what
23 we've done is -- we haven't done an
24 analysis, a formal analysis. What we've
25 done is, we've met individually with many

1 4/15/14 - WHOLE - BILL 140144, etc.
2 of the providers who we still continue to
3 believe are very valuable pieces of the
4 work that we're going to do with IOC and
5 paired them up with the CUAs in their
6 area. So there's many of those
7 relationships and partnerships that are
8 forming.

9 Additionally, what we've
10 decided to do was really pull back on the
11 prevention contracts, because when we
12 asked the CUAs to be able to articulate a
13 prevention plan, they really weren't able
14 to do that in the comprehensive way we
15 need them to do it. And so there's going
16 to have to be a whole lot more work
17 that's done between the current
18 prevention providers and the CUAs in
19 order for us to get to that place. And I
20 think there's also going to need to be
21 some of those community engagement
22 strategies evidenced in a different array
23 of contracted services than we've
24 traditionally had. Some more of the
25 grassroots providers that have never had

1 4/15/14 - WHOLE - BILL 140144, etc.
2 a contract with the City now have an
3 opportunity to really be supports in the
4 neighborhoods that they can do good work
5 in.

6 COUNCILWOMAN SANCHEZ: For me,
7 having that analysis is important. So
8 one of the things that I've tried to do
9 is ask people to willingly talk to other
10 folks, and I've gotten a lot of
11 resistance. And so I'm glad that you're
12 pulling back on the prevention side,
13 because I think a lot of those services
14 given what's going on particularly at the
15 school-based level, there's a real need
16 for a real hands-on kind of intervention.
17 And so there's some resistance from the
18 providers to even meet with folks to make
19 a decision about whether that's a service
20 that they need, even though their own
21 agency capacity demonstrates their lack
22 of knowledge in a particular area.

23 COMMISSIONER AMBROSE: You're
24 right on target, and I think it's
25 interesting that initially I think the

1 4/15/14 - WHOLE - BILL 140144, etc.
2 CUAs haven't been as proactive as they
3 need to be, and some of the other
4 providers are just scared of the unknown.
5 And so --

6 COUNCILWOMAN SANCHEZ: Well,
7 they don't want pushback. So we're all
8 trying to place nice in the sandbox, but
9 you have to be hammer.

10 COMMISSIONER AMBROSE: That's
11 right.

12 COUNCILWOMAN SANCHEZ: So you
13 have to say to folks, You have an
14 organizational capacity that's A, B, C,
15 D. You do not know X, Y, and Z. So you
16 have to force that, because it's not
17 going to happen. And so what you have is
18 this tension around the smaller groups
19 saying, I don't want to complain because
20 then I'm going to be -- the little that I
21 have is going to be taken from me, as
22 opposed to how do we provide that kind of
23 intervention.

24 COMMISSIONER AMBROSE: I think
25 you're right, and some of these providers

1 4/15/14 - WHOLE - BILL 140144, etc.
2 actually have done such a good job, the
3 community-based providers, they need to
4 expand what they're doing now. And so
5 there's a couple of providers that are
6 more tentative about doing that, and
7 we're facilitating those meetings and
8 those partnerships.

9 COUNCILWOMAN SANCHEZ: Can you
10 put someone in charge within your team of
11 the CUA piece that maybe can serve as the
12 entry point for these groups to say,
13 These are some of the services. Because
14 you're doing the capacity kind of
15 analysis, that you can say to a service
16 provider, These are some of the gaps and
17 here are two or three people that we've
18 pre-assessed that are in your geography.

19 COMMISSIONER AMBROSE: Yes.

20 COUNCILWOMAN SANCHEZ: You
21 would need to put someone in charge of
22 that, because as you and I both
23 suspected, it's a problem.

24 COMMISSIONER AMBROSE: We're
25 actually getting ready to hire somebody

1 4/15/14 - WHOLE - BILL 140144, etc.
2 who is just in charge of resource
3 development, and some of that is
4 connected to our child welfare
5 demonstration project, but the bigger
6 piece of that is where are the gaps in
7 services and how do we fill those gaps in
8 services with community-based providers.

9 COUNCILWOMAN SANCHEZ: And that
10 that be written into their renewals. I
11 mean, I really just feel like people will
12 linger and use up the clock.

13 Thank you, Mr. President.

14 COUNCIL PRESIDENT CLARKE:
15 Thank you.

16 Okay. We still have one
17 department left, just a status report.

18 Thank you. The Chair
19 recognizes Councilwoman Reynolds Brown.

20 COUNCILWOMAN BROWN: So having
21 heard that caution, Commissioner, this
22 report is issued annually --

23 COMMISSIONER AMBROSE: Yes.

24 COUNCILWOMAN BROWN: -- the
25 report on progress on the Community

1 4/15/14 - WHOLE - BILL 140144, etc.

2 Oversight Board? So the next time we'll
3 see an update is April 2015?

4 COMMISSIONER AMBROSE: Correct.
5 Well, there's going to be an interim
6 report here, because Dr. Linda Morrow and
7 Judy Silver, Dr. Silver, who are members
8 of the Community Oversight Board, did a
9 ton of work on older youth as one of the
10 well-being issues that they wanted to dig
11 into. And so we're going to issue an
12 interim report just on what's happening
13 with older youth. So you'll be able to
14 see that.

15 Part of the issue was that
16 they -- it was so comprehensive that they
17 hadn't had a chance to crosswalk it with
18 the CUAs, and we've done so much work
19 under the leadership of Margarita
20 Davis-Boyer, who is our older youth
21 coordinator, that in some ways they
22 wouldn't keep up with the progress that
23 was being made at the Achieving
24 Independence Center and a lot of the
25 enhancements that Margarita has tried to

1 4/15/14 - WHOLE - BILL 140144, etc.
2 bring to the agency.

