

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

Room 400, City Hall
Philadelphia, Pennsylvania
Wednesday, February 7, 2018
10:25 a.m.

PRESENT:

COUNCILWOMAN CINDY BASS, CHAIR
COUNCILMAN DEREK S. GREEN
COUNCILMAN WILLIAM K. GREENLEE
COUNCILWOMAN HELEN GYM
COUNCILMAN CURTIS JONES, JR.
COUNCILWOMAN MARIA D. QUINONES-SANCHEZ
COUNCILWOMAN BLONDELL REYNOLDS BROWN
COUNCILMAN AL TAUBENBERGER

RESOLUTION 170949 - Resolution authorizing the
Committee on Public Health and Human Services
to hold hearings on the Department of Human
Services' Community Umbrella Agencies
scorecard.

- - -

1 2/7/18 - PUBLIC HEALTH - RES. 170949
2 COUNCILWOMAN BASS: Good
3 morning. This hearing is called to
4 order. This is a public hearing of the
5 City Council Committee on Public Health
6 and Human Services. The purpose of this
7 meeting is to hear testimony on
8 Resolution No. 170947 -- excuse me;
9 170949.

10 Members of the Committee in
11 attendance are Councilman Al
12 Taubenberger, Councilman Bill Greenlee,
13 and we expect that several other members
14 of the Committee are en route right now
15 and will soon be joining us.

16 And do any of the other members
17 have opening remarks?

18 (No response.)

19 COUNCILWOMAN BASS: Okay. I do
20 have some remarks that I would like to
21 make before we call the first panel to
22 testify, and I want to start by thanking
23 everyone for coming. Nothing is more
24 important than our young people, and by
25 being here today you are signaling a

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2 commitment to our youth, especially those
3 that are under DHS supervision, a signal
4 that they matter.

5 These youth, whether in
6 temporary foster care seeking permanent
7 family placement or somewhere in between,
8 deserve the very best in City services.
9 My question raised from the Scorecard is,
10 is that what we are providing?

11 In September of 2017, DHS
12 offered a draft report titled "Evaluation
13 of the Improving Outcomes for Children
14 Transformation in the Child Welfare
15 System in Philadelphia." This report was
16 presented to members and staff of City
17 Council in the Caucus Room on September
18 14th, and I remember walking out of the
19 meeting and talking with several of my
20 colleagues regarding what was presented
21 and a feeling that the report was
22 somewhat empty, void of the substantial
23 information that would make it worthy of
24 the members' valuable time. As the host
25 of this briefing, I must admit that I was

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2 disappointed that there wasn't more
3 offered, and I know that many of them
4 were as well.

5 Nonetheless, none of us doubted
6 then or now the sincerity of the
7 leadership or the front-line workers at
8 DHS. This is a difficult job, to be
9 clear. It is also not a high-paying job
10 in dollars, but among those who do this
11 work and who are mission-driven, it is
12 high paying and personal reward and inner
13 peace. And after all, you can't put a
14 price on stabilizing and improving a
15 child's life.

16 I want to say that I have a lot
17 of concern about what has been presented
18 in the Scorecard, and we'll go into that
19 throughout the hearing. There are a
20 number of things that just appear to be
21 completely problematic, inappropriate,
22 troubling as we read the report, as we
23 look at the Scorecard. I find that the
24 Liberty Bell rating system was not
25 something that should have been

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2 appropriate for something so serious when
3 there was a letter scoring grade in the
4 back of this report. And so I have a lot
5 of questions. Why was that letter
6 scoring grade not presented in the very
7 front? Why was this not provided? It
8 appears as if it was sort of added to the
9 back as a way of disguising the
10 information. And I don't want to think
11 that. I don't want to believe that. So
12 please help me to understand how I could
13 have this impression. Please help all of
14 us to understand why it appears that 80
15 percent of the CUAs, the Community
16 Umbrella Agencies, according to your
17 report, have at least one F, that 20
18 percent have six D's, 30 percent have
19 five, and 20 percent have four.

20 I counted 39 D's among ten
21 organizations in nine categories.
22 Wordsworth, where there was a sexual
23 assault and death occurring in recent
24 years, received a B in supervision. I
25 just don't understand how that could be.

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2 If the grades that were given
3 here in this report, in this Scorecard
4 were given to a student in school, that
5 student would be failing. They wouldn't
6 be passing.

7 And so when we went back and
8 calculated all of the grades, the average
9 should have been a 3.0, which would have
10 represented a competency rating,
11 according to the Scorecard. When you
12 looked at all of the categories and the
13 number of bells that were possible to
14 receive, again, the letter grade on an
15 average should have been a C, which
16 represents competency. The actual
17 average among the ten CUA organizations
18 was a 2.4, which is unsatisfactory by
19 DHS's own words.

20 So I look forward to hearing an
21 explanation as to how this could be, how
22 we can maintain a system that we
23 ourselves have graded as unsatisfactory,
24 and particularly when we're looking at a
25 system that is serving those who are most

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2 in need, most vulnerable, and who
3 certainly need our time and attention.

4 And so with that being said, I
5 want to recognize the presence of
6 Councilman Derek Green who has joined us
7 and ask the Clerk to call the first panel
8 to testify.

9 THE CLERK: Commissioner
10 Cynthia Figueroa, Philadelphia Department
11 of Human Services.

12 (Witnesses approached witness
13 table.)

14 COUNCILWOMAN BASS: Good
15 morning.

16 COMMISSIONER FIGUEROA: Good
17 morning.

18 COUNCILWOMAN BASS: Please
19 state your name for the record and begin
20 your testimony.

21 COMMISSIONER FIGUEROA:
22 Certainly. Good morning, Councilwoman
23 Bass and members of City Council on
24 Public Health and Human Services
25 Committee. I am Cynthia Figueroa,

1 2/7/18 - PUBLIC HEALTH - RES. 170949
2 Commissioner of the City's Department of
3 Human Services. Joining me today later
4 you will hear from a representative of
5 the Community Umbrella Agencies, Dawn
6 Holden, who is the CEO of Turning Points.
7 I want to thank you for the opportunity
8 to present testimony on Improving
9 Outcomes for Children, Community Umbrella
10 Agencies' Scorecard for Fiscal Year 2017.
11 I want to personally thank you,
12 Councilwoman Bass, for your leadership in
13 coordinating the hearings. We're
14 grateful to City Council and the Public
15 Health and Human Services Committee
16 towards ensuring that DHS is on the right
17 track towards improvements and public
18 accountability for the child welfare
19 system.

20 I want to indicate that we have
21 a PowerPoint that we'll be doing in the
22 course of my testimony, so I'll refer to
23 some of the slides, as some of this
24 information is complicated to try to
25 digest. So we want to make sure that

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2 there's some visuals to go alongside of
3 that.

4 Today we've been asked to
5 provide information on Improving Outcomes
6 for Children and, more specifically, the
7 progress of the CUAs, as demonstrated
8 through the Scorecard. This report is
9 part of DHS and CUAs' commitment to pure
10 transparency, partnership, and
11 accountability. It reflects the
12 Department's dedication to working
13 towards improving outcomes for children
14 and families in Philadelphia. Further,
15 it solidifies the public and private
16 partnership of DHS and the CUAs that were
17 fully implemented in 2015, and this
18 maintains our focus on improving outcomes
19 for children in Philadelphia.

20 Improving Outcomes for Children
21 was a transformation that was created to
22 address a multifarious system where
23 families had multiple case managers,
24 multiple case plans, and the services
25 were not based in the community.

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Improving Outcomes for Children sought to simplify the process for families, with clearly defining roles between county and provider staff. The goals of Improving Outcomes for Children are: More children and youth are maintained safely in their own homes and their communities; more children and youth are achieving timely reunification or permanency; a reduction in the use of congregate care; and improved child, youth, and family function.

Since the implementation of IOC, the system indicators are improving. As you'll see inside this slide that we'll show you here, 46 percent of children are placed with family in kin foster homes. This is compared to 32 percent before we implemented IOC.

Fifty-seven percent of youth in foster care and kinship care live within five miles of their home of origin compared to 46 before Improving Outcomes for Children. In addition, 81 percent

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2 live within ten miles of their home of
3 origin.

4 Twelve percent of children
5 live -- children in care live in
6 congregate care settings. This is
7 compared to 21.6 percent before Improving
8 Outcomes for Children. The 12 percent in
9 congregate care is also below the
10 national average.

11 As an increased in permanency,
12 that means that last year 2,024 children
13 and youth exited the system to permanent
14 homes compared to 1,322 before Improving
15 Outcomes for Children.

16 These improvements combined
17 with key successes of this
18 Administration, DHS's leadership
19 stability, a full license, an independent
20 expert confirmation of the Improving
21 Outcomes for Children model, and
22 recognition from the Community Oversight
23 Board that we have met all their
24 recommendations has put us in a position,
25 as in the words of the evaluators, to

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2 build on the current momentum to continue
3 to improve the system.

4 Since the start of Mayor
5 Kenney's Administration, we have been
6 able to stop the increase of children
7 entering placement. This is an important
8 accomplishment given the huge increase in
9 our hotline calls. The number of hotline
10 calls has grown from 2,026 calls in 2014
11 to 34,248 in 2017. We anticipate that
12 that number will rise even further in
13 Fiscal Year 2018. Not surprisingly, the
14 number of investigations completed by DHS
15 workers has also increased from 14,968 in
16 2014 to 20,605 in 2017.

17 Although we have stabilized the
18 number of children entering placement, we
19 continue to have challenges in other
20 areas. First and foremost among these
21 challenges is that we have a high rate of
22 children in out-of-home care. To this
23 end, we are working aggressively to
24 decrease the number of families formally
25 involved with child welfare. We're doing

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2 this through the addition of field
3 screening units where DHS social workers
4 go to the homes of families to determine
5 if DHS services are needed. Another
6 challenge is our need to more effectively
7 engage and support parents and
8 caregivers.

9 Improving Outcomes for
10 Children's model, CUAs are responsible
11 for the daily case management for
12 families accepted for services while DHS
13 continues to operate the 24/7 child abuse
14 hotline, conduct investigations, identify
15 placement, and assist with permanency for
16 children whose parental rights have been
17 terminated. DHS also monitors the CUAs
18 for quality of service delivery and
19 provides training and technical
20 assistance. In addition, we continue and
21 brought back in Fiscal Year '18, we
22 directly contract with the foster care
23 agencies.

24 Throughout the life of
25 Improving Outcomes for Children, and even

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2 before, DHS has reported publicly on key
3 data indicators for child welfare. The
4 purpose of the Scorecard is different
5 than these high-level data reports. The
6 Scorecard primarily focuses on specific
7 case management activity that has been
8 indicated in research to demonstrate the
9 best indicators of success for children
10 and families. As such, the Scorecard
11 measures how well the CUAs are achieving
12 the goals of Improving Outcomes for
13 Children, working with families to
14 provide the support services they need to
15 ensure children are safe and in permanent
16 homes and promote positive well-being.
17 This is a model that is now being looked
18 at nationally by other child welfare
19 jurisdictions who are looking for a more
20 rigorous way to measure provider-specific
21 outcomes.

22 Fully implemented in 2015,
23 Improving Outcomes for Children just
24 began its fourth year. Through this
25 model, we promised families that we serve

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2 would have one case manager, one plan,
3 with services in the community. There
4 are now six organizations that operate
5 CUAs in ten geographic regions of
6 Philadelphia. The agencies are:
7 Asociacion Puertorriquenos en Marcha,
8 Bethanna, Catholic Social Services, NET
9 Community Care, Tabor Community Partners,
10 and Turning Points for Children.

11 When Improving Outcomes for
12 Children was implemented, DHS was acutely
13 aware that we needed to enhance existing
14 monitoring and establish the appropriate
15 methodology to assess quality. But
16 before it was possible to complete a
17 thorough assessment of the CUAs, we
18 worked with national child welfare
19 experts from Casey Family to identify the
20 most appropriate tool to measure CUA
21 performance and to develop a methodology
22 that aligned with federal and child
23 mandates for case management practice.
24 Out of this practice, the Comprehensive
25 Case File Review Tool was developed.

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2 This is a research-based tool that has
3 been rigorously reviewed to ensure it
4 provides an accurate assessment of
5 performance and how CUAs support families
6 and the goals of Improving Outcomes for
7 Children.

8 From this point, DHS then spent
9 a year, starting in July of 2016,
10 collecting data to measure and track the
11 activities that are now part of the
12 Comprehensive Case File Review Tool.
13 Finally, in 2017, we released the
14 baseline data of our first unique
15 Improving Outcomes for Children
16 Scorecard, a provider-specific
17 accountability tool.

18 To develop the baseline year of
19 the CUA Scorecard, we assessed 1,979
20 cases. From this process, our baseline
21 data reflected that three CUAs have three
22 bells while seven have two bells. The
23 intention of the Scorecard is not to only
24 assess where we are as a system, but it
25 provides a framework for improvement. We

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2 need to know where we are in order to
3 know where we need to be. The Scorecard
4 does just that.

5 We are measuring the progress
6 of the CUAs through the Scorecard, which
7 focuses on nine evidence-based domains
8 that reflect the best indicators for
9 success of a child. The nine domains are
10 as follows: permanency, safety
11 (assessment plans), safety (visitation),
12 case planning, court practice,
13 supervision, child and youth assessments
14 and health and education information,
15 finance, and workforce retention.

16 We continue to work with
17 members of City Council on incorporating
18 diversity and engagement in the
19 measurements in future Scorecards.

20 And I'd like to call to your
21 attention there is information that we
22 sent in advance that, thanks to the work
23 of Councilwoman Blondell Reynolds Brown,
24 that we track our spend. We also track
25 the leadership and the minority

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2 representation, and I'm proud to say that
3 we've made significant gains in that
4 area.

5 The CUA Scorecard has been
6 carefully designated to weight the
7 domains that are lead indicators for
8 children and families. Within each
9 domain there are several metrics which
10 are weighted. Each domain includes
11 multiple indicators, so it's not just one
12 individual factor. It measures
13 completion, timeliness, and quality of
14 the key tasks that lead to best outcomes
15 for children.

16 There are 49 indicators
17 included on the Scorecard. CUAs are
18 evaluated quarterly and annually on the
19 indicators collected through
20 administrative data, such as permanency
21 rates and monthly quality visitation.
22 For each one of the domains, CUAs receive
23 a performance rating which is displayed
24 as a Liberty Bell, with more bells
25 equating to better performance. The

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2 overall bell performance of each CUA is
3 aggregate of nine domains.

4 We did not go with a grading
5 sample because not all metrics on the
6 Scorecard can be held to the same scale.
7 We've opted for what we call a -- which
8 is a weighted system. It's a more
9 accurate representation on a five-level
10 scale.

11 One example of how not all
12 metrics are measured the same on the
13 Scorecard is a comparison of visitation
14 and permanency. It is much more
15 reasonable to expect that a CUA have 95
16 percent related to visitation than 95
17 percent for permanency rate, because
18 that's work that takes a considerable
19 amount of time to get to. However, we
20 expect 95 percent minimum visitation as a
21 target.

22 The Scorecard has different
23 benchmarks for performance. Each metric
24 has four benchmarks. I know it's really
25 hard to see there, but hopefully you have

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2 copies of the PowerPoint in front of you.
3 There is a target which is the highest
4 performance expectation. There's a mid
5 point, which is halfway between the floor
6 and what we have as the target. There is
7 a floor, which is the minimal acceptable
8 performance, and then there's critical,
9 at the point to consider significantly
10 below the floor.

11 It is important to note that
12 the Scorecard is a year-round, ongoing
13 process for DHS and CUA. The Scorecard
14 has become embedded into the culture of
15 the agencies. Based on scoring, we have
16 developed an accountability system that's
17 tied to the number of bells received by
18 the CUA that adjusts the way that DHS
19 targets and prioritizes our training and
20 assistance to the CUAs. In addition to
21 specific trainings by the domain, this
22 may also include plans of improvement and
23 organizational assessment and peer
24 mentoring.

25 On a quarterly basis, DHS

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2 reviews 15 percent of all of these CUAs'
3 cases. Then we provide reports on system
4 and CUA level data, as well as quarterly
5 updates that enable the CUA and DHS to
6 remain laser focused on improving
7 outcomes for children and youth. We are
8 tracking progress over time to make sure
9 that no CUA falls into the critical or
10 failing category. But we are prepared if
11 a CUA is in the critical category and
12 does not improve over time, we would then
13 transition that work via RFP.

14 Given the first quarter Fiscal
15 Year '18, we are optimistic in the CUAs'
16 progress from the baseline data, and I
17 want to call to attention -- I hope you
18 have these on your desk -- that shows the
19 progress that we've made over time. I
20 think it's important to note that the
21 initial Scorecard was really a baseline,
22 and what we hope to do is measure
23 progress over time.

24 Bolstering this prognosis is,
25 the CUAs' case managers now have an

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2 average caseload of 11 cases and have
3 nearly reached our goal of ten cases, but
4 we know there's more work to be done.

5 In addition, the CUA case
6 managers retention rate has improved and
7 there is less turnover. We have
8 currently, within the first quarter, a 96
9 percent retention rate of the CUA case
10 managers. We believe that this stability
11 and the laser focus on the challenges
12 will further improve the CUAs' ability to
13 provide quality services to our families.

14 Part of our journey towards
15 improving outcomes for children is
16 strengthening the partnerships with the
17 CUAs. I know we'll hear from Dawn Holden
18 who will provide more information to see
19 from the CUAs' perspective and how the
20 Scorecard has been incorporated to their
21 quality of assurance efforts.

22 Thank you for inviting me, and
23 I am open to answer any questions now or
24 later.

25 COUNCILWOMAN BASS: Thank you

1 2/7/18 - PUBLIC HEALTH - RES. 170949
2 very much. And so I have a number of
3 questions. I first want to acknowledge
4 the presence of Councilwoman Blondell
5 Reynolds Brown, who I just saw, and also
6 Councilwoman Maria Quinones-Sanchez and
7 Councilman Curtis Jones, Jr.

8 So my first question for you --
9 and I know that there are a lot of
10 questions among the members, so I'll be
11 brief and then I'll come back around to
12 some additional questions. But the first
13 and I think the biggest question I have
14 for you is that the report that was
15 issued, in my opinion, really gave us --
16 to me it presented a lack of confidence
17 in the CUA system. And so from your -- I
18 don't know what page it is. It's not
19 numbered, but the next-to-the-last page
20 where you go through the CUA scorecards
21 and the benchmarks for performance and
22 you listed where the target should be,
23 the mid point, the floor, and critical.
24 And so when I look at this report,
25 everyone, almost everyone, is critical in

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2 the report that you issued to us.

3 COMMISSIONER FIGUEROA: I think
4 they were a level up and not at critical.

5 COUNCILWOMAN BASS: I'm sorry?

6 COMMISSIONER FIGUEROA: In
7 terms about the red is critical. So you
8 see that they're above critical.

9 COUNCILWOMAN BASS: I'm sorry.
10 I can't see that.

11 COMMISSIONER FIGUEROA: It's
12 also in the PowerPoint. I don't know if
13 you have it in front of you.

14 So the critical is the red line
15 that indicates that if they were below
16 the floor, which is the minimal effort.
17 So nobody is failing. I won't even --
18 and I can -- I want to say I can
19 completely understand why the Scorecard
20 as it's represented would certainly call
21 into question confidence, but I am
22 pleased to say that nobody is at the
23 critical or failing mark.

24 COUNCILWOMAN BASS: I would
25 disagree, and so -- because, again, we're

1 2/7/18 - PUBLIC HEALTH - RES. 170949
2 dealing with children who are in very
3 delicate situations who really need the
4 time and attention of our CUAs, of DHS
5 right now. And so if I look at, just as
6 an example, if I look at, let's say, for
7 example, CUA No. 2 from the report that
8 you gave us, from the Scorecard, in
9 permanency they received a D. In safety
10 and assessment they received a C. And
11 I'm translating from the Liberty Bell
12 system, which I still don't understand
13 why we use this Liberty Bell system
14 versus the traditional grading system,
15 which the report itself lists on the back
16 page as the letter grade equivalent.

17 COMMISSIONER FIGUEROA: If I
18 can also just address that for a second,
19 having a father who was a school teacher
20 and recognizing that some of our members
21 of Council have worked in the education
22 field. Grades fall within a ten-point
23 bracket, and these have different
24 weights. So not every domain has the
25 exact same. So we went with a five

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2 rating system, which is pretty common in
3 terms of having whether it's stars,
4 apples, tomatoes, bells. We went with
5 bell because the pride of the City, and
6 as the Department, we're really proud of
7 our work, and that was the intention, not
8 to be disingenuous in terms of grades
9 versus bells.

10 COUNCILWOMAN BASS: Okay. And
11 I hear what you're saying, but at the
12 same time, I think that providing a
13 letter grade equivalent provides the
14 clarity and the transparency that you
15 talked about in the beginning of your
16 comments. That sort of information is
17 easy to translate and is plain spoken and
18 really allows us to understand exactly
19 where these agencies are.

20 But based on what you gave to
21 us, CUA No. 2 had a permanency grade of
22 D, a safety and assessment plan of C,
23 safety and visitation was a D, case
24 planning was a D, practice court was a D,
25 court was a D, supervision was a D,

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2 assessment health and education was a D,
3 finance was a C, and workforce was an F.
4 And so I can't understand how these are
5 grades that aren't or an evaluation
6 that's not considered critical.

7 COMMISSIONER FIGUEROA: Well,
8 according to how we measure this. I
9 think what we've talked about already is
10 we didn't grade anybody on a curve. We
11 wanted to be very honest about things
12 where we clearly needed improvement. And
13 so we measure these on a quarterly basis,
14 and I'm pleased to say that there's
15 progress, but certainly I can understand
16 how there would be that perception or
17 concern given the ratings that you --

18 COUNCILWOMAN BASS: So when is
19 this information from?

20 COMMISSIONER FIGUEROA: So the
21 overall -- so this is demonstrating the
22 measurement of their percentage in terms
23 of how we weighted where they fell in
24 terms of critical. So, remember,
25 critical would have been one bell. None

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2 of our CUAs, their overall score, was in
3 a one bell category. We certainly had a
4 number of them who were in a two bell
5 category. So the overall score for CUA 2
6 was two bells.

7 COUNCILWOMAN BASS: Well,
8 actually, I'm looking at CUA No. 8, which
9 according to my calculations had 1.67
10 bells.

11 COMMISSIONER FIGUEROA: I'm
12 sorry. And we can definitely get into
13 the methodology, but I was just saying we
14 could break down and I could provide the
15 level of detail in terms of how some
16 areas are weighted heavily than others.
17 For example, safety is of greater
18 importance to us. So you can't just take
19 a ten-number average of these bells to
20 roll up the average that you came up
21 with.

22 COUNCILWOMAN BASS: It has to
23 make sense. This doesn't make sense. I
24 can't look at a grade or a rating system.
25 CUA No. 8, the grades translated via

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2 Liberty Bells are in those same
3 categories I mentioned before, D, D, D,
4 D, D, F, F, D, F. And so that can't be
5 considered anything but critical, in my
6 opinion. And I don't understand -- and
7 I'm not a social worker and I'm not an
8 educator by practice, but this does not
9 make sense that that would be acceptable
10 in any way, shape or form. And if this
11 is a level of acceptability, then I would
12 say that the whole system needs to be
13 reviewed and looked at in terms of how we
14 are operating and what we are providing
15 to children who are in distress and
16 families that are in distress. This is
17 not acceptable.

18 COUNCILWOMAN BROWN: Can I have
19 a point of information, please.

20 Can I get some clarity on the
21 document you are speaking from and what's
22 in front of us?

23 COMMISSIONER FIGUEROA: Are you
24 referring to this?

25 COUNCILWOMAN BROWN: The

1 2/7/18 - PUBLIC HEALTH - RES. 170949
2 document that the Chair Lady is speaking
3 from.

4 COUNCILWOMAN BASS: The
5 Scorecard.

6 COUNCILWOMAN BROWN: And that's
7 in the materials we have here?

8 COUNCILWOMAN BASS: It should
9 be. It was a part of the report that was
10 sent out to City Council in the fall.

11 COUNCILWOMAN BROWN: So we
12 don't have that right now in front of us?

13 COUNCILWOMAN BASS: We'll get
14 it.

15 COMMISSIONER FIGUEROA: We can
16 get you a copy of it at some point.

17 COUNCILWOMAN BROWN: So with
18 what the Chair Lady is referencing from,
19 the document that the Chair Lady is
20 referencing from covers what period?

