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.

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COUNCILWOMAN BASS: Good morning. This hearing is called to order. This is a public hearing of the City Council Committee on Public Health and Human Services. The purpose of this meeting is to hear testimony on Resolution No. 170947 -- excuse me; 170949.

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

And do any of the other members have opening remarks?

(No response.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Witnesses approached witness table.)

COUNCILWOMAN BASS: Good morning.

COMMISSIONER FIGUEROA: Good morning.

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

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

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Commissioner of the City's Department of Human Services. Joining me today later you will hear from a representative of the Community Umbrella Agencies, Dawn Holden, who is the CEO of Turning Points. I want to thank you for the opportunity to present testimony on Improving Outcomes for Children, Community Umbrella Agencies' Scorecard for Fiscal Year 2017. I want to personally thank you, Councilwoman Bass, for your leadership in coordinating the hearings. We're grateful to City Council and the Public Health and Human Services Committee towards ensuring that DHS is on the right track towards improvements and public accountability for the child welfare system.

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

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there's some visuals to go alongside of that.

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

Improving Outcomes for Children was a transformation that was created to address a multifarious system where families had multiple case managers, multiple case plans, and the services 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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live within ten miles of their home of origin.

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

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

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

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

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

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

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

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

Throughout the life of Improving Outcomes for Children, and even

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

On a quarterly basis, DHS

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

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

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

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

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

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

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

COUNCILWOMAN BASS: Thank you

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very much. And so I have a number of questions. I first want to acknowledge the presence of Councilwoman Blondell Reynolds Brown, who I just saw, and also Councilwoman Maria Quinones-Sanchez and Councilman Curtis Jones, Jr.

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

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the report that you issued to us.

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

COUNCILWOMAN BASS: I'm sorry?

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

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

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

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

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

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dealing with children who are in very delicate situations who really need the time and attention of our CUAs, of DHS right now. And so if I look at, just as an example, if I look at, let's say, for example, CUA No. 2 from the report that you gave us, from the Scorecard, in permanency they received a D. In safety and assessment they received a C. And I'm translating from the Liberty Bell system, which I still don't understand why we use this Liberty Bell system versus the traditional grading system, which the report itself lists on the back page as the letter grade equivalent.

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

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

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

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

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

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

COUNCILWOMAN BASS: So when is this information from?

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

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

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

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

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

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

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

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

COMMISSIONER FIGUEROA: Are you referring to this?

COUNCILWOMAN BROWN: The

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document that the Chair Lady is speaking from.

COUNCILWOMAN BASS: The Scorecard.

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

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

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

COUNCILWOMAN BASS: We'll get it.

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

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

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

COUNCILWOMAN BROWN: 2016?

COUNCILWOMAN BASS: Well, it 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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CUA has seen significant progress, some more than others, and we now have three CUAs that have four bells. We have now three instead of four at two bells. But even within that standing, there has been significant progress.

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

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

COUNCILWOMAN BROWN: That 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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long time.

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

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

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

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

COMMISSIONER FIGUEROA: Sure. Can you hear me?

COUNCILMAN GREENLEE: That's better. Thank you.

COMMISSIONER FIGUEROA: Sorry. 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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But, yes. I can't underestimate the concurrent planning where we're trying to work towards reunification or adoption, and that becomes a very difficult place for a social worker, a CUA worker to live in as we're trying to determine the ultimate permanent goal for that child.

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

COMMISSIONER FIGUEROA: Well,

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

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

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

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

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

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

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

COMMISSIONER FIGUEROA: Our permanency rate --

COUNCILMAN GREENLEE: -- on the 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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when you pick what to review?

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

COUNCILMAN GREENLEE: Thank you.

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

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

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placement cases.

COUNCILMAN GREENLEE: Okay. All right. Thank you.

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

COUNCILWOMAN BASS: Thank you, Councilman.

Councilman Green.

