

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

Room 400, City Hall
Philadelphia, Pennsylvania
Tuesday, June 14, 2016
3:15 p.m.

PRESENT:

COUNCILWOMAN CINDY BASS, CHAIR
COUNCILWOMAN JANNIE L. BLACKWELL
COUNCILMAN DEREK S. GREEN
COUNCILMAN WILLIAM K. GREENLEE
COUNCILWOMAN HELEN GYM
COUNCILWOMAN MARIA D. QUINONES-SANCHEZ
COUNCILMAN AL TAUBENBERGER

RESOLUTION 160539 - Resolution authorizing
Council's Committee on Public Health and Human
Services to hold hearings concerning the
recent state downgrade of Philadelphia's
Department of Human Services license to
provisional as a result of serious violations
of child welfare laws.

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COUNCILWOMAN BASS: Good afternoon, everyone. Good afternoon. This hearing is called to order. This is a public hearing of the City Council Committee on Public Health and Human Services, and the purpose of this public hearing is to hear testimony on Resolution No. 160539.

I want to recognize the presence of our Councilmembers, which are Councilman Bill Greenlee, Councilman Al Taubenberger, and Councilwoman Jannie Blackwell. And we are going to begin our hearing.

And will the Clerk please read the title of Resolution No. 160052 [sic].

THE CLERK: 160539.

COUNCILWOMAN BASS: I'm sorry.

THE CLERK: Authorizing Council's Committee on Public Health and Human Services to hold hearings concerning the recent state downgrade of Philadelphia's Department of Human Services license to provisional as a

1 6/14/16 - PUBLIC HEALTH - RES. 160539
2 result of serious violations of child
3 welfare laws.

4 COUNCILWOMAN BASS: Thank you.
5 And I just want to reiterate that that
6 bill number is actually 160539.

7 And actually before we start
8 with our testimony from our witnesses,
9 I'd like to make a few opening remarks.

10 First of all, I'd like to thank
11 everyone for coming out to this hearing
12 on this very important issue. I want to
13 say that the Commonwealth of
14 Pennsylvania's Department of Human
15 Services was invited to participate
16 today, but have declined to do so, and we
17 certainly respect that.

18 That being said, I do want to
19 thank our City Department of Human
20 Services for being here today, even
21 though there may have been short notice
22 that they may have received.

23 I also want to say for the
24 record that it is important to discuss
25 these issues in the public and in a very

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2 transparent form. DHS, according to what
3 I read in the newspapers, is meeting with
4 the state every two weeks, and these are
5 closed-door meetings, and we certainly do
6 understand privacy, but we all need to
7 understand how we got to a place where
8 our Department of Human Services' license
9 was downgraded to provisional and, most
10 importantly, how do we rectify this
11 situation.

12 Over 9,000 children currently
13 are part of the City's child welfare
14 system, and they need our vigilance and
15 renewed commitment to protect and nurture
16 them, and that is why we need not only
17 this public hearing but an ongoing series
18 of public hearings, because the stakes
19 are too high.

20 And so all of those things
21 being said, we'd like to call forward the
22 first witness. Can the Clerk call
23 forward the first witness.

24 THE CLERK: Jessica Shapiro,
25 Acting Commissioner, Philadelphia

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2 Department of Human Services, and those
3 accompanying her.

4 (Witnesses approached witness
5 table.)

6 COUNCILWOMAN BASS: Good
7 afternoon.

8 COMMISSIONER SHAPIRO: Good
9 afternoon.

10 COUNCILWOMAN BASS: And please
11 state your --

12 COUNCILWOMAN BLACKWELL: May I
13 say something?

14 COUNCILWOMAN BASS: Certainly.
15 Absolutely. I want to recognize
16 Councilwoman Jannie Blackwell.

17 COUNCILWOMAN BLACKWELL: Thank
18 you very much.

19 I certainly am happy to see all
20 of these folks that I guess we all call
21 them more than we would like to say we
22 do. There are always issues. But I
23 especially want to mention the Alliance
24 of Black Social Workers. I've known them
25 so long, been to so many of their

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2 affairs, and certainly Julius Hayes, who
3 was the President, I guess, most of my
4 adult life, had his wife, Sandy Hayes
5 work for me for, I don't know, 20, 25
6 years, something like that. And Julius
7 has been -- I remember when he went to
8 the Alliance of Black Social Workers in
9 1980.

10 So these are people who care,
11 who have done a good job. This agency
12 has been very, very good to me and very,
13 very good to my constituents. And I know
14 present leadership exempt, I know that
15 they are really, really concerned about
16 people leading the agency who have
17 experience. It's great to have a
18 leadership title, but they also would
19 like -- as I said, the current leadership
20 is fine and we commend her, but we've
21 been talking and they've been talking a
22 lot about people who have experience, who
23 know what young people go through, and
24 who want to do their part to improve the
25 quality of life.

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2 So I want to thank all
3 committees, especially my buddies there,
4 and thank you, Madam Chair, for allowing
5 me to make a statement.

6 COUNCILWOMAN BASS: Absolutely.
7 Thank you, Councilwoman Blackwell. And
8 we know that you've been at the forefront
9 of taking care of our city's most
10 vulnerable populations for a very long
11 time and, you know, I thank you for your
12 comments and I look forward to hearing
13 from the Alliance of Black Social Workers
14 later on during this hearing.

15 COUNCILWOMAN BLACKWELL: Thank
16 you.

17 COUNCILWOMAN BASS: Thank you
18 for being here.

19 COUNCILWOMAN BLACKWELL: Thank
20 you all for letting me state it.

21 COUNCILWOMAN BASS: And can we
22 have you once again state your name for
23 the record and please begin your
24 testimony.

25 COMMISSIONER SHAPIRO:

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2 Absolutely. Thank you. My name is
3 Jessica Shapiro and I'm the Acting
4 Commissioner of the City of Philadelphia
5 Department of Human Services.

6 Good afternoon, Councilwoman
7 Bass and members of the Health and Human
8 Services Committee. My name is Jessica
9 Shapiro and I am the Acting Commissioner
10 of the City of Philadelphia Department of
11 Human Services. I am here today with Eva
12 Gladstein, Deputy Managing Director for
13 Health and Human Services; Deputy
14 Commissioner Gary Williams; and Chief
15 Implementation Officer for Improving
16 Outcomes for Children, Kimberly Ali. I
17 am here today to testify regarding
18 Resolution No. 160539.

19 As you are aware, Philadelphia
20 is a county-administered,
21 state-supervised child welfare system.
22 We are licensed by the Pennsylvania
23 Department of Human Services, also known
24 as PA DHS. On May 16th, 2016, we were
25 informed by PA DHS that they revoked our

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2 Full Certificate of Compliance, which had
3 been issued on March 16th, 2006, and
4 issued a Provisional Certificate of
5 Compliance. The Provisional Certificate
6 is valid from May 5th, 2016 to November
7 5th, 2016 and was based upon a special
8 performance audit that occurred in
9 September 2015 and an annual inspection
10 that occurred in December 2015 and
11 January of 2016.

