COUNCIL OF THE CITY OF PHILADELPHIA

COMMITTEE OF THE WHOLE

FY '06 OPERATING BUDGET

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Room 696, City Hall
Philadelphia, Pennsylvania
Wednesday, March 23, 2005
10:40 a.m.

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BILLS 040767, 040789, 050001, 050002, 050003, 050007, 050008.

RESOLUTION 050022.

PRESENT:

COUNCIL PRESIDENT ANNA C. VERNA
COUNCILWOMAN JANNIE BLACKWELL
COUNCILMAN DARRELL L. CLARKE
COUNCILMAN DAVID COHEN
COUNCILMAN FRANK J. DICICCO
COUNCILMAN JACK KELLY
COUNCILMAN JAMES F. KENNEY
COUNCILWOMAN DONNA REED MILLER
COUNCILMAN JUAN RAMOS
COUNCILWOMAN BLONDELL REYNOLDS BROWN
COUNCILMAN FRANK RIZZO
COUNCILWOMAN MARIAN B. TASCO

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I N D E X

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COUNCIL PRESIDENT VERNA: Good morning, everyone. Again, I apologize for the delay. This is a continued public hearing of the Committee of the Whole regarding Bill Nos. 050001, 050002, 050003, 040789, 040767, 050007, 050008, and Resolution No. 050022.

The first department to testify will be the Health Department. I would ask that they please approach the witness table.

Good morning and welcome. Please identify yourself for the record and proceed with your testimony.

COMMISSIONER DOMZALSKI: Good morning, President Verna and Members of Council. I'm John Domzalski Health Commissioner. Thank you for the opportunity to present the Health Department's FY '06 Operating Budget request.

With your permission, President Verna, I would like to summarize the testimony.

COUNCIL PRESIDENT VERNA: We would certainly appreciate that. I see you have a book here.

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COMMISSIONER DOMZALSKI: Thank you.

The FY '06 Department of Public Health budget request totals $185.5 million. 107 million is in the General Fund and 178.5 million is in the Grants Fund. Of the FY '06 185.5 million total budget, 18.6 percent or 34.4 million comes from city tax supported funds. The Department's budget will support 954 positions; 680 in the General Fund and 274 in the Grants Fund. This represents a reduction of 81 General Fund positions from the FY '05 adopted budget.

Working within the confines of this budget, the department will maintain key performance and service levels in certain areas comparable to those of FY '05. However, with the reduction of 81 positions, the Department has reached a point where staff reductions can no longer be confined to administrative positions. These reductions will result in service delivery inefficiencies as well as the inability to meet key performance and service levels in other areas. Health center patients may experience service delays, and the interval between restaurant inspections will increase, as examples.

To lessen the impact on direct services, we are implementing extraordinarily tight measures in managing and deploying existing staff to deliver critical primary care and core public health services.

We have a number of accomplishments and progress to share with Council this morning.

With regard to lead poisoning, the public health offensive against childhood lead poisoning, launched in April 2002, continues to reap benefits for Philadelphia's children. The Philadelphia innovation, the Lead Abatement Strike Team, LAST, has gained national recognition as the model for securing effective collaboration among health, housing, regulatory enforcement, and child welfare agencies to combat childhood lead poisoning, as has the Philadelphia Lead Court. The combined impact of the strategy is that houses in which lead poisoned children reside are no longer added to a backlog. The backlog itself has been reduced by two-thirds, and the number of new cases of lead poisoning is decreasing every year.

Primary prevention is where we're going next with public health intervention to prevent babies from becoming lead poisoned in the first place. So far this year, we've provided primary prevention services to 1700 new mothers and conducted lead hazard reduction in 115 of the houses in which these new mothers reside. Philadelphia's effectiveness is being recognized by nomination for an Innovations in Government award, but more importantly, by attracting federal and state funding to support this effort.

With regard to childhood immunizations, one of the significant public health measures of the health of the community is the extent to which children, namely, children between the ages of 18 and 36 months, are age appropriately immunized. When we began looking at this in 2002, we found that not only were the City's immunization rates among children lower than needed, but they were declining at a very, very fast rate and we set about to turn this around. And with our excellent Division of Disease Control staff and our immunization staff, what we did was look at the immunization rates, not only in the City, but in the neighborhoods, and found that where we were at 75 percent at that point was really the good news because some of our neighborhoods had fallen to below 50 percent. And we strategically redeployed our resources to have those neighborhoods of greatest need.

I'm happy to report that the impact of this is extraordinarily significant. Last summer the Centers For Disease Control immunization program told us that not only had we achieved our goal of stopping the decline in immunization rates among children, but we had actually turned it around. And at that time, August of 2004, the immunization rates had climbed from 75 percent to 81.5 percent. We've continued our effort, and we expect this August to receive a report from the Centers for Disease Control telling us that our immunization rates have climbed again to approximately 84 percent. If that turns out to be true, not only will that be wonderful for our children, but it will be the first time in the history of the City of Philadelphia that immunization rates among children have ever been that high. Our goal is not 84 percent; our goal is 90 percent, and we are extraordinarily confident that we are going to achieve that.

With regard to the health of our adolescent children, Philadelphia like, other major urban areas in the country, is experiencing an epidemic of sexually transmissible diseases, particularly among our adolescent children 15 to 19 years of age. Philadelphia was like every other City in the country in that regard. Philadelphia is no longer like every other major city in that regard as a result of the collaboration that our STD Program has achieved with the School District and with Family Court and other agencies across the City to do aggressive screening and education in all settings and to argue for making the identification of the presence of sexually transmissible diseases in our adolescence a standard of care in this community. The result of this has been that for the first time in eight years, Philadelphia has experienced a decline in both chlamydia and gonorrhea among our 15 to 19-year-olds. This sets us apart from other large cities. And in fact, the model that we've developed here with this close collaboration with the School District, with public health professionals, with the Family Court, with the Youth Study Center across the board has been held up as a national model for other cities to emulate in terms of battling this increasing epidemic of sexually transmissible diseases.

Regard to HIV/AIDS, not enough can be said about this epidemic. The reason not enough can be said about is because we are at tremendous risk of becoming complacent. We look, for example, in my testimony, it will tell you that we have an adjusted number of cases in FY '04, cases had fallen from an adjusted 970 cases to this year's estimate of 815 cases. That's a significant decline. Unfortunately, it's only the tip of the iceberg. We do not know enough about the number of persons who are infected with HIV in our City. Our Board of Health in March of 2004 approved a regulation making HIV reportable, not by name as the prior Administration in Harrisburg had wanted to us to do, but by a unique identifier, code-based identifier, and we're beginning to get data on that.

Another significant piece of this is that this disease, continues to adversely impact communities of color to where 66 to 75 percent of all cases of HIV and AIDS are definitely in our communities of color. For this reason, we have to continue our efforts to get our services out into the communities and using community-based organizations across the City. We've been fortunate to be able to have a good cadre of community-based organizations that can deliver these services.

And our recent contracting with regard to this in the neighborhoods with our $6 million of HIV prevention money, we've been able to get out there and get into minority organizations in our neighborhoods. So we need to keep plugging away at this.

This virus is something that is extraordinarily daunting. We had a case in February in New York where an unusual virus was reported. It was a virus that was though to be a new strain. We don't know in that's so or not. We do know the fact that a man who was relatively recently infected had progressed to full-blown AIDS in a period of time unprecedented at anytime in the past. We do know that this virus replicates and it mutates and it changes; and for that reason, we've got to continue to press the issue of HIV awareness, to get people tested, to get involved, and to continue to get that message out. There's just no way that we can take this virus for granted. And I can say that our AIDS Activity Coordinating Office certainly does not do that and is at the forefront, working with our community-based organizations particularly with battling on this new issue that we're dealing with, and that's the impact of crystal meth in this community.

I want to say a quick word about influenza immunizations. This year, as we recall -- seems just so recently, but in other ways so long ago -- we had one of the difficult influenza seasons that we've ever had, not so much because we've had more influenza disease in Philadelphia; we did not. But we had a huge disruption in the supply of influenza vaccine. When we thought we were going to have plenty of vaccine for everyone everywhere, a week later we were advised that one the major manufacturers had a problem with the manufacture of the vaccine, and the vaccine supply was precipitously cut in half, which meant that all of your vaccine supply that you counted on you couldn't count on anymore. What we did was decide that we were going to press on this. We opened clinics and then we would have to close them. We opened them, then we'd have to wait for another supply of vaccine. We took an aggressive approach with regard to this with both the state government, with federal government, all levels, at the Centers For Disease Control with secretary Tommy Thompson at the health and human services level, and we were very much helped by Senator Specter's office in pushing our case forward to get information and to get supplies of vaccine.

Last year when there was no vaccine shortage, we were able to get through government auspices 30,000 doses of vaccine into the arms of Philadelphians. This year in the face of this shortage, we were able to change that performance, so at the close of business last Friday we were able to say that this year we got 59,000 doses of vaccine into the arms of Philadelphians. And for the first time ever we were able to get flu vaccine to our long-term care facilities. We were able to get 7,000 doses out into long-term care facilities when most long-term care facilities were continuing to have to wait for their flu vaccine supply. So I think we can be grateful for that and also to really take my hat off to our excellent immunization staff in the Division of Disease Control, Dr. Johnson, her staff, and Joe Cronauer.

With regard to our health centers, our health centers continue to provide essential medical and public health services to a large number of city residents this year. The health centers serviced 107,000 individuals who made a little over 319,000 patient visits. In addition to delivering high-quality medical care to our patients, a major focus is to assist insurance eligible health center patients in becoming insured. Since FY '03, this initiative has increased the number of insured visits to the health centers from 36 percent to 47 percent, and continue emphasis on this will be place in the year ahead.

Prescription drugs. Our health center pharmacy this year are on track to fill an astounding 600,000 prescriptions in our health centers. Among the services, that is the most severely pressed in these health centers, our prescription services and our pharmacies. And it has nothing to do with the supply of drugs, it has nothing to do with our ability to fund personnel to operate the centers; it has everything to do with the capacity of those pharmacies to deal with this huge increase in volume. And so while I've talked about this before, it turns out to be a daunting task. And one of the things that we finally settled on is a model that looks like it's got some value in terms of improving the service in a cost-effective way. We're going to be rolling out a pilot on this with a pharmacy service that operates on a central fill basis supporting the health center so that individual prescriptions don't have to all be filled in the health centers. So we expect that within probably within a month to be rolling that out at one of our health centers, and we'll continue to give you an update with that.

Infant mortality is a measure of the numbers of babies who die before the age of 1 year of age per thousand life births. And City-wide our rates have shown a gradual but continuous improvement dropping from 16.0 in 1990 to 10.6 in 2002, which is the latest year for data are available. Nonetheless, we continue to see disparities in infant mortality across neighborhoods. In some cases, some of our neighborhoods have infant mortality rates that rival third-world countries and are up around 20 and 22 deaths per thousand live births, and we continue to plug away at that to deal with this critically important public health indicator.

The Department of Public Health also has a challenge with regard to dealing with the situation that occurred when the Pennsylvania SPCA decided to exit the animal control services industry two years ago. At that point, we set up a non-profit 5013C corporation to handle the more than 30,000 stray and unwanted animals in Philadelphia each year. Since it's inception, PACCA, Philadelphia Animal Care and Control Agency has faced many challenging issues, some of which, indeed many of which that were brought on by inexperience and others brought on by the shear numbers of animals. A number of these issues were raised and very well in Council here and convened by Councilman Jack Kelly late in 2004. I'm pleased to report that after a nationwide search, the appointment of a permanent director for PACCA has been finalized. And quite different from what the situation was in November 2004, the Board of Directors has been expanded to put control of the board entirely within the community. It is no longer a City-controlled board. And to PACCA and the Department of Public Health have become founding members for the Alliance for Philadelphia Animals, working toward a no-kill policy for the City. Important in this regard is our ability to retain a national expert on the operation, humane operation, of shelters; Nathan Winegrad, he's completed his study and we expect to have his report in probably another several weeks.

Among our challenges for FY '06, I

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list the following:

The top of list is our bioterrorism preparedness. One of the challenges facing Philadelphia is to be able to enhance our readiness to be able to respond to an attack with biologic agent. The fore most concern is the ability to respond in a timely manner to a bioterrorism event over a large geographic area with an agent such as Bacillus anthracis, the organism which causes anthrax. Should that eventuate in Philadelphia, antibiotics must reach the entire population quickly to have the greatest life-saving effect. Philadelphia is presently well on the way to developing a plan to distribute antibiotics to one and a half million residents within 48 hours of such an event. The logistics of designing and implementing this plan will require intensive cooperation between various city agencies, not only including health, but fire, police, Public Property and others.

With regard to the Philadelphia Nursing Home, for the past 11 years a non-profit corporation under contract with the

City has managed the Philadelphia Nursing Home. This corporation has decided to exit the long-term care business and does not intend to operation and manage the contract which expires on June 30, 2005. The Department is seeking to identify a new organization to either manager the Philadelphia Nursing Home or to acquire the 500-bed license. The Department is collaborating closely with the Pennsylvania Department of Welfare in an initiative to develop additional community-based resources to ensure that wherever possible individuals are served in the community rather in the institutional environment. In selecting a new organization to manage or acquire the nursing home, the Department will prioritize the willingness of a new vendor to continue the commitment to the City's mission of ensuring that long-term care and services continue to exist for Philadelphia residents who have no other options.

In November 2003, we were given an assignment by the voters when they effected a

Charter change mandating that the Health Commissioner develop a plan for the delivery of universal healthcare to all Philadelphians. Since that date, the Department has worked toward a goal of creating a realistic and practical plan to provide quality healthcare services for every citizen. We actually sought the participation of a variety of stakeholders, health systems, et cetera, in a series of community meetings and information gathering sessions in order to assess the full universe of issues and problems with the current system. A successful plan will require some degree of systems integration on local, state, and federal levels and a practical strategy for making universal healthcare available to all Philadelphians.

We have been engaged in a number of management initiatives over this past year in particular to adjust a severe management downsizing by way of DROP and to accommodate budget reductions. I'll tick them off:

The management of the health centers has been restructured, replacing higher level administrators with hands-on operating level managers.

We are assessing the utilization of staff at the patient and client contact level. This may mean nurse supervisors will be working supervisors and medical assistants will conduct patient processing so that critical RN staff can handle triage.

The management of our three laboratories operated by the Department has been consolidated under one laboratory operations director and planning is underway for the physical consolidation of these three laboratories.

To help offset costs, such as our school STD program, we've identified a way in order to have managed care companies respond to insurance claims that are rightfully made on behalf of individuals receiving this service, and we've already begun to receive payments for the services that we have delivered.

Importantly, in a collaboration with the Department of Public Property, two years ago I said we need to centralize the way we make appointments across our health centers. That's been done. The centralized call system is in full operation to handle calls for appointments at eight health centers from one location and with one half of the staff previously used to handle these calls in the health centers. During the last three months of 2004, this call center handled 41,000 health center appointment calls and 20,000 calls for animal control services.

In addition, potential reductions in the preliminary FY '06 federal and state budgets could have an effect of reducing funding in several department program areas, including childhood immunization, STD prevention programs and the state funded tobacco control program. Proposed changes in the state Medicaid program could also increase the number of uninsured patients in our health centers.

We intend to have further initiatives in FY '06. We're going to rearrange our maternal and child health service to establish a collaboration to ensure that each child born in high-risk areas will receive an early intervention visit.

We will establish a minority health focus in the Department to better coordinate interventions to address health disparities.

And we will create a program structure to address chronic disease prevention as a public health program.

This budget presents significant service delivery challenges. We will work to minimize the impact on services, but we know that the all of the impact cannot be avoided. We will continue to confront these budget challenges by bringing sound management principles together with creative program initiatives to deliver essential public health services to the people of Philadelphia.

President Verna and Members of Council, I thank you very much for the opportunity to present this budget request.

COUNCIL PRESIDENT VERNA: Thank you, Commissioner.

I first want to applaud you and

members of your staff for doing an absolutely magnificent job. With that being said, I do have some questions.

You mentioned on Page 1 of your testimony that your department has been reduced by 81 positions. Can you tell us what positions have been eliminated and their impact on services?

COMMISSIONER DOMZALSKI: I can. First of all, just in terms of the overall makeup of the 81, we've addressed that, there are 58 positions that are in the category of cuts. There are 13 positions that have been transferred to grants. There are 7 positions that are associated with the centralization of certain core services such as custodial and facilities management services, and we have had to layoff three individuals.

The program areas in which these reductions take place are in our health centers, in maternal, child and family health, in our lead program, in air management services, in environmental health services, in AIDS Activity Coordinating Office, in the

Division of Disease Control, and in administrative support.

COUNCIL PRESIDENT VERNA: Commissioner, I did hear you say there were 58 positions that were cut and three layoffs.

COMMISSIONER DOMZALSKI: Yes.

COUNCIL PRESIDENT VERNA: Can you explain to us about the cuts?

COMMISSIONER DOMZALSKI: Yes, 19 of them occurred in ambulatory health services, which are units where our health centers are managed from. Three positions were in the Division of Maternal, Child and Family Health. Five positions were in our lead program. Seven positions were in environmental health. Seven positions were in air management services. Three positions were in the Division of Disease Control. Two positions were in the AIDS Activities Coordinating Office. And 12 positions were in administrative support.

COUNCIL PRESIDENT VERNA: So I can safely assume that those 58 positions were budgeted but not filled?

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COMMISSIONER DOMZALSKI: Yes.

COUNCIL PRESIDENT VERNA: Please identify yourself for the record.

MR. LEMMO: Carmen Lemmo, Director of Finance and Administration

Right now we have 680 filled as of December 1st. Right now, we are about 680 filled positions, which is exactly about the same number which we are budgeted for FY '06.

COMMISSIONER DOMZALSKI: So they're budgeted positions, Councilwoman.

COUNCIL PRESIDENT VERNA: Also on Page 1 of your testimony, Commissioner, you state that health centers may experience service delays and the interval between restaurant inspections will increase. Will you please explain what service delays we might expect in the health centers?

COMMISSIONER DOMZALSKI: Sure. In the health centers, the areas that are of most concern in our health centers are nursing positions and some of our clerical positions. All the positions are important, but these are the ones that impact on our ability to move patient through the health center efficiently. With reduction of those five positions, what we're doing is looking -- just to give you a concrete example of this, part of the operation that goes on in the health center, you come in, you get an appointment, you see the doctor. After you see the doctor, the doctor might say, "I think you want you to see a dermatologist," some other kind of specialist. In our managed care program, we will make that appointment in the health center using one of our managed care nurses. It is highly probable that in that circumstance we may be pulling that managed care nurse away from making that the appointment with the specialist to deliver care immediately to a patient that's in the center. So the delay would be that the patient might not get his or her specialty appointment that moment that they're on the site but would have to get it mailed to them or call them a day or two later about it or something like that.

Again, I don't want to underestimate

the significance of these reductions. But on the other hand, we need to work very, very hard to make sure that we minimize those. That's the kind of thing that require hands-on management every second of every day in those health centers just to make sure that we don't incur delays or inefficiencies that are not necessary. And I think we're not going -- the good news, I think, is we're not going to have to cut the number of patients we're able to see.

COUNCIL PRESIDENT VERNA: What is the current waiting period for a health center visit?

COMMISSIONER DOMZALSKI: It can range from a low yesterday in some of our centers of one day. And I think we have to distinguish between adults -- I'm going to talk about right now adult appointments. It can be a low of one day. There's another center that has a four-day wait. And there's another center that has 180-day wait.

COUNCIL PRESIDENT VERNA: What center is that?

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COMMISSIONER DOMZALSKI: I think that's Health Center 10. That's where we have a huge demand for adult services. And, of course, what's driving this demand is the increasing numbers of people who don't have health insurance and particularly adults who have no other place to go but the City's health services system.

Now, the reason I spent a little bit of time talking about our centralized appointment system, what we want to do is look at the health centers as a whole, as an entire system. So if that patient who's calling up there at Health Center 10 and saying, "You know, I want to come in" -- this is nor new patients. And we say, "It's going to 187 days or whatever or we can give it to you in November." The patient says, "Gee, don't you have anything else? I can't wait that long." Our central appointment system can look at the screen and say, "You know, I can get you in in a month at Health Center 3 in West Philadelphia or I can get you the next day at Health Center 2 in South Philadelphia." So we're able to use the entire capacity. I think our ability to do this is going to become more efficient as we get more experienced with the power of that central appointment system.

COUNCIL PRESIDENT VERNA: Well, if I live in Center District 10 and I have to wait 180 days for a visit and I feel that I definitely have to see a doctor immediately, if not sooner, and I am told that if I go to District 2 I would be get an appointment the very next day, if I have to continue seeing the doctor, would I have to continue going to District 2?

COMMISSIONER DOMZALSKI: I'm sorry.

COUNCIL PRESIDENT VERNA: Would I continue going to District 2 for every visit.

COMMISSIONER DOMZALSKI: What we're able to do is move patients around. We like to stay where they are, but sometimes what would happen is as the capacity of the system changes -- you know, one of the things that we do here in an area we really need to give some thought to, we do things nobody else does. If people decide that they really need -- first all in, that context there where someone comes in and say "I really need to see the doctor," we'd hook you up with our nurse at the time. We say, "Now, wait a minute." After a discussion, the nurse may say, "You really need to see a doctor and it's not this kind of doctor. You really need for that condition go to straight ahead to the emergency department." Or we might be able to schedule as an urgent walk-in.

What we're talking about here are people who don't have an urgent condition, people who just want to come to connect with a source of care, get a routine physical exam.

COUNCIL PRESIDENT VERNA: I notice there are a number of Councilmembers that would like to be recognized; however, there's one area I would like to cover while the microphone.

Commissioner, who currently has the contract to manage the Philadelphia Nursing Home?

COMMISSIONER DOMZALSKI: It's a

non-profit corporation called Episcopal Long-term Care.

COUNCIL PRESIDENT VERNA: And they've had that for 11 years, have they not?

COMMISSIONER DOMZALSKI: Yes.

COUNCIL PRESIDENT VERNA: When did they give you notice that they do not intend to renew management contract, which you indicate expires end June 30, 2005?

COMMISSIONER DOMZALSKI: Probably about a year and a half ago.

COUNCIL PRESIDENT VERNA: I personally was rather shocked to hear that.

Has the District Councilperson been notified of this?

COMMISSIONER DOMZALSKI: I don't think so.

COUNCIL PRESIDENT VERNA: I believe that would be Councilman Clarke.

COMMISSIONER DOMZALSKI: I don't think so.

COUNCIL PRESIDENT VERNA: I was just shocked to hear it.

You mention that you seek a new

organization to either manage the Philadelphia Nursing Home or to acquire the 500-bed license. Who are you in discussion with? Are you at liberty to tell us?

COMMISSIONER DOMZALSKI: I'd rather not talk about the specific organizations. I can tell you some detail.

COUNCIL PRESIDENT VERNA: That's fine. That's fine.

How can you sell the 500-bed license and what are the procedures for its sale? Wouldn't you need federal, state, and city approval to sell the license?

COMMISSIONER DOMZALSKI: It's a state license. And there is a question with regard to what, if anything, can be, quote/unquote, sold. The City does not own the physical structure of the nursing home. We occupy it as a result of 50-year lease from the state. That had been the old Henry R. Landis tuberculosis hospital.