COUNCILMAN GREEN: Thank you, Madam Chair.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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COUNCILMAN GREEN: So I wanted to follow up on your point, and I acknowledge the fact that you are having kind of more vertical communication at all levels between management and with staff and the CUAs, and you also gave us some information regarding the Scorecard process. But in those communications at those various levels, are you receiving input from the CUAs, DHS workers, community stakeholders, other individuals in reference to how the Scorecard should be used? What input are you receiving from them in reference to helping to compose that Scorecard? Because having the communication is one thing, but if you're not actually using the information as a way to improve the diagnostic tool on how to assess the CUAs, that's a different thing, and that would show to me true partnership, not only having a conversation but actually taking action based on the information you're 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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think we had to push back. And so we did make some changes as a result. But we also made it clear, and I'm sure they would tell you, that we're the oversight body, so that there are some things that we had to push to make sure we're going to be responsible for as the system, but involving -- we've certainly talked with the courts and other key stakeholders when we presented this, but I think getting more feedback about how do we enhance it is an excellent idea and we will definitely follow up with that.

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

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

Thank you.

COMMISSIONER FIGUEROA: I agree. Thank you.

COUNCILWOMAN BASS: Thank you, Councilman.

Councilwoman Brown.

COUNCILWOMAN BROWN: Thank you.

Good morning.

(Good morning.)

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

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

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a very high level of engagement with the School District of Philadelphia. And so a number of years ago, we developed what's called the Education Support Center. And so the Education Support Center is a unit within the Department of Human Services that works with children who are what we call system involved, meaning that they're known to DHS. That staff is physically located at the School District as well as a number of the social workers who are part of the Education Support Center are physically located in a number of schools where there's a high concentration of DHS involvement.

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

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

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

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

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

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

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

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self-selecting maybe to not attend school.

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

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

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child to continue on their educational path.

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

COMMISSIONER FIGUEROA: So the magic number --

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

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

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

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

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

Did I answer your question?

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

COUNCILWOMAN BROWN: You have

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them do what?

DEPUTY COMMISSIONER RODRIGUEZ:

Co-located.

COUNCILWOMAN BROWN:

Co-located.

DEPUTY COMMISSIONER RODRIGUEZ:

They are -- like we have DHS staff that provide technical assistance at the CUAs, and what the Scorecard has helped us all do together is really align the technical assistance provisions and the trainings and the one-on-one, because there's a lot of one-on-one coaching that happens too from DHS with the CUAs, is the Scorecard is really identifying the areas that technical assistance needs to focus, which prior to having the Scorecard, there was a lot of technical assistance taking place on a lot of different issues and this has allowed us to really say these are the things we're going to prioritize.

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

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

COMMISSIONER FIGUEROA: Right.

COUNCILWOMAN BROWN: He gets the credit for that.

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

COUNCILWOMAN BROWN: Report card?

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

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

COMMISSIONER FIGUEROA: Thank you, Councilwoman.

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

Thank you, Madam Chairwoman.

COUNCILWOMAN BASS: Thank you, Councilwoman.

Councilwoman Sanchez.

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COUNCILWOMAN SANCHEZ: Thank you, Madam Chair.

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

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

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

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

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

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

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Children.

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

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

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

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

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

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

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

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

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

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

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

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

COUNCILWOMAN SANCHEZ: I'm in the weeds.

COMMISSIONER FIGUEROA: I'm very, very happy to answer these questions, because I love that you're in 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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the first time in a decade that that amount was increased. So financially we definitely increased the amount of money that we were supporting to the CUAs and also tried to figure out what are the areas that we provide flexibility for them in regards to their budgets. A lot of that is in personnel.

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

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

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and I would just encourage you to ask Dawn.

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

COMMISSIONER FIGUEROA: So I just want to say an excellent point, and I could get in trouble for saying this. We didn't have a system to measure ourselves at this level of detail before. And if we had put DHS through the Scorecard, I do not even want to begin to think where we may have landed. We could make speculation. Some people would say we're at five bells, some would say we're at one, depending on who you're talking to. I will just say we did not have a rigorous manner in which to say how DHS was performing at the level of which we 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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the roof is leaking. And so we could do a comparison around financials, and I think it's important that we look at that. Yes, we need a better system. We need a more efficient system, because the goal is to get the resources to the children and the families, and is this system delivering on that in comparison to our previous system?

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

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

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

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

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

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

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

COUNCILWOMAN SANCHEZ: You're

now on the Board of CBH.

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

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

COMMISSIONER FIGUEROA: I will pass that along, Councilwoman.

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

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

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

COMMISSIONER FIGUEROA: We've

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

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

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

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

COMMISSIONER FIGUEROA: You don't want that answer?

COUNCILWOMAN SANCHEZ: No. That's not enough.