12 PA DHS will now inspect our
13 agency at a six-month interval instead of
14 at a yearly interval. The issuance of
15 four Provisional Certificates in a row
16 would result in the state taking over the
17 operation of Philadelphia DHS. While we
18 have the provisional, we are still
19 allowed to draw down both federal and
20 state funding to purchase services.

21 We recognize the seriousness of
22 this action and have been actively
23 working to remedy the issues noted both
24 in the license and inspection summary and
25 the performance audit. I would like to

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2 take the opportunity to share with you
3 the work that we have done to reform the
4 system and address practice issues since
5 I was appointed the Acting Commissioner
6 of DHS on January 4th, 2016.

7 The major focus of our work has
8 been to shrink the current size of our
9 system, as we believe that practice will
10 improve when the system is smaller. As I
11 shared during our budget hearing in May,
12 we have experienced unprecedented growth
13 in our placement and in-home services
14 due, in large part, to changes in the
15 Child Protective Services Law and the
16 transition of the cases to the Community
17 Umbrella Agencies. Currently, we have
18 approximately 6,100 children in placement
19 and almost 2,000 families representing
20 over 4,200 children and youth receiving
21 in-home services at our Community
22 Umbrella Agencies.

23 The core foundation of our work
24 is built around the four goals of
25 Improving Outcomes for Children: more

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2 children and youth maintained safely in
3 their own homes and communities; more
4 children and youth receiving timely
5 reunification or other permanency; a
6 reduction in the use of congregate care;
7 improved child and youth and family
8 functioning.

9 Most of the system reform work
10 falls into three major categories:
11 safely diverting children and youth from
12 entering the child welfare system;
13 enhancing our work around permanency; and
14 improving practice in our ability to
15 monitor the CUAs, our other providers,
16 and subcontractors with the CUAs.

17 The first way that we tried to
18 slow our growth in placement numbers was
19 to conduct an extensive review of our
20 prevention service programs to make sure
21 that we were investing in prevention
22 programs that were directly focused on
23 maintaining children in their own homes
24 and communities and diverting them from
25 placement.

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2 Second, we secured technical
3 assistance from Casey Family Programs to
4 help us determine if we are accepting the
5 right cases, those children and families
6 with safety threats for services. The
7 Casey consultant is working with our
8 leadership team and staff to conduct an
9 extensive review of practice and
10 procedures to determine if changes can be
11 made to safely divert families from the
12 formal child welfare system. We have
13 already made changes to our processes
14 that are designed to divert these
15 families.

16 I am pleased to share that our
17 exits to permanency - reunification,
18 adoptions, and guardianships - are
19 trending up in FY16. If you compare data
20 through the third quarter between FY15
21 and FY16, we are showing a 26 percent
22 increase in our permanencies. Yet we
23 need to do even better in moving families
24 to permanency in a more timely manner.
25 With the help of Casey Family Programs,

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2 we are embarking on a process called
3 Rapid Permanency Reviews to eliminate
4 barriers for families that are very close
5 to reaching permanency. These targeted
6 reviews will be conducted with both DHS
7 and CUA staff and will involve our
8 partners from the Law Department and
9 Casey Family Programs. Rapid Permanency
10 Reviews are currently being conducted in
11 New York City, and similar models have
12 proven successful in other jurisdictions.

13 It is also critical that we
14 invest the money necessary to change the
15 staffing ratio at the CUAs from one case
16 manager to 13 families to one case
17 manager for every ten families. We are
18 currently in the process of working with
19 the state to identify funding to make
20 this change. Reducing the caseload ratio
21 will allow case managers to focus more on
22 providing quality services to children
23 and families. It will reduce staffing
24 turnover at the CUAs and will hopefully
25 help children and youth achieve more

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2 timely permanency. We have already
3 provided the CUAs with flexibility with
4 their funding to reallocate
5 non-case-carrying positions into
6 case-carrying positions, with a goal of
7 increasing case managers at the CUAs.

8 We have also undergone an
9 extensive analysis of our own staffing
10 levels at DHS to make sure we are
11 operating efficiently and effectively.
12 We are working to enhance our staffing
13 capability in several areas, including
14 the hotline and investigation, and our
15 ability to monitor the CUAs, our other
16 providers, and CUA subcontractors to
17 ensure quality and effective services are
18 delivered as required, producing positive
19 outcomes in a cost-effective manner.

20 Since January, we have also
21 developed policy, procedure, and
22 resources to reduce the amount of
23 overnight stays in our child care room.
24 For those of you who are not familiar, we
25 have a room at 1515 Arch Street on the

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2 ground floor that is used by children and
3 youth who are waiting for placement or
4 whose parents are at meetings at DHS.
5 The room is staffed by DHS employees 24
6 hours a day, 365 days a year. Often
7 children and youth in crisis are brought
8 to the DHS child care room in the middle
9 of the night by the police, DHS
10 investigators or CUA staff. Sometimes
11 children are required to spend the night
12 due to the fact that a placement cannot
13 be identified immediately. In these
14 situations, children and youth are
15 prepared for bed by our staff and they
16 sleep until the morning. The room is
17 equipped with beds, cribs, pack-n-plays.
18 There is a shower and food that is
19 available for these children.

20 We agree with PA DHS that
21 children and youth should not have to
22 sleep in the child care room. We much
23 prefer for them to go straight to live
24 with other family members or a more
25 formal placement. As such, we have been

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2 working very diligently to increase the
3 number of foster parents in our system.
4 We established a new emergency foster
5 care rate for parents willing to take
6 children in the middle of the night on a
7 short-term basis. We expanded the number
8 of beds with our emergency shelter
9 providers and are working on expanding
10 the number of group homes that we use.
11 We also restructured our internal
12 operations to put tighter controls on how
13 often the room can be used.

14 After having many children
15 spend the night at DHS during the first
16 five months of my tenure as Acting
17 Commissioner, I am proud to say that
18 since May 26th, 2016 no children have
19 spent the night at DHS. We will continue
20 to monitor the issue closely and work
21 with our PA DHS partners to eliminate the
22 use of the child care room for overnight
23 stays.

24 As the resolution for today's
25 hearing states, PA DHS issued several

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2 citations for work done on our case
3 files. Many of these citations were
4 related to incomplete paperwork,
5 supervisory approval outside of
6 regulatory timeframes, and for failure to
7 invite key parties to meetings. I do not
8 take these issues lightly. I recently
9 issued a memo to DHS staff and CUA staff
10 regarding the critical importance of
11 making sure the regulations relating to
12 case documentation and case practice are
13 followed. We are also rolling out group
14 refresher sessions on these practice
15 issues as well as individualized sessions
16 for those staff who had cases cited.