21 COMMISSIONER FIGUEROA: That
22 was fiscal year -- so it ended in 2016.

23 COUNCILWOMAN BROWN: 2016?

24 COUNCILWOMAN BASS: Well, it
25 says here July 2016 to June 2017.

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COMMISSIONER FIGUEROA: So the
most recent fiscal year.

COUNCILWOMAN BROWN: Forgive
me?

COMMISSIONER FIGUEROA: So the
previous fiscal year. Not the fiscal
year that we're in now. So the fiscal
year that ended June 30th, 2017.

COUNCILWOMAN BROWN: So with
that answer -- and so the bells on this
sheet that we do have in front of us
equals what the report that the --

COMMISSIONER FIGUEROA: So
that's a roll-up of the progress, because
the report card -- what we committed to
is that this will be an annual document.

COUNCILWOMAN BROWN: Okay.

COMMISSIONER FIGUEROA: And so
this is a high level view of the progress
that's been made since the baseline.

COUNCILWOMAN BROWN: Since the
baseline.

COMMISSIONER FIGUEROA: So
we're very pleased to report that every

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2 CUA has seen significant progress, some
3 more than others, and we now have three
4 CUAs that have four bells. We have now
5 three instead of four at two bells. But
6 even within that standing, there has been
7 significant progress.

8 COUNCILWOMAN BROWN: So where
9 I'm further trying to get clarity is
10 given the concerns raised by the Chair
11 Lady from that report and what we are
12 looking at now, we're really not all
13 reading from the same sheet of music, is
14 what I'm hearing; am I correct?

15 COMMISSIONER FIGUEROA: Well,
16 correct. This is dated information, and
17 the goal of this information was to
18 create a pathway for improvement. And so
19 what we can say about the first quarter
20 is that we've seen improvement from the
21 concerns that I think have been
22 appropriately represented by Councilwoman
23 Bass.

24 COUNCILWOMAN BROWN: That
25 answers my question.

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Thank you, Council Lady.

COUNCILWOMAN BASS: Thank you.

So back to Bethanna, CUA No. 8.

So can you talk to us about how that
scoring is considered to be acceptable by
DHS?

COMMISSIONER FIGUEROA: Well,
so the data -- I don't want to -- the
data and the information that was
represented in the fall clearly indicated
that there was significant improvements
needed for Bethanna. So we've been
working very closely with them. We're
pleased to see that they have made
progress, but certainly we are concerned
for anybody who was at the two bell
rating.

COUNCILWOMAN BASS: One and two
bell rating, yes.

Okay. Councilman Greenlee and
then Councilwoman Blondell Reynolds
Brown.

COUNCILWOMAN BROWN: I'm after
Councilman Green. Thank you.

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COUNCILMAN GREENLEE: Thank you, Madam Chair. Thank you for all the work you're doing, your leadership on this issue. I think we all have questions on different things, but I wanted to focus on just a couple quick issues.

Good morning, Commissioner.

COMMISSIONER FIGUEROA: Good morning.

COUNCILMAN GREENLEE: On the adoption issues, I think we're going to hear at least from one witness that had particular problems and I've heard from others about just how long the process takes, and one of the issues seem to be what appears to be lack of coordination between the courts, the social workers. Just that people show up for hearings and the CUA worker isn't there and then the next time the judge continues the thing. And I know we can only control the court so much. They're their own entity, but there is -- it just seems that it takes a

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2 long time.

3 So I guess my question is, does
4 your office work with the courts at all
5 to try to deal with this issue?

6 COMMISSIONER FIGUEROA: So I'm
7 going to start from the top in terms of
8 just the length of time and sort of the
9 realities that are being faced when we're
10 managing sort of that really significant
11 end product of adoption.

12 Our work requires that we're
13 consistently concurrent planning, and I
14 think one of the hardest, most
15 challenging things for our department to
16 do is to take that really significant
17 step that terminates parental rights.

18 COUNCILMAN GREENLEE: Can you
19 talk just a little bit more in the mic.

20 COMMISSIONER FIGUEROA: Sure.
21 Can you hear me?

22 COUNCILMAN GREENLEE: That's
23 better. Thank you.

24 COMMISSIONER FIGUEROA: Sorry.
25 Usually you can hear me really well.

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So I was just highlighting that the very critical decision to terminate parental rights, meaning that the parents who gave birth and are the biological parents will no longer have any legal rights to that child, is a -- can be a very long process. Depending on the work and the involvement of the family in that process could impact that. There's also a number of human factors, as you mentioned, whether it's a particular party is not available at the court hearing. That is certainly something that comes up, but we know the length of the process of the time that happens both at a national level and ours, and we can certainly improve. We have actually recently started working with Casey Family Programs around what's called a rapid permanency review. So if a child has been in our care for over a certain period of time, we do a special realized review of that case in order to move it along.

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2 But, yes. I can't
3 underestimate the concurrent planning
4 where we're trying to work towards
5 reunification or adoption, and that
6 becomes a very difficult place for a
7 social worker, a CUA worker to live in as
8 we're trying to determine the ultimate
9 permanent goal for that child.

10 COUNCILMAN GREENLEE: Yeah, I
11 understand. I guess when I talked about
12 the coordination, I was just wondering
13 what interaction -- maybe you said this.
14 I'm not sure -- interaction with the
15 courts to try to -- I mean, it's going to
16 be a difficult situation anyway, but to
17 have people -- and, again, you'll hear
18 from one witness -- sit for four, five
19 hours and then it gets continued, that
20 kind of thing. And courts do that. I
21 get it. But I'm just wondering if there
22 was any like ongoing conversation with
23 the courts on that, I guess is the
24 question.

25 COMMISSIONER FIGUEROA: Well,

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2 we meet administratively with the courts.
3 Because we're party, we are -- it would
4 be inappropriate for us to discuss a case
5 offline.

6 COUNCILMAN GREENLEE: No. I
7 know individual. I'm talking general.

8 COMMISSIONER FIGUEROA: But,
9 yes, we work on a regular basis, and
10 we've actually -- the courts have done
11 because of our increase in services,
12 they've done a tremendous job of actually
13 adding additional courtrooms to support
14 that work, but certainly the length of
15 time and the backlog is certainly
16 something that we continue to work with
17 the courts with. So there is a lot of
18 coordination with the courts.

19 COUNCILMAN GREENLEE: All
20 right. I just wanted to get your comment
21 on this. I think we're going to hear
22 from the Defender Association, and one of
23 the -- on the issue of adoption, one of
24 the issues that they raise is they think
25 that at least on the adoption issue, that

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2 maybe it should be turned back to DHS
3 instead of the CUAs. Do you have any
4 comment on that?

5 COMMISSIONER FIGUEROA: My
6 reaction would be is that it would
7 further delay the course of -- any
8 evidence, all research shows that when
9 you transfer a case to a different social
10 worker, you lose six months. So I would
11 recommend highly against that. I think
12 that there's ways that we can improve the
13 challenges and I'm very open to hearing
14 other ideas the Defenders and other
15 advocates might have to improve that
16 system. We've recognized it's an area
17 for us to pay very close attention to.

18 COUNCILMAN GREENLEE: Okay. I
19 guess to reverse the question then, have
20 you seen significant improvement once it
21 was taken from DHS and given to CUAs --

22 COMMISSIONER FIGUEROA: Our
23 permanency rate --

24 COUNCILMAN GREENLEE: -- on the
25 adoption issues?

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COMMISSIONER FIGUEROA: Yes.

And actually that was one of the data points that I referred. And if we can go to that slide. We have actually seen an increase in permanency rates since our move to Improving Outcomes for Children. I believe it went from, if you can indulge me a second, it went -- I can't read that small that far away. So we went from 1,322 kids in Fiscal Year 2013 to 2,024 kids in Fiscal Year '17. So the needle is certainly moving in the right direction.

COUNCILMAN JONES: Can you repeat that?

COMMISSIONER FIGUEROA: So we went from 1,322 kids -- that was before Improving Outcomes for Children and the CUAs -- to 2,024 kids in 2017.

COUNCILMAN GREENLEE: I know everybody has questions, so I'll just ask one more. You said about reviewing 15 percent of each CUA's cases on a quarterly basis. Is that just random

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2 when you pick what to review?

3 COMMISSIONER FIGUEROA: I'm
4 just going to ask Lisa Rodriguez, who
5 heads the Performance Management
6 Technology Division for DHS.

7 COUNCILMAN GREENLEE: Thank
8 you.

9 DEPUTY COMMISSIONER RODRIGUEZ:
10 It's a privilege and an honor to be here.
11 My name is Lisa Rodriguez, Deputy
12 Commissioner for Performance Management
13 and Technology.

14 So we do a random sample of our
15 cases, 15 percent, which it's about
16 basically -- depending on the census of
17 the CUAs, it's about 600 to 700 cases per
18 quarter. To give you a sense of the
19 volume that we're evaluating, when the
20 state inspects us, they review 50 cases.
21 So we're reviewing a significant
22 proportion of the cases. And it is a
23 random sample, and we have an algorithm
24 that we use to make sure that it's random
25 while including in-home cases and also

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2 placement cases.

3 COUNCILMAN GREENLEE: Okay.
4 All right. Thank you.

5 I have others, but give
6 everybody a chance. I'll move on. Thank
7 you, Madam Chair.

8 COUNCILWOMAN BASS: Thank you,
9 Councilman.

10 Councilman Green.

11 COUNCILMAN GREEN: Thank you,
12 Madam Chair.

13 Thank you, Commissioner, for
14 your testimony. I want to follow up on a
15 phrase that my colleague Councilman
16 Greenlee used, which is "coordination,"
17 and I want to couple that word with the
18 phrase "communication." And I say that
19 based on my experience working for
20 Councilwoman Tasco when she chaired
21 Public Health and Human Services at the
22 very beginning of the IOC and the CUA
23 concept here in the City of Philadelphia
24 from. From my observation and
25 experience, this was a very top-down

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2 approach from the Administration in
3 coming up with this initiative coming out
4 of the Blue Ribbon Commission and the
5 unfortunate situation with Danieal Kelly.
6 And then going forward as the
7 implementation went forward with IOC and
8 CUAs, there was clearly a lack of
9 collaboration, coordination, and
10 communication, and it caused a lot of
11 challenges, from my observation, both
12 from those on the CUA side and also on
13 the DHS staff side and members of
14 District Council 47. And so the
15 Scorecard to me is a snapshot. Just like
16 when you are doing a balance sheet, it is
17 a snapshot in time of where you are. I
18 know for a period of time we were looking
19 at doing hearings on this issue, and I'm
20 glad Councilwoman Bass has moved forward
21 on its initiative. So over the past few
22 years, I've heard a lot of issues and
23 concerns from hotline calls and those
24 type of things, but we're now in a new
25 Administration, and so we've had this

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2 Scorecard, a snapshot, and so my question
3 is in reference to going forward.

4 What type of collaboration will
5 be occurring to continue to do assessment
6 of CUAs? How will that collaboration
7 engage and include members of District
8 Council 47, CUAs, community, parents and
9 stakeholders in reference to how we move
10 forward regarding both the assessment of
11 CUAs as well as coming up with improving
12 outcomes for children and also in the
13 system?

14 COMMISSIONER FIGUEROA: Thank
15 you, Councilman Green. A few things I
16 just want to highlight, and I certainly
17 welcome certainly when Dawn represents
18 from the CUA perspective, but I think the
19 collaboration and the partnership is a
20 critical one, and so the CUAs are one of
21 many parts of that partnership. One of
22 the things that I'm very pleased to
23 report is that that partnership has
24 definitely been solidified and that we're
25 operating much more as one system, and

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2 that that partnership certainly at times
3 felt challenged at the start of Improving
4 Outcomes for Children, and so I'm pleased
5 that it really is moving to a place where
6 it is much more a concrete partnership.

7 We meet on a regular basis at
8 all levels, and one of the things that
9 happened with the change of this
10 Administration is that not -- that
11 integration is not just occurring at a
12 leadership level. So the CEOs and the
13 executive level staff of DHS meet on a
14 monthly basis, but every level of
15 management meets in an integrated fashion
16 between DHS and the Community Umbrella
17 Agencies. That did not happen at the
18 point of implementation, but that's
19 something that's now been in place for
20 over a year.

21 The other thing which is also
22 highlighted in the PowerPoint, I believe
23 it's Slide 17, that just talks a little
24 bit about how we manage the process and
25 the progress of our involvement. So

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2 there are a number of pieces that happen
3 not just on a quarterly basis, but we're
4 meeting regularly with the CUAs on
5 performance. There's also a number of
6 reports and data that they get on a
7 regular basis.

8 One of the things that we have
9 talked with Council about is, it is very
10 much a data-driven tool and how do we
11 better utilize family voice, kids voice
12 in measurement. So we're still working
13 on that family engagement piece, because
14 how do you measure that in a way that is
15 meaningful and fair across the board.

16 But I was just going to have
17 Lisa walk through the -- and, Heather, if
18 you can go to that timeline that just
19 lays out, because there is individual
20 review, there's group reviews, there's
21 individual meetings. So I just want you
22 to have the sense of the amount -- the
23 significant engagement that happens with
24 the CUAs regarding their progress.

25 DEPUTY COMMISSIONER RODRIGUEZ:

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So as you know, as we said, we released the baseline report in the fall. We meet at the quarter mark. We gave -- we scored the CUAs on our quarter. We met with them. And in your packet, one of the things that I did want to talk a little bit about was the accountability structure. So at that quarterly meeting, we discuss if you're overall at a four or a five bell level, we still meet with you. We still want to understand what areas you're working to improve, and then what are the best practices that we can share across the system, but you don't necessarily have to put together a plan of improvement because you have four or five bells.

If you have three bells or less, there is a very vigorous process of putting together a plan of improvement, working with DHS University, and depending on the bell level, there is a lot of leadership involvement in working with the CUAs. And, of course, if anyone

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2 is at critical, we always would have the
3 option of reviewing whether that's a CUA
4 that would continue to be viable.

5 But if you look at the annual
6 schedule, so we have the quarterly
7 meeting. At the six-month mark, we look
8 at progress at six months progress, and
9 then we do an individual quarterly
10 meeting with the CUAs again at the end of
11 the fiscal year. So that then we are all
12 on the same sort of understanding of the
13 score, the areas of improvement and
14 actually areas of best practice, because
15 we do have some areas of best practice
16 among CUAs. And then the first annual
17 CUA report, that Scorecard that measures
18 progress against the baseline on an
19 annual basis, will be released in the
20 fall again.

21 So there's an intense level of
22 engagement with the CUAs both from the
23 case managers up to the leadership, but
24 it's structured and built into our annual
25 accountability calendar.

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2 COUNCILMAN GREEN: So I wanted
3 to follow up on your point, and I
4 acknowledge the fact that you are having
5 kind of more vertical communication at
6 all levels between management and with
7 staff and the CUAs, and you also gave us
8 some information regarding the Scorecard
9 process. But in those communications at
10 those various levels, are you receiving
11 input from the CUAs, DHS workers,
12 community stakeholders, other individuals
13 in reference to how the Scorecard should
14 be used? What input are you receiving
15 from them in reference to helping to
16 compose that Scorecard? Because having
17 the communication is one thing, but if
18 you're not actually using the information
19 as a way to improve the diagnostic tool
20 on how to assess the CUAs, that's a
21 different thing, and that would show to
22 me true partnership, not only having a
23 conversation but actually taking action
24 based on the information you're
25 receiving.

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COMMISSIONER FIGUEROA: I have a two-part answer. One is, I think it's an excellent idea for us to think of stakeholders outside of the CUAs in terms of how the Scorecard can continue to evolve and enhance to paint a better picture. We do meet, and when we were issuing and rolling it out, we got a lot of -- so the CUAs were involved in the development. So we didn't develop this completely devoid of the CUAs.

I would say that we're all a little bit anxious, because I'll be honest, the results reflected where we thought we were point in time. And so certainly getting everybody prepared for what did that mean and what was the response publicly that we were going to have of taking sort of the courageous step to say this is where we are and this is the improvements that we need to make.

So I just want to assure you that they were actively involved and not shrinking violets in the areas where they

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2 think we had to push back. And so we did
3 make some changes as a result. But we
4 also made it clear, and I'm sure they
5 would tell you, that we're the oversight
6 body, so that there are some things that
7 we had to push to make sure we're going
8 to be responsible for as the system, but
9 involving -- we've certainly talked with
10 the courts and other key stakeholders
11 when we presented this, but I think
12 getting more feedback about how do we
13 enhance it is an excellent idea and we
14 will definitely follow up with that.

15 COUNCILMAN GREEN: And I think
16 that involvement should be more than just
17 the Community Oversight Board. I mean,
18 having these outside stakeholders goes
19 back to my point of collaboration and
20 communication, because they can provide
21 information and feedback from their
22 perspective on what's working, what's not
23 working, and help provide a better tool
24 that will give people more comfort on is
25 this a real assessment of how CUAs are

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2 doing and how they're really trying to
3 improve the outcome of children in our
4 city.

5 Thank you.

6 COMMISSIONER FIGUEROA: I
7 agree. Thank you.

8 COUNCILWOMAN BASS: Thank you,
9 Councilman.

10 Councilwoman Brown.

11 COUNCILWOMAN BROWN: Thank you.

12 Good morning.

13 (Good morning.)

14 COUNCILWOMAN BROWN: I'd like
15 to first continue along the line of
16 coordination. Speak to and give us an
17 update on the progress that has been made
18 with the School District of Philadelphia
19 and then share with us where there's
20 still hurdles and impediments.

21 COMMISSIONER FIGUEROA: So
22 given the nature of the number of
23 children that we're engaged with that
24 obviously are children who are engaged in
25 the Philadelphia School District, we have

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2 a very high level of engagement with the
3 School District of Philadelphia. And so
4 a number of years ago, we developed
5 what's called the Education Support
6 Center. And so the Education Support
7 Center is a unit within the Department of
8 Human Services that works with children
9 who are what we call system involved,
10 meaning that they're known to DHS. That
11 staff is physically located at the School
12 District as well as a number of the
13 social workers who are part of the
14 Education Support Center are physically
15 located in a number of schools where
16 there's a high concentration of DHS
17 involvement.

18 We also support their work in a
19 number of areas. Not everybody knows
20 that DHS funds the majority of
21 after-school activities that happen both
22 out of School District buildings and rec
23 centers. So that is a tremendous amount
24 of coordination that happens at an
25 operational level. I meet --

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2 COUNCILWOMAN BROWN: On the
3 front line, so to speak?

4 COMMISSIONER FIGUEROA:
5 Exactly. So I meet on a regular basis
6 with the senior leadership of the School
7 District. On an operational level, we
8 work almost daily together, whether it's
9 a rerouting of a bus route for a child
10 who has been placed, whether it's
11 ensuring that their documentation, et
12 cetera. Certainly our opinion has been
13 that we need to be as close and as good
14 as partners with the School District so
15 that we can support them just given the
16 nature of the bandwidth that they have in
17 order to respond to the needs of the kids
18 that are in the system.

19 COUNCILWOMAN BROWN: That's
20 deeply encouraging. Ten years ago the
21 relationship, the communication between
22 those two huge organizations was almost
23 void, and it was a fair criticism, I
24 thought as a newbie on this body. So I
25 am pleased to see that there have been

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2 some intentional strategies put in place
3 to ensure that we wrap our arms around
4 these kids who need that kind of
5 coordination.

6 On the issue of truancy, so
7 what are the triggers that a School
8 District officer, counselor, teacher
9 might see, truancy being one, and how is
10 that then communicated to DHS? Because
11 truancy, if not arrested, for sure leads
12 to other things.

13 COMMISSIONER FIGUEROA: So,
14 Councilwoman, I have this awesome
15 presentation on truancy and I don't have
16 it with me, but I do want to highlight
17 that the issues related to behaviors and
18 activities that underscore truancy do
19 vary by developmental stages. So some of
20 the issues that relate to children not
21 attending school in the lower grades are
22 generally more family oriented or
23 coordination, whether it's a childcare
24 issue, a transportation issue, et cetera,
25 versus older kids where they're

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2 self-selecting maybe to not attend
3 school.

4 The rate of the attendance
5 issues is a real challenge. And so on a
6 positive note, the level of discussion
7 and coordination that's happening with
8 the School District is pretty
9 extraordinary. So we provide prevention
10 supports to the District once they
11 identify and recognize that there's a
12 child who has hit their threshold of what
13 qualifies them as truancy. In the
14 Commonwealth of Pennsylvania, truancy can
15 lead to a child welfare dependency
16 matter, so that's why the child welfare
17 system gets involved.

18 We've been working with the
19 District quite a bit because we want to
20 make sure that we're reducing the number
21 of kids who might end up formally
22 involved in our system solely because of
23 truancy. All the research shows that
24 placements or removal from a home based
25 on truancy does nothing to encourage a

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2 child to continue on their educational
3 path.

4 COUNCILWOMAN BROWN: So what's
5 the magic number these days with regards
6 to how many truancies a young person can
7 have before it hits up against your
8 system?

9 COMMISSIONER FIGUEROA: So the
10 magic number --

11 COUNCILWOMAN BROWN: Because
12 that's been debatable over the years.

13 COMMISSIONER FIGUEROA: Ten.
14 So it's ten unexcused days. There's
15 benchmarks. There's legislation as it
16 relates to the School District. So once
17 they get to three days, they have to
18 enact a certain process, seven days, and
19 then ten days.

20 COUNCILWOMAN BROWN: Okay. And
21 my final question at least for this round
22 is, given the reason that brought us
23 here, concerns raised by the Chairwoman,
24 and given the report card, the former
25 report card, and the current metrics now,

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2 what type of technical assistance do you
3 provide to those CUAs who are failing?

4 COMMISSIONER FIGUEROA: So the
5 Deputy Commissioner who ran these
6 quarterly meetings, we have our training
7 and technical assistance arm attend those
8 meetings. So the great thing about
9 recognizing where they're having
10 challenges, so if it's supervision, we
11 then provide very specific supports from
12 a technical assistance standpoint in
13 terms of whether that's on site,
14 retraining or refocus for them in terms
15 of supports that we give them. So it's
16 not just like, oh, this is where you're
17 not doing well and good luck. We're
18 working with them on that specific
19 measure.

20 Did I answer your question?

21 DEPUTY COMMISSIONER RODRIGUEZ:
22 So DHS University, which is our technical
23 assistance unit, we have them co-located
24 at the CUAs.

25 COUNCILWOMAN BROWN: You have

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2 them do what?

3 DEPUTY COMMISSIONER RODRIGUEZ:
4 Co-located.

5 COUNCILWOMAN BROWN:
6 Co-located.

7 DEPUTY COMMISSIONER RODRIGUEZ:
8 They are -- like we have DHS staff that
9 provide technical assistance at the CUAs,
10 and what the Scorecard has helped us all
11 do together is really align the technical
12 assistance provisions and the trainings
13 and the one-on-one, because there's a lot
14 of one-on-one coaching that happens too
15 from DHS with the CUAs, is the Scorecard
16 is really identifying the areas that
17 technical assistance needs to focus,
18 which prior to having the Scorecard,
19 there was a lot of technical assistance
20 taking place on a lot of different issues
21 and this has allowed us to really say
22 these are the things we're going to
23 prioritize.

24 COUNCILWOMAN BROWN: So this is
25 in some ways, on a lighter note, a

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2 rhetorical question. Who is the Mayor
3 that initiated and founded the notion of
4 a scorecard? Mayor John Street.

5 COMMISSIONER FIGUEROA: Right.

6 COUNCILWOMAN BROWN: He gets
7 the credit for that.

8 DEPUTY COMMISSIONER RODRIGUEZ:
9 Because we have the children's -- there
10 was the children's --

11 COUNCILWOMAN BROWN: Report
12 card?

13 DEPUTY COMMISSIONER RODRIGUEZ:
14 Yeah. Like with all the services, right?

15 COUNCILWOMAN BROWN: So that
16 just needs to be stated for the record.

17 COMMISSIONER FIGUEROA: Thank
18 you, Councilwoman.

19 COUNCILWOMAN BROWN: Give
20 credit where it's due. Thank you very
21 much.

22 Thank you, Madam Chairwoman.

23 COUNCILWOMAN BASS: Thank you,
24 Councilwoman.

25 Councilwoman Sanchez.

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2 COUNCILWOMAN SANCHEZ: Thank
3 you, Madam Chair.