COUNCIL PRESIDENT VERNA: Do you know how long it would take for the approval of a state license? We're talking about three months.

COMMISSIONER DOMZALSKI: I think the details that they need to consider on that, they already have, the state does. We've had meetings with the Secretary of Welfare, Estelle Richman, in regard to this. We've had a number of meetings with her staff. Everybody pretty much knows what the information is that everybody needs to have in order to think about this. Of course, one of the things we want to come out of this is while it certainly wouldn't have been our preference to end this contract at this point, now we are going to make a change, we want to make that we try to make some lemonade out of this lemon in the sense that we're able to take full advantage. You know, when Episcopal Long-term came in 11 years ago, we didn't have much, if any, ability for people to receive care in their homes. The only answer was you had to go to an institution. Thank heavens, so much of that has changed. The State now is making many more resources available to allow people to receive long-term care in their homes as opposed to only going to an institution. So we want to take full advantage of that opportunity as it comes along.

COUNCIL PRESIDENT VERNA: Commissioner, what if any City Council approvals are required for either a management contract or the sale of the license?

COMMISSIONER DOMZALSKI: I don't know about the sale of the license. In fact, one of the things that comes up with the sale of a license is whether or not anybody owns the license and whether or not it's something that the State retains ownership of. That's just a new wrinkle that's come up in this, and it's more like a privilege kind of thing where they would approve the transfer of the license.

With regard to a contract, we're still bound by City Charter regulations where we would be limited to a one-year contract with the potential for some extensions.

COUNCILMAN RIZZO: Point of information.

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COUNCIL PRESIDENT VERNA: Yes. The Chair recognizes Councilman Rizzo for a point of information.

COUNCILMAN RIZZO: I'd be interested, Madam Chair, to know when did we first know about this change. It certainly is a surprise to me.

COUNCIL PRESIDENT VERNA: I think the Commissioner said it was a year and ago.

COUNCILMAN RIZZO: And we're just hearing about it?

COUNCIL PRESIDENT VERNA: I am. I assume everybody is.

COUNCILMAN RIZZO: Is this some something you didn't think was important, Commissioner, for us to know about?

COMMISSIONER DOMZALSKI: Of course it's important to know about. Could our communications be a little bit better, a little more timely? I will tell you certainly. But I'll tell you that once you -- the big change in the Philadelphia Nursing Home is when we went from 100 percent City-operated facility to an outsourced management contract, which means that people are not in it forever. This comes up as part of a change. Quite frankly, we're surprised that we've had a 11-year relationship with a company and pretty much a very good one.

COUNCILMAN RIZZO: Part of the problem in the budget process is that the Administration drops these things at the budget hearings and then you get the reaction like you get. So you're a victim of your style of not communicating.

COMMISSIONER DOMZALSKI: I think I take ownership of that, Councilman. In retrospect, it wouldn't have taken a whole lot for me to pick up a phone and make some calls. I don't want to duck that one. I own that one.

COUNCILMAN RIZZO: Fair enough.

Thanks, Madam Chair.

COUNCIL PRESIDENT VERNA: Thank you.

I'll just take the opportunity of asking one last question on this issue. If June 30th comes and goes and you have not been able to find an entity to run the PNH, what happens?

COMMISSIONER DOMZALSKI: We'll be able to continue the operation. One of the things I said, we were given notice a year and a half ago. That's really emblematic of just how responsible our current provider is. There's no question they corporately want to get out of long-term care business, they told us, "Look, if you're making progress in finding a new operator, you need a little bit of an extension, we're going to be able to work with you on that." What they don't want is just some vague piece and saying, "Well, we'll get out of some day." They say, "No, show us evidence that you're making progress and we'll hang in there with you."

COUNCIL PRESIDENT VERNA: In the event of a sale, what happens to the current residents?

COMMISSIONER DOMZALSKI: There's a process for transfer. In fact, with change of ownership, it would be transparent to the residents. It would be a coordinated transfer just as it was when we went from a

City-operated facility. There's notice that we have to give to the State. We would meet with the families, make sure that they know about when it's happening and what it means to them. Essentially, there would be no impact on the day-to-day care of the residents.

COUNCIL PRESIDENT VERNA: How many residents do we presently have?

COMMISSIONER DOMZALSKI: About 433.

COUNCIL PRESIDENT VERNA: Thank you, Commissioner.

I see that a number of my colleagues have their lights on. I do have several other questions, but I'll wait.

The Chair recognizes Councilwoman Tasco.

COUNCILWOMAN TASCO: Thank you. I want to go to the nursing home.

What are the requirements for operation of the nursing home.

COMMISSIONER DOMZALSKI: The requirements are that the entity, whether it has experience in operating a large long-term care facility, and successful experience meaning, the important thing for me is successful in terms of the quality of care that they've been able to deliver in any other operations that that they've had, whether they've had any issues with quality of care to the patients. We'll look at that very closely. Of course, we'll be very interested and demanding that they have a stable financial structure to allow them to take this on.

COUNCILWOMAN TASCO: Now, who will make the determination on who finally gets the contract?

COMMISSIONER DOMZALSKI: What we'll do is put together a group of people to look at -- that know the long-term care business, some people from government who know the long-term care business. The selection committee hasn't been finalized at this point. But what we did in the past is we brought people who understand the operation of county homes, people from the advocacy community, people from government to assess and people, quite frankly, who understand the very difficult aspect of the long-term care business. This is a changing environment where you can see the ripples at the federal level of them wanting to cut back on Medicaid, and most of the nursing home care is financed by Medicaid. We want to make sure that we have all factors represented so we can make an informed judgment.

COUNCILWOMAN TASCO: Do you have a RFP out now?

COMMISSIONER DOMZALSKI: It's called REI. It's something new to me. It's Request For Expression of Interest, people who would be interested in engaging in serious conversations. We ask for those Expressions of Interest to come in on March 11th. We did get them. We insisted that as part of the due diligence that those interested actually come to the facility --

COUNCILWOMAN TASCO: How many do you have?

COMMISSIONER DOMZALSKI: We have three.

COUNCIL PRESIDENT VERNA: I'm sorry,

how many, Commissioner?

COMMISSIONER DOMZALSKI: Three.

COUNCILWOMAN TASCO: Three responses?

COMMISSIONER DOMZALSKI: We asked them to come to the facility individually as a company and walk the facility. We prepared a lot of due diligence material for them about the different care patterns and what's going on, because we want the people who are serious to be serious and that know that operation.

COUNCILWOMAN TASCO: Thank you.

Let me go to the health centers. We talked about the wait for pregnant women is from four to five weeks, and for a well child, two to six weeks. And you talked about your open scheduling process, the ability for someone to go out of their community to get service. How many people are doing that? Do you track how many clients go to another health center?

COMMISSIONER DOMZALSKI: In all candor, not many do. We've had some people, I would say you know maybe 2 or 3 percent of people that say, "Yeah, I can do that." Others would say, "You know, I don't mind waiting."

COUNCILWOMAN TASCO: What is the impact of the budget cuts on services from the health centers?

COMMISSIONER DOMZALSKI: I think the impact in the health centers are going to be the increase in -- some of the delays in the non-direct patient care aspects of the service, such as people having to wait maybe a little longer to get that referral to go to the specialist. We're not going to change the availability of the specialty appointment, but if the appointment that we make for the specialist is two weeks from now. The patient instead of picking up that specialist appointment right now might get it three days from now or two days from now.

COUNCILWOMAN TASCO: What's the cause of the delay? Is it because you don't have the staff?

COMMISSIONER DOMZALSKI: It would be that we would pull the nurse that does that managed care, that does that specialist appointment scheduling.

COUNCILWOMAN TASCO: So the nurses are being cut.

COMMISSIONER DOMZALSKI: To do that direct patient care.

COUNCIL PRESIDENT VERNA: Councilwoman, may I piggyback on that question?

COUNCILWOMAN TASCO: Yes.

COUNCIL PRESIDENT VERNA: That is what's occurring today. However, if in fact the '06 budget were adopted, what would be the waiting period?

COMMISSIONER DOMZALSKI: I'm actually projecting --

COUNCIL PRESIDENT VERNA: You'll have 81 less people. I would think that that's certainly going to affect the impact.

COMMISSIONER DOMZALSKI: President Verna, my comments are having to do with when these cuts go into effect.

COUNCIL PRESIDENT VERNA: So you're talking about '06?

COMMISSIONER DOMZALSKI: Yes, ma'am.

COUNCIL PRESIDENT VERNA: Thank you.

COUNCILWOMAN TASCO: So the nurses are being cut in the health centers?

COMMISSIONER DOMZALSKI: Yes, ma'am.

COUNCILWOMAN TASCO: All of the nurses?

COMMISSIONER DOMZALSKI: Not all of them, no. We've come with a budget challenge of 81 positions. We needed to look very carefully as where we're going to take some of those.

We've got, essentially, two sides of the Health Department. We've got the side of the Health Department that's primary care, that's doctor's office kind of care that goes on in our health center. The other side of the Department is the services that only a government health agency can supply, and that is those services for knowing what diseases are occurring in the community and mounting interventions, doing environmental regulations, et cetera. So it's a balance between where you can most withstand the

reduction.
COUNCILWOMAN TASCO: What's being done to identify other dollars for some of these other environmental issues? Could there been state dollars or federal dollars which you can fill in so the staff could be provided to the health centers? What's being done about that?
COMMISSIONER DOMZALSKI: Yes, ma'am. We've done some of that with some of our programs. Instead of actually laying people off, we're able to transfer people into grants.
The reality on the health center side is that the only, quote/unquote, funding there is for that operation, non-City funding, is from the reimbursement you get from the federal and state government for medical assistance.
COUNCILWOMAN TASCO: How is the billing for services?
COMMISSIONER DOMZALSKI: It's much, much improved. Two years ago, only 37 percent of our visits were insured. Now we have 47

percent of our visits are insured. That's 11 percent change.

Now, the good news is we're talking about people who have insurance. Increasingly the problem in Philadelphia and across this country is that there are increasing numbers of people who just don't have insurance.

COUNCILWOMAN TASCO: What about Medicaid?

COMMISSIONER DOMZALSKI: But there are so many people who don't qualify for Medicaid. If you're between the ages 18 and 64 years of age in this country and you don't have some tremendous underlying medical condition, you get all the medical care you can afford, and there are very few places who will see the uninsured.

COUNCILWOMAN TASCO: Has your department ever done a strategic plan to establish what priority services you would provide in the Health Department based on what's needed in the community and what you will provide? Or it's just we go along and do what we're supposed to do because this is what we're supposed to do? Has there ever been a strategic plan?

COMMISSIONER DOMZALSKI: That's an excellent, excellent question. In the healthcare system in the City --

COUNCILWOMAN TASCO: Yes or no?

COMMISSIONER DOMZALSKI: Well, yes there are. But any planning other than to do what we're doing is getting more and more out of the business and leaving more and more people without any source of care.

COUNCILWOMAN TASCO: I'm asking you have you studied the health conditions in the City, what are the needs, what will be the Health Department priorities? Have you just sat down with people in your department, maybe other external sources, to talk about how do we provide health services in this City to the clients that need it --

COMMISSIONER DOMZALSKI: Absolutely.

COUNCILWOMAN TASCO: -- and how do you do that and what are the priorities of the department and what is your advocacy for those priorities in the department?

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COMMISSIONER DOMZALSKI: Strong.

COUNCILWOMAN TASCO: Have you done the strategic plan? Yes or no?

COMMISSIONER DOMZALSKI: Yes.

COUNCILWOMAN TASCO: You have a strategic plan?

COMMISSIONER DOMZALSKI: Yes, absolutely.

COUNCILWOMAN TASCO: Could we see it?

COMMISSIONER DOMZALSKI: Yes, absolutely. And I'll tell you the strategic plan for the children of this city has to do with no longer letting lead poison --

COUNCILWOMAN TASCO: I'm not talking about that. I'm talking about the overall Health Department, what is the overall mission of the Health Department and how do you plan to fulfill that mission? And what has been the discussion around developing that total plan for fulfilling the mission of the Health Department to provide health services to the citizens of Philadelphia?

COMMISSIONER DOMZALSKI: The overall

mission of the Health Department is to protect and improve the health status of the citizens of Philadelphia.

COUNCILWOMAN TASCO: Do you have a strategic plan to do that?

COMMISSIONER DOMZALSKI: Yes.

COUNCILWOMAN TASCO: When was that plan done?

COMMISSIONER DOMZALSKI: Well, the strategic plan has been one that's been developing since the changes of this community occurred. One of the big changes was when we closed Philadelphia General Hospital, and the strategic plan there was to take care of the people who used to be served at PGH by converting the City's public health centers to primary care centers. That's still a very important part of the plan.

COUNCILWOMAN TASCO: But that was in that was 1970 when you closed PGH.

COMMISSIONER DOMZALSKI: 1976.

COUNCILWOMAN TASCO: So we're still working off of that plan?

COMMISSIONER DOMZALSKI: Well, no.

Actually, it's been changed, because that plan called for the conversion of three health centers to primary care.

COUNCILWOMAN TASCO: Commissioner, you're missing my point. What is the overall strategic plan of the Health Department to deliver services in the City?

Plans are done often because climates do change, the health climate does change. What is your department and what is the buy-in of the staffing in your department to help develop an overall comprehensive plan to deliver health services in the City of Philadelphia?

COMMISSIONER DOMZALSKI: Could I talk about two parts of the plan?

COUNCILWOMAN TASCO: No, no. I want to know, do you have an overall plan to provide health services for the citizens of Philadelphia?

Answer me this. Evidently you don't.

The other one is, where is the universal health plan program?

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COMMISSIONER DOMZALSKI: We are almost finished with the plan.

COUNCILWOMAN TASCO: So who were the participants in that?

COMMISSIONER DOMZALSKI: Participants were people in the health systems in the City, people in labor unions in the City, people in advocacy community in the City, people in the neighborhoods in the City who every day struggle with the inability to get healthcare because they don't have insurance.

COUNCILWOMAN TASCO: So when will it be done?

COMMISSIONER DOMZALSKI: We expect to have that within a month.

COUNCILWOMAN TASCO: Will you share it with City Council?

COMMISSIONER DOMZALSKI: Oh, absolutely. In fact, this summer we did a briefing for Council on where we are with the plan.

COUNCILWOMAN TASCO: Madam President, my time its up. I do have question.

COUNCIL PRESIDENT VERNA: Do you mind doing that on the second go around, please.

COUNCILWOMAN TASCO: Sure.

COUNCIL PRESIDENT VERNA: Thank you.

The Chair recognizes Councilwoman Brown.

COUNCILWOMAN BROWN: Thank you, Madam President.

I'd like to continue the line of questioning regarding the health centers. How old is the central communications operating technology piece that is designed to have the health centers talk to each another?

COMMISSIONER DOMZALSKI: It's up and running fully for about a year.

COUNCILWOMAN BROWN: And based on the response to Councilwoman Tasco's question, you do not as of yet have a procedure locked in where you can follow how frequently the health centers talk to each other?

COMMISSIONER DOMZALSKI: Yes, we know. We get data that's broken down on a monthly quarterly basis as to what kinds of calls come in and what elections have been made by patients as to whether they want to go to the health center where they live or whether they accept an earlier appointment at another health centers.

COUNCILWOMAN BROWN: Based on some information I have, I'm particularly concerned about pregnant women who, according to this information, have to wait up to 10 weeks, they're actually on a wait list for 10 weeks prior to being seen. In instances like that, I would think it becomes not optional for a pregnant woman to wait 10 weeks but require them to visit another center, given their circumstance.

COMMISSIONER DOMZALSKI: There's no question about that. Councilwoman Tasco asked if I thought about a plan which --

COUNCILWOMAN BROWN: Can you talk more into the mike so I can hear you?

COMMISSIONER DOMZALSKI: I think what's happening in the City is 10 years ago we had 19 hospitals, 19 hospitals who were delivering obstetrical care. Today, that's 10. Probably in about 90 days, that's going to be 9 because Frankford Hospital is going out of the business. So we have a huge, huge demand for services. Of the 20,000 deliveries that occur in the City every year, the City health centers take care of about 3,000 of those.

COUNCILWOMAN BROWN: So given those realities, in the closing of your testimony you mention the top challenges. And you said that they were bioterrorism and the Philadelphia Nursing Home, in that order. Given what you just mentioned about the reality we're facing with regard to the enormous wait list for pregnant women and the fact that we have fewer hospitals, help me understand why that would not put in the list of challenges and priorities?

COMMISSIONER DOMZALSKI: Well, it is. There's no question. The list of challenges could be much, much longer than it was. But we have dealt with this in this fashion. For example, it was not more than about seven weeks ago, six weeks ago, we brought in the heads of all the OB departments in the City into the Commissioner's office for a 7:30 in the morning meeting, saying, "Look, how are we going to deal with this?" And the big problem is, it isn't the well-insured woman who's got a problem getting healthcare. It isn't at that. It's the increasing numbers of women don't have insurance.

COUNCILWOMAN BROWN: And their response to that reality?

COMMISSIONER DOMZALSKI: Their deliver can be covered, not their prenatal care can't.

COUNCILWOMAN BROWN: What is their initial response to that reality? What was one of the two yields out of that meeting?

COMMISSIONER DOMZALSKI: Well, one, certainly, we were concerned about how newborns are discharged from the hospital. We wanted to make sure that those hospital discharge planners let somebody know when they have a high-risk infant going home. On the supply side, on a demand side, what we decided to do, we have a pilot going on up at Health Center 9 where we can do more of the care, more of the educational, anticipatory guidance for pregnant women in somewhat of a group setting so we can see more women in the process that way. We're still hampered by a couple of things. One is the supply of OB docs in the city and the people who are electing to come to the city and practice, and the physical capacity of the health centers.

COUNCILWOMAN BROWN: That's a segue into a different question. In the second paragraph of your testimony, you talk about the level of funding from various places. I see no mention, unless I missed it, dollars for CDC.

Let me ask a different question. The 70.3 million is in the Grants Fund, correct?

COMMISSIONER DOMZALSKI: Yes.

COUNCILWOMAN BROWN: Is that where you would find CDC dollars?

COMMISSIONER DOMZALSKI: Yes.

COUNCILWOMAN BROWN: Is it any

possibility that CDC might cover the type of need that currently exist around pregnant women? I'm simply asking.

COMMISSIONER DOMZALSKI: It's possible. But, you know, we've been informed that the CDC is in line for, in addition to the Medicaid cuts proposed at the national level, in line for a 9 percent cut. We just don't know where that 9 percent is going to fall.

COUNCILWOMAN BROWN: I also could not find in your testimony -- I'm going to get back to the centers, but I know my time is running out so I want to touch on a few things.

I don't see any mention of a program I heard whispered about a couple years ago, and I'm anxious to know the status of it at this juncture, and that is the Steps Program. Where is that in the testimony? I don't see any discussion of that, unless I missed it.

COMMISSIONER DOMZALSKI: It isn't in the testimony.

COUNCILWOMAN BROWN: How many

dollars -- first of all, who funds that?

COMMISSIONER DOMZALSKI: It's CDC funded.

COUNCILWOMAN BROWN: And of the 77 million, what portion of that is for the Steps Program?

COMMISSIONER DOMZALSKI: It's about $2 million.

COUNCILWOMAN BROWN: Only $2 million?

COMMISSIONER DOMZALSKI: Yes.

COUNCILWOMAN BROWN: For one year? Is that a multi-year program?

COMMISSIONER DOMZALSKI: I think we had less than that for the first year which was a start-up year. I think it's now 2.1.

COUNCILWOMAN BROWN: How many years is that program?

COMMISSIONER DOMZALSKI: I think it's a four-year grant.

COUNCILWOMAN BROWN: The reason why I raise it is I was excited about hearing it in a very irregular basis a couple years ago because it was designed to be a trench, in-your-face, direct service type of initiative. So bring us up to speed on where that is now. Is it fully operating?

COMMISSIONER DOMZALSKI: The first year was a planning year. We've got, I think, 17 providers that are out working now on this. It's not City-wide. Just as with a lot of things, we target our services and try to go where the greatest need is. You know, Steps is focused on asthma, focused diabetes, focused on obesity. What we look at is the part of the City the greatest incidence of those conditions and our funding community based intervention raging from exercise to nutrition to better disease management program for asthma.

COUNCILWOMAN BROWN: The clock went, but I have some additional questions specifically around Steps and additional questions on the health centers.

Thank you, Madam President.

COUNCIL PRESIDENT VERNA: You're welcome.

The Chair recognizes Councilman

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Kelly.

COUNCILMAN KELLY: Thank you, Madam President.

Good morning, Commissioner.

COMMISSIONER DOMZALSKI: Good morning, Councilman.

COUNCILMAN KELLY: I just want to follow up on the Council President's question relating to health centers. Where is District 10?

COMMISSIONER DOMZALSKI: Cottman and Oakland.

COUNCILMAN KELLY: That's the Northeast office?

COMMISSIONER DOMZALSKI: Yes, sir.

COUNCILMAN KELLY: Would you say that is probably the most widely used?

COMMISSIONER DOMZALSKI: Health Center 10, Health Center 9, Health Center 2 are among the very, very busiest.

COUNCILMAN KELLY: I want to get back to that in a minute.

Going back a few months ago, we heed hearings with the Public Health and Human

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Services Committee, which was chaired by Councilwoman Tasco. During that hearing, I know I wasn't very courteous to you. In fact, I was probably very demanding, and I know I gave your staff and yourself probably a hard time during those hearings. Frankly I was really upset about the newspaper stories about how PACCA was being operated, about the conditions of the facility itself, about how the people were being treated and how the animals were being treated. But during those hearings, I know at the end of the hearing you said you would make immediate changes. I want to take this time and I want to commend you because you're a man of your word. You have made changes there. I know that you've turned that operation around, and I think we're now going in the right direction. I want to thank you and your deputy commissioners, especially Carmen Paris who is here and Joe Ferrero and Joe Cronauer. I think we are going in the right direction.

COMMISSIONER DOMZALSKI: Thank you, Councilman. They've all been right in the forefront in making these changes happen.

COUNCILMAN KELLY: Since I'm on PACCA, how much was budgeted for Year '05?

COMMISSIONER DOMZALSKI: Three million.

COUNCILMAN KELLY: Now, it's my understanding that you increased that budget amount?

COMMISSIONER DOMZALSKI: Yes.

COUNCILMAN KELLY: How much?

COMMISSIONER DOMZALSKI: We've got about another 300,000 in there.

MR. LEMMO: We added about $360,000 to it. The total City contribution right now is about $2.7 million.

COUNCILMAN KELLY: What was the total again?

MR. LEMMO: The total budget right now is 3 million. City contribution is 2.7 million.

COUNCILMAN KELLY: And for year '06.

MR. LEMMO: Right now, we're hoping that some of the revenue will come in in which hopefully that we would like to reduce the contribute because it's supposed to be one time only. But if it doesn't happen, we'll try to keep it at the same level.

COUNCILMAN KELLY: For '06?

MR. LEMMO: For '06.

COUNCILMAN KELLY: Now, during your testimony, you mentioned there's a reduction of 81 positions. How will that effect your inspections for restaurants and other areas?