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

COUNCILWOMAN SANCHEZ: State your name for the record.

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

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

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

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

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

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of services that are needed for the young person.

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

DEPUTY COMMISSIONER ALI: So usually we get a --

COUNCILWOMAN SANCHEZ: And is that spelled out?

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

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

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

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

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

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

DEPUTY COMMISSIONER ALI: So

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

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

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

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

DEPUTY COMMISSIONER ALI: Yeah.

COUNCILWOMAN SANCHEZ: A parent's interface with DHS should not be different than an interface with a 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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we can get there, the quality of these levels of intervention -- I would say that it felt very hectic when case workers had significant caseloads, the ability to do the quality of the level of work, and so I think --

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

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

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

COUNCILWOMAN BASS: We'll be back to you.

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

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

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

COMMISSIONER FIGUEROA: So there are --

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

COMMISSIONER FIGUEROA: So Lisa can give more specifics in terms of jurisdictions. Nobody is using our exact tool that we built with Casey. Other systems are using a scorecard method. We've been reached out to by folks who want to enhance what they're doing or start what they're doing. So a number of us were recently at a national meeting where Missouri is very interested in looking at what we're doing as well as 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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model is unique to that foundation. And so are they working with other cities so that we're comparing apples to apples?

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

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

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

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

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

COMMISSIONER FIGUEROA: Yes.

COUNCILWOMAN BASS: Where?

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

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

COMMISSIONER FIGUEROA: Okay.

COUNCILWOMAN BASS: Thank you

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so much.

COMMISSIONER FIGUEROA: Thank you.

COUNCILWOMAN BASS: Councilman.

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

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

What was helpful for me, Madam

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

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

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

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

COMMISSIONER FIGUEROA: You mean foster care.

COUNCILMAN JONES: So you have a high school dedicated.

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

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

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

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

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

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

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

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

COUNCILMAN JONES: That's an actual question.

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

COUNCILMAN JONES: So the good

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

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

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

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

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

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

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

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

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stabilized the number of kids coming into care.

Heather, if you could go to that particular site.

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

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

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

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

So this represents -- and

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

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

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

DEPUTY COMMISSIONER ALI: So good morning.

COUNCILMAN JONES: Good morning.

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

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reports and calls that we received from the hotline increased dramatically in the wake of Jerry Sandusky. So in order to address the issue and ensure that the families that we are accepting for investigation were families who really needed to have the heavy-handedness of an investigation from the Department of Human Services. So as a result of that, what we did, number one, was we increased and looked at staffing levels on the hotline to make sure that the hotline was appropriately staffed. So we had to switch some staffing around in terms of some of the hours of operations, because we were also because of the volume experiencing a number of dropped calls. So we took an analysis, looked at the number of dropped calls, and we put staff strategically and intentionally in those particular slots. Additionally what we did was we staffed it with two additional units on the hotline and two supervisors and 16 social work service managers from

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

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

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

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

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

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

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

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

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

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

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

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

We look at that number on a regular basis in terms of out of state. My big pledge -- and I believe the advocates could share this with you -- is, it's not enough to me that they're in the State of Pennsylvania. I would like them in Philadelphia County. So we have been working pretty aggressively to reduce the amount of placement of kids on the western side of the state, because let's just say that not everybody appreciates our children in the same way that we do in Philadelphia, and so we want to make sure that it's not further traumatizing to children who are in environments where they're not welcomed because of what they look like, what religion or what they appear like in 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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entire Committee as much time that you would like to spend at DHS in terms of the different facets. We absolutely welcome you.

COUNCILMAN JONES: Thank you so much, Madam Chair.

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

COMMISSIONER FIGUEROA:

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Awesome.

COUNCILWOMAN BASS: We got plenty of time.

Councilwoman Gym.

COUNCILWOMAN GYM: Thank you --

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

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

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

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

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

So I'm going to do a little bit

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

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

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

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

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

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

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

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

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

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

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

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

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correct?

COUNCILWOMAN BROWN: Children's report card.

COMMISSIONER FIGUEROA: Thank you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COMMISSIONER FIGUEROA: I agree.