4 Thank you, ladies, for coming
5 up here today. A couple of things that I
6 want to ask regarding this. I know how
7 difficult this Scorecard is, and I do
8 want to give you credit for owning the
9 level of improvement needed. I think
10 that's bold, saying we have a lot of
11 improving to do, right? So for those of
12 us who -- these were piloted in my
13 district and I lived the living pains
14 with my providers. It was not easy and
15 we found a lot of difficulty, and I do
16 appreciate that the Administration has
17 been more willing to work with the
18 providers around how do we help children
19 and families, right?

20 A lot of the problems that we
21 see here are the adult problems, and we
22 really got to get our hands around how
23 the adults and the resources get to kids.

24 With that, what is the thought
25 process -- when there was a decision to

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2 close Wordsworth, why wasn't there a
3 consideration -- and you know I've been
4 on the record. These boundaries are not
5 community boundaries. And our
6 unwillingness to use that opportunity of
7 closing one center to look at how do we
8 make these more consistent with
9 communities, communities of interest, all
10 of the other things that we feel are
11 important to keep kids within families
12 and those boundaries. Why was the
13 decision not made to allow some of the
14 other providers to assume some of these
15 and keep these boundaries that all of us
16 have a problem with?

17 COMMISSIONER FIGUEROA: Great
18 question, Councilwoman Sanchez. So a few
19 points to reference is, last fall, I
20 believe it was November of 2016, the
21 state who licensed the residential
22 treatment facility for Wordsworth closed
23 that down. So that facility which
24 operated was closed. The CUA -- we
25 looked immediately, which had a different

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2 management structure but recognized still
3 the same agency, still under one CEO, we
4 looked at the work and recognized that it
5 wasn't residential work, but we also, as
6 I shared with all of Council during
7 budget testimony, one of the lessons
8 learned of implementing this transition,
9 this transformation was the quick shift
10 of case management, and we did that too
11 quickly and that created tremendous
12 problems for the system. So we knew that
13 it was going to be challenging for us to
14 quickly transfer. It was during that
15 time that Wordsworth as an agency put out
16 a bid to look at an acquisition process.
17 They had three respondents, and that
18 process started -- then began to proceed.
19 And then we were pleased that from our
20 standpoint that the highest performing
21 CUA is that who acquired the contracts
22 from Wordsworth's CUAs. So we now have
23 Turning Points operate four of the CUAs
24 for the Department of Human Services and
25 our contract is with Turning Points for

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2 Children.

3 COUNCILWOMAN SANCHEZ: I
4 understand that, but we're never going to
5 get to a place where we're going to make
6 these CUAs more reflective of the
7 community feel we want if we're not
8 willing to address it at some point,
9 right? And I just feel like that keeps
10 getting thrown. And I say this because,
11 again, part of this goal is recognizing
12 mistakes made, and I feel like -- and you
13 know I feel very strongly about the fact
14 that I feel that DHS needs to retain
15 capacity to take care of all of this,
16 because it is our responsibility and our
17 obligation, and this was one of those
18 opportunities where we could have looked
19 at our internal capacity and kind of the
20 external.

21 COMMISSIONER FIGUEROA: Can I
22 just comment on one point related to
23 that? And you know because we've had a
24 long history of talking about this that
25 we -- two points. We believe very much

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2 in that the work has been reflective of
3 the constituents we serve. So I just
4 want to highlight, which was in the
5 packet -- I don't have it in the
6 PowerPoint -- is, we've made a really
7 significant commitment to encouraging the
8 CUAs to have diverse representation. So
9 50 percent of the CUA leadership is now
10 minority. That was not the case when we
11 started. And almost 60 percent of their
12 boards are also minority. So there's
13 been an increase in our reflection of how
14 we're reflective, but I also -- there's a
15 lot to unpack and I know it's more than
16 that.

17 In terms of retaining capacity,
18 I'm going to ask your help, because one
19 of the issues that the state continues to
20 challenge us on is that they don't want a
21 dual system, and I would argue we do not
22 have a dual system. DHS has retained a
23 very, very small unit that still has a
24 small number of cases, and there have
25 been from time to time where we've had to

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2 return a particular case back to DHS. So
3 there is a small capacity, but we don't
4 have in stand-by an entire child welfare
5 system ready to go.

6 What I can assure you is that
7 we have a much more formalized plan for
8 in the event that we do need to
9 transition a CUA. I will tell you I was
10 very early in my tenure at the point of
11 the tragedy and we were not in a position
12 because we were still stabilizing to make
13 a transition like that.

14 COUNCILWOMAN SANCHEZ: Well,
15 again, I think that how -- and, again,
16 the messaging in Harrisburg gets lost. I
17 don't know what happens on that turnpike,
18 but the message gets lost all the time,
19 which is why we make a lot of tough
20 decisions over here.

21 I think, again, how we
22 articulate one system, one system to me
23 is one system, right, whether it is being
24 taken care of with internal staff that --
25 and I know that you've worked at trying

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2 to get a better synergy between the
3 internal staff that was demoralized and
4 had a whole lot of knowledge and the CUA
5 relationship, and that's not an easy
6 situation to navigate. I just feel like
7 the reason this looks so parceled out is
8 because it is parceled out from geography
9 to who is the provider. I just feel like
10 we -- I think we're at a better place,
11 but I still think there's no rhyme or
12 reason for some of this, right? And I
13 know that one of the reasons we kind of
14 privatized and went into this model was
15 because we were giving it to providers
16 that had this whole host of support
17 systems that we felt were going to be
18 better at serving kids. Unfortunately,
19 we still hear stories about some of the
20 disconnect, as we'll hear testimony
21 later.

22 I want to go to the management
23 side of this, because, again, this is
24 adults making adult decisions for kids
25 about what's more convenient for the

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2 adults. On the administrative and the
3 management side, one of the challenges we
4 had in the beginning was flexibility in
5 terms of how CUAs manage their money.
6 We've heard over and over CUAs saying
7 they need more money. Where are we in
8 this discussion about, again -- and for
9 me, is the resources getting to the
10 children and the families? Where are we
11 with managing our budget? Some money got
12 turned back. People weren't allowed to
13 hire. There's that six-month training
14 thing that you got going on before people
15 can get a case management, all that
16 stuff. Where are we with all that?

17 COMMISSIONER FIGUEROA: So I'm
18 so impressed by the level of detail that
19 you know about our system.

20 COUNCILWOMAN SANCHEZ: I'm in
21 the weeds.

22 COMMISSIONER FIGUEROA: I'm
23 very, very happy to answer these
24 questions, because I love that you're in
25 the weeds.

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So a few things. One is that, yes, that was clearly an area Councilman Green had talked about, the collaboration, and some of that was the frustration that had to do with fiscal limitations. So at a high level, this Administration made some significant key investments. One is that it committed to funding case ratios at a one to ten, so that we increase the financial resources that CUAs could hire more case managers. I would encourage you to ask the CUAs that come up here. I'm sure they would always welcome additional flexibility, but in working with the new finance staff that we have at DHS, we tried to create as much of a partnership around building of budgets. Also recognizing some areas of the City that have greater needs than others. So those are just -- and in addition to that, at the work level, this Administration made commitment to increasing the amount of money that we pay foster care parents. And so that's

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2 the first time in a decade that that
3 amount was increased. So financially we
4 definitely increased the amount of money
5 that we were supporting to the CUAs and
6 also tried to figure out what are the
7 areas that we provide flexibility for
8 them in regards to their budgets. A lot
9 of that is in personnel.

10 We can argue whether or not
11 they felt that this was a burden, but one
12 of the things loud and clear that we
13 heard was the contracting of the
14 subcontractors that was under the CUAs
15 has now been transitioned back to DHS.
16 So the foster care providers get paid
17 directly by DHS. And so that's been a
18 welcomed change, and we also do the
19 monitoring. So our goal was let the CUAs
20 do the work that we've asked them to do
21 in the community and not become
22 administratively and financially bogged
23 down.

24 So those, I think, were
25 positive financial changes that we made,

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2 and I would just encourage you to ask
3 Dawn.

4 COUNCILWOMAN SANCHEZ: So one
5 of the frustrations that our Chair Lady
6 has, rightfully so, is when you look at
7 this report card, it's really hard to get
8 to apples to apples about what is this
9 system doing in comparison to the system
10 we had.

11 COMMISSIONER FIGUEROA: So I
12 just want to say an excellent point, and
13 I could get in trouble for saying this.
14 We didn't have a system to measure
15 ourselves at this level of detail before.
16 And if we had put DHS through the
17 Scorecard, I do not even want to begin to
18 think where we may have landed. We could
19 make speculation. Some people would say
20 we're at five bells, some would say we're
21 at one, depending on who you're talking
22 to. I will just say we did not have a
23 rigorous manner in which to say how DHS
24 was performing at the level of which we
25 do for the CUAs.

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COUNCILWOMAN SANCHEZ: But we did have blue ribbon commissions and all that that kind of highlighted where we knew some of our issues. So I guess to that point is then how do you measure this financially, right, in terms of we're serving more kids. And, again, my thing is, how are we getting more resources to kids and families in this system versus the previous system? That we can measure, right?

COMMISSIONER FIGUEROA: Yes.

COUNCILWOMAN SANCHEZ: Because I think part of the challenge that you see in some of the questions around flexibility go around where the children are and what they need. And I know you've addressed those issues around transportation. I have a huge, huge issue with four or five providers in a household and the roof is leaking, right? We hear those stories all the time. It's like we're spending \$100,000 on the family, but they can't pay the rent and

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2 the roof is leaking. And so we could do
3 a comparison around financials, and I
4 think it's important that we look at
5 that. Yes, we need a better system. We
6 need a more efficient system, because the
7 goal is to get the resources to the
8 children and the families, and is this
9 system delivering on that in comparison
10 to our previous system?

11 COMMISSIONER FIGUEROA: Yeah.
12 I mean, I think the data -- not
13 discounting the financial, the data shows
14 that we're in a better place for the
15 outcomes related to the families we're
16 serving. The one place where we as an
17 entire child welfare system have
18 significant improvement is the number of
19 kids who are in our care. So in the wake
20 of the Jerry Sandusky laws, we increased
21 double digits in terms of our hotline
22 calls, which resulted in a number of
23 investigations. So we rose pretty
24 steadily. I think -- so the success is,
25 for the last 18 months, we have

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2 stabilized that number. So we were
3 increasing, and it was on a very high
4 trajectory, and for the last 18 months,
5 we've been at 6,000 kids, give or take,
6 between that number. And so until we can
7 get that number further down, that's
8 where some flexibility can come, but what
9 we don't want to have happen -- and this
10 could be something that you guys could be
11 very helpful to me and the Department --
12 is if we start improving by reducing the
13 number, we don't want the state to then
14 hurt us because we're doing such a good
15 job at reducing the number and then they
16 reduce our budget. The stabilization
17 that we've been able to do is because the
18 state has equally invested in some new
19 areas. And so I think that has been a
20 support to us.

21 COUNCILWOMAN SANCHEZ: Well,
22 they're very good at legislating and
23 mandating unfunded mandates.

24 COMMISSIONER FIGUEROA: The
25 last thing I'll add is that the reduction

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2 in congregate care has been really
3 beneficial for the budget, because it's a
4 much higher cost. And so having kids
5 physically in their homes or with kin is
6 financially -- it helps the budget as
7 well, but we don't want to get penalized
8 for further reduction, which is our goal.

9 COUNCILWOMAN SANCHEZ: And the
10 last question is -- and I don't want to
11 manipulate. I know Councilwoman Gym has
12 some questions -- is, again, one of the
13 selling points to this was better
14 wraparound services. Tell me how you're
15 realigning prevention dollars to making
16 sure that our kids in our care are
17 getting access to those funded services
18 and with CBH and the trauma services
19 being offered and what, if anything, has
20 improved with the CUAs who may be in
21 those dual systems and how we're
22 monitoring that too, right?

23 COMMISSIONER FIGUEROA:
24 That's -- so there's a few --

25 COUNCILWOMAN SANCHEZ: You're

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2 now on the Board of CBH.

3 COMMISSIONER FIGUEROA: I know.
4 I am -- so I'll start backwards. In
5 terms of CBH, we are doing a number of
6 areas where we do joint monitoring. We
7 keep each other abreast of any concerns
8 related to providers.

9 COUNCILWOMAN SANCHEZ: Can I
10 get joint accountability? Monitoring is
11 just too vague for me.

12 COMMISSIONER FIGUEROA: I will
13 pass that along, Councilwoman.

14 COUNCILWOMAN SANCHEZ: It's too
15 vague. What is the --

16 COMMISSIONER FIGUEROA: I mean,
17 we keep each other abreast, so each one
18 of our systems, depending on the
19 particular need, has to hold their
20 provider accountable.

21 COUNCILWOMAN SANCHEZ: So how
22 does the CUA case manager who has a child
23 that's in a bad treatment, trauma
24 services, influence that right now?

25 COMMISSIONER FIGUEROA: We've

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2 had those issues come up, and we
3 certainly ask them to bring it to --

4 COUNCILWOMAN SANCHEZ: So
5 that's too vague. What is the protocol?

6 COMMISSIONER FIGUEROA: The
7 protocol is it's brought to Deputy
8 Commissioner Ali and my's attention, and
9 we have actually CBH staff embedded at
10 the CUAs, but maybe Kim --

11 COUNCILWOMAN SANCHEZ: Please
12 don't give me the embedded, we're sitting
13 next to each other thing, please.

14 COMMISSIONER FIGUEROA: You
15 don't want that answer?

16 COUNCILWOMAN SANCHEZ: No.
17 That's not enough.

18 DEPUTY COMMISSIONER ALI: So in
19 terms of the front line, I know you said
20 you don't -- first of all, let me say my
21 name.

22 COUNCILWOMAN SANCHEZ: State
23 your name for the record.

24 DEPUTY COMMISSIONER ALI: I'm
25 sorry. So my name is Kimberly Ali,

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2 A-L-I, and I'm Deputy Commissioner for
3 Child Welfare Operations. Good morning.

4 I know you started off
5 indicating that you did not want to hear
6 that, but I want to say that I believe
7 that that's where the best work occurs.
8 When you have front-line social workers
9 and supervisors having those
10 relationships with the CBH --

11 COUNCILWOMAN SANCHEZ: I'm not
12 against the relationship. I want to know
13 what the protocol is.

14 DEPUTY COMMISSIONER ALI: So
15 the protocol is that if a young person is
16 not receiving the treatment that they are
17 entitled to, then the parents have the
18 opportunity to do an appeal, but also the
19 CUA case manager has an opportunity to do
20 an appeal. And that appeal, how that
21 process works is that they will send a
22 notice to the CBH care manager as well as
23 their chain of command, copy myself. We
24 get the doctors at CBH involved and our
25 psychologists, and we work out the level

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2 of services that are needed for the young
3 person.

4 COUNCILWOMAN SANCHEZ: Walk me
5 through that. How long is that?

6 DEPUTY COMMISSIONER ALI: So
7 usually we get a --

8 COUNCILWOMAN SANCHEZ: And is
9 that spelled out?

10 DEPUTY COMMISSIONER ALI: Yes.
11 It definitely is spelled out. And it
12 typically takes -- if we can get them on
13 the phone, so it typically takes either a
14 day, no later than like maybe three days.

15 COUNCILWOMAN SANCHEZ: And some
16 folks are going to testify to that.

17 DEPUTY COMMISSIONER ALI: I
18 understand. So what I would say is, for
19 example, I had that particular case just
20 last week in which a young person was in
21 need of one-to-one services. The young
22 person was in a residential facility,
23 needed one-to-one supports. CBH
24 indicated that they wanted to discontinue
25 those one-to-one supports. The provider

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2 agency notified myself as well as the CUA
3 chain of command. I immediately sent an
4 e-mail to the CBH psychiatrists, asked
5 them to reconsider that decision based on
6 the fact that the young person still was
7 in need of these types of services, the
8 one-on-one services, and I got the
9 decision back within three days in which
10 CBH will continue to provide those
11 services.

12 I think what you will find is
13 that we definitely need to do a better
14 job in making sure that parents are
15 empowered enough, and when they are not
16 empowered enough to make that decision in
17 terms of appealing, that the CUA case
18 managers as well as my office walk
19 alongside of the families to make sure
20 that those services occur.

21 COUNCILWOMAN SANCHEZ: So do
22 the parents have that spelled out in
23 writing in multiple languages about their
24 rights to appeal?

25 DEPUTY COMMISSIONER ALI: So

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2 CBH actually provides a letter. I can't
3 speak to the multiple languages. They
4 provide --

5 COUNCILWOMAN SANCHEZ: Does DHS
6 provide a letter to their parents to say
7 if you're not satisfied, it's part of
8 your care, this is what the protocol is?

9 DEPUTY COMMISSIONER ALI: So
10 DHS has that in reference to child
11 welfare services, but do not have that in
12 reference to behavioral health services
13 because it is a CBH service. However,
14 what we do is walk alongside of those
15 parents. So, yes, CBH does have that in
16 writing for parents.

17 COUNCILWOMAN SANCHEZ: Okay.
18 So that's where the relationship versus
19 the accountability is? I think we need
20 to be talking the same language.

21 DEPUTY COMMISSIONER ALI: Yeah.

22 COUNCILWOMAN SANCHEZ: A
23 parent's interface with DHS should not be
24 different than an interface with a
25 provider or with CBH.

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Look, we navigate this all the time. We have to call you folks. And kudos to those parents who are bold enough to call us, their Councilpeople, right? Most folks don't, right? And so to the extent that -- again, one of the selling points to this system was that we were going to get a better coordination of that, and I still think that we are tremendously lacking in that ability of folks to know what their rights are. Kids' treatment plans is so hugely important and impactful as much as their placement, right? It's their placement and that.

COMMISSIONER FIGUEROA: You're 100 percent correct, and we absolutely have to do better. I will say one piece that I believe can move us in that path is that we talked a lot about stabilization, but what does that mean? The fact that we've been able to reduce the caseloads, and we know we really need to get to that magic number of ten. If

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2 we can get there, the quality of these
3 levels of intervention -- I would say
4 that it felt very hectic when case
5 workers had significant caseloads, the
6 ability to do the quality of the level of
7 work, and so I think --

8 COUNCILWOMAN SANCHEZ: Because
9 we weren't even at the School District.
10 I haven't even -- because I'm going to
11 let Councilwoman Gym do all that. She's
12 going to go into that.

13 COMMISSIONER FIGUEROA: But
14 I'll just say we take this as a challenge
15 and that we've been working in close
16 partnership with CBH and with the CUA
17 leadership here. We definitely need to
18 do better.

19 COUNCILWOMAN SANCHEZ: I'm
20 going to not manipulate. I got more
21 questions, but go ahead, Chair.

22 COUNCILWOMAN BASS: We'll be
23 back to you.

24 Councilwoman Gym is going to
25 yield some of her time to Councilman

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2 Jones, but before we begin your
3 questions, Councilman, I just had a quick
4 question.

5 Can you tell me who else
6 nationally is using this particular
7 model? Because I know in your comments
8 you said that --

9 COMMISSIONER FIGUEROA: So
10 there are --

11 COUNCILWOMAN BASS: -- other
12 child welfare jurisdictions are looking
13 at this model.

14 COMMISSIONER FIGUEROA: So Lisa
15 can give more specifics in terms of
16 jurisdictions. Nobody is using our exact
17 tool that we built with Casey. Other
18 systems are using a scorecard method.
19 We've been reached out to by folks who
20 want to enhance what they're doing or
21 start what they're doing. So a number of
22 us were recently at a national meeting
23 where Missouri is very interested in
24 looking at what we're doing as well as
25 Arizona and Texas, but I could have --

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COUNCILWOMAN BASS: But this is
only local to Philadelphia?

COMMISSIONER FIGUEROA: This is
only local to Philadelphia.

COUNCILWOMAN BASS: So are
there cities within or is it the entire
state of, say, Texas or Arizona?

COMMISSIONER FIGUEROA: So some
of the child welfare systems are state
run and some folks are interested at a
state level and some folks are interested
at a local level. So I will just say
this little piece, is that while I know
the information is difficult and,
Councilwoman Bass, I completely respect
and understand why we're here today,
because we need to be, it is
unprecedented the level of accountability
and transparency that we have brought to
Philadelphia that other child welfare
systems are now looking to us to
replicate.

COUNCILWOMAN BASS: But no one
else is using a CUA system?

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COMMISSIONER FIGUEROA: No.

There's other -- I wouldn't say CUAs exactly because we came up with that wonderful word, acronym, but there are other systems where their case management is not done by the city/county system. So New York, Florida, Oklahoma. There's a number of states, and more states are moving in that direction.

COUNCILWOMAN BASS: So one other quick question, I'm sorry, and then we'll go to Councilman Jones. So this model, as I understand, was brought to us by the former Commissioner, Anne Marie Ambrose, and with a strong recommendation from the Annie Casey Foundation. And so my question is, I guess, really under the leadership, guidance or whatever of the Foundation, are there other cities that are working with them to develop this kind of system? Because I'm sure there are a lot of other cities that have outside providers. Like we're not unique in that, but I guess this particular

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2 model is unique to that foundation. And
3 so are they working with other cities so
4 that we're comparing apples to apples?

5 COMMISSIONER FIGUEROA: So
6 Casey Family Programs has worked with a
7 number of jurisdictions at a national
8 level who transition case management
9 work. The meeting that I referenced
10 earlier which is entitled the Urban Child
11 Welfare League, that's cities of
12 significant size that come together on
13 the child welfare side. So a number of
14 those cities have worked with Casey
15 Family Programs.

16 I would just say like we're
17 unique as a county within the
18 Commonwealth of Pennsylvania. Each child
19 welfare system has some interesting or
20 different dynamics, either how they're
21 licensed, how they're governed, is it
22 mayoral, is it -- what lives in city
23 government also impacts how some other
24 cities have rolled out this case
25 management model.

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2 COUNCILWOMAN BASS: So the
3 answer is no? I mean, this is simple.

4 COMMISSIONER FIGUEROA: There's
5 no cookie cutter that there is CUA in
6 Florida, that there's CUA in Missouri,
7 because we're not Florida and we're not
8 Missouri.

9 COUNCILWOMAN BASS: No; I
10 understand, but my question specifically
11 is, is the Foundation working directly to
12 implement this model or already has a
13 model like this implemented in another
14 jurisdiction?

15 COMMISSIONER FIGUEROA: Yes.

16 COUNCILWOMAN BASS: Where?

17 COMMISSIONER FIGUEROA: So some
18 of the cities that I've indicated, and I
19 can get the list for you from Casey
20 Family because I don't want to
21 misrepresent a city or a jurisdiction.

22 COUNCILWOMAN BASS: Okay. I'd
23 like that information.

24 COMMISSIONER FIGUEROA: Okay.

25 COUNCILWOMAN BASS: Thank you

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2 so much.

3 COMMISSIONER FIGUEROA: Thank
4 you.

5 COUNCILWOMAN BASS: Councilman.

6 COUNCILMAN JONES: Thank you,
7 Madam Chair, and let me thank you for
8 taking on the tough issues. This is not
9 one of those issues that on its face can
10 be solved in a hearing, and so I
11 appreciate the fact that you are willing
12 to bring this before this Committee. So
13 thank you.

14 I also want to say that,
15 Commissioner, I could not do your job.
16 You see families and children and seniors
17 not on their best day at graduation and
18 all that good stuff. You probably, more
19 than likely, see them on one of their
20 worst days when things are going
21 absolutely wrong, and it is your
22 department and the CUAs' jobs to try to
23 hold things together first in public
24 safety and then to create outcomes.

25 What was helpful for me, Madam

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2 Chairwoman, was this document here that
3 kind of chronicles from 2006 when the
4 Danieal Kelly tragedy happened to 2017
5 and all of the maturations that have
6 occurred. That was helpful for putting
7 the timeline in context.

8 I wanted nothing to do with
9 your department, to be honest with you.
10 I wanted to cut ribbons on businesses and
11 be a part of the Commerce and Economic
12 Development Committee where people are
13 having their best day. We came into
14 contact because Councilman Oh's staffer
15 literally came running down the hallway
16 and I guess I was the closest fellow
17 colleague, and there was a lady at that
18 time having a crisis because her child
19 had been taken from her. Fast forward,
20 it was a traumatic process that resulted
21 in one of the respite households actually
22 going to jail. I'm not going to get into
23 the detail of it. And so as elected
24 officials tend to do, I go in and I want
25 to take my sword and my shield and, you

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2 know, kind of see what's going on, and
3 when I got in there, I discovered in a
4 tearful way the stuff you guys have to
5 deal with.