COMMISSIONER DOMZALSKI: Well, we're going to be down five sanitarians. These are the people who do those inspections. Two of them are at the staff sanitarian level and two are at the actual work level. Right now, our interval is about 14.3, one inspection every 14.3 or 4 months. And we're projecting if nothing changes between now and this time next year, we would see that interval increase to about 15.7 months. So it's a concern.

When we got into this about 10 years ago, the interval between restaurant inspections then was once every 37 months. So while we've made somewhat a dramatic change in that, the uptick is still a concern.

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COUNCILMAN KELLY: I'm a little concerned again in those health centers especially in District 10. Can you tell me why it takes -- if a person walked in there today, they wouldn't get an appointment until 180 days, is that right?

COMMISSIONER DOMZALSKI: Actually, Councilman, if a person walked in today, odds are the person would be seen today.

COUNCILMAN KELLY: It would?

COMMISSIONER DOMZALSKI: Yes.

COUNCILMAN KELLY: A follow-up appointment would be 180 days?

COMMISSIONER DOMZALSKI: Yes. Coming in for a routine appointment, nothing acute, it would be that long.

COUNCILMAN KELLY: Do you have a breakdown of how many people use that facility? I'm talking about the one on Cottman Avenue.

COMMISSIONER DOMZALSKI: Yes. The number of visits that we have, we can calculate that.

COUNCILMAN KELLY: You mentioned

that in South Philadelphia, for instance they could probably get an appointment a heck of a lot quicker. I just want to know what the reason is for that? In other words, it's just the amount of people that are using that facility or is it that you more people at that facility to take care of people?

COMMISSIONER DOMZALSKI: Our staffing is probably just a little better. Most of the health centers with the exception of Strawberry Mansion are staffed comparably. We staff on basis of the number of visits. T Health Center 10, we would see a little over 48,000 visits. So that would be probably somewhere in the neighborhood of about 14,000 individuals that we take care of for primary care.

COUNCILMAN KELLY: That would be District 10?

COMMISSIONER DOMZALSKI: Yes.

COUNCILMAN KELLY: And the staffing levels would be almost the same in all of your districts?

COMMISSIONER DOMZALSKI: Strawberry

Mansion would be lower. It's a smaller health center. Probably about 26,000 visits at Strawberry Mansion -- I'm sorry, I was wrong, it's 25,999.

COUNCILMAN KELLY: You have in your testimony that your insured visits to the health centers are increased from 36 percent to 47 percent. Is that where the City would get refunded by those insurance companies?

COMMISSIONER DOMZALSKI: Yes, sir. For insured patients, we would get a per capitation rate, which is fairly small but we value it, a certain number of dollars a month. But then we would also be able to for those visits at the end of the year bill for what's called wrap-around per visit for the insured persons, and that's to make up the difference between what it cost us to deliver the service and what we actually get reimbursed.

Our huge challenge is the increasing numbers of people who are uninsured. Most of the people -- 80 percent of the people who don't have insurance are working people, they're are employed. But what we have is an increasing number of situations where health insurance is either less part of the compensation package of the job or not part of it at all.

COUNCILMAN KELLY: I just want to just thank you and all your staff in the Health Department. You're doing a remarkable job for the amount of people that you have. And I'm a little concern about the reduction of 81 people. I think that's really going to be very, very difficult to maintain that same level of service. This is something that I guess we'll have to work out.

Thank you, Madam President.

COUNCIL PRESIDENT VERNA: You're welcome.

The Chair recognizes Councilwoman Miller.

COUNCILWOMAN MILLER: Thank you, Madam President.

I just want to pick up on the 81 staff reductions. And I know that Council President Verna asked about it and Councilman Kelly. I'm not sure or clear if I know the answer. In the first page of your testimony you say these reductions will result in some service delivery efficiencies as well as the inability to meet key performance of service levels. Are you specifically talking about the patient service delays and the length of time that restaurants will now have to wait for inspections?

COMMISSIONER DOMZALSKI: Yes, as examples.

COUNCILWOMAN MILLER: Are there any other examples pretty much around patient delivery? Or was anyone laid off that served in the capacity of medical personnel or direct service staff?

COMMISSIONER DOMZALSKI: The one direct service staff that we laid off was a physician assistant at our employee health services unit at 19th and Fairmount. The other two were not direct patient care.

COUNCILWOMAN MILLER: So pretty much you still have the same level of medical staff that was providing services to patients?

COMMISSIONER DOMZALSKI: Yes. We do

have vacancies. And we have a reduction of 81 positions.

COUNCILWOMAN MILLER: But they were administrative positions?

COMMISSIONER DOMZALSKI: Not all of them. There were some nursing positions in the 81, not a huge number, but enough. We had 5 nursing positions in the health centers that are part of that. I have one nursing position in our STD clinic Broad and Lombard. That doesn't mean that patients are not going to get medical care or they're not going to get STD services, it just means that we've got to move that workload around and make sure we manage those resources so we don't miss taking care of people that need our care.

COUNCILWOMAN MILLER: But out in the district health centers, the five nurses came from where?

COMMISSIONER DOMZALSKI: The health centers.

COUNCILWOMAN MILLER: The various health centers?

COMMISSIONER DOMZALSKI: Yes.

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COUNCILWOMAN MILLER: So that just means that patient services will be slowed down?

COMMISSIONER DOMZALSKI: Obviously, you don't have a reduction like that and have no outcome. So what we wanted to do is to give as honest an assessment as we can right now as to what the impact of that would be. We believe that that is what the impact is going to be. If someone were to say, "Commissioner, are you telling me that's the best you can do? You can't do any better than that?" I would say we're going to try very, very hard on that. We're not going to just accept that, but right now I cannot tell you honestly that there won't be that delay.

COUNCILWOMAN MILLER: And you lost the staff when the City did the layoffs? What period of time?

COMMISSIONER DOMZALSKI: What period of time what?

COUNCILWOMAN MILLER: When did the 81 people leave? Or did they leave cycles? They didn't leave all at once, did they?

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COMMISSIONER DOMZALSKI: No. We do probably 6 or so percent staff that turns over. So you're right. That's not all of it. Even within the 680 in the General Fund position that we will have budgeted for this year, we will have times when we will be below that because of turnover. There's no question about that and it's one of the things we take into consideration.

COUNCILWOMAN MILLER: If it gets to a point where a particular health center -- I'll erase that question. I don't want to ask that question.

I want to ask you a little bit about the infant mortality. In your testimony, you state that there are significant disparities among various Philadelphia neighborhoods. Is it possible for us to get a list, by neighborhood, that can tell us about what's happening with lead poisoning in those particular neighborhoods?

COMMISSIONER DOMZALSKI: Absolutely, Councilwoman. We can give you data and also some maps.

COUNCILWOMAN MILLER: That's good. Also, Health Center 9, one of their big concerns over the years has been the lack of women being able to get a mammogram. I think you used some type of mobile unit or you sent people to Medical College for mammograms out of Health Center 9. Is that till happening? If so, I want to know what's happening now since Medical College is closing.

COMMISSIONER DOMZALSKI: Yes, we do have mammography services. There was a point a couple years ago when we couldn't get our mammography unit there because of some electrical issues and some access issues, but those have been solved. There are times when we will refer a patient out to get a quick mammogram at one of our backup facilities, one of the hospitals. I do not know specifically the status of that service at MCP, although I did talk to Dr. Pickering about a week and a half ago who told me that she believed that most, if not all, of the outpatient services would be continuing at that facility, although she couldn't say for how long.

COUNCILWOMAN MILLER: At MCP?

COMMISSIONER DOMZALSKI: Yes, ma'am.

COUNCILWOMAN MILLER: Thank you.

Thank you, Madam President.

COUNCIL PRESIDENT VERNA: You're welcome.

The Chair recognizes Councilman Rizzo.

COUNCILMAN RIZZO: I think my button was pushed accidently, Madam President.

COUNCIL PRESIDENT VERNA: Very well. Thank you.

The Chair recognizes Councilwoman Blackwell.

COUNCILWOMAN BLACKWELL: Thank you, Madam President.

Certainly, we thank this Commissioner for the work that they do and for their always willing to respond quickly to the issues, whether it be the animal issues or any community issues we have. We say thank you. And we thank you, too, for working with us on this other immunization supplement for children of the seniors. That's very important. And we thank you for always working with us in that regard. That's one of the issues that we work on.

The STD control program, I know it's been an epidemic. I've been around you many times since you mentioned it. Is this one where students can just deal with the Health Department with their parents being included or informed, or can they do it separate from that?

COMMISSIONER DOMZALSKI: They can do it separate from that.

COUNCILWOMAN BLACKWELL: That's good. I'm always for that because we have to try to help people no matter what the issues are.

Let me ask you. It was just mentioned to me about the old days when we had the Healthy Start Program and that they had a five-year grant or so for that program. For this Steps program, do we have the ability to do more marketing, in other words, to get the information out and to recruit people to out to try to help them? And do we take the information that we learn from the Healthy Start Program, Healthy Family Healthy Start Program, to apply it to other programs that we have?

COMMISSIONER DOMZALSKI: That's an excellent, excellent question. That should be what the outcome of this, that it shouldn't be just once and done. That's a big part of the Steps program. In fact, we were talking about an asthma intervention program that's been very successful where we involve the children around one of the managed care companies in fact who's a partner with this and they involve the children around sporting activities. These are all asthmatic children. And they've been able to demonstrate by showing the children how to maintain when to take their medicine, other activities that they need to be careful of, that they're able to reduce dramatically the number of instances in when the children miss school and/or have to go to the emergency department. That's the kind of thing, what we want to do is get out and make sure we incorporate that in the teaching of that in our health centers and other venues where we're serving patients.

COUNCILWOMAN BLACKWELL: That's right. So the whole issues marketing for it being able to do that, certainly in addition to neighborhood newspapers and that sort of thing. I'm sure you already reach out to the community groups and that sort of thing, but we want to make ourselves available to help in that regard. Those are really important issues for us.

Again, thank you.

Thank you, Madam President.

COUNCIL PRESIDENT VERNA: You're welcome.

Commissioner, I believe that you or a member of your staff would have a copy of the Operating Budget, the supporting schedules for revenues.

COMMISSIONER DOMZALSKI: Yes.

COUNCIL PRESIDENT VERNA: Could you please turn to Page 21, because I'm somewhat confused. Perhaps you could clarify something for me. It's the budget in brief, Page 21.

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MR. LEMMO: We don't the Operating Budget in brief with us right now.

COUNCIL PRESIDENT VERNA: Well, Finance probably has it.

Page 21, and it would be Line Item 18, medical assistance for the Philadelphia Nursing Home. Now, if we don't know what's happening after June 30th, how can we show an increase yet in reimbursements, an increase of 16.1 percent.

COMMISSIONER DOMZALSKI: This is appropriation. And we build in additional appropriation into the nursing home to take advantage of --

COUNCIL PRESIDENT VERNA: Commissioner, this is revenue. These are reimbursements. Are they not reimbursements?

MR. LEMMO: Yes. We have to increase both the revenue side of it and the obligation side of it in order to be able to -- the total cost for running the operation of the nursing home, except for subsidy, is totally offset by revenue. So in order to be able to increase the cost based on increased rates, we also have to increase the revenue side of it.

COUNCIL PRESIDENT VERNA: But I don't understand between the federal and state, you're increasing it by $5 million.

MR. LEMMO: That's correct.

COUNCIL PRESIDENT VERNA: I still don't understand.

COMMISSIONER DOMZALSKI: There are times when our revenue -- we can't predict precisely how much the revenue will go up by because there will be changes in the reimbursement rate at the federal level.

COUNCIL PRESIDENT VERNA: I don't know how we come to that conclusion if come June 30th we don't know what's going to happen, whether it's going to be sold, whether we're going to have another entity that would be taking it.

Councilwoman Tasco, did you want be recognized?

COUNCILWOMAN TASCO: I want to piggyback on your question.

If you put the increases in, what

information do you have about the increase in reimbursements that we don't know right now?

COMMISSIONER DOMZALSKI: A lot of what we know is that we don't know, and that is because a county rate -- we're a county home, and that county rate changes based on the case mix of the residents at the nursing home. And so depending on how our case mix fluctuates, and we always believe it goes up, we never know by how much or what the state's going to attach to that case mix revenue, we just know it's going to be more and we need to be able to have the authority to put it in there.

COUNCIL PRESIDENT VERNA: So are you accepting new residents between now and November 30th?

COMMISSIONER DOMZALSKI: Yes. Yes. See, we know what's going to happen to the --

COUNCIL PRESIDENT VERNA: You apparently know more than you would like to tell us, and I don't mind that because if there are people interested, I don't think you should tell us. But apparently, you know more than you're willing to reveal and I think that's what's making it somewhat confusing for us to understand how you're actually increasing reimbursements by over $5 million.

COMMISSIONER DOMZALSKI: I really didn't think the appropriation aspect of this, from an accounting standpoint, was unusual, but I'm not an accountant. What we could do perhaps at the end is get my budget people and get this information to Council so we could lay this out in some understandable way.

The other piece, President Verna, I need to reassure you, June 30th, there will be a management structure at the nursing home taking care of patients, and they will receive good quality care.

COUNCIL PRESIDENT VERNA: Whether it be there or elsewhere?

COMMISSIONER DOMZALSKI: For the most part, it's going to be there except for those individuals who elect another type of placement or who go home on their own.

COUNCIL PRESIDENT VERNA: Thank you.

Commissioner, specifically, do you

want to talk a little about your air management service? Have the regulations changed since the release of the Johns Hopkins study in 1997 to reflect the cumulative impact on environmentally regulated facilities on the surrounding communities?

COMMISSIONER DOMZALSKI: Yes.

COUNCIL PRESIDENT VERNA: It has changed?

COMMISSIONER DOMZALSKI: It has changed but not in relation to the Johns Hopkins report.

COUNCIL PRESIDENT VERNA: How has it changed?

COMMISSIONER DOMZALSKI: The changes have ranged from -- some of stuff that didn't come from Philadelphia as such, for example, Stage 2 recovery at gas stations which require the certain types of nozzles be at gas stations, particularly over certain parts of the year to recover the vapors. Other things have been local regulations such as the regulations that we do with auto body shops requiring the licensing of their spray booths --

COUNCIL PRESIDENT VERNA: Commissioner, don't go any further. You're talking about one facility. I'm talking about the cumulative effect of the environmentally regulated facilities in the surrounding community.

COMMISSIONER DOMZALSKI: Johns Hopkins didn't point out to any cumulative effect. Johns Hopkins was the first to say that there was no connection between their findings and the health status of the community that they were looking at.

COUNCIL PRESIDENT VERNA: What community were they looking at? I would like to know what your feeling is. Forget about Johns Hopkins. What is your feeling on that?

COMMISSIONER DOMZALSKI: Well, I think that there are a couple of things. One is we look at the overall air quality of the City, and that has to do with what we do in terms of prevention of significant deterioration of the air quality that's picked up by our air monitoring stations city-wide.

In addition to that, there may be some local issues that come up that concern a community, in which case we will put some specific monitors in the community for a period of time, whether it's a year or two years or a little longer, just to make sure we're not missing something in terms of air quality.

COUNCIL PRESIDENT VERNA: I don't know if you could tell me how many environmentally regulated facilities there are in the City that air management service is responsible for. Do you have somebody from air management that may be able to tell us?

COMMISSIONER DOMZALSKI: Do we have that number?

While we're getting the specific number, that includes everything from the large facility such as the refineries down to the corner dry cleaning plant.

COUNCIL PRESIDENT VERNA: Whatever air management services would be responsible for.

It just bothers me that we look at facility and we get another huge facility and they have to be approved, but we never look at the cumulative effect it has on the entire community.

COMMISSIONER DOMZALSKI: I think one area, the cumulative effect is in the significant -- what we know about the air quality from any point in time to another point in time.

This is Morris Fine, Director of Air Management

COUNCIL PRESIDENT VERNA: Good morning.

MR. FINE: Good morning. I'm Morris Fine, Director for Air Management.

There were several questions that you asked, and let me start off with the number of regulated facilities in the City of Philadelphia.

We have probably on the order of about 500 or so regulated facilities, and these range from large major sources like the refinery or some chemical plants all the way to the dry cleaners, gasoline stations, and such. So major sources, we have approximately

45 major sources. Then we have sources that we consider to be larger sources that we get to and inspection every year or so. That ranges around 180.

Your question about cumulative effect, the issue is such that from a permitting standpoint --

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

MR. FINE: The way I understand your question to be in terms of --

COUNCIL PRESIDENT VERNA: Mr. Fine, we don't have to dance around the issue. You and I attended a community meeting where there were over 300 people several weeks ago. I think that's what their concern was, about the cumulative effect it will have on the community.

Talk about the cumulative effect, please. We don't check into that at all. How do we check the air management?

MR. FINE: Well, we monitor the air throughout the City and we monitor for what they call -- I don't want to get too technical

-- criteria pollutants which are particulate sulfur dioxide, nitrogen oxides --

COUNCIL PRESIDENT VERNA: I think we're doing that in the Southwest Philadelphia because of the newly constructed post office, correct?

MR. FINE: We've added one monitor to look at fine particulate in an area in Eastwick close to the post office. We also monitor for toxic air contaminants. These are not federally regulated air contaminants which have an effect, long-term effect on the citizens of Philadelphia. In our monitoring, we have long-term monitoring at Eastwick and our laboratory in Northeast Philadelphia. The long-term monitoring does not show a significant difference in toxic constituents between those two locations. So in terms of cumulative effect, those two sites do not show up any differently.

What we've done is increase the number of air toxics monitors more recently, and we are now collecting data which we hope will show whether or not there's a disparity in toxic air contaminants in different neighborhoods around the City. So we are looking at that issue, and we are concerned about determining where there are disparities and where these disparities --

COUNCIL PRESIDENT VERNA: Mr. Fine, can you tell me how many of the environmentally regulated facilities are in South and Southwest Philadelphia?

MR. FINE: I would have to get you that number. I don't know.

COUNCIL PRESIDENT VERNA: I would appreciate your forwarding that to me.

Commissioner, I would ask you, how will enforcement efforts be impacted by the reduction of seven employees in the air management unit of the Health Department?

COMMISSIONER DOMZALSKI: I think there will be some impact, particularly in those positions having to do with the air pollution control inspectors. That's an area that we're focused on right now to make sure that we are able to maintain an appropriate response time for urgent issues that come in.

With the reduction of those positions, it's possible that for the none urgent matters, the response time maybe impacted negatively; it may be a little longer. We want to make sure -- and Mr. Fine and I were talking earlier this week just what arrangements we can make to make sure that when someone calls in and says, "Look, we've got an odor issue here at 17th and Morris, it's bad," that we don't have any decrease in our ability to get out there and assess that.

COUNCIL PRESIDENT VERNA: So actually the seven employees are inspectors?

COMMISSIONER DOMZALSKI: There's one that's in there that's an analytic chemist. That person works in our laboratory and does the air chemistry on air toxics. That work is going to have to be distributed over the remaining several individuals who are also chemists. And one of the things that we will not do in that area since it is important that that work gets done on a timely basis is just not have it get done. We'll either get it done with working staff a little longer or whatever.

COUNCIL PRESIDENT VERNA: How many inspectors do we presently have?

MR. FINE: We have three inspectors on the air program, and we have four in the asbestos program.

COUNCIL PRESIDENT VERNA: Commissioner, I'm sure that you're going to be requesting that more inspectors be hired. I don't know how three inspectors deal with the entire City.

COMMISSIONER DOMZALSKI: Well, I think we've got three, four so seven, and what we will do is make sure that they are cross-trained.

COUNCIL PRESIDENT VERNA: We have three, four, seven?

COMMISSIONER DOMZALSKI: Well, we have three plus the four asbestos. So we have seven inspectors that we're going to make sure that they are cross-trained so they're able to also respond to air complaints.

COUNCIL PRESIDENT VERNA: I don't think that's enough. I don't think that's enough.

Mr. Fine, thank you. And you are a very, very patient man. Thank you.

MR. FINE: Thank you.

COUNCIL PRESIDENT VERNA: The Chair now recognizes Councilwoman Tasco.

COUNCILWOMAN TASCO: I want to go to Councilwoman Blackwell's question just briefly. What agencies -- you mention in your testimony you provide STD education in the schools. How is that done? Do you have outside agencies doing it? Does school staff do it? And also, what is your community outreach and what agency provide education in the community and what communities?

COMMISSIONER DOMZALSKI: In the schools it's a combination of our staff plus community staff such as stuff YOACAP (ph), it's a youth organization that are a little bit closer to the age of the students and a number of our staff so that's a principal component of the educational program there. We do the educational programs in other settings such as the Youth Study Center, Family Court. We have a Web site specifically dedicated to this that's titled Think Think Think. I can get you an address for that. We work with youth groups to increase awareness around the significance of STD's.

I will tell you, Senator Hughes was very helpful in getting us one-time money, it turns out to be a million dollars, but some of the programs that he put on, for example, at Freedom Theater talking to youth groups specifically about sexual behavior and the consequences of that have been extraordinarily effective.

COUNCILWOMAN TASCO: Speaking of Senator Hughes and $1 million that he got from the Department of Health to provide HIV and AIDS prevention services for minority youth, 92 percent of this money went to non-minority, non-community-based providers. In addition, $500,000 of these funds went into one agency to provide six testing events at a cost of 83,000 per event. Could you tell me how you selected these providers? And also considering the Mayor's new Executive Order regarding minority Procurement, what steps are being done to address this problem to be more inclusive and what type of technical assistance do you provide to minority non-profit vendors?

COMMISSIONER DOMZALSKI: Let me take the last part of that. The issue around the 1 million and where that went the percentages, I'm going to ask Joe Cronauer if he'd come up.

If you look across the department, we break down our minority contracting in two areas. One is under the General Fund and the other one is under the Grants Fund. We do most of our contracting under the Grants Fund.

In the General Fund, we have an abysmal record with minority contracting. It's 2 percent. In the Grants Fund, our contracting is approximately 30 percent that is in minority contractors. In '05, in the Grants Fund, 34 percent of our contracts are with minority organizations.

As far as the technical assistance, we used to think that it was after somebody got a contract it was sufficient to provide technical assistance to help the program stay in business, to provide whether it's accounting assistance or whatever. We found, though, more recently that what we really do need to do if we're serious about this, we've got to get out there on the front end of this and actually give technical assistance to community-based organizations to assist them in grant writing in the first instance so that they can compete in a way in which their lack of experience isn't taken advantage of by people who've been in the business much longer. So we do both of those things.

COUNCILWOMAN TASCO: How much of it do you do? How often do you have technical workshops or whatever you do to help people understand grant writing?

COMMISSIONER DOMZALSKI: Joe, could you put a number on that?

MR. CRONAUER: I'm Joe Cronauer, Assistant Health Commissioner. Each division has a different number. We can get them to you, but it is a few a year, depending on the needs of the providers and what they need.

Either they need to be trained in a particular activity that they're doing, they need to be trained in grant writing.

And every RFP that we do, we make sure that there are grant writers available. AACO, for example, the Aids Activities Coordinating Office, so that any minority provider, or any provider actually, who would want assistance from a professional grant writer can contact us, tell us that, and we'll make the connection for them and pay for it.

COUNCILWOMAN TASCO: How do they know that? How do they know they can get assistance from you?