17 Finally, I would like to
18 address the issue of falsification of
19 records. I want to be perfectly clear.
20 We address these issues immediately and
21 with the utmost urgency. I have put in
22 place procedures that are followed
23 whenever an allegation of falsification
24 of visitation is made regarding a
25 Community Umbrella case manager. These

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2 action steps include the worker being
3 removed from all case-carrying duties
4 pending investigation; all children and
5 youth on the worker's caseload visited
6 within four days; and Quality Assurance
7 staff at the CUAs calling parents,
8 caregivers, resource parents, and
9 congregate care facilities to validate
10 the documentation the worker had made as
11 to when visits occurred and who was
12 present. In my tenure as Acting
13 Commissioner, five of the ten CUAs have
14 investigated employees for falsification.
15 Regarding those allegations, of the nine
16 total employees investigated for
17 falsification in 2016, seven employees no
18 longer work at the CUAs, one employee was
19 cleared of the falsification charges and
20 was reinstated, and one employee is
21 pending reinstatement.

22 This concludes my testimony
23 regarding Resolution 160539. Deputy
24 Managing Director Eva Gladstein, my
25 staff, and I are available to answer any

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2 questions that you may have. Thank you
3 for your consideration.

4 COUNCILWOMAN BASS: Thank you
5 very much for your testimony. And I just
6 have a couple of questions I want to
7 start with, and I know that the panel is
8 probably going to ask some additional
9 questions as well. But I wanted to start
10 actually with one of your last
11 statements, and that was that as a
12 result -- or, actually, when was the
13 license downgraded?

14 COMMISSIONER SHAPIRO: So it
15 was downgraded in May.

16 COUNCILWOMAN BASS: What date?

17 COMMISSIONER SHAPIRO: May
18 16th, 2016. That's when we received
19 notice, but the actual provisional, let
20 me clarify, was -- when we got it, it
21 said May 5th to November 5th.

22 COUNCILWOMAN BASS: But you
23 were notified of that on May 16th.

24 COMMISSIONER SHAPIRO: Yes.

25 COUNCILWOMAN BASS: And you

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2 said that afterwards, on May 26th, that
3 since that time, there haven't been any
4 overnight stays --

5 COMMISSIONER SHAPIRO: That's
6 correct.

7 COUNCILWOMAN BASS: -- at 1515.

8 COMMISSIONER SHAPIRO: That's
9 correct.

10 COUNCILWOMAN BASS: So can you
11 give us some sort of sense of what the
12 stays look like. What did this room or
13 space for these children look like prior
14 to receiving notice of the downgrade in
15 terms of occupation from young people.
16 So were there two people there per night?
17 Was it once a week, once a month? Just
18 give us some sort of sense on average how
19 many children were actually staying at
20 this location on a regular basis.

21 COMMISSIONER SHAPIRO: So there
22 were children staying at the location
23 several nights a week. We actually
24 report daily to the state. So they are
25 aware. We send them a daily log. We

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2 also send them a more detailed log every
3 two weeks so they know like sort of the
4 nature of why the child came. We send a
5 lot of information to the state, and
6 we've been working since I started in
7 January on really trying to rectify the
8 problem.

9 We had several children spend
10 the night in the first five months that I
11 was staying, but we have been working
12 very hard to build resources, make
13 changes in procedure, expanding our
14 emergency foster care rate. So I am
15 hoping that we have turned the tide. I
16 don't want to just celebrate on two and a
17 half weeks, but it is great progress,
18 because there were some nights where
19 there would be different children but
20 multiple nights in a row.

21 COUNCILWOMAN BASS: I guess
22 what I'm trying to get at is what on
23 average was the --

24 COMMISSIONER SHAPIRO: Well,
25 there were 151 children that spent the

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2 night from January 4th up until May 26th.

3 MS. GLADSTEIN: On a typical
4 night, I think it's -- it might be one
5 child. If there is a family with a large
6 number of siblings and the desire was to
7 try to place them all together, then it
8 might be more like three, four children
9 all in one family.

10 But would you say typically it
11 was --

12 COMMISSIONER SHAPIRO: Anywhere
13 from one to three. But I have all the
14 data and I can provide you with any other
15 details that you want.

16 COUNCILWOMAN BASS: So if we
17 had one to three children that we could
18 not place, say, from January to May 16th
19 and then after that, after May 26th now
20 we have no children, so where are these
21 children now staying? What has changed?

22 COMMISSIONER SHAPIRO: So we've
23 increased our -- we've been working with
24 our staff to make sure that we're really
25 looking hard to find kin. So many of the

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2 children may come into the child care
3 room. There was a child last night that
4 came in, and we were able to successfully
5 use grand-mom as a resource. So that's
6 always our first, right? So our staff
7 will ask young people if they have a cell
8 phone, Who is in your cell phone? Who is
9 in your circle that we can call? So
10 we're working very hard to use kin.

11 We've also increased -- we've
12 opened some emergency foster homes and
13 we're in the process of opening other
14 emergency foster homes. We've increased
15 our shelter capacity, and we are working
16 very -- our staff are working so hard,
17 calling providers, transporting kids --
18 if the police bring them in at midnight,
19 we're transporting them to a placement at
20 midnight, at 3:00 in the morning. We are
21 making extra diligent efforts. We have
22 expanded the availability of our Central
23 Referral Unit, is now open from 4:00 to
24 12:00, and so they're looking for
25 placements. Our hotline staff are

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2 looking for placements. We are working
3 hard.

4 COUNCILWOMAN BASS: So I guess
5 my question is probably a little bit
6 obvious, but were we not doing that
7 before?

8 COMMISSIONER SHAPIRO: We were.
9 We were. The child care room has really
10 been in existence for years, and I've
11 been in this business almost 19 years and
12 we have used the child care room as long
13 as I can remember. But I understand why
14 we shouldn't be.

15 COUNCILWOMAN BASS: But if this
16 was a space for one to three children on
17 average just from January until May of
18 this year and then all of the sudden we
19 get a notice that the DHS license is
20 being downgraded and now we suddenly
21 start doing what we probably seems like
22 should have been doing all along, which
23 is reaching out to find --

24 COMMISSIONER SHAPIRO: We
25 started all these efforts before we got

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2 the license downgraded. Really in
3 January this issue really came -- we
4 began to discuss this issue with the
5 state, and we started almost immediately
6 when I became the Acting Commissioner to
7 really -- we instituted a protocol at DHS
8 in, I think, in the month of January
9 where in order for a child to be even
10 allowed to stay, the staff had to call
11 the director that was on call to get
12 permission so that director could go
13 through and make sure all the resources
14 were exhausted.

15 So we've really been working
16 extra -- instituting new policies and
17 procedures and resources since the
18 beginning of January.

19 COUNCILWOMAN BASS: Okay. I
20 hear what you're saying, but that doesn't
21 really jive. It doesn't really connect,
22 because if this is standard operating
23 procedure that we are trying to find kin
24 for these young folks before we, number
25 one, leave them at 1515 Arch or, two,

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2 place them outside of their family
3 circle, then we should have been doing
4 this all along.