3 COUNCILWOMAN BROWN: Well,
4 that's a segue to my last and final
5 question. I have many more on the CUA,
6 briefly because the clock has actually
7 rung. An update on that population.
8 Because we know they're least likely to
9 go to college. They're most likely to
10 end up in homelessness, et cetera, et
11 cetera.

12 COMMISSIONER AMBROSE: I could
13 talk about that for a very long time. It
14 is a huge area of focus for us. I can
15 submit something in writing --

16 COUNCILWOMAN BROWN: Could you,
17 please.

18 COMMISSIONER AMBROSE: -- that
19 gives you an update on the way we've
20 changed what we're doing at the Achieving
21 Independence Center and the work that
22 we're doing with the School District,
23 which we think is really essential and
24 urgent right now. And those are the two
25 areas where we've really expanded what

1 4/15/14 - WHOLE - BILL 140144, etc.
2 we're doing in areas of well-being,
3 particularly with education given the
4 crisis at the District and with our older
5 youth and the issues that they have on
6 the behavioral health side, and great
7 partnership with Dr. Evans and Judge
8 Dougherty on all of those issues.

9 COUNCILWOMAN BROWN: Please do
10 that.

11 COMMISSIONER AMBROSE: I will
12 do that, because the Council President
13 wants to not have me talk for a long
14 time.

15 COUNCILWOMAN BROWN: Thank you
16 very much.

17 Thank you, Mr. President.

18 COUNCIL PRESIDENT CLARKE:
19 Thank you, Councilwoman.

20 The Chair recognizes Councilman
21 Jones.

22 COUNCILMAN JONES: Thank you
23 again, Mr. President, for your patience.

24 We're going to get another bite
25 at the apple when we talk about the

1 4/15/14 - WHOLE - BILL 140144, etc.
2 legislation examining the Community
3 Oversight Board, but I want to transition
4 very quickly to talk about your
5 relationships in schools, particularly
6 your truancy division that was
7 eliminated. It's not eliminated?

8 COMMISSIONER AMBROSE: No.

9 COUNCILMAN JONES: Is it under
10 the IOC model now?

11 COMMISSIONER AMBROSE: So we
12 have truancy units at DHS. In 2009, we
13 started an Education Support Center, and
14 we've consolidated the truancy work from
15 the education -- that used to be in
16 Prevention into the Education Support
17 Center. In fact, we've enhanced those
18 services. We just decided to hire 27
19 additional staff to put in the Education
20 Support Center. Many of the focuses will
21 be on truancy, but we're actually
22 assigning two workers per CUA in --

23 COUNCILMAN JONES: Those are
24 your employees?

25 COMMISSIONER AMBROSE: They'll

1 4/15/14 - WHOLE - BILL 140144, etc.

2 be DHS staff.

3 (Continued) -- in schools that
4 have been identified as having more DHS
5 kids and by the District as having
6 leadership that are receptive to us
7 working in those schools and actually
8 identifying prevention issues in a very
9 proactive way.

10 In addition, per CUA, we're
11 going to have one DHS staff who is going
12 to be working on little kids, so kids
13 zero to 5 who we really need to make sure
14 are making the right connections to early
15 intervention and Head Start and are ready
16 to learn by the time they get into
17 kindergarten. And then for older youth,
18 we're going to have one staff per two
19 CUAs that are really focusing on the very
20 concerning educational outcomes for older
21 youth who are part of the DHS system.

22 COUNCILMAN JONES: I'm glad to
23 hear that, because with shrinking staff
24 at the schools, it was very disturbing to
25 see that that --

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COMMISSIONER AMBROSE: Exactly
3 why we did it.

4 COUNCILMAN JONES: I appreciate
5 it.

6 And if you could provide to the
7 Chair and other members of Council how
8 many truancy cases do you get from K to
9 3rd grade? You don't have to answer it
10 now. But also from 4th grade to 12th
11 grade. And I would be interested in
12 seeing that collation with trouble at
13 home or other issues that may be factors
14 in dealing with that.

15 COMMISSIONER AMBROSE: I will
16 say that the truancy issues are very
17 difficult to arrive at right now, because
18 the District no longer has the staff to
19 identify truant children. So we're going
20 to have to think very differently about
21 how we use our truancy providers and
22 really have them go into the schools and
23 in some ways try to get those cases for
24 us, because the process that we created
25 two years ago no longer works because the

1 4/15/14 - WHOLE - BILL 140144, etc.
2 District truly does not have the staff
3 necessary to identify those children.
4 And it's really important for us to be
5 able to identify those kids and provide a
6 really prompt intervention.

7 COUNCILMAN JONES: Well, one
8 final point is that I would encourage you
9 along with the Department of Health,
10 along with Behavioral Health to do the
11 briefing that you did a year ago.

12 COMMISSIONER AMBROSE: Sure.

13 COUNCILMAN JONES: I thought
14 that was helpful to members to get a
15 better understanding of the interlocking
16 relationship of that, but just like with
17 this truancy, it flips over into the
18 schools. So there's a lot of
19 interlocking relationships and, quite
20 frankly, why I'm concerned about CUAs,
21 because I know how important your staff
22 are to all of these other agencies, and I
23 don't know if I'm going to get that same
24 quality from some person -- and I know
25 they have good reputations, but I know

1 4/15/14 - WHOLE - BILL 140144, etc.
2 that you're the -- I don't want to use
3 the term devil, but you're the devil I
4 know as opposed to trying to get to know
5 the other ones.