MR. CRONAUER: Because we have for every competitive process a community meeting where we invite everybody who might be interested to talk to us. We announce at that time not only the fact that it exists, but we also inform them of who the grant writers are that are available, give them a phone number to call if they're interested.

COUNCILWOMAN TASCO: Do you hold grant writing seminars aside from the time when you are issuing a program? Just on a routine basis, do you provide that service to people who might be interested in doing business with the Health Department?

MR. CRONAUER: We have a variety of courses that we pay one of the local universities -- I think it's Drexel -- around non-profit management and we pay them to hold classes with our minority providers around a variety of issues like fiscal management, grant writing, et cetera. It's a whole series. We can give you the schedule.

COUNCILWOMAN TASCO: Could you finish the other part. So how are you going to meet -- have you determined how you're going to meet the new Executive Order issued by the Mayor around minority procurement?

COMMISSIONER DOMZALSKI: Yes, Councilwoman. One of the things that we like to put into the mix is how we consider non-profits. If we at -- if non-profits could be subjected to the same minority business certification as other organizations, we'd be able to post a minority participation rate of about 51 percent in our contract. That's not in the cards. On the other hand, what we are able to do is look at those areas where we have very much, very large segments of business that we do on a contractual basis and open that up from the standpoint and say the people have some seminars, some meetings, some general meetings with people and say "Look, Health Department specific, these are the services that we buy."

COUNCILWOMAN TASCO: Would you go back and repeat about the issue about the non-profits?

COMMISSIONER DOMZALSKI: Right now under our MBEC rule, non-profits are neither considered majority or minority. They just don't count in terms of that calculation. Since we do so much business with non-profits -- a lot, about half our non-profits are not only minority owned, but the boards are minority. So in every stretch of the way you can look at this, they are minority, the principals are minority people. We'd be at 51 percent. I figure our average is 51 percent of all of our contracts if we were to have that calculation would be considered minority. I have to hasten to say that they are not now under their current rule. We're going to work -- we're not going to ask people to change their rules for us. We're not going to whine. We're going to figure out how to do this and how to increase our minority participation as the rules are now written.

COUNCILWOMAN TASCO: So if you put a RFP out for service and you ask the providers to respond to your RFP -- do you know how many non-profits are minority providers in the City?

COMMISSIONER DOMZALSKI: I think we might have a guess as to health services and the kinds of services that we buy.

MR. CRONAUER: For example, in the Aids Activity Coordinating Office, we currently have 41 community-based providers working with us. They're all, with one exception, they're all non-profits. So we can't count any of them right now under the

MBEC rules. If we counted them between minority and women-controlled organization, they would be 100 percent MBEC providers.

COUNCILWOMAN TASCO: Let's go back to the money that was given to the department by Senator Hughes. Tell me what happened with that process? I understand only one provider -- that you went with existing providers. Who were those providers and were any of them minority?

MR. CRONAUER: We had a total of seven providers who were an awarded funds. Out of those seven providers, three are minority controlled, one is woman controlled --

COUNCILWOMAN TASCO: What does minority controlled mean?

MR. CRONAUER: BABASHI, GALAEI and Philadelphia Minority Providers were awarded funds under that process.

COUNCILWOMAN TASCO: Beg your pardon?

MR. CRONAUER: You asked me for the names of the organizations?

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COMMISSIONER DOMZALSKI: Say it again.

MR. CRONAUER: GALAEI is an acronym.

COMMISSIONER DOMZALSKI: How do you spell that?

MR. CRONAUER: It's GALAEI. It's Gay and Lesbian Aides Education Initiative. It's a project through GPUAC that is serving Latino communities, gay and lesbian in particular. BABASHI received funding out of this process.

COUNCILWOMAN TASCO: How was the money divided?

MR. CRONAUER: I do not have the contracting --

COUNCILWOMAN TASCO: If you had a million dollars and you gave $500,000 to one agency, how much did the others get?

MR. CRONAUER: I can get the breakdown of the funds between the organizations for you.

Some of the money that we awarded out of the street immediately because we were clear from Senator Hughes, the instructions were that we needed to provide services and to provide them now. He wanted some services to begin immediately.

What we said is it is our normal process to have competitive processes so we can begin some services now and we want to put competitive process on the street to make linkages for the first time in minority youth through the DHS system and the Aids system so that we could begin serving new groups of minority youth with these dollars, and the Senator agreed to that.

COUNCILWOMAN TASCO: Well, what we'd like to see is the breakout of the million dollars, the groups that got the money and the areas that were served.

COMMISSIONER DOMZALSKI: We'll get that right away.

MR. MCPHERSON: Councilwoman Reynolds Brown.

COUNCILWOMAN BROWN: Thank you.

I would like to follow-up on Councilwoman Tasco's line of questioning. There was exhaustive testimony and questioning and inquiry around this issue last year. And let's say for the record now that next year there will be additional discussion, so all back up information related to number of providers and number of that percentage of minority and number and identification percentage of women and number and identification will be asked next year so that we don't have to wait for the information and wait until it gets back to the office when we're into another department.

Back to Steps. There's another point I need to make about the whole application process, because this was discussed last year as well. We appreciate and we need the technical advice, the TA that you provide to applicants. That's a part of the step. The goal is top move those minority and female-run providers to a place where they are at capacity to be a qualified applicant to receive dollars from the Department of Health. So the provision of the service is important, but the goal is to move them so that they can be boni fide applicants for dollars with RFPs that come through the Health Department.

COMMISSIONER DOMZALSKI: We want that to be sustained.

COUNCILWOMAN BROWN: And we know that you've met those kind of challenges before you did it very, very successfully with the lead poisoning program. You put a task force in place, you met for two or three consecutive years, and now lead poisoning has drop dramatically. That's really the kind attract we want to see on this issue as we go forward.

COMMISSIONER DOMZALSKI: I think we can certainly commit to that, Councilwoman.

COUNCILWOMAN BROWN: The request will also be made of the centers, the health centers and the wait for mommies or mommies-to-be. You mentioned that you brought together professionals, OB/GYNs together to take a laser beam look at the long wait that's happening in health centers and the why. So what are the next steps for that? Because that's the same type of approach you took with the lead poisoning control and prevention program for children, and we see some very demonstrative results. So what is the next step with this task force of professionals that you're pulling together to deal with the issue of long waits for pregnant women?

COMMISSIONER DOMZALSKI: I'd like to take a step back and look at what our current estimates are, our current weights are at the various health centers for appointments. This is for a new patient. And this is as of the week much March 21st. At Health Center 2 it was 15 days. At Health Center 3, it was 12 days. At Health Center 4, it was 4 days. And Health Center, it was 10. And then the largest wait was at Health Center 9, which was 20 days. And a couple of things there, one is certainly, we rely on people board certified in OB/GYN to deliver this care. We're also reaching out to midwife practices to make sure that we incorporate them in our setting as well. And I think, to the extent to which we could increase our capacity in the centers themselves by doing things more in a group way, not the stuff that would compromise patient comfort or confidentiality, but the kinds of educational things that we might now do on a one-on-one basis that we think we can do in a group setting. We think that could increase our capacity to see patients as well.

It's not going to be a panacea. The City's health centers are never going to be a panacea for the problem with the availability of obstetrical care in the City of Philadelphia. We just don't have the physical capacity do that.

COUNCILWOMAN BROWN: That's recognized. However, the point I'm trying to make is, when there was a very focussed laser beam strategic kind of thought process, it lead to a more favorable result. And I hear you saying that you have pulled together professionals, OB/GYNS who live and breath the issue every day, so the hope and expectation is that something that tangible in terms of an improvement will come out of those meetings so that next year we have a different lineup of the wait list for pregnant women. That's the ask.

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COMMISSIONER DOMZALSKI: You know, with lead, we knew what the end point was. The issue here is more complicated by the fact that the what's driving the system is the reduction in support for care for women who are uninsured. That is the crux. You know, we talked a little bit about some of this. That's where we're going to have to get together as a City on this. We have to sit down and talk about the fact that, look, we've got 20,000 deliveries in the City every year. We take care of 10 percent of those in the City health centers. Where else are these women getting cared for? And if it's a money issue, we're all spending money on it anyway. Because if we're not going to deliver pre-natal care to uninsured women, sure enough we're going to deliver labor and delivery services at the end and perhaps a far more complicated medical situation than would have been if the person got care. So I agree with you. I hear what you're saying, Councilwoman.

COUNCILWOMAN BROWN: And know that I will one, among others, who look forward to how far we've moved in resolving this issue of the long wait for pregnant women 12 months from now.

On the issue of money, in your testimony, Page 71-53N, public health, communicable disease medical services, tobacco control programs, are those grant programs or General Fund.

COMMISSIONER DOMZALSKI: Grant programs.

COUNCILWOMAN BROWN: Okay. Talk to me about the $609,975 for the Philadelphia Health Management Corporation advertising campaign program and data evaluation. And the reason why that number jumps out at me is that is the second largest grant on this page. Grant from whom?

COMMISSIONER DOMZALSKI: This is the tobacco grant.

COUNCILWOMAN BROWN: More than a half million dollars went to Philadelphia Health Management Corp.

COMMISSIONER DOMZALSKI: That's for -- our tobacco people have a horrible way of describing it. It's for counter-marketing advertising, health education. Essentially what we do with that contract is buy advertising that we think is going to work. I will tell you it's something, I think, that we have to do. We've made some changes in the some of the avenues that we used. I'm not a big fan of billboards and that kind of thing. So that's what that's about.

COUNCILWOMAN BROWN: And I need to clarify the number. That was fir FY 2004. FY '05 it was 442,000, and the obligation level for Fiscal '06 is 305, so we need to make sure the numbers are accurate for the record.

So the bell has rung and I'll wait my turn next time around.

COMMISSIONER DOMZALSKI: Thank you.

MR. MCPHERSON: Councilman Ramos.

COUNCILMAN RAMOS: Commissioner, we have had and we've presented a bill in City Council that still hasn't come up for public hearing on the issue of immigration. And I went recently to the Northeast health clinic. I believe it was on Cottman around Bustleton.

And also the Fourth and Girard Avenue that you and I are very familiar with. And there were a lot of people there that were very limited English proficient. They spoke very little English or no English at all.

The health clinic up in the Northeast tells me that around approximately half of the people that go into that clinic are immigrant people from eastern Europe, from Russia, from Spanish-speaking countries, the Caribbean, and also from Arabic countries. And I saw the same thing at Fourth and Girard Avenue. And I know that probably the one at Broad and Lombard and the one around 57th Street in West Philadelphia is probably having the same type of influx of immigrants coming to our public health clinics.

Are we keeping any official documentation of how many immigrants are coming to use our clinics? Are we keeping documentation on how many of the immigrants are undocumented? Are we doing any of that at this time?

COMMISSIONER DOMZALSKI: Yes. We

steer away from the documentation stuff. We do have keep records from a language perspective. First of all, it's a wonderful thing. When you just look at the array of language groups that come and use our centers. There are some 23 language groups that we now know use our centers actively.

At Health Center 10, 25 percent of the people who use that health center speak a language other than English. And at Health Center 6, 40 percent of the persons who use Health Center 6 speak a language other than English. So a big part of our service delivery structure is to find language communication support to provide for our health centers, both in the form of physical interpretation services as well as in using technology such as the language line.

COUNCILMAN RAMOS: Are you saying that we have statistics that indicate that 25 percent of the people that come through Health Clinic No. 10 in the Northeast speak another language besides English?

COMMISSIONER DOMZALSKI: Yes, sir.

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COUNCILMAN RAMOS: And we have how many people that amounted to, a hundred, a thousand? Do we have those type of numbers?

COMMISSIONER DOMZALSKI: We do.

COUNCILMAN RAMOS: I think that for many reasons for those that are very much in favor of certain reforms in our immigration laws that there are federal issues and then also for the critics of us being too lax on immigration, when I mentioned the word undocumented you said you didn't go there. But do you think we might want to start also keeping count on how many undocumented patients we're getting in our health clinics?

COMMISSIONER DOMZALSKI: We're trying to reduce the anxiety in our patients. First of all, we don't want to chill care-seeking behavior on part of our patients by the fear that some information that we may have about their immigration status might be given to John Ashcroft or his successor. Also, a big part of this as well is to encourage people who may not have been born here and may be here under a variety of authorizations who have children after their arrival, that those children are citizens of the United States and are eligible for medical insurance. And often times persons such as I've just described will shy away from accessing any government service for fear that their whole issue of how they got here and all the rest of it would come into question. I'm understanding you and saying that we want to and we'll work with you and take any suggestions you have as to how we might use the data that we have in a way that gets the issue out there that shows just how international this wonderful City is and the fact that we have many, many needs among the new Philadelphian population.

COUNCILMAN RAMOS: I know what you're saying, and I respect your opinion on it. I think it might be, at least in my view, a good idea to see how we can do this. I sent to an e-mail to see if I could get a legal opinion. I haven't gotten it back fast enough. If there's a way that we can, in fact, we do this without creating fear, the human element, without also having to have documentation that would indicate, but if I came as an undocumented patient to Health Clinic No. 4 that there would be a way for you and for us to know that X amount of the people that we're treating in our clinics are people that are undocumented. We don't need necessarily to put it on their record. The records in the health clinics are private as well. But if there's a way we can start to compile information to see if, in fact, Philadelphia is becoming a destination for immigrants and within that immigrants there's this percentage of undocumented people that are now also taking advantage of publicly-funded healthcare -- and of course, we all know there's a big national debate on this issue, pros and cons. And I know that our health system here in Philadelphia, our public health system has been very caring for people that are coming to this country looking for a new way of life. I think we should consider the idea of keeping statistics that will indicate that also where they're coming from. If we're going to go and do more for immigrants in this City and hoping that they stay in this City for all the positive reasons, then we're probably going to need more documentation.

COMMISSIONER DOMZALSKI: We'll be excited to share that, just the list of countries of origin is just so impressive. The Managing Director Phil Goldsmith, his Global Philadelphia actually did a tour, took all the department heads to various neighborhoods in the City. And you think if you lived here you know them and, of course, you don't until at the end of that day to see everything from the burgeoning Mexican community on Washington Avenue to actually my first visit to a Mosque in the Health District 6 region, and to say nothing of the Vietnamese and Cambodian communities that we've gotten to know through the Mayor's initiatives, it's a wonderful thing. You can really, truly go all around the world without leaving the City.

COUNCILMAN RAMOS: So you and I will work on seeing if there's a way we can start documenting where people are coming from, what countries, and also a way that is fair without getting too tangled up in the dispute and the different opinions on undocumented people here.

COMMISSIONER DOMZALSKI: Absolutely. We'd be pleased to work with you, Councilman.

COUNCILMAN RAMOS: Thank you.

COUNCIL PRESIDENT VERNA: Thank you.

The Chair recognizes Councilwoman Miller.

COUNCILWOMAN MILLER: Thank you, Madam Chair.

A couple quick questions, Commissioner.

One, do you have a brochure that describes all the Health Department programs? Because you have some really good programs in the Health Department.

COMMISSIONER DOMZALSKI: Thank you. Yes, and we do. We'd be happy to give you a good supply of those.

COUNCILWOMAN MILLER: I don't know that the public knows. The only reason why I know it is because of the Five-Year Plan and testimony in the budget information.

I also want to thank you for being so available and being just a good resource to my office. I think I've been learning a lot. These meetings that we've been having in my district about the raccoons and opossums and all those terrible things.

COMMISSIONER DOMZALSKI: Yes, ma'am. Thank you.

COUNCILWOMAN MILLER: Is there a Healthy Start Program in the Northwest? And has the infant mortality rate in the Northwest started to decline?

COMMISSIONER DOMZALSKI: Not fast enough. Northwest is one of the areas that we continue to be concerned about, particularly as you look as a map of Philadelphia and you look straight up from City Hall to where the Y is and just a little bit to left of that and some parts of my neighborhood, 19144, continues to be a concern for us. And I will tell you that without going on to a long discussion, but we're learning something about how babies die in this City. And I want to be just very clear that I was not in the forefront of getting my arms around this co-sleeping business. I mean, somebody had to pull my coat on it a couple times, and then I needed I guess every now and then I had to get hit with a 2 by 4. And then I began to focus on this. And right now when we have an infant death, there are several of us get calls from the medical examiner's office no matter what time of night or day it is, and I'm one of them. And what we do is subject every one of those to a multi-disciplinary review, including the Department of Human Services. And what we're finding is just the difficulties that mothers are having, particularly young mothers -- I can tell you what we're learning about probably is no secret to the people over Joanne Fisher and the Maternity Care Coalition, no secret to them at all, but what we're doing is institutionalize this information to be able to develop approaches to this. And one of the reasons we've got these OB people together is that we were seeing this issue of co-sleeping where adults are in a bed with an infant. And they're not in that bed with an infant because they've got other choices. What we've been seeing is very difficult situations. An 18 year old mother whose baby died, they were in the bed with five other people. One of the adults rolled over the on the five-week-old infant and smothered the child. When we went in and looked at that, the housing conditions -- first of all, the mother had a lot involvement with the law and various activities. This was her second child. So her first child, she might have been 15 and there were just so many issues in that family that really focus us on the broad need of public service, public health, public welfare issues that need to be brought to bear and why we want to know about high risk infants as we define it and we've communicated to hospitals when we're discharged so we can make an intervention.

COUNCILWOMAN MILLER: So when you do the intervention, since you brought up the family, do you do referrals to other social service agencies?

COMMISSIONER DOMZALSKI: Yes, yes. As you mentioned, we have a wide variety of programs. Often times we don't organize them in the most effective way, and there are some parts like our families program that could be available to a high-risk mother. The better news on this is, or equally good news is that Healthy Start North has been expanded to the Northwest. So we're going to be able to provide some more services in that important area.

COUNCILWOMAN MILLER: Now Healthy Start North actually comes -- I think I read in the book, Temple? Who's running Healthy Start North? Is it Temple?

COMMISSIONER DOMZALSKI: I don't want to misstate this.

Kate, you want to talk about this?

MS. MAUS: I'm Kate Maus, Director of Maternal Child and Family Health. We run the Healthy Start North program. As the Commissioner indicated, we recently received an increase in funding so that we're now expanding the program into the northwest area.

COUNCILWOMAN MILLER: So "we" meaning?

MS. MAUS: The Health Department.

COUNCILWOMAN MILLER: AND what are the boundaries? When you say expanding into the Northwest, are you going al the way to the city limits.

MS. MAUS: We're going all the way to the city limits. One of the areas that we looked at was Cedar Brook and Oak Lane area where our infant mortality and other poor indicators of child health have been getting worse. And that was the justification for our asking for an increase in money and moving the program to include those areas of the City.

We contract with Jefferson Hospital to help us employ the staff, but we run the program.

COUNCILWOMAN MILLER: So when you say Cedar Brook and West Oak Lane, those are zip codes 19150, 19138. What about 19144?

MS. MAUS: Yes, we're definitely in

19144. We're in the process of holding community meetings in order to assemble the necessary consortium to help us run that program. Those meetings going on right now.

COUNCILWOMAN MILLER: Councilwoman Tasco and I share that area. We'd like to get some information on exactly what program and services and prevention and educational materials are going to be available so we can also have those in our office when we attend community meetings and help spread the word.

I have one more question.

COUNCILWOMAN TASCO: Point of information on that.

COUNCILWOMAN MILLER: All right.

COUNCIL PRESIDENT VERNA: The Chair recognizes Councilwoman Tasco.

COUNCILWOMAN TASCO: Are these the meetings that you called to ask us to attend at the various sites? There was supposed to have been one Monday.

MS. MAUS: I think that you're co-hosting one with us to get the word out into the Northwest that Healthy Start is expanding and that we're looking to involve community in whatever way we can, as we've done in the central part of the existing part of Healthy Start North. We've got a very strong community consortium that is getting the word out to that part of the community. We now need to -- since we're expanding into the Northwest, we need to do the same community organizing effort in the Northwest. And we'd be happy to provide you with materials describing Healthy Start, describing our Safe Program which is also in your area.

COUNCILWOMAN MILLER: Thank you. Thank you for that.

I think you heard once that the Health Department was funding some violence prevention programs. Is that true? Did I hear that right?

COMMISSIONER DOMZALSKI: I think we do such a little bit, unfortunately, in that area that it would be inappropriate to say we're funding programs. Under the leadership of Julia Danzy, the Director of Social Services, a work group is convened to begin to get the agencies that are non-public-safety agencies circled and focused on the issue of violence. Our task as part of that team in the Health Department will be to provide the support of an epidemiologist to understand just what are the factors that lead a child to get into a situation where she or he is either a victim or shooting someone or inflicting serious injury and what steps along the line could conceivably be taken to intervene in that process. So I think this is the first time we've had a social service focus on this, and I'm very excited about that. But no, we don't fund that.

COUNCILWOMAN MILLER: That's under the Youth Violence Prevention Partnership?

COMMISSIONER DOMZALSKI: What I've just described with Ms. Danzy, that would be part of it.

COUNCILWOMAN MILLER: All right. Thank you.

Thank you, Madam President.

COUNCIL PRESIDENT VERNA: You're welcome.

03/23/05 - FY '06 OPERATING BUDGET

The Chair recognizes Councilman Clarke.

COUNCILMAN CLARKE: Thank you, Madam President.

Good afternoon.

COMMISSIONER DOMZALSKI: Good afternoon.

COUNCILMAN CLARKE: Real briefly, I understand that there was a revelation earlier in the testimony about the Philadelphia Nursing Home.

COMMISSIONER DOMZALSKI: Yes, sir.

COUNCILMAN CLARKE: I will not beat you up in public because of the lack of notification. I can't promise you what will happen behind close doors. You have been a good Commissioner, so...

COMMISSIONER DOMZALSKI: Understood and well taken.

COUNCILMAN CLARKE: What we'd like to do, because I'm assuming we'll get a call and we'll set a briefing up first for the District Councilperson and subsequently I'm assuming that you would like --

COMMISSIONER DOMZALSKI: Councilman, just as soon as you would like to do that, I will do it. In this setting, I'd like to apologize to for not having had an in-person conversation with you on this.

COUNCILMAN CLARKE: In preparation for that briefing -- were you here when this particular contract was let?

COMMISSIONER DOMZALSKI: Yes, sir.

COUNCILMAN CLARKE: So you have some knowledge of that?

COMMISSIONER DOMZALSKI: Yes, sir.

COUNCILMAN CLARKE: In preparation for the meeting between you and I, can you recreate the process that was in place to determine the selection of that particular provider?

COMMISSIONER DOMZALSKI: Sure. Should I give quick describe now?

COUNCILMAN CLARKE: You can do it here, but I want to have a little more in depth discussion.

COMMISSIONER DOMZALSKI: We had a review team that had providers, advocates, financial people, regulators, to see what did we need to build in and what were the weak points of these proposals and things that we weren't really aware of that we needed to ask further. So essentially, ranged the proposals based on various aspects of what we were concerned about and did a score and then did an award based on that. I can really lay that out for you when we get together.

COUNCILMAN CLARKE: I'd be interested in seeing how that process worked.

Are we anticipating replicating that process to any degree?

COMMISSIONER DOMZALSKI: Yes. It seems just, I think, the field of people who are interested in this is narrower this time than it had been then. There's probably some reasons for that that we can go into in terms of just what's going in the long-term care industry and why people are getting out of the business and some of the strictures that are occurring with regard to the major funding sources such as medical assistance. I think it may not be quite as large a group, but I think the people that we need whose view points we need and expertise we need will be included.