6 So the first thing I'm going to
7 say is that probably you should extend an
8 invitation to our Chairwoman and the
9 Committee to kind of visit your house and
10 kind of see the different ways, for
11 example, a young person comes into your
12 custody. Like they can come in from the
13 courts. They can come in from the
14 schools. They can come in from homeless
15 shelters. You actually have a high
16 school for homeless, is that correct,
17 children?

18 COMMISSIONER FIGUEROA: You
19 mean foster care.

20 COUNCILMAN JONES: So you have
21 a high school dedicated.

22 COMMISSIONER FIGUEROA: There's
23 one that operates, yes.

24 COUNCILMAN JONES: So you can
25 get individual complaints. People can be

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2 in crisis. Mom and dad could be going to
3 jail or other places and you wind up with
4 the kids. So there are a number of
5 different ways they wind up to you.

6 But the one consistent thing
7 for me, Madam Chair, is that you say to a
8 parent, I, government, can take better
9 care of your kid than you can, that's a
10 very high standard for me and one that
11 you guys have been dealing with.

12 So I went back and I looked at
13 what I asked, not you but previous
14 Commissioners, about what was going on,
15 and it is very difficult to have an
16 apples to apples comparison. I know
17 bells versus apples. I don't get all of
18 that, but it is one way to compare, but
19 what I did do was look at some of the
20 questions I asked a previous
21 commissioner. I'm going to ask them to
22 you.

23 And the first one is simply as
24 a measurement, are more kids graduating
25 from high school now than they were

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2 before? Have we moved the needle in the
3 right direction that way? So a kid that
4 comes into your custody, whichever one of
5 those doors, are more of them finding a
6 positive outcome in high school
7 graduation rates?

8 COMMISSIONER FIGUEROA: Am I
9 answering that? Are you asking me?

10 COUNCILMAN JONES: That's an
11 actual question.

12 COMMISSIONER FIGUEROA: Thank
13 you, Councilman Jones. So in all candor,
14 what we do is partner with the School
15 District since -- and I'm not sure how my
16 predecessor answered this question, but
17 since we're not the School District and
18 education is not our primary -- safety,
19 permanency, and well-being. So
20 well-being, we have a responsibility to
21 the kids in our care to ensuring that
22 their education remains on track. That
23 is a measure that we're trying to figure
24 out with Dr. Hite, how we track that.

25 COUNCILMAN JONES: So the good

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2 news is that the Chairwoman and members
3 of Council will get another bite at this
4 apple when you come for your budget. So
5 this is an advanced question that I'm
6 going to ask, and I hope you will have
7 positive outcomes and answers.

8 The question becomes, second
9 one was, are more kids aging out of the
10 system in a positive way now than before?

11 COMMISSIONER FIGUEROA: So I
12 don't have the --

13 DEPUTY COMMISSIONER RODRIGUEZ:
14 So I don't know the exact number, but we
15 do have a -- there is a proportion of
16 children that don't age out to
17 permanency, and it is -- we need to
18 improve that, and that was one of the
19 recommendations -- I'm sorry. One of the
20 recommendations from the external IOC
21 evaluation last fall was that we
22 should -- we need to do analyses of those
23 exits to permanency, and we started that
24 analyses. I don't have the sort of like
25 the year-to-year comparison yet, but

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2 that's something we'll be prepared to
3 share at budget testimony.

4 COUNCILMAN JONES: See, I don't
5 have to know all of what those charts
6 mean. I'm going to boil it down to
7 something that is like a solid
8 measurement. There's a before and then
9 there's an after, and those are the kinds
10 of things that I'm going to look for.

11 It was stated in one of my
12 questions before that we kind of take
13 more kids into custody than the City of
14 New York, which is larger, and Chicago,
15 which is larger. Is that still a true
16 statement?

17 COMMISSIONER FIGUEROA: So we
18 still nationally have more kids who are
19 in out-of-home placement than other --
20 yes. So nationally we're still at a
21 higher rate, which is part of us trying
22 to address how we look different on the
23 front end, which we've made some gains.
24 I had said earlier, which is in a slide
25 at the beginning, which is that we

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2 stabilized the number of kids coming into
3 care.

4 Heather, if you could go to
5 that particular site.

6 And one of the things I talked
7 about early in the testimony -- that
8 slide. So we were in 2013 hovering
9 around 4,300 and then we shot up and
10 we've hovered around 6,000 for the last
11 two years. So that is, from a
12 percentage-wise, higher than some of our
13 national counterparts.

14 COUNCILMAN JONES: Can you
15 point to one reason? Why is that?

16 COMMISSIONER FIGUEROA: I can
17 point to 24 reasons. They're through the
18 changes in the child protective service
19 law changes that happened in the wake of
20 the Sandusky trial. So the reporting
21 requirements expanded pretty
22 dramatically.

23 Then so if you go to the slide,
24 Heather, of the hotline calls.

25 So this represents -- and

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2 you'll see -- I know it's in teeny tiny
3 writing, but if you look at the number of
4 calls that we answered or took as a
5 referral, as an actual referral in Fiscal
6 Year 2014 and where we are now, by next
7 year we probably doubled the number of
8 hotline calls that come into the
9 Department of Human Services in
10 Philadelphia.

11 COUNCILMAN JONES: So how are
12 you internally adjusting to that?

13 COMMISSIONER FIGUEROA: My
14 mouth is getting dry. I can totally
15 answer this, but I'm going to ask
16 Kimberly, who oversees the operations
17 part, to talk about some of the
18 innovation that we have put in to slow
19 down.

20 DEPUTY COMMISSIONER ALI: So
21 good morning.

22 COUNCILMAN JONES: Good
23 morning.

24 DEPUTY COMMISSIONER ALI: As
25 the Commissioner indicated, the number of

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2 reports and calls that we received from
3 the hotline increased dramatically in the
4 wake of Jerry Sandusky. So in order to
5 address the issue and ensure that the
6 families that we are accepting for
7 investigation were families who really
8 needed to have the heavy-handedness of an
9 investigation from the Department of
10 Human Services. So as a result of that,
11 what we did, number one, was we increased
12 and looked at staffing levels on the
13 hotline to make sure that the hotline was
14 appropriately staffed. So we had to
15 switch some staffing around in terms of
16 some of the hours of operations, because
17 we were also because of the volume
18 experiencing a number of dropped calls.
19 So we took an analysis, looked at the
20 number of dropped calls, and we put staff
21 strategically and intentionally in those
22 particular slots. Additionally what we
23 did was we staffed it with two additional
24 units on the hotline and two supervisors
25 and 16 social work service managers from

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2 the Department of Human Services that we
3 call field screening units or field
4 screening social workers. So when we
5 have a report that comes into the hotline
6 and that report meets a criteria in which
7 it is a general protective service
8 report, so not our high-end CPS or child
9 abuse reports that consists of sex abuse
10 and physical abuse, those reports we
11 automatically take, but we do have some
12 reports that we call general protective
13 services that might be a supervision
14 issue or some other issues, and those are
15 labeled as our three- to seven-day
16 response time because they don't have the
17 critical nature.

18 What we do is, we look at those
19 reports and we will deploy a staff
20 person, so a DHS investigator, from the
21 hotline out to that particular family
22 home, make an assessment of that family.
23 If the family does not need to be
24 accepted for investigation, we divert it
25 over to prevention. So we dramatically

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2 decreased the number of investigations
3 that went to our hotline as a result --
4 our investigations as a result.

5 COUNCILMAN JONES: Two quick
6 questions and I want to yield back to my
7 colleague. Reunification. As you take a
8 child from your home, where are your
9 stats on the outcome as opposed to them
10 being permanently placed somewhere else
11 or even adopted to the fact that there's
12 a happy ending to the story either with
13 the parents or their family members? How
14 has that stat moved?

15 COMMISSIONER FIGUEROA: So we
16 have -- so permanency is broken down into
17 different -- so there's reunification,
18 which is the family has been able to
19 reunify. There's adoption, and there's
20 permanent legal custody. And so starting
21 with the good news, the good news is we
22 lead with the indicator that's most
23 important, which is reunification. So
24 reunification for any child welfare
25 system should be and if it's possible

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2 given the family's dynamic that -- you
3 lead with that. So we've been able to
4 increase the number of families who go
5 through reunification.

6 In terms of percentage over the
7 course of the years, we have remained
8 about stabilized. The area where we can
9 improve, where we have done better is
10 adoption, and it was brought up earlier
11 that certainly the backlog, the timing.
12 One of the impacts that we believe the
13 transition in the IOC and transitioning
14 case managers, we believe that slowed
15 down the timeliness of adoptions, and so
16 that's somewhere we have a real laser
17 focus.

18 COUNCILMAN JONES: So when
19 Commissioner Ambrose was there, one of
20 her goals was to stop sending
21 Philadelphia children way out to Ohio and
22 the Poconos where they had a false sense
23 of reality. There are neighborhoods in
24 Opieville where the deer and the antelope
25 are playing, when the truth of the matter

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2 is they have to have survivor skills in
3 Northwest and West and South
4 Philadelphia. To what degree have we
5 moved those placements and outpatient
6 treatments or whatever they are to more
7 Philly based? Have you made progress
8 with that?

9 COMMISSIONER FIGUEROA: So
10 we've made significant progress in the
11 fact that our overall use of congregate
12 residential care is at an all-time low.
13 And that's been a huge change as a result
14 of the CUAs and IOC. So we're at 12
15 percent. Before we started we were at 21
16 percent. And 12 percent sounds like a
17 good percent, right, but what does that
18 mean in numbers? Seven hundred and
19 seventy-one kids. That's a huge decrease
20 from previous years.

21 The other thing -- and
22 certainly this is something we've worked
23 a lot with our stakeholders -- is, we
24 have very few number of kids who are out
25 of state. There are some rare instances

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2 where we do have kids placed out of
3 state. Some of those instances are also
4 kids who are with kinship care that live
5 out of the state. So that's also an
6 important factor.

7 We look at that number on a
8 regular basis in terms of out of state.
9 My big pledge -- and I believe the
10 advocates could share this with you --
11 is, it's not enough to me that they're in
12 the State of Pennsylvania. I would like
13 them in Philadelphia County. So we have
14 been working pretty aggressively to
15 reduce the amount of placement of kids on
16 the western side of the state, because
17 let's just say that not everybody
18 appreciates our children in the same way
19 that we do in Philadelphia, and so we
20 want to make sure that it's not further
21 traumatizing to children who are in
22 environments where they're not welcomed
23 because of what they look like, what
24 religion or what they appear like in
25 front of others.

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COUNCILMAN JONES: If you decide to take them up and we take a deeper dive over there, Madam Chair, would you be kind enough to include me?

And one thing I am going to look for you for is an open and transparent parent complaint department or complaint process that we need to -- because sometimes you guys come off like very big and the great and powerful Oz, and just average parents are afraid to come up against you. There needs to be that kind of safe way to say, hey, I think I got a raw deal.

And if we can do that, Madam Chair, I think --

COMMISSIONER FIGUEROA: Sure. We have a Commissioner's Action Response Office, and I recognize that not everybody feels confident coming directly, but we certainly -- we get our fair share of folks who definitely feel that they can reach out to us. And I also welcome Councilwoman Bass and the

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2 entire Committee as much time that you
3 would like to spend at DHS in terms of
4 the different facets. We absolutely
5 welcome you.

6 COUNCILMAN JONES: Thank you so
7 much, Madam Chair.

8 COUNCILWOMAN BASS: Thank you.
9 And I do want to note for the record that
10 the Commissioner has been more than
11 interested and welcoming and has
12 expressed many invitations for us to come
13 over and visit, particularly in the last
14 couple of weeks in the lead-up to the
15 hearing to come over and to see, but it
16 has been my policy that once we ask for a
17 public hearing, that we not have sort of
18 like a private meeting before that public
19 hearing. So now that we're in the
20 process of having the hearing, I look
21 forward to having an opportunity to come
22 over and spend all day over there with
23 you, and the whole Committee is coming,
24 everybody.

25 COMMISSIONER FIGUEROA:

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2 Awesome.

3 COUNCILWOMAN BASS: We got
4 plenty of time.

5 Councilwoman Gym.

6 COUNCILWOMAN GYM: Thank you --

7 COMMISSIONER FIGUEROA: We will
8 see you tomorrow. No; just kidding.

9 COUNCILWOMAN GYM: Thank you
10 very much, Madam Chair, and I also want
11 to echo the Councilman's compliments for
12 taking on a very difficult issue and also
13 being able to bring together a lot of our
14 providers in the same room along with the
15 families that they serve. I think that
16 this is a really important way for us to
17 get to understand and get our heads
18 around a very complicated situation.

19 Councilman Jones, we definitely
20 want to work together on the residential
21 treatment facilities and the work that
22 we've been doing to get the School
23 District and get some clarity. We may
24 need to do some work with the state
25 actually to clarify better communication

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2 between the state, and I know you'll be a
3 great leader on helping us navigate some
4 of that. So thank you very much.

5 I wanted to first say that we
6 would really like to see the truancy
7 report as well to have a pretty in-depth
8 dialogue around that. I think when you
9 did some of the public hearings around
10 the Improving Outcomes for Children, IOC,
11 a number of advocates, myself and others,
12 wanted to better understand and peel back
13 the truancy issues. It's an issue we're
14 dealing with with the School District.
15 It may be something that we're going to
16 ask them to take on as a much more
17 serious investment in terms of staffing
18 and resources, but clearly the
19 consequences are significant for truancy
20 and they're a serious indicator
21 potentially about other issues that we
22 need to use to help children, but we
23 don't want to leave it just at truancy if
24 there's more significant issues at play.

25 So I'm going to do a little bit

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2 of an in-the-weeds dive about some of the
3 narrower aspects of the CUA report card.

4 A couple of questions that I
5 had have to do a little bit about some
6 testimony that had spoken to the fact
7 that CUA workers feel uncomfortable with
8 courtroom testimony and struggle to
9 implement some of their court orders.
10 All but two of the CUAs received two
11 bells in the court's category, so this
12 clearly needs to be some area of
13 engagement. So I'm curious about what
14 DHS is doing to educate and train both
15 the CUA staff as well as the courts about
16 what needs to happen so that we can
17 improve this process a little better.

18 COMMISSIONER FIGUEROA: So
19 excellent question, which also one of the
20 great things about this being a long
21 process to get to the baseline and
22 releasing that was that there was nothing
23 that was a surprise to anybody, right?
24 So we were aware of challenges as we were
25 looking quarterly until we released the

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2 annual baseline, and we knew that court
3 representation is an area that we had
4 improvement. So before the baseline was
5 issued, DHS enacted a court-simulated
6 training program where we actually put
7 new social workers through what would be
8 a case-like experience in front of a mock
9 judge in physical chambers, because we
10 recognize it's one thing to get a
11 training on a process or be told what it
12 would be like versus actually sitting in
13 front of a judge and being prepared for
14 that case.

15 So that's one thing that we put
16 into place quickly as a result,
17 recognizing that it was an area of
18 improvement and recognizing that it's a
19 challenge and certainly can be
20 intimidating for folks who have not had
21 the same level of experience.

22 COUNCILWOMAN GYM: So I know
23 I'll be looking forward to hearing other
24 of the providers who come forward to hear
25 if there are other suggestions that they

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2 have about how to better navigate some of
3 that stuff, because we'd like to see that
4 improve. They have a major role to play,
5 and the courts need to be able to hear
6 clearly from multiple positions about
7 what is the perspective on the particular
8 situation.

9 I know earlier you mentioned
10 that DHS has never really had -- before
11 the CUA Scorecard, there was no such
12 thing that was kind of applied to DHS.
13 But I am kind of curious, because DHS
14 does run a number of different systems
15 and that interface with our --

16 COUNCILWOMAN BROWN: Point of
17 information. I need to offer up a
18 clarity. I don't think you were here,
19 Councilwoman Gym. The history is very
20 important, and the facts are that it was
21 under Mayor Street with the assistance of
22 Naomi Post Street who traveled to four
23 cities around the country and either
24 discovered or developed or were informed
25 by how those systems were operating that

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2 led to a report card during the Street
3 Administration, and then when new
4 leadership moved to the second floor,
5 they had other ways of how they wanted
6 our systems to operate. And now under
7 Mayor Kenney, this practice under the
8 Commissioner's leadership has been
9 redeveloped.

10 So I just think it's very, very
11 important that we -- institutional
12 knowledge has a purpose and it has value,
13 and I believe we need to offer up credit,
14 and sometimes credit is not worthy to
15 those who tried to make a difference in
16 the lives of children. And the record
17 needs to reflect that under Mayor
18 Street's leadership and Naomi Post
19 Street, much was done, not in a vacuum
20 but looking at how other systems were
21 operating around the country to come up
22 with what was known as the report card
23 and now known as --

24 COMMISSIONER FIGUEROA: Well,
25 that was the children's report card,

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2 correct?

3 COUNCILWOMAN BROWN: Children's
4 report card.

5 COMMISSIONER FIGUEROA: Thank
6 you.

7 COUNCILWOMAN GYM: Thank you
8 very much, Councilwoman. Thank you for
9 that point of clarity.

10 COUNCILWOMAN BROWN: And each
11 year for eight consecutive years a
12 document was produced that looked at
13 metrics like truancy and other things.

14 COUNCILWOMAN GYM: Thank you
15 very much for that point of clarity. I
16 think what I meant to really focus in on
17 is the fact that the CUA Scorecard -- I'm
18 curious about whether as DHS looks at its
19 providers, whether you are also looking
20 internally at some of the services that
21 you provide that interface directly with
22 our providers. So some of the things
23 include things like the hotline, intake,
24 central referral units, adoptions. We
25 talked a little bit about the process in

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2 which students who are aging out of the
3 system are able to achieve sustained
4 independence and stability in their
5 lives.

6 So is there some kind of
7 internal way in which you're reflecting?
8 So I know we're talking about the
9 Scorecard obviously, but there are a
10 number of areas in DHS that feel like
11 they need some clarity from our end for
12 clarity of review.

13 COMMISSIONER FIGUEROA: So I
14 appreciate the question and I'm also very
15 appreciative that we're so aligned in
16 what we've been thinking. So we
17 understood that the most significant
18 issue when we were coming in this
19 Administration was answering the question
20 of how are the CUAs performing and not
21 just giving an anecdotal response. But
22 the other question is how is DHS
23 performing. So we have quarterly metrics
24 that we now put on our website. If you
25 go on our website, you would find this

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2 report, some of the slides that I've
3 shared with you.

4 But we do. We have a plan for
5 doing sort of a scorecard evaluation
6 through DHS's departments, and we've
7 already initiated. I think it's been
8 very important to us that we have quality
9 data so we're measuring accurately in
10 terms of where we are versus progress,
11 and it's our intent that the CUAs are not
12 the only providers that we'll be looking
13 at in terms of evaluating from a similar
14 metric. So we actually have that already
15 moving in place for some of the internal
16 departments, and we'd be happy to walk
17 you through sort of what that timeline
18 looks like and which departments we're
19 doing first.

20 COUNCILWOMAN GYM: And are you
21 taking like external feedback to weigh in
22 so it's not just a fully internalized
23 process?

24 DEPUTY COMMISSIONER RODRIGUEZ:
25 We want to mirror what we did with the

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2 CUA Scorecard, which is there was a lot
3 of stakeholder engagement and a lot of
4 review and discussion and vetting with
5 the CUAs for the CUA Scorecard.

6 So, for example, intake
7 investigations, one area that we're
8 looking at, we would involve staff at
9 DHS, of course, that does the work, but
10 we would want to also have other
11 stakeholders provide us feedback on that
12 process.

13 On the provider, we do
14 monitoring and evaluation of providers
15 every year, but we really want to sort of
16 kind of revamp how we do that so that we
17 can actually have also a report card for
18 other providers that are not CUAs, and we
19 absolutely have to engage them in the
20 process.

21 So the planning is just
22 beginning and there will be like a
23 schedule of engagement like similar given
24 the lessons that we've learned and how
25 even though it was difficult, it was a

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2 really collaborative process to put
3 together the CUA Scorecard. That's how
4 we want to go about our other areas of
5 service.

6 COUNCILWOMAN GYM: Sure. And
7 I'd love to see as you kind of evolve
8 that, particularly around the intake and
9 investigations.

10 I had two more areas to ask
11 about very briefly. One is, in the last
12 fiscal year, DHS had 86 bilingual
13 employees, which does help us understand
14 a little bit, because we have and serve
15 so many families that don't speak English
16 as their first language, but I'm curious
17 about whether you're evaluating the level
18 of language access at the different CUAs
19 and whether they're getting the kind of
20 supports that they need. We've had a
21 number of situations of families
22 contacting us about intense amounts of
23 confusion if the families don't speak
24 English, about folk art practices, home
25 medical practices that are perceived as

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2 being abusive. So if you could talk a
3 little bit about what are the translation
4 and interpretation services that are
5 being offered at CUAs for limited English
6 speakers or families whose home language
7 isn't English.

8 COMMISSIONER FIGUEROA: So I'll
9 start first by saying I think that this
10 helps us think how we continue to evolve.
11 So in working with Councilwoman Blondell
12 Reynolds Brown, she was really concrete
13 about these are things that are important
14 factors to enhance diversity, and so
15 leadership, board, where we spend our
16 money, and I think we've then created
17 those benchmarks and said we need to
18 improve from where we are. So likewise I
19 think digging deep just to be able to say
20 where are we in terms of language like we
21 can answer at DHS, being able to answer
22 that for the CUAs, and then what's
23 reasonable or where do we need to be. So
24 I take that on as a responsibility that
25 we would report back to you.

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2 The majority of folks use what
3 the City has, whether it's Language Line
4 or if they're engaging. I can't answer
5 for every single one of the CUAs, but I
6 will get that answer back for you in
7 terms of what are the services they're
8 using or their particular contracts
9 they're using and how they're managing it
10 on a case-by-case basis.

11 COUNCILWOMAN GYM: Yeah. I
12 mean, I think Language Line is a
13 supplemental service, but when we're
14 dealing with evaluations of home and
15 safety, when we're looking at complicated
16 issues about family relationships, I'm
17 not sure that you can just like do a back
18 and forth phone thing with some of these.

19 COMMISSIONER FIGUEROA: I
20 agree.

21 COUNCILWOMAN GYM: Again, I'd
22 like to hear from the CUAs about the
23 needs, but it seems like there's been
24 some concerns raised even just about the
25 major language spoken here in the City,

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2 which is Spanish, that there seems to be
3 a lack of language support even in
4 Spanish for those families. So if
5 there's a way that you're evaluating it
6 and asking the CUAs themselves about how
7 they are providing it and what they need
8 in order to provide that better.

9 And then the last area that I
10 wanted to ask about was an area that I
11 talked about with Ms. Shapiro when she
12 was the interim head. But we've been
13 talking a little bit about -- first of
14 all, thank you for reducing the caseload
15 for providers from a significantly larger
16 number and driving towards the ten to
17 one. I know that in a couple of
18 testimonies from some of the providers --
19 I visited CUA 9 recently -- that caseload
20 is still significantly higher and we're
21 trying to understand that better, but one
22 of the -- I guess one of the questions
23 that has come up and that I raised
24 earlier has been you have one family, one
25 case, right? So it's not just that

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2 there's one case equals one child. One
3 case equals the family support that go
4 along with the child. And I have asked
5 before about the children are included in
6 that understanding of the case, but can
7 the CUAs be capped at a certain number of
8 children? I mean, we can hear a number
9 in which we all understand that part of
10 the issue we're struggling with to
11 provide better services is that we can't
12 have too many cases assigned to a worker.
13 Now, ten on the face of it sounds fairly
14 reasonable, except the fact of ten can
15 include as little as one child in one
16 case, which is great for that direct
17 service, but it can include as many as a
18 family of ten that are extremely high
19 need. And so a caseworker gravitating
20 between anywhere from ten to no maximum
21 at the end is a big question, and I
22 guess, as I said, I asked this before
23 about whether there can be a combined
24 sort of cap. So ten caseloads or X
25 number of individuals under one family.

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And I would leave that up to you, but my assumption would be that it wouldn't be 100, that it would be something significantly below that, recognizing we still want to keep the families as a case group, but once we start to tip into numbers that are just simply unreasonable or unmanageable, we really need to not look at it solely as a caseload but as a maximum capacity of individuals under one worker's care. Is that something that you're open to talking about?