5 COMMISSIONER SHAPIRO: We have
6 been. I'm sorry if --

7 COUNCILWOMAN BASS: I guess
8 what I'm saying is, it doesn't seem as if
9 this is what the standard operating
10 procedure was if all of the sudden now
11 after May 26th we no longer have any
12 placements at 1515 in the evening.

13 MS. GLADSTEIN: Again, since
14 January 4th, some of the specific changes
15 are the supervisor approval being
16 required, increasing rates so that we
17 have emergency resource parents who will
18 be able to take a child no matter what
19 time of day. Because most often these
20 children are brought in, they've been
21 released from an emergency room or the
22 police bring them in and it's already in
23 the middle of the night.

24 Also, going back to using
25 shelter beds, which DHS had been trying

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2 to move away from because that's not the
3 best option, but opening up Baring House
4 and other shelter now, and that work all
5 began in January. But those are all very
6 concrete changes that I participated in
7 and viewed since this Administration.

8 COMMISSIONER SHAPIRO: I also
9 want to say we -- in December was the
10 first time that we reached a period where
11 our use of kinship was higher than our
12 use of non-relative foster care. So we
13 have been -- our staff are excellent at
14 trying to find kin. So we're at about 44
15 percent of our children that live in
16 family settings are actually living with
17 relatives. A little over 41 percent are
18 living with non-relatives.

19 COUNCILWOMAN BASS: Okay. All
20 right. I'm going to allow -- actually,
21 let me first acknowledge that we've been
22 joined by Councilwoman Helen Gym and
23 Councilman Derek Green. And I know that
24 there were a number of questions. I
25 think Councilman Taubenberger was first.

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2 COUNCILMAN TAUBENBERGER: Madam
3 Chair, thank you very, very much.

4 In the overnight stay category,
5 what generally are the ages of these
6 children?

7 COMMISSIONER SHAPIRO: Sure. I
8 have that.

9 So for the period of time
10 between January 4th and May 25th, we had
11 151 children stay. Twenty-four of those
12 children were between zero and 5 years;
13 62 were between 6 and 12; and 65 were
14 between 13 and 17.

15 COUNCILMAN TAUBENBERGER: Thank
16 you.

17 When a case that your agency is
18 handling is mismanaged -- and I'm talking
19 about the audit that was recently done --
20 can you walk me through what the
21 procedures are after that. Is there
22 disciplinary action taken against the
23 employee involved, or what's the
24 corrective methodology to get it back to
25 the way it ought to be handled?

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2 COMMISSIONER SHAPIRO: Sure.

3 So, first of all, the most important
4 thing is making sure -- if there is some
5 misstep in the way the case is handled,
6 the first thing is to make sure that we
7 as a priority that the children are safe
8 and that we rectify the situation with
9 the family and we make sure that the case
10 is on the right course. Oftentimes when
11 cases come to our attention that are
12 problematic, we will hold an executive
13 teaming. So oftentimes our Deputy
14 Commissioner, our Operations Director or
15 our Chief Implementation Officer for IOC,
16 and sometimes even myself will hold a
17 case teaming. We bring together all the
18 parties on the case and we figure out
19 what needs to happen next and what went
20 wrong.

21 Depending on where the misstep
22 is, if it's a misstep for the DHS
23 employee, oftentimes that may result in
24 discipline through the progressive
25 discipline process that we have with our

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2 own employees, and sometimes that also
3 is -- depending if the issue is with the
4 CUA, the CUAs will proceed with
5 discipline. But, most importantly, we
6 want to make sure that the children are
7 being served appropriately, that the kids
8 are safe, and that the case is on the
9 right trajectory toward safe case
10 closure. And we definitely make sure
11 that leadership knows. We also provide
12 technical assistance. So it's not just
13 about punishing people. It's about
14 making sure people really know what the
15 right approach is, and there are --

16 COUNCILMAN TAUBENBERGER: I
17 understand.

18 How often do these leadership
19 teams meet?

20 COMMISSIONER SHAPIRO: Well, we
21 meet on a case-by-case basis. There will
22 be times when I'll ask my Deputy
23 Commissioner to hold a teaming. I also
24 will have -- we have a Director of
25 Technical Assistance, and so I have her

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2 work a lot with the CUAs. We have -- so
3 they provide on-site technical assistance
4 to the CUAs. I'll ask her to meet with
5 staff at the CUAs if I hear about a case
6 in court maybe that I wasn't pleased
7 with. I get a lot of updates from my
8 staff and from our attorneys about cases
9 where -- on progress of cases, and if I
10 see something that I don't like, I ask
11 someone to follow up on it.

12 COUNCILMAN TAUBENBERGER:

13 Talking a little bit about the CUAs,
14 which you brought up, which are now an
15 important part of the function and
16 operation, who decides how much the CUAs
17 are paid?

18 COMMISSIONER SHAPIRO: So we
19 enter into contract negotiations with the
20 CUAs. As I mentioned in my testimony,
21 the staffing at the CUAs for the case
22 management side is really based on the
23 ratio that we have now of one case
24 manager to 13 families. So what we do is
25 we look at the amount of families that

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2 the CUA is serving. We divide that by 13
3 to figure out what the case managers are,
4 and then there are certain ratios that
5 follow up. So, for example, one
6 supervisor to five caseworkers. And so
7 we figure out the staffing on that piece.

8 A lot of the CUA contracts and
9 the bulk of the money that actually goes
10 to the CUAs are the maintenance payments.
11 So those are payments that are made for
12 children in placement to the
13 subcontractors for placement services,
14 foster care agencies, foster parents or
15 group home facilities. So we negotiate
16 the contracts with the CUAs based on
17 that. I meet with the CUAs, if
18 necessary. My staff does it as well. I
19 met with some last week.

20 COUNCILMAN TAUBENBERGER: Thank
21 you.

22 If a CUA wanted to hire more
23 caseworkers, would DHS have to reallocate
24 the funds to do so?

25 COMMISSIONER SHAPIRO: Yes.

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2 The CUA contracts are program funded, so
3 we pay the expenses at this point.

4 They're not -- so whatever staff they
5 have, we're paying for, the City is
6 paying for, with the combination, of
7 course, of state and federal dollars,
8 where applicable, to whatever is being
9 purchased. So we share in the cost of
10 the CUA contracts with our state and
11 federal partners.

12 COUNCILMAN TAUBENBERGER: The
13 most recent budget hearings there was
14 approximately \$4 million additional added
15 to the DHS budget by amendment. What is
16 that for?

17 COMMISSIONER SHAPIRO: I
18 believe -- it was an increase for the --

19 MS. GLADSTEIN: We have a
20 shared arrangement with federal and state
21 and city money and kind of a special
22 waiver that's been in place. This is the
23 fourth year. And the way that system
24 works, the federal portion goes down
25 every year and so, therefore, this was a

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2 planned increase. The City portion goes
3 up of that over that five-year period,
4 and this is year four of that five-year
5 period.