COUNCILMAN CLARKE: Has the patient/clientele changed dramatically from the time in terms of categories from this particular contract being let years ago versus currently?

COMMISSIONER DOMZALSKI: Somewhat. But the Philadelphia Nursing Home still distinguishes itself by having a much higher percentage of persons under the age of 60 than any other nursing home in the City and certainly in the industry. So we have that large group of people. We also have a fairly large group of individuals who have behavioral issues that we need to structure some services for. And on the younger patients particularly, it seems like if we were to take another look at this -- unfortunately, places like a nursing home, the Philadelphia Nursing Home and others are looked at as a destination instead of a stop along the way to independence or to a less restrictive environment, so to make assess and try to make available more community-based care for these residents is something that I think we all would want to do.

COUNCILMAN CLARKE: Does that in any way cause an environment where they may be more difficult getting the appropriate or a larger pool of particular providers because of that type of clientele?

COMMISSIONER DOMZALSKI: Yes, they do present issues. And as the funding for medical assistance becomes uncertain, you know, the whole press at the state level is to reduce the number of long-term care beds in the state because they've got 70,000 beds that makes up 65 percent of the total medical assistance expenditures. I mean, I'm sensitive to that, but our responsibility here is to make sure that our residents have the care they need. And if the care they need is in the nursing home, then that's where they need to be. If they can served in the community, and increasing numbers can, then we ought to be able to do that as well. I think it's both economically and service better.

COUNCILMAN CLARKE: In this particular state budget that's being formulated or proposed is there an additional cut in resources that will ultimately trickle down to this issue?

COMMISSIONER DOMZALSKI: There are all sorts of proposals to reduce medical assistance coverage. The eligibility won't be interfered with. But the limits that we've heard are limits on the number of prescriptions people can get, limits on the number of hospitalizations people can get, limits on the number of doctor visits they can get. So far, we don't see, other than the desire on the part of the Commonwealth to reduce totally the number of beds, we haven't seen specifics about reductions in the reimbursement piece.

COUNCILMAN CLARKE: In the Commonwealth's desire, do they talk about alternative strategies?

COMMISSIONER DOMZALSKI: For nursing home care?

COUNCILMAN CLARKE: Yes.

COMMISSIONER DOMZALSKI: There are a whole range of people that can be maintained in the community. The only thing that separates them one from the other is how much community support they need. At the easy part of the continuum, there are individuals who may be connected with family and whose family is on the scene and part of their lives, and all they need would be some physical therapy in the home, some of that kind of care. At the other extreme are individuals who need such heavy care ranging from not only physical therapy but meals and housekeeping and actually to be fed, and so those individuals become more challenging to find an alternative to an institutional setting. Then there's the vast group of people that are in the middle that under the right circumstances and creating resources in the community such as housing, similar to community living arrangements and those kinds of things, if they're supervised and structured well, they can very effective in providing not only better care but an improved quality of life for people.

COUNCILMAN CLARKE: All right. I'll await your call.

COMMISSIONER DOMZALSKI: My apologize again, Councilman.

COUNCILMAN CLARKE: Thank you.

Thank you, Madam President.

COUNCIL PRESIDENT VERNA: Thank you.

The Chair recognizes Councilman Rizzo.

COUNCILMAN RIZZO: Thanks for your good work and the people that work with you.

COMMISSIONER DOMZALSKI: You're welcome, sir.

COUNCILMAN RIZZO: I just have a curiosity question about the problem that we had about the flu vaccine last year. As you know, we had lots of conversations about that. Was there any deaths as a result that the Health Department's aware of, of people that died because of the lack of flu vaccine at the early stages?

COMMISSIONER DOMZALSKI: First of

all, on death certificates, influenza is very rarely listed as a cause of death. But what we know is that every year there are 36,000 deaths in the country and about 114,000 hospitalizations. We know that we had -- we determine how much flu is in the community by using sentinal hospitals around the City, so we have a sense of that. In terms of deaths, there are two deaths that we know of where flu was a major contributing factor. And in both of those deaths, they were children.

COUNCILMAN RIZZO: And they wouldn't have gotten -- that was not because they were not able to get the flu vaccine, or is it?

COMMISSIONER DOMZALSKI: There would have been vaccines for children.

COUNCILMAN RIZZO: There was vaccines for children?

COMMISSIONER DOMZALSKI: There was.

COUNCILMAN RIZZO: Since the Feds and I think the State are involved in the process, and we know what happened with a bad lot of vaccine, what have they done to assure that the goal of 80,000 that I think you had projected for Fiscal Year 2005, what are you projecting for Fiscal Year 2006 and are you confident that this problem that developed is now going to be dealt with?

COMMISSIONER DOMZALSKI: No, I don't think anybody can be confident that the problem is fixed. Throughout this whole mess, and that's what it was, I mentioned earlier that last year we gave 30,000 doses. We got 30,000 shots into people's arms. Despite the mess this year, we were able to get 59,000 doses into people. But it wasn't without a lot of sweat. And as a result of that, because we took people up -- when Tommy Thompson got on television and said, "There's no problem with flu vaccine. If anybody's got a problem with flu vaccine, they ought to get me a call," I called him. They didn't know what to do with the call. So they sent people around the country to explain all this and the rest of it. What came out of all of that is the need to communicate with local health officials because the people at the local level had no idea what was going on. We had no idea how decisions were being made. And I've heard from a local administrator here for health and human services that that is a clear focus for this year to improve that communication. It had nothing to do with the supply, though.

We had two manufacturers last year. And something's going to have to happen so that we encourage people to get into the vaccine manufacturing business it's only good for one year, and one year is maybe about four months. If you haven't used it all then, you can't sell it to anybody after that. And there needs to be some adjustment in this in order to keep an adequate supply of flu vaccine available for people.

COUNCILMAN RIZZO: Thank you, Commissioner. I know you'll keep us posted on this process.

COMMISSIONER DOMZALSKI: Yes, sir.

COUNCILMAN RIZZO: I have a question about air management. I don't think I'm talking to the right department, but maybe I can be enlightened about a program. A constituent e-mailed me about a program in service stations called vapor recovery. I don't whether your department is involved or it's an L&I issue.

COMMISSIONER DOMZALSKI: We are.

COUNCILMAN RIZZO: You are?

COMMISSIONER DOMZALSKI: Yes, sir.

COUNCILMAN RIZZO: Well, I've noticed myself and after I was asked the question, the light bulb went off and I said I notice exactly what this person asked me.

Many service stations today in Philadelphia, the pumps that recover the vapor, they've either thrown them away or they've just put the regular old nozzle back on and there's no vapor recovery system. I assume that that's valuable program, vapor recovery?

COMMISSIONER DOMZALSKI: It is.

COUNCILMAN RIZZO: And who monitors the fact that service stations have the proper nozzle on their dispensing pumps to recover vapor?

COMMISSIONER DOMZALSKI: I stand to

be corrected by Morris Fine, but I think we do. In fact, we have done an extensive program to do educational work with the gas station operators. This is called Stage 2 recover, including producing a brochure that talks about the different requirements on different parts of the year.

COUNCILMAN RIZZO: Is it L&I who goes -- I mean, who physically --

COUNCIL PRESIDENT VERNA: Is Mr. Fine in the audience? Would he please approach the witness table?

COUNCILMAN RIZZO: I was noticing that it was just an old dispensing pump. I don't want to make a big deal about a program that's not maybe not effective, but if nobody's monitoring it, that's not good.

MR. FINE: I'm Morris Fine, Director for Air Management Services.

There are several different kinds of systems that are used for Stage 2 vapor recovery at the gasoline stations. The ones that that work purely on the displacement of the vapor, meaning that when the tank empties as the car is being filled that the level going down in the tank results in a suction that brings the vapors back into the tank. Those nozzles require a boot, so you'll see a boot on those nozzles. And if the boot is not there, then that's a violation and we should be called and we should have our number on the pump. If the pump doesn't have our number, then we would need to know about and we'd make sure that they would it put that on.

There's another system. It's call the vacuum assist system. That does not have a boot. When the car automobile is being filled, it kicks in a vacuum assist that draws the vapors out. That does not require a boot. So it's not necessarily a violation if the boot is not on, it just means they're using a different system. And our inspectors do monitor that.

COUNCILMAN RIZZO: So the fact that you're losing people, that's one program that I would think might not be as attentively inspected in the future?

MR. FINE: Well, we try to do

everything.

COUNCILMAN RIZZO: But L&I is not a part of this?

MR. FINE: L&I has their own regulations on underground storage tanks, but the actual Stage 2 vapor recovery, that's done by Air Management Services.

COUNCILMAN RIZZO: Thank you.

Thank you, Madam Chair.

COUNCIL PRESIDENT VERNA: I would just like to make a very brief announcement. I know that people have been waiting from CBH to testify. I am going to suggest that we conclude the testimony from the Health Commissioner with the Councilmembers that want to be recognized now and we'll recess for a half hour.

The Chair recognizes Councilwoman Tasco.

COUNCILWOMAN TASCO: Commissioner, since we just got this Executive Order, you probably haven't had an opportunity to read it.

COMMISSIONER DOMZALSKI: Yes, ma'am,

I have.

COUNCILWOMAN TASCO: I just want to point out to you that on Page 11 Executive Order, there is a provision in there for non-profits. And what I'd like to know is although they are not subject to the procurement program, there are requirements that they have to follow. So I'd like to know who will be your point person on this? When do you plan to meet with MBEC to discuss how you follow through on this, set up the procedures? And when you do that, I would like to, with the permission of the President, ask that Howard Rye of the Council staff who has been working with MBEC and with us to be a back part of that Committee.

COMMISSIONER DOMZALSKI: Absolutely. You know, one of the things we have to do -- the new Managing Director pulled us all together yesterday. And the reason I said I read it is because we had it there. The section you refer to is Section H. It's something that we're tasked to do. The Managing Director is dead serious about this.

So the onus is going to be on us to go out and implement that and not depend on some central agency to tell us what we need to do. And on those requirements that are in there that has to do with reporting, as I recall, report of composition Board of Directors and variety of other things that are required to be reported. So we're just organizing that. In all candor, Councilwoman, I can't tell you who my point person is going to be on that. I'm it right now, but that will change quickly when we talk among my deputies about who's the best to be, and we'll keep you posted.

COUNCILWOMAN TASCO: And we would like Howard Rye who is Council policy person on minority MBEC program.

COMMISSIONER DOMZALSKI: I'm sorry. Who?

COUNCILWOMAN TASCO: Howard Rye, R-Y-E, to be part of your discussion.

COMMISSIONER DOMZALSKI: Okay.

COUNCILWOMAN TASCO: So that we can be kept in the loop.

I think that's the only question I

have.

One other question about the HIV. We know that the increase in HIV/AIDS is rapidly increasing in the minority community, but the education prevention services are not really aggressively located in the community. They're more in the Center City area. How do we reach out and get out into the broader community where there are HIV and AIDS programs, especially around education and prevention? Just how is that done to reach the broader community? Because our broader community is not in Center City.

COMMISSIONER DOMZALSKI: I think through wise choice of community-based organizations to do this. I can think of two one is certainly BABASHI and organizations like that that do great education and help us get out there, not only in their offices but across the venue. I was with Gary Bell, we did a program last summer out of a couple of rec centers. In addition to that, we've got Reverend Wells organization called One Day At a Time up on North Broad Street, and we've got

One Day At a Time South down at Broad and Lombard. These organizations do a tremendous job of getting people in the hard-to-reach communities, communities that are not traditionally connected with the broad range of social service organizations or medical care facilities. So that's where we've got to get to. And the thing that concerns me is a figure that we've talked about in my shop, and that is the age is only the tip of the iceberg. The whole other thing that's floating out there is HIV infection. And we only do about 30,000 HIV tests a year. We've got to tremendously expand that. Our AIDS Activities Coordinating Office under the leadership of John Cella and overseen by Joe Cronauer has some ideas, but we need to press it more. And I will tell you, if there are organizations or if there are venues that Councilpeople see in their districts which sounds like that would be a venue -- one of the areas we do a great job with, I think, is up at 5500 block of Germantown Avenue right across from the Y where we developed a storefront where people can come in and get a variety of services, including not only HIV testing, but a connection to care. And those are small things that are effective. We need to do much more.

COUNCILWOMAN TASCO: You told, I think, Councilwoman Brown that the Philadelphia Health Management Corporation do a lot of marketing and outreach. Who do they partner with? Do they partner with local neighborhood newspapers to market and get the information out? Or do they just go to the big boys?

COMMISSIONER DOMZALSKI: We buy advertising -- one of the areas the tobacco program advertises is billboards. They do community newspapers. And we've made a change in what we're doing with that. I don't have a problem with some of the just main stream community newspapers, but we ought to get out there where we know people smoke and we've got to get the word out.

COUNCILWOMAN TASCO: What is your direction to them? Do they get the money? Do they have to submit a plan how they're do outreach?

COMMISSIONER DOMZALSKI: We review the ad plan.

COUNCILWOMAN TASCO: Is the plan sufficient for you? If you say we need to get out there, if it's not sufficient, what do you do about it?

COMMISSIONER DOMZALSKI: We have them change it.

COUNCILWOMAN TASCO: Could we get a list of their marketing plan?

COMMISSIONER DOMZALSKI: Absolutely.

COUNCILWOMAN TASCO: Thank you.

Thank you, Madam President.

COUNCIL PRESIDENT VERNA: You're welcome.

The Chair recognizes Councilwoman Brown.

COUNCILWOMAN BROWN: Thank you, Madam President.

First let me commend you on the enormous success you've had with the STD effort and the difference that's made particularly in our schools. That's just another example of how when your department and your leadership focuses on something there's an improvement in the outcome.

COMMISSIONER DOMZALSKI: Thank you.

COUNCILWOMAN BROWN: To that end with the Steps Program, could you submit to the Chair the list of schools benefiting from the Steps Program? Because you did mention that it's not City-wide, for reasons we understand. So to know where they are would be useful.

COMMISSIONER DOMZALSKI: Absolutely.

COUNCILWOMAN BROWN: When I look at the 19 provider agencies, I see here the College of Physicians which has a $33,000 contract estimated for FY '05. Knowing that they are not neighborhood based, speak to me about how this fits into the mission of Step. And when I look at what it's used for, which says here, "promote healthy behavior through Internet site," knowing that many of our communities are neighborhoods where parents don't own computers so that their children can access the Internet. So help me; bridge that for me.

COMMISSIONER DOMZALSKI: This is an Internet device developed over at the College of Physicians called Philly Health Info. It's the sort of thing -- they would come up and talk to me about this program, and it sounded an awful like Web M.D. to me, but it's more than that. It's the kind of thing where very specific health information can be obtained by accessing this portal. We've connected with libraries. One of the libraries that where this was piloted was connected with Health Center 10, which is the Northeast Regional Library. It's using that to get out the portals into the community for the health information.

You know, Councilwoman, I think it would be useful if you would have the time and interest to kind of walk you through that.

COUNCILWOMAN BROWN: I'll take you up on that, in terms of community neighborhood activity. So is Health Center 10 the only one or is it City-wide.

COMMISSIONER DOMZALSKI: The idea is that it would be City-wide and additional portals would be put together. I'm not sure if that 33,000 is in furtherance of that, but we can get you the specific detail of that.

COUNCILWOMAN BROWN: So I mention them because when I look at the providers, I don't consider them neighborhood-based at all, yet they're benefiting from a program designed to hit and touch people directly in their own communities.

I do believe that may have been my last question.

How long is the wait for citizens who need HIV testing?

COMMISSIONER DOMZALSKI: We do it on a walk-in basis in our health centers, Health Center 1, and we have community sites across the City. We just want to do more for that.

COUNCILWOMAN BROWN: And what about for Hepatitis C?

COMMISSIONER DOMZALSKI: Hepatitis C we do not do on a walk-in basis. That's in conjunction with a medical appointment, but if persons are seen, for example, in our STD clinic at Broad and Lombard, the physician may determine that you really need to get worked up for Hepatitis C as well, and we'll do it in that context.

COUNCILWOMAN BROWN: Again, let me commend you on the enormous success with the lead prevention from where we were three or four years ago when Councilman Cohen and PCCY really raised the roof on that issue and it needed to happen and the progress that we've seen on that issue.

COMMISSIONER DOMZALSKI: Thank you.

COUNCILWOMAN BROWN: Thank you for you testimony.

Thank you, Madam President.

COUNCIL PRESIDENT VERNA: You're welcome.

The Chair recognizes Councilman Cohen.

COUNCILMAN COHEN: Thank you, Madam President. About an hour ago, there was testimony that a program was moving from the north part of Philadelphia to the northwest part, that there was an increase in funds. Could you tell us where that increase came from, state, federal, grant?

COMMISSIONER DOMZALSKI: Yes, sir. It's a grant, a federal grant, that allows us to move our Healthy Start North program to Northwest Philadelphia.

COUNCILMAN COHEN: And is that separate from the regular City budget the Health Department gets?

COMMISSIONER DOMZALSKI: Yes, sir.

COUNCILMAN COHEN: About how much funding does the Health Department get from these kind of state and federal grants that are unrelated to the budget?

COMMISSIONER DOMZALSKI: About $185 million is in our General Fund. About $78 million of that is in Grants Fund.

COUNCILMAN COHEN: And to what extent are you free to use that fund for reasons important to the Health Department?

COMMISSIONER DOMZALSKI: We have some flexibility, but pretty much we need to hue pretty closely to the purposes of the grant. But on things that we're talking about here, the health of women and children, we're able to deliver a pretty significant array of services in a flexible way.

COUNCILMAN COHEN: How does it get determined at the City level how much should be provided for which need as a City?

COMMISSIONER DOMZALSKI: What we've been fortunate enough to do, Councilman, is break our health status indicator data down to the neighborhood level. So we know what neighborhoods of the City have higher incidence of certain diseases or conditions of public health significance. For example, in this case we're looking at infant mortality and the neighborhoods where the Healthy Start Programs are located are those areas that have much higher infant mortality.

COUNCILMAN COHEN: What is the responsibility divided between the City and State with respect to inspection of long-term care facilities or restaurants or that kind of thing? Restaurants, I'm not of not publicly but food dispensing places connected with long-term care facilities.

COMMISSIONER DOMZALSKI: The local government, Philadelphia, would inspects nursing homes for food service sanitation issues and for safety issues. The quality of care in long-term care facilities is regulated and inspected by the State.

COUNCILMAN COHEN: And is there any crossing of information?

COMMISSIONER DOMZALSKI: Yes. The State frequently accesses our inspection reports of the facility. And one of the things that the State does when they come on site in a long-term care facility is ask for the last Health Department inspection report of the inspection of their kitchen.

COUNCILMAN COHEN: What's the difference between a skilled nursing facility and then the other medical term of confinement?

COMMISSIONER DOMZALSKI: Well, it's --

COUNCILMAN COHEN: Apparently no doctors are available.

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COMMISSIONER DOMZALSKI: It pretty much has to do with the intensity of the nursing services that are medically necessary for the resident or the patient. Persons who require a high level of care and a high number of nursing hours per resident day pretty much are in long-term care facilities. Other conditions can be managed in our personal care boarding homes. And now, thankfully, we're now getting an increased capacity through the willingness of the State to fund community-based supportive care for people where you normally be heretofore confined to nursing homes who can now get services in and home and have that paid for in the same way as the State paid for their institutionalization.

COUNCILMAN COHEN: To whom would we recommend the constituent go to arrange for care, say, for a parent? What would be the initial step?

COMMISSIONER DOMZALSKI: PCA, call PCA, Philadelphia Corporation on Aging. And I will tell, while we're not expert on this, we don't mind building some calls if somebody wanted to know how to get hooked up with that. You can call me and we can work with you on that.

COUNCILMAN COHEN: Well, you've done very well in that regard.

COMMISSIONER DOMZALSKI: Thank you.

COUNCILMAN COHEN: So I join the accolade of praises your department gets. It's a thinking department. We get help; we don't get generality.

COMMISSIONER DOMZALSKI: I'm blessed with wonderful colleagues and staff.

COUNCILMAN COHEN: You are blessed with those characteristics yourself.

COMMISSIONER DOMZALSKI: Thank you.

COUNCILMAN COHEN: Thank you, Madam President.

COUNCIL PRESIDENT VERNA: Thank you.

Any other questions or comments from members of the Committee?

(No response.)

COUNCIL PRESIDENT VERNA: Commissioner, I am a little upset -- I see Mr. Fine still back there. And I think he does a wonderful job, he really does. But I just get very concerned that we do not do a cumulative impact study with many of the issues that are before us. I just don't think it's fair to the community. How do we address that?

COMMISSIONER DOMZALSKI: You know, it's probably one of the most difficult issues that there is, and that is the connection between environmental conditions and personal health. There's no question about that. Indeed, of all the issues that come up, the hardest for us to deal with in public health is just that. The most difficult part is these questions never come up unless there's a community or a community member that says, "You know, I think my health is being negatively impacted by that" --

COUNCIL PRESIDENT VERNA: That has been occurring, and we still don't know what the cumulative effect is. I can go through a whole array of facilities that are in my community. Now, maybe independently they may not be a problem, but when you have all of these other facilities surrounding it and the community is sandwiched in -- and we talk about smoking? That's a joke.

COMMISSIONER DOMZALSKI: President, we'd be happy to sit down with the community and try to see with the resources and technics and capabilities that we have and that which we might be able to get from the state and federal government to how we might be able to address some of those concerns.

COUNCIL PRESIDENT VERNA: Whose responsibility is that? Is that our responsibility, or is it the State's responsibility to come up with some study to be made?

COMMISSIONER DOMZALSKI: Well, it's probably a combination. It probably needs to start locally. There are some issues that the State has sole control over, such as some of these smelting and recycling and trash facilities. They permit them. We don't get to do that. But I think that we have seen responsiveness on the part of the State, and I believe that they and the EPA would be happy to work with us.

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COUNCIL PRESIDENT VERNA: Well, I personally would appreciate your looking into that because, as I said, I am always being approached by my constituents about that; and I don't this have an answer.

COMMISSIONER DOMZALSKI: I understand.

COUNCIL PRESIDENT VERNA: Thank you so much. We appreciate your patience.

This Committee will stand in recess until 2 o'clock.

COMMISSIONER DOMZALSKI: Thank you, President Verna and Members of Council.

COUNCIL PRESIDENT VERNA: Thank you.

(Recess taken.)

COUNCIL PRESIDENT VERNA: Good afternoon this is the continued public hearing of the Committee of the Whole.

The next department to testify will be BBH.

You've been extremely, extremely patient. Thank you so much.

We do have a copy of your testimony. If you would summarize it, we would appreciate it and we'll make certain that the stenographer has a copy and will transcribe it in full. Thank you.

MR. EVANS: Good afternoon, President Verna and Members of Council. I'm Dr. Arthur C. Evans. I am here to present testimony on the Office of Behavioral Health and Mental Retardation Services FY '06 budget. This department is a newly formed department within the Division of Social Services which is a section of the Managing Director's Office, and I began my tenure on November 1st.