6 COMMISSIONER AMBROSE: Well,
7 you know them now. They're just doing
8 the same work my staff are doing. So
9 many of them are the same workers who
10 have been working in the system for 20
11 years. They've just been doing duplicate
12 functions of what DHS staff were doing.

13 COUNCILMAN JONES: Thank you,
14 Mr. Chairman.

15 COUNCIL PRESIDENT CLARKE:
16 Thank you, Councilman.

17 The Chair recognizes
18 Councilwoman Bass.

19 COUNCILWOMAN BASS: Thank you,
20 Mr. President.

21 And just last couple of
22 questions. A review of the budget shows
23 that your fringe benefits costs were
24 going to increase about 6.7 million, and
25 I'm wondering if you have an explanation

1 4/15/14 - WHOLE - BILL 140144, etc.
2 as to why that's increasing so much. One
3 would think that it was actually
4 decreasing.

5 COMMISSIONER AMBROSE: Marcia
6 Dixon is our fiscal officer. She's going
7 to come up to answer the question.

8 (Witness approached witness
9 table.)

10 MS. DIXON: Good afternoon. My
11 name is Marcia Dixon. I'm the fiscal
12 officer at DHS.

13 What that reflects is, we were
14 allowed to get reimbursed more money from
15 the state for fringe benefits. Our
16 fringe benefit rate went up about 10
17 percent. It's been at like 43 percent
18 for about maybe five or six years. They
19 finally released the bulletin that
20 allowed us to draw down more funding for
21 our fringe benefits. So what you were
22 seeing before was only 43 percent
23 reimbursement.

24 COUNCILWOMAN BASS: So you
25 weren't getting reimbursed the full

1 4/15/14 - WHOLE - BILL 140144, etc.
2 amount basically?

3 MS. DIXON: Right.

4 COUNCILWOMAN BASS: And now
5 you're being reimbursed the full amount?

6 MS. DIXON: We're being
7 reimbursed 53 percent. But from prior
8 years, I know that the City's fringe
9 benefit rate with the unfunded liability
10 was more upwards of 60, 65 percent. So
11 we're getting closer.

12 COUNCILWOMAN BASS: Okay.
13 Thank you.

14 And the other question I had is
15 if you could discuss, Commissioner, your
16 internal -- when it comes your employees
17 within DHS. And I know that that covers
18 a wide spectrum of folks, but can you
19 talk about your hiring and termination
20 processes.

21 COMMISSIONER AMBROSE: So we
22 actually hadn't done hiring for a while.
23 We recently hired over the last eight
24 months 119 new staff. And so the hiring
25 process is that we get a list and we look

1 4/15/14 - WHOLE - BILL 140144, etc.
2 at that list and try to interview and
3 select the best candidates as part of
4 that process.

5 COUNCILWOMAN BASS: If an
6 employee has a grievance, what's the
7 process?

8 COMMISSIONER AMBROSE: Based on
9 not getting hired?

10 COUNCILWOMAN BASS: No, no. An
11 employee.

12 COMMISSIONER AMBROSE: We work
13 through our Human Resources Department
14 and try to address whatever grievance
15 that they have. The union is pretty
16 instrumental in working with them to
17 address those grievances. When there's a
18 grievance that comes to my attention,
19 it's usually assigned to one of the
20 Deputy Commissioners. So if it's in
21 children and youth, Vanessa would sit
22 down and try to mediate that grievance
23 and come up to a resolution.

24 COUNCILWOMAN BASS: I would
25 assume that everything is done in

1 4/15/14 - WHOLE - BILL 140144, etc.

2 writing, that there is a paper trail?

3 COMMISSIONER AMBROSE: Yes.

4 COUNCILWOMAN BASS: So if there

5 was an issue that -- if there was an

6 investigation, if there was a problem,

7 then I would be informed in writing and

8 provided a copy of whatever in writing

9 and if there's an appeal process; is that
10 correct?

11 COMMISSIONER AMBROSE: Yes.

12 There's an employee violation report

13 that's issued as a result of discipline

14 and then there's an appeal process to

15 that. If there's an investigation,

16 there's a written report that --

17 COUNCILWOMAN BASS: That's

18 provided?

19 COMMISSIONER AMBROSE: It

20 depends on the nature of the

21 investigation. So we usually consult

22 with Law depending on what the

23 investigation is.

24 COUNCILWOMAN BASS: So if

25 there's an investigation into an

1 4/15/14 - WHOLE - BILL 140144, etc.

2 employee --

3 COMMISSIONER AMBROSE: Many of
4 the cases where we have investigations
5 are related to the integrity officers.
6 So those cases are usually handled in
7 consultation with the Inspector General's
8 Office and the Law Department. And so
9 depending on whatever the finding is, we
10 would turn it over if they advised us to
11 turn it over and in some instances we
12 would not turn it over.

13 COUNCILWOMAN BASS: So if I am
14 under your employ and terminated at that
15 point --

16 COMMISSIONER AMBROSE: Those
17 are employee violation reports, and
18 there's a due process that accompanies
19 all of the employee violation reports
20 where there's a preliminary hearing, and
21 then if it can't be resolved at the
22 preliminary hearing level, we have a
23 hearing where there's a panel that
24 there's --

25 COUNCILWOMAN BASS: So there

1 4/15/14 - WHOLE - BILL 140144, etc.

2 should be a hearing?

3 COMMISSIONER AMBROSE: Correct.

4 COUNCILWOMAN BASS: Does that

5 matter regardless of the rank of the

6 employee?

7 COMMISSIONER AMBROSE: No. No.

8 Every employee, if they want to have a

9 hearing, has a right to have a hearing.