COMMISSIONER FIGUEROA: It's a discussion that we've had, so I think that it's an excellent -- it's something that has come up, and certainly getting to our goal of one to ten, it would be great if we were lower than one to ten and then not have the state reduce what that amount is, would be my overall preference. A combined cap is something we can certainly talk about, but I think it has to be in partnership with the CUAs, because we have had this

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2 discussion, and the discretion of how
3 they assign cases happens within the
4 CUAs. So I don't say you, case manager
5 Susie, case manager Maria. DHS hands the
6 case over and then the CUAs determine
7 which case manager they're giving their
8 case to. So this is one of those places
9 where, just in all honesty, we're trying
10 to figure out what's the flexibility you
11 give to a CUA to operate independently
12 and what's the point in which DHS sort of
13 says -- comes in, says, No, we need to do
14 X, Y, and Z. I think this is a perfect
15 example of where we can do that in
16 partnership to figure out what makes
17 sense and is reasonable within each CUA.

18 COUNCILWOMAN GYM: And I'd love
19 to hear what the progress of that is.

20 That's all for my questions
21 right now. Could I do one PSA?

22 COUNCILWOMAN BASS: Sure.

23 COUNCILWOMAN GYM: One very
24 brief public service announcement,
25 because we have so many providers here in

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2 the room.

3 I had a chance to visit CUA 9,
4 and one of the things that we talked
5 about is that so many of you providers in
6 the room are dealing with housing and
7 housing instability issues. So the City
8 of Philadelphia has put in a huge
9 investment this cycle to really invest
10 around anti-eviction work. So helping
11 your families who are potentially facing
12 eviction in Landlord-Tenant Court. And
13 one of my staff will be passing around
14 some information around it, but I wanted
15 the folks in this room to know that
16 currently housed at Municipal Court in
17 Landlord-Tenant Court, if you have a
18 family that is dealing with eviction,
19 there is a lawyer for a day pilot that
20 will provide free legal pro bono
21 services. There's a Tenant Help Center
22 that is full-time staffed. There is a
23 court navigator that can help families
24 deal with how to go through the eviction
25 process so that they can get the supports

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2 that they need. There's also financial
3 counseling. And then for all the
4 providers in this room, there's a live
5 tenant assistance hotline. So you don't
6 understand this process. Your families
7 are dealing with it. You can call the
8 tenant assistance hotline to get some
9 supports. And we'll be passing around
10 information, but I hope that this is
11 something that you can share with your
12 families, your workers, and that this is
13 an issue that the entire City Council of
14 Philadelphia is really invested in,
15 because we know that there is a point of
16 safety and permanency in which the child
17 is dealing in an abusive situation, but
18 we want to separate out the safety and
19 permanency that has to do with a loving
20 family that is housing unstable, and we
21 need to tackle and separate those two,
22 and so services that we can direct
23 towards those is what we're trying to
24 help. So I hope that helps some of the
25 providers in this room deal with some of

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2 the situations they may be facing.

3 Thank you very much,
4 Councilwoman.

5 COUNCILWOMAN BASS: Thank you,
6 Councilwoman.

7 Councilman Green.

8 COUNCILMAN GREEN: Thank you,
9 Madam Chair.

10 I just have a few quick
11 questions to follow up. My understanding
12 is that over the current or past fiscal
13 year, DHS had done a significant number
14 of hiring?

15 COMMISSIONER FIGUEROA: That's
16 correct.

17 COUNCILMAN GREEN: And what
18 areas were those hiring in?

19 COMMISSIONER FIGUEROA: So I
20 could have our personnel, but it was
21 close to 100. So when I came in, there
22 were a number of significant vacancies in
23 key areas of the Department, and as we
24 had talked about the need to revisit the
25 front end, we hired multiple classes,

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2 some of the largest classes that had been
3 brought in in about three years.

4 COUNCILMAN GREEN: And what
5 were those positions for again?

6 COMMISSIONER FIGUEROA: Social
7 workers, front end. So hotline,
8 investigation, yes, and I believe we were
9 close to 100, if not --

10 COUNCILMAN GREEN: And that's
11 that strategy to deal with the backlog on
12 the hotline?

13 COMMISSIONER FIGUEROA: I got
14 confirmation it was 100, yes. And we've
15 also hired -- we've increased the hiring
16 for our juvenile justice facility as
17 well.

18 COUNCILMAN GREEN: And that was
19 to provide additional resources for the
20 hotline issues that have been occurring?

21 COMMISSIONER FIGUEROA:
22 Exactly.

23 COUNCILMAN GREEN: Also I just
24 wanted to follow up on some questions
25 that were asked earlier. It seems to be

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2 an issue of empowerment for a number of
3 families in reference to dealing with
4 DHS. I see this in other areas,
5 especially in the autism community as
6 well as in the aging community. And I
7 know, for example, in the aging
8 community, PCA has an ombudsman process
9 where they work with people at senior
10 centers. So if you have an issue or
11 concern, there's an ombudsman that can
12 provide information to you that empower
13 you. So if you have questions or
14 concerns, there's an independent third
15 party, especially in the aging community
16 where people are afraid that in a senior
17 center if they speak up, they may get
18 additional abuse.

19 So from that perspective, is
20 there any conversation or any concept of
21 providing -- because it seems like
22 communication once again is a concern --
23 providing information -- well, parents
24 getting information made by way of a
25 letter but not really be empowered on how

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2 to access information and really know
3 what their rights are. So have you seen
4 that in other jurisdictions where they've
5 had some type of ombudsman or third party
6 that's still funded from the agency that
7 goes out and empowers parents to say,
8 Listen, yes, you may have received a
9 letter saying what your rights are, but
10 this is how you navigate those areas?

11 COMMISSIONER FIGUEROA: So I
12 don't know off the top of my head if
13 there's another jurisdiction that has
14 something similar to that. That's a
15 great thing for us to follow up on.

16 I do know that the Auditor
17 General, Eugene DePasquale, did bring
18 this up as an issue at the statewide
19 level. So I know that it's not a
20 consistent practice throughout the
21 Commonwealth that there is a position.

22 I'm not as familiar with PCA's
23 ombudsman, so I think the first thing I
24 would do is sort of understand how that
25 looks and operates, because you're

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2 correct, we have an office that's part of
3 the Commissioner's Office that responds
4 to complaints and concerns, but it's
5 still in my office. So it's certainly
6 something that, using the PCA example and
7 maybe talking with the state, something
8 that we should review.

9 COUNCILMAN GREEN: Thank you.

10 Thank you, Madam Chair.

11 COUNCILWOMAN BASS: Thank you.

12 Thank you so much for your
13 testimony. I do know that Councilwoman
14 Blondell Reynolds Brown had an additional
15 question, but she had to step out for one
16 moment. So she will be back. So if I
17 can ask you to stay close.

18 COMMISSIONER FIGUEROA: Yes, of
19 course.

20 COUNCILWOMAN BASS: If we can
21 have the Clerk call the next panel.

22 THE CLERK: Dawn Holden, Chief
23 Executive Officer, Turning Points for
24 Children, and Samea Kim, Associate
25 Director of Pennsylvania Council of

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2 Children, Youth and Family Services.
3 (Witnesses approached witness
4 table.)

5 COUNCILWOMAN BASS: Good
6 afternoon. Please state your name for
7 the record and begin your testimony.

8 MS. WOODS: Dawn Holden Woods,
9 Turning Points for Children.

10 Good morning, Councilwoman Bass
11 and other members of this Committee. My
12 name is Dawn Holden Woods and I'm the
13 Chief Executive Officer of Turning Points
14 for Children and Managing Director of
15 Child and Family Services for PHMC.

16 Councilwoman Bass, thank you
17 for inviting us here today to discuss our
18 partnership with DHS and other City
19 agencies in assuring the safety and
20 well-being of Philadelphia's most
21 vulnerable children and families.

22 We greatly appreciate the
23 opportunity to offer clarity on our work
24 and to share an update on the progress
25 that's been made following the launch of

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2 the CUA Scorecard.

3 Today I am here to provide a
4 view into the complex and challenging
5 world of Philadelphia's CUA system.
6 Thank you to the members of City Council
7 who have spent time at any of the
8 Community Umbrella Agencies across the
9 City to better learn what we do and to
10 meet the passionate and talented
11 individuals who work on the front lines
12 every day and the many children and
13 families with whom we work. The doors of
14 Turning Points' four Community Umbrella
15 Agencies are always open for additional
16 visits and conversations with
17 Councilmembers and staff who are
18 interested in learning more about the
19 challenges and successes of child welfare
20 work in Philadelphia.

21 Turning Points for Children has
22 been caring for children for more than
23 183 years. As one of the earliest to
24 support the Improving Outcomes for
25 Children initiative, we recognized that

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2 the community-based approach to child
3 protection envisioned by IOC required a
4 commitment to apply 21st century
5 solutions to the age-old problems of
6 child abuse and neglect in Philadelphia.

7 Long before the RFPs for
8 providers were issued by DHS, we used our
9 own funds to visit other jurisdictions
10 that were implementing similar
11 approaches, not only to review how they
12 did the work but to learn how they
13 measured their effectiveness. As the
14 then-CFO of Turning Points, I helped lead
15 the efforts to replicate the most
16 effective aspects of what we learned, and
17 I am pleased that the initial results of
18 the DHS Scorecard affirm that we have
19 been achieving comparatively positive
20 results.

21 Turning Points' stability and
22 strong back-office infrastructure allowed
23 us to assume responsibility for two
24 additional Community Umbrella Agencies
25 through the acquisition of Wordsworth.

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2 These include CUA 5, covering parts of
3 upper North and Northwest Philadelphia,
4 and CUA 10, covering parts of West
5 Philadelphia. With the acquisition,
6 these two CUAs, and most importantly the
7 children and families served within these
8 CUA regions, experienced seamless service
9 continuation and no disruption in
10 operations during this acquisition.
11 Since the inception of IOC, we have been
12 managing CUA 3 in the Lower Northeast and
13 CUA 9 in West/Southwest Philadelphia.
14 With these four CUAs, Turning Points is
15 now responsible for providing intensive
16 case management services for more than
17 5,500 children, of whom about 56 percent
18 are in foster care, with the remainder
19 receiving in-home support.

20 In partnership and under the
21 leadership of DHS, we are responsible for
22 assuring the safety, permanency, and
23 well-being of the City's most at-risk
24 children and families.

25 The CUA model, to keep children

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2 and families as close as possible to
3 their neighborhoods, is rooted in an
4 evidence-based approach. This approach
5 has been determined to be less
6 disruptive, to minimize trauma, to
7 maintain a child's continuity in
8 community, school and with relationships,
9 and to increase family member
10 involvement. There is a greater
11 connection because work is localized and
12 we do better with placing children with
13 family members. Forty-six percent of the
14 children we place now are in kinship
15 care.

16 In just this past week, we
17 aided a family living in a condemned
18 property with several young children,
19 with no utilities or facilities for
20 cooking or bathing. With our help, they
21 were able to connect with other family
22 members to provide safe homes for their
23 three children while we work on a more
24 permanent solution. We assisted a family
25 unable to provide healthy food for its

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2 five children with our Food and Wellness
3 Network, which operates food banks in two
4 of our four CUA areas. And we connected
5 another family whose son battles severe
6 mental health issues that put both him
7 and his family at risk of violence to
8 behavioral health services -- I'm sorry.
9 We put both him and his family at risk of
10 violence to behavioral health services
11 within our network of programs. We
12 regularly intervene in situations driven
13 by physical, sexual, and psychological
14 abuse or where parental mental illness or
15 other disability threaten the future of
16 vulnerable children.

17 Across our CUAs, caseworkers
18 are responsible for between 10 and 13
19 cases. In each of these cases, our case
20 managers are the single point of contact
21 for the families they serve. Every day
22 for each child in each of these families,
23 the case manager must assure the child's
24 physical and emotional safety; support
25 academic and other education-related

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2 progress; assure medical, dental, and
3 behavioral health needs are met;
4 transport the child, when necessary, to
5 and from school and appointments;
6 supervise visits with family members;
7 make sure foster parents have what they
8 need to care for the child; help birth
9 parents and other family members obtain
10 the often wide range of health, social
11 service, and other practical services
12 they need to be able to reunify with
13 their children; and identify other family
14 members and community supports, all while
15 acting as a mentor, a counselor, a
16 trusted friend committed to keeping the
17 family together against incredible odds.

18 We are grateful for the vision
19 and leadership of Cynthia Figueroa,
20 Commissioner of DHS, as well as the
21 extraordinary leadership team she has put
22 together to assure that the mission and
23 goals of the IOC project are met. After
24 several years of unpredictability, we are
25 moving toward stability. Since taking

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2 the helm, she has been able to begin to
3 reduce caseloads and work consistently
4 with us to address challenges and
5 roadblocks that are inherent in a large
6 and complex initiative such as IOC.

7 One of the most important
8 initiatives of Commissioner Figueroa and
9 her team has been the implementation of
10 the CUA Scorecard, which on a quarterly
11 basis helps the CUAs track their
12 performance in seven critical safety,
13 case planning, and practice areas.

14 In the Scorecard results for
15 the baseline year of Fiscal 2017, three
16 of Turning Points' four CUAs ranked in
17 the top four spots, with one ranking
18 first among the ten CUAs. CUA 5, which
19 is almost twice the size of other CUAs,
20 ranked 9th and is already showing good,
21 steady, positive progress since the
22 release of the Scorecard last year.

23 The detailed performance data
24 provided by DHS through the Scorecard and
25 various other monthly reports have become

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2 critical to CUA efforts in improving
3 results for children and families. Prior
4 to Commissioner Figueroa, this
5 information was not available to CUA
6 providers in the same way it is today.
7 DHS's commitment to streamlining the
8 approach in a more efficient way allows
9 for greater transparency. Equally
10 important to the data provided by DHS is
11 the collaboration, partnership, and tools
12 needed to address underlying issues and
13 work with our teams to improve them.

14 This regular access to
15 performance data allows us to target our
16 resources to areas needing improvement
17 and to track our progress. Each of our
18 CUAs has identified specific practice
19 areas to focus on and has developed
20 specific action plans to address the
21 performance issues. For example, in one
22 of our CUAs the successful completion of
23 weekly visits of families receiving
24 in-home services lagged behind
25 requirements. Within two periods, that

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2 percentage increased considerably. We
3 still have a long way to go, but because
4 of the Scorecard and our own quality
5 improvement efforts, we have seen the
6 practice begin to improve significantly.

7 As you know, there were many
8 implementation challenges in the first
9 three years of IOC, largely having to do
10 with a significant increase in the number
11 of children in foster care and largely
12 static funding from the Commonwealth. We
13 believe that today the IOC initiative is
14 achieving results that are as good or
15 better than what was being achieved under
16 the old model.

17 Despite the challenges,
18 challenges shared by every urban child
19 welfare system in the nation, we are
20 making clear and measurable progress, and
21 the transparency of the accountability
22 systems put in place by DHS will assure
23 that we continue to do so. Today almost
24 all CUAs meet expectations in terms of
25 quality and timeliness of documentation.

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Almost half of all children in placement are living with other family members rather than strangers. We are being thoughtful about keeping children in their schools and neighborhoods when it is safe to do so, and we are keeping siblings together more and improving rates of permanency and safe case closure.

Today we are one month past the official legal transaction date of the Wordsworth acquisition. We recognize that there has been some confusion over the distinction between the residential treatment facilities, or RTFs, and our CUAs. This confusion has led to a level of concern among some Councilmembers. To offer clarity, the RTF that had been operated by the former Wordsworth entity was closed and no longer operates as of November 2016. There are no legacy RTF employees working at any of our four CUAs. Turning Points for Children does not operate RTFs and has no plans to

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2 operate them in the future. Licensing
3 and oversight of RTFs is handled separate
4 and distinct from CUA operations. Today,
5 as noted earlier, Turning Points for
6 Children operates the two former
7 Wordsworth CUAs, along with our two
8 existing CUAs.

9 Unlike RTFs, which are
10 residential placements for youth with
11 serious behavioral health issues, CUAs
12 serve as a case management function
13 focused on assuring that families
14 involved in child protection services are
15 able to obtain the services and supports
16 they need to either have their children
17 returned to them or to prevent placement
18 in the first place.

19 Our teams worked in close
20 collaboration with one another and with
21 DHS in the months leading up to the
22 acquisition. We worked hard to ensure
23 continuity of service and operations as
24 we managed a complicated legal and
25 financial process. Through the six

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2 months leading up to the close and in the
3 first month of integration, we've seen no
4 disruption to operations. Our team has
5 begun to aggressively execute a plan that
6 looks to unite the four CUAs, ensure
7 capacity-building, shore up technical
8 assistance, and establish a systemwide
9 approach to integrate four CUAs into one
10 coherent whole. Again, it's critical to
11 note that during the first month of
12 integration, we've maintained continuous
13 service to the children and families
14 served.

15 In addition to consolidating
16 functions such as human resources,
17 purchasing, and information technology,
18 we are reviewing policies and practices
19 to assure consistency and have developed
20 mechanisms to learn what's working best
21 in each CUA so we can assure that those
22 best practices are adopted across our
23 entire CUA network. We are in the
24 process of developing an intensive,
25 ongoing professional development plan

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2 that we believe will not only
3 continuously improve the quality of our
4 work, but improve rates of staff
5 retention. And perhaps most importantly,
6 we have consolidated our quality
7 improvement and quality assurance efforts
8 into one department, ensuring consistency
9 of practice and policy and giving
10 priority attention to making immediate
11 progress in those areas where the
12 Scorecard indicates that urgent
13 improvement is needed.

14 Just last Thursday, we convened
15 the leadership of our four Community
16 Advisory Boards. These groups are an
17 essential component of our IOC required
18 by DHS guidelines to assure community
19 input into CUA programs. At these
20 meetings, we look to maximize the
21 Advisory Boards' ability to provide
22 oversight to our activities, ensure that
23 we are aware of and accessing
24 neighborhood services, recruit foster
25 parents, and assure our CUAs remain in

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2 touch with the major issues and concerns
3 related to children and families in the
4 neighborhoods that we serve.

5 Ultimately, our CUAs will only
6 be successful when our services help
7 reunify families and help children be
8 adopted when reunification is not
9 possible and prevent placement of
10 children in families receiving in-home
11 services. Our daily pledge is that we
12 will do everything in our power to keep
13 each child in our care safe and well and
14 assure that our staff members have the
15 support they need to handle the enormous
16 stresses that face them seven days a
17 week.

18 Fourteen years ago, I left my
19 career in corporate America to dedicate
20 myself to work that has a real impact on
21 the quality of life of Philadelphia's
22 children. I didn't make that choice only
23 to fall short.

24 We welcome the high
25 expectations that Council and others

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2 place on this work. We owe it to
3 Philadelphia's children to be held to the
4 highest standards possible, and we
5 believe that implementation of the CUA
6 Scorecard is instrumental in providing a
7 roadmap for our forward progress. These
8 high expectations are what drive the new
9 accountability and transparency we have
10 seen in child welfare operations over the
11 past year. We may never be perfect, but
12 we should always be moving forward in
13 clear and measurable ways.

14 That is Turning Points'
15 commitment and, more importantly, my
16 personal commitment to DHS, to City
17 Council, and to the families of
18 Philadelphia.

19 Thank you for your time and
20 attention.

21 COUNCILWOMAN BASS: Thank you
22 very much for your testimony.

23 Councilwoman Brown.

24 COUNCILWOMAN BROWN: Yes.

25 Thank you, Madam Chairwoman.

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2 Good afternoon for -- good
3 afternoon. I'm rushing ahead of myself.
4 And thank you for your very well
5 presented testimony that really
6 capsulates where you've been and what
7 your vision is for the future.

8 You mention on Page 5, first
9 paragraph -- and I should just say for
10 the record that I have had the
11 opportunity to visit Turning Points there
12 at 40th and Market, and because of what I
13 observed, I then required my staff to
14 spend time there so that we can see up
15 close and personal the work that you're
16 doing on a daily basis to make a
17 difference in the lives of our city's
18 children. Having spent some time at
19 Family Court working with probation
20 officers, I thought it appropriate for my
21 staff to see up and close personal the
22 magnitude of the work that you do.

23 And so with that said, on Page
24 5, top paragraph, you say you are shoring
25 up technical assistance and establishing

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2 a systemwide approach to integrate the
3 four CUAs. Speak to that in terms of
4 what strategies you're using to shore up
5 the technical assistance.

6 MS. WOODS: Well, the first
7 thing we've been working towards is
8 reviewing all of the cases, both current
9 active cases and prior reports of all of
10 our CUAs, but most especially the new
11 CUAs that we have just acquired, to see
12 where the service delivery gaps are. I
13 mean, the Scorecard, as Commissioner
14 Figueroa mentioned, is a roadmap, but
15 once you get into the weeds is really
16 where you identify where the practice
17 areas of concern are and where we should
18 really work with staff to get better.
19 And so we've been spending a fair amount
20 of time with all of the leadership of all
21 four CUAs to figure out what next steps
22 look like in terms of tackling the
23 practice areas that we're concerned
24 about, and obviously our top concern is
25 safety, supervision, and staff turnover.

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2 Those would be some of our core areas.

3 The other thing that we've been
4 doing is trying to really work on morale.
5 I mean, any time you've been a part of an
6 organization that's encountered a public
7 tragedy and gone through bankruptcy,
8 staff are tired, and so we want to make
9 them feel at home and let them know that
10 this is a place that is safe. And so
11 we've been also offering leadership
12 development training, because in the
13 social work field, we spend a lot of time
14 on the compliance standards, but we don't
15 really talk about what it means to be a
16 leader and what these expectations are,
17 and also explaining what the culture is
18 of Turning Points for Children and how we
19 want that to translate into the behaviors
20 for the staff who work with us.

21 COUNCILWOMAN BROWN: Surely.
22 Thank you also for the clarity on the
23 RTFs, residential treatment facilities.
24 So then who funds -- if they're not a
25 part of the CUA system, then who funds

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2 them?

3 MS. WOODS: The behavioral
4 health system funds the RTFs. Again,
5 Turning Points does not operate an RTF.

6 COUNCILWOMAN BROWN: Right.

7 MS. WOODS: But behavioral
8 health is paid for by Behavioral Health.

9 COUNCILWOMAN BROWN: And those
10 dollars come from the state; is that
11 correct? Help me out.

12 MS. WOODS: That would be
13 correct.

14 COUNCILWOMAN BROWN: Okay. So
15 DBH or --

16 MS. WOODS: CBH.

17 COUNCILWOMAN BROWN: So then
18 with that said then, is it fair to then
19 look to CBH to find out where the gap,
20 for lack of a better word, happened with
21 regards to the unfortunate circumstance
22 at Wordsworth so that we're actually
23 placing the apples where they need to be
24 or putting the apples in the right
25 basket?

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COMMISSIONER FIGUEROA: So if I
can politely jump in here. Again,
Commissioner Figueroa.

So to make matters more
complicated, the source by which it's
determined that a young person goes into
a residential treatment facility has to
happen through the behavioral health
process, and it is predominantly, almost
90 percent, paid for, especially
Philadelphia-based kids, out of CBH
dollars. The facility is licensed by the
state, but the Office of Children,
Youth -- under the direction of Office of
Youth and Families through what's called
the Bureau of -- I am totally blanking on
the name. I know the acronym. But I
want to be clear, though, and transparent
in that there is a very small contract
amount that DHS pays for for what we
consider room and board, which is a very
small amount. So that supports obviously
when we place our kids there, because not
all children who are in RTF are under

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2 DHS's custody.

3 COUNCILWOMAN BROWN: And I
4 followed that so far. What percentage of
5 children now are placed out of the county
6 for RTFs?

7 COMMISSIONER FIGUEROA: Two
8 percent are out of the county -- two
9 percent of the DHS population -- I would
10 have to get that further broken down in
11 terms -- right now there's no RTF in
12 Philadelphia County. The closure of
13 Wordsworth Academy ended any residential
14 treatment facility in Philadelphia
15 County.

16 COUNCILWOMAN BROWN: So
17 translated, that means that there are no
18 CUAs that are operating RTFs in the
19 County of Philadelphia?

20 COMMISSIONER FIGUEROA: That is
21 correct.

22 COUNCILWOMAN BROWN: Okay. And
23 is it fair to say then that the -- I'm
24 looking for a delicate word here -- some
25 might call it noise, others might call it

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2 publicity, rightly or wrongly, regarding
3 the tragedy at Wordsworth, those dots
4 would lead to CBH?