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

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

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

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there's one case equals one child. One case equals the family support that go along with the child. And I have asked before about the children are included in that understanding of the case, but can the CUAs be capped at a certain number of children? I mean, we can hear a number in which we all understand that part of the issue we're struggling with to provide better services is that we can't have too many cases assigned to a worker. Now, ten on the face of it sounds fairly reasonable, except the fact of ten can include as little as one child in one case, which is great for that direct service, but it can include as many as a family of ten that are extremely high need. And so a caseworker gravitating between anywhere from ten to no maximum at the end is a big question, and I guess, as I said, I asked this before about whether there can be a combined sort of cap. So ten caseloads or X 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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discussion, and the discretion of how they assign cases happens within the CUAs. So I don't say you, case manager Susie, case manager Maria. DHS hands the case over and then the CUAs determine which case manager they're giving their case to. So this is one of those places where, just in all honesty, we're trying to figure out what's the flexibility you give to a CUA to operate independently and what's the point in which DHS sort of says -- comes in, says, No, we need to do X, Y, and Z. I think this is a perfect example of where we can do that in partnership to figure out what makes sense and is reasonable within each CUA.

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

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

COUNCILWOMAN BASS: Sure.

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

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the room.

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

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

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the situations they may be facing.

Thank you very much, Councilwoman.

COUNCILWOMAN BASS: Thank you, Councilwoman.

Councilman Green.

COUNCILMAN GREEN: Thank you, Madam Chair.

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

COMMISSIONER FIGUEROA: That's correct.

COUNCILMAN GREEN: And what areas were those hiring in?

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

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

COUNCILMAN GREEN: And what were those positions for again?

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

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

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

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

COMMISSIONER FIGUEROA: Exactly.

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

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

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

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

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

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

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

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

COUNCILMAN GREEN: Thank you.

Thank you, Madam Chair.

COUNCILWOMAN BASS: Thank you.

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

COMMISSIONER FIGUEROA: Yes, of course.

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

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

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Children, Youth and Family Services.

(Witnesses approached witness table.)

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

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

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

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

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

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the CUA Scorecard.

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

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

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

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

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

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

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

The CUA model, to keep children

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Despite the challenges, challenges shared by every urban child welfare system in the nation, we are making clear and measurable progress, and the transparency of the accountability systems put in place by DHS will assure that we continue to do so. Today almost all CUAs meet expectations in terms of 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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operate them in the future. Licensing and oversight of RTFs is handled separate and distinct from CUA operations. Today, as noted earlier, Turning Points for Children operates the two former Wordsworth CUAs, along with our two existing CUAs.

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

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

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

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

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

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

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

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

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

We welcome the high expectations that Council and others

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

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

Thank you for your time and attention.

COUNCILWOMAN BASS: Thank you very much for your testimony.

Councilwoman Brown.

COUNCILWOMAN BROWN: Yes. Thank you, Madam Chairwoman.

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

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

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

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

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

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Those would be some of our core areas.

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

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

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them?

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

COUNCILWOMAN BROWN: Right.

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

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

MS. WOODS: That would be correct.

COUNCILWOMAN BROWN: Okay. So DBH or --

MS. WOODS: CBH.

COUNCILWOMAN BROWN: So then with that said then, is it fair to then look to CBH to find out where the gap, for lack of a better word, happened with regards to the unfortunate circumstance at Wordsworth so that we're actually placing the apples where they need to be or putting the apples in the right 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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DHS's custody.

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

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

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

COMMISSIONER FIGUEROA: That is correct.

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

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

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

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

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

COUNCILWOMAN BROWN: The Philadelphia children from that facility?

COMMISSIONER FIGUEROA: That's

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

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

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

(Witness approached witness table.)

MR. FAIR: Good afternoon, Councilwoman.

COUNCILWOMAN BROWN: Good afternoon.

MR. FAIR: David Fair, Deputy Chief Executive Officer for Turning 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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police districts allows us to develop ongoing relationships with people in those communities, which has helped a lot in recruiting foster parents. Turning Points didn't have a foster care program before it opened the CUAs. We opened our foster care program and got licensed about a year into the CUAs. We now have over 600 foster parents.

COUNCILWOMAN BROWN: Is there --

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

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

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

COUNCILWOMAN BROWN: Okay. All right, then.

That concludes my questioning, Madam Chair. Thank you.

COUNCILWOMAN BASS: Thank you,

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Councilwoman.

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

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

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

PCCYFS has worked alongside the

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

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

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

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

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

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

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

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

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

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could be.

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

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

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

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

COUNCILWOMAN BASS: Thank you so much for your testimony.

Councilwoman Quinones-Sanchez.

COUNCILWOMAN SANCHEZ: Thank you.

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

COMMISSIONER FIGUEROA: RTF, correct.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COUNCILWOMAN SANCHEZ: So you purchased those services?

MS. WOODS: Yes.

COUNCILWOMAN SANCHEZ: So that

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means you have an independent Board?

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

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

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

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

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

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COUNCILWOMAN SANCHEZ: Okay. So they govern you, not the vice versa?

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

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

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

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

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

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

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

COUNCILWOMAN SANCHEZ: Of your 18 members?

MS. WOODS: Yes.

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

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

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

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

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

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CUA Boards?

MR. FAIR: Other Advisory Boards?

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

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

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

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

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

COUNCILWOMAN SANCHEZ: Do you

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

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

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

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around that if the placement is different than...

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

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

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

COUNCILWOMAN SANCHEZ: Is that by bus, private?

MR. FAIR: Initially usually

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

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

MS. WOODS: Thank you.

COUNCILWOMAN BASS: Thank you so much.

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

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

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

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(Witnesses approached witness table.)

COUNCILWOMAN BASS: Good afternoon.

MS. SHAFFER: Good afternoon.

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

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

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

MS. SHAFFER: Yes, indeed.

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

MS. SHAFFER: No problem.

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

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

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

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

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

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been extremely helpful to us.

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

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

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

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

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

It is with a very heavy heart that we looked at the data that DHS released regarding the CUA cases, realizing that when you aggregate the number of cases that were reviewed, which by my poor math skills was 7,931. Well, of those 7,931 CUA cases, 5,574 of those cases are being handled by agencies that were deemed by the DHS Scorecard to be unsatisfactory and that the remaining 2,356 cases were assigned to agencies that were deemed to be competent at the 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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all being brought together in a way that's always a coordinated effort, as you referred to regarding the systems.

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

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

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

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

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

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

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

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

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

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

Additionally, there have been

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

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

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

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

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

Services being provided to our

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

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

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

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

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

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

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

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

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

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

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

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understands it well enough to move it.

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

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

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

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

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

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

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

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

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

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

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

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

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MS. SHAFFER: Yes.

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

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

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

COUNCILWOMAN BASS: Right.

MS. SHAFFER: She deserves better.

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

Councilman Greenlee.

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COUNCILMAN GREENLEE: Thank you, Madam Chair.

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

MS. SHAFFER: Correct.

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

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

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

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

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

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

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

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

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Thank you very much.

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

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

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

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

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

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

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

grateful that they bring these issues to our attention.

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

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

COMMISSIONER FIGUEROA: So our permanency is an improvement. The

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

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

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

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

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

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

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

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

COUNCILWOMAN BASS: Okay.

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

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

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

COUNCILWOMAN BASS: Thank you.

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

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

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

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

I like the Scorecard a lot.

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

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

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

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

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

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

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

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

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

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

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

The complex cases are particularly challenging for many CUAs

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

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

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

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

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

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

We've talked about transition

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

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

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

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

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

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

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

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

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

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

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

COUNCILWOMAN BASS:

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

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

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

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

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

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

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

Thank you.

COUNCILWOMAN BASS: Thank you

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

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

(Thank you.)

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

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

(Witnesses approached witness table.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

And I'm going to leave it at that.

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

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Thank you so much.

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

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

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

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Hightower, it was refused.

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

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

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

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

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

We attended the classes in June.

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

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

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

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

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

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

Thank you for the opportunity to provide testimony here today.

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

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

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

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

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

So for our last speaker, Ms. Collins?

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MS. RAMBERT: Rambert, Shakia Rambert.

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

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

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

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

my feet wet. I accepted.

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

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

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

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

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

COUNCILWOMAN BASS: It's okay.

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

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

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

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

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

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

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

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happy to say that I -- that Catherine Kelly was a part of my village in caring for Saiir.

Thank you.

COUNCILWOMAN BASS: Wow. Well, thank you.

(Applause.)

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

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

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

Was there anyone else here to testify?

(No response.)

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

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

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

leadership on this subject and putting this resolution and this hearing together today. It's greatly appreciated.

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

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

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

Thank you very much for your attendance and your patience today. Thank you.

(Committee on Public Health and 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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