10 COUNCILWOMAN BASS: So

11 every employee --

12 COMMISSIONER AMBROSE: Unless

13 they're an exempt employee.

14 COUNCILWOMAN BASS: Unless

15 they're an exempt employee. And who

16 would be considered an exempt employee?

17 COMMISSIONER AMBROSE: The

18 Deputy Commissioners. I'm an exempt

19 employee. So the leadership team of DHS.

20 COUNCILWOMAN BASS: And what

21 would be the process for them?

22 COMMISSIONER AMBROSE: For

23 discipline?

24 COUNCILWOMAN BASS: Right. For

25 discipline or termination.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COMMISSIONER AMBROSE: There
3 would be a hearing. I mean --

4 COUNCILWOMAN BASS: There would
5 be a hearing for --

6 COMMISSIONER AMBROSE: Well,
7 there could be a hearing.

8 COUNCILWOMAN BASS: -- an
9 exempt employee?

10 COMMISSIONER AMBROSE: There
11 could be a hearing for an exempt
12 employee, but usually it's in the
13 discretion of the appointing authority
14 whether they want to have a hearing or
15 not. It depends on what the nature of
16 the concern is.

17 COUNCILWOMAN BASS: Back up for
18 one second. You said there could be a
19 hearing at the discretion of who?

20 COMMISSIONER AMBROSE: The
21 appointing authority. That would be me.

22 COUNCILWOMAN BASS: So you
23 would determine if there is a hearing for
24 an employee that was going to be
25 terminated?

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COMMISSIONER AMBROSE: It
3 depends on whether --

4 COUNCILWOMAN BASS: An exempt
5 employee.

6 COMMISSIONER AMBROSE: It
7 depends on whether termination is an
8 issue. So there are different rules with
9 exempt employees.

10 COUNCILWOMAN BASS: Right. So
11 I'm saying specifically if you were going
12 to terminate an exempt employee, you
13 could determine if they had a hearing or
14 not?

15 COMMISSIONER AMBROSE: If I
16 wanted to terminate them?

17 COUNCILWOMAN BASS: Yes.

18 COMMISSIONER AMBROSE: No,
19 because I don't need to have a hearing
20 for an exempt employee.

21 COUNCILWOMAN BASS: Okay. So
22 if they're an exempt employee, there's no
23 hearing that's required?

24 COMMISSIONER AMBROSE: There
25 have been issues where we have had formal

1 4/15/14 - WHOLE - BILL 140144, etc.
2 discipline per exempt employees.

3 COUNCILWOMAN BASS: But I'm
4 asking about specifically what's
5 required.

6 COMMISSIONER AMBROSE: I don't
7 want to misspeak, so let me make sure --
8 I always consult with my HR Department,
9 and in areas where there is an exempt
10 employee, I would consult with the Law
11 Department as well, Suzanne Reilly.

12 COUNCILWOMAN BASS: So before
13 you terminate an employee who is exempt,
14 you would have consulted with the Law
15 Department and HR?

16 COMMISSIONER AMBROSE: Correct.

17 COUNCILWOMAN BASS: Okay.
18 Thank you.

19 COUNCIL PRESIDENT CLARKE:
20 Thank you, Councilwoman.

21 Councilman Jones.

22 COUNCILMAN JONES: That's for
23 the next one.

24 COUNCIL PRESIDENT CLARKE:
25 Mistake?

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COUNCILMAN JONES: Thank you.

3 COUNCIL PRESIDENT CLARKE:

4 Thank you, sir.

5 Thank you very much for your

6 testimony.

7 COMMISSIONER AMBROSE: Thank

8 you.

9 (Witnesses approached witness
10 table.)

11 COUNCIL PRESIDENT CLARKE: Good

12 evening.

13 MS. MINTZ: Good evening.

14 COUNCIL PRESIDENT CLARKE:

15 Please proceed.

16 MS. MINTZ: Good evening,

17 Council President Clarke and

18 distinguished members of City Council.

19 My name is Dainette Mintz. I am the

20 Director of the Office of Supportive

21 Housing. I am joined today by OSH Chief

22 of Staff Joye Presson and OSH Deputy

23 Director Roberta Cancellier and OSH

24 Deputy Director Letty Egea-Hinton.

25 The mission of OSH is to plan

1 4/15/14 - WHOLE - BILL 140144, etc.
2 and coordinate Philadelphia's response to
3 homelessness and assist individuals and
4 families experiencing homelessness to
5 achieve greater self-sufficiency in
6 long-term housing. In addition, OSH
7 administers Riverview Home, a
8 state-licensed personal care home that
9 provides housing to low-income elderly
10 and disabled persons. I am pleased to
11 offer this testimony outlining the OSH
12 budget request for Fiscal Year 2015.

13 The proposed Fiscal Year 2015
14 budget is \$91,838,358 and includes an
15 allocation of \$43,613,802 in general
16 funds, which represents 47 percent of our
17 budget, and \$48,224,530 in grant funds,
18 which represents 53 percent of our
19 budget.

20 The Fiscal Year 2014 General
21 Fund budget -- I'm sorry; '15 General
22 Fund budget is \$45,052,630 and includes
23 additional funding requested by City
24 Council in Fiscal Year '13 to increase
25 the supply of emergency housing for

1 4/15/14 - WHOLE - BILL 140144, etc.

2 victims of domestic violence by 100 beds.