I do want to explain how the department is organized. There's been some confusion. I'm not the Director of CBH; I am the Director of the entire office which includes CBH, so I want to take a moment to explain that. We have two components of the department which was formed by an Executive Order by the Mayor on last year. The behavioral health component of the department consists of the Office of Mental Health, the Coordinating Office of Drug and Alcohol Abuse Programs, and Community Behavioral Health.

The mental retardation component is responsible for the coordination, monitoring of services for children and adults with mental retardation. Those are the two components.

Given the lateness of the hour, I won't go into my testimony, but summarize a couple of the highlights.

The first thing that I'd like to just state is what our budget request is for FY '06. Our budget request totals $1.2 million; 14.6 in the General Fund, 476 million in the Grants Revenue Fund, and 718 million in the Health Choices Behavioral Health Revenue Fund. Of the 1.2 million, 288 million or 24 percent is for mental retardation services, and 921 million or 76 percent is for behavioral health services.

The budget will continue our efforts in addressing the behavioral health and mental retardation needs of the citizens of Philadelphia. Over the next year, there are three major goals that we have.

One is to improve and increase the

organizational capacity of both our internal organization and our service system while we ensure that we continue to provide quality services.

Secondly, we want to continue to foster integration across other division of social services agencies and other governmental departments. One of the thing I've been very impressed with in Philadelphia is that the City works extremely well together in terms of the departments, and I've been very impressed with the amount of integration that Behavioral Health has had in collaborations with other departments like Prisons and Office of Adult Services, the school system, et cetera.

And thirdly, to promote transformation towards a service system that maximizes recovery, resiliency and self-determination.

With that, I'm going to stop and give you an opportunity to ask me any questions.

COUNCIL PRESIDENT VERNA: Thank you.

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I simply want to congratulate you and wish you well in your new position.

Where are you from?

MR. EVANS: From Connecticut for the last 16 years. I was previously the Deputy Commissioner for the Connecticut Department of Mental Health and Addiction Services.

COUNCIL PRESIDENT VERNA: Wonderful. We welcome you. Congratulations.

MR. EVANS: Thank you.

COUNCIL PRESIDENT VERNA: The Chair recognizes Councilwoman Blackwell.

COUNCILWOMAN BLACKWELL: Thank you, Madam President.

How does combining OBH and MRS affect our client and improve conditions?

MR. EVANS: Well, let me take a couple of parts, because part of the rationale for combining the behavioral health component is that traditionally public sector healthcare and public sector behavioral healthcare is very fragmented. It is driven more by the funding stream than by client need. So if you have people who don't have an entitlement, the care that they receive, the options that are available to them, the standards that the providers have to meet are different than those people who may be on medical assistance or Medicaid eligible. And so what you end up having is a system where someone may be unentitled today, they may be Medicaid the next day. Based on that, the treatment options are different. Administratively the programs have to build infrastructure that's different. From our standpoint, it is difficult to see how the care of an individual plays out over time because often that information is in different data sets. So really over the last 20 years, the City has been moving towards a system of integration of the service system. It's a move that's happening both nationally.

Frankly, I think Philadelphia is probably ahead of every other part of the country and was really one of the reasons why I was very excited about having an opportunity to come here. I think that we are extremely close to creating a unified system that is driven by client need as opposed to funding source. So in terms of the behavioral health part, that's the rationale for doing that.

In terms of the combination with MRS, Pennsylvania, as I understand it, has a unique law in that mental health and mental retardation services are administered by the same county department. Again, that's fairly unique, although mental health and mental retardation are often combined in mega agencies, social service agencies at the state level, that's sort of unique. So as the integration with mental health, CODAAP, and CBH happened because traditionally mental health and MR had been together, MRS was also part of that.

COUNCILWOMAN BLACKWELL: Thank you.

Madam President, I'll only ask one more question in the interest of time.

What is the role of the consumer satisfaction team?

MR. EVANS: The consumer satisfaction team provides an assessment of providers in terms of how user friendly their services are. These are people who are consumers themselves. We contract with an organization to essentially go out, talk with consumers, evaluate programs in terms of their consumer friendliness. I can tell you I've been very impressed with the work that they have done here. I thing they do a wonderful job, not only in term of assessing, but the thing that's been very impressive is that we take that feedback, we give that to the providers, and they're responsive to that feedback. So I think it has had the impact of improving the consumer friendliness of services and responsiveness of treatment providers.

COUNCILWOMAN BLACKWELL: Thank you.

Madam President, in the interest time, I'll defer other questions so we can move forward.

COUNCIL PRESIDENT VERNA: Thank you very much.

The Chair recognizes Councilwoman Tasco.

COUNCILWOMAN TASCO: Hello. I don't

have a lot of questions for you, just maybe one or two.

Welcome to Philadelphia.

MR. EVANS: Thank you.

COUNCILWOMAN TASCO: We hope that your stay will be pleasant and productive.

How will you implement the Mayor's Executive Order as related to your agency?

MR. EVANS: This is on minority participation?

COUNCILWOMAN TASCO: Yes, and the non-profits. We really are concerned about that.

MR. EVANS: I think as I have been here, as I came into the City, one of the things a lot of people talked with me about was a perception that minority providers have not had an equal shot in our service system. And I think a lot of the discussion this morning sort of bears that out in terms at least of perception. So since I've been here, I've been very aggressive at going out, meeting with providers. I met with executive directors. I've gone out and I've met with providers or done site visits with providers from the minority community and the majority community as well. I've reached out to the Latino community. I've reached out to the Asian community; I have a meeting set up with them. I've already met with members of the Latino community.

My view is that the issue is, for me, more than simply meeting a sort of checklist of criteria and certification. The issue really boils down to commitment in terms of serving communities of color, number 1. Number 2, you heard the Commissioner, the Health Commissioner John Domzalski talk about the issue of health disparities. The reality is that we have disparities across healthcare, we have them in physical health and we have them in behavioral health. And one of the things that we know is that when we have providers and people from communities that are being served that the services that provide are much more effective both in terms of engagement of people, keeping people in treatment, and the kinds of outcomes that we can see. So from my perspective, this is an issue of the quality of the services that we provide within the City. It's an issue of how do we reduce disparities around the kinds of outcomes we see for people as well as the issue of equity in terms of how resources are distributed within the community.

I think in terms of specific things that we've been talking internally about -- there are a couple of things. One, there was discussion this morning about technical assistance. I've been a provider. I've sort of sat on the side that many of the providers sit on, and I know that there's a wide range of ability in terms of the leadership of organizations. You have organizations like west and consortium who has very sophisticated leaders like John White or Dennis Cook. You have others where you have people who are grass roots who have a real strong commitment, may engage in the community, but don't have the infrastructure nor sort of the business background to be successful. So I think for those providers, we really have to step up and provide technical assistance around the kind of infrastructure that they need to be successful and to also help in terms of looking at how we can help them network with other maybe larger providers who can provide some of that infrastructure.

I think the other thing is that we have to look at the criteria that we use to select providers. One of the things that happens in service systems is that a lot of those skills that those grass root providers bring to the table are often discounted and they're not valued. My experience is that those very elements are some of the things that make them successful. So I think in terms of procurement processes, we have to systematically build those things into our procurement process where we give them weight along with other things that we might want to consider.

Thirdly, I think that we need to look at -- one of the things we did in Connecticut quite effectively was to require all of our providers to have a cultural competency plan.

COUNCILWOMAN TASCO: Have a what?

MR. EVANS: A cultural competency plan, which essentially looks at provider's ability to recruit -- their efforts at recruiting, their efforts at ensuring that the services that they're providing are meeting the needs of a diverse group of people, the folks that come through their doors.

So I guess that was a long answer, but I think we've given this a lot of thought. We are committed to the issue of equity, both this terms of providers but also in terms of the kinds of outcomes that we have in our treatment system.

COUNCILWOMAN TASCO: Thank you. We will give you a test number 1 next year. That's when you walk the burning sands.

(Laughter.)

COUNCILWOMAN TASCO: I have just two more and then I'll be done.

In the attachments to your testimony, $4.4 million in various mental health services and 34 million in various mental retardation services will be allocated to providers that have yet to be determined. What services will be procured and what is the procurement process and what is the timeline?

MR. EVANS: I'll ask my deputy. This is Michael Covone.

COUNCIL PRESIDENT VERNA: I'm sorry, you're going to have to identify yourself for the stenographer.

MR. COVONE: Michael Covone, Deputy Director with the Office of Behavioral Health and Mental Retardation services.

The undetermined are basically those resources that we anticipate coming as expansion resources as part of the Governor's budget in the upcoming year. Primarily on the mental retardation side, because of the timing of this budget process and the state budget process, we have to anticipate what can come down. There are expansion resources within the Department of Public Welfare budget. How much of that will come to Philadelphia really isn't known until the Governor's budget is finalized. So those undetermined resources really are around the thousand or so individuals who've been identified in the preliminary Governor's budget as receiving services through the waiting list initiative.

MR. EVANS: I just have one quick thing about that. One of the things that we're looking at relative to that is how do we want to use those dollars in terms of approaching the waiting list, and there are a couple things we don't have to go into now around that.

COUNCILWOMAN TASCO: What is the Forensic Intensive Supplemental Program?

MR. EVANS: I'm not sure what you're looking at, but the FIR program is really a conglomerate of various programs that really are looking at how do we address the behavioral health needs of people who are in the criminal justice system. As I mentioned earlier, that's one of the things I've been very impressed with in Philadelphia, is that people have been working for a long time together around some of these issues. So over the last few years, several years, a series of programs that help place people in both residential treatment programs and outpatient treatment programs who are involved in the criminal justice system, those services are provided through the FIR program. There's also some efforts through that program at helping people as they are leaving the prison system to reenter the community, community reintegration.

COUNCILWOMAN TASCO: Okay, I'm done. We'll have more questions in 2006.

COUNCIL PRESIDENT VERNA: Are there any other questions or comments from Members of the Committee.

(No response.)

COUNCIL PRESIDENT VERNA: Seeing none, thank you very much.

MR. EVANS: Thank you very much.

COUNCIL PRESIDENT VERNA: Mr. McPherson, who is the next department to be called?

MR. MCPHERSON: The office of Emergency Shelter and Services.

COUNCIL PRESIDENT VERNA: Good

afternoon.

MR. HESS: Good afternoon, Madam President.

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

May I suggest, sir, that you summarize your testimony and we will make certain that the stenographer has a copy and it will be transcribed in full.

MR. HESS: Thank you, Madam President. We will do just that.

My name is Rob Hess. I'm Deputy Managing Director Special Needs Housing. I'm pleased and honored to offer this testimony on the Division of Social Services, Adult Services, Office of Emergency Shelter Services budget request for Fiscal Year 2006. I have to my right Letty Hinton who is the Director of Shelter Services, and to my left, Richard Shaeffer, our Administrative Services Officer and Director. I also have behind me and with me today the various operating unit heads for adult service of OESS, and I'd ask them to be rise to be recognized.

Thank you, Madam President, for giving me an opportunity to do that. They work extremely hard every day and I think deserve that brief recognition.

As presented to Council, the Fiscal Year 2006 budget for the Office of Emergency Shelter and Services is $50,203,107, of which $17,909,150 is in the General Fund and $32,293,957 is in Grants Revenue.

The proposed 2006 budget includes two significant changes from the 2005 budget. The budget for Riverview Home was transferred to OESS from DHS. The amount of this General Fund transfer is 5,453,383.

The second significant change is the appropriations for Act 148 eligible costs incurred by OESS for family preservation appear in the budget for Department of Human Services. These amounts are 9.4 million in Fiscal Year 2005 and 14 million in Fiscal Year 2006. If these amounts are included in the amounts that appear in our budgets each year, there is very little change as the Fiscal Year

2005 budget estimated obligations are $64,184,106, and the Fiscal Year 2006 total budget request is $64,203,107.

The Fiscal Year 2006 budget request will enable OESS to manage an average of 2500 shelter beds, nearly 2,000 beds in transitional and permanent and supportive housing and will provide emergency relocation services for up to 2,000 individuals. The Fiscal Year 2006 budge request will also support a total 192 positions. This reflects a 15 percent decrease from the number of filled positions in our agency in December 2004.

In the coming Fiscal Year, adult services is dedicated to supporting the overarching objectives of Division of Social Services, in particular to invest in programs to support family structures, to ensure that adults have the supports and the tool to become and remain self-sufficient, and to ensure that Philadelphians have the earliest possible access to treatment.

Now, just to summarize a couple of

key points of the testimony that I wouldn't want to miss, the demand for shelter has continued to increase. Economic conditions in the City are not significantly brighter for poor people today than they were a year ago. And in fact, we've seen increases on demand for shelter on the family and single side over the last couple years. We think that's largely because the gap between the low wages of entry level jobs and the housing costs in this area continue to have a huge gap. In fact, it's estimated now that one would have to work a minimum wage job for 130 a week in order to afford market rate housing. The results of that gap are often times manifested in ways that people end up at the front door of our shelter system tragically. We are working very closely with OHCD and other City departments to develop additional affordable, safe, decent housing in the City. And I'm pleased to report that given our efforts this past year, we saw a record McKinney award from the federal government of almost $26 million that will allow us to build and lease 160 new units of affordable housing to go with the 100 new units that are in the pipeline already, bringing 260 new units over on line over the next year or so. So that is very positive, and we're pleased about that. However, it's a drop in the bucket when you look at the needs of our City with respect to the needs of poor people for safe, decent, affordable housing. In fact, I think Dennis Culhane has estimated that there is a need of about 33,000 affordable housing units in our City to meet the demand. So we continue to try to create the best possible shelter system with the highest set of dignity and respect as a point of entry to a system but understanding that we are not a housing system and that the answer is more safe, decent, affordable housing in communities around our City to be able to support the needs of our poorest citizens.

I think with that, I'll stop and ask for questions.

COUNCIL PRESIDENT VERNA: Thank you.

Mr. Hess, you mention on Page 6 of your testimony that adult services reaffirms its commitment to making available permanent and transitional housing opportunities so that the households can return to supportive communities. Can you explain for the record how adult services accomplishes that goal?

MR. HESS: Yes, Madam Chair. In a couple of ways. First, we now have 540 transitional housing units that we manage ourselves. And so those are units that are available to people that are leaving emergency shelter and are in need of some supportive housing and may not be either ready or able to acquire permanent housing. In addition to that, we have for the last couple years managed the McKinney process, which is a major federal grant application that we're working on. In fact, this time of year each year, submitting to the federal government in June or July, and then we get the award in December.

COUNCIL PRESIDENT VERNA: I don't mean to interrupt you, but with the McKinney, you mentioned that twice, isn't the McKinney Act for surplus federal properties?

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MR. HESS: That is one of the purposes that you can use the McKinney Act for. And you're quite right, the naval yard, for example, was acquired under the McKinney Act. But in addition to that, McKinney Act provides for the majority of federal funding that goes into homeless services across our country. So we are part of a competitive federal application each year to bring money into the City to be able to support people experiencing homelessness in our community.

COUNCIL PRESIDENT VERNA: I didn't realize that. Thank you.

MR. HESS: You're welcome.

It's through that Act that we were able to bring in the $26 million this past year, which was a 20 percent increase over the previous year and represented the largest increase any city in America received. Through that application, we will through leasing and bricks and mortar development working with OHCD and the RDA and others create 160 new units of housing through the '04 application, and we are now hard at work on the '05 application.

COUNCIL PRESIDENT VERNA: Thank you.

The Chair recognizes Councilwoman Blackwell.

COUNCILWOMAN BLACKWELL: Thank you, Madam President.

As you may imagine, this is one agency with whom I work regularly. I guess I know everybody who is here. And I will tell you as one who has dealt in this area for our entire political career, this is just about the best department and Rob Hess and his team have done a phenomenal job, better than any of his predecessors. We're so encouraged about programs they have like Bright Spaces where in all the shelters children have little places to play, their own little equipment and little dolls and doll houses and all that. We're so impressed because not only do we -- it's not the old homeless department, but OESS is now a department where we have transitional and permanent housing, job training, so many, many modern and wonderful things. And I will say we have been awarded and commended many times nationally for what we do in Philadelphia. So I am just proud of the work and enjoy every moment that I work with this department. And certainly, I want to commend them.

I've been asked to ask two questions. I was just handed a sheet of paper. One was about the reunification program with DHS, and the other is about victims of domestic violence being a place in regular shelters as opposed to battered women shelters. Can you respond to those two issues, Mr. Hess?

Again, thank you very much.

MR. HESS: Thank you, Councilwoman, for your leadership and support. Hardly a day goes by without us having an opportunity to talk and to work on this issue together, and we certainly appreciate your leadership.

COUNCILWOMAN BLACKWELL: Thank you.

MR. HESS: With respect to the family unification program, we do work closely DHS to try to reunify families. And there are about 450 family unification program housing subsidies available for that purpose. Over and above that, as you might imagine, all too often the shelter system becomes the housing reunification option, and people end up moving on to transitional or permanent housing from there. Because of that, we work very closely with first Alba Martinez and now Cheryl Ransom at DHS, and we have in our housing development pipeline a number of programs that are targeted to youth aging out of foster care or families to be able to reunify and bring those children back out of placement and placed in permanent housing. And so we are making progress on this particular area. But it, like many of our housing issues, the resources are nowhere near as great as the demand for permanent housing services. And so it does remain a challenge for us.

With respect to the domestic violence issue, I think we reported last year before this Council that there are 48 domestic violence secure beds in the City, which is really far below any reasonable or rational number we might expect in the fifth largest city in America. So we have budgeted adequate funds to double that number of beds, working with Women Against Abuse and Mayor's Task Force on Domestic Violence, we expect in this budget, the Fiscal Year '06 budget, to double the number of beds to a hundred for the coming year and also to bring some domestic resources to the front door of the shelter system, the intake center, so that we can do a better job of identifying victims of domestic violence at our front door and providing them with the services they need. And frankly, in the past we've not done as good a job as we would have liked. And very often, women who have been subjected to domestic violence or sexual abuse had ended up in our shelter system without the support that they may have wanted or needed. So this is a primary focus for us for the coming Fiscal Year.

COUNCILWOMAN BLACKWELL: Thank you.

Madam President, it's ironic that you mentioned the McKinney funds being used in the Naval Yard and you didn't know they could be used this way. I didn't know they could be used the way you mentioned, so it's amazing how broad it is.

COUNCIL PRESIDENT VERNA: We did address that issue, I think, for both the Navy Yard and the homes on 20th and -- the Naval Hospital site. And I know that the monies that would be generated in the sale of the properties would go to the homeless.

MR. HESS: And I might tell you that I think it was just under $5 million that has been transferred to the Homeless Trust. Dainette Mintz and I sit on the Homeless Trust for the City. Sister Mary Scullion and Sharmain Matlock-Turner sit on it for the non-profit community. And Bob Downing is Chair and sits on it for the for-profit community. We're actually reinvesting the proceeds of that sale, the interest earned on the dollars, to provide for housing subsidies, short-term housing subsidies for families that wouldn't otherwise qualify under our normal programs because maybe there's a criminal history or something. And so we're beginning to roll out that program now.

COUNCIL PRESIDENT VERNA: Wonderful.

COUNCILWOMAN BLACKWELL: Absolutely.

Thank you, Madam President.

COUNCIL PRESIDENT VERNA: You're welcome.

The Chair recognizes Councilwoman Tasco.

COUNCILWOMAN TASCO: Thank you.

Good afternoon.

MR. HESS: Good afternoon, Councilwoman.

COUNCILWOMAN TASCO: I just have a couple of questions for you.

What is the status of privatizing social services and case management services of the city shelters?

MR. HESS: Good question, Councilwoman. We have, in the last few months, completed the privatization of case management of our city shelter system. Prior to that, over the last several years, we've had a hybrid of combination of city workers in some shelters and private provider, non-profit provider case managements in other facilities. Frankly, over the last couple of years our inability to hire City social workers has left us in a bit of a bind. Through attrition and because of the increased demand of the shelter system, what we found is we ended with about a third of our shelter system that wasn't receiving case management because we couldn't hire additional people. So we've moved to a model whereby we can hire non-profit case managers on a ratio of 25 to 1 for families and 30 to 1 for singles at our facilities and see that all the folks that come into our shelter system now have access to the case management.

In order to make that happen and in order to minimize the layoffs that we needed to meet our target budget numbers, we ended up transferring, I think it was 10 social workers and 2 supervisors to DHS over the past couple of months and then consolidating the balance of our social workers in our intake centers. That, again, allowed us through the contracts with providers provide case management to all the clients in our shelter system.

COUNCILWOMAN TASCO: Who are some of

the case managers you contract with?

MR. HESS: The providers that we contract with, we can give you the complete list. It would include places like ODAAT, and Self Incorporated, RHD, PHMC, Act Masters.

COUNCILWOMAN TASCO: SO what kind of services do they provide to the clients?

MR. HESS: They provide a full range of case management services for the client from developing case plans to following up with clients to ensure that those case plans are being followed, developing of housing applications for the next level of housing support. Again, we kind of view emergency shelter as a point of entry, not a destination. So one of the first things that has to happen is the case manager works with the client to make sure they're getting the service they need, but make sure they're also getting the ID that they need and the other things that they need to move on to the next level of housing.

COUNCILWOMAN TASCO: Are these providers on the sites, or do the clients have to go to their facilities?

MR. HESS: The clients on the site.

COUNCILWOMAN TASCO: They're on the site?

MR. HESS: Yes, ma'am.

COUNCILWOMAN TASCO: What is the current status of Riverview Home, and is there a proposal to close it?

MR. HESS: Not that I'm aware of. Of course, one year I did read in the paper, which was a surprise to all of us. No. Where we are with Riverview Home is we have in accordance to what we said to Council in the past, we have continued to kind of downsize Riverview Home. We're down now, I think, today to 183 clients in Riverview Home, residents. We're working with the Behavioral Health Department to do psych evaluation on all the clients we still have there to ensure that, A, we have proper diagnoses on people and people are getting proper services. But also to identify folks that might be more appropriate to be placed back in the community in some sort of supportive housing. We think through this process by June 30th, we'll be down to 150 or less residents of Riverview Home. We really view that as kind of a core group that will need housing of last resort similar to Riverview. Probably we're always going to have that need. So the question will become, is Riverview the best place for that or not? Do we have other options? But there's been no thought that I'm aware of to closing Riverview Home. We're always reassessing how best to provide services to this group of folks that turn to us for housing of last resort.

COUNCILWOMAN TASCO: You talked earlier about the people who come into the homeless shelters. Is there a turnaround? Is there recidivism rate where people come in, you find them homes, and they're coming back? Are you able to track that?

MR. HESS: We are. In fact, in a couple different ways. Our own database. But also both Philadelphia and New York have had the advantage having Dennis Culhane at University of Pennsylvania kind of slice and dice our databases for many years. So we have some data that a lot of cities don't have. I think -- and I'm doing this at the top of my head, so please don't hold me to the exact numbers. But roughly 20 percent of folks that come into the shelter, that enter the shelter system are in and out very quickly. I would say less than 60 days. Then you've got another 20 percent that seem to hang on the end forever and may be in the system for a year or longer. And then the balance of folks fit into the middle category and averages four to six months in the shelter system.

Now, for the folks that we've been able to identify as our longest term shelter stayers, we've begun some strategies to help that group, identify that group and move that group into permanent supportive housing and move them out of our shelter system once and all. And we call that kind of our Housing First approach. So we're going to be moving our first 45 families out of shelter into this Housing First approach with support from the Behavioral Health System and DHS over the next six to nine months. So that's kind of our first real effort and approach of targeting that group that are kind of the chronic long-term stayers and helping them move on.