6 COUNCILMAN TAUBENBERGER: And
7 you said the federal portion has been --

8 MS. GLADSTEIN: It declines.
9 But it's an agreement that was put in
10 place four years ago for a five-year
11 period. It's called a IV-E --

12 COMMISSIONER SHAPIRO: The
13 Title IV-E Waiver or the Child Welfare
14 Demonstration Project is what it's called
15 in Pennsylvania.

16 MS. GLADSTEIN: And it allows
17 for certain kinds of flexibility in how
18 we use the resources. But from the
19 beginning, the plan beginning of that
20 waiver for the five-year period, we knew
21 that the federal portion would step down
22 over time, and as the federal portion
23 steps down, the City portion steps up.

24 COMMISSIONER SHAPIRO: That's
25 correct.

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2 MS. GLADSTEIN: So this kept us
3 on an even keel for that part of the
4 budget. It was an increase on the City
5 side, but not an increase for that
6 portion of the budget. It kept us on an
7 even keel with that plan.

8 COUNCILMAN TAUBENBERGER:
9 Probation that we're under, have we ever
10 been under that probation before?

11 COMMISSIONER SHAPIRO: Yes.
12 The last time that we received a
13 Provisional Certificate of Compliance I
14 believe was in 2008. We received two
15 provisionals in a row that rolled us
16 over, I believe, into 2009. And prior to
17 that, I'm not -- I don't really have any
18 history with that.

19 COUNCILMAN TAUBENBERGER: You
20 answered my question as I intended it to
21 be.

22 The other question is, how many
23 other counties are on provision?

24 COMMISSIONER SHAPIRO: I
25 believe there are three other counties

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2 currently under provisional license with
3 PA DHS.

4 COUNCILMAN TAUBENBERGER: Do
5 you know who they are, by chance?

6 COMMISSIONER SHAPIRO: I do.
7 York County, Dauphin County, and Luzerne
8 County.

9 COUNCILMAN TAUBENBERGER: Thank
10 you very much.

11 Madam Chair, thank you.

12 COUNCILWOMAN BASS: Thank you,
13 Councilman.

14 Before we go to -- I think
15 Councilman Greenlee was next and then
16 Councilwoman Gym. Before we move forward
17 with Councilman Greenlee, I did have a
18 question, though, about, Ms. Gladstein,
19 you just mentioned that the additional
20 money that went to the budget was because
21 of federal dollars were declining, that
22 that was an arrangement that was put in
23 place years ago, so it was an
24 expectation. And so I'm wondering when
25 that was communicated or why it was not

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2 communicated to the Administration to
3 expect that. Because, again, this is one
4 of the changes that we found out about
5 very, very, very last minute. So is
6 there any reason why that was not
7 communicated to the Administration as
8 part of DHS's budget that was submitted
9 to City Council?

10 MS. GLADSTEIN: Well, I
11 believe -- again, I've been in this
12 position six months. So I was not part
13 of the original negotiation of the IV-E
14 Waiver, again, which occurred four years
15 ago. I believe this was communicated at
16 the beginning and that was in the budget
17 from the original presentation.

18 COUNCILWOMAN BASS: I mean, the
19 budget that was submitted this year.

20 COMMISSIONER SHAPIRO: Right.
21 And it's been mentioned in other prior
22 budget years.

23 MS. GLADSTEIN: In the Five
24 Year Plan?

25 COMMISSIONER SHAPIRO: I'm

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2 pretty sure, but I can check for you.

3 MS. GLADSTEIN: We can research
4 whether or not it's been shown in the
5 Five Year Plan.

6 COUNCILWOMAN BASS: That would
7 be great, because some things came out of
8 nowhere.

9 COMMISSIONER SHAPIRO: I think
10 there's seven counties in the state that
11 participate in the Child Welfare
12 Demonstration Project, and it's a
13 negotiated waiver with the state and the
14 federal government. There are other
15 states that are participating as well.

16 COUNCILWOMAN BASS: Okay.
17 Well, if we could get that information,
18 that would be very helpful because,
19 again, we as Councilmembers, we get a
20 little bit beat up if there's information
21 that's presented at the last minute. And
22 so we need to know why the information
23 was not provided in a more forthright
24 manner to us, if that's the case. If
25 you're telling us it's something

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2 different, we'd like to know and be able
3 to clarify that as well.

4 MS. GLADSTEIN: Right. I think
5 we'll be able to share with you how it
6 was referenced in previous Five Year
7 Plans.

8 COUNCILWOMAN BASS: When will
9 we have that information?

10 COMMISSIONER SHAPIRO: We can
11 get it to you this week, Councilwoman.

12 COUNCILWOMAN BASS: That would
13 be great. Thank you very much.

14 Councilman Greenlee.

15 COUNCILMAN GREENLEE: Thank
16 you, Madam Chair.

17 Good afternoon. Commissioner,
18 you said in your written testimony, on
19 Page 2 you talk about working with the
20 Casey Family Programs to improve moving
21 families to permanency. You talk about
22 trying to eliminate barriers. Can you
23 get into that a little bit, like what
24 some of those barriers are. What have
25 you done so far to be able to deal with

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2 that?

3 COMMISSIONER SHAPIRO: Sure.

4 So we've just in the past few weeks, we
5 began to meet regarding these Rapid
6 Permanency Reviews, and what we've done
7 so far is, we've put together a team of
8 folks who are going to be planning this
9 process and we're going to be using data
10 to figure out which cases we should be
11 following up with, and then we will hold
12 case meetings with the staff that are
13 working on the cases and we'll be
14 reviewing them.

15 Some of the kinds of cases
16 we'll be looking at -- and this is really
17 designed to look at those children who
18 are very close. So, for example, if the
19 parental rights have already been
20 terminated and there may be some
21 paperwork that's missing that needs to be
22 filed or there may be a review that needs
23 to be done. And so what we'll do is
24 we'll review the case with the team and
25 we'll say, Okay, we need to make sure

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2 this is done within this amount of time
3 and -- we're not trying to review the
4 entire case. We're really just trying to
5 see what it's going to take to get to
6 Point A to the actual safe closure,
7 whether that's reunification or adoption.
8 We're going to look at children who are
9 currently in placements, for example, who
10 are going home overnight, for example, on
11 the weekends with their parents. And so
12 if they're able to safely be with their
13 parents on the weekends, perhaps we can
14 figure out what is the impediment to
15 moving them home safely maybe with other
16 supportive services but not having to
17 have them remain in placement.

18 COUNCILMAN GREENLEE: And I
19 just wonder if -- the reason I bring that
20 up, barrier of problems, because you also
21 in the next paragraph talk about the
22 staffing levels and how many families are
23 with each case manager. Is that
24 connected? Is that sometimes because of
25 the volume, they just can't -- stuff

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2 can't move fast enough?