3 OSH is the Collaborative

4 Applicant and coordinates the federal HUD

5 Continuum of Care for homeless assistance

6 in Philadelphia. OSH operates

7 centralized intake into the City-funded

8 emergency housing system. We oversee

9 more than 2,500 contracted emergency

10 housing beds; provide financial

11 assistance to prevent homelessness and

12 mortgage foreclosure, and rapidly rehouse

13 homeless households in private rental

14 units; manage state and federal support

15 for food for shelter, food pantries, and

16 food cupboards; coordinate entry into and

17 oversight of 550 contracted transitional

18 housing units and contract for 950

19 permanent supportive housing units, which

20 represents 1,800 beds of housing for

21 homeless persons.

22 OSH manages the HUD-required

23 Homeless Management Information System,

24 which is an electronic system to collect

25 data regarding the characteristics and

1 4/15/14 - WHOLE - BILL 140144, etc.
2 needs of individuals experiencing
3 homelessness in Philadelphia, and
4 operates Riverview Home. More than
5 25,000 individuals are served annually
6 through OSH.

7 This year Philadelphia endured
8 the second snowiest winter in its
9 history, with more than 75 days in which
10 a Code Blue was activated by OSH to
11 provide additional resources for
12 individuals and families experiencing
13 homelessness. Our city was well equipped
14 and deeply committed to making
15 extraordinary efforts to provide
16 emergency shelter for people experiencing
17 homelessness in the cold, especially
18 those who are living outdoors. I am
19 pleased to report that we had sufficient
20 capacity to address our winter emergency
21 housing needs and that there was not a
22 single homeless death due to hypothermia.

23 Despite the continued desperate
24 need for affordable housing in
25 Philadelphia, the City is a leader among

1 4/15/14 - WHOLE - BILL 140144, etc.
2 cities in addressing homelessness, as
3 demonstrated through collaboration,
4 innovation, and results. Of 25 cities
5 that participated in the 2013 U.S.
6 Conference of Mayors Hunger and
7 Homelessness survey, including Chicago,
8 Los Angeles, Phoenix, and DC,
9 Philadelphia saw a small decrease in the
10 overall number of homeless individuals on
11 average. Participating cities saw a 4
12 percent increase.

13 In 2013, Philadelphia added 462
14 new affordable housing beds for people
15 experiencing homelessness, more than
16 twice the number in other cities on
17 average. In addition, OSH and partners
18 are making progress towards the national
19 goal of the United States Interagency
20 Council on Homelessness, which includes
21 HUD and the Veterans Administration, to
22 end homelessness for chronically street
23 homeless individuals and veterans by the
24 end of 2015 and setting a path to end
25 homelessness for families and young

1 4/15/14 - WHOLE - BILL 140144, etc.
2 people by 2020.

3 That represents a brief summary
4 of the more detailed testimony that was
5 submitted by the Administration. I'd be
6 happy to answer any questions any members
7 of Council may have.

8 Thank you.

9 COUNCIL PRESIDENT CLARKE:

10 Thank you. Good evening. A couple of
11 quick questions. In your testimony you
12 referenced the City's need for more
13 affordable housing.

14 MS. MINTZ: Yes.

15 COUNCIL PRESIDENT CLARKE: But
16 yet I think you suggested that you met
17 the needs of the homeless population in
18 this past year.

19 MS. MINTZ: We met the needs of
20 the homeless this winter, and that
21 basically means trying to get people off
22 the street who live on the street so that
23 no one would freeze to death. That by no
24 means indicates that we have a housing
25 placement for everyone.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COUNCIL PRESIDENT CLARKE: So
3 you meant the short-term needs?

4 MS. MINTZ: Yes.

5 COUNCIL PRESIDENT CLARKE:
6 Which was the winter.

7 MS. MINTZ: Get people off the
8 streets into short-term housing. But for
9 everyone who goes into short-term
10 housing, they need a long-term house, and
11 therein lies the rub.

12 COUNCIL PRESIDENT CLARKE: And
13 are you and your department involved in
14 the intermediate or the longer term
15 housing strategy?

16 MS. MINTZ: We collaborate with
17 the Office of Housing and Community
18 Development and we attempt to leverage
19 the federal grants that we receive to
20 develop more housing specifically for the
21 homeless, and we've tried to work through
22 some trials and issues that they've had
23 with reductions anticipated to CDBG and
24 HOME funds in the past. We also have the
25 unfortunate issue of there being some

1 4/15/14 - WHOLE - BILL 140144, etc.
2 community oppositions to the siting of
3 homeless projects, and so we are actually
4 in a deficit position this year, in that
5 for the last couple years which there's
6 been no new housing development
7 identified for homeless persons.

8 COUNCIL PRESIDENT CLARKE:

9 Okay. So I understand you have a number
10 of transitional houses in the City of
11 Philadelphia.

12 MS. MINTZ: Yes.

13 COUNCIL PRESIDENT CLARKE: And
14 that basically prepares people to move
15 into traditional long-term housing.

16 MS. MINTZ: Exactly.

17 COUNCIL PRESIDENT CLARKE: So
18 is there a shortage in the traditional
19 long-term housing --

20 MS. MINTZ: Yes.

21 COUNCIL PRESIDENT CLARKE: --
22 that would not afford you an opportunity
23 to move folks from transitional into
24 long-term and then freeing up spaces for
25 people that are going through the

1 4/15/14 - WHOLE - BILL 140144, etc.

2 process, going from homeless to
3 transitional and then to long term?

4 MS. MINTZ: Yes. So our
5 continuum sees recruitment of engagement
6 of people on the street who would
7 typically go into short-term housing, and
8 from there they would move to long-term
9 housing. Likewise for families who are
10 struggling to find housing they can
11 afford, right now the only door open to
12 them is emergency shelters. So they come
13 to our intake centers for placement in
14 emergency housing. We are basically in
15 a -- across a spectrum of housing. We
16 are being asked to provide more emergency
17 housing to meet that immediate need, but
18 in responding to that, that means we have
19 an increase need of people who need to
20 move out of that housing into long-term
21 housing.