COUNCILWOMAN TASCO: Would they be the people who have the problem being able to afford housing, or would they fall into the trap of drug and alcohol abuse?

MR. HESS: It would be a combination. By and large, all the folks we're talking about don't have the income to be able to be able to afford market rate housing. Now, there may be other issues as well, whether they be behavioral health related or drug and alcohol related. But they all share the challenge of not having adequate income to be able to afford market rate housing.

COUNCILWOMAN TASCO: The individuals who drug and alcohol programs, do you have supportive services for them.

MR. HESS: We do, Councilwoman. In fact, we've always had some level of support. But in the last year and a half, we created what we call our C Star System. And our C Star System really recognizes what our role and responsibility is versus what CODAAP's role and responsibility is, for example. So our case managers can identify that there is reason to believe that somebody in the shelter system is using either drugs or alcohol actively. And what they do is they refer that name to C Star. C Star representatives come in and do a drug test. If the individual tests positive, then they're offered treatment immediately and referred to that treatment. If they accept that treatment and they follow the treatment protocol, then they're fine; they can continue to stay housed in the shelter and move on to transitional permanent housing. If, however, they refuse treatment, aren't ready for treatment for whatever reason and they're a single individual, then they have to leave our supported shelter environment and go to either a safe haven or a low demand shelter because we can't keep them living next to somebody who's trying to live drug and alcohol free. If on the other hand it's a mom, for example, and mom refuses treatment, then we work out an arrangement with DHS, David Fairshaw (ph), where the family preservation side comes into play and tries to help Mom see the benefits of treatment. Ultimately, if mom continues to refuse treatment, continues to use actively, then the children are probably going to be placed and Mom's going to have to go to a low demand facility until she's ready to do something about that issue.

COUNCILWOMAN TASCO: Thank you, Madam President.

COUNCIL PRESIDENT VERNA: The Chair recognizes Councilwoman Brown.

COUNCILWOMAN BROWN: Thank you, Madam President.

Good afternoon.

MR. HESS: Good afternoon.

COUNCILWOMAN BROWN: Let me open by echoing Councilwoman Jannie Blackwell's remarks and say to you how much I appreciate the work we do together around the holidays with regards to homeless children. I don't take it lightly at all and deeply appreciate the partnership, because that's why it works, because of the partnership between our offices.

MR. HESS: Thank you, Councilwoman. We appreciate your support all year long, but especially that time of year.

COUNCILWOMAN BROWN: It's a wonderful, gratifying part of my work.

My questions are all over the place, so forgive me if there's no sense in the sequence.

At some point over the past year, I saw a flyer for the need for cribs. And so are cribs needed? Is that particular item for babies -- is there some strategy underway to make sure we have adequate cribs for babies, et cetera? Could you speak to that?

MR. HESS: Yes, I can. It is true that we went through a period of time when just amazingly within a couple of weeks we saw an influx of infants into our system. I don't really know what to attribute that to, but we went through a period of time where we did run out of cribs for a couple of hours. Fortunately, our partners at DHS were willing to buy us all the cribs we needed. And Letty actually went directly down to Toys R Us and worked out a deal with the manager and, I think, left with 30 or 40 cribs that night. So cribs are one issue. We've also been looking for something that is a little easier to assemble and move from location to location. I think we're now getting portacribs in stock, and we have them in our warehouse. So, yes, we did go through a brief period of time. We saw an influx of infants that caught us by surprise, and we had to react very quickly to make sure we had an adequate supply. Now I think we've even got some extras in the warehouse, but we did go through that time.

COUNCILWOMAN BROWN: So you're okay in that area for right now?

MR. HESS: For right now, yes.

COUNCILWOMAN BROWN: Single women have very, very special needs; families have special needs; then you have single men. Is the housing of mixed sex homeless persons a practice or not? How is that handled in that you keep those three worlds apart? Can you just address that for me in terms of service delivery.

MR. HESS: In terms of service delivery, our single facilities remain single facilities. So male and female single facilities are separate. In terms of family facilities, the facilities are -- it really varies depending upon facility and how those facilities are laid out. For example, right now at Stenton, we're using a common room that used to be a multi-purpose room to house a number of families. Well, those families that are in that room are all female headed households, for example. We do now have more male headed households in our system.

COUNCILWOMAN BROWN: Homeless male head of households who come with children?

MR. HESS: Yes. That's been a relatively new phenomenon over the last couple of years, I'd say, three or four years. It's not a large part of the population, but it is a growing part of the population. And so we do accommodate those folks in certain family facilities that are designs with, for example, individual rooms for families. And so that is part of our population.

We also from time to time get transgendered and other individuals that we try to take a look at where they want to be placed and to the extent that we can do that, given the facilities available at those locations, we accommodate those individuals as well.

COUNCILWOMAN BROWN: I see.

You spoke in your opening testimony about the success you're beginning to experience with regard to housing. You said that over the next year you expect an additional 50 beds. How do you see making that happen?

MR. HESS: Well, the domestic violence side, I think, is where we were talking about the additional 50 beds. We are very close in negotiations for a particular site that we would be able to move into that would be a secured facility where Women Against Abuse will be able to double the number of beds they have and get them up to a hundred.

COUNCILWOMAN BROWN: So the financial support of that rests in Women Against Abuse?

MR. HESS: I wish. It's a contract we have with them. So what we've done is we've made a $1.2 million commitment to victims of domestic violence. It started with the Mayor's additional $1 million last year, and we've continued that effort moving forward to be able to double the number of shelter beds available.

COUNCILWOMAN BROWN: I know that black clergy are not an end all be all, but they are a group of individuals who take strategic interest in issues facing our City. Has there ever been a conversation with members of the black clergy around the issue of domestic violence and any prospective role they can play in addressing this issue?

MR. HESS: I don't know the answer

to that. I have not personally been engaged or invited to that particular conversation, but we would welcome it.

COUNCILWOMAN BROWN: Often times with persons who end up homeless, it has a lot to do with not being able to take care utility bills. For example, the Center for Mental Health Policy and Services research at U of Penn states that in 1995, 15 percent of all households and 20 percent of family households that were admitted to shelter had their utility bills terminated within a year of their admission to shelter. Does OESS have any kind of shutoff prevention tools at its disposal for those families in that particular type of circumstance?

MR. HESS: Yes. Not enough. But we do have two programs that we fund either directly or indirectly. First, we have internal to us in our relocation unit what we call our PERA account.

COUNCILWOMAN BROWN: Power account?

MR. HESS: PERA, P-E-R-A. That account is used to provide average payments of, I think it's $750 or up to $750 to meet a variety of needs, whether that be rent to help to avoid eviction or whether that be utilized help pay utility bills, that sort of thing. And so we do have that resource.

In addition, through the state, we actually fund Tenants Action Group to provide utility assistance for folks that go to DPW and get certified through DPW and referred from DPW.

So we have those two primary sources to provide some utility relief.

Now, I will say that what scares us and what you hear about is the huge turnoff that PGW could do and the impact that might have on shelter system is very concerning. And, no, we don't have anywhere near the resources to be able to prevent a lot of those turnoffs, should they happen.

COUNCILWOMAN BROWN: Has there been any consideration to have a sit-down with PGW and the leadership in an attempt proactive, knowing that that's on horizon?

MR. HESS: There has been. In fact,

it started last summer through the Managing Director's Office, and the Managing Director continues to work on that issue and monitor it. It really is much bigger than adult services. My recollection is the arrearage numbers are in the tens of millions.

COUNCILWOMAN BROWN: Does OESS get information out about LIHEAP and that kind of thing since it's designed to help families in that circumstance?

MR. HESS: We do. Typically, we refer people to ECA who are the real kind of experts on that.

COUNCILWOMAN BROWN: ECA would be?

MR. HESS: The Energy Coordinating Office that typically have all those resources at their fingertips.

COUNCILWOMAN BROWN: The clock ran, so I'll wait for the next round.

COUNCIL PRESIDENT VERNA: Thank you very much.

The Chair recognizes Councilwoman Miller.

COUNCILWOMAN MILLER: Thank you,

Madam President.

Actually, a couple of my questions was already asked by Councilwoman Tasco and Councilwoman Brown. And I wanted to talk a little bit prevention services, but you just answers those questions.

But what I'd like to know, how long can someone stay in these Home First, New Keys and Couples Safe Haven? How long can they stay in the shelters? What are the outcomes? If someone's been homeless 15 years, what would actually would be a plan?

MR. HESS: The New Keys and Home First and our safe havens are all considered to be permanent housing, Councilwoman. So they can stay in that housing as long as they want to, as long as they need that housing, as long as they need the supports that are associated with that housing. The only thing that I can think of that would disqualify them and we would welcome which is if their income ever gets above the maximum threshold, then they would lose the subsidy. But most cases, these are folks that have been chronically homeless, duly diagnosed on our streets for many years that are now living well in permanent housing and are entitled to stay there forever if they choose to.

COUNCILWOMAN MILLER: But it sounds like they go and engage in job training and job placement and become productive citizens.

MR. HESS: They do. There's a lot of support. I mean, some of the stories are just unbelievable. What we've learned is there is a housing technology for everyone. There is no reason for anyone to have to remain on our streets if we had resources of housing. And we can provide supports in housing much better than outside of housing.

If you will allow me to just give you one fact that I saw just the other day that's startling. Since we started moving people directly from the streets into this housing, New Keys and Home First, one of the things we've seen is these folks average six to eight in-patient hospital stays a year when they were living on the streets. Now that they are in housing, their in-patient stays have been reduced by more than 80 percent. Now, we are trying now to work with the hospitals to figure out how much money we've saved just in hospital cost by getting people housed. We are incredibly encouraged by the early results of this and think it really will guide some of our housing policy moving forward.

COUNCILWOMAN MILLER: Speaking of resources, would the proposed federal funding cuts put any of your programs in jeopardy?

MR. HESS: Thank you for that question.

The proposed federal cuts are of huge concern to us. I can't imagine if we were to lose, for example, some of our Section 8 subsidies what in the world that will do to the front door of our shelter system. I mean, folks have to go somewhere. And so to the extent that the federal government wants to cut 1.8 billion or whatever it is now out of Section 8, that would be just a tragedy that we all ought to work to avoid. We can't accept fewer housing subsidies. The fact is the federal government has been shorting us on affordable housing in our cities for the last 20 years. And that's why we have so many people that are doubled up or in unsatisfactory or dangerous housing today or living in our shelter systems.

COUNCILWOMAN MILLER: Okay.

MR. HESS: The CDBG funding cuts or elimination of CDBG would be another one that would be devastating. Even the McKinney Grants that we get have to be matched by local funding, and that local funding match is very often CDBG or home dollars. So those cuts would be equally devastating to the Section 8 cuts, should they happen.

COUNCILWOMAN MILLER: Well, I do know that in City Council I did a resolution maybe a month ago regarding the CDBG cuts, and all Councilmembers signed on to that. And I know that some individual Councilmembers have been in touch with letters or e-mails with our local federal officials.

MR. HESS: We appreciate that very much.

COUNCILWOMAN MILLER: I believe that's it, Council President Verna. Thank you.

And I also want to commend you.

MR. HESS: Thank you, Councilwoman. And thank you for your support in a number of housing initiatives in your district. The Gaudencia project we just broke ground on we're very excited about.

COUNCILWOMAN MILLER: Thank you.

COUNCIL PRESIDENT VERNA: The Chair recognizes Councilwoman Brown.

COUNCILWOMAN BROWN: Could you please forward to the office information on the PERA Program?

MR. HESS: Certainly.

COUNCILWOMAN BROWN: And the privatizing of social service with contracted shelters, what mechanisms are in place for the monitoring of those private providers in terms of quality and delivery of service?

MR. HESS: I'll ask our shelter director, Letty Hinton to answer that with specifics. I will tell you that Letty has created an operating unit of analysts that will be monitoring the performance of case management shelters very closely. And I will also tell you that we are now implementing our new HMIS system or Homeless Management Information System that has a lot of management tools and reporting capability so that we'll really be able to manage by the data and know when case managers are interacting with their clients when they're not and what the outcomes of those interactions are.

COUNCILWOMAN BROWN: Okay. SO if you could speak to that, and that's one component of that, and the other part is just the quality aesthetic of the environment that our citizens are living in for the time that they're there.

MS. HINTON: We've just created -- actually, it's one unit.

I'm sorry. Letty Hinton, Director of OESS. A unit under Kevin Breazeale who is a deputy director of OESS, and it actually has two components. One is specific to compliance for shelters which kind of addresses some of the issues or concerns that you have about the quality of the services and some of the qualitative issues specific to what clients think of their experience in shelters. The other piece has to do with more of a quality management model in which there's an aspect of the unit that's specifically assigned to some of the more of the data collection issues as well as looking at more the supportive services like the C Star that was described, clean and sober testing model as well as looking at some of the other services that are being provided that are more of the supportive services components. So what you have happening is that when it comes to clients' concerns and issues, they have forms, et cetera, they can report those concerns to the quality or compliance unit, and those are investigated.

COUNCILWOMAN BROWN: Now, a homeless citizen can report them to this unit through staff at that particular facility? Or how does that happen?

MS. HINTON: Well, there's two ways that it can happen. One way is that if there's a concern and the client is comfortable reporting those internally to the shelter provider, they can choose to do that. If not, they can either call us at OESS at the compliance unit or they can come downtown and request to see someone. So the consumer has different ways of being --

COUNCILWOMAN BROWN: Some options.

MS. HINTON: Yes, different options because we understand some of them may not feel comfortable going to the provider to report.

MR. HESS: There's actually a third way too, Councilwoman, and that is, because we have behavioral health services integrated into our shelter system now, they can also make comment to the consumer satisfaction team through behavioral health mand we get those reports as well.

COUNCILWOMAN BROWN: Yesterday the Rec Department was before us and he spoke about -- there was interest expressed about national standards when it comes to after school programs so that they're not babysitting places, but places where structured, stimulating kind of activities for kids. Might something like that exist -- I'm just simply asking out of curiosity -- for homeless programs nationwide, certain standards that homeless programs should try to meet?

MR. HESS: I think it would be a good idea. They don't exist currently, as I understand it, largely because communities are kind of all over the board in terms of what they offer with respect to homeless services, in terms of quality and quantity. But ideally, we want to be able to provide facilities that have high dignity, high self-respect, and we don't want -- first of all, we want to try to keep people out of our facilities and keep them housed. When people folks end up in our facilities, we really do want our facilities to be a point of entry, not a point of destination. So we don't want people living with us any wronger than absolutely necessary.

COUNCILWOMAN BROWN: To the question of homelessness prevention, the total expenditures this year, are they an increase, or not, from last year?

MR. HESS: Prevention?

COUNCILWOMAN BROWN: Yes.

MR. HESS: Homeless prevention would be a decrease.

COUNCILWOMAN BROWN: Finally, the Bright Spaces, I know that currently there are 11 Bright Spaces?

MR. HESS: That's correct.

COUNCILWOMAN BROWN: And there is scheduled to be five more openings planned for the coming year. Would that mean that all of our shelters then have a Bright Space for the children?

MR. HESS: That is the commitment of City of Philadelphia. Bright Horizons Foundation and McNeal Pharmaceuticals has donated over $100,000 to ensure that all of our shelters have Bright Spaces, making us the first city in the country that will have

Bright Spaces in every one of our shelter facilities. And recently, I'm pleased to tell you that Bright Horizons Foundation McNeal Pharmaceuticals extended that commitment to all of our transitional housing facilities that have spaces that are appropriate for interactive play space for children, so we're very pleased about that.

COUNCILWOMAN BROWN: That's exciting. Could you forward to the President the schedule of those remaining openings so that we can, if able, try to support or attend.

MR. HESS: We would love to have you.

COUNCILWOMAN BROWN: Thank you very much.

Thank you, Madam President.

COUNCIL PRESIDENT VERNA: You're welcome.

Are there any other questions or comments from Members of the Committee?

(No response.)

COUNCIL PRESIDENT VERNA: Seeing

none, I thank you very much.

MR. HESS: Thank you, Council President.

MR. MCPHERSON: Next witnesses are Philadelphia Prisons.

COUNCIL PRESIDENT VERNA: Thank you so much for your patience, Commissioner. We do have a copy of your written testimony. We will give that to the stenographer. It will be transcribed in full. And we would really appreciate it if you would summarize your testimony.

COMMISSIONER KING: Okay. Good afternoon, President Verna and Members of Council. I am Leon King, Commissioner of Philadelphia Prison System. Seated with me is Mr. Semanski, our Fiscal Officer, to my right; and Deputy Commissioner Alan Apel who's our Deputy Commissioner for Treatment, and he is seated to my left.

At the PPS, our greatest challenge is to provide cost-effective services for the taxpayers of the City of Philadelphia while providing a safe and secure and human correctional environment that adequately detains persons accused or convicted of illegal acts.

In Fiscal Year '05, we are meeting the challenge to provide these services to an inmate population that has average 8,105 for the fiscal year to date and has exceeded 8,300 inmates during the month of October 2004.

The Operating Budget request for FY '06 is based on a projected average daily inmate population of 8566 and is $392,453 less than our estimated FY '05 obligation level.

The FY '06 General Fund Class 100 request is expected to fund an average of 2,058 full-time position. The General Fund Class 200 request provides for increased cost of inmate housing in Delaware County and maintenance services for the Curran-Fromhold Correctional Facility and the Riverside Correctional Facility which became operational in July 2004. The requested funding for Classes 300 and 400 decreased by $20,000 from FY '05 to FY '06. And inmate work payments Class 500 remain the same.

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That concludes the summary of my testimony, and I'm available for questions if you have them.

COUNCIL PRESIDENT VERNA: Thank you very much, Commissioner.

We were told in the DHS hearing that the Youth Study Center will be moving its residents on a temporary basis to a facility currently occupied by the Prisons. What impact does that have on your operations?

COMMISSIONER KING: Well, it's really just going to be a reversal of what we did when we open RCF in the summer. We're going to have to move some people around, and the key to that is getting back the property we gave up at 600 University Avenue. We'll be moving our work release inmates that we moved from 600 University back to 600 University. So it's going to be some chess game playing with the inmates and a little increased cost in some of the things we're going to have to convert ASDCU and Mod 3.

COUNCIL PRESIDENT VERNA: How many inmates are currently housed at that location?

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COMMISSIONER KING: Cambria Community Center, I think it's about 150.

COUNCIL PRESIDENT VERNA: Where will you locate them and what will the additional cost be?

COMMISSIONER KING: The additional cost -- we're going to relocate -- what's going to happen in order for the Barnes to move to the City is, first, we're going to have to take the inmates -- first, we're going to have to get that lease back at 600 University Avenue. And we're going to take --

COUNCIL PRESIDENT VERNA: Excuse me. Who's there presently?

COMMISSIONER KING: No one. We vacated that in August, I think it was. They hadn't released the property since then, so there's no one there. So we're going to have to take the inmates that are work release inmates that are currently at ASD Central Unit on State Road, put them at 600 University, pull those folks from CCC and put them back where they were at ASDCU Central Unit, and that's the chess piece. The cost will be for the Prison System is picking up the lease again at 600 University Avenue. That's really going to be sort of balanced out because we'll be giving up the lease from the Prison budget from CCC. I don't have the specific number here. Deputy Commissioner Murphy had to leave, but there is a minimal amount of money that we'll have to spend to refurbish, change around ASDCU.

COUNCIL PRESIDENT VERNA: When do you anticipate this move to occur?

COMMISSIONER KING: Well, as I recall, the last meeting we had with the Mayor, he said that he wanted to clear out the Youth Study Center by September. So that's what I have in my head unless he tells me different.

COUNCIL PRESIDENT VERNA: On Page 47-4 of your detail, you show a reduction of 2.4 million for workforce right-sizing. Can you explain what this entails?

COMMISSIONER KING: I'll let Mr. Semanski answer that one.

COUNCIL PRESIDENT VERNA: Very well.

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MR. SZYMANSKI: Edward Szymanski, Fiscal Officer for the Prisons.

The workforce right-sizing reduction is related to the decrease in field positions from the 2,120 that we have at the increment run to the 2,058 positions that we have in the budget. So we're reducing the position count by 63 positions from the filled level to the authorized position level for Fiscal '06.

COUNCIL PRESIDENT VERNA: So you're going to have 63 less employees?

MR. SZYMANSKI: That's correct.

COUNCIL PRESIDENT VERNA: From what year, FY '05?

MR. SZYMANSKI: FY '05 at the point of the increment run in November, November of 2004.

COUNCIL PRESIDENT VERNA: During the FY '05 budget hearings, we were told how the Prisons were controlling its population and were requesting a budget of $179.9 million for FY '05. What transpired during the current budget that you are now projecting to spend $187 million or an increase of $7 million? We have 63 less employees.

COMMISSIONER KING: I'm trying to make sure I understand the question. What happened to cause --

COUNCIL PRESIDENT VERNA: What transpired during the current budget year that you are now projecting to spend $187 million which is actually an increase of $7 million over last year for this year?

COMMISSIONER KING: Well, what's happened in the last year, we've gotten more inmates; that's one thing that has occurred. We've had some -- I think we negotiated a healthcare contract that's cost more money. And the level of employees that we've had has gone up and the population hasn't gone down. I mean, we had an all-time high in October.

COUNCIL PRESIDENT VERNA: You said you have employees? Is that what I just understood you to say?

COMMISSIONER KING: Yes.

COUNCIL PRESIDENT VERNA: Well, I thought you indicated we have 63 less positions.

COMMISSIONER KING: By July 1st. What we've been instructed and the goal is to reduce the number of employees by that much.

COUNCIL PRESIDENT VERNA: So for FY '06 you were projecting to lose 63 positions?

COMMISSIONER KING: Correct.

COUNCIL PRESIDENT VERNA: Well, how many less inmates would you have to have in order to be able to --

COMMISSIONER KING: Well, for this exercise, the number of inmates is not really factored in. This is the number that we have to live by, so therefore...

COUNCIL PRESIDENT VERNA: If you couldn't do it in FY '05, how could you possibly do it in FY '06?

COMMISSIONER KING: Well, we're doing a lot of different things at the Prison. We're saving in overtime for the first time in a very long time. We've done some --

COUNCIL PRESIDENT VERNA: You're saving in overtime? Is that what I heard you say?

COMMISSIONER KING: Yes, that's what

I said.

COUNCIL PRESIDENT VERNA: I'm just looking at your budget. You're requesting approximately $18.7 million for overtime in FY '06. This represents more than 18 percent of your personnel services budget. Now you're telling me you're cutting your overtime.

COMMISSIONER KING: Well, beginning in December, I think it was, we were allowed to hire a number of extra correctional officers. And the idea was that we would hire them, and the stipulation would be we had to reduce overtime as a result. So we have done that since December.

COUNCIL PRESIDENT VERNA: The regular overtime is still going up, in the budget book, Section 47, Page 23.

Commissioner, aren't you requesting approximately $18.7 million for overtime in FY '06?

COMMISSIONER KING: Correct. And if you notice a number in the projected number, that's because we're going to have to lose positions, so there's a give and take there.