5 COMMISSIONER FIGUEROA: So what
6 I would say is the dots lead to all of
7 us. We failed that young man.

8 COUNCILWOMAN BROWN: Because of
9 maybe gaps in linkages talking across
10 systems or what?

11 COMMISSIONER FIGUEROA: Well, I
12 want to highlight a few things, and this
13 again, not publicity, not excuses. That
14 young man was not in the custody of
15 Philadelphia. He happened to be in a
16 facility where we had other Philadelphia
17 children. He was placed there
18 independently through his family and was
19 from another county. We immediately
20 determined that we needed to move the
21 children from that facility based on that
22 tragedy.

23 COUNCILWOMAN BROWN: The
24 Philadelphia children from that facility?

25 COMMISSIONER FIGUEROA: That's

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2 correct. And I think that's why it's
3 been difficult for Philadelphia County to
4 answer the connect the dots on the
5 accountability measures, because there is
6 a state licensing, there is the
7 behavioral health, and of course then
8 there's the DHS factor. In this
9 particular case, we had no involvement
10 with that young man.

11 COUNCILWOMAN BROWN: I see.
12 Okay. That clarity is important as well.

13 Back to the last page of your
14 testimony. Speak to the "how" with
15 regards to the recruitment of foster
16 parents, how that happens currently.

17 (Witness approached witness
18 table.)

19 MR. FAIR: Good afternoon,
20 Councilwoman.

21 COUNCILWOMAN BROWN: Good
22 afternoon.

23 MR. FAIR: David Fair, Deputy
24 Chief Executive Officer for Turning
25 Points for Children.

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Recruitment of foster parents happens in a variety of ways. Probably the most effective way is word of mouth. A foster parent who has a good experience with an agency providing foster care tells her friends or his friends and others and they join the team.

We also do a lot of community outreach events. We have events in libraries and in community centers throughout the City. All of the CUAs are funded to provide -- we all are provided funding for two staff who do nothing but recruitment of foster parents for the foster care agencies. DHS has just started a new campaign, media campaign, around recruitment of foster parents, which we think will help a lot as well.

COUNCILWOMAN BROWN: Effective to be released when, the foster parent campaign?

COMMISSIONER FIGUEROA:
February 26th.

MR. FAIR: February 26th.

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MS. WOODS: Additionally, Turning Points has been doing some awareness building as well, and so we've been partnering with one of the restauranteurs that owns five or six of the restaurants on 13th Street where you will also see cards in every check presenter, which is also a foster care campaign for Turning Points for Children.

COUNCILWOMAN BROWN: I see. What about outreach to various clergy communities?

MR. FAIR: Yes. When I talked about community organizations, I'm talking about faith organizations as well as sororities and fraternity events and --

COUNCILWOMAN BROWN: So that's done in a very strategic, intentional way, reaching to --

MR. FAIR: Absolutely. Absolutely. And the advantage of the CUAs having regional focus in the City with certain neighborhoods and certain

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2 police districts allows us to develop
3 ongoing relationships with people in
4 those communities, which has helped a lot
5 in recruiting foster parents. Turning
6 Points didn't have a foster care program
7 before it opened the CUAs. We opened our
8 foster care program and got licensed
9 about a year into the CUAs. We now have
10 over 600 foster parents.

11 COUNCILWOMAN BROWN: Is
12 there --

13 MR. FAIR: Most of whom are
14 kinship parents, are relatives of the
15 children who were in care.

16 COUNCILWOMAN BROWN: Okay. And
17 what is that number today as we speak,
18 the number of children in foster care?

19 MR. FAIR: About 6,000, I would
20 say.

21 COUNCILWOMAN BROWN: Okay. All
22 right, then.

23 That concludes my questioning,
24 Madam Chair. Thank you.

25 COUNCILWOMAN BASS: Thank you,

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2 Councilwoman.

3 Ms. Kim, would you like to
4 state your name for the record and begin
5 your testimony.

6 MS. KIM: Sure. My name is
7 Samea Kim from the Pennsylvania Council
8 of Children, Youth and Family Services.
9 Good afternoon, Chairwoman Bass and
10 members of the Public Health and Human
11 Services Committee. Thank you for
12 holding this hearing and for inviting us
13 to testify on this important topic.
14 Again, my name is Samea Kim and I am the
15 Associate Director of the Southeast
16 Office at the Pennsylvania Council of
17 Children, Youth and Family Services.

18 PCCYFS is a statewide
19 association of private provider agencies
20 that provide child welfare, juvenile
21 justice, and children's behavioral health
22 services. We have about 100 member
23 agencies statewide and about 30 in the
24 Philadelphia area.

25 PCCYFS has worked alongside the

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2 Department of Human Services during the
3 development of IOC, and we believe the
4 community-based service design can be
5 effective for Philadelphia's children and
6 families. We also want to affirm that we
7 support the development of CUA scorecards
8 as a mechanism for accountability.
9 Through the Scorecard, DHS Commissioner
10 Figueroa and her team have taken
11 difficult but important steps towards
12 improving transparency in their child
13 protection work. What the baseline
14 Scorecard sets out to do, however, is an
15 extremely challenging task. The system
16 has continued to evolve at the same time
17 that the CUAs are being evaluated and,
18 two, the work exists in a system, so some
19 of the outcomes we find are not the
20 exclusive responsibility of the CUAs.

21 Since Commissioner Figueroa's
22 appointment, she's directed some very
23 important and necessary reforms that
24 you've already heard about. For example,
25 she's transitioned CUA subcontracting

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2 back to DHS where there's greater
3 administrative capacity. Child placement
4 and replacement referrals have returned
5 to the DHS Central Referral Unit. And
6 CUA caseload sizes have improved to one
7 caseworker for 11 and a half families as
8 of September 30th, 2017, with a
9 commitment from DHS to fund caseloads at
10 a ratio of one to ten families.

11 Similarly, although IOC was
12 formally launched in 2013, it has seen
13 system changes almost every year since,
14 which presents a challenge for the
15 evaluation of an entity's work. For
16 example, as soon as all of the CUAs were
17 operational in 2015, the size of the
18 system originally designed for 4,000 in
19 out-of-home care ballooned as a result of
20 law changes to what is now close to
21 6,000. Understandably, this
22 unanticipated increase put a strain on
23 the system, to which CUAs were still
24 responding between 2016 to 2017 and even
25 today. It was not until 2016 that the

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2 City committed to increasing funding to
3 help CUAs with their unmanageable
4 caseload sizes and not until 2017 that
5 the workforce was sufficiently trained
6 that we began to see decreases in the
7 workload. However, there's still much
8 opportunity for improvement, as mentioned
9 before, since the current caseload ratio
10 of one to ten families still means each
11 CUA caseworker is managing an average of
12 20 to 27 children.

13 Additionally, not everything
14 that the Scorecard seeks to measure is
15 exclusively under the responsibility of
16 CUAs, and the Scorecard could better
17 represent the fact that shared
18 responsibilities deliver these outcomes.
19 For example, as I mentioned earlier, DHS
20 now manages intake and referral of
21 children. Therefore, whether a placement
22 is in the least restrictive environment
23 and within the CUA community are out of
24 CUA control. Also because CUAs are no
25 longer managing placements, CUAs and

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2 providers may not immediately have the
3 information about a child to make
4 informed decisions about the child and
5 families' needs.

6 Looking at the work of CUAs in
7 isolation does not fully explain how the
8 work is advancing since really the effort
9 is systems oriented. We think the
10 Scorecard could better reflect how one
11 entity's performance impacts the
12 performance of another and acknowledge
13 that the accountability is shared.

14 Looking ahead, DHS has also
15 expressed an intention to expand their
16 performance accountability to include
17 scorecards on additional types of
18 providers with which they contract, and
19 ultimately DHS plans to release the DHS
20 Scorecard. We commend the idea as a
21 clear commitment by DHS to transparency
22 for the City's most vulnerable residents.
23 Again, without a full system perspective
24 that exhibits shared accountability, the
25 report cards are not as effective as they

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2 could be.

3 Finally, as the scope of this
4 hearing also includes the exploration of
5 a, quote/unquote, practical plan to
6 improve outcomes for our children in the
7 DHS system, we believe it is important
8 that we do so with the full system in
9 mind. While the Scorecard deals with
10 CUAs specifically, there are a number of
11 providers who work directly with DHS and
12 CUAs and are critical partners to
13 achieving better outcomes for
14 Philadelphia's children. Unfortunately,
15 they haven't had the full opportunity to
16 participate in ongoing conversations
17 about how the work is advancing. Any
18 ongoing work must be reflective of and
19 informed by the full system and,
20 therefore, include these providers.

21 Ultimately, the work of this
22 system and any accountability structures
23 must be able to answer whether the
24 structure results in better outcomes for
25 children, and we thank City Council for

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2 continuing to advance these difficult
3 conversations for the benefit of
4 Philadelphia's children and families.

5 Thank you again for the
6 opportunity to offer comment. I'm happy
7 to answer any questions you may have.

8 COUNCILWOMAN BASS: Thank you
9 so much for your testimony.

10 Councilwoman Quinones-Sanchez.

11 COUNCILWOMAN SANCHEZ: Thank
12 you.

13 I have a point of information
14 for the Commissioner, because we talked
15 about the providers managing the
16 residential treatment services and you
17 said there's no CUAs managing --

18 COMMISSIONER FIGUEROA: RTF,
19 correct.

20 COUNCILWOMAN SANCHEZ: So who
21 manages the Bridge in my district?

22 COMMISSIONER FIGUEROA: So the
23 Bridge is an affiliate of Philadelphia --
24 it's an affiliate of you guys?

25 MS. WOODS: Yes.

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COUNCILWOMAN SANCHEZ: So it
is -- go ahead. Can you please clarify
for the record.

MS. WOODS: For the record, the
Bridge is a congregate care facility,
which is different in terms of level of
care than the RTF. It is managed by
Turning Points for Children.

COUNCILWOMAN SANCHEZ: I just
want to get that clarity. So we do have
that.

Congregate care is children
who -- this is the initial
intervention -- you can --

COMMISSIONER FIGUEROA: It's
where there isn't a kin or a foster home
and there's a different need for
placement. So we're not able to keep
them in a home-based care, and in those
particular, DHS pays for the totality.
So it's not a behavioral health
intervention.

MS. WOODS: If I may add, the
only difference with the Bridge is that

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2 the facility -- part of it is
3 specialized, so most of the kids that are
4 referred are there because of substance
5 abuse challenges and are referred through
6 CBH and paid for by CBH. We do have a
7 small number of beds also in that
8 facility in a separate section that are
9 for DHS kids, and that's considered our
10 Villa program, but they're both housed at
11 the Bridge.

12 COUNCILWOMAN SANCHEZ: Right.
13 So I just wanted to clarify this, because
14 we do have some dual management system
15 stuff, and I do get an opportunity to go
16 visit there and I think the work is
17 adequate, although I'd like to see more
18 coordination in light of the fact that
19 there is co-management, particularly as
20 the additional -- the unit that was
21 created in the back or the additional
22 unit, when we sited that there -- I'm
23 talking about difficulties of siting.
24 When we sited that there, that was not
25 the initial commitment that we made to

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2 the community. And so one of the things
3 that I think it's important -- because
4 these become controversial, right, about
5 where we locate them and stuff -- is that
6 at some way, that we update the community
7 about the services being provided there.
8 They're very much necessary. Most of the
9 kids come from those zip codes, you know.
10 I believe in those services, but I do
11 want to make sure that -- we made a
12 commitment that one service was going to
13 be provided and it's kind of evolved,
14 that we have some sort of mechanism of
15 keeping folks informed.

16 Okay. With that, let me talk a
17 little bit about -- these are kind of
18 yes, no's a little bit more. Can you
19 explain the acquisition of Wordsworth in
20 legal terms and then the financial
21 transaction.

22 MS. WOODS: So I will speak to
23 just the CUAs. Wordsworth, the former
24 Wordsworth entity, was comprised of
25 multiple entities. There were actually

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2 three separate legal entities. Each CUA
3 had its own entity, and then there was a
4 third entity which housed the school, the
5 RTF that was closed, and other Wordsworth
6 programs. So what Turning Points has
7 acquired is specifically the CUAs.

8 Financially, all that means is
9 that we have acquired the existing
10 contract that DHS had in place with --
11 the former Wordsworth entity is now being
12 assigned to Turning Points. Any funds
13 that were already spent are spent.
14 There's no more money being allocated to
15 us as a part of this transaction. We are
16 just picking up and billing for our
17 services for the remaining six months of
18 the contract period.

19 COUNCILWOMAN SANCHEZ: Okay.
20 So there are no assets, nothing
21 transferred. It was just the contractual
22 piece of it.

23 MS. WOODS: Correct. The only
24 thing that transferred were the CUAs and
25 any foster homes, since Turning Points

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2 also runs foster homes. Any foster homes
3 that were associated with Wordsworth were
4 transferred to Turning Points, and we
5 notified the foster parents a month in
6 advance. They were given an opportunity
7 to move with us or any other entity that
8 they wanted to associate with. But that
9 is it. There's no other financial
10 transaction associated with that.

11 COUNCILWOMAN SANCHEZ: So how
12 many of those were in that pool?

13 MS. WOODS: Of foster homes? I
14 would say approximately 100 homes.

15 COUNCILWOMAN SANCHEZ: Can you
16 explain the legal and financial
17 relationship between Turning Points and
18 PHMC.

19 MS. WOODS: Certainly. So
20 Turning Points for Children became an
21 affiliate of PHMC in 2013, in February of
22 2013, and what -- and just a little bit
23 about our decision. So we had been
24 around for over 100 years at that point
25 in time, and we believed that in order to

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2 do this work well, we wanted access to a
3 more sophisticated back-office structure
4 than what we could currently provide. So
5 at the time I was the CFO, I managed the
6 janitor, I managed the IS guy. I mean, I
7 had a hybrid of roles that probably
8 weren't necessarily the best fit for a
9 growing organization. And so we
10 affiliated, and what that means is we
11 have an agreement with PHMC for services
12 that we purchase from them. So, for
13 instance, IT services, we don't have IS
14 staff on site. We purchase those
15 services. When we went to move our CUA,
16 we used their real estate expertise
17 because we don't have anyone that's on
18 site to do those things. We leveraged
19 their general ledger accounting system,
20 so we use the same package. So that's
21 how it works. We have an agreement.

22 COUNCILWOMAN SANCHEZ: So you
23 purchased those services?

24 MS. WOODS: Yes.

25 COUNCILWOMAN SANCHEZ: So that

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2 means you have an independent Board?

3 MS. WOODS: We do have a Board
4 and we have an agreement that's in
5 writing in terms of what services we
6 purchase from PHMC annually.

7 COUNCILWOMAN SANCHEZ: So does
8 Turning Points have any Board
9 representation at PHMC?

10 MS. WOODS: Currently PHMC has
11 two seats that they're able to fill on
12 the Turning Points for Children Board.

13 COUNCILWOMAN SANCHEZ: So it's
14 the other way around. PHMC fills your
15 Board. Do you have the ability to fill
16 their Board?

17 MS. WOODS: We have one Turning
18 Points Board member that sits on the PHMC
19 Board. So we have a Board of about 18
20 people. Two seats are allocated for
21 PHMC. At some points in time they've
22 been filled; at some points they haven't
23 been. And then Turning Points, our Board
24 Chair also is a voting member of the PHMC
25 Board.

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2 COUNCILWOMAN SANCHEZ: Okay.

3 So they govern you, not the vice versa?

4 MS. WOODS: Vice versa meaning
5 we govern them? Correct.

6 COUNCILWOMAN SANCHEZ: You have
7 a say in their governance structure?

8 MS. WOODS: I would say we have
9 a voice at the table, along with other
10 Board members.

11 COUNCILWOMAN SANCHEZ: And the
12 reason I ask that is because one of the
13 things you mentioned as an achievement in
14 your management structure is these CUA
15 Advisory Boards. So I'm trying to get to
16 a point where why isn't that -- why is
17 that an Advisory Board and why isn't some
18 of your CUA parent representation on your
19 Board?

20 MS. WOODS: We do have CUA
21 Advisory Boards and have CUA Advisory
22 Board members on the Turning Points Board
23 since we started IOC. So each CUA --

24 COUNCILWOMAN SANCHEZ: Is this
25 a guaranteed slot? Is that in writing?

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2 MS. WOODS: It's a guaranteed
3 slot. I actually believe it is in
4 writing. So we have one person from each
5 of the Advisory Boards that sits on the
6 Turning Points voting Board of Directors.

7 COUNCILWOMAN SANCHEZ: Of your
8 18 members?

9 MS. WOODS: Yes.

10 COUNCILWOMAN SANCHEZ: And how
11 is that person selected from the Advisory
12 Board?

13 MR. FAIR: They're elected by
14 the members of the Community Advisory
15 Board to serve. When they elect their
16 officers, they also elect their
17 representative to the Turning Points
18 Board.

19 COUNCILWOMAN SANCHEZ: So all
20 of that is written? I'd be interested --

21 MR. FAIR: It's a guideline
22 that DHS enforces.

23 COUNCILWOMAN SANCHEZ: It's a
24 guideline that DHS enforces. So other
25 Advisory Boards have representation on

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2 CUA Boards?

3 MR. FAIR: Other Advisory
4 Boards?

5 COUNCILWOMAN SANCHEZ: No, no,
6 no. I'd like to see some of that, if you
7 could submit that to the board for the
8 folks over at DHS. I found that
9 interesting and I just wanted to see
10 around governance. I believe in client
11 governance and ability, so I found that
12 interesting in your piece.

13 One of the challenges that I've
14 always had with this is the geography.
15 How are you adjusting to the different
16 neighborhoods spread out in this four CUA
17 situation? I know you talked about
18 bringing some of the back-office stuff
19 together and bringing some of the teams
20 together. What, if any, challenges on
21 the geography have you faced?

22 MS. WOODS: Well, given the
23 neighborhoods that we cover, some
24 geographies work well together. So, for
25 instance, CUA 9 represents all of West

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2 Philadelphia. So those territories
3 happen to be side by side, so it makes
4 service coordination and outreach much
5 easier, although there are communities in
6 Southwest Philadelphia that look very
7 different than communities closer to City
8 Avenue in West Philadelphia.

9 One of the ways that we try to
10 provide some autonomy to staff is, we use
11 our prevention teams to help provide
12 insight on how we should be conducting
13 outreach in each of the communities,
14 recognizing that the fabric of those
15 communities are different. We have had
16 conversations about creating some
17 overarching core goals for our CUAs in
18 our prevention work and then giving our
19 staff the flexibility to leverage their
20 community connections to make sure we
21 uphold them. But, I mean, it's
22 definitely a challenge in terms of how we
23 work with each of our stakeholders in
24 each community.

25 COUNCILWOMAN SANCHEZ: Do you

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2 see a scenario whereby if the geography
3 lines were changed, it would be too
4 complicated for you to manage?

5 MS. WOODS: It's not something
6 that we've really thought about, to be
7 honest. We work closely with community
8 organizations in all of our neighborhoods
9 and recognizing that Lower Northeast sits
10 on the heels of Kensington. And so we're
11 always partnering with organizations that
12 really span oftentimes those community
13 boundaries. So it hasn't been a barrier
14 for us up to the time -- I mean, all of
15 the CUA CEOs, we meet regularly
16 independent of DHS. So if there's ever a
17 question or concern about how to handle a
18 case-related matter, we would just reach
19 out to our peer in the other geography.

20 COUNCILWOMAN SANCHEZ: So speak
21 to us around the school placement issue.
22 What have been some of the challenges, if
23 anything, around school placement? I
24 know we try to give particular the older
25 kids choice, but how do you manage that

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2 around that if the placement is different
3 than...

4 MR. FAIR: We work closely with
5 the Education Support Center at DHS on
6 those questions. The default position is
7 that the child will remain in the school
8 that they were in when they were referred
9 to us unless there's some other practical
10 reason why that doesn't work. The
11 decision on where to place the child is
12 made in concert with -- it's not really
13 made by the CUA. It's made by DHS and
14 the School District as they evaluate the
15 particular needs of that particular
16 child.

17 COUNCILWOMAN SANCHEZ: So we're
18 transporting -- and do we end up
19 transporting --

20 MR. FAIR: But we do transport
21 children. We transport children long
22 distances sometimes.

23 COUNCILWOMAN SANCHEZ: Is that
24 by bus, private?

25 MR. FAIR: Initially usually

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2 the CUA has to provide the
3 transportation. It takes a couple of
4 weeks for the School District to arrange
5 transportation.

6 COUNCILWOMAN SANCHEZ: All
7 right. I think that's it for me. Thank
8 you so very much. I know you have a
9 difficult personal situation that you're
10 still trying to deal with. I appreciate
11 you coming.

12 MS. WOODS: Thank you.

13 COUNCILWOMAN BASS: Thank you
14 so much.

15 If there's no more questions
16 from the members of Council, thank you
17 very much for being here and for your
18 testimony.

19 And if we could have the Clerk
20 call up the next panel, Panel 3.

21 THE CLERK: Donella Shaffer,
22 Chief, Child Advocacy Unit, Defender
23 Association of Philadelphia, and Frank
24 Cervone, Executive Director, Support
25 Center for Family Advocates.

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2 (Witnesses approached witness
3 table.)

4 COUNCILWOMAN BASS: Good
5 afternoon.

6 MS. SHAFFER: Good afternoon.

7 COUNCILWOMAN BASS: Please
8 state your name for the record and begin
9 your testimony.

10 MS. SHAFFER: My name is
11 Donella Shaffer. I'm the Chief of the
12 Child Advocacy Unit at the Defender
13 Association of Philadelphia.

14 COUNCILWOMAN BASS: Can we also
15 ask, if it's possible, because we know
16 we've been here for quite some time, if
17 we could have you abbreviate your
18 testimony, because we do have the written
19 record. So if we could have you just go
20 over some of the points in your
21 testimony.

22 MS. SHAFFER: Yes, indeed.

23 COUNCILWOMAN BASS: Instead of
24 reading the whole thing. Thank you.

25 MS. SHAFFER: No problem.

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2 First of all, if I could just
3 give a moment of background, which is
4 that as the Chief of the Child Advocacy
5 Unit, I did appear in front of this
6 Committee also in 2014 when there was
7 some initial discussion about what was
8 the implementation process for IOC and
9 how were the initial CUAs doing. At that
10 time, we did raise some issues regarding
11 the case managers and their preparedness
12 for court, not knowing underlying facts
13 of single case plans and, therefore,
14 there being an issue with what needed to
15 be addressed to reunify the family or to
16 make a permanency plan for our clients.

17 I would suggest to you that as
18 I appear here three years later, that
19 many of the same issues have faced us and
20 continue to face us on a daily basis and
21 that we have consistently addressed those
22 concerns to DHS leadership.

23 I would say to you that we have
24 been very pleased in the fact that in
25 some of those instances regarding some of

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2 those systemic issues, Commissioner
3 Figueroa has heard our concerns,
4 specifically in terms of issues which I
5 think she previously referenced, that
6 they have brought back to DHS the
7 financial issue regarding payment of
8 foster parents and kinship parents, which
9 has been a major issue for us in terms of
10 assuring that people who take our clients
11 in are being appropriately financed to
12 make sure that they have the appropriate
13 resources for our clients and to ensure
14 that families can receive the appropriate
15 services.

16 Similarly, we have spoken
17 extensively with the Commissioner's
18 Office and with her leadership team
19 regarding the issues of CUAs not being
20 able to identify appropriate placements
21 within their systems. And, again,
22 thankfully, DHS has heard that. They've
23 reinstituted their CRU system, and now
24 those things have changed and have gone
25 back to DHS. In light of that, that has

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2 been extremely helpful to us.

3 We are still, however,
4 concerned about the fact that it is those
5 same CUA workers who are making the
6 referrals. So sometimes those things
7 still take a while to get done. They
8 still take a while to get back to DHS.
9 And we also have some concerns about
10 information and the accuracy of that
11 information and the completeness of the
12 information that's provided.

13 I would also say to you that my
14 office, although we did not represent
15 Danieal Kelly, we represented her
16 siblings when the Department filed a
17 petition after her tragic death. So we
18 witnessed actually what those children
19 went through as they processed their
20 sister's death, and we learned firsthand
21 some of the things that could have
22 occurred that didn't.

23 So I will say to you as I
24 appear here today and as we work every
25 day in our office, Danieal Kelly and her

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2 sisters sit on our shoulders every day.
3 We're aware of them. We're very aware
4 that one child had a major impact on the
5 system, which is why it's so important to
6 us to always talk about one child. Every
7 child makes a difference.

8 So I know we've talked a lot
9 today about generalities, but one of the
10 things that we wanted to bring to you was
11 give a face to some of our -- some of
12 these domains that you've heard about.