22 COUNCIL PRESIDENT CLARKE:
23 Right.

24 MS. MINTZ: The rule of thumb
25 across the nation is that not everyone

1 4/15/14 - WHOLE - BILL 140144, etc.

2 needs to go into emergency housing.

3 Primarily because people are poor is the

4 only reason why they're asking for

5 shelter placement. If we had long-term

6 housing available to them, we could make

7 that connection at the front door, but

8 because we have an unlimited supply of --

9 a limited supply of housing, we're not
10 able to make that connection.

11 COUNCIL PRESIDENT CLARKE:

12 Right. So if we were able to tell you

13 that we had a strategy that would put a

14 thousand units of affordable housing on

15 the table within the next year or so,

16 you'd be in a position to move a whole

17 lot of people off the street, because you

18 have more transitional housing available

19 because the people that are currently in

20 the transitional housing can move into

21 the longer term housing?

22 MS. MINTZ: Yes.

23 COUNCIL PRESIDENT CLARKE:

24 Would that be --

25 MS. MINTZ: I've heard a rumor,

1 4/15/14 - WHOLE - BILL 140144, etc.
2 and what we typically would do would be
3 to ask if there could be a seta-side for
4 homeless families, because in our
5 experience, our families don't compete as
6 well as non-homeless low-income families.
7 So we really do need a set-aside to be
8 able to have a fair opportunity to get
9 homeless folks into housing.

10 COUNCIL PRESIDENT CLARKE:
11 Particularly affordable, below 60 percent
12 median income. Sixty to 30 --

13 MS. MINTZ: Exactly.

14 COUNCIL PRESIDENT CLARKE:
15 -- is really our target population.

16 MS. MINTZ: Yes. Yes. But
17 that would be very helpful.

18 COUNCIL PRESIDENT CLARKE: I'll
19 probably be asking you to come testify at
20 a hearing shortly at some point in time.

21 MS. MINTZ: Okay. Before
22 December.

23 COUNCIL PRESIDENT CLARKE: We
24 all kind of know the need, but we just
25 want to document --

1 4/15/14 - WHOLE - BILL 140144, etc.

2 MS. MINTZ: I'm here until
3 December.

4 COUNCIL PRESIDENT CLARKE: We
5 look forward having you at that public
6 hearing.

7 I just had another quick
8 question. Page 13, 14, and 15 of your
9 budget details, it proposes an allocation
10 for specialized services, family shelter,
11 single shelters, Mayor's homeless
12 initiative and winter initiative, but the
13 specifics are yet to be determined.

14 MS. MINTZ: Yes.

15 COUNCIL PRESIDENT CLARKE: Is
16 there a reason?

17 MS. MINTZ: We typically wait
18 until after the budget has been passed
19 before we do the allocations. We
20 indicate to our providers we're looking
21 at level funding, but if there is the
22 need for us to do a shift of a few
23 dollars, we typically just wait to make
24 those allocations. And what we try to do
25 is ensure that what we present in the

1 4/15/14 - WHOLE - BILL 140144, etc.
2 budget is the amount we've allocated for
3 that activity, so that what you see
4 reflected there is the amount that's
5 allocated for that activity and that we
6 then make the final allocations once the
7 budget has been passed.

8 COUNCIL PRESIDENT CLARKE:

9 Okay. And I ask this particularly
10 because I know a couple of Councilmembers
11 that are not here and some that are here
12 are very interested in the commitment to
13 providing housing short term for domestic
14 violence.

15 MS. MINTZ: Yes.

16 COUNCIL PRESIDENT CLARKE: And
17 we just wanted to make sure that as the
18 priorities get established, that that's
19 right up top.

20 MS. MINTZ: Sure. Understood.
21 And you'll see that we've been consistent
22 in our budget in which we have not
23 completed that 2015 column, because,
24 again, just depending upon whether or not
25 there is any change in our state and

1 4/15/14 - WHOLE - BILL 140144, etc.
2 federal grants that would also impact
3 whether or not we're able to provide the
4 same amount of funding to some of our
5 providers. But in the case of the
6 domestic violence, those are all general
7 funded, and so I think we can reflect
8 what we would be providing, and that's
9 based on the funding that's been
10 specifically allocated for that activity.

11 COUNCIL PRESIDENT CLARKE:

12 Okay. All right. Thank you. Thank you
13 very much.

14 The Chair recognizes Councilman
15 Jones.

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

18 It is my understanding this is
19 your last budget.

20 MS. MINTZ: Yes.

21 COUNCILMAN JONES: After how
22 many years?

23 MS. MINTZ: In October it will
24 be 32 years of service.

25 COUNCILMAN JONES: And I would

1 4/15/14 - WHOLE - BILL 140144, etc.
2 say that I think, without fear of
3 successful contradiction, this department
4 has been a national model on the
5 continuum of homelessness to
6 self-sufficiency; is that correct?

7 MS. MINTZ: That is correct.

8 COUNCILMAN JONES: How long
9 were you the Director of this?

10 MS. MINTZ: Eight years next
11 month.

12 COUNCILMAN JONES: So I don't
13 know if we want to let you go. I mean,
14 quite frankly. We may have to introduce
15 some legislation.

16 MS. MINTZ: I'm running.

17 COUNCIL PRESIDENT CLARKE:
18 Councilman, you weren't supposed to let
19 it out today.

20 COUNCILMAN JONES: Oh, all
21 right. Okay.

22 I don't know. And I say that
23 in gest, but I say it in true, because,
24 you know, you deal with the fact that
25 because you're so good, you become a

1 4/15/14 - WHOLE - BILL 140144, etc.
2 regional magnet for homeless. People
3 know if I can get to Philly, I can get
4 some help, and that is an additional
5 challenge.