3 COMMISSIONER SHAPIRO: Yes.

4 COUNCILMAN GREENLEE: That
5 paperwork you're talking about?

6 COMMISSIONER SHAPIRO: Yes. So
7 I think there are two reasons why we
8 slowed down on our permanencies. One is
9 that any time you move from one case
10 manager to another, there is an inherent
11 slowdown in permanency, because it takes
12 time for the new case manager to bring
13 herself up to speed to be able to
14 confidently make a recommendation for
15 permanency, reunification or adoption.

16 Also I think the high caseloads
17 at the CUAs are likely affecting
18 permanency and that case managers are
19 asked to do a lot. And so what I think
20 we need to do is really bring down that
21 number safely by doing a lot of the work
22 that we've been doing in terms of the
23 reform effort, looking -- getting that
24 technical assistance, looking at the
25 cases that need to be closed, but also

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2 investing in bringing the caseloads down
3 to a one-to-ten ratio as opposed to
4 funding them at a one-to-13 ratio.

5 COUNCILMAN GREENLEE: And just
6 my last question. Again, connecting with
7 what you just said, you also talk about
8 reducing staffing turnover at the CUAs.

9 COMMISSIONER SHAPIRO: Yes.

10 COUNCILMAN GREENLEE: And I
11 know we're going to hear something about
12 that, I think, from other people who
13 testify, but I know that was always -- we
14 used to hear that problem of turnover
15 with DHS, yet there's some evidence that
16 staffing turnovers at the CUAs are much
17 higher. Is that accurate?

18 COMMISSIONER SHAPIRO: That is
19 correct. There has been a lot of
20 turnover at the CUAs. We are working to
21 address that by providing technical
22 assistance, making sure folks are feeling
23 like they're adequately trained. A lot
24 of the work that -- we tried to give the
25 CUAs flexibility within their current

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2 budgets to switch positions around, to
3 allow them to hire more case-carrying
4 workers. However, I think that if we
5 bring down the caseload and we pay for
6 that one to ten, it will -- it is my
7 expectation it will reduce turnover.

8 COUNCILMAN GREENLEE: Maybe
9 this isn't a fair question, but I have to
10 ask you. Is it fair to say that maybe
11 some of these CUAs weren't ready?

12 COMMISSIONER SHAPIRO: I think
13 this is hard work. I think that we've
14 been working with them hand in hand. We
15 have -- at the same time we moved and did
16 this system transformation, we had 28 new
17 pieces of legislation pass the front
18 doors. Cases kept coming through the
19 front door. I think they were expecting
20 to have lower caseloads. We expected
21 them when we planned this, we thought
22 that we would be a smaller system. We
23 had been steadily declining prior -- from
24 2008, we were declining. We reached
25 4,100 children in care at the time we

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2 opened the first CUA, and we expected
3 that number to go down, but instead it
4 went up. And so at the same time,
5 everything was changing, you know.

6 They were trying to learn the
7 work, and it's hard work. I think we're
8 doing our best. I think we're partners
9 in this work. The state has been a
10 partner with us to help us. We're
11 working on making sure that folks are
12 adequately trained. We've created a
13 Steering Committee with PA DHS,
14 Philadelphia DHS, and the CUAs to figure
15 out -- to make sure that we understand
16 the needs, the training needs, of all our
17 staff so that we can improve our
18 practice, and I think we will.

19 COUNCILMAN GREENLEE: Okay.
20 All right. Thank you. Thank you,
21 Commissioner.

22 Thank you, Madam Chair.

23 COUNCILWOMAN BASS: Thank you.

24 I think that just going back to
25 Councilman Greenlee's question, which was

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2 were the CUAs ready, did we have some
3 CUAs who were not ready when we rolled
4 out this program? And I'm not blaming
5 you. I know that you weren't the
6 Commissioner when it happened, but I
7 think that it's pretty clear now, at
8 least in my opinion, that we had -- that
9 this system is not the most efficient and
10 effective system, despite the fact that
11 our numbers are increasing. And so you
12 said we started out with 4,100 cases?

13 COMMISSIONER SHAPIRO: Yes.

14 COUNCILWOMAN BASS: So how many
15 cases are we at now?

16 COMMISSIONER SHAPIRO: So we
17 have approximately 6,100 children in the
18 legal custody of DHS in placement, yes.

19 COUNCILWOMAN BASS: It is a
20 significant increase.

21 COMMISSIONER SHAPIRO: It is.

22 COUNCILWOMAN BASS: But at the
23 same time, we would expect that the CUAs
24 would already be ramped up to handle what
25 they have and then be able to adjust for

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2 increases, decreases, whatever the
3 situation may be, that there would be
4 some fluidity that they would be able to
5 manage whatever the conditions are,
6 because we can't predict these things.
7 We think that the trend is that they're
8 going down, but as you can see, the trend
9 was going down and then it went right
10 back up. So we need to make sure that
11 the CUAs are ready and prepared. And I
12 think to answer the Councilman's question
13 is that they probably were not prepared.
14 And that's not all, but I'm assuming that
15 there are some who operate more
16 efficiently than others, as with
17 everything.

18 COMMISSIONER SHAPIRO:

19 Absolutely.

20 MS. GLADSTEIN: Could I address
21 that question?

22 COUNCILWOMAN BASS: Absolutely.

23 MS. GLADSTEIN: I think it
24 really obviously is a shared
25 responsibility.

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2 COUNCILWOMAN BASS: Certainly.

3 MS. GLADSTEIN: And it was

4 DHS's responsibility to ensure that the
5 CUAs were ready and to transfer cases
6 accordingly. We're not going to rewrite
7 history, but I think it was done in a
8 very rapid -- it was done very quickly in
9 terms of the rollout and then again these
10 external factors in terms of the changes
11 in the reporting laws and the increase in
12 size. So I think with the benefit of
13 hindsight, we probably would have tried
14 to slow down the transfer, but I'm
15 uncomfortable to state simply that the
16 CUAs were not ready, because I also think
17 it was the responsibility of DHS to help
18 make sure the CUAs were ready.

19 COUNCILWOMAN BASS: I think so
20 too. I think it is shared
21 responsibility. I'm glad you're stepping
22 up to the plate and acknowledging that
23 DHS has a role in this and that the
24 rollout and the implementation just
25 really was not what it should be to

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2 protect our most vulnerable citizens. So
3 I appreciate your candor on that.

4 Councilwoman Gym.

5 COUNCILWOMAN GYM: Thank you so
6 much, Madam Chair, and I think that, you
7 know, to Commissioner Shapiro and Eva
8 Gladstein, you know, one of the things I
9 appreciate about the Chair today holding
10 the hearing is, we're trying to enter
11 this into understanding that this is a
12 complicated system. We have to
13 understand it better. We're doing an
14 inquiry-based approach towards this and
15 collaboratively trying to come to
16 solutions.

17 I want to assure social workers
18 in the City that they shouldn't be afraid
19 or fearful and that we're trying to get
20 to a place where we can find solutions
21 and not operate from a place of fear for
22 individuals who are really struggling
23 with this.