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COUNCIL PRESIDENT VERNA: So are we saving money by letting people walk out the front door and we're getting overtime in the back door?

COMMISSIONER KING: As the budget planned, we're going to spending less money.

Mr. Szymanski would like to add something.

COUNCIL PRESIDENT VERNA: As I said, if the population is still the number it is today, I don't know how you're able to do that in FY '06. Maybe you could tell me because I don't know anything about how the Prison System operates. I'm just looking at your budget.

MR. SZYMANSKI: Edward Szymanski, Fiscal Officer, Prisons.

We've looked at every post, that's every place a correctional officer works within our facilities. We reevaluated every post and we decreased the number of posts that have to be covered throughout our facilities. We were able to save about 10 percent of the number of posts that we have throughout the facilities. This is a place where every correctional officer would stand, and look at every place the correctional officer stands and reduced it by about 10 percent. So we're anticipating that the overtime isn't going to go up as high as it would have because we opened a new facility during the Fiscal Year 2005 at Riverside Correctional Facility. Opening a new facility created more posts. Throughout the system, we were able to reevaluate the all posts and brought the post level down and decreased the rate of increase in the overtime.

COUNCIL PRESIDENT VERNA: A very simple question. Please explain for the record now you plan on spending less on salaries in FY '06 than you will in FY '05 and at the same time absorb negotiated salary increases to the tune of $2.1 million?

COMMISSIONER KING: The way we're going to have to do that is reduce the number of people that work for the Prison System by not filling vacancies and when people retire DROP program not filling those positions. And if necessary --

COUNCIL PRESIDENT VERNA: How do we cover the posts that we were talking about?

COMMISSIONER KING: We've reduced the number of posts throughout the Prison System.

COUNCIL PRESIDENT VERNA: When you talk about a post, I mean, when we took a visit to the prison, it had pods. Is that what you're talking about?

COMMISSIONER KING: No. A post is where a correctional officer is assigned to stand or work. So a housing area, most housing area you have two posts because you have two officers standing there or working there. If there's a hallway that an officer needs to patrol, that's another post. If an officer have to take an inmate --

COUNCIL PRESIDENT VERNA: If you had a post and you had two officers that were originally assigned, now you have reduced it to one officer, is that what I understand?

COMMISSIONER KING: No. If you added up all the posts in the Prison System, there were hundreds of them if you add them up all throughout the jail. So, for example, what we did at PICC is one I can think off the top of my head, we had a programming area with different types of classes for inmates, and there was an officer who was in the unit control booth right there and there was another officer patrolling the area where the programming went on. The Warden reconfigured where we did programming, put it somewhere else in the building where there was already staff and he was able to close those two posts. So we don't close -- housing areas remain staffed the way housing areas are staffed, so there's two officers on those posts. But we're able to move things around and consolidate things so we don't have as many. That's what we're tying to accomplish.

Mr. Szymanski reminds me, we did this exercise three times, took COs out of administrative posts and put them back in the jails. We've done that exercise three times.

COUNCIL PRESIDENT VERNA: Commissioner, on Page 47-28 of your detail, you show a line for inmate medical services. Who do you contract with for these services? And can you tell us what services are provided under the contract and what steps are being -- I know I'm asking 3 questions at one time. It's been a long day. What steps, if any, are being taken to control these costs?

COMMISSIONER KING: Well, I can tell you most of that. Prison Health Services, we renewed our contract with them, I think it was in September. They provide medical services. We contracted with a new entity called MHM to do --

COUNCIL PRESIDENT VERNA: What is that, MHM?

Commissioner King: MHM I don't think stands for anything. It's just the initials that the company use. They provide mental health services. So now we have two contractors doing the work there. We have a whole host of initiatives underway to control costs. One is the prison took back the responsibility of negotiating hospital cost with the hospitals. Before it was that our inmates would go in and PHS would sort of negotiate or try to negotiate with them to reduce whatever the initial bill was. We've had some good success. We have more self-interest than they would, because they would negotiate the bill, give it us and we would pay it. So there wasn't so much self-interest there, so the prison has taken that on. We have a plan -- Ms. Steiker is here from the Managing Director's Office, she can talk in more detail about our plan to get reimbursement for Medicaid and the federal government for inmates who are eligible for those things when they come into the prison.

COUNCIL PRESIDENT VERNA: You've been trying to do that forever.

COMMISSIONER KING: We're continuing to try it, and I know Ms. Steiker has made a lot of progress in the last two or three months, and I'm sure she'd be happy to fill you in on that progress.

We've also got a whole host of new performance measures and controls on the medical services there that makes it a more efficient operation. But I have to tell you that there's only so much that we can do. Sometimes it's because you get a host of sick inmates that were sicker than the year before. So for example, I'll just give you something that you can think about. You remember last year we had the gentleman who tried to attack the judge in the Criminal Justice Center was shot in the back. I'm not sure if he's still in our custody, but while he was in our custody, that was $50,000 a month to have him in the hospital because of the wounds he received. So sometimes we get people that have catastrophic illnesses that we're on the hook to pay because they're in the hospital and we're legal responsible to do that.

COUNCIL PRESIDENT VERNA: I don't want to go into detail, but I do recall a couple months ago that Councilman Kenney, I believe, forwarded to your attention a letter regarding St. Agnes Hospital, which happens to be in my district. If you recall that, can you tell me if you ever looked into that issue and did you respond?

COMMISSIONER KING: I don't remember that off the top of my head. I can look into it.

COUNCIL PRESIDENT VERNA: Would you, please?

COMMISSIONER KING: Sure.

COUNCIL PRESIDENT VERNA: I guess this will be my last question.

Page 47-28 of the detail, you list $11.6 million in FY '06 for over-capacity housing for inmates. I assume that's outside of our Prison System, am I correct?

COMMISSIONER KING: Yes.

COUNCIL PRESIDENT VERNA: How many inmates are you housing at these facilities, and what is the cost per inmate?

COMMISSIONER KING: Well, in Delaware County, I believe we're housing about 400 inmates. That's basically what's it been, give or take a few, since the time I've been Commissioner. I think we're paying $60 a day.

MR. SZYMANSKI: It's slightly over $60. I think it's $60.60.

COUNCIL PRESIDENT VERNA: Is

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Delaware County the only other place we send them?

COMMISSIONER KING: We have 90 beds at the State Department of Corrections let's us use, but they don't charge us.

COUNCIL PRESIDENT VERNA: You are projecting costs of over $36.1 million for FY '04 through FY '06. Would it be more economical to build another facility than to pay these other institutions? We're talking about an awful lot of money.

COMMISSIONER KING: Well, I don't know the specific numbers of that. I know that the new jail that we built, I think, cost us over $50 million and took 10 years for it to get from the time we started planning it and where we were going to locate it, et cetera. So I guess if you look at it --

COUNCIL PRESIDENT VERNA: It would take us another 10 years for planning and designing and another 10 years for actual building?

COMMISSIONER KING: Believe me, I understand your frustration. But it's planning, design, finding where we could locate the prison and getting the people who live in that neighborhood to agree to have the prison there.

COUNCIL PRESIDENT VERNA: I see that a number of Councilmembers have their lights on.

Councilwoman Tasco.

COUNCILWOMAN TASCO: I just want to say I received a copy of the programs that you run at prison. Is it food service?

COMMISSIONER KING: We have a culinary arts program, yes.

COUNCILWOMAN TASCO: And a furniture program?

COMMISSIONER KING: Yes.

COUNCILWOMAN TASCO: Does the City buy furniture from you?

COMMISSIONER KING: Yes, the City does buy furniture from us. The last time we were in Council, several Councilmembers inquired and I sent -- we have a brochure and a showroom up at the jail, so we can forward you that information. You can come look at the showroom, see what we have. It's furniture made by inmates in our furniture shop.

COUNCILWOMAN TASCO: I just wanted to say I thought it was a very nice program. Thank you.

COMMISSIONER KING: Thank you very much.

COUNCILWOMAN TASCO: I don't have any questions.

MR. MCPHERSON: Councilwoman Miller.

COUNCILWOMAN MILLER: Thank you.

Good afternoon, Commissioner.

COMMISSIONER KING: Good afternoon, Councilwoman.

COUNCILWOMAN MILLER: Thank you.

Good afternoon, Commissioner.

COMMISSIONER KING: Good afternoon, Councilwoman.

COUNCILWOMAN MILLER: I just wanted to ask you a few questions. When we had the reentry hearings here in City Council, you talked about probably -- I think you may have been absolutely sure that you were going to turn one of the prisons there in to a reentry facility?

COMMISSIONER KING: Yes, that's what we're planning to do.

COUNCILWOMAN MILLER: So how would that work? Would all prisoners approaching their minimum or their parole date relocate there? Or would some prisoners not go there?

COMMISSIONER KING: I can give you the general outline. I'll let Deputy Commissioner Apel fill you in on the details. He's doing the specifics. But the thinking is that sentenced inmates who are in programs like Options and Jobs, et cetera, would be at the one intake facility, the reentry facility and all the programming that we do around that would be specifically geared to those inmates at that facility. I'll let Deputy Commissioner Apel.

MR. APEL: The plan is that we would create a reentry program that would run about 60 days and that as the sentenced inmates got within 60 days of when they would be released, they would be transferred to that prison to go through this program as the last process before they are released. So they would just keep being transferred through as they got within that frame of 60 days.

COUNCILWOMAN MILLER: So the only those who have really participated in Options or Jobs or some special program? Or anybody?

MR. APEL: This would be for all of the sentenced inmates other than the ones that are object work release and ones who are not able through reason of a mental health problem.

COUNCILWOMAN MILLER: Okay.

I just want to thank the Commissioner and thank the other correctional staff. Thank you mainly for the time that you've spent talking about reentry and all those other programs and recidivism in ways that we can really attack and deal with some of those problems. I think you've spent a lot of time, and I just want to commend you for all your efforts around this reentry.

And I was kind of happy to read in your testimony that some of what you actually wrote targeted helping us decrease the budget in all those crime-fighting units, like parole, et cetera. I've enjoyed attending some of meetings. I've learned a lot attending meetings around reentry, because it certainly is a big, big problem here in Philadelphia.

I just have one more question, and that's about the Jobs Project. Who are the six community-based partners that you're dealing with with Jobs Project?

COMMISSIONER KING: First, I'd like to thank you for thanking us for trying to bring this issue to the forefront. So thank you for the support that you've given us and being at some of our events trying to take the issue beyond the Prison System to City Council and hopefully the state and country and everywhere else. Mr. Apel knows the six names of the reentry partners. I know Impact Services is one. The Prison Society is two. I guess he can fill us in on the remaining four.

MR. APEL: There are the People's

Emergency Center, Trades Women of Purpose, the African-American Chamber of Commerce, and -- the last name escapes me, but we will get you those names.

COUNCILWOMAN MILLER: All right. Is it too soon to tell whether you're doing a good job or not?

COMMISSIONER KING: Well, it's been a year that we've been doing the Jobs Project. Actually, next Wednesday, although the two people have been involved in it for a year Impact Services and the Prison Society are going to be presenting their report on how they've spent the money we've given them and how good they've done and what changes we need, if any, to make the program work better.

COUNCILWOMAN MILLER: Thank you.

Thank you, Madam President.

COUNCIL PRESIDENT VERNA: You're welcome.

MR. MCPHERSON: Councilwoman Brown.

COUNCILWOMAN BROWN: Thank you.

Good afternoon.

COMMISSIONER KING: Good afternoon.

COUNCILWOMAN BROWN: On Page 4 of your testimony, you talk about the number of the post-release pre-entry services that you're offering. Tell me a little bit about the child care services you have. How does that work for both of those who are incarcerated and the reentry stage?

COMMISSIONER KING: Well, we coordinate as best we can with the Department the Human Services.

COUNCILWOMAN BROWN: How is that coming? Because I clearly remember during Councilwoman Donna Reed Miller's hearings there was a discussion about the start-up of that. So how is that relationship coming?

COMMISSIONER KING: It's coming along very well. Just last week I was handed the final protocol that the Division of Social Services has come up with, with the Department of Human Services and how we're going to coordinate it. So there's now a written protocol about how Prisons and DHS are going to communicate around these issues.

COUNCILWOMAN BROWN: And will there

been DHS staff on site at the prisons?

COMMISSIONER KING: Right now, I know that's something that we had been talking about. That's not something that has gotten to a place where I can say that we're going to do that. I know that Director Danzy is, as part of this, I think her goal is by June to have at least the initial sort of integration of the information systems between the Prisons and all the other agencies and Division of Social Services. So we even take it a step further, so it's not just Inmate X comes into one of our social workers and says, "I've got child problems with the Department of Human Services." There's some sort of computer message or communication between the two departments on that. So we have formalized in a document -- I don't think we've yet trained the social workers at the Prison System on that so that everybody knows what it is, but the plan would be to train them. As you know, the way it worked before was we had some social workers who had contacts in DHS and there were others who didn't. So now it's going to be a unified approach.

COUNCILWOMAN BROWN: Connected and coordinated.

COMMISSIONER KING: Correct.

COUNCILWOMAN BROWN: One of my colleagues posed questions around openings -- it wouldn't be openings, not closings, it would be vacancies as a result of the budget cuts. How many vacancies at the upper management level and management level do you currently have?

COMMISSIONER KING: Let's see. We're down a Deputy Commissioner. We're down a Staff Training Administrator. Let's see, who else are we down? I couldn't tell you the rest off the top of my head, but those are two big spots.

COUNCILWOMAN BROWN: What's the total number of employees you have?

COMMISSIONER KING: 2,166.

COUNCILWOMAN BROWN: And of that, how many are men?

COMMISSIONER KING: I don't have that off the top of my head, but I know our workforce is basically even between men and women.

COUNCILWOMAN BROWN: So that moves me to my next question. How many women and men are in positions of leadership and responsibility?

I always make an observation, a note, on who is representing the department at that table. And I pay special attention when there are women at that table in positions of leadership responsibility, so that's really where I'm headed here.

COMMISSIONER KING: I'm sure you notice Deputy Commissioner Lagecia (ph), she was here for a whole two years, and she retired in September. That was a position I wasn't allowed to fill again.

COUNCILWOMAN BROWN: You say you were not allowed to fill?

COMMISSIONER KING: We had to get rid of that position as a result of the budget, so that was a Deputy Commissioner position I could not fill.

If you go down the chain, I'm going

to try to go on the security side first. We do have all men, you'll have to forgive me, in the Deputy Commissioner positions. The Chief of Staff is a man. All the wardens are men, but I have to tell you I made a very gallant effort to try to have a female in that position, but she decided to quit and go to Nebraska. In the Deputy Warden level, we have two females, one I recently promoted Deputy Warden Padilla. She would have been a good person -- three majors, I'm reminded. Deputy Warden Padilla would have been a good person to be a Warden. She did everything we asked her to do. She went to school. She got her bachelor's degree. She teaches. Fortunately, before she got promoted to Deputy Warden, she entered the DROP Program, so we'll be losing her. She told me when I promoted her, had she known it was going to work out this way, she wouldn't have entered DROP. And the other Deputy Warden is Major Butler. So we have three women who are in the Deputy Warden level right now, but we don't have any -- because I've made a rule at a jail, if you want to be

Warden from now on, you've got to have at least 60 credits in college, a bachelor's degree.

COUNCILWOMAN BROWN: For the Deputy Commissioner slot that is currently vacant, are any women with the appropriate credentials in the pipeline that may be consider for that spot so there's some diversity at the top management level, gender diversity?

COMMISSIONER KING: You're like reading my mind, Councilwoman, you really are; you're reading my mind. My plan is that position is not -- the one that Deputy Commissioner Lagecia had is not a Civil Service one, so I have a little leeway about who I'm going to promote. I do have someone in mind, and you would be pleased at the choice that I want to make. I'm just waiting for final approval from the Administration to do that. You'll be smiling just like that when I announce it.

COUNCILWOMAN BROWN: Thank you Commissioner, very, very much.

Thank you, Madam Chair.

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COUNCIL PRESIDENT VERNA: You're welcome.

The Chair recognizes Councilman Ramos.

COUNCILMAN RAMOS: Thank you, Madam President.

Commissioner, last year I mentioned to you a story that was told me, and I believe you confirmed it, of a person I think the year before in 2003 who had been arrested and brought to one of your prisons and the person was very ill and the person died in your custody six or seven months later because the person had advance stage of Aids, and you incurred a very big bill. I think it was, correct me if I'm wrong, around half million dollars for the care of that person. As you well have indicated in your presentation today and last year, that your medical cost continues to skyrocket. I presented last year for you to consider, and you responded like you do in most things very affirmatively and you take action -- and I commend you for taking action on so many things that we presented to you and all the actions you've taken on your own to improve our prison system and its population. Have you thought out other ways that we can move population of people that are very ill that are suffering from incurable disease and put them in a different type of housing that won't incur such a big cost on us?

COMMISSIONER KING: Well, you know, we don't have much choice in the sense that if you have HIV and you're in acute stage of that HIV and you're medically required to receive certain things and the doctor says you have to go to the hospital, we don't have much choice in that. We do have some choice in the sense that if they're able to stabilize you and you're not in a hospital, we have a program in place, we have a hospice care program at the jail that provides for counseling and support, just like a regular hospice program would for family members and whatnot. And we also actively, when these people come up, we petition the courts to let them be released. So we have a lot of compassionate releases, as it were. I don't know why we weren't able to get the other lady who end stage AIDS, but a lot of cases -- most of them, we actually go the courts and we say we'd like a compassionate release. And the argument to the judge is this person is so sick and, from what we understand, they're going to die, there's really no point to have them in jail. And we are successful on those.

COUNCILMAN RAMOS: You've been successful in getting them moved since this last incident? I believe it was 2003. The issue here is that can we get them moved? Are the courts realizing that this particular person -- I believe the person that I was referring to last year was a person that was not a violent criminal offender and that there is that population that we might be able to move to another facility for them to live their last time on earth instead of having us incur this big cost of having them maintained in our prison system. Are you saying that you have now had some successes last year in moving them?

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COMMISSIONER KING: I'm sure that we have. I'm not going say I know right now, I can remember, but I'm sure Deputy Commissioner Apel is saying yes, we have, that we've had success in getting compassionate releases for people who are that ill.

I'm sure that one of the complicating factors is, if they don't have family, you're going to have to arrange somewhere for them to go. And part of what we're doing to help with that is people who come into the jail and may be eligible for state benefits and whatnot, we're working toward implementing a new system so it doesn't take forever when they're discharged to get reconnected to those benefits.

MR. APEL: Other than --

COUNCIL PRESIDENT VERNA: Please identify yourself for the record.

MR. APEL: This is Alan Apel, and I'm the Deputy for treatment.

We try to have inmates released to hospice programs, to their families, to other hospitals. Once they are so ill that they know longer are a threat to anyone, that's kind of the threshold that the court looks at. We have had a number of inmates released through this program.

COUNCILMAN RAMOS: Thank you.

At some point, maybe as we get ready for next year when you come again and see if we can compare this has been of some savings and how much savings has it been for us to move that critically ill patient inmate into another facility which would help us bring down costs.

The other issue -- this will be my only other question -- is in the medical reimbursement. I brought this issue up and I believe some other colleagues as well when Joyce Wilkerson was here testifying on behalf the Administration. That maybe what we should do is apply more resources to this area of work to be able to stay on top of it. And I know some of this is just a tremendous paper trail that has to be done very diligently, that maybe we can get more people involved in this area so you can get more reimbursement dollars. But you mentioned in your statement that you have something before Commonwealth Court concerning this issue. Can you elaborate a little bit more on that? And how does that affect not getting reimbursed? Because what I'm saying is that maybe if you get more staff in this area, maybe we can push more in getting some of our money back.

COMMISSIONER KING: Well, the person in the Administration who I think is spearheading this is Ms. Steiker. She's sitting back there. She can answer more specific questions. I know she's been working very diligently on this, and I think she's made some significant progress in the past two or three months.

MS. STEIKER: Good afternoon. This is Ellen Steiker, Deputy Managing Director.

We have been looking carefully into the question of how to get Medicaid reimbursement for inmates. It was something that was brought to our attention by one of our lawyers based on looking at some experience in other states. And when we looked into it, with help from the Law Department, it turned out that there is a small opportunity which is those inmates who are in off-site medical institutions, federal law allows us to claim Medicaid reimbursement for that and as long as the state law allows it, and the state law appears to allow it. So we have been working with the Department of Public Welfare on how we would implement this initiative. And the amount of the savings will really depend on the Medicaid eligible of individuals who happen to be incarcerated.

We did do a study and looked at the level of eligible of our prison population as a whole, and when we looked at those statistics, almost half of the inmates had had Medicaid eligibility over the prior 12 months to their incarceration. So that left us somewhat optimistic that there was an opportunity to collect some reimbursement, but it just is a matter of whether the particular inmates who happen to us off-site medical services, in-patient services, are the ones who are eligible. So we're working that through with the State. We have their support, and we're hoping to implement that by July 1.

COUNCILMAN RAMOS: I believe that the Chief of Staff of the Administration, Ms. Wilkerson, talked about $2 million in savings or possible savings or reimbursement dollars. And I responded I thought that I would think that the Medicaid eligible inmates will probably be a high percentage, and you just said that it looks like almost half the population, right?

MS. STEIKER: Right. I think the issue is what kind of services, not the just the eligibility of the inmates. In other words, we can't get reimbursed for the staffing costs at the jail for medical services, for doctors or nurses. And that's the majority of the cost. We can't get reimbursed for the pharmacy costs. What we can get reimbursed for are the in-patient services that are provided off-site in hospitals.

COUNCILMAN RAMOS: That could be

significant dollars as well.

MS. STEIKER: Well, it's somewhere 5, $6 million a year. It's not as large as one would think because a lot of what is done is to provide services at the jail. For example, in Behavioral Health, there is no in-patient services that are provided off-site because they have an in-patient hospital facility on site. So none of those costs, for example, would be eligible.

In my estimation, minimizing off-site services is a good thing because we believe we can provide services more cost-effectively in the jail than in hospitals.

COUNCILMAN RAMOS: Are you comfortable in the position that you're in that you be able to do the maximum in getting whatever reimbursement dollars we can get?

MS. STEIKER: We will be on top of this, because the cost of in-patient hospital costs for off-site usage has more than doubled over the last few years. We're very conscious of the fact that this is a cost driver and we want to minimize it and we want to negotiate the best deals we can with the hospitals, get rates that are fair rates, that are comparable to the rates that it would cost if a patient went in who was not incarcerated, and we want to make sure that we take advantage of any of the reimbursements that we can, the primary one being Medicaid.

COUNCILMAN RAMOS: Thank you.

Thank you, Madam President.

COUNCIL PRESIDENT VERNA: You're welcome.

Are there any other questions or comments from Members of the Committee?

(No response.)

COUNCIL PRESIDENT VERNA: Seeing none, I thank all of you. Thank you so much for your patience.

This Committee will stand in recess until Tuesday, March the 29th at 10:00 a.m., at which time we'll hear from Public Property. Thank you very much.

(Council adjourned at 4:30 p.m.)

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

I HEREBY CERTIFY that the foregoing proceedings of the Council of the City of Philadelphia of Wednesday, March 23, 2005, were reported fully and accurately by me, and that this is a correct transcript of the same.

RE: COMMITTEE OF THE WHOLE

Lisa C. Bradley, RPR