13 It is with a very heavy heart
14 that we looked at the data that DHS
15 released regarding the CUA cases,
16 realizing that when you aggregate the
17 number of cases that were reviewed, which
18 by my poor math skills was 7,931. Well,
19 of those 7,931 CUA cases, 5,574 of those
20 cases are being handled by agencies that
21 were deemed by the DHS Scorecard to be
22 unsatisfactory and that the remaining
23 2,356 cases were assigned to agencies
24 that were deemed to be competent at the
25 time.

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Again, one child makes a difference, and it's important to us to know that here are 5,000 children, many of whom we represent, where we need to be clear about what exactly needs to be done for them.

The permanency domain that has been identified is certainly one plan, one case manager, which we think is incredibly important. However, we have learned the CUA system is somewhat fragmented. It's very splintered. I think that Councilman Green originally talked about being coordination and communication between systems. There needs to be a coordination and a communication within the CUA agency itself, Councilman. Those workers are sometimes working in silos, and we hear that the case aide might have one piece of information, the well-being specialist might have another piece of information, the visitation coach might have a piece of information. That information is not

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2 all being brought together in a way
3 that's always a coordinated effort, as
4 you referred to regarding the systems.

5 We have instances which
6 obviously you have all read. I've given
7 you individual cases, because we think
8 it's important for you to have a face of
9 them, where workers have come to court to
10 testify about a visitation coach and
11 stopping the visitations case that they
12 had and that the mother had not been
13 offered ongoing visitation because her
14 visitation case had been closed. That's
15 not correct. Her visitation case was
16 never closed, but that's how the workers
17 think about it, in silos, that these
18 situations occur in that way. That is
19 not correct.

20 We've had situations where case
21 aides do not understand their full role,
22 and in one instance recently, which was
23 very concerning, the case aide did not
24 recognize that as a mandated reporter,
25 she should have been notifying the

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2 hotline, the state hotline, that there
3 was possible abuse that was occurring in
4 a placement agency. But she didn't do
5 it. Her role was, as she saw it, to note
6 that in her file and to then let the case
7 manager at some point later take over and
8 decide what should be done. Again,
9 that's exactly what is not helpful in
10 these cases.

11 The safety domain is the one
12 that is most alarming to us in many ways,
13 because child safety is at the heart of
14 why we are here. Danieal Kelly died
15 because social workers who were supposed
16 to be seeing her and monitoring her
17 safety and well-being totally failed to
18 do so. Alarming, we have experienced
19 multiple instances where that exact same
20 failure has occurred.

21 I know that all of you are
22 aware, as we were, of the newspaper
23 articles in the Inquirer regarding seven
24 CUA workers who were fired because they
25 had falsified documentation. During

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2 2017, we had instances of eight CUA
3 workers, who are involved with at least
4 25 of our children, documenting falsified
5 visits in their files and testifying to
6 visits in court that did not happen.
7 That's exactly what happened with Danieal
8 Kelly. So, again, these case managers
9 might have been fired from their
10 positions, but, again, we still have
11 those situations occurring.

12 We also have significant
13 questions regarding the quality of the
14 safety visits that do occur. And, again,
15 because of our situation with Danieal
16 Kelly, we know that one of the situations
17 that occurred there was that workers did
18 not go into the house. They really
19 didn't go in and see what was going on.
20 We have workers right now who we know do
21 not go into the home. They do not leave
22 the area where the child -- where they
23 actually go in. They don't know at this
24 point where the child sleeps, what the
25 child's bedroom looks like, what the

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2 condition of the rest of the home is, if
3 there's appropriate food or even who is
4 residing in the house. It defies good
5 social work practice and, in all honesty,
6 just good common sense that people need
7 to go in the door and see what is
8 occurring for children and what is
9 happening in that house. That's what did
10 not happen with Danieal. No one walked
11 in the door and opened the door to her
12 bedroom and looked in to see what was
13 happening.

14 These examples for us are
15 eerily reminiscent of the Danieal Kelly
16 case and the needless horror of her
17 death.

18 Case planning continues to be
19 an ongoing issue for us. We have had
20 numerous situations occur where case
21 managers do not know the underlying facts
22 of cases and, as a result, they do not
23 include what is necessary in their single
24 case plans.

25 Additionally, there have been

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2 instances where judges and hearing
3 officers have removed CUA from the cases
4 and have sent those cases back to DHS
5 because of the inadequacies of the CUA
6 practice.

7 The court practice domain
8 continues to be an ongoing issue, and I
9 think Councilwoman Quinones had an
10 excellent point when she said that we
11 need to have CUA workers who are better
12 about being in court. And I can
13 appreciate the court situation. However,
14 we just simply want them to show up
15 sometimes, because in reality, what we
16 have is a recent incident where we had
17 nine CUA workers who failed to appear on
18 their court case on one list. None of
19 those cases moved forward that day. It's
20 not fair to the child. It's not fair to
21 the family. Permanency does not move
22 forward if people don't appear in court.
23 Permanency does not occur if you wait two
24 hours for a CUA worker who does not check
25 in with a courtroom, has never appeared,

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2 who does not submit a court report, who
3 when her phone is called does not answer
4 her phone, the supervisor is not able to
5 be contacted, and when the DHS court
6 representative who was there contacted
7 the agency, the agency said they had no
8 way to get a hold of them. Again, cases
9 do not move forward if people do not
10 appear in court for us to be able to move
11 cases forward.

12 I appreciate the fact that
13 there's going to be a lot of training
14 about court procedure, but until we can
15 get them actually in the room, training
16 about court procedure doesn't really help
17 us.

18 The supervision practice domain
19 is probably one of the major issues, and
20 if this domain actually goes to the
21 quality of the supervision and the
22 services that the agencies are providing,
23 then I suggest that it is one of the most
24 important domains.

25 Services being provided to our

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2 clients is an enormous issue to us. We
3 experienced a situation last week where a
4 CUA worker notified us via e-mail that
5 the kinship provider was unable to take
6 our client to her therapy appointment,
7 her trauma therapy appointment, and
8 suggested that perhaps we could stop the
9 child's trauma therapy for a period of
10 time until the kinship provider was able
11 to do that and wanted to know if that
12 would make the kinship provider in
13 non-compliance. In reality, that wasn't
14 our issue. Our issue was this child
15 needs to get to trauma therapy. She has
16 suffered sexual and physical abuse. She
17 needs to be in trauma therapy.

18 The CUA worker's next
19 suggestion was perhaps we could put the
20 child on an Uber and have the child be
21 transported back and forth to therapy via
22 Uber. In what world do we put a
23 seven-year-old child in an Uber to send
24 her to trauma therapy and then expect her
25 to get back on the Uber to go back to her

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2 foster home? If anything, at the end of
3 the trauma therapy, she needs a hug and
4 not an Uber driver.

5 Is that truly the value that we
6 give to these children's lives? And what
7 more can we do to provide them the
8 services that they need?

9 The assessment's health
10 education domain is also an issue for us.
11 We're not quite sure why people cannot be
12 filling out forms and getting our
13 children connected up to the correct
14 primary care physician. That seems to be
15 an ongoing problem. CUA workers don't
16 seem to know how to utilize that
17 well-being specialist that they've got
18 right there within their agency.

19 And, again, staff turnover
20 continues to be an issue for us.

21 Councilman Greenlee, you raised
22 the issue that we in our recommendations
23 had suggested that the DHS adoptions unit
24 should -- adoptions should go back to
25 DHS, and when you posed it to the

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2 Commissioner, she said that they would
3 not be in agreement with that because of
4 the permanency issue. I think we're
5 talking about two different scenarios.
6 We are talking about cases where parental
7 rights have already been terminated, not
8 leading up to that permanency, but where
9 parental rights are already terminated.
10 We have situations right now where we
11 have children who are free for adoption
12 and we cannot move them through the
13 system. It has stalled. We have 1,700
14 cases in a courtroom right now that is,
15 ironically enough, called the Accelerated
16 Adoption Review Court. There is nothing
17 accelerated about it.

18 CUA workers do not have a good
19 understanding of how to make the adoption
20 process work. In addition to all the
21 other people at their agencies, they also
22 are faced with the fact that they have
23 family profile writers that they have to
24 talk to, child profile writers that they
25 need to talk to, individuals from the

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2 statewide adoption network. There's a
3 DHS permanency worker involved. The case
4 moves around them, not because of them,
5 and that's a problem.

6 So we are suggesting that just
7 as DHS took back Central Referral and
8 just as DHS took back payment issues for
9 kinship, that that might be a way of
10 dealing with that piece of the puzzle.
11 They have said that they are working on
12 that, but, again, in the meantime, we
13 have families who are waiting for
14 extensive periods of time, months. By
15 some of their own estimates, the adoption
16 process has extended six to nine months
17 because we can't move things with the CUA
18 system. So we would suggest that. And,
19 in fact, right now they do have DHS
20 permanency workers who are on those
21 cases. So those workers could assume the
22 responsibility for at least managing that
23 part of the process. CUA can remain
24 involved, but there needs to be a manager
25 who understands the system and who

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2 understands it well enough to move it.

3 We also are very clear in our
4 recommendations that we think there need
5 to be much more focus on the development
6 of medical and therapeutic foster homes.
7 We lost a significant amount of those
8 resources when the CUA system was
9 implemented, because many of those
10 agencies were smaller, they went out of
11 business, and they've never been
12 recreated. We have clients who are
13 waiting to go into those type of homes on
14 a daily basis.

15 Additionally, we clearly feel
16 the need that the CUA supervisory level
17 needs to be bolstered and trained more.
18 It's been our experience that many CUA
19 workers don't have a good supervisory
20 support, because that supervisory system
21 in some way is just lacking. The
22 supervisors don't really understand the
23 nuts and bolts of what occur. Frankly,
24 right now it's so splintered with there
25 being a practice coach, a visitation

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2 coach, a DRO coach who says this is what
3 the court ordered the last time, that's
4 in many cases what the supervisor should
5 be doing, and we would suggest that that
6 should be a major, major focus, because
7 supervisors should be able to step in
8 when a worker is not there and deal with
9 an issue.

10 Too frequently we hear the
11 social worker is not here. I can't do
12 this as the supervisor. You'll need to
13 wait until the CUA case manager returns.

14 Children can't wait. Families
15 can't wait. They need answers now. They
16 need action now. So we would again ask
17 that those things be done.

18 We also made a request in our
19 suggestion here in our notes that there
20 should be Spanish-speaking staff on call
21 at each CUA agency. I would agree with
22 Councilwoman Gym that we should actually
23 increase that, and there should certainly
24 be a multitude of languages available.
25 It's a disservice to our clients and to

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2 their families when we are trying to deal
3 with agencies that do not have on call
4 Spanish-speaking workers at a time when a
5 family is in crisis. If a worker is out
6 there at 8 or 9 o'clock at night and
7 nobody speaks English and that worker
8 doesn't, it doesn't help anyone in this
9 situation.

10 So those are some of our major
11 recommendations. I would say to you
12 again that three years ago, we informed
13 this very Committee in this very room
14 that our experience with the CUA
15 system -- and it was replete with
16 problems and issues. We implored you at
17 that point to ask DHS to hit the pause
18 button and to help us all take a look at
19 what we should do then to make changes.

20 Now we have a scorecard, which
21 the Commissioner says gives us a
22 baseline, and I'm happy to know we have a
23 baseline moving forward. I'm sad to know
24 that it's taken us three years to get to
25 the baseline. I hope that there are

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2 ongoing evaluations that are done to show
3 where we have moved forward, but, again,
4 today I am pleading with you to intervene
5 and to assist in making some of these
6 changes and take the actions as needed,
7 because, very frankly, the families and
8 children of Philadelphia deserve better.
9 We owe it to them, and we owe it to
10 Danieal Kelly's memory. Everyone talks
11 about her, but it's time to make sure
12 that there's not another Danieal Kelly.
13 And, very frankly, we have had deaths
14 since the CUA system has occurred and we
15 have had Danieal Kellys, and it's time to
16 do something to make sure that it doesn't
17 affect one more child.

18 So that is our plea to you, and
19 I would like to take any questions that
20 you would have for me at this time.

21 COUNCILWOMAN BASS: Thank you
22 very much for your testimony. And I was
23 alerted to the part of your comments
24 while I stepped out in reference to a
25 child taking an Uber.

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2 MS. SHAFFER: Yes.

3 COUNCILWOMAN BASS: I think a
4 seven-year-old?

5 MS. SHAFFER: Seven-year-old.
6 She was going to be going to her
7 therapeutic -- to her trauma therapy,
8 which is located at Children's Crisis
9 Treatment Center on Delaware Avenue
10 across the street from the casino. And
11 so the thought was that we could put her
12 in an Uber, let her go to her therapy,
13 and then she could be transported back.
14 That is frightening to me. In what world
15 does anyone put a seven-year-old in an
16 Uber? I mean, she walks out of the
17 appointment. You can only imagine.
18 She's just spent 30 to 45 minutes in a
19 room dealing with the trauma of what
20 brought her into care. You can envision
21 her. She's walking out. Her little
22 shoulders are down. She's hurt. She
23 probably needs somebody to put their arm
24 around her. She's walking out the door,
25 and you have to imagine what she sees as

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2 she's looking for the Uber driver who is
3 going to take her back to her home.
4 That's not an answer, Councilwoman.
5 That's someone not recognizing her for
6 who she is, which is a seven-year-old
7 child.

8 COUNCILWOMAN BASS: Right.

9 MS. SHAFFER: She deserves
10 better.

11 COUNCILWOMAN BASS: It's
12 terribly frightening. As the parent of
13 an eight-year-old, the idea that someone
14 would think it was okay to put my
15 daughter into an Uber and to let her
16 travel on her own. So I guess I would
17 just say whoever was making that
18 decision -- you know, you put yourself in
19 these situations, would I do that if that
20 was my child, and the answer across the
21 board should be no. So, you know, it's
22 really terrifying that that was even
23 considered for any reason. It's
24 completely unacceptable.

25 Councilman Greenlee.

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2 COUNCILMAN GREENLEE: Thank
3 you, Madam Chair.

4 Quickly, because unfortunately
5 I have to step out for a little bit, but,
6 Ms. Shaffer, I'm glad you make clear,
7 because I think we were thinking along
8 the same lines. With the adoption issue,
9 I was talking about cases that really
10 were not in the disputed category.

11 MS. SHAFFER: Correct.

12 COUNCILMAN GREENLEE: They were
13 just going through the process. I mean,
14 I've heard -- and, again, I think we're
15 going to hear from somebody. It seems
16 like they're taking an inordinate amount
17 of time.

18 Now, does it seem to be, in
19 your opinion, a lot of the problem is the
20 changing in the CUA workers and all or is
21 it just normal court delay which happens
22 in all -- it seems to happen in all court
23 cases, a combination of both?

24 MS. SHAFFER: In all honesty, I
25 would say that there have been occasions

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2 when it's been court delay, but I would
3 say the majority of cases are because of
4 CUA workers not showing up to court, CUA
5 workers not being prepared with
6 information to be able to proceed. When
7 you get a CUA worker who arrives at court
8 and says, I've just been assigned to this
9 case three weeks ago, and the first
10 question that is proffered to them by the
11 City Solicitor who is sitting next to
12 them is a question along the lines of,
13 Where does the child go to school? When
14 that question can't be answered, one has
15 to be concerned, because if anyone has
16 ever talked to a kid, you know that as
17 adults, we always try to figure out how
18 do you make it easy. So we ask the
19 question of what's your name, how old are
20 you, and then what's the next question we
21 all ask? Where do you go to school?
22 What is your teacher's name?

23 So when you think of it in that
24 context, you have to wonder what was the
25 visit like that that worker made to that

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2 home when that worker saw that child
3 three or four days ago that the worker
4 can't answer the simple question of where
5 does the child go to school.

6 So the turnover of workers is
7 an ongoing problem, but also in the
8 adoption field and when we do adoption
9 cases, there are a lot of moving parts.
10 And I will say to you -- someone asked
11 earlier is there any time when we would
12 have looked at -- was the older part the
13 better? The DHS adoption unit was a
14 phenomenal group of people, because you
15 know why? You had to be a DHS worker for
16 a long time. They knew the system. They
17 understood the system. They knew how to
18 make those pieces work well. That's not
19 what's occurring right now, because CUA
20 does not know how to manage those cases
21 and move them in a way that propels the
22 case forward to an adoption.

23 COUNCILMAN GREENLEE: Yeah.
24 Unfortunately, we've heard some of the
25 same issues. All right. Thank you.

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2 Thank you very much.

3 COUNCILWOMAN BASS: A question
4 to the Commissioner. I was wondering if
5 you would like to respond to Ms.
6 Shaffer's testimony, if you had any
7 response.

8 COMMISSIONER FIGUEROA: I think
9 that Ms. Shaffer highlights a lot of
10 things that are concerning and completely
11 unacceptable to hear from as the
12 Commissioner, and I think what's critical
13 and what we've been trying to highlight
14 today is that we were in an absolute
15 disrepair. To say that we're in the same
16 place as three years ago is an absolute
17 fallacy.

18 I didn't take this job because
19 I just wanted a really significant job in
20 City government. I took this job because
21 it was on the heels of the testimony of
22 the seven workers who had falsified, the
23 fact that we had lost our license, the
24 fact that we were struggling through
25 reform, and I'm incredibly proud of the

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2 progress that we have made. Are we where
3 we need to be? Absolutely not.

4 We have data that proves some
5 of the things that she's said are places
6 we've made improvements. There are
7 places we have not made enough
8 improvements. Adoption is an excellent
9 example that we have a long way to go. I
10 wouldn't stay committed to this if I
11 didn't think we were making progress.

12 And certainly the items that
13 get brought up -- I mean, the
14 seven-year-old story is the first time
15 I'm hearing that. I have an 11-year-old.
16 I have a six-year-old. I would be
17 mortified if I had heard that as well.

18 So part of this that Councilman
19 Green around coordination and
20 collaboration means that we always have
21 to hear the dirty, the ugly, the
22 difficult, and I think one of the
23 challenges that I ask a lot of our
24 advocacy partners is for us to remain in
25 constant communication, and we're very

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2 grateful that they bring these issues to
3 our attention.

4 And so I'm not going to hide
5 behind it. We have a lot of work to do.
6 We're not where we were three years ago.
7 And I will look at some of the
8 recommendations that were made. I'm not
9 sure that we will move to all of them.
10 Ms. Shaffer didn't highlight anything
11 that we haven't seen as a challenge for
12 ourselves.

13 COUNCILWOMAN BASS: How about
14 Ms. Shaffer's comments that prior to
15 moving to this model, that the adoption
16 unit was in much better shape in terms of
17 the length of time? Because I know it
18 was asked -- I think it was Councilman
19 Greenlee who asked about the length of
20 time for adoptions, and we were told
21 previously that this was an improvement.
22 And so now we're hearing that this was
23 not an improvement.

24 COMMISSIONER FIGUEROA: So our
25 permanency is an improvement. The

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2 adoption issue, yes, we had an excellent
3 adoptions unit. My reflection on it is
4 that the evolution of this reform
5 effort -- and Ms. Shaffer is correct. We
6 have workers who are just now getting to
7 a retention point. We're getting workers
8 who are better prepared, and the
9 adoptions is one area. I think similar
10 to other challenges that we have faced,
11 that my concern is about quickly shifting
12 without allowing progress to happen,
13 could result in -- we don't have the
14 adoptions unit right now. So if I bring
15 it back, the question is how do we -- how
16 would we manage that? We'd be sort of in
17 the same situation of hiring up.

18 We have workers who have been
19 highlighted here, certainly can enhance.
20 So I think it's a dialogue that we need
21 to go back and look at in terms of the
22 adoption issue.

23 COUNCILWOMAN BASS: Okay.
24 Because as we are sort of experimenting
25 with some of these things -- and, like I

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2 said early on, I recognize that this is
3 not easy, that there's no quick and easy
4 fix here. These are very difficult
5 circumstances that we find ourselves in
6 in terms of caring for these young folks
7 who desperately need us, but while we're
8 trying to figure it out, they're growing,
9 they're having experiences, things are
10 happening, life goes on, and in some
11 cases, we're not there.

12 So, again, I'm not trying to
13 beat you up about it, but just
14 recognizing that life moves on while
15 we're trying to figure out what's best
16 for these young people.

17 COMMISSIONER FIGUEROA: And I
18 think I'm happy to be here, because part
19 of owning our ability to move forward is
20 the willingness to hear all of the
21 difficult information and recognize where
22 our greatest challenges are and put as
23 much time and energy into those areas.

24 In terms of our evolution, I
25 think we've really prioritized things

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2 that were impacting practice. If your
3 caseload sizes are super high, you have
4 to bring those down. If we're killing
5 the amount of investigations that we --
6 the workers are getting because they're
7 just overwhelming. So we've made a
8 gradual impact on that, which ultimately
9 we hope continues to improve progress.

10 COUNCILWOMAN BASS: Okay.

11 Mr. Cervone, would you like to
12 state your name formally for the record
13 and begin your testimony.

14 MR. CERVONE: Thank you. I'm
15 Frank Cervone. I'm the Executive
16 Director of the Support Center for Child
17 Advocates. Child Advocates is
18 Philadelphia's pro bono lawyer program
19 for abused and neglected children. Like
20 Donnie Shaffer's office, we offer the
21 skills and dedication of lawyer-social
22 worker teams together to work to
23 represent each of our clients. Last year
24 we represented what was for us an
25 all-time high of 1,100 children. For

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2 more than 40 years, we've served as a
3 resource to this community and to this
4 Council, and I thank you for the
5 invitation to serve in this role once
6 again. And I will try to summarize, as
7 you've asked.

8 COUNCILWOMAN BASS: Thank you.

9 MR. CERVONE: We certainly want
10 recognize the substantial improvements in
11 many important measures that have been
12 noted today by various of your witnesses
13 and by the several reports that are
14 before Council. There are other positive
15 indicators we haven't talked about: the
16 reduction in repeat abuse cases, the
17 building out of DHS University,
18 high-quality forensic interviews at the
19 Philadelphia Children's Alliance. As the
20 Commissioner just referenced, there's a
21 genuine commitment on the part of all of
22 the leaders of this system to improve. I
23 really have no doubt about that. And
24 there's regular communication among DHS
25 leadership, CUA and agency directors,

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2 other City agencies like CBH, the School
3 District, and the DA's Office, and with
4 the advocacy community and with Family
5 Court. Mostly we all talk to each other.
6 I find that tremendously healthy and a
7 good sign.

8 I'm a fan of IOC. Indeed,
9 several of my colleagues and I were
10 deeply involved in the planning process.
11 I chaired the work group on data
12 performance management and
13 accountability. So I have a real
14 affection for some of the topics today.

15 The basic structure of having
16 services and workforce located in and
17 connected to the community remains a very
18 good idea. I think we have to stop
19 talking about the good-old days. We
20 didn't like them very much, I can tell
21 you that, and get back and get on with
22 realizing the promise of IOC. Let's get
23 on with Version 2.0, and a key feature is
24 the CUA Scorecard.

25 I like the Scorecard a lot.

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2 Notwithstanding the Chair's question, I
3 don't have a problem with its
4 methodology. I think it's a fairly
5 sophisticated tool, and yet it's
6 accessible. There's a lot behind the
7 page that they're bringing to bear in
8 putting those numbers on the page, and we
9 can tinker with the dials, but it's a
10 really good start.

11 I commend Commissioner Figueroa
12 and the Deputy Commissioner Shapiro and
13 Lisa Rodriguez, whom you heard today, and
14 really their entire team, as well as the
15 CUA directors. They have all been at the
16 table with us and even more with each
17 other, and I know there's no punches
18 pulled in that room.

19 Accountability can be hard.
20 It's so necessary. Transparency is
21 essential in this world of ours in child
22 welfare work that is often so secret.
23 The child welfare system under IOC is
24 considerably more transparent than any
25 predecessor in Philadelphia. So its

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2 strengths and its problems are now
3 publicly known and discussed. We should
4 all like that, even though it can be
5 painful and uncomfortable at times.

6 The Scorecard demonstrates a
7 troubling picture. There are 52 of 90
8 benchmarks that were rated as either
9 unsatisfactory or critically problematic.
10 And if the programs that DHS continues to
11 run itself were added to the mix, that
12 number of deficiencies really would have
13 been even higher. These numbers
14 demonstrate that the reform isn't done
15 yet, and when work is below grade,
16 children and families get hurt.