6 I think when you start looking
7 at your transitional housing program or
8 your rapid rehousing program or your
9 benefit connection dealing with
10 particular groups that have challenges
11 with disabilities, when I look at the
12 demographics you serve -- my colleagues
13 often ask for those kinds of figures --
14 you deal with 28 percent males, 72
15 percent females, which is interesting, 72
16 percent of whom are African American or
17 black, 15 percent are white, 5 percent
18 are Hispanic, and 1.8 percent are Asian
19 Americans. So you have a United Nations
20 of services there, and I just want to
21 say -- and it's been a long day for all
22 of us, but I wanted to let you smell your
23 roses --

24 MS. MINTZ: Thank you.

25 COUNCILMAN JONES: -- a bit and

1 4/15/14 - WHOLE - BILL 140144, etc.

2 say the true honor to you is on my first
3 day, Mr. President, we had just gotten
4 sworn in '08. It was January '08. We
5 had a nice little party in the hallway.
6 You know, you were part of it. And it
7 was a lot of people wishing us well, and
8 we had food and entertainment out there,
9 a little band, and everybody had a
10 wonderful time. And then I remember at
11 the conclusion of the dinner, there was a
12 family sitting on my chairs, the chairs I
13 still have out there, and I said, Did you
14 enjoy yourself.

15 Yes.

16 Are you okay?

17 No.

18 And the response was, Well, why
19 aren't you okay?

20 They said, We're homeless.

21 And if you understand sheer
22 panic hit me, because now I have to
23 really be a Councilperson and provide
24 some real service. All the pomp and
25 circumstances are all over. Well, the

1 4/15/14 - WHOLE - BILL 140144, etc.
2 phone call I made was a fortuitous one.
3 It was to you. And within about an hour,
4 a gentleman came up. And these
5 particular folk had specific needs,
6 because they were mentally challenged,
7 some of them in the family. And a van
8 pulled up, and you could have been sent
9 by an angel in my eyes, because I
10 sincerely believe that your first
11 constituent service request, you'd better
12 get it right, because it's like your
13 first dollar bill you get when you --
14 your first sale, you'd better make it.
15 And I felt that way, and I've felt that
16 way each and every year. Whenever I call
17 your office or your staff, I get a real
18 live person with a real live answer. It
19 isn't always the one that I'd like to
20 have, but it's a real live answer that I
21 can count on, and I appreciate that.

22 MS. MINTZ: Thank you.

23 COUNCILMAN JONES: I have no
24 other questions, Mr. President.

25 MS. MINTZ: Thank you.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 COUNCIL PRESIDENT CLARKE: Wow,
3 she really did make an impact on you,
4 sir. Thank you. Thank you so much,
5 Councilman.

6 The Chair recognizes
7 Councilwoman Reynolds Brown.

8 COUNCILWOMAN BROWN: Okay. It
9 goes without saying the work you do
10 enormously important, and the domino
11 effect of those that you take care of,
12 you can't even measure.

13 MS. MINTZ: Thank you.

14 COUNCILWOMAN BROWN: So it
15 certainly does not go unrecognized in the
16 time you put in with your career.

17 School District of
18 Philadelphia, what measures and programs
19 does your department take to ensure that
20 the many children that are in shelters
21 are still able to pursue their elementary
22 and secondary education? Just speak
23 briefly to the connectedness to the
24 School District and how and what's done.

25 MS. MINTZ: We work very

1 4/15/14 - WHOLE - BILL 140144, etc.
2 closely with the School District. As a
3 result of the Homeless Act, there are
4 specific funding that is made available
5 to the School District to assist homeless
6 children, assistance for transportation
7 to cover the cost of tokens, assistance
8 to help those kids with uniforms,
9 acquisition, et cetera. So we work very
10 closely with their office to make that
11 happen.

12 We also work closely with the
13 office in terms of trying to identify how
14 many of our kids are in their system who
15 may not be identified as being homeless
16 but are in need of assistance. And so we
17 work very closely to continue to have an
18 open dialogue in regards to the number of
19 our kids in their system and who might be
20 having some challenges, et cetera.

21 COUNCILWOMAN BROWN: What's the
22 number to date of young people that are
23 in your system in the Philadelphia School
24 District? I'm curious.

25 MS. MINTZ: So according to the

1 4/15/14 - WHOLE - BILL 140144, etc.
2 Pennsylvania Department of Education,
3 there were 3,011 homeless students in
4 school year 2012 through '13 in
5 Philadelphia, and that's through 12th
6 grade. A task force was established to
7 examine the educational needs of
8 Pennsylvania's homeless children and
9 youth, and so as a result of that, the
10 statewide survey was to parents
11 experiencing homelessness so that they
12 could report, and the state tried to
13 gather that number.

14 COUNCILWOMAN BROWN: This past
15 winter was tough for everyone. During
16 the -- what type of -- we know that
17 homeless individuals are encouraged to
18 seek shelter, particularly during Code
19 Blue. What effects did the increased
20 number -- and I'm being presumptuous. We
21 would assume that there was an increased
22 number in those who went in because of
23 Code Blue. What effects did that have on
24 your budget?

25 MS. MINTZ: We actually had a

1 4/15/14 - WHOLE - BILL 140144, etc.
2 fortunate circumstance this year. As you
3 may recall, the agency has been working
4 for the past couple years to replace the
5 beds due to the close of the Ridge Avenue
6 shelter, which was our largest single
7 male facility.