24 One of my questions has to do
25 with caseload a little bit. So I know

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2 that DHS is moving back down from --
3 considering moving back down from 13 to
4 ten, but how many children would that
5 actually entail on average?

6 COMMISSIONER SHAPIRO: It
7 depends on how many children are in a
8 family, and I think we've done -- looked
9 at our numbers to say it's like between
10 two and two and a half kids on average
11 per family. But I will be very
12 forthright and tell you that there are
13 some families that have ten children and
14 some that have seven or five.

15 COUNCILWOMAN GYM: So if a
16 family or if the caseload is allocated
17 according to family as opposed to total
18 children in there, then a caseworker
19 could end up with 30 or more children
20 under their care?

21 COMMISSIONER SHAPIRO: Yes.

22 COUNCILWOMAN GYM: And do you
23 feel like that meets basic standards that
24 are being promoted nationally in terms of
25 quality of care even if we go down to the

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2 ten families?

3 COMMISSIONER SHAPIRO: So I
4 believe that we should be servicing the
5 family unit as a whole. So I --

6 COUNCILWOMAN GYM: I agree with
7 you.

8 COMMISSIONER SHAPIRO: I
9 support assigning cases as a family, not
10 obviously splitting families or looking
11 at it in terms of numbers of kids. But I
12 do believe that the caseloads should be
13 lower, and when cases are assigned, I
14 think that staff or supervisors can look
15 at numbers of children on particular
16 workers' caseloads. They can look at
17 complexity of cases, because some are
18 more complicated than others. Some
19 families have more issues to address than
20 others.

21 So I do support using families
22 as the number. I do think that we need
23 to bring it down from 13.

24 COUNCILWOMAN GYM: Right. But
25 if we bring it down to the maximum

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2 caseload of ten, I mean, is there a
3 consideration that you can use families
4 and/or children to reach your maximum
5 caseload? So either ten families or 15
6 children, and you could serve ten
7 families as long as they fall below a
8 particular number of children, but that
9 we're not wedded to specific limits that
10 bring -- or specific units that
11 potentially expose people to an overload
12 of cases that may spin out of control.

13 COMMISSIONER SHAPIRO: So that
14 is something that we could consider. We
15 have not been looking at it that way. We
16 originally funded the CUAs on one to ten
17 and had to make a change to make it to
18 one to 13. And so we've definitely been
19 focused on getting back to one to ten,
20 but I would be happy to look at some kind
21 of combination, but keeping it with the
22 family, not splitting families up between
23 case managers.

24 COUNCILWOMAN GYM: And I do
25 want to be careful that I certainly don't

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2 want to push any kind of thing out from
3 City Council, and I think by -- on that
4 specific of a level, unless it's fully
5 embraced by the broader community.

6 COMMISSIONER SHAPIRO:

7 Understood. But we should look at it.
8 We are not in a place where -- we need to
9 look at everything, and that's really
10 what we've been trying to do since
11 January, is kind of take a step back and
12 look at all the pieces of our system, all
13 the decision-making points to see if we
14 have things that are inherent to us
15 making the system grow. We need to look
16 at every single thing and take a step
17 back, which is part of the reason why the
18 Administration is in the process of
19 selecting an outside evaluator to take a
20 look at the Improving Outcomes for
21 Children system, to meet with
22 stakeholders, to meet with clients, to
23 really figure out are there changes that
24 we need to make, because we did move the
25 CUAs along quickly, and the child welfare

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2 in Philadelphia really changed a lot over
3 the past three years. So we can't just
4 rest on our planning that we did before
5 2013. We need to kind of take a look and
6 see what changes need to be made that
7 will be most helpful to the people that
8 we serve.

9 COUNCILWOMAN GYM: And the
10 independent evaluator kind of brings me
11 to my next question, which is a little
12 bit about the communication lines between
13 DHS and the broader community of
14 families, and I know that you have a
15 massive system, first of all. So I'm
16 very conscious of that. But I know you
17 have an independent evaluator who is
18 going around. Are there any vehicles
19 that DHS is using independent of the
20 evaluator to bring in the voices of
21 either the CUAs, social workers, foster
22 care families and others who are engaging
23 with the system? I don't want to
24 overburden you obviously, but just
25 wondering if there are ways that entities

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2 are able to communicate more directly
3 with DHS and whether that feels like
4 that's useful at this point at all.

5 COMMISSIONER SHAPIRO: Sure.

6 So, for example, I just recently met with
7 our provider leadership. So I'm
8 definitely out meeting with the
9 providers. I've been out in the
10 community meeting with foster parents,
11 meeting with City residents. But also
12 the whole core of IOC is really to give
13 families a voice in the process and
14 really valuing the fact that families
15 know what they need. And so part of the
16 IOC process is the teaming, the family
17 team conferencing. So we have family
18 team meetings basically that are held
19 every 90 days and at key decision-making
20 points for families to come to the table
21 and to take part in helping make the plan
22 that will basically get them out of the
23 child welfare system safely. Those
24 teaming are held in the community. So
25 we're not bringing -- it's not always you

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2 have to come downtown. We hold them in
3 the neighborhoods.

4 We very much value the role and
5 voice of the family as well as our older
6 youth. So our older youth, we're also
7 making sure that they participate in
8 their planning and their transition
9 planning to adulthood.

10 COUNCILWOMAN GYM: And just for
11 clarity, I was also talking about like
12 some of the CUAs and the social workers.

13 COMMISSIONER SHAPIRO: Sure.

14 COUNCILWOMAN GYM: And some of
15 the employees who are or have seen the
16 system kind of go through these drastic
17 changes. And I know that a number of
18 them have expressed a real hunger to be
19 able to talk a little bit more openly and
20 directly with some of the DHS leadership
21 about it and whether there's any vehicles
22 to be able to do that.

23 COMMISSIONER SHAPIRO: So I
24 don't have -- there's no standing vehicle
25 for me to speak with the CUA staff. I've

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2 been in this position a short time. My
3 predecessors have definitely been out to
4 meet with staff at the CUAs. The
5 community -- in terms of hearing from the
6 community, each CUA has its own Community
7 Advisory Board, so where community
8 members can weigh in on what they feel
9 that they need their CUA to do or to
10 focus on in terms of community presence.

11 Obviously I meet with the
12 unions and we have regular
13 labor-management meetings, and so we do
14 discuss issues of concern to the staff in
15 that forum. And I also meet -- I
16 personally meet with the CUA executive
17 directors -- I mean, the CEOs monthly,
18 and my leadership team meets with the CUA
19 directors every other week.

20 COUNCILWOMAN GYM: Well, I
21 appreciate it. I mean, one of the things
22 that I think is very difficult is as we
23 move towards solutions, I think it's
24 important to figure out ways so that it's
25 not a directional type of process of or

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2 linear, that we try to figure out
3 multiple vehicles for people to
4 communicate. It's such a complicated
5 system. People experience it in
6 massively different ways, and it is, I
7 think, challenging to figure out a path
8 forward, but I know that it helps a lot
9 when people feel like they're being heard
10 through this.