17 In November of 2015, shortly
18 after Mayor Kenney was elected, we
19 prepared a ten-page summary memorandum
20 titled "Child Welfare and the Mayoral
21 Transition," and I've attached that to
22 the remarks that we've provided to the
23 members. We noted back then that it was
24 difficult to determine whether the
25 problems that practitioners and judges

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2 and others were seeing at the time were
3 exceptional or normative. It was also
4 new and it was another time of
5 transition. Now more than two years
6 later as we review those nine or ten
7 flags of concern that we put up, we can
8 see that they all persist.

9 First, we talk about safety.
10 Making the decision about which children
11 are really unsafe is the primary mission
12 of any child welfare agency. It's one of
13 the hardest decisions the system and its
14 people have to make. Play it safe and be
15 over protective? The number of children
16 removed from their homes skyrockets. Be
17 patient and reluctant to act? A child
18 gets hurt.

19 Visitation: Seeing a child in
20 his or her home was the single most
21 important feature of the Child Welfare
22 Panel recommendations and the IOC goals.
23 You heard Donnie talk about it. Danieal
24 Kelly died because no one saw her. This
25 was the very first item of performance

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2 and monitoring from the Child Welfare
3 Panel, with visitation data presented
4 regularly to the COB, the Community
5 Oversight Board, for at least five years.
6 Yet in the Scorecard for the year that
7 ended June of '17, we see that four of
8 ten agencies were unsatisfactory with two
9 bells and the remaining six were only
10 competent with three bells.

11 The in-home safety assessment
12 is a checklist kind of instrument. It's
13 what structures the safety visit and this
14 fundamental front-end question about
15 whether the child is safe or unsafe. Yet
16 inside the casework that we do, it's
17 unclear how the results of these
18 assessments are utilized by the CUA team.
19 Are they dynamic documents that are used
20 to guide service planning the way they
21 were designed to be or have they become a
22 form that once completed is never used
23 again?

24 The complex cases are
25 particularly challenging for many CUAs

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2 and their staff because they pose
3 heightened safety questions. Whether
4 it's behavioral health or the dynamics of
5 sexual abuse in families, too many CUA
6 workers are either not seeing the
7 important details or don't know what to
8 do with the information. We need more
9 CUA staff with specialized knowledge of
10 family dynamics and other issues in these
11 complex cases.

12 Family permanency: While the
13 permanency rate has improved in the last
14 two years, it was coming from a very low
15 bottom. The adoption process was poorly
16 implemented with IOC, and those problems
17 continue. You just heard reference to a
18 lot of them.

19 Count of days is the currency
20 of work with children. In this work it
21 couldn't be more straight line. Count
22 the number of days from TPR, the
23 termination decision, to finalization,
24 the court says you're adopted. That
25 count of days remains large, way too

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2 high. We have always been the slowest
3 adoption process in the entire state, but
4 for the last five years, it's been even
5 worse. I'd like to tell you that it's
6 getting better, but there's really no
7 indication of that.

8 What is damaging is the erosion
9 of the confidence and commitment of the
10 family to the child and the child's own
11 sense that this is the home I'm going to
12 stay in. Things break down when they
13 take too long.

14 Thankfully, we can count
15 success stories, many of them, in this
16 permanency category. Even though the
17 delayed adoption that finally gets done
18 is a successful outcome, but a stay in
19 care for 48 months is not. Likewise, the
20 child returned home after too many months
21 in care can be counted as a positive
22 permanency outcome, but at what emotional
23 cost to that child living without his or
24 her parents?

25 We've talked about transition

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2 delays and problems. The early-stage
3 handoff of the case is really
4 problematic, and I just thought I'd offer
5 the example outside of our field of the
6 hospitals that we have all experienced
7 for ourselves and our families. Think
8 about it. Every shift change every day
9 is punctuated with a cross talk between
10 the two nurses, the one going off and the
11 one coming on, right? They're handing
12 off information. Why? Because the
13 information matters. We should be able
14 to do that.

15 Meeting scheduling concerns.
16 You would just think this is just small
17 potatoes, right? You can't get your
18 meeting straight. IOC features a host of
19 interagency and family meetings. It's a
20 foundational aspect or element of most
21 reform initiatives. Scheduling an
22 invitation to meetings continues to be
23 annoyingly problematic. Meetings are not
24 scheduled. They're located at places and
25 times that aren't convenient for working

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2 parents or school-age children. The
3 participation of parents and children
4 seems not to be the priority it should
5 be. It was one of the metrics we
6 recommended from the beginning and they
7 should be reporting on for their own
8 well-being. A typical exchange my own
9 staff said goes like this: My client
10 needs to be involved in the meeting.

11 Well, the only time we have
12 available is 11:00 a.m., so I guess
13 she'll just have to miss school.

14 Whatever one might say about
15 the complexity of the cases or the size
16 of the caseload, they should at least be
17 able to get their phones, their
18 invitations, and their calendars right.

19 The CUA workforce, like every
20 child workforce in this business, is a
21 noble force, right? You're inviting
22 people to take on the hardest work that
23 the community has to offer. We did not
24 do it well. Everyone agrees that the IOC
25 created an entirely new workforce of case

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2 managers and that it didn't go well at
3 the beginning, but five years in, many
4 cases are still experiencing significant
5 turnover within the team assigned to a
6 particular family. Staff turnover and
7 the assignment of inexperienced workers
8 create gaps in information-sharing and
9 the completion of tasks.

10 The quality of practice remains
11 spotty. There's some solid practice and
12 there's some really bad practice. Skills
13 development, training, and supervision
14 should be the answer, yet performance
15 problems abound.

16 The use of electronic records
17 should make information accessible, but
18 instead information is too often not
19 available or not used.

20 Institutional memory matters.
21 When I go for my annual physical, my
22 doctor always remembers to ask me if I'm
23 still swimming. She remembers my mother
24 had two types of cancer. She checks me
25 head to toe for skin moles, because she

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2 took one off 15 years ago. That's what
3 they remember, right? In our work it
4 might be the person's trauma or what
5 allergies the child has and what
6 medications are supposed to arrive when
7 she gets there.

8 COUNCILWOMAN BASS:

9 Mr. Cervone, I'm going to ask you to
10 summarize because we're going to lose our
11 stenographer in a few moments. So if you
12 could --

13 MR. CERVONE: Okay. I'll be
14 very quick and I'll get to my four
15 recommendations.

16 Continue to compile and publish
17 the CUA Scorecard, but grow it and add
18 measures for DHS's own practice and for
19 the many other measures that have been
20 identified. It's a great start. There
21 are dozens of others identifying the
22 design of IOC that should be unveiled.

23 Second, improve practice in
24 meaningful ways and measure it.
25 Classroom learning that's pursued in the

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2 Charting the Course program for new CUA
3 workers is necessary. It's simply not
4 sufficient. The practice coaches and
5 case supervision folks inside the CUAs
6 have to get stronger. Nurses need to be
7 more available.

8 We need to place realtime data
9 in the hands of the CUA staff on the
10 ground. Information must be available to
11 support decision-making.

12 And, finally, I repeat --
13 actually, I didn't get to say it the
14 first time. We must be impatient with
15 the pace of change. We must move beyond
16 compliance through proficiency and into
17 excellence. From the date of the
18 settlement of the Baby Neal litigation in
19 1999, we spent almost 20 years getting to
20 a C minus or a D plus. What will the new
21 schedule of a high-performing agency be?
22 We need to get on with that new time
23 clock.

24 Thank you.

25 COUNCILWOMAN BASS: Thank you

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2 so much for your testimony. And I agree
3 with you, and I'm going to use your line
4 again. You'll hear that again, that we
5 have to be impatient with the pace of
6 change, that this is not the change that
7 we should be having, and it really feels
8 like a bit of an experiment on our young
9 people while we're trying to figure out
10 what to do, and we don't have any time to
11 waste.

12 But thank you very much for
13 both of you coming and your testimony and
14 I greatly appreciate it and look forward
15 to working with you in the future.

16 (Thank you.)

17 COUNCILWOMAN BASS: And if we
18 could have the Clerk call the last
19 speakers to testify.

20 THE CLERK: Casey Caramanica,
21 Nadirah Collins, Shakia Rambert, and
22 Tawana Ford Sabbath with the Alliance of
23 Black Social Workers.

24 (Witnesses approached witness
25 table.)

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2 COUNCILWOMAN BASS: And this is
3 our final panel. And we also have
4 written testimony from Ms. Regan Kelly,
5 the Chief Executive Officer of NET
6 Community Care.

7 We are going to ask in the
8 interest of time that if we could
9 summarize and maybe give us two minutes.
10 If you can summarize in two minutes your
11 testimony, we would greatly appreciate
12 that.

13 You can state your name for the
14 record and begin your testimony.

15 DR. SABBATH: Yes. I'm
16 Dr. Tawana Ford Sabbath and I'm
17 representing the Alliance of Black Social
18 Workers, which is the Philadelphia
19 Chapter of the National Association of
20 Black Social Workers. And I am here for
21 the second time. I was here in 2016, and
22 I commend you, Councilwoman Bass, for
23 continuing and just making sure that we
24 look at this situation in a fine-tooth
25 way rather than skimming over.

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2 I'm going to pick up on -- one
3 of the disadvantages, of course, of being
4 last is that everybody said what I wanted
5 to say. So I'm not going to repeat, but
6 I am going to try to raise some points
7 that concern me.

8 One is that when we were here
9 the last time in 2016, the fact that the
10 turnover rate was so high is still a
11 problem, and I know as we have looked
12 through the bell system of grading, yes,
13 I was very concerned that much more
14 emphasis was still placed on safety. And
15 we know that that is important, but that
16 safety is also dependent upon the quality
17 of the workers that are involved, and the
18 way that the system trains those workers
19 holds them accountable, supervises them,
20 and then, of course, the way that they
21 have to report.

22 As I've listened to the
23 testimonies, one of the concerns, of
24 course, is that the volume of work that
25 has to be done by the case managers is

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2 unbelievable and unmanageable and
3 impossible. I have not heard any way of
4 reducing that or changing that to a point
5 that one human being can do all the
6 things that have been cited. So that as
7 far as we're concerned as social workers,
8 there has to be some level of assessment
9 of what is humanly possible and what is
10 definitely in the benefit of the children
11 and families.

12 Also, as we looked at the
13 weighting system that was used for the
14 different categories, there was so little
15 placed on the case planning. And so
16 that -- and that becomes extremely
17 important as the case progress is
18 reviewed.

19 I also understand from one of
20 our members who serves as a DHS practice
21 specialist at a CUA that our earlier
22 concerns about an adversarial
23 relationship between the CUA staff and
24 the DHS resource persons has improved.
25 That's a good thing. However, I was also

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2 informed that there is consideration of
3 decreasing the presence of the DHS team
4 coordinator at the CUAs. That person is
5 responsible for making certain that
6 contact is made with all persons and
7 entities involved in a case so that the
8 team meeting for developing and reviewing
9 the single case plans will be effective.
10 The work of the practice specialists
11 inside, so to speak, and that of the team
12 leader sort of on the outside seem to
13 complement one another. If the practice
14 specialists has to attend to the internal
15 workings of the case as well as
16 assembling all parties for the meetings,
17 work with the agency staff will suffer.

18 We're also questioning whether
19 the CUA staff members are reflective of
20 the communities that they serve, and that
21 point was raised earlier and I just
22 wanted to reiterate it, because we know
23 the staffing should be a key point of
24 attention because of the community-based
25 approach.

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2 Then in terms of the community
3 managers -- I mean the case managers'
4 relationship with families, as has been
5 cited before, because of the retention
6 and -- a lack of retention and the
7 massive overturn, the relationships that
8 are developed are so key because of the
9 sensitivity of the situations that come
10 before the workers, and when those
11 workers are transferred as we've looked
12 at, they move away, there's not that
13 communication between and then there's
14 some lack of continuity.

15 There is also something that
16 came up to me and I really didn't know
17 what to do about it, but, that is, that
18 the financial concern or financial
19 management is so low in terms of the
20 percentage that was placed there, and I
21 know I couldn't figure out why that was
22 the case.

23 And then, finally, the 30-day
24 improvement plan that was listed in the
25 report, I'd be interested in seeing what

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2 happened with that. We heard some of
3 that, but it wasn't clear enough for me
4 to see how then those CUAs that seem to
5 me should be moving out of the system are
6 still held in.

7 There's also the idea of peer
8 mentoring between or among the CUAs, and
9 that sounds like a good idea, except that
10 with all of them being so low in scoring,
11 I'm not sure that the mentoring is
12 something that will help or to improve.

13 And I'm going to leave it at
14 that.

15 COUNCILWOMAN BASS: Well, thank
16 you so much for your testimony. Good to
17 see you again. And I do want to add that
18 a lot of your questions, I just want to
19 alert the Commissioner, we'll be asking
20 these questions at budget time, which is
21 like almost tomorrow. So soon we will be
22 asking you these very same questions, and
23 we really hope that -- well, I'm sure
24 that you'll come prepared with those
25 answers.

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2 Thank you so much.

3 If we can have you state your
4 name for the record and begin your
5 testimony, if we could have you
6 abbreviate it in two minutes.

7 MS. CARAMANICA: My name is
8 Casey Caramanica and I adopted a child
9 through DHS, and we were assigned the CUA
10 of Tabor Community Partners. I will
11 outline the most striking examples of the
12 ineffectiveness and incompetency that we
13 have dealt with since December 2015.

14 Our son was placed in our care
15 on December 4th, 2015. We met with our
16 DHS caseworker, Kim Hightower, once after
17 leaving Temple University Hospital with
18 our son. This is the only time we ever
19 met with her or received responses to any
20 questions we had for her. We were
21 already in the process of adopting when
22 this placement occurred. We had our
23 criminal and childcare clearances. We
24 had a family profile completed. When
25 this information was offered to Ms.

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2 Hightower, it was refused.

3 Our initial CUA caseworker was
4 Shaneena Carter. Ms. Carter missed or
5 rescheduled every single appointment we
6 had with her, most of the time without
7 bothering to call or notify us that she
8 would not be coming for her visit.

9 When she did show up, on each
10 visit we attempted to provide her with
11 our financial information, clearances,
12 and family profile, and each time she
13 refused. Ms. Carter was the first of
14 four caseworkers we would be assigned
15 through Tabor Community Partners.

16 In March 2016, we received
17 notice that we were to attend prudent
18 parenting classes one week later at Tabor
19 services. My husband and I were unable
20 to reschedule work commitments and told
21 the CUA worker, Mr. Lorenzo, that we
22 would not be able to attend. He was
23 understanding and rescheduled our classes
24 for June. We believed everything was
25 fine until May 19th, 2016 when we got a

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2 letter from Donnique Bell, the Director
3 of Philadelphia Programs, stating our
4 child would be removed from our home
5 immediately due to the failure to attend
6 the prudent parenting classes and missing
7 paperwork which we had offered them many
8 times.

9 With no answer from our
10 caseworker, no answer at Tabor Community
11 Partners, and no answers from our child
12 advocate, Mr. Lee Kuhlman, we immediately
13 drove to Tabor services where we were
14 told to ignore the notice, that our
15 caseworker quit several months prior with
16 no notice, and that we again would be
17 given a new caseworker.

18 We attended the classes in
19 June.

20 Donnique Bell was there, but
21 she was again unable to accept our
22 paperwork or meet with us.

23 Thankfully, we were able to
24 provide the child with medical insurance
25 through an employer. We received no

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2 medical information from Tabor Community
3 Partners until after our adoption was
4 finalized after almost two years. We
5 also had no birth certificate or Social
6 Security number.

7 We ourselves went to the City's
8 vital Records Department for his birth
9 certificate, because no one at Tabor or
10 DHS had the ability to obtain it for us.
11 Even as of today, to our knowledge, the
12 child's case is still unclosed through
13 DHS even though the adoption is
14 finalized. We were unable to change his
15 Social Security number and name on his
16 Medicaid information.

17 I hope you will work to make
18 this system run with more efficiency,
19 oversight, and compassion so that more
20 families do not have to go through what
21 we faced. It is important for me to make
22 clear that we are a stable family with
23 good incomes and we were able to provide
24 medical coverage and attend the many
25 court cases. We endured months of missed

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2 and rescheduled home visits, threats of
3 taking our child away from us, and we
4 were able to tolerate a lot and fight for
5 this child. But what about the families
6 that cannot? What happens to those
7 children? Those children are sadly in
8 grave danger in the care of CUA and DHS
9 services.

10 Thank you for the opportunity
11 to provide testimony here today.

12 COUNCILWOMAN BASS: Well, I
13 want to thank you for being here, for
14 this really powerful testimony, because
15 this really speaks to exactly what it is
16 that we're trying to fix.

17 And once again, Commissioner,
18 we really want to have the answers.
19 We're going to give you some time to do
20 some research, but when we get back
21 together, when we connect again during
22 budget hearings, we really would like to
23 hear an explanation as to how this
24 happened and, importantly, what's
25 happening to make sure it doesn't

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2 continue to occur in the future, because
3 as Ms. Caramanica stated, they have a
4 stable home and decent incomes and jobs
5 that would allow them to take time when
6 they were able to. And so what about
7 those who do not have this level of
8 stability but who really do want to be
9 involved and care for a child and have
10 become attached to that child?

11 The threat of someone coming in
12 and taking away your child is beyond
13 frightening for anyone. Whether you're
14 in an adoption process or whether you
15 live at home with your child that you
16 gave birth to, it doesn't matter. The
17 idea that someone could come in and
18 threaten you with such action is deeply
19 troubling.

20 So we really do expect to have
21 some answers, and I'm sure you'll be
22 prepared at the budget hearings in the
23 next couple of weeks.

24 So for our last speaker,
25 Ms. Collins?

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2 MS. RAMBERT: Rambert, Shakia
3 Rambert.

4 COUNCILWOMAN BASS: Rambert,
5 okay. Thank you so much for being here.

6 MS. RAMBERT: I'm Shakia
7 Rambert and I'm a resource parent for A
8 Second Chance, Incorporated. I was asked
9 to be here today to tell you my story
10 with CUA and my experience with CUA.

11 About three years ago I was
12 preparing my home for a pre-adoptive
13 kinship placement, a placement just --
14 someone that I knew, but just in case the
15 child needed to be adopted, I would be
16 available for this child.

17 Shortly after completing my
18 certification process, I received a phone
19 call from A Second Chance, Incorporated,
20 Mr. Alexander, asking if I would like to
21 accept a respite, which is a temporary
22 home, for a two-year-old child. He
23 expressed that this would be an awesome
24 opportunity for me preparing me to become
25 a full-time parent, kind of like to get

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2 my feet wet. I accepted.

3 A few hours later, Saiir at two
4 years old was placed with me. The first
5 few weeks was really rough because I was
6 learning how to tackle working and going
7 to school and caring for this child, but
8 it was more so challenging because I had
9 a two-year-old that did not talk to me.
10 He would point, he would cry, he would
11 throw temper tantrums, typical normal
12 two-year-old stuff, but when I would see
13 him interact with other children, I
14 noticed that he wasn't meeting certain
15 milestones that the children that he was
16 playing with, interacting with.

17 On Saiir's third birthday, he
18 was diagnosed with profound hearing loss.
19 Saiir was deaf. Catherine Kelly, CUA
20 case manager for Turning Points for
21 Children, was assigned to our case.
22 Although she was fairly new to CUA and
23 CUA is in itself being fairly new, that
24 didn't matter to me. I was very -- and
25 even being aware of how busy a CUA case

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2 manager can be, it didn't stop me from
3 calling her frequently and being the
4 not-so-easy-to-please resource parent and
5 very insistent.

6 I can say Catherine Kelly, if
7 not answered my calls, she called me back
8 within a matter of minutes. She was very
9 attentive.

10 I'm sorry. I'm trying not to
11 get emotional.

12 COUNCILWOMAN BASS: It's okay.

13 MS. RAMBERT: She advocated for
14 Saiir. She made sure the courts were
15 aware of the services and the resources
16 that he needed and that CUA and DHS both
17 provided those services for him. Most
18 importantly, with her great power of
19 patience, she provided support to not
20 only Saiir but to his biological mother,
21 siblings, and for myself. Her great
22 power of patience helped me along the
23 way. And when things went wrong, she
24 found a way to fix them. Although over
25 the summer, Saiir had a cochlear implant

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2 placed, one cochlear implant placed,
3 allowing him access to sound, to be able
4 to hear. He is a candidate for
5 bilateral. However, as a team effort
6 with Ms. Kelly and others, we decided
7 that allowing Saiir to make that decision
8 on his own later on in life, because at
9 this time, we weren't sure where we were
10 going in terms of placement and so forth.

11 Saiir now attends one of the
12 best schools in the country. And
13 maybe -- I'm not sure. Don't quote me on
14 this, but I know a few years ago it was
15 the number one school on the East Coast,
16 which is Clarke for Hearing and Speech,
17 where he receives services five times a
18 day -- I'm sorry; five days a week
19 throughout the day, throughout his school
20 day.

21 Every day Saiir will come home
22 and he would say something, and it amazed
23 me, because it went from a child that I
24 had no idea what his future, our future
25 held, whether he was going to be

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2 reunified or however. I had -- it amazed
3 me that he had progressed so much with
4 the help of Ms. Kelly advocating for him.

5 On the 24th of January, this
6 past month, we celebrated the
7 finalization of Saiir's case and Ms.
8 Kelly walking that walk with Saiir. Now
9 my son, a dream come true, not the dream
10 that was planned, but it was, you know, a
11 greater being that had another plan for
12 me. Ms. Kelly was exceptional. She was
13 beyond exceptional. Not just Ms. Kelly,
14 but her whole team at Turning Points for
15 Children were beyond exceptional. They
16 displayed what I call how a team working
17 together makes the dream work.

18 And in conclusion, although my
19 story is totally different from yours, I
20 would like to share with you something
21 that I learned and now understand. When
22 people -- when someone says if you want
23 to go fast, go alone, but if you want to
24 go far, go together, and knowing that it
25 takes a village to raise a child, I'm

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2 happy to say that I -- that Catherine
3 Kelly was a part of my village in caring
4 for Sair.

5 Thank you.

6 COUNCILWOMAN BASS: Wow. Well,
7 thank you.

8 (Applause.)

9 COUNCILWOMAN BASS: We almost
10 have members of Council about to cry up
11 here. That's really -- you know, your
12 stories are really touching, and I think
13 hearing from you, through all the
14 academic conversation that we go through,
15 for all of the data points that we're
16 looking at, this is where the rubber
17 meets the road. This is what it's really
18 all about. And I really want to applaud
19 you. As a parent, I applaud you for
20 fighting for your kids, you know. And
21 these are all of our kids, you know,
22 whether you gave birth to them, whether
23 you adopted them. You know, these are
24 all of our kids, whether you just see
25 them on the street.

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2 And so I just really want to
3 thank you for all that you've done. I
4 want to thank all of the providers for
5 all the work that they've done. We want
6 to know -- you know, listen, we don't
7 want to come here just to beat up on
8 folks. We want to know who is doing what
9 right, what's right and what's not right,
10 so that we can fix it and make it right
11 for all kids.

12 So I just really want to thank
13 everyone for being here today. I believe
14 that concludes our testimony.

15 Was there anyone else here to
16 testify?

17 (No response.)

18 COUNCILWOMAN BASS: Seeing
19 none, that concludes today's hearing.

20 I'm sorry. Councilman
21 Taubenberger did want to make a closing
22 comment.

23 COUNCILMAN TAUBENBERGER: Thank
24 you, Councilwoman Bass as Chair Lady of
25 this Committee. Thank you for your

1 2/7/18 - PUBLIC HEALTH - RES. 170949
2 leadership on this subject and putting
3 this resolution and this hearing together
4 today. It's greatly appreciated.

5 I want to thank all the folks
6 that testified. I found it very, very
7 enlightening and has given me some
8 information going forward. Thank you all
9 very much.

10 COUNCILWOMAN BASS: And, again,
11 thank you so much, everyone, for being
12 here.

13 Seeing that there's no one else
14 here to testify regarding Resolution No.
15 170949 and there being no further
16 business before the Committee on Public
17 Health and Human Services today, the
18 public hearing on Resolution No. 170949
19 is recessed until the call of the Chair.

20 Thank you very much for your
21 attendance and your patience today.
22 Thank you.

23 (Committee on Public Health and
24 Human Services concluded at 2:00 p.m.)

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CERTIFICATE

I HEREBY CERTIFY that the
proceedings, evidence and objections are
contained fully and accurately in the
stenographic notes taken by me upon the
foregoing matter, and that this is a true and
correct transcript of same.

MICHELE L. MURPHY
RPR-Notary Public

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