8 COUNCILWOMAN BROWN: Is that
9 right?

10 MS. MINTZ: And we closed that
11 in 2012. And so for the last couple of
12 years, we've been looking for locations
13 and sites, and as a result of looking at
14 sites, as we approached this winter we
15 had more sites than we've ever had access
16 to because of that active work to try to
17 replace the Ridge beds, and we took
18 advantage of that. Without knowing that
19 we were going to have a horrific winter,
20 we just took advantage of the fact that
21 we had access to these properties and we
22 asked the Administration for additional
23 money to cover the cost and we received
24 an additional 347,000 from the
25 Administration for us to be able to

1 4/15/14 - WHOLE - BILL 140144, etc.
2 increase our winter beds and, boy, are we
3 glad we did, and then we had the winter
4 that we had.

5 COUNCILWOMAN BROWN: What
6 properties?

7 MS. MINTZ: They are scattered
8 throughout the City. They might be
9 properties that someone -- one was a
10 correctional facility and they moved out,
11 and they are still in the midst of trying
12 to find a long-term tenant. So we do a
13 winter program. We only operate from
14 December through the end of March. So we
15 could use it for four months while
16 they're still trying to find a long-term
17 leaser.

18 We work with a couple of
19 homeless providers who actually own their
20 own properties and they don't have annual
21 programming in them. So if they're
22 vacant during the winter months, we'll
23 utilize those properties. Again, it's
24 dependent on whether you have properties
25 that you can use and whether you have

1 4/15/14 - WHOLE - BILL 140144, etc.
2 funds to pay for them. And so we were
3 very fortunate that we had a couple of
4 extra properties and got additional
5 funding from the Administration this
6 year, and it resulted in us being able to
7 have our outreach teams offer people a
8 placement off of the street this winter.
9 So there was never an issue where we
10 didn't have a bed for a single person on
11 the street this winter if they were
12 willing to come in.

13 COUNCILWOMAN BROWN: So it's
14 fair to say that the impact was nominal.

15 MS. MINTZ: The impact was -- I
16 mean, we had the funding within our
17 budget because we got the additional
18 347,000. Had we not gotten that, we
19 would have been in a deficit position for
20 that amount of money.

21 COUNCILWOMAN BROWN: I just
22 have one final question, Mr. President.

23 COUNCIL PRESIDENT CLARKE: Go
24 ahead, Councilwoman.

25 COUNCILWOMAN BROWN: The rapid

1 4/15/14 - WHOLE - BILL 140144, etc.

2 housing program, my office worked as well
3 as we felt we could with a circumstance
4 regarding a woman that had been a part of
5 rapid housing. And so the question is,
6 what oversight is done for this program
7 and what regulations are in place to
8 prevent a person from falling through the
9 cracks? What kind of triggers do you
10 have?

11 MS. MINTZ: We have standard
12 review. That particular case had some
13 extenuating circumstances.

14 COUNCILWOMAN BROWN: Yes, it
15 did.

16 MS. MINTZ: Typically the
17 program is trying to help someone who has
18 the resources to be able to pay their
19 rent on an ongoing manner, and in that
20 particular case, we provided that person
21 with some money to get caught up on their
22 rent.

23 COUNCILWOMAN BROWN: Yes. From
24 what I can tell, your office did
25 everything, including walk water.

1 4/15/14 - WHOLE - BILL 140144, etc.

2 MS. MINTZ: Exactly. And
3 unfortunately it is still dependent on
4 folks assuming their responsibility in
5 paying their rent going forward.

6 COUNCILWOMAN BROWN: Indeed.

7 MS. MINTZ: And there's always
8 oftentimes or more often than we'd like,
9 there are folks who will believe that
10 they can come back to the well whenever
11 they get behind. Our standard policy is
12 that you can only be served once in any
13 12-month period to provide as an
14 opportunity to serve another
15 Philadelphian who might be in need. And
16 so in this particular case, we had
17 assisted this person and we were still in
18 the 12-month period in which she could
19 not be served again. We attempted to
20 connect her to housing counseling. She
21 declined, as well as your office did as
22 well.

23 COUNCILWOMAN BROWN: Yes.

24 MS. MINTZ: So the resource
25 there is, again, trying to connect her to

1 4/15/14 - WHOLE - BILL 140144, etc.
2 some behavioral health services to change
3 her pattern of activity, but beyond that,
4 there really is very little that we can
5 do. What she is eligible for is, if she
6 comes back in after the 12 months, we can
7 assist her again, but part of what we
8 attempt to determine is if this is
9 someone who is going to be an abuser of
10 our services, we try to tag that.

11 COUNCILWOMAN BROWN: Thank you
12 for helping us try to figure that out.

13 MS. MINTZ: Sure.

14 COUNCILWOMAN BROWN: Thank you
15 very much.

16 Thank you, Mr. President.

17 COUNCIL PRESIDENT CLARKE:
18 Thank you, Councilwoman.

19 And with that, I want to thank
20 you very much for your testimony and
21 thank you for your years of service.

22 MS. MINTZ: Thank you. Thank
23 you very much.

24 COUNCIL PRESIDENT CLARKE: This
25 Committee will stand in recess until

1 4/15/14 - WHOLE - BILL 140144, etc.
2 Wednesday, April 16th at 10:00 a.m. in
3 Room 400, City Hall.

4 Thank you.

5 (Committee of the Whole
6 recessed at 5:35 p.m.)

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CERTIFICATE

I HEREBY CERTIFY that the
proceedings, evidence and objections are
contained fully and accurately in the
stenographic notes taken by me upon the
foregoing matter, and that this is a true and
correct transcript of same.

MICHELE L. MURPHY
RPR-Notary Public

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