11 The last question I had was a
12 little bit about placement and the rapid
13 increase in placement, and in part I
14 guess I'm wondering whether across the
15 state and maybe with comparable cities
16 that are as large as ours, like
17 Pittsburgh or Allegheny County or
18 something like that, as the regulations
19 changed whether they too saw an
20 incredibly high spike in the amount of
21 placements for children.

22 COMMISSIONER SHAPIRO:

23 Particularly with Allegheny County, I'm
24 aware, and I think that would probably be
25 the closest comparison to us, although we

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2 are so much larger than Allegheny County
3 and obviously I think have a higher
4 poverty rate. They did not -- although
5 they saw an increase in the number of
6 reports and investigations, they did not
7 see the same rise in the number of
8 placements or accept for service.

9 COUNCILWOMAN GYM: Did they see
10 a rise in placements at all?

11 COMMISSIONER SHAPIRO: I don't
12 think so.

13 MS. GLADSTEIN: I believe not.

14 COUNCILWOMAN GYM: Did they
15 decline actually?

16 COMMISSIONER SHAPIRO: I don't
17 want to misspeak, but I'm pretty sure
18 they did.

19 MS. GLADSTEIN: I mean, I
20 haven't spoken to them directly. I've
21 read that they have. Just for
22 clarification, they have a different
23 structure in Allegheny County in that
24 their child welfare system is embedded
25 within the Department of Human Services

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2 that also includes their behavioral
3 health services, their child care subsidy
4 services, and a lot of the other supports
5 for families. So there's a lot more
6 flexibility in terms of how they serve
7 and support families in need.

8 COUNCILWOMAN GYM: Okay. And
9 are they outsourced? They're not
10 outsourced like we have here?

11 COMMISSIONER SHAPIRO: They use
12 private providers, yes.

13 COUNCILWOMAN GYM: At the level
14 that we do?

15 COMMISSIONER SHAPIRO: Not in
16 the structure like we do, no.

17 But I want to say that that's
18 why we're trying to do a lot of the work
19 now in terms of kind of realigning our
20 prevention services and really taking a
21 look. We need to focus on sort of why we
22 grew. So we need to look at both the,
23 what we call, the front door, cases
24 coming in, but it's also about making
25 sure cases leave timely too. So we had

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2 sort of a problem at both sides, and I
3 think that's why we saw such high
4 numbers. I think we're doing the right
5 things to correct that, though.

6 COUNCILWOMAN GYM: That's
7 great. And it is helpful to hear that.
8 I think it is helpful to know that not
9 everybody is seeing that same kind of
10 spike despite the numbers and if there's
11 a way that we can learn those lessons
12 from others.

13 I also want to thank you,
14 Ms. Shapiro, for taking on --
15 Commissioner Shapiro rather, for taking
16 on a very difficult task at this time.
17 You know, the City needs leadership on
18 this issue. I know there's a lot of
19 scrutiny and a lot of pressure, but we're
20 trying to figure something out, and we
21 would support fully -- I know that our
22 city needs to be heavily invested in
23 having a permanent Commissioner, but we
24 thank you for your service during this
25 important time period.

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2 COMMISSIONER SHAPIRO: Thank
3 you. I appreciate that.

4 COUNCILWOMAN GYM: Thank you,
5 Madam Chair.

6 COUNCILWOMAN BASS: And before
7 we go to Councilman Green, I just had one
8 quick question, which was if you could
9 give me an idea -- there were two young
10 men, young boys, I should say, who were
11 at 1515, were told they were going to be
12 put into placement and who ran away,
13 according -- this was according to
14 newspaper reports within the last month
15 or so. Can you give us an update on
16 that. What date did that happen and
17 what's the status of that situation?

18 COMMISSIONER SHAPIRO: So I
19 can't comment on particular cases due to
20 confidentiality laws, but I can say that
21 there are times when children don't want
22 to go to placement.

23 COUNCILWOMAN BASS: Sure.

24 COMMISSIONER SHAPIRO: And they
25 may be looking for their family members.

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2 But we have to do everything we can to
3 work with them, to explain situations.
4 We have social workers that talk to our
5 children. Sometimes we'll bring family
6 members in to kind of ease the trauma of
7 being placed, because it is extremely
8 traumatic. No matter how much work we
9 do, it's still always going to be
10 traumatic. And we work with the police,
11 and we oftentimes, depending on if
12 children run and can't be found, we even
13 will hire private investigators and we
14 find kids. We do everything we can. We
15 want to make sure that kids are safe. So
16 I hope that --

17 COUNCILWOMAN BASS: Can you say
18 if the reporting was accurate?

19 MS. GLADSTEIN: I will say that
20 I remember that there were facts that
21 were either omitted from that story or
22 seemed not to jive completely with the
23 situation.

24 COUNCILWOMAN BASS: Okay. So
25 not completely factual; is that what

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2 we're saying here?

3 MS. GLADSTEIN: That's my
4 belief.

5 COUNCILWOMAN BASS: In your
6 opinion, it was not reported accurately?

7 MS. GLADSTEIN: Correct.

8 COUNCILWOMAN BASS: Okay. Can
9 you say if the young people are safe?

10 COMMISSIONER SHAPIRO: I
11 actually would have to check. I don't
12 remember this particular case, so --

13 MS. GLADSTEIN: We can check.

14 COMMISSIONER SHAPIRO: We can
15 check. I don't remember the particular
16 case off the top of my head.

17 COUNCILWOMAN BASS: Because I
18 think that's something that -- there was
19 no closure in terms of what was reported.

20 COMMISSIONER SHAPIRO:
21 Understood.

22 COUNCILWOMAN BASS: So I think
23 a lot of people --

24 COMMISSIONER SHAPIRO: I will
25 try and track it down and provide

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2 information in the way that I can that
3 doesn't violate someone's
4 confidentiality.

5 COUNCILWOMAN BASS: Because as
6 far as many of us know, they're still
7 being sought. So if that's not the case,
8 just for some closure on this particular
9 matter, I think it would be very helpful.

10 COMMISSIONER SHAPIRO: I
11 understand.

12 COUNCILWOMAN BASS: And can you
13 also give us some idea what date did that
14 happen on? What was the date?

15 COMMISSIONER SHAPIRO: I'm
16 sorry. I don't remember.

17 COUNCILWOMAN BASS: Is there
18 anyone who knows, anyone on the team who
19 would know what date that happened? Or
20 we can have someone look it up.

21 COMMISSIONER SHAPIRO: I'll
22 have to get back to you. I'm sorry. I
23 don't have that information.

24 COUNCILMAN TAUBENBERGER: I
25 have a question, a point of information

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2 just on this.

3 Two things. One, I mean, that
4 is a major failure of a situation the way
5 it's described. I understand privacy and
6 that sort of thing, but two children in
7 your care running away. I mean, I think
8 the people, particularly that you're
9 reporting to, ought to know about it. At
10 least protecting privacy, I understