COUNCIL OF THE CITY OF PHILADELPHIA

SPECIAL COMMITTEE ON KENSINGTON

Room 400, City Hall
Philadelphia, Pennsylvania 19106
Tuesday, September 16, 2025
2:10 p.m.

PRESENT:

COUNCILWOMAN QUETCY M. LOZADA, CHAIR
COUNCILMAN CURTIS JONES, JR., VICE-CHAIR
COUNCILWOMAN NINA AHMAD
COUNCILMAN MICHAEL DRISCOLL
COUNCILMAN JIM HARRITY
COUNCILMAN MARK SQUILLA

ALSO PRESENT:

COUNCILWOMAN CINDY BASS

RESOLUTION: 250502

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COUNCILWOMAN LOZADA:

Good afternoon, everyone. This is the public hearing on the Special Committee on Kensington regarding Resolution 250502. I note for the record that a quorum for this committee is present. This hearing is now called to order.

Before I ask for our clerk Ms. Lee to read the title of the resolution, I'd like to acknowledge and welcome some of the students who are here with us today. We have students from Visitation Catholic School. We have students from Julia de Burgos as well as students from Elkins Elementary. Can we all welcome them into our chamber?

(Applause.)

COUNCILWOMAN LOZADA:

Ms. Lee, will you please read the title of the resolution for today.

THE CLERK: Resolution No. 250502, authorizing the Special Committee on Kensington to hold a hearing to examine how chronic trauma from exposure to the opioid crisis impacts children, emotional, mental and behavioral health in the Kensington neighborhood of Philadelphia, and to explore tools, services and programs to support these youth.

COUNCILWOMAN LOZADA: Ms. Lee, will you please call the roll.

THE CLERK: Chair Lozada.

COUNCILWOMAN LOZADA: Present.

THE CLERK: Councilmember Jones.

COUNCILMAN JONES: Present.

THE CLERK: Councilmember Squilla.

COUNCILMAN SQUILLA:

Present.

THE CLERK:

Councilmember Driscoll.

COUNCILMAN DRISCOLL:

Present.

THE CLERK:

Councilmember Harrity.

COUNCILMAN HARRITY:

Present.

THE CLERK:

Councilmember Ahmad.

COUNCILWOMAN AHMAD:

Present.

COUNCILWOMAN LOZADA:

Thank you. Today's hearing is about one thing, protecting our children in the 7th Council District and across our city. The opioid crisis is not just a public health crisis, it is a daily reality to our kids who are witnessing everything that is going on up close. They see people using

drugs on sidewalks, in parks and near schools.

Some live in homes where addiction is present. These experiences leave deep emotional scars that can shape the rest of their lives if we don't intervene. Now, our children need safe spaces to talk about what they're seeing. They need access to professionals who understand trauma and can help them heal.

But right now too many families are hitting walls when trying to get the help they need. Whether it's due to long waitlists, lack of insurance, language barriers or stigma, the path to care is often out of reach for those who need it most.

We hold this hearing to shine the light on those barriers and to commit as a city to doing better the children of the 7th

Council District, and Philadelphia deserve more than survival. They deserve to grow up in communities where their mental health is a priority, where addiction doesn't define their environment and where the help they need is just not available, but accessible.

This conversation is long overdue, but it is happening now and it's not too late. Thank you all for being with us this afternoon and thank you all to the adults who brought the young people to this chamber to share some of their experiences with us. Often times they are the last ones who are brought to the table to share, but they are the most impacted.

I'd like to open up the floor for my colleagues if they have opening statements. The Chair recognizes Councilmember Harrity and then Dr. Nina Ahmad.

COUNCILMAN HARRITY:

Thank you, Chairwoman.

I want to thank everybody for coming out again today. Those of you who know me and know my platform, I've been screaming about trauma since I got here, not just the firsthand trauma that we all know about but secondhand trauma from what the kids see just on their way to school.

If you look on my Facebook page, you'll see actual stories from the kids from Memphis Academy talking about what they have to do just to get to school, what they have to avoid, what they see daily. It's not right and something needs to be done with it. That's why I'm glad that the Kensington Committee is looking into this, and I thank my Chairwoman Quetcy Lozada for

thinking about her community.

You know, we live there. We want these kids to succeed. I talk to the kids on my block. They're good kids. They're not asking for anything extra. They will amaze you if you give them the same opportunities and the same resources that are given to so many kids in so many other places.

So again, I hope to get to the bottom of this. I hope that some of our experts will actually talk about secondhand trauma and explain to the other people here what that actually entails. And hopefully, we can make some changes.

Thank you, Chairwoman.

COUNCILWOMAN AHMAD: Thank you, Chairwoman Lozada.

I want to start by saying thank you to you and I want the children to know she's your

champion. She's the reason to use the colloquial phrase a dog with a bone. She's not going to let go until your lives are better. And I want to thank her for making us stand up and participate with her.

It takes a leader to really drive this conversation and she has been persistent and kept at it until we now have a special committee. It started with the Caucus. I want to thank all the Caucus members who have welcomed the two new Committee members, myself and Councilmember Curtis Jones as the Chair of the Public Health and Human Services Committee for Council.

This is of deep concern to us. To me, it's not just trauma. That is experienced in realtime now. It is the impact of trauma on how your brain develops well past the time you actually

experience the trauma. So it is so important for us to make sure we are giving the resources, make sure they're available, but always remembering this is considered a first world country. We should not be even here because this should not be a problem in our city. It has been a problem that has been overlooked for too many decades and all of us are culpable for allowing this to happen.

So I pledge to you, Madam Chair, that we are going to stay ten toes down to make sure we get some answers and some solutions that really impact our best, the best and the brightest work who are our leaders, who are going to lead this city forward, and they need to know we love you and love can come when we make these changes. So thank you very much.

COUNCILWOMAN LOZADA:

Will the Clerk please call the first panel of witnesses to testify.

THE CLERK: We have Tony Valdes from Children's Crisis Treatment Center and Hector Ayala from Hispanic Community Counseling Services.

(Witnesses approached witness table.)

COUNCILWOMAN LOZADA: Good afternoon. Thank you for being with us today. Please state your name for the record and begin with your testimony.

MR. AYALA: Hector Ayala.

MR. VALDES: Antonio Valdes.

MR. AYALA: Good afternoon, Councilwoman Lozada, members of the Special Committee, colleagues, neighbors and my children of Kensington. My name is

Hector Ayala and I'm the president and CEO for Hispanic Community Counseling Services as well as the Co-chair for the Latino Behavioral Health Coalition.

For 24 years, HCCS has stood with the city serving more than 3500 families every year with bilingual, culturally responsive and trauma-informed care. We walk with families through their hardest moments. We have seen firsthand the struggles and the strengths of this community. And today I'm here to speak to one clear truth: The opioid crisis is not just about addiction and overdoses. It's a children's health emergency.

Every week we see children carrying stories too heavy for their age or burdens no child should bear. An 8-year-old that cannot sleep because sirens remind him of overdoses or a 6-year-old

who draws an empty playground because he knows it isn't safe to go outside. These are not kids with issues or behavioral problems or people with even depression. Their behavior is trauma, grief, anxiety and fear carried in their little bodies every single day.

They live surrounded by open-drug market activities, discarded needles and biohazards like human waste outside their schools and their homes. Families are living in a neighborhood where the civil rights of a few are imposed over the human rights of a whole community and the cost is being paid by our children.

We also lost too many fathers, too many brothers, too many men in our community. Their absence leaves households without stability and children without role models. And meanwhile, trauma

itself is being normalized. Families adapting by adopting cycles of despair, hypervigilance or hopelessness. Trauma is being passed down as a way of life. That is the hidden cost of this epidemic.

Councilmembers, Kensington has endured riots, mass incarcerations, COVID and now the opioid epidemic. Each wave has left scars, but families are still there. Children are still here and they are still asking us for fairness, safety and hope.

Kids and families are asking us with their behaviors and with their silence, am I safe, am I'm seen, do I matter? So the question before us is not whether we see the crisis. The question is, what we will do for these children.

So here's my ask: May

Kensington children, the front line of this city's response, put their safety, their healing and their future at the very center, direct opiate settlement funds towards child and family center interventions, establish a Kensington school wellness package with clinicians, grief groups, safe hospitals and transportation family centers, recovery programs that keep parents and children connected. Stylize the work with targeted funding for bilingual, trauma-informed clinicians and assert that communities safety and children's human rights are non-negotiable priorities.

So this is not just about one agency. City partners can move this. We have the Department of Behavioral Health. We have Community Behavioral Health. We have the Office of

Children and Family Services. We have the Philadelphia Department of Public Health. We have the Office of Homelessness. And again, all these agencies are providing great services in our community.

Now is the time to combine forces. Now is the time to be strategic about what we would like to see in our communities. And because these children are not defined by trauma, they are defined by their resilience. These are the next artists. These are the next athletes. These are the leaders in the making.

So if we have the courage to act together, we will not just fight an epidemic. We will return to these children something priceless, their childhood. And with it, we will secure the future of Philadelphia. Thank you.

MR. VALDES: Good afternoon. Good afternoon, Councilmembers. My name is Tony Valdes and I'm the Chief Executive Officer at Children's Crisis Treatment Center. I've served as CEO at the organization for 28 years. CCTC's mission is to passionately serve the mental and behavioral health needs of children and families, beginning in early childhood.

We meet children where they are, in their homes, schools and communities and help them reach their full potential regardless of their challenges. Each year our staff delivers trauma-informed care to more than 3500 children and families across the Philadelphia region.

I want to thank you for giving me the opportunity in a few minutes to talk today about

something that matters deeply to children, families and the future of communities. I want to speak about the concept of protective factors and how they mitigate the impact of adverse childhood experiences and strengthen resilience.

What helps kids bounce back from challenges? A lot of what we're talking about today is really reactive and I'm going to keep reframing that as much as possible. We sometimes thinks of resilience as something kids are just born with, but research and what we have experienced at CCTC shows it's really built through their surroundings, their families, their schools, their neighborhoods and opportunities we give them. Protective factors are the building blocks of resilience.

They are the conditions

in families, communities and schools that help kids thrive and reduce chances of negative outcomes. The more protective factors a child has, the better their ability to manage adversity and trauma and the greater their chances of growing into healthy, capable adults.

Some examples of protective factors at the community level include access to good medical and mental health care that meet children and families where they are, safe stable housing, affordable nurturing childcare and preschool, safe engaging afterschool programs, jobs for parents with family-present friendly policies, strong partnerships between government, local child/family-serving organizations, physical health care providers, mental health care

providers and neighborhoods and communities where people know each other and feel connected.

And on the personal side, protective factors look like kids being able to talk with family about their feelings, knowing their family is there during hard times, having at least two caring adults outside the home who are invested in them, feeling safe at home, supported by friends and like they belong in school.

So what does this mean for us? If we want resilient kids, we need to make sure families and communities have these protective factors in place. This should not be a matter of luck, where I'm born or how I'm born into it. We should institutionalize protective factors. This means policies that support stable housing, access to quality child care in schools,

accessible and integrated community-based mental health services, family-friendly workplaces and safe community spaces where people can connect.

When we invest in protective factors, we're not reactively responding to problems after they arise, which is how our current policies address these issues. We're strengthening whole communities and creating the conditions for children and families to thrive even in the face of adversity.

Resilient kids don't happen by chance. They grow up in strong communities. And when we invest in the foundational building blocks that create strong communities, safe housing, quality child care, good schools -- let me say great schools -- and accessible health care, we're not just helping

kids bounce back. We're creating opportunities for them to succeed. If we want healthy, capable adults tomorrow, we must strengthen communities today. This is not just good policy. It's the smartest investment we can make.

I want to thank you again for your time today and allowing me to give my testimony. I look forward to continuing this conversation and for CCTC to be a resource for you on this topic in the future.

COUNCILWOMAN LOZADA: Thank you both for being with us today and for your continued work in our community. I've had the honor of knowing both of you and knowing your work and how much you all care about the work that you do, and very specifically about the work that you do in the 7th Council District, specifically in the

Kensington community. And for that, I'm grateful.

I've met with both of you various times and I think that part of my frustration is that there are many organizations in the Kensington community that are there to respond to some of the mental health opioid crisis, addiction, the substance abuse disorder that we know is happening there, and yet we find ourselves here, right. For years, we've been having the same conversations about what do we do and how do we do it better, how do we connect people to resources.

I believe, and I've said this very publicly, that the reason why we are the epicenter is because government has allowed that to happen. Government has inflicted the trauma that our kids see there every day. And as professionals, we all know that if we don't

respond to what is happening there, we are going to see the children that are being raised in that Kensington community become a part of the systems that we say we don't want them to be a part of.

Tony, you mentioned that CCTC serves about 3500 children across the city. Can you tell us -- and, Hector, this question is for you as well. Can you all tell us very specifically of the children that you serve? How many of them actually come from the Kensington/Harrowgate community? And what are the challenges that you experience when working with government agencies? What are those challenges that you experience to be able to really connect our kids to the services that they need so that they don't become the future of those systems?

MR. VALDES: So this is

a bit of an estimate, but I'll start with I'd say about a sixth to a seventh of the kids that we serve come from that general area. About 40% come from Eastern North Philadelphia. But as you know, from that neighborhood people are moving around the neighborhood all the time. So who lives in which zip code at any given time, families are mixed across zip codes in those neighborhoods. But I'd say about 40% of our kids come from that general area, I think.

And this is why I focused on the protective factors and talking about this. I think a big challenge. This isn't just about Kensington. Kensington is the canary in the coal mine, right, where it's gotten worse. But I think there's a bigger issue of coordination and how we think about systems and the fact that we are

reactive in nature. And I think both those things are powerful in terms of the impact they have over our ability as a system to make real change happen.

So when I think about the piece about reactiveness, that if you look at it is not just the Philadelphia issue. That's a national issue. Our model's for providing social services. We wait to provide housing until people don't have housing. We wait to provide job support until people don't know how to get a job. We're not really building systems or help people when they're children or young adults to be successful before they're in trouble.

So I think our strategies, if we could, as a city become more strategic in nature and how we think about those things, could make sure that 15, 20 years

from now the conversations we're having look very, very different from today. So I think that's the issue of us being too reactive.

In terms of coordination -- and this is again not a unique Philadelphia issue -- is that systems tend to be functioning sometimes in silos. And so, the money comes through from wherever it's coming through, whether it's local taxes, whether it's federal or state money that's coming through, and then each of those systems is doing sometimes their best to do what they can do within that structure and they have their own set of providers and people that they contract with to deliver services. And so, how things are maybe done across the system aren't as consistent as they could be or more importantly, as well coordinated as they could be.

I also think that that concept of integration and partnership is really important because often what will happen, and this is less now than it was before, but often what would happen is that the concept of integration among systems is how the system is working at the top and not necessarily how it looks on the ground.

So, for example, is it more important for the behavioral health system and the school district to have a strong relationship or is it more important for them to make sure that the provider and those that may be assigned to those schools have a strong relationship. So systems in general could emphasize more, making sure that those relationships at the ground level where the real impact happens is

certain kinds of behaviors that are reinforced and rewarded.

Now, I think that's probably if we looked across the entire city we would see that no matter what service we're looking at and where it is, that's probably a pattern that we could see in housing and homeless services and probably everywhere else. And that's a guess because I'm not in those spaces, but I'm going to guess that that integration at the ground level isn't anywhere near as effective as it could be.

COUNCILWOMAN LOZADA: Hector.

MR. AYALA: Well, I will say that probably 85%, 90% of my children are from the Kensington area. My agencies or my sites are located in the zip code 19134. This is at the corners of Kensington & Allegheny. I agree

with Tony. What we have seen is a lot of reactive systems towards the problems and issues that we have in Kensington instead of actually taking a more proactive approach to what we do.

There is also a lot of misconceptions about what trauma is, how it looks like and how it's affecting our communities. We have a lot of externalization of depression and anxiety that looks like hyperactivity, oppositional or defiant behaviors, when in reality these are children who are crying out for help. I think how agencies programs work, I mean we all have different goals. We all have different objectives. And sometimes this prevents from agencies collaborating better or creating a network of services that will really make an impact on our children's and our families.

We want a system that is not just one provider. We want a system in a way that we can measure the progress of the family of these children. It doesn't matter where you come from to which agency or what level of care. We all are working together in making sure that we accomplish those goals that have to do with safety, has to do with more preventive approaches towards mental health, and number three, how we create those safe hubs, how we create those safe corridors that will be conducive for what we're looking for.

COUNCILWOMAN LOZADA: Both of you have mentioned us being reactive, right. How has your individual organizations worked towards being proactive, right? You guys are the boots on the ground. What have you all done to be more proactive in the work?

Each of you or at least, Hector, your organization is right there in the center. And we have multiple schools, some who are represented here today, whose facilities are within a walking distance from your space.

MR. AYALA: That's correct.

COUNCILWOMAN LOZADA: How have you proactively worked to be able to respond to some of the trauma that our kids experience just in their day to day and how do you partner with some of those schools in that footprint to be able to ensure that our children are receiving the resources that they need?

MR. AYALA: Great question. I mean, we started with creating a safe corridor anti-violence program, which has been supported by the Department of

Behavioral Health and Intellectual Disabilities. And what we had in mind was create access to services. We want these mothers, these fathers, these families to be able to bring their children after 4 o'clock during winter when it's dark and they were afraid of walking or coming to visit services because of it.

So we started with creating safe corridors. We started to talk to the community. We started to talk to the neighbors. We started to talk to those captains around the agency, and we were very successful at that.

I'm very proud to say that last year my anti-violence unit or program was able to reach 19,000 children here in Philadelphia through their efforts, through the work that they're

doing. So that's just one angle. You have to make services accessible. You have to go where the need is.

For example, we provide a lot of mobile therapy, and this is not just limited to seniors. I mean, these are for families and children as well. We just started a collaboration with the school district and we will have onsite trauma-informed clinicians working at Elkins School. So we see that these models -- again, it's about keeping their children when they feel safe. We want to cut on children coming out of the school to receive services. We want these children to learn. We want these children to be at school.

So we have been blessed with the fact that the school district has trusted us to start this pilot program and to see what

are the goals and objectives that we will be able to achieve. Again, what I would like to see is families eating together. What I would like to see is this child being able to finish his homework. What I would like to see is this child going to school without fearing that something is going to happen to him or her.

My tasks are very simple. And again, it's about being proactive about these things, meeting the families, meeting these children where they are. Going outside the four walls of your organization to make the difference. Without those conversations and that collaboration, we won't be able to be proactive and we won't be able to understand a little bit better what's going on.

And again, I mean I

think that a lot of homework needs to be done and explaining people what is trauma and how trauma has affected all of us and how we are carrying this through our behaviors, our decisions, our emotions and how that is being transferred to our children.

COUNCILWOMAN LOZADA: My final question before I turn it over to my committee members: We have talked a lot about the need for mental health specialists to be in some of these schools that are within a walking distance from ground zero. And I've heard some frustration from some of our schools that they don't have enough mental health specialists or that the process is not how and where it needs to be.

Do your agencies serve and work closely with the School District of Philadelphia? How does

that process work and what can we do better to make sure that our children are receiving those services?

MR. VALDES: So I don't want to speak for CBH because they're here and I'm sure they're going to talk about this a little bit, but there's a model in the city of Philadelphia where school-based services and community services are assigned through a regionalized contract. So there are providers in different regions responsible for different grouping of schools, which are called clusters.

And none of -- the area we're speaking of today CCTC is not the provider. And we're right up the road. For example, we're at Munoz Marin a few blocks away, but not specifically there. So I think the specific thing is that there

are providers assigned to each school. And I think the issue of individual performance or whether that school is satisfied with the way those services are being delivered, I think that's really about clarification around expectations and what that school is looking for and what that provider is capable of providing or not and of course including CBH in that conversation so that those expectations can be met. But I would say that technically there is someone assigned to every school in the city so that you would think that there should be some space for open conversation about those possibilities.

If I could, I wanted to quickly just say one more thing about if I could to your previous question. One of the things that we've had to work really hard to,

you'll hear this I think a lot throughout the rest of the hearing, is that certain dollars that the city is getting can only be spent in certain ways, and that's especially true for like the CBH dollars which are heavily treatment-based.

So what we've done in recent years is around two particular things that are just examples of how we can think about this differently. One is to focus on partnerships and looking for private funders to support us around funding integrated partnerships within spaces such as early childhood programs, rec programs, things of that nature so that we're reaching families and kids in different ways and then we're placing staff permanently within those. And they don't only provide services to the kids and

families. They do coaching for the for the coaches, the teachers, whatever the place is.

The other thing we've invested in for a long time, again had to find primarily private funding, has been parenting programs and really evidence-based parenting programs that bring trauma-informed concepts into the conversation so that we're able to work with parents in different ways. And it's also not just great because they learn how to interact differently with their children, but they also find each other and they realize that they're not the only person in the room that had a kid with these kind of severe behavioral challenges and then they become a support system to each other. And we found both of those things as examples to be really powerful things that create

community at the provider level in one case and at the family level at another.

COUNCILWOMAN LOZADA: Thank you.

The Chair recognizes Councilmember Curtis Jones.

COUNCILMAN JONES: Thank you, Madam Chair. And thank you for not being so frustrated that you stopped leading us in this direction. I am truly grateful for your leadership in this regard. I'm a firm believer that until Kensington is free of some of these problems, nowhere in the city is free because all of us experience a small version of Kensington throughout the city.

In my old neighborhood when I was coming up, the drug of choice was crack cocaine. And it wasn't as intense as Kensington is, but it was there. And in my

travels and my responsibilities, I came up with three groups of kids: Sheep that are going to be all right. They're going their own way. They're in it, but not of it. They're going to go away, get a job, go get married, wind up in somebody's college campus and do well in life.

The second group were wolves. And these were people in the community, young people that grew up to be predatory towards the same young people that they grew up with. It happened. And then there was a third group that were shepherds, guard dogs of the sheep that came back into community, similar to you, right, came back to the community to protect the herd, if you would. Jimmy is a shepherd. He could have been a sheep. He could have been a wolf. He chose to be a shepherd.

So my question to you is if we take the vast majority of these young people that are going to go right through Kensington and go right onto a good life out of the equation but focus on the at-risk young people that can go either way, how do you identify them and how do you give them what they need to become what they need to become?

MR. AYALA: Thank you. I'll take a stab at that one. Without them we won't be able to solve this problem. I think that we have to recognize how these different groups have been affected by trauma. These individuals that now are the predators probably they were victims before, and that's the cycle that we need to stop.

We have communities like I mentioned before that adopted these addictive behaviors, and not

necessarily they're using drugs, but they adopt this way of life that encourage and that motivates individuals to go on in that line. Rules and beliefs are created based on those experiences. So there is a cognitive factor also that supports this type of mindset.

And again, at the end of the day everyone is trying to survive. At the end of the day it doesn't matter that you are one end or the other. We all become victims of it. We all suffer by it. Even when -- I mean, the predators who are fathers, who are brothers, who are sons as well, I mean when you take them out of the equation families suffer. So we are not solving the problem. And it's not about pointing fingers. It's understanding that we are dealing with multi-generational trauma.

Treating this trauma, addressing this type of issues requires more than just a psychiatric evaluation or psychological evaluation or medication. It takes for us to understand what happened instead of what's wrong. And I think that when we ask the right question what happened, how we got this, I think it's easier to come up with solutions. And it's easier not to pass judgment on those individuals that we know that they're victims as well.

MR. VALDES: To sort of get back on the what's happened just for a second, so if we take -- just move forward with the concept of what's happened instead of what's wrong with the kid, and this could be said of an adult or anybody else, when terrible things or difficult things happen to

people, they tend to be create certain reactions, certain behaviors which made a lot of sense for the really ugly moment. They were highly adaptive for the difficult situation. The high stress, the acute situation, is removed.

But what tends to happen with human beings is that they keep doing the thing that they learned even when it's no longer necessary. That hyper-attentive kid who's like now reacting to everything, getting angry or ready to have a fight over the smallest little thing because he's still reacting to that drunk boyfriend who used to beat up his mom when he was 4 years old. And then what ends up happening is that kid ends up having in his own family, his kids don't experience the trauma that he experienced. But the habits as to how to react

get passed on to his kids and how to interact with a woman for example, and those things start moving along generationally.

And then you don't understand where it began because it didn't even begin in this generation. And what you're looking at has to do something with Grandpa Joe. You barely remember Grandpa Joe, but the inheritance is pretty significant.

So thinking about that that way you begin to understand that families, communities, neighborhoods, there's a certain amount of pain that's going on that relates to things that have happened over time to them, that they haven't ever stopped to heal or recover from. Some kids, amazing resiliency for all the reasons I talked about earlier, right, and they find a way. No

matter what, they find a way. But for a lot of the kids, they ride that horse. They keep going forward and then another generation lives the same experience again.

COUNCILMAN JONES: Now, I know you know what you're talking about. And the reason I say that is because in my experience not just as an elected official but as a track coach, I go in some homes and the athlete's parent was addicted, they were self-medicating on the couch. I'm getting them to try to fill out forms to go on a track meet. Yeah, whatever, I'm not paying anything. I'm like, you don't know me. You're letting your child go away with me without questioning me.

That kid I thought would have no chance of normalcy, sobriety, contact with -- they went on and became a graduate of Penn

and in social work. So that's one kid. Another kid, comes from a middle-class working family, got all of the cards lined up and they wind up being a terror to the neighborhood. So it's counterintuitive sometimes. I think, well, this person's got a great -- so I don't know the formula.

MR. VALDES: It's art, not science let me be clear. But you think of it as a scale. On one side of the scale you have adversity and trauma and the other side of the scale you have protective factors. And sometimes you can't see it because families have covered up the bad stuff that's happened really well, but the protective factors can outweigh trauma.

So a kid who's experienced a lot of bad stuff you

can see because they have such strong protective factors on the other side of the scale. You know, grandma was like an amazing loving support for that kid in early childhood. And despite all the bad stuff, grandma weighed down the protective factor side so much that it gave that kid so much confidence, so much sense of self that they were able to overcome a lot of the bad stuff that happened to them. So you can't look at this formula without looking at both sides of it and understand what has happened to a child combined with what are the protective factors that child has experienced in their lives. And we all know the stories.

And you brought up sports. Check out 30 for 30. What's the one thing you're going to see on almost every episode.

Suddenly some adult steps into that kid's life and the story starts to become about that adult that showed that kid that he mattered almost every single time.

COUNCILMAN JONES: Thank you, Madam Chair.

COUNCILWOMAN LOZADA: I think for me it's really frustrating because you're right, there are a lot of situations and there are many families in our communities that are experiencing trauma behind the four walls of their home and they're not discussing it, right.

So to me it is important that as a city, as a government, we try to eliminate all of that outside trauma that is occurring in communities like mine to at least give children an opportunity to be successful in the future, right. And so, when I fight and I complain

and I advocate for us removing all of those things that are happening on a child's way to school, on a person's way to work, it is because of that. It is because we don't know what they're experiencing on the inside. And I think that we have a responsibility to try to eliminate some of those traumatic experiences that people witness through the lens of their eyes just in their day-to-day, right.

And so, I hope that as part of this conversation we figure out and that in five years from now we're not having this very same conversation about everything that people go through, yes, in the city of Philadelphia, but more so in a space that we know is ground zero, right.

We know that in our day-to-day the children and families that live in that

Kensington/Harrowgate community are subjected to trauma that we've allowed as a government to happen there over the course of a few years.

The Chair recognizes Councilmember Dr. Nina Ahmad.

COUNCILWOMAN AHMAD: Thank you, Madam Chair.

Just to piggyback on what you said about protective factors that can play a huge role in someone who's been exposed to trauma, I am that child. I lived through war. I saw tanks roll down my street. I saw dead bodies on the side. Every night was -- we didn't know we'd wake up to be alive the next morning, but I did have protective factors. So by the grace of God, I'm sitting here today. Improbable journey, it can happen.

But what it seems to me

we need to do is disaggregate our data enough so we can check down to individual child to know what their environment is, what are their protective factors if they don't know how to provide that, right. So I think we have a lot of services doing a lot of things, but sometimes we have buckets we put people in and we are not disaggregating the data down to the individual level. That's true not just of work here, but of anything for it to actually work, we have to be granular in our work.

So I'm hoping with all these nonprofits and service providers, you know, DBI -- Department of Behavioral Health and Intellectual Disabilities and CBH, we can come up with a system where it allows you to actually know the child, right. This is true of the school setting. This is true of

your engage -- you know, how you touch a child.

And the second part of my question is how are you following the child to know they're actually getting better? What sort of outcome-based work is happening after you've had engagement with the person, with the child?

MR. VALDES: So I'll just speak as a provider. It's limited how long we're going to be able to stay involved with children. So we do in some cases stay involved with them as much as 6 or 12 months afterwards. But longitudinally, that's not information that we have access to, because as a health care provider -- because at the end of the day mental health is health care -- there's a point at which the child is discharged, the family's discharged from our

services so we don't see them long term. We only see the improvement while they're with us and for some short period afterwards have they sustained it.

And it's everything from school performance, grades, behavioral measures in the schools, different kinds of ratings that we use on relationships, emotional development, the ability to maintain relationships with peers and family members. All those types of things are scales by which we rate and see if kids are showing improvement in all those different areas.

COUNCILWOMAN AHMAD: So in that -- go ahead, Hector. Did you have something you wanted to add?

MR. AYALA: I mean, as providers we are actually, you know, we are in a very I will say

tremendous moment in terms that now with AI and electrical records we will be able to analyze this data. We will be able to compile the information that is not only specific to the patient. It's also specific to the community that you're serving.

As of now, the data that we have collected has pointed out what we knew that it was true. I mean, people in the community are concerned about violence, people in the community are concerned about substance abuse, they're concerned about domestic violence. We see a lot of separation in children living now with grandparents. So as we continue to gather this data, this hopefully will help us to guide us in what are the right interventions clinically that we will be utilizing, what are the networks and partners that we will

have to create in order to be effective.

We just don't want to measure, which is the easy part, the duration of symptoms or we don't want to measure ourselves based on how many people get access to services. That's the easy part. But we want to know how effective we are with these families and these children and how we can utilize this data to create new models or to affirm what we know already, that what are those interventions that we know that works in our communities.

COUNCILWOMAN AHMAD: So that's great to know that you're looking at whatever measure you have for 12 months, 6 months, you can see results. But we've had these services for a long time so it's not just new data. We should be having decades, right.

So the reason I'm saying this is we can have all this conversation now, looking forward it'll look great, but we've already done this. Why are we where we are if we have been giving services and we have oversight from different organizations, because we'd love to all be Kumbaya here and move on. But if we don't really get to the bottom of why are we where we are if we have been spending billions of dollars in this sector and yet we still get the same answer, that we don't have enough information.

No, you have a lot of information. Not just you and I don't mean just the two of you here. I mean in this sector. And I would like to know why we are where we are today with all this investment that has been made by federal, state and local government. While my colleague

here says government has allowed it, but we have partners in government who have also allowed it, not just us, right. So I want to hold all of us accountable and I want to know why are we still here if we have been giving these services for many, many years?

MR. VALDES: So when I first spoke I think that was where I was going, which is the why to that question is not necessarily, although obviously we need to know whether what we're doing is effective, but it's not necessarily in the effectiveness of the treatment. It's are we treating the symptoms of the system and not getting at the core problems which is where I go back to the foundation concept.

So are we creating great schools or just mediocre or adequate schools. Are we

integrating services where the services that are being provided are actually working in the same direction. So physical health services, behavioral health services, housing, all those things, addiction services. Everything that you can imagine, are these things all working in a coordinated way to create opportunity for families.

Are parks actually safe for kids to play in. Do families feel like they can go outside and have a barbecue in the neighborhood. All those things that make for healthy neighborhoods where people know their neighbors, where they interact with them, they lean on them. All those things that make for healthy communities is really what the core base problem is.

COUNCILWOMAN AHMAD: So

I hear you. What do we need to do though because we have communities in Philadelphia who do function like that? You come up to some parts in the Northwest. They do function like that, right. And so, if I were to do a comparison of one area to another and then do by subtraction what is missing here and what do we need to do collectively. We don't have time anymore. We have to save these kids right now.

So what do we need to do, us? What can we do now that will connect all these intersectional services to actually produce that there's a family who can barbecue and be safe and feel comfortable? We need to move.

MR. VALDES: And obviously, we're not going to do this in one hearing, right.

COUNCILWOMAN AHMAD: No.

MR. VALDES: But I would argue that the big challenge that we're experiencing -- so I give the example of this -- a couple of the highest performing elementary schools in the city are in Fishtown. Public schools, how is that happening. So we need to understand the impact of all the pieces how they fit together.

I don't want anybody screaming at me today about the impact of charter schools on regular public schools, right, because I know that topic could blow the roof off the room, right. But we have to have bigger conversations about every time that we make a small change in the system are we making the system worse. Like, when we fixed this over here did we just worsen this part of the system over here when we went after this.

So I think in general there has to be a bigger conversation about the strategic goals of all of these services so that they're coordinated with a mission to create a great foundation so any citizen living in the city of Philadelphia, any person living in the city of Philadelphia truly, genuinely seize opportunity as something that's within reach. And I think that's --

COUNCILWOMAN AHMAD: In order for that strategic oversight to happen we need some people to sort of swallow their egos and sit down and some people with lived experience and to come to the forefront. So this is our goal. But thank you. I know I've been specific about digging down. But if you don't do this now, when will we do it?

MR. AYALA: I would like to add that you asked a very good question. I mean, after all these monies and all these investment, all these providers providing services why it is not fully working. When you're constantly exposed to what's causing the problem, it is extremely difficult for any clinician, any doctor, any psychiatrist or psychologist to really make strides in improvement of that patient.

When you're constantly battling housing, when you're constantly batting violence, when you're constantly facing challenges in your life, I mean your mental health will make progress. But I mean that progress is limited to what this person is being exposed to. So this is why it's so important that we have to change those dynamics, that we have to

take into consideration those protective factors that we know that will make a difference in the kids, children in Kensington.

COUNCILWOMAN AHMAD: I thank you all for your service.

COUNCILWOMAN LOZADA: Yeah. I find that the interesting part of this is that we know, right. You all have mentioned we need to invest in neighborhoods. We need housing. We need better schools in certain neighborhoods, right.

I mean, Tony, you just mentioned Fishtown. But the cost or the income of a person that lives in a Fishtown community compared to one that lives in a Kensington community is dramatically different, right. And we know this. However, those that have and can provide the resources still recognize the issue. They

know the issues. They're expert. They can describe the issue like experts and we can talk about all of these things are the things we need to change, but yet here we are years later and we still fail to change things, right.

And is it because the people that live in districts like mine are less -- their income is much lower than those in other neighborhoods, right. Is this intentionally being allowed to happen in my community. I say yes. And I say yes very openly, right. But there are people who have access to resources, have access to programs, have the expertise to be able to provide those services and fail to do it because it is just easier to let it continue to happen in my neighborhood, right.

I want you to know that it's not okay anymore, right, and

that we're going to continue to have these really difficult conversations, that we are going to hold people like the school district accountable for ensuring that our children have a better academic journey, right, that those who have access to affordable housing do real deep, affordable housing in neighborhoods like mine because that's what we need to respond to and that those who receive money for providing this mental health support program do actually deliver those services to communities like mine, right.

Because again, we know what experts at talking about the issue. We know what the resources are, but we fail to deliver them to the community that needs them the most. And so, I want to put that out there. I want you all to know that we know, right, and that we're

going to start holding people accountable because we don't want to be here five years from now having the same conversation.

And then when these children from our elementary schools grow up we can't say to them, you know, why are you not a successful contributing citizen to our city because we should be looking in the mirror understanding that they are not because we have failed them.

MR. VALDES: I just want to add if we don't fix the leak, we can keep pouring all the water into that tub you want. So the problem is -- that's why I keep going back to the foundation of we can provide great services. But if we don't get at the root cause of why we're coming back to this conversation, and that's why I think the foundational stuff is most critical

because it's leaking and we keep pouring more water into it.

MR. AYALA: In addition, Councilwoman, I think expectations. When we look at our children, what do we see, what do we expect from them? And they need to know not what we think of them but that the community needs to let them know what we're expecting from them and we have to protect them. We have to encourage, we have to nurture that aspect because that's part of the problem. What are the expectations? When I look at these adults what do they see in me?

Do they see that child from Kensington that is going to end up in a certain manner or do I see that next athlete, that next leader, that person that is going to make a difference in our communities. So that's part of the issue as well. I mean, the

messages that we send to our children, to this community needs to change. We need to be more positive on the messages that we put out there on T.V., on social media. You name it, we have to get those messages out there.

COUNCILWOMAN LOZADA: Thank you.

Are there other questions? Any other questions from members of the committee?

(No response.)

COUNCILWOMAN LOZADA: No. Thank you so much for being with us today, for sharing your testimony with us and for the work that you do in our community. We look forward to continuing the conversation. This is what I hope is the beginning of a conversation where we're going to work towards real solutions and connecting our community with the mental health

services that they need, particularly our young people. Thank you.

MR. AYALA: Thank you.

MR. VALDES: Thank you.

COUNCILWOMAN LOZADA: Before we move on to the next panel, I'd like to recognize Councilmember Cindy Bass who's with us today. Thank you for joining us.

COUNCILWOMAN BASS: I thank you for having me, Madam Chair and to the committee. I just really came by because I'm a North Philly girl. And so, Kensington is important to me. If you grew up in North Philadelphia, in any part of North Philadelphia you've traveled through Kensington. I remember what Kensington used to be. I remember shopping along Kensington Avenue. I remember catching the 60 bus at K&A to go home. And so, I

know the value. I know what it was. I know what it can be.

And so, I just really want to stand in solidarity with the committee and that I am here to support and it is in all of our interests to protect our children from what they are seeing on a regular on a daily basis. It's really akin to PTSD and just the constant barrage of trauma that those young people are facing. It's sin and a shame and we have to do something about it. So I'm here to lend my support. I don't represent any of Kensington. But just as a Philadelphian, this is very important to all of us.

So thank you, Madam Chair and to the committee.

COUNCILWOMAN LOZADA: Thank you. Thank you for joining us today.

Will the Clerk please

call the next panel that is with us to testify today.

THE CLERK: Yes, Madam Chair. We have the President and CEO of CORA, Ms. AnneMarie McDowell; CADEkids who is Lauren Dolan; and Liam Connolly from Safe-Hub.

COUNCILWOMAN LOZADA: Good afternoon. Thank you for being with us this afternoon. Please state your name for the record and begin with your testimony.

(Witnesses approached witness table.)

MS. McDOWELL: AnneMarie McDowell.

MS. DOLAN: Lauren Dolan.

MR. CONNOLLY: Liam Connolly.

COUNCILWOMAN LOZADA: Welcome.

MS. McDOWELL: Good afternoon. Thank you for taking the time to convene today to discuss this very important topic, as we as a city must support our children of Kensington. A special thank you to you, Councilmember Lozada, for forming this and for relentlessly pursuing the quality care for your children and families in your area. My name is AnneMarie and I am the CEO of CORA Services, and I must also mention that I'm a resident of District 7 and I've raised my children there.

CORA was asked to present today because we are a large children and family resource center in the city whose services for children and families span the array of education, youth development and behavioral health. Least known about the organization is that our largest team of staff

works in schools providing psychoeducational evaluations along with other prescribed related services that are supported through schools' IEPs and 504 plans. Specifically, that work is done in our non-public schools as well as in our charter schools.

More notably recognized by the general city population is our clinical and our youth development work in schools, providing behavioral health assessments through SAP, drug and alcohol intervention and treatment services, school and community-based IBHS and ABA supports, insurance-neutral counseling for children that does not require them to have a diagnosis, intensive prevention diversion services, out-of-school-time and afterschool programming and summer programming for youth and intensive case

management in our community schools, also adding to that Tier 1 and 2 truancy case management in many of our schools.

I know you're hearing a lot of information today. We are an organization that serves over 19,000 children in over 88 zip codes here in Philadelphia and we are in over 225 schools in the city. We've been providing these services for more than 50 years.

The main message that I want you to be aware of from our experience is just like was already presented to you, science and our experience over decades of intervention strategies. You're going to hear me talk a little bit more about that. Incorporating and measuring the outcomes of risk and protective factor model has shown that increasing just one protective factor for children will help to

remove or at least ameliorate free risk factors. This strategy is particularly important in an area of the city whose children grow up in a personal environment flooded by adverse childhood experiences.

And third, to accomplish the goal of really adding protective factors to children. We must focus more attention on prevention and intervention. In our experience where we are seeing the greatest impact in the work we are doing is in our two community schools, of which we're the provider of multiple services.

We literally take about at times 11 different contracts through multiple city departments in order to braid services together and funding sources together to fully meet our young people and their families where they are at. At our schools specifically which

are not in Kensington, I'm talking specifically about a service model here, Disston Elementary and George Washington High School, which are two community schools with many complex needs, we are able to sit on their leadership teams at the school as we discuss the needs of individual children and their families.

Our truancy supports are at that meeting. Our school services coordinators are at that meeting. Our case managers that work with the school leadership team is also at that meeting. Following that meeting, we're able to bring these specific needs of families back to a collaborative network within our own organization to understand how to best serve these unique needs of some of the families that have the most intense -- they're coming to us

with some of the most intense service support needs.

At these meetings, we make sure that the family receives what they need, afterschool activities, a safe environment to be in after school, additional connection to community resources if the school itself cannot provide what is necessary outside in the home and in the community. We have emergency funds available for families when there may be something that's keeping their kids in their home or keeping their home.

There have been times that we have actually supported our families to stay in their home through our eviction diversion program, which the city is well-known for. We also have separate funds from another funding source that helps to infuse social-

emotional learning and prevention education around topics like vaping, violence education, drug and alcohol prevention and intervention. So it's these combining of services where we find ourselves most effective.

Last year as an example, we had a father who was killed tragically. The older student was at Washington and the younger student was at Disston because of the blended amount of services that we had in both schools, we were able to offer a very comprehensive support to this family, and that is what is necessary to begin to really move the needle on the supports in some of our most at-risk communities. It's in this level of prevention and intervention work at the ground level that we will increase protective factors of the child and

their environment.

We are certainly grateful and lean heavily on our clinical work as a licensed drug and alcohol facility as well as in our IBHS programs. However, the greatest impact on a day-to-day basis of our work doesn't rely and should not rely on a child needing a diagnosis or meeting medical necessity to be served. That is also an important piece of what we do, but you need the intervention and prevention strategies in Kensington in order to first identify and support the needs of the children. Thank you.

MS. DOLAN: Good afternoon, Councilmembers and colleagues and children who are here as well. My name is Lauren Dolan. I'm the Executive Director of CADEkids. We are a prevention, education and student support

nonprofit that has been promoting Philadelphia's children's potential for growth while reducing high-risk behaviors for 38 years.

CADEkids takes a root-cause approach to addressing substance misuse, violence, bullying and problem gambling and gaming. We do this through three core programs: inschool prevention education, a Student Assistance Program and out-of-school enrichment activities. Last year we offered services at 55 school and community sites throughout Philadelphia. 19 of them are in City Council District 7 at the heart of Kensington.

94% of teachers in district seven schools reported a noticeable improvement in student behavior as a result of our program. And 100% of these teachers rated the program quality

as good or excellent. I'm immensely proud of my team of 13 people that reach over 4400 students last year with these kind of stats, but our organization faces barriers of short-term and inadequate funding as well as transportation safety that impede us from reaching more students in Kensington.

In the most recent results of the Youth Risk Behavior Survey, 16.6% of Philadelphia high school students did not go to school because they did not feel safe at school or on their way to or from school, and this is the highest rate recorded of this survey in the last 20 years.

48% of students in this survey have also reported seeing someone beaten, stabbed or shot in their neighborhood. While those are citywide stats for our high

school students, we know that our Kensington students see this and more as they move through their neighborhood. For CADEkids specifically, families have frequently expressed interest in our programs but are not comfortable walking their children to or from the locations even with an adult present.

CADEkids and other youth-serving organizations in Kensington need the City Council to be a partner in helping Kensington children thrive. This means providing adequate multi-year funding that enables organizations to be more consistent with their support of kids and families. Consistency combined with program quality enables an adult to move from just someone fun who provides a program to a full, trusted adult, and that is one of the essential

protective factors that we work to provide our students.

Being a partner to community providers also means including youth-serving organizations in the solutions to getting our children safely to and from both school and additional program sites. Thank you for your time and attention as we work to center the needs of our children to move Philadelphia forward.

MR. CONNOLLY: Good afternoon, Councilmembers, and thank you for the opportunity to speak on behalf of the children of Kensington. My name is Liam Connolly and I'm the Executive Director of Safe-Hub Philadelphia. For more than a decade, I've worked in youth development through sport and education in Boston, South Korea, South Africa and now here in Philadelphia.

In Kensington, I've had the privilege to be a groundskeeper, a coach, a mentor, fundraiser and today I lead a dedicated team building safe spaces where young people can grow and thrive. Safe-Hub is built on three pillars: programming, partnerships and place. Programmatically we have age-appropriate offerings from cradle through career that focus on building healthy bodies, minds and futures that often use soccer as the conduit for delivery of sustained social impact.

We crowd partnerships like Drexel Center for Nonviolence and Social Justice in order to offer access to mental health services and other wraparound support in a trusted and destigmatized space. And as a platform, we have invested heavily in the neighborhood. Earlier this

year we built and opened a state-of-the-art indoor soccer field in Harrowgate as the centerpiece of our Safe-Hub community campus.

The heart of this work is in the lives of our young people. One of our high school participants who joined us two and a half years ago simply did so wanting to be involved in soccer. At the time, she didn't realize that she was also seeking an outlet for challenges she faces at home and at school. Playing in our OST soccer program, she also joined our Playmaker program where she trained as a trauma-informed coach, mentored our youngest participants, got exposure to post-secondary opportunities and was introduced to group therapy and counseling. Along the way she built leadership skills, earned a paycheck, got access to one-on-one counseling and

discovered a true sense of belonging.

Today as a high school senior, she's a mentor to children in her neighborhood, a steady presence at our Safe-Hub community campus and an advocate in her school for the very resources that helped her grow. Her story is not unique. It reflects the reality of many of our participants, young people who join for soccer but ultimately gain life skills, community, opportunity and a pathway away from negative influences.

Our work is backed by industry and our own research and evaluation. Using sport and authentic relationship-building meets our young people where they are and through a modality that excites and engages them. That environment, coupled with our

proactive and preventative evidence-based programming, provides our young people with their place, their purpose and their people.

We are in the business of addressing intergenerational trauma. Properly addressing it takes time and consistency to sustain and grow this impact. We need flexible multi-year funding because too often we're forced into short-term cycles that take energy away from what matters most, building trust and relationships with our young people.

Additionally, we need your support to unblock bureaucratic inertia and red tape that keeps us from investing significant funding and time into creating safe third spaces for our young people. Long-term and consistent access to collaborate in

our neighborhoods public spaces is vital to realizing sustained social, emotional and economic impact. With your support and advocacy, we can expand on the safe spaces and access to resources that our young people deserve. Thank you very much for your time and consideration.

COUNCILWOMAN LOZADA: Thank all of you. I thank the three of you for being with us today and for the work that you all do. I think I heard from the three of you refer to funding or consistent funding, right, as part of your testimony. How much more funding, right?

When we talk to city departments, when people come in front of us and ask for increases in program dollars, when they talk about bringing different programs to the neighborhood, it's always

about a dollar, a dollar, we need more money to be able to do the work that we're doing.

But we can't seem -- or I'm going to speak for myself. I can't seem to see the impact that the dollars past, present will make in the future, right. Because I have seen my community consistently decline and we keep throwing the dollar out, we keep throwing money, we keep throwing money, but we're not seeing the difference, right.

And so, what will change with money? What is the difference that adding additional dollars to the programs that you're that you're running, what is the difference? What would the difference be, right? How many more children do we think we're going to be able to provide services to? Because the numbers of students that you all have

mentioned in your testimony is a large number, right. How much more?

And is it that we need more dollars or is it that we need better oversight with the dollars that we have? Is it that we're not measuring the impact that we have that is very direct? Because I think that -- I respect all of your programs. I think all of your programs are great. And I think that the children that I have talked to that come through your programs talk about it being a safe place, it being a place where the adults that I interact with are people that I can trust. How much more? What is the difference going to be if, as Councilmember Dr. Ahmad mentioned earlier, we know the problems. They have been funded over the course of the years. What will giving you more

money do? What will be the impact?

MS. McDOWELL: So I'm going to maybe go against some of my opinions here in this room, but we're facing the next several years with less money. I don't know how much more money we can pour, right, into the children we're serving. There is always a need for more dollars, always. We don't have enough to go around.

Here's what I will say though: What we need is better coordination of the funding that we have. We have good city departments providing funding to do good work. Some of our schools may have three -- I know the school district is going to be speaking soon. They may have three, four, five providers within their buildings providing services. Are we coordinating our efforts. Are we all working towards the same

goal. What are those goals.

One of the things that we love to be able to do is to braid those funding together so that there are no holes in services for children, just common sense supports where a family is served through multiple different services within one location. So, yes, I'm not going to answer the question what would I do with more dollars. There's a lot I would do.

I would build massive community schools where all these services are in place and strong and working together. But I think the reality that we face is the silos that are existing between these funding sources, and funding sources have goals that they need to meet, because coming from the state and coming from the feds they have their own obligations and sometimes they're conflicting with

one another. So can we come together collaboratively in order to address the kids' needs where they're at and then work together really, really well as providers and with the city departments to take all these funding streams that we have, mold them together and really push out the right level of service for the kids in your individual neighborhood's needs.

COUNCILWOMAN LOZADA: I have to agree with you. And I say that -- I want to make a comment too. I know our kids are getting a little antsy and I want us to hear from them and they have to leave at 4:00. So after this panel I want to make sure that we bring kids down, let them share their testimony and then we'll come back to Panel 3.

But what you said is interesting, right? We heard in

one of the Special Committee hearings back at Conwell, we found out that a large number was being spent on cleaning and there were multiple groups that got dollars for cleaning, right. And when we analyzed how the cleaning was being delivered, we found the inconsistencies in the services that were being provided, right, because if everybody showed up on the same corner all at the same time and one group was cleaning, the other four groups felt that they didn't need to clean, right, because it was already getting done. And so, I agree with you. We do need better oversight. We need better collaboration and coordination in order to be able to get the services to where they need to be.

So it confirms, right, that it's not more money that we

need. It's better coordination --

MS. McDOWELL: Oh, we still need our money.

COUNCILWOMAN LOZADA: We always need more money. I get it. But I think that we can do better if we would just communicate, coordinate and collaborate more effectively. I think that we would do better if as a government we had better oversight over the programs and those who were delivering those services.

And I think that we also, you know, this is no different than any other program, right. I think that we also need to do a better job at discontinuing to fund those programs who don't deliver the services that they say they're going to deliver. I think that we lack in that. We don't have the capacity to be able to pull the funding off of groups or

organizations that don't provide the services that need to be delivered or we're afraid to pull those services, right.

But because we are in the situation that we're in right now, I think that as government, as city departments we need to better look at do we have those checks and balances in place where if we need to make an adjustment, then it needs to be made. And if we need to pull the funding back, then we do that.

Are there any questions from members of my committee? The Chair recognizes Councilmember Driscoll.

COUNCILMAN DRISCOLL: Thank you, Madam Chair.

I was looking at your panel there, McDowell, Dolan and Connolly. It sounds like a law firm there. I'm glad you're not in

the law firm business. I'm glad you're doing the Lord's work in each of your areas.

I'm more familiar, I think, AnnMarie with CORA. I've experienced your good work over the years. And I know we want to get to the kids so I just want to quickly, if you could just give me some intervention specifics that the CORA model shows some real impact and then real quickly after that, if you could just break down the funding and service silos. I think this panel would -- that would be important for us to hear as well.

MS. McDOWELL: And I think those two questions go hand-in-hand, so maybe we'll do the funding first and then it leans into how we do intervention strategies and more built on that model. So, say, in one of our

community schools we have a number of contracts that we manage with varying goals through Office of Children and Families and DHS. We have a number of contracts that we provide that are through the Single County Authority, so smaller contracts on the drug and alcohol side particularly, some early intervention work is through there as well as all of our SAP work is through there.

Some of our social emotional learning contracts are also through their all wrapped around intervention in terms of drug and alcohol services. We also provide a lot of support through IBHS. We do do school-based IBHS services as well as ABA. We have PreK counts and PHLpreK funding that we support in early childhood that we're also doing. So it's a variety. And under each of those,

we might have 30 contracts that we're managing, right. So there's multiple departments and then many contracts under those departments that we serve. So that is how we do intervention.

It really starts -- SAP, I know you talked about SAP is crucial. If we had a better SAP program, we could really assess where our individual children are at and what their greatest risk factors are so that we can actually get them to the right level of care. And lots of times that is intervention because they don't have a diagnosis yet. We just know that they faced a lot of trauma and they need support. And so, that's where we touch them.

And then we know through that assessment and through that process if a higher level of care is necessary and needed. And if it

is, we are able to move them into the right areas within their own community to get the service that they need if we can't meet that need.

COUNCILWOMAN LOZADA: Thank you.

Chair recognizes Councilmember Harrity.

COUNCILMAN HARRITY: Thank you everybody for the work you do first off. Can't say enough anybody who is working to deal with some of the trauma that my kids are facing in the neighborhood. I have a lot of respect for that.

Now, Lauren, you said that you guys service about 19 schools and in the 7th District?

MR. DOLAN: Yes.

COUNCILMAN HARRITY: What schools in Kensington are you in?

MS. DOLAN: So that

includes starting at H.A. Brown, John Welsh -- you're going to quiz me on all of them right off the top -- Sheppard. We are a SAP provider for Elkin and Stetson. We are -- a lot of them across the board. I can go through -- I have a whole school list for you. But a good portion of the schools we are the assigned Student Assistance Program or SAP provider as well as whenever possible we try to layer our Student Assistance Program services with our drug and alcohol prevention education services so that there is a specialist in the classroom meeting with students and teaching them those key life skills, goal-setting, decision-making, conflict resolution, all those things.

And then if there are students that are struggling even with that service, that they have

the additional level of tiered intervention for a Student Assistance Program assessment. So we have depending on which school the SAP program is assigned by the Department of Behavioral Health to which schools we are in and our prevention education is based on schools that we have serviced for decades because we have been present in those communities for a long period of time as well as schools that reach out to us requesting services.

COUNCILMAN HARRITY: Okay. Thank you. Can all of you provide a list to us of the actual schools in the 7th District that you are doing work in just so that we could actually follow up too? It's about doing due diligence and making sure, as my colleague said, we throw a lot of money at a lot of different things, a lot of

different programs.

We are not scared to spend money on the Kensington Caucus, especially when it comes to trying to deal with this issue. But as the Chairwoman said, we want to make sure that the people we have doing this work is doing the work because it's our children that this is for and I take that very seriously. So what we're trying to do is get to the bottom of what groups and what institutions are doing what they're supposed to and having a positive effect on our children.

I mean, that positive effect can be many different things. I know what you're dealing with. I live there. I talk to these kids, but it would just be helpful to us so that we know what's going on where that way when we hear things, we can address that

directly with you guys. And if we, you know, in our jobs we are talking to parents and maybe we can recommend a child that isn't in one of the schools that you're doing that but that could also use the help.

So for us this is just about trying to get us organized so we know what's going on and where this money is going because it's a lot of money and the results, as we said, we're not seeing them. I live there. I'm at G & Allegheny. Okay. I'm not in East Kensington and West Kensington. I'm in the heart and I'm not going anywhere. I'm there for these kids. That's why I ran.

So for me I want my kids to have as much as I could possibly get for them. And when I say my kids, I mean the kids in the neighborhood. I'm a grandparent.

But just know that we respect what you do. We just need help in figuring out who's doing what they're supposed to do, who's not doing what they're supposed to do, where we should put the money to get the biggest bang for our buck. Because for me if somebody's not doing what they're supposed to by our children, then we need to get rid of them ASAP. Get them out of there. Bring somebody in who cares about our kids the way we care about our kids. And I appreciate you guys because I know you do care. Thank you.

MS. DOLAN: If I can speak to that quickly as a provider within the SCA, I think there is definitely a need for improvement in our evaluation processes of what information we as providers are able to access. We do pre- and post-surveys that are provided

directly to the SCA. And we as providers never see the results of our surveys that we do of our program. And as a provider to assess if I am doing effective work other than our wonderful teacher surveys that we get back and all these things, it is essential for me to see this children's knowledge growing directly from them and there is an area for improvement in transparency with that information within the SCA.

COUNCILMAN HARRITY: I'm not just talking about you guys, the nonprofit sector. I'm talking we want to know from you what you see because you are the boots on the ground. What departments are not and are still working in a silo, what departments are easy to access because that helps us along the way also.

Thank you, Madam Chair.

COUNCILWOMAN LOZADA:

Thank you. Thank you all for your testimony today.

The Chair recognizes Councilmember Squilla.

COUNCILMAN SQUILLA:

Thank you, Madam Chair.

And thank you all for what you do as we see the actual experiences that the children go through with the help that you provide. And again, resources always could use your money. Somebody said we can always use more money and that's true.

And we're addressing the challenges with people who are experiencing trauma and other challenges, but we also have to stop what they're seeing, right. We have to stop what's going on there. So I think it's twofold. So we need to continue funding the resources for people to deal with

it, but we also have to fund the resources to deal with the everyday situation that's on the street that's causing some of the trauma that we see.

It's great to be able to deal with it. Hopefully if they don't have to see it and do it, then you have less work to do, right. But there's always going to be trauma associated with children growing up dealing with different issues in life. But I just want to make the point that your work is so important, so needed. But on the other side, there is also work to be done to figure out how our policies affect the challenges that our youth see when they're going to school or just living in the community, living in the neighborhood. So thank you for what you do. We appreciate it.

COUNCILWOMAN LOZADA:

Thank you. Thank you again for being with us this afternoon and for your testimony. We appreciate the important work that you do in our community.

Will the Clerk please read the names of the children's panel that is here to testify? Once that panel is done, then we will circle back to Panel 3.

THE CLERK: I'll call out three or two kids at a time. So the first group is Noah Ortiz, Nayeli Almonte-Uceta and Laylah Cotto. I apologize if I say any names wrong.

(Witnesses approached witness table.)

COUNCILWOMAN LOZADA: Good afternoon. Thank you for being with us this afternoon and for your willingness to testify. Please state your name for the record and then begin with your

testimony and you can go in any order.

MR. ALMONTE-UCETA: Nayeli Almonte.

MR. ORTIZ: Noah Ortiz.

MS. COTTO: Laylah Cotto.

COUNCILWOMAN LOZADA: You can start with your testimony.

MS. COTTO: My name is Laylah Cotto. I'm an 8th grade student at Visitation BVM School and I was raised in Kensington. There was a time when I could go to stores under the El and shop. I would be able to go outside and play but that time is no more. Drug usage has gotten so bad that it affects all of our lives.

Every day there are more and more people every day on the streets using drugs. I see them all the time. Some of them are aggressive and they have come up to

me asking for money and saying crazy things. My mom has almost hit a couple of people on our way to school because they fall or just walk in front of the car like we aren't even there.

I see things every day that I don't want to. I shouldn't have to. I know that these people are sick and they need help. They are not in control of the things that they do, but I still don't really think that it is fair that they're just all over the street. It seems like we are all just letting them take over the city and there has to be some way to get control over it. I hope that things can get better soon and we can all be proud to live in Kensington, Philadelphia and not feel like we're forgotten about.

COUNCILWOMAN LOZADA:

Thank you.

MR. ORTIZ: My name is Noah Ortiz and I'm in 8th grade at Visitation BVM School in Kensington. I only live a few blocks away. Every morning -- I live a few blocks away. Every morning I walk to school my little brother and sister. On my way we see people using drugs, people sleeping on the sidewalk and needles on the ground. I try to keep my brother and sister close to me because I feel like I have to protect them even though I'm just a kid myself. I try not to let them see that I'm also scared.

It's hard going up this way. Sometimes I feel scared. Sometimes I feel sad. Sometimes I feel angry that this is the way we have to see every day. We should have believe thinking about school, friends and sports, not about whether it's safe to walk down our

street. I want to be able to go outside and play.

I want to be able to go outside go to the park right down the street and play basketball with my friends, but I can't do any of those things because I'm worried about someone coming up to me and I'm worried about gangs and getting shot.

Kensington is my home. I just hope we can be -- it can be better, but we need help. We need cleaner, safer streets. We need places where kids can play and grow up without being scared. And we need more help because kids like me still believe in and desire a better future. Thank you for listening to me today.

COUNCILWOMAN LOZADA: Thank you.

MS. ALMONTE-UCETA: My name is Nayeli Almonte-Uceta. I am

an 8th grader at Visitation BVM School in Kensington. Every day on my way to and from school I see the impact of opioid epidemic. There are people using drugs on the sidewalks, needles on the grounds and sometimes people passed out near where children walk. It makes me feel unsafe and worried but also sad because these are people who need help.

Each of them is someone's child. These crises don't just affect the people struggling with addiction. It affects kids like me and my classmates. One time we were coming out of the gym and there was an addict at the door and we couldn't leave. We had to wait a long time before it was safe for us to go back to school at Visitation.

We work hard in school, but outside the building we can't

always play safely in our own neighborhood. We see things that no child should have to see. I want you to know that Kensington is not hopeless. The families here care deeply. My school teaches us to live with honor, integrity and respect but we need support, safe streets, programs that help people recover and resources for children and families who are trying to stay strong.

Philadelphia is known all over the city -- all over for the city with drugs. We have many good things and people here. We should be known as a City of Brotherly Love. Please remember us when you make decisions. We are the next generation of the city and we deserve a safe and healthy community to grow up in.

COUNCILWOMAN LOZADA: Thank you.

Is anybody else going to testify?

THE CLERK: Will Noah Pizarro. Elianah, I'm sorry, Tapia and Yelexis J. Lopez come.

And will the following please line up: Allison Lozada-Meneses, Axel Mejias and Scarlet Rodriguez.

(Witnesses approached witness table.)

MR. PIZARRO: My name is Noah Daniel Pizarro and I am an 8th grade student at the Visitation (inaudible) Virgin Mary School. For a long time Kensington has suffered an opioid crisis. And despite me not living in this area, I am very aware of it. It's just sad. People are dying every day and we see it.

We walk past it going to school. And in the building we are safe and nice. But once we walk

out of those gates, we see it and are reminded about it. I remember when my brother and I decided to run out of the school because I didn't want to wait for someone to go to a community center around the corner. At the time, I didn't know how dangerous it was and it was talked about it to me a lot. I definitely should have known better. But now that I'm older and I could see what is happening with people using drugs all over the street, I know how dangerous things are.

We should work together to try and make things better and prevent them from getting worse. We don't want the title of the most unsafe city in America. Philadelphia is meant to be great and people should be able to see that, not all the drug use. Thank you for listening. Let's all keep

the peace here.

COUNCILWOMAN LOZADA:

Thank you. State your name for the record and begin with your testimony.

MS. TAPIA: Hello. My name is Elianah Tapia. I am a fellow student at Visitation BVM School and I am proud to represent them today, especially to talk about a very important topic. The topic you may ask? The opioid crisis and how affects us as students.

Let me begin. I was born and raised in the Kensington area and I have witnessed a plethora of things that no child should ever witness. I have seen people who have died on these streets, who have lost their family, friends, their limbs and many other things and it's tragic. I don't want other people to see

those things.

It's sad having to worry about my safety and many others simply just trying to go up and down my block or my school. And I truly care about the city and I hate how witnessing many of these things and I want to see the best for this city.

COUNCILWOMAN LOZADA: Take your time.

MS. TAPIA: It's tragic. Many words I can't describe. And I truly hope to see the future of the city, city becoming great because this problem has been happening for decades now since 1990. It feels like nothing has been done, but just increasing, getting worse. No child should have to fear simply going to school, going around the block. I want to see change. I truly do. And I hope we could trust our city to do that change

for the safety of our lives and many others. Thank you for listening.

COUNCILWOMAN LOZADA: Thank you.

MS. LOPEZ: Good afternoon. My name is Carla.

MR. LOPEZ: And I am Yelexis.

MS. LOPEZ: When I see people using drugs in the street, it makes me feel sad because drugs aren't good for you. And I also feel sad when I see empty places and it gives me an idea I think will help. I think that kids should have more places to play and have fun, like parks, libraries and gardens, so we should make old places like that.

The city should transform empty lots into beautiful places nobody is using, the empty lots and they can collect trash.

These empty places could be gardens with bees and butterflies. I like to go to the Elkin playground with my brother Tyjay. Sometimes it is locked and I would love it to be open more. If the city can change empty lots into beautiful places, I would have even more places to play for kids and their families.

MR. LOPEZ: For example, an indoor sports complex would be a fun and safe place for me and my friends to go play and practice different sports all year long. Maybe this place can even have an indoor playground with swings for my little cousins while I'm playing sports. This would be helpful to keep me and my friends and my family safe and active and away from all the people using drugs. Then I would feel safe and not scared to play.

(Applause.)

COUNCILWOMAN LOZADA: Thank you. Thank you for your testimony.

THE CLERK: Can we hear from Allison Lozada-Meneses, Axel Mejias, Christian Rodriguez. And lining up, the last group will be April Rosa, Janairys Santiago and Anadely Velez-Santos.

(Witnesses approached witness table.)

COUNCILWOMAN LOZADA: Good afternoon. State your name for the record and begin with your testimony.

MS. JACKSON: Hi. My name is Ava Jackson and I want to thank all the schools for good ideas. I just want more safety so everyone -- hi. My name is Ava Jackson and I want to thank all the schools for good ideas. I just want more safety so everyone feels safe. Thank you.

Some people feel unsafe because their area and people's emotions. They feel bad because of the homeless. The homeless lays on the ground and puts needles in their skin. Drug dealers should be arrested for selling drugs and killing people. All guns should be gone from this world. They kill and it's sad.

COUNCILWOMAN LOZADA: Thank you.

MS. LOZADA-MENESES: Hola. (Spanish translation).

INTERPRETER: Good afternoon. My name is Allison and I am 4th grader. I think that the city should clean the streets and educate people so that they're not throwing trash because the trash poisons us and makes diseases for the citizens and families in Kensington.

All of the collection of

trash is causing rats and sickness and that means that my parents don't want me to go outside and play. So for that reason, I think the city should pay people to clean the streets and the parks two times a week and also home trash pickups two times a week.

It's not fair that the place that we live is being forgotten by the city and there are other places that are more important since all of us are citizens of this beautiful city of Philadelphia, and thank you for your attention.

(Applause.)

MR. RODRIGUEZ: (Spanish translation).

INTERPRETER: Good evening. My name is Christian Rodriguez and I am a 4th grader at Elkin Elementary. When I see people who need to live in the

street, I feel very sad. So I would feel better if I knew that all of the people who need to live in the street had what they need to feel happy and safe.

I think that there should be more refuges to send people who have addiction. I know that a lot of people do not go to these refuges and I think that people should take them so that they can get rid of their addiction.

And when they go, I think the city should give them apartments and clothes so that they can get a job. So they should be giving food, not money so that people are not using drugs. And clean the streets from all of the drugs and try to eliminate those places where drugs are being sold so that the problem doesn't come back.

It makes me feel bad to see people suffering and living in the street because it's very dangerous. So I would feel much better and happy if people living in the streets and also if they could have the help they need to not be using drugs because it is bad for their health. Thank you.

COUNCILWOMAN LOZADA: Gracias. State your name for the record and begin with your testimony.

MR. JAVIER: Hi. My name is Javier. I don't feel safe because the people that sell drugs is bad and I'm scared to go outside because people are on drugs. Drugs is bad. And you can get too crazy. You can get arrested and go to jail. I feel sad because I see you outside shoveling and cold and my mom feels sad too.

COUNCILWOMAN LOZADA:

Thank you. Please state your name for the record and begin with your testimony.

MS. ROSA: My name is April.

MS. SANTIAGO: Good afternoon. My name is Janairys. I go to Elkin Elementary in Kensington. When I see people using drugs in the street, I feel sad because I see a lot of people fainting in the streets. I think that kids need more of their school programs to feel happy, healthy and safe.

There are some clubs that my friends and I really like and I want them to come back or get bigger. The YMCA, play sports and fun, things like making fun and time to do homework. With adults helping, there were about 20 kids in it last year like my friend Yelexis and April.

I think more kids will like this opportunity. We used to have Kensington soccer club, but it stopped two years ago. We also have My Daughter's Kitchen, which is a cooking club that has five students. My friend Emerson was in a bike club last year that I know Quetcy Lozada helped to bring to Elkin. It would be great to have more spaces for kids in these clubs.

MS. ROSA: Talking with my friends, there are more ideas for clubs we don't have yet. But I think it will be really fun. Some of our ideas are a basketball club, a slime club to make slime and have fun, a knitting club, a cheerleading club, a gaming club to play Roblox and a lot of games. A cleaning club, an art club, a fashion or dress to impress club, I would love to see all these ideas

happen. So I think to have these clubs we need space materials like dress up clothes for fashion club, or yarn and needles for knitting club and a confidence. I hope you can help me and my friends connect with what we need to have fun clubs. Thank you for your time.

(Applause.)

COUNCILWOMAN LOZADA: Thank you. Please state your name for the record and begin with your testimony.

MR. MEJIAS: Hi. My name is Axel Mejias. I go to Lewis Elkin. I am here to tell you there are too much trash in my community. People -- things all over the place. Needles and drug waste are everywhere. Sometimes the trash trucks don't even come. It's dirty. Everywhere please clean my community.

(Applause.)

COUNCILWOMAN LOZADA:

Thank you.

There are no there are no more students who are here to testify. Can all of the students in our chambers please stand up, all of the students in the chamber.

(Applause.)

COUNCILWOMAN LOZADA:

Thank you. Thank you so much for being with us today. Thank you for sharing your experiences with us today. (Spanish translation).

We are here to work for you. Thank you for sharing your experiences with us. That is the purpose of hearings like this, right. The purpose of hearings like this is to be able to hear from you so that we're able to work together to improve your quality of life.

You should not have to be experiencing those things. You

should not be afraid to walk in your community. You should be able to play in your parks and in your sidewalks. You should be able to play with your neighbors. And we are working really hard here as a legislative body, as a government together to be able to improve your quality of life.

We're not going to stop. We're not going to stop working hard. We're not going to stop inviting you to come share with us your experiences. We are going to do all that we can to make sure that life gets better in the Kensington Harrowgate community. Thank you so much for sharing your experiences with us.

To the adults in our schools, thank you. Thank you for making the time to bring them here. It's different, right. When we hear from adults, when we hear the

experiences that adults go through every day. But when you hear it from the voices and from the mouths of young people and you hear from them their reality, it hits different.

And if it doesn't, then you need to look at yourself in the mirror, right. Because as a parent, I never ever want to hear my child say, Mommy, I was afraid today, Mommy, I saw someone laying on the ground today. I don't know if they were alive or not. Those are things that are difficult to us as parents.

And so, as city leaders, as providers, we need to work together to make sure that their everyday experiences are positive experiences so that tomorrow, them, as the leaders of our city, can say that we did and we responded to their daily experiences.

Thank you. Thank you students for being with us today. We know you have to leave, but we appreciate you taking the time. Thank you to our principals. Principal Gillum over at Elkin who is always present and always does what she can to make sure that we hear from them directly. Thank you so much.

(Applause.)

COUNCILWOMAN LOZADA: Do members of the committee -- before students leave, do members of my committee want to say anything to our young people before they leave? Anybody?

The Chair recognizes Councilmember Squilla.

COUNCILMAN SQUILLA: Thank you. Thank you. And, Madam Chair, I want to say this was really refreshing and this is a tough conversation. But to have

the young people speak their mind and share their experiences is so important to us and everybody else in the city to hear, so keep up the great work. Know that your voices are heard and we will continue working on this hopefully until these issues are resolved. Thank you.

COUNCILWOMAN LOZADA:

Chair recognizes Dr. Ahmad.

COUNCILWOMAN AHMAD:

Thank you, everyone, especially to our young visitors who came and testified. I could not be so brave when I was your age. So congratulations. And most importantly, congratulations to your teachers, your parents, everybody who loves you and takes care of you. We look to make sure we can let you know what we're going to do to make the situation better. We are working very hard

and we appreciate all your input today. Have a wonderful day. Thank you.

(Applause.)

COUNCILWOMAN LOZADA: Will the Clerk please call the next panel to testify.

THE CLERK: We have Donna Cooper from Children's First; Juan Perez from Esperanza Health; and Dr. Brenda Elliot from the School District of Philadelphia.

(Witnesses approached witness table.)

COUNCILWOMAN LOZADA: Thank you to the panelists who are here to testify and for making room for us to be able to hear from young people today. I appreciate your patience. Please state your name for the record and begin with your testimony. You can go in any order.

MS. COOPER: Hi. I'm

Donna Cooper from Children First. I'm glad you put children first. Thank you.

MR. PEREZ: My name is Juan Perez from Esperanza Health Center.

MS. ELLIOTT: Good evening. I'm Bryn Elliott. I serve as the Associate Superintendent for Student Life and Innovation for Philadelphia School District. Thank you.

COUNCILWOMAN LOZADA: Thank you.

MS. COOPER: To kick off the testimony today, first of all I want to thank everybody who's here. This is a really important hearing. And as you know, Councilwoman, your leadership has been invaluable to saving lives across Kensington and also showing us what leadership looks like for your Councilmanic District.

I am a proud resident of Councilman Young's District, but my house is about a quarter of a block away from the great Councilman Mark Squilla's District. So it's great to be here. Earlier you asked about integrating and figuring out what's working. And one of the messages that we heard from the first panel and the second panel is while the city publicly and the state are spending a considerable amount of money, the kinds of things that the protective factors people spoke about that were so important and that where one protective factor on top of what's available now could make such a difference, those are the kinds of things that people are out fundraising for. We're basically trying to have a bake sale to stop a trauma epidemic among our children.

So part of my testimony for today, I don't need to remind you all about how devastating it is to live in Kensington or any community where people are openly doing drugs and harming themselves in front of children. And so, I'm going to skip that part of the testimony and answer your question about how to be proactive.

And so, if you're looking at my testimony, it starts a few paragraphs down where I speak about the opioid settlement funds. So one of the things that we need to understand is when it comes to mental health services for children in Pennsylvania, you don't get them until you're really sick. AnneMarie talked about being able to give kids preventive services from truancy resources. You're already missing 10 consecutive days of school before she can give that

child services. And both APM and CCTC talked about that the work that they're doing with children, and they are children for which they can be reimbursed by Medicaid because they already have a diagnosable problem.

So we go to the doctor, as adults go to the doctor or even as a kid, if you're sick you don't need to know what's wrong to walk into the doctor's office. You have a cold, you go in, the doctor tries this, the doctor tries that and you get care.

In Pennsylvania because of the restrictions on Medicaid, you can't get care as a child unless you're diagnosed with a mental illness. So we wait till a child gets sick. So you want to know about outcomes. And you heard Tony say, we're just pouring money right through because we wait until

a child gets sick.

Now, CBH, DBHIDS are putting resources in the table before that, but their capacity to do that is far too limited. And they do it through the school district. Your question about where are services, they're putting resources there. But the amount of resources that go when our children see that experience on the street and they feel bad inside, we heard that, that bad inside is reinforced every day. And until they are feeling so bad inside that somebody can diagnose them, it's nearly impossible to get them care unless we're doing the bake sale fundraiser approach, right.

And so, I bring up the opioid settlement funds because those funds are time-limited. They're not going to last forever. But could they pilot things in

Kensington where we're trying to get to kids upstream, making sure that Kensington Athletic Club is operating and there's an adult there that's a community mental health worker that can work with those kids, sure, we can do that with opioid settlement funds. Could we with opioid settlement funds take and make sure every school has a prevention program for a few years and see if that gets the kind of results that you need that we never diagnose the kids in this community.

So I have with me the regulations on the opioid settlement funds a copy for each of you. And we know in Philadelphia we had a tough time getting the state Opioid Settlement Trust Fund people to approve our plan. And I don't actually know how that's going and I hope it's going really

well. I have great faith in New Kensington CDC.

But the fact is each year for the next two years there will be more opioid settlement funds. And so, how are we using them to pilot things to address your problem or how are we using them to train every teacher in the schools in Kensington how to know when a kid's suffering from trauma and how to help them build self-regulation skills, training. How do we build the mental health first aid materials that will be relevant to the kids in Kensington and put them out there, one-time costs with opioid settlement funds. So you can be proactive in thinking about that.

You can be proactive equally with funds from the Department of Behavioral Health and Intellectual Disabilities, mental

Health Block Grant funds, Human Services Block Grant funds, funds that come from the state that we administer that primarily and importantly serve adults, but maybe we need to think about how some of those funds, not all of them, but some of them are beginning to be used because of the flexibility that they offer, to begin to offer preventative services. What AnneMarie talked about as Tier 1, mental wellness training, Tier 2, light touch therapy in a basketball clinic, in an afterschool program, in a park.

And lastly, we as a city must demand that the state adopt the policies that other states have put in place so that Medicaid can pay for these services. We need to end the bake-sale approach. And then you can have a system to both Councilwoman's questions, because

Medicaid has a system of paying that we're used to seeing how it operates as a health care system. And there's tons of data about what's working and what's not.

But in this system where Esperanza got to raise money and Concilio's -- APM's got to raise money and somebody's begging the school district and somebody's begging the city for the things we know are upstream, we're not going to see the results that we need.

And so, I encourage you to think about how the resources in your purview can begin to be used for one time and piloting things that are upstream and then being vocal with your colleagues at the state level to say, time for Pennsylvania to get on the pathway of preventing psychosis and mental illness among our children, interrupting the cycle of trauma

among our children by making sure Medicaid can pay for that the minute somebody sees that need when that mother walks into the doctor's office or the teacher makes a phone call to the mom or dad and said, I think this child really needs some help. So that's in essence what I want to give you these so you can look this over, and that's my testimony.

COUNCILWOMAN LOZADA: Thank you.

Please state your name for the record and begin with your testimony or just begin with your testimony. We have your name.

MS. ELLIOTT: All right. In this testimony the school district of Philadelphia has outlined the STEP program, which the acronym stands for Support Team for Educational Partnership, and additional mental health supports

available to students and families in Kensington and districtwide.

A little bit of history on the STEP program. In 2017 the STEP program was created in collaboration with the School District of Philadelphia, the Mayor's Office, Community Behavioral Health, CBH, Drexel Community Partners and the Department of Human Services, DHS, as a new strategy to address mental health and complex needs of students and families in a school setting.

STEP currently provides mental, behavioral and emotional health support services to students and families in 42 district schools. 21 of those schools have all four STEP roles and 21 have mixed STEP roles. Each school-based STEP team may include up to four key roles. This includes a

clinical coordinator, a school behavioral consultant, a case manager and a family peer. This model is designed to embedded trauma-informed, multi-tiered systems of support into our school communities, so Tier 1, Tier 2 and Tier 3.

Schools can be identified for STEP through school need, school readiness and available funding. When we talk about the funding, there are 21 STEP IBHS, Intensive Behavior Health Services, license programs in schools that are funded via CBH and DHS. The remaining schools are funded through their school budgets.

IBHS-licensed STEP programs are required to have all four person teams, so all four STEP roles have to be present. For our school-based programs, they must

have a minimum of the clinical coordinator position and can add on additional team members based on their school needs and budgets.

When we look at the funding that the School District of Philadelphia calls for STEP school-based programs was about $5 million for the 25-26 school year. For the CBH, DHS STEP IBHS programs, that cost was approximately $8.5 million.

Let's talk a little bit about eligibility. All students attending a school with STEP are able to access applicable services at no cost. Students may be referred by their teachers, school counselor or principal. Students can also be referred as a result of an MTSS or Multi-Tiered System of Support meeting. Parents and guardians can request referrals through the school team and

students who are 14 or older can self-refer. Referrals are then reviewed by the STEP team at the school level to determine appropriate next steps. And again, all services are offered at no cost to the families.

We are in the process of partnering with the University of Pennsylvania to research the correlation between our STEP services and student outcomes. This includes academic performance, attendance and behavior. We're also in the process of reviewing and conducting a internal system, I'm sorry, creating an internal system to review that impact data quarterly throughout our school within District 7.

There are four, excuse me, five schools that have STEP programs. They are Gloria Casarez Elementary School, Lewis Elkin

Elementary School, William Cramp Elementary School, Frankford High School and Roberto Clemente Middle School.

Step is one of several critical components of our District's broader mental and behavioral health strategy. In addition to STEP, the District supports access to IBHS, Intensive Behavioral Health Services in partnership with the City of Philadelphia's Department of Behavioral Health and Community Behavioral Health.

Our IBHS providers are embedded in each of our schools and deliver therapeutic and behavioral health interventions to students with more intensive needs. These surveys are coordinated with our school teams are delivered by licensed community-based mental health agencies. The goal of IBHS

is to support emotional regulation, long-term skill building and stabilization, enabling students to remain engaged and successful in their school communities.

We also have school counselors and behavioral health counselors that are trained to notice signs of mental health issues like anxiety, depression, trauma response or behavioral changes. These practitioners provide a lot of our Tier 1 services. They're able to provide individual and small group counseling to help students manage personal or emotional difficulties and they're trained to respond to mental health emergencies and to connect students and their families with outside mental health professionals and services.

All schools in District 7 have a minimum of one school

counselor with 23 schools having more than one mental health -- I mean excuse me, school counselor with 23 schools having more than one school counselor and five schools having school counselors. And in addition to that, they also have behavioral health counselors on staff.

There are two schools in District 7 that have access to Hazel Health, which is a school-based telehealth provider that delivers both physical and mental health care to K-12 students right at our school or remotely via telemedicine at no cost to our families.

Hunter Elementary School students have access to services provided by ESS, which is Effective School Solutions. This organization provides high acuity Tier 3 mental health services,

including comprehensive individual care for students with significant emotional and behavioral needs. Together these efforts reflect the district's ongoing commitment to grow a comprehensive mental health continuum, one that meets students where they are, supports their full well-being, ensures that every school community has access to responsive healing center care. Thank you.

COUNCILWOMAN LOZADA: Thank you.

MR. PEREZ: Thank you, Council. My name is Juan Perez, the Chief Operations Officer at Esperanza Health Center and I'm a registered nurse. So Esperanza has been there for at least in this community in Kensington for 20 years. I've served in this community for all my life, 30 years.

And as a federally qualified health center, we care for physical needs but we also care for emotional mental health needs. It's full spectrum. So we see the ravaging of the opioid epidemic on families, especially children. So when they're coming here, those children that were there, they come to our center. Their mothers, their fathers, their families, they come to our center. And it's much more poignant when I think of like, for example, recently the kids that were talking about just being outside and playing and we had two of them, one that was doing an outreach with their church got stuck by a needle. Another one that was doing gardening and got stuck by a needle and came and the panic that ensues with that, right, especially for them, the child and for the family.

I was also thinking of the father in recovery with the 9- and 14-year-old have come to our center and they're suffering developmental delays and they're suffering their academic delays, and they're asking our pediatricians or our family providers say, what can you do for us, what can you do. But it's years of loss of instability, right. Loss of family structure, loss of -- there's just so much that's much more than other places. When you go, oh, I have a cold, addressing that is so much more -- it's much more complex.

And then when I look at the ages of the children that were here and I think of the mother who that we have that we serve who is suffering through addiction but also serve her children. A teenager who's a teen mom at the

age of 16, and her younger daughter, her younger sister, who is going through homelessness, substance abuse and survival sex work, right. When you look at them, this is not what they were created for. This is not a choice, right.

So Esperanza, we work to mitigate some of that. How do we embed in their integrated behavioral health and it's been mentioned here, the importance of being able to try to target early trauma intervention, we screen for social determinants of health, right. The housing, food insecurity, caregiver support, it's a whole litany of things, because we know that appropriately addressing the nonmedical factors for us as a medical institution, we've learned that addressing the nonmedical factors early, so ditto

and ditto. It's much more valuable in resiliency and in coping and in shaping of children's lives than the crisis intervention that you do right at the moment when they come in for some acute issue.

And at our core, so much so that we built, and with the support of Councilwoman Lozada and others, that we are able to build the core building that's in Kensington, that we try to strengthen positive childhood experiences through wellness programming, fitness classes, family exercise, pregnancy cohorts. The child that says, I'll go through partnerships with Kensington Soccer, with PYB, because we know that those foster long-term change. Granted that is not -- obviously we do need to stave the upstream, what's causing it, the causality of it all, but

definitely at the same time when you're looking at children's lives, you're looking at the breadth and the time and the development. There needs to be sustainability and walkability with children, right.

So yet despite what we know we works, we know that families and the institutions that serve them face challenges. I'll say that one of them of course is environmental safety concerns from the open drug use. And I'd say even the five active drug corners that we have that surround us, the violence and just the visibility of what's happening. That was addressed by the children. We know it and we're saying it too because we see it. It comes through our doors.

We've lost a lot. We've had a large drop in pediatric

patients. We open up our new patient appointments on the first Wednesday of the month and all of them go for all of our sites, except the pediatric patients at Kensington. And we've had families that have just moved out or do not come when by the time they come, they're 5 years old going to the dentist for the first time or with five cavities or they're coming in at 5 years old just to see the doctor for this first time. So we know that that's an issue.

We've also known that there's a lot of non-reimbursable services that we provide, care management, outreach services, social services, navigation. The core building and the programming that comes out of that that we know we need to try and attempt therapeutic endeavors from our patients, that for our doctors to

be able to point and be able to send people without saying, yeah, this is what you need, but we're sending them into some void, right.

So we also have many partnerships with our community members, those that were here we partner with and we also refer, so knowing how to be able to continue to provide funding and reimbursement for addressing things like social determinants of health. How do we help support the care management, the essential programs like family center programming or social services.

Because especially in our community, we have three sites we pour in more in terms of the families of Kensington than in our other sites. It's just because the need is greater also. I mean, just in able to maintain an environment. It's environment, it's what they

see. We try to be able to keep and maintain a clean and a beautifully looking area.

Over the course of the last two years, I can point to over approximately $100,000 worth of money, nonprogrammatic money, that we have specifically in Kensington to fix, maintain, repair, clean the area so that when people and our patients come, they have hopefully a safe corridor. Hopefully they tell us we can't come because we're trying to mitigate that.

So I think for us, continuing to work together, continuing to appeal to Council and obviously we're all on the same team here. How do we find the reimbursement for the services, how do we dedicate funding for non-reimbursable services, how do we try new and innovative things. I agree metrics are important. And

having organizations that have been longstanding in doing this work, I think would be key. Because, yeah, I will follow -- we will evaluate, we will follow these metrics to the end.

Also, public health investments and sanitation sharps disposal, safe corridor passage and supporting partnerships and connection to child-focused community hubs that provide recreation, mentoring with a therapeutic attachment to it. So I think we've heard that from -- I mean, if we think from the children and I think that's what that's what we're there for. The one child that says, there is hope in Kensington. And at Esperanza the word is hope. And I think I resonate and I think we all resonate with that pretty deeply. Thank you.

COUNCILWOMAN LOZADA:

Thank you. Thank you for your testimony. Thank you for the work that you do. Donna, thank you for your guidance and for you working very closely with my team. I think that if anybody knows my frustration it's you, right.

We've talked a lot about why mental health workers are important in our school buildings, especially in the school buildings in that Kensington footprint within a walking distance from what everyone calls ground zero. What is a little frustrating to me is that when we talk to some of those schools that are within a walking distance and they talk about the mental health workers that are there and you go visit the schools, I've never seen a mental health social worker in the school.

So when are they there?

How often are they there? What is their caseload? You talked about the STEP program. Is that a five-day-a-week program? Is that a program that that person is there when the kids walk in the door and she's there when they walk out, right, whether it be after school, an afterschool program? When are they there? What are the services? How many of them are there?

And I know I'm asking all of these questions because all of it is kind of running in my head, right. We allocated $750,000 to be able to support mental health work in our schools for our schools directly. I want to know how. How can that money be used? How is the money that is being allocated right now to programs like STEP or to that mental health work? How is it being used right now? What is the impact that it's having?

I mean, it's difficult for me to hear that these programs exist and then hear all of the children that came up here. Even if they tell you, even if they're not a patient of one of our mental health service agencies or maybe they're not a patient of one of those providers, they are experiencing some of that is heavy, right. It was heavy for me to hear them.

So they may not be a patient of one of our mental health providers in our community. They may not be a patient of Esperanza as it relates to mental health work or services, but obviously they're impacted by it. So what is it? What are we doing in the school district right now? How is the STEP program doing their work? How many people are in there? What is the time? I want to know all of

that.

MS. ELLIOTT: Okay. Sure. So I'll start with just a little bit about the STEP program. So I shared that we have two models. One is the IBHS, which is the model that requires a four-person team. And we have that model in 21 of our schools and that's the model that is funded by DHS and CBH. In that model, you have a clinical staff, you have the peer navigator. You also have -- let me just give you the actual titles of the four positions. And those are full-time positions.

For the 21 schools that they have a mixture of staff, so these are the school-funded positions. They have to at least have one position for it to be considered STEP. But based on the school's budget and needs, they're able to fund up to the full model,

which would include the four-member team. So when we have a full --

COUNCILWOMAN LOZADA: I'm sorry. And that's the frustrating part, right.

MS. ELLIOTT: Right.

COUNCILWOMAN LOZADA: I know you're going to tell me about the 21 schools. I don't want to hear about the 21 schools. I want to know what is happening in Kensington. You heard Councilmember Jones say earlier that unless we stabilize Kensington and we respond to the need that is happening in Kensington are we not going to be able to respond to those smaller issues that we're having in other parts of the city, right.

So once we get it right in Kensington, we're going to be able to get it right everywhere else, right. And that's the

reality. So I want to speak very specifically about the schools in Kensington, the services in Kensington. How many workers are there? How many kids are there?

When my kids walk in, in the morning and they've walked through all of that trauma from home to school, they may need someone to have to talk to. Is there someone there when they walk in that building? Because if there's not someone there when they walk in that building after they've gone through all that trauma, they're not ready to learn, right. And are they there at lunchtime when they're still thinking about the trauma that they experience in the morning?

And before they leave and they're on their way home and their anxiety is up because I now have to go through the trauma that

I went through this morning in order to get back home, is there somebody there that is going to be able to respond to them?

MS. ELLIOTT: Sure. So our STEP team, they are full-time staff so they are there during the regular hours of the school. Again, I also shared we're working on a full continuum of mental health supports, so that includes the school counselor. It includes the other resources that are available. And I did provide this in the testimony, but I could just give you an example.

If we talked about Clara Barton, for instance, they have a school counselor, they have SAP and they have IBH. So when we're thinking about the mental health resources that they have, those are the three resources that that school has to support students.

And again, the school counselor is a full-time employee. SAP is a process by which you can do a SAP referral, a Student Assistance Program referral, and then based on the needs of that student, the school team that comes together will make a decision on what resources they would need. They make that referral and then the SAP team thinks about those regional and other resources that are available to provide the services to the family.

Another example, if we were to look at Elkin. So Elkin has IBHS. They have SAP. They have Hazel help. They have still two school counselors. Now, they have Hispanic community counseling service and they have a STEP program. So it all depends on the school, the various funding sources and the various resources they can

get. So it's really different, really nuanced based on the school population.

At the district level, we have a prevention and intervention team that has liaisons that we have assigned to the different networks, so the way that we have our schools organized. And those liaisons work with our school teams to come up with their strategic plan around mental health supports. And they can decide like where do we need to prioritize. Our STEP teams, typically we have an expected caseload for them to have where they are actually providing clinical support for students, but also they support Tier 1. So there are many ways that they could be supporting the community -- I mean, could be supporting more broadly the school community, whether that is training

for parents, training for teachers, small groups for students helping with a non-violence or violence prevention program in the school. They're working with students that may be experiencing anxiety. So it is very nuanced per school. And we did provide a by-school listing so you could see the different resources that we have in each of those schools.

We are continuing -- and I'm new. I'll just say that at one time I won't harp on that, but I've been in the District for six weeks. And I know one of the things that we're working to do is really assess the current resources that we have in place and determine where are there places that we might need to move resources or think about other funding sources to add resources to schools that have challenges.

COUNCILWOMAN LOZADA:

I'd like to know, and it doesn't have to be now, but if you can submit in writing what's the process for someone to refer a child to be able to get these services? Because I can't tell you the number of times that I have walked in to visit a school and there have been some issues, and I've asked questions about that particular child and I hear back from the adults in the space I can't provide, I can't refer or I'm not allowed to do that or I have tried to refer or they don't meet the requirements, right.

And so, I want to know what is the process and how many of our principals and our teachers have submitted referrals, how many of them are approved? How many are denied? Why are they denied, right? What would be a case why

they're denied? I want to know all of that, because again I want to get us past the revolving circle of conversation, right.

If in 2019 there were 25 referrals and 20 of them were denied, why? Those students keep coming back to us, right. And so, I want to know why, why. Their problems are only going to get worse if they're living in our community and we've not responded to what they're experiencing on their way to and from school on top of we don't know what they're experiencing at home. We need to figure this out. I want us to be very intentional about creating actions that we will be able to see the positive impacts in the future.

And I know the school district has done a lot around goals and guardrails and all of those fancy words that we're able

to use, right. But I really want to be very specific about how they're impacting the schools in the 7th Council District? Who are their partners? How many people are there, right? And I want to do a comparison next year.

MS. COOPER: Yeah. I think, first of all, thank you for asking those questions. I think they're really important. I think what was stated is that -- and the STEP program was officially launched in 2017, but actually students didn't start enrolling until 18 and then COVID happened, so two years was madness. So then we're basically at a program that begins to really fundamentally scale up post-COVID.

The District has had three different leaders overseeing the office that's doing this in that period. So that raises one

question. But beyond that, I will say although we have a lot of questions of what's really going on, we're the only school district in the state doing this.

Philadelphia School District is the only school district in the state spending $12.5 million or that share of its budget, which is eeny but compared to any school district in the state trying to figure out how to get some Tier 1, Tier 2 mental health services and to collaborate with the Tier 3 providers, which are the IBHS providers. So your questions are totally right on.

And I in my view, having been in government now forever, because I'm clearly the oldest person in this room I think, Mark, that this is a new work in progress. We should envision that this is basically -- even though

2017 was an official launch here four years in on something, maybe three and a half in real life. And the definition of what's mental health, some schools mental health is only referring to a kid. They mostly get rejected because they don't have a clinical diagnosis unless they're lucky enough to go to an FQHC, because Philadelphia also has a special capacity in FQHCs that nobody else in the state has.

But in many ways, the people that you're asking these questions of, which I think are the right questions, are on the cutting edge of work trying to figure this out and your questions are going to help them figure it out. I don't want anybody to think they're not. But CBH and DBHIDS and the School District are really at the forefront of this. And having to

answer your questions is going to keep our discipline going. And then how do we make sure that the flexibility that our FQHCs have, and this little $12.5 million that we have is meeting the needs. You know, we still have to blow up the system and how we pay and get it paid for.

But I just really hope everybody in Council takes a second to understand this is actually cutting edge, great stuff that they're doing and it's a system with 100,000 children that has $12.5 million at work on it, so it's like that big and this little so just wanted to add that.

COUNCILWOMAN LOZADA: I appreciate that. I mean, I appreciate that there's a lot of work, right. I appreciate that we're in a different time and we have allowed the further problems

to get worse, right. And so, it's going to take more. But I want us to be very intentional moving forward, right.

And I want us to be able to come into this chamber and have conversations about very specific direct impact, right, number of students, number of dollars. How is it impacting not just the student but the school, the teachers, the family. I want us to start doing that because I find it challenging that we have people come into this chamber on an annual basis to ask for more, we need more dollars, we need more dollars, we need more dollars. But my community continues to go down, right.

I want children who you heard say there is hope in Kensington. They are really counting on us. I want to be able

to sleep at night to say that I delivered for those children. All of us have a responsibility to deliver for those children.

The Chair recognizes Councilmember Harrity.

COUNCILMAN HARRITY: I'm not going to get on the roller coaster again with the school board about the mental health in our schools. You guys are always saying that we have counselors in every school and all this and then we look into it and that's not the case. It's not true.

You do not have counselors for every school. You do not have access -- you have an electronic access. That is not the same. And I've been screaming that since I got here two and a half years ago. When a kid needs to talk to somebody, they need to talk

to somebody in person. There's things you can't see when you're a mental health professional over a computer. They need that face-to-face contact. Because when you're assessing somebody, you have to look at them and see what they're telling you. You can tell by their expressions if they're telling you the whole story or not, or at least as a grandparent I can.

My thing is that it's no secret. We don't have enough child psychiatrists. The Pew Study says we have 1 for every 10,000 kids in the state of Pennsylvania. It's a little bit better here in Philadelphia because we're a major city, but not much. The fact of the matter is we need more specialists in child psychiatry and trauma.

But it also means that I'm going to give you the benefit

of doubt because you're new, and I'm going to hope that your intentions are what our intentions are which is to help our kids succeed. I think we need to start thinking outside the box. Maybe we need to hire a different pay scale and send some of these teachers who care. They care about these kids. They're not working in the Philadelphia School District for money, baby. I got news for you. It's not the way this works. They're doing it because they care.

So why don't we take those teachers that know those kids intimately, they know what those kids are going through every day. Why don't we train them as counselors, a six-month course on a computer. That they could do on a computer. These people are very intelligent. Already they passed their teaching degree. Why can't

we have them voluntarily. Now, we have to give them their pay scale. We have to raise the pay scale of course because they're doing an extra job. But we wouldn't have to hire a full-time counselor if we had more teachers who were actually certified in counseling, because in God's honest truth they're not just teachers. They are counselors. They're the first line of defense for our children.

And for me, I believe that our teachers they're here for this. So if we offer them something, if we pay for that training and we offer them a little bit more money to do a little bit of an extra job, they're already doing extra jobs for free, right. I guarantee that if you ask these teachers who wants to go get certified as a child counselor, you'll have a line out the door

because they want to because they want to be able to help these kids.

So just because you're new, I'm asking you to please think outside the box when it comes to our kids because I don't want to be back here five years from now. This ain't going to fly. I live there. I live at G & Allegheny on Willard Street. You want to come visit me, come visit me and I'll show you what I live with every day. Come talk to my kids and you'll see that these are intelligent, smart kids. They just need to be allowed to be kids. And in my neighborhood, that doesn't happen. There's too much. They grow up too fast. But school, that's the place where they feel the safest. We need to continue that.

The school needs to get back to being the hub of that

community. We need to keep the schools open later. I know you guys are trying and I know that takes money, but we need to get better. And as I said before, we're not afraid to give money to things that we think are going to work. We're also not afraid to try because trying is better than doing nothing. For so long it's been nothing in our neighborhood.

I've been here 18 years. My wife's been here 40-something years, except for a short stint that she moved away with her first husband. She's been in that neighborhood. We know that neighborhood. We know the kids in that neighborhood. I need you guys to think outside the box. I need you to bring this back up to the chain and say, hey, listen, this is an idea, we need to certify our teachers because they're the first

line of defense. Let them make a couple extra bucks. I'm good with that. They're doing the work anyway.

So I'm hoping that you can bring us some deliverables the next time you come in. I don't want to overwhelm you with a lot of different things, but we got to start thinking outside the box. I just put a grocery store in Memphis Street Academy, okay, because -- and I'm sorry, I get emotional when I talk about the kids. But if you think it's hard to learn when you're hungry, try being the older brother and sister and worrying about going home and feeding your brothers and sisters and try learning that we need to do whatever we can in these neighborhoods. Not every neighborhood needs this. That's the thing.

Sometimes neighborhoods are going to have to take a back step to other neighborhoods that need it. We need to bring everybody along in this city. And the fact of the matter is, as you said, during COVID our neighborhood got dumped on. They knew where they were so they left them there.

And me, I'm an addict and I'm open about that because I want everybody to know. But that also means that you can't bullshit me up when it comes to addiction. I know addiction. I've been there. I also know that we're very good at getting what we want and manipulating the situation. We need to clean this neighborhood up for our kids and that starts with you. That starts with our schools. Because as I said, you are -- listen, the Philly teachers, I got all the respect in the world for

them.

They go to work, taking their safety in their own hands because they love the children that they are helping. And us as elected officials and those running these departments, we have to actually go to them and say, what the hell do you need because that's what's lacking, you know what I mean.

I've been hearing a lot of all these new ideas where these people come in and they have these great ideas and stuff like that, but they never talk to the teacher. They didn't ask the teacher. You know how I came up with the food pantry in the school? I talked to the kids. They told me. If you talk to them, they'll tell you. They're smart. Thank you.

MS. ELLIOTT: So thank you for that. I will say in the

six week weeks that I've been here I have prioritized going to the Kensington area and was able to do a neighborhood tour with one of our instructional superintendents. And I strongly agree with you there is a lot that we need to do there to provide conditions for our students and families to be able to be successful.

I was able to meet with three principals in that tour, to go into their buildings, to talk to their mental health staff and to learn about, you know, what is working and we did hear about the telehealth, tele mental health not being a strategy right now that's being successful, but that feedback helps us think about how we improve that relationship with a partner.

But we are definitely committed to working with you. I am definitely committed to thinking

about what we currently have in place districtwide that we may think about for schools that have greater need. I'm a leader who believes in tiered systems. So we think about our schools.

We often talk about tiering our students, but we also have to tier our schools and think about our schools that have the most persistent problems that are furthest from the opportunities and how do we move dedicated support for those schools. And that is something I'm definitely already starting to do and think through with my team as well as Deputy Superintendent Dawson and our superintendent. So thank you for this opportunity to come.

I did share in our testimony with regards to the STEP program, now we don't have the data for all the other external

providers but we do have for STEP the number of hours of support. So you're able to see in that presentation by each of the schools in the Kensington area that has a STEP program how many clinical hours of support were provided as well as how many what we call schoolwide support.

So again, that team is able to do one-on-one counseling with students, but they're also able to do training for teachers, to do violence prevention programs in the school so we have time that they spend with the schoolwide program. And we are working to be more intentional with that integration of our services. We have a lot of resources.

And when I look at the numbers, it doesn't look like we're serving the number of kids that we should be with our current

resources. So I look forward to working with our partners to think through that, and then we could ask for additional resources but I think we really have to spend some time digging in and understanding how the resources are being used and how we need to organize them so that our students are getting what they need and our families are getting what they need.

So thank you so much for your patience and grace today, but promise that we will be working on this diligently.

COUNCILMAN HARRITY: I thank you for being honest and saying that you don't like the numbers. I don't remember who said it, but it was once said that it's easier to help misbehaving children than to help damaged adults. What these kids are seeing in my neighborhood and what they have to

go through, we're creating the next group of addicts and criminals because that's what they see.

COUNCILWOMAN LOZADA:

Thank you. Thank you for your honesty. I was going to say the same thing, right. Thank you for being transparent and for recognizing that we're not meeting the needs of as many children as we absolutely can and that we have work to do, right. I think that's the first step towards fixing the issues that we have there. So I appreciate it. Thank you to the three of you for being here this afternoon and for your testimony and for the work that you all do in our community.

Will the Clerk please call the next panel to testify. And thank you to those of you who have waited this long, for your patience.

THE CLERK: Madam Chair, the last panel will be DBHIDS and CBH. Testifying is Commissioner Solanke and with her is Donna Bailey.

(Witnesses approached witness table.)

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

MS. BAILEY: Good afternoon, members of City Council. I'm Donna Bailey. I'm the CEO of Community Behavioral Health. Thank you for the opportunity to talk with you all today.

COMMISSIONER SOLANKE: Good afternoon. I'm Kehinde Solanke. I'm the Commissioner for Department of Behavioral Health and Intellectual Disability Services. And before I get started, I want to thank you Councilmember Lozada for

inviting those young children here to speak their truth. I applaud their courage, their bravery, their honesty and their desire to hold us accountable to make sure that Kensington is a home that is safe for them, and it's our collective responsibility to make sure that that happens.

And with that, I will start we appreciate with an appreciation of the opportunity to provide testimony on the critical issues outlined in Resolution No. 250502, introduced by the Special Committee on Kensington. The impact of chronic trauma stemming from opiate crisis on the emotional, mental and behavioral health of children in the Kensington neighborhood.

Our testimony will highlight the resources currently available, identify gaps and

propose recommendations to strengthen protection and support for children and families. The current resources and supports for children and youth in Philadelphia: Through its contract with DBHIDS, CBH pays for, coordinates and manages access to a broad spectrum of behavioral health and substance use disorder services for Philadelphia's Medicaid population across the lifespan.

For children and youth, this includes a full continuum of behavioral health services that are trauma-informed and tailored to address the complex needs of children exposed to adverse childhood experiences, ACEs.

And these services include -- there's a lot of them -- crisis intervention that's 24/7, crisis intervention services, crisis response office walk-ins,

mobile crisis teams, hospitalization, inpatient and partial psychiatric hospitalization for children who are at risk of harm to themselves or to others or children who need close monitoring after a behavioral health crisis.

We also offer assessment and evaluations, diagnostic services and treatment planning to ensure appropriate linkage and continuity of care. Community-based services, these are individual, family and group therapy delivered in schools, at home and in provider sites.

Autism services, applied behavioral health analysis therapy to strengthen communication, learning and social skills for children with an autism diagnosis. Substance use treatment, these are outpatient, intensive outpatient and residential treatment services

for youth struggling with alcohol or other drug use. Medication management, psychiatric prescribing and medication monitoring to support stabilization.

Residential treatment services, these are intensive living programs for children and adolescents designed to support behavioral health stabilization and reintegration into the community. Care coordination and case management, these are coordination of support for families, including access to behavioral health services, food, transportation and other basic needs.

School-based services and Intensive Behavioral Health Services, IBHS, that has been discussed quite a bit today. In 2024 CBH network included 21 IBHS providers who collectively supported 506 schools across the

city, including 242 School District of Philadelphia public schools, 100 charter schools and 164 private or alternative schools. Nearly 9000, and that's approximately 8,958 children, received IBHS services last year.

IBHS is designed to keep children and youth in their communities, preventing unnecessary psychiatric admissions. Services are delivered flexibly in the home, school or community, meeting the children where they are. The goal is not only to address trauma but also to build resilience, improve coping skills and foster healthy developmental outcomes.

In Kensington specifically, there are three IBHS providers. And across the broader Kensington zip codes, 52 schools are served by five additional IBHS providers. The IBHS provider

school assignments are listed on the school district's IBHS website.

CBH has been intentional in their partnership with the School District of Philadelphia in the implementation of IBHS. The school district participated in the development of the regionalized IBHS model. And when IBHS was launched, CBH and the School District's Office of Prevention and Intervention worked hand-in-hand to meet with all school district schools and providers to establish relationships. This is really important. As providers have exited the service, CBH and the district have worked together to inform schools and ensure smooth transitions for school teams and families.

To ensure accountability, CBH operates a school-based cross-systems team

that facilitates communication and problemsolving between the IBHS providers and school administrators. CBH's clinical team monitors access and community tenure and our provider network team monitor staffing monthly and issues corrective action when it is necessary.

Despite the scope of services, access to IBHS is based on Medicaid, medical necessity criteria, which requires the children meet certain clinical thresholds to qualify for the services. The more children enrolled in Medicaid, the more children have access to IBHS. Therefore, protecting Medicaid is essential to maintaining access to IBHS and ensuring families in Kensington and across Philadelphia continue to benefit from these vital services. But there are

challenges and there are gaps, and I think that's been discussed quite a bit today.

We know how vital behavioral health services are to children and families in Kensington and we recognize that there have been challenges. The behavioral health system certainly has a responsibility in that we're committed to addressing them directly. The feedback from schools and communities is not taken lightly. It drives how we improve.

It is also important to acknowledge the complexity the schools face. Beyond CBH providers in the schools, schools are also engaging with out-of-school-time programs, truancy supports and other agencies. So we stand ready to partner with the school district to bring all parties together to

address this urgent opportunity.

Additionally, I would like to highlight ways in which we're enhancing our approach to IBHS this school year. CBH's clinical team is performing more frequent reviews of IBHS services to ensure that children are responding to treatment and making progress towards their goals.

In addition, CBH is requiring providers to include family treatment goals to ensure that progress made in school transfers over to the home and community for continuity. Program-specific models such as IBHS can be valuable but often come with narrow eligibility requirements, rigid rules and limited flexibility.

Medicaid is designed to pay for treatment, not prevention. Children in Kensington need a broader, more accessible,

community-driven support that includes safe spaces, family resources, mentoring and opportunities for positive connection. That means investing in flexible prevention-focused dollars that community partners and city agencies can use to strengthen safe spaces, expand early intervention and provide family supports without being constrained by narrow program rules.

City Council has a unique opportunity to ensure that prevention is resourced in this way, through city-backed investments that fill the gaps that Medicaid cannot cover and allow communities to tailor support to children's actual needs. While Medicaid is an essential funding stream for treatment services, it does not and cannot fund the full range of prevention activities that

our children and families in Kensington desperately need.

This gap is especially problematic in neighborhoods like Kensington where trauma exposure is widespread, but not every child has a diagnosable condition. Safe community spaces, family support, early intervention programs all fall outside of Medicaid scope. Because of this limitation, it is imperative that all city agencies contribute to prevention. Every sector, health, education, housing, public safety and human services must be engaged in both resourcing and coordinating prevention efforts. Only by working together across systems can we address the upstream causes of trauma and create conditions for children to grow up healthy and safe.

There are both opportunities and urgent needs for

Philadelphia to advocate on behalf of children and families. We have the following recommendations for City Council: Protect Medicaid, please. Medicaid is under significant threat at both state and federal levels. Cuts would directly jeopardize children's access to Intensive Behavioral Health Services, IBHS, and other critical supports.

Secure supplemental funding. Because Medicaid requires a diagnosis, it cannot cover prevention and early intervention services. City Council can advocate for additional funding streams like education, public health, local or state appropriations to supplement Medicaid and ensure children receive supports earlier before their needs escalate.

Advocate for CBH

capitation. CBH operates under a capitated funding model. Protecting and strengthening this capitation is essential to ensure that Philadelphia has the flexibility to meet the behavioral health needs of children and families in realtime. And mandate cross-agency collaboration so that education, health, housing and safety partners align their resources toward prevention and early intervention. We ask that you incentivize and support workforce recruitment and retention, incentivize behavioral health careers through scholarships, loan forgiveness and city partnerships with higher education.

In conclusion, the children and families in Kensington are resilient, but resilience is not enough without strong systems

of prevention, early intervention, treatment and community support all together at the same time. To truly address the chronic trauma of the opioid crisis and its impact on our children, we must work across city agencies and invest in prevention as much as we're investing in treatment.

Thank you, Special Committee on Kensington, for the opportunity to testify. We remain committed to partner with you, the Mayor's Administration and other stakeholders to improve the trajectory for children growing up in Kensington and children facing other behavioral health challenges in our great city. My colleague and I are available to answer any questions. Thank you.

COUNCILWOMAN LOZADA: Thank you.

MS. BAILEY: So if I

may, I would add that we are only able to do this work through our provider network and you were able to hear from some of them today. They do incredible work in our communities every day and we do this on behalf of children across Philadelphia, many of whom we had the good fortune to hear directly from today in terms of the direct impact on their lives. So as Commissioner Solanke said, we're here to partner with you. Happy to answer any questions that you all have.

COUNCILWOMAN LOZADA: Thank you so much. Thank you again for being with us today. How much? How much is spent on providing services to children and families in just the Kensington community through your department?

MS. BAILEY: So, Councilwoman, I am unable to

isolate the amount specifically for Kensington for kids. But I can tell you that for last year we spent $337 million for kids' treatment services generally in Philadelphia.

COUNCILWOMAN LOZADA: Okay. I want to know that number in Kensington. So if you give me that number, if you can send us that number, that would be great. That's number one. And number two, you mentioned the providers. How many providers do you guys have in Kensington again?

MS. BAILEY: So in Kensington overall across the network we have 250 providers at over 800 locations. In Kensington, there are a total of 35 providers at 57 locations. And of that 35, there are seven who specifically do children's work at 34 treatment locations. Now, that 35 they could

do a combination of children, family, adult services, but seven specifically focus on children.

COUNCILWOMAN LOZADA: You guys know that I've been really, really vocal, right. I think that my frustration is that we all are expert articulators of what we need to do, but none of us seem to be able to do it. And so, as one of the lead agencies I'm going to ask you, why? Why haven't we done it? And how do we start?

MS. BAILEY: Sure.

COUNCILWOMAN LOZADA: I want us to be a partner, right. And while I'm frustrated, everyone that has come before us today has talked about this is what we need to do in order to make the Kensington community or the city better as it relates to mental health services, as it relates to making sure that our kids are

prepared to be future leaders or future family members or future homeowners or why are we not doing it? What is holding us back?

MS. BAILEY: Yeah. I appreciate that question, Councilmember, and I sense the sense of urgency and frustration and I share that. We don't want to be having the same conversation either. We really want to move to more actionable takeaways. I will say that some of the coordination that folks were talking about earlier, we've done some of that, right, but it's been piecemeal and it's been CBH with DHS or CBH with the school district.

I think we have a unique opportunity now, as several of the panelists said earlier, to bring all of those folks together. I mean, I can give you examples of how we've worked with the district.

You've heard a lot about STEP and IBHS. It actually goes a little bit beyond that. We work very closely with Philly DHS and we've done some pilot programs where we've braided funding. But we need to figure out how to coordinate and scale it and maximize the resources.

I agree with what someone said earlier. I mean, of course obviously we always want more money, but I think really the idea is how we maximize the existing resources that we have with the existing providers that we have. I think we have a sufficient number of providers in our network, but I will tell you that every day we get a call from somebody contemplating closing shop altogether or closing a specific level of care just because of this financial and political environment

that we're in.

So my priority is maintaining access for all Philadelphians, including our neighbors in Kensington. But I think systems have tried to do it here and there, but I think it's an opportunity to bring us all together, Medicaid dollars with prevention dollars, with school district dollars and on and on. And, Councilmember Harrity, you said it earlier thinking about outside the box in terms of how we maximize the resources we already have.

COUNCILWOMAN LOZADA: And when? When does that start, right? Again, we had a Special Committee on Kensington conversation when I first arrived here in November of '22, right. We are now in September of 2025 and we're having the same conversation.

And so, when do we start? When do folks understand that if we stabilize Kensington, we are going to stabilize our city, right.

When we talk about gun violence, when we talk about the need for better schools, when we talk about more housing, when we talk about improving the unemployment rate, when we talk about, you know, the drop-out rate, when we talk about the need for certified teachers, when we talk about homelessness, when we talk about substance abuse disorder, all of that is exasperated in the 7th Council District.

When do we say we have to stop talking and we have to do the work? I'm not saying that people are not working. I'm saying we have to do the work that is going to make the difference. And everyone here today said we need

better collaboration, we need better communication, we need to coordinate better. When are we going to start to do that?

And I believe that DBHIDS, CBH has the biggest pot of money. And so, you guys should be leading the conversation.

MS. BAILEY: Yes.

COMMISSIONER SOLANKE: I agree.

COUNCILWOMAN LOZADA: What holds you back from leading the conversation and doing the work that is going to have the biggest impact in our in our community, in communities like mine, right? When are we going to do that?

COMMISSIONER SOLANKE: I feel like that work happens already, but what I would like for you to think about is a mandate. So it's not just DBHIDS and CBH leading the charge. I feel like we

do that quite often. But if this is a mandate from City Council that this needs to happen, and you call all of the systems together for a summit meeting to say this is what we're going to do, you've all identified where the gaps are. You've identified some of the challenges and you all came to the hearing with recommendations, let's start doing the work. That's my suggestion.

COUNCILWOMAN LOZADA:

But I think that we've done that before, right. I think that we've done that before. And so, unless we -- this is what's frustrating. It takes somebody like me and Councilmember Harrity and Dr. Nina Ahmad to come into this chamber and call somebody out, right. But we shouldn't have to do that because we should all be partners and we should all be rowing in the same

direction, right.

I don't understand. You all sat here. You heard children, you heard providers, you heard the school district. Who else -- Esperanza, who's one of the medical providers, right. Why is it that we have to keep coming to this chamber and why do we have to almost like cuss somebody out before somebody says, oh, crap, we better do something now.

We have to do something now. We have to prevent our children from continuing to see and witness trauma through the lens of their eyes every single day. We have to do it now. Everyone here that came in front of us said, I know what the problem is, we know how to fix it and we're doing our little tiny part, we're doing just enough to check off a box, but we're not doing enough to make a

difference, we're not doing enough to change the lives of the children in that community.

We have to do something about those who are living in substance abuse disorder in the streets of Kensington. We have to do -- are you coughing on purpose?

UNIDENTIFIED SPEAKER: No.

COUNCILWOMAN LOZADA: We have to do something that is going to not look pretty. Those individuals who are living on our streets in those conditions obviously are not well mentally. And every time they use to me it is a cry for help. They are causing our children to experience trauma, right.

Our children cannot walk into the school building and be ready to learn and happy and vibrant and open to new things if

they've seen all of those things because there are people who are living on our streets, right. We're not talking about what we talked about earlier, that they're also experiencing stuff in their homes, right. Just by what they're seeing through the lens of their eyes every day on their way to school they are not going to be ready to sit down and receive what teachers are trying to pour into them.

DBHIDS, CBH, our school district all hold a big piece of this puzzle as far as I'm concerned. And me looking at budgets, right, DBHIDS, CBH holds a big portion of that financial pot of money. Listen, I could scream all day. I could show up and scream all day, all night. I don't want to do that. I think that we have to get beyond pointing the

finger and saying that things need to change or that you should be changing, and we need to change it together but we need those who have the -- because, you know, everything is money. We heard earlier, right.

You all have to hold providers and those who hold the key accountable, can you please take the lead. I am begging you. My community needs the services that you provide. You control the funding, right, because you pick those providers. You hold those providers accountable, you can provide the oversight. I need you all to do what you know we need to do so that we're not here next year having the same conversation.

MS. BAILEY: Certainly. And if I may, Councilmember Lozada, so one of the things that Donna Cooper really was spot on about

earlier in her panel are the limitations of the Medicaid program. And I'm not throwing that out there as a barrier, but only to say you're right, when you look at -- so we have a complicated relationship, right.

DBHIDS is the city entity. CBH is a 501(c)(3) organization and insurance company basically under contract to DBHIDS to administer the program. So when you look at their budget, that $1.-something billion is the CBH Medicaid dollars that are state and federally funded. And those are the limitations that Donna and others were speaking about earlier, that are predicated on a diagnosis and Medicaid reimbursable services and providers being enrolled.

And so, what we would ideally like to see is Medicaid expand so that we could pay for

those things that address social determinants of health. We're certainly not there yet, especially in this landscape where Medicaid is under threat. My worry is that our network is going to shrink over the next couple of years and we're going to have fewer providers with less services available. So we are really focused now more than ever in sustaining our network and doing that work and holding the providers accountable. We're doing some very unpopular things right now that you're going to hear about probably from some agencies where we're saying we've kicked the can down the road long enough, this isn't working, there's not a return on our investment, we're sunsetting that program.

We are having these conversations and they're not happy. And so, they're reaching

out. So just wanting to let you know that it is critical that we use wisely the resources that we have now and protect Medicaid. We don't know what's going to happen with our rates in Calendar Year '26. We still have the state budget impasse, so we're not as far along in those conversations with the state about our funding as we would typically be during this time.

And so, for CBH with the limits that we can do with our dollars and the people that we serve, we are certainly willing to partner with DBHIDS, with the School District with DHS and others in bringing folks together to talk about how we maximize services and scale up some of the things we've already done.

I'll just if you will indulge me for one moment, we have

an initiative with Philly DHS. It's a program called Calm. We started it as a pilot, to really intervene early on when children are removed from their homes and they're going to foster care. And so, this Calm team is a clinical team that really works with the young person and their foster family to stabilize that placement. We are paying for the treatment. Philly DHS is paying for the nonclinical services.

We started small with one agency and three CUAs I think. We would love to roll that out citywide. We can't right now just because of where we are with our own fiscal issues. I would also add that we have put a halt on new agencies and new programs entering the network at this point. We just quite frankly can't afford it with the dollars that we have right now.

We know that when we tinker with one part of the network, there could be unintended consequences in another, so we're just trying to uphold those agencies that we already have.

But I mentioned Calm as an example of some of the partnerships and things that we've brought up over the last couple of years to sort of test out does it work, can we intervene earlier before things get bad. And the foster family is like, I can't keep Donna because I can't help manage her behaviors.

So the things that you're talking about are happening sort of piecemeal across the system. And I think we understand that we would all like to see these things happening in bigger, broader, more impactful ways. And so, let's start today. And I'm not

being facetious when I say that. I do sense the urgency.

These young people are our members. They're the next generation that we're all going to be relying on. They all deserve the opportunity to thrive, and we were created specifically to do work in Philadelphia. I live in Philadelphia. Our staff are required to live in Philadelphia so this is meaningful to us as well.

COUNCILWOMAN LOZADA: I appreciate that. Again, I'm going to keep saying it. If we do right by the people of Kensington, if we fix what is happening there, we are going to be able to use what we do there in other parts of the city and it's going to be easier, right. You mentioned -- and I'm going to ask Councilmember Harrity to ask questions if he has any.

You mentioned that

Medicaid is up in the air. In the 7th Council District we have federal and state partners. Have you all reached out to them? What has been the response? What are some of the challenges that they've expressed and how do we help you communicate with them to share what your concerns and your challenges are?

MS. BAILEY: Sure. Thank you for that. So just in terms of some additional context, for Calendar Year '24 and Calendar Year '25 we strongly believe that the rates that CBH received from the state were inadequate to meet the needs that we have in Philadelphia, specifically to give our providers rate increases, right, things cost more for them to do, their staff deserve to be paid a living wage. So the rates have been inadequate.

Last year we advocated with our state partners for a review, a mid-year review and rate adjustment. We got a small adjustment. It was not significant enough to make a difference and we ended the calendar year with a pretty significant deficit. We're going to see the same thing happen in Calendar Year '25. We continue to advocate with PA DHS, that the rates were not actually sound when they were set in Calendar Year '24. They need to rectify that. If they don't rectify it, this is just going to continue. It's going to be a domino effect.

So we are in close conversation with them pretty frequently. There are partners in this as well. And so, this is not a negative. The state is dealing with their own budgetary issues, so the rates are a problem. Then you

add the fact that we're seeing people fall off of the Medicaid rolls.

Our revenue is determined by the number of people who are on the medical assistance program. So as people fall off, we lose money. We've lost between -- and I'm probably not going to get this exactly right -- but between June and July 2000 people in Philadelphia falling off the Medicaid rolls. That equates to almost $1 million for us. And so, you can see the cumulative effect of when people are falling off the rolls.

We expect that that's only going to get worse with HR1, where people are going to be required to submit to redetermination twice a year instead of once a year, when work requirements are going to come into

play. And so, we've been doing a level of advocacy at the state and the federal levels to paint the picture of what it's like in Philadelphia where Medicaid is a safety net for 40% of our neighbors. And we've been able to show all of the work that the systems have been able to do together and how any potential policy changes that result in cuts to Medicaid are going to impact Philadelphia. So we're having those conversations. Anybody who invites us to a roundtable, we're there. We're trying to keep this top of mind.

Now, we don't think anything in HR1 is going to change at this point, so we've switched to really focusing on member education and working with community-based organizations, working with our providers so that our members know

you have rights. If you get a termination letter, you can go to Community Legal Services. You can go to other legal services and get free assistance. You can call Member Services. We operate a 24/7 hotline. We can help talk members through where they can go and they can certainly reach out to the county assistance offices. But we also hear that they're understaffed and dealing with their own challenges.

So this is like a perfect storm. And I think in perfect storms the time is not to retreat, but to double down on what we think are the important things to do. So I hope I've answered your question.

COUNCILWOMAN LOZADA: Thank you. Thank you for that.

Councilmember Harrity.

COUNCILMAN HARRITY: So

thank you for coming up. Seven that provide the children, huh? That was your number --

MS. BAILEY: 7 specific child-serving providers in the Kensington area --

COUNCILMAN HARRITY: In the whole city.

MS. BAILEY: In Kensington.

COUNCILMAN HARRITY: Oh, Kensington. Okay. That's a little better. There's no question that we got to rethink. We ain't getting that money back. All right. We got three more years with this guy that we're going to have to deal with. We got to figure out how we get -- you know, this is just stuff that pisses me off about bureaucracy.

We're talking about kids. I don't give a shit what it costs, what it takes. A kid needs

to talk to somebody. They need to talk to somebody plain and simple, because I know what happens when they don't talk to somebody. I look all right now. I wasn't all right 15, 16 years ago, you understand what I'm saying. I don't want these kids to be what I was, to have to go through what I went through. And the bottom line was what sent me out there was my trauma from my childhood, and we just keep repeating the cycle, repeating the cycle, repeating the cycle.

And we care and we just keep throwing money at it. Bad money after bad money, as they would say. There's no doubt that you as agencies, you as people, you want to help, you want to do the work. We need to figure out how the hell we do it and not rely on the federal government too because

we cannot rely on them now. We have to do this ourselves and this is too important, you know.

Listen, one kid comes up with an addiction problem. For me, that's one too many because I know we could stop it now. The fact of the matter is those living in addiction out there on the streets, that's their problem. Okay. We want to help them, but it's their problem. It was their decision. They made a conscious decision to choose that life like I did.

Control, they don't have control. They have no control. It's frustrating for me just like it's frustrating for them kids. And I've had this conversation with the kids, you know. They are intelligent. You know what one of the questions they asked me was, Councilman Harrity, these people living on the street they are a

harm to themselves and to others. If they were mental health, we would do something about that. We would put them in a place until they were able to make decisions again for themselves.

We need to stop with all the illusions that these people can make a decision because they can't. The only decision that they can make is to get high. We know that. I know that firsthand. You need to be detoxed and cleaned up before you get that moment of clarity. People thinking that they're going to have that moment of clarity while they're out there on the street, it's never going to happen, especially not with people giving them everything they otherwise would need.

See, that's the thing. Drugs and alcohol do not keep us out there, you understand. It's

the lack of other things. No shelter, it's raining, no sneakers. That's when you have the thought why am I living like this, why am I doing this. But if we keep sitting out there and giving them everything they need to stay out there, they're never going to come in. I got news for you. Trust me, if you gave it to me, I wouldn't come in. I would still be out there. Why would I? Only thing I have to worry about is my drugs, my alcohol. That's fucking easy. I know how to get that. I want to do what I have to do and that's what they're going to do. They're going to steal, they're going to sell their bodies, they're going to do what they got to do.

The fact of the matter is the only people we can save right now definitely is the children. That's who we can save.

Guaranteed. I want to save every one of the addicts that are out there because I know that I want to give them what I got, because I know how that gratitude feels. I know what it means to kick that thing out of your life. But I can't make that decision for them. They have to make that decision.

What I can do is make the decisions for the children. And again, misbehaving children turn out to be damaged adults. Trauma is a bitch. It affects everybody. It affects everybody differently. But when you add in home structure and what they see out on the streets, you know. It always pisses me off when people say, well, that kid has a bad home life. That's bullshit. Kid doesn't know anything about bad home life. All he knows is it's home. That's where mom is, that's

where dad is, that's where grandma and grandpa, whatever, brothers and sisters. Home is home. They'll deal with that. We have a way to be resilient and deal with our home lives.

What traumatizes them from pushing them over because they believe that that's regular, you understand. They don't know what a good home life is. But what we can do is we can stop the cycle. All we want to do is spend our money the right way. And if that means getting rid of every single one of those providers, I'm okay with that. Get rid of them all. And the unhappy ones that you're talking about, give them my cell phone number. As a matter of fact, give them my address, let them come to my house to see what happens.

But I'm telling you now I'm not going to keep doing this.

I'm not going to keep coming in here and getting the same answers, the same things and no results whatsoever, no results. Because I live there. I see these kids. I have to look these kids in the face every day knowing that I go to a place where I could do something about it, but I can't get past the bureaucracy because it's really not in my control. I can give you guys the money, but I can't tell you how to spend it.

So as my colleague said, with you as the biggest share of this money you need to be that watchdog. And again, if somebody gives you a hard time, you tell them to come see me because I'm not playing around when it comes to this. I'm tired of this stuff. I don't want no pay to play. I don't want none of that shit.

I want people that can

do the job. I don't want somebody's cousin, uncle, brother, you know, who's owed a favor. I want real people helping my kids. And until that happens, I got news for you, we're just going to keep on wasting your time. Because you know why, that's the only thing I can do. You waste my time. I get to waste your time.

So I'll call you in here every two weeks if I have to. I'm sure my friend over here will do the same. We want a real plan. We want to know what it is. We want the silos broken down. We don't want departments not coordinating. We were told that that was over. Our Mayor, and I believe her, that she wants to break down the silos. Well, it's up to you guys to do that. Okay. You got the money. You control the purse strings. You know who's good. You know who's

bad. Get rid of them. We'll support you. Thank you.

MS. BAILEY: Thank you.

COUNCILWOMAN LOZADA: Thank you. I just have one final question for this panel. The Medicaid dollars, is a child's benefits dependent on mom and dad meeting certain requirements? And if mom and dad don't meet those requirements, does that mean that the child doesn't receive the services that they need Or is it independent services?

MS. BAILEY: It could be -- so there's many levels of eligibility. And so, often times and in particular like with autism services, we'll see where mom and dad have commercial insurance, but the kid is eligible for Medicaid because they have an autism diagnosis. So there's different categories that don't necessarily

mean if mom and dad aren't ineligible that the kid automatically isn't either.

COUNCILWOMAN LOZADA: So if a school principal makes a referral because this child needs mental health services, that child is then assessed individually regardless of whether mom and dad receive those Medicaid services or not?

MS. BAILEY: Right. So the child can be assessed regardless, right. And if they're not on medical assistance, another referral could be made outside of our program. If they are and the parents aren't, they can still proceed with making that referral to a Medicaid provider. We don't want that to be the, oh, because you don't have this, you don't get that. Those people are directed through the right door.

COUNCILWOMAN LOZADA:

Okay.

MS. BAILEY: And I would also add that in Medicaid our members don't pay for any services at all. There's no copays or anything like that. There's never a cost to kids or families.

COUNCILWOMAN LOZADA:

Okay. Thank you.

COUNCILMAN HARRITY: I just got one specific question for the neighborhoods with McPherson. McPherson is closed. How do we plan to fill the gaps? They're leaving. They had afterschool programs, community meetings, fall events scheduled. What are we going to do with that?

MS. BAILEY: I'm sorry, Councilmember. You said McPherson is closed?

COUNCILMAN HARRITY:

McPherson is closed, yes. And

there were programs there for the kids in my neighborhood that were used --

COUNCILWOMAN LOZADA: Mental health programs?

COUNCILMAN HARRITY: No, these are just regular programming, afterschool programs and all that stuff. Do we know if there's any plan for any of that there or the placement services that they used to provide or anything?

MS. BAILEY: I don't know offhand, but we certainly can take that as a follow-up.

COUNCILMAN HARRITY: Okay. Thank you.

COUNCILWOMAN LOZADA: Thank you. Thank you so much for being with us today. Again, I said this earlier. This is a continuing conversation. I think that again I'm looking to DBHIDS, CBH to be able to lead the action work,

right, the work that we can all come back here to in 6 months, in 12 months and say, this is the direct impact that we have had in the neighborhood, this is the number of children that we're providing services to, these are the number of schools that we're providing direct services in, right.

To me, all of the schools within that Kensington footprint should have more resources, not less. I think that we need to figure out ways to reduce the barriers that sometimes we as government put in place unnecessarily, right. We know where the greatest need is. We need to figure out how we work collaboratively with the school district and others to be able to provide and connect young people with the services that they need.

Because we as government have allowed for that trauma to take place in that community every day.

And so, I look forward to continuing the work. I look forward to continuing the conversation and I look forward to making the difficult decisions with you.

MS. BAILEY: Thank you. We appreciate your support.

COUNCILWOMAN LOZADA: Thank you.

COUNCILMAN HARRITY: Thank you. I'll be the same. Thank you for what you do on a daily basis. And to be honest, we want to support you. We just want to see some results for our kids, for that neighborhood.

MS. BAILEY: Understood. And we're happy to talk with you all any time. Thank you.

COUNCILWOMAN LOZADA:

Thank you for being with us today.

Will the Clerk please call the next panel?

THE CLERK: No more panels and no more public commenters.

COUNCILWOMAN LOZADA: There being no more panels to testify, we'll now transition into public comment -- and that's it. There's no one else for public comment.

Is there anyone else that is in the chambers that would like to testify? If you are interested in testifying, please come up here for the record and begin with your public comment.

(Witnesses approached witness table.)

MS. DOUGHERTY: Good evening. My name is Mary Dougherty and I have worked in children's services for 50 years. And

luckily, I've been able to do it at one agency in a variety of positions. And I work at CORA. You saw me here with my CEO earlier and we have met in the past about our services.

I just would like to say that I think it's wonderful to ask for mandates, for example, for DBH to make sure I'm doing my job and CORA is doing our job, and need the mandate for CBH for DHS to make sure that's happening. I think we talked about this before. I would love to see a mandate beyond CBH and DBH. I'd love to see a mandate from City Council to make all of the city agencies that you are giving money to work together, because the silos that you're talking about live in those individual agencies.

You have both made a beautiful point, that the

collaboration piece has to happen. And if it works in Kensington, everything else will fall in line. But it seems like there's many, many, many of the problems that we experience in our service providers actually happening in Kensington. It's a great laboratory to make this work, but I do believe that the city government needs to mandate the city departments to make sure that they are working together to get those barriers down.

You heard example after example of agencies that have maybe limited resources and agencies with wider ranges of services who are braiding services together to make sure that that child has as much as we have available to give. But I do believe that we have to live by the golden rule here. He who makes the gold --has the gold makes the

rules. City Council really does have the gold here, and I would love to see some kind of task group or Council with teeth that would hold sway over the government departments of the City of Philadelphia to make sure that as much as you say, I believe that you want to support the work of the people that sat here, but there's some folks that aren't here and they might need to hear some of this and be told, you need housing and you need DHS to work with DBHIDS, to work with CBH and their subsequent providers, because you may find out that many of us providers live in multiple worlds there and we run across these stumbling blocks that you are talking about.

So that's all I wanted to say, is that if there's a way to maybe elevate the mandate, I think

it might be a way to help identify the silos and what created them in the first place, because once we know that we can blow them out of the water. Thank you so much.

COUNCILWOMAN LOZADA: Thank you. Thank you for your testimony.

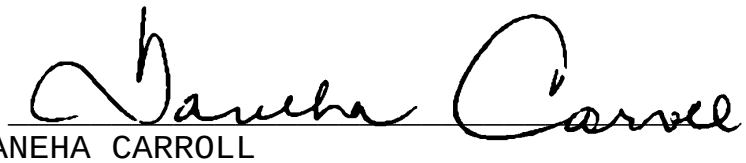
Before we conclude this public hearing on Resolution No. 250502, Councilmember Harrity, are there any closing remarks you'd like to make before we conclude?

No. This concludes the business before the Special Committee on Kensington today. Thank you so much for everyone who attended and who provided testimony. I look forward to continuing the conversation and continuing the work that we have before us. Have a great evening.

(Special Committee on Kensington concluded at 5:55 p.m.)

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

I, hereby certify that the proceedings and evidence noted are contained fully and accurately in the stenographic notes taken by me in the foregoing matter, and that this is a correct transcript of the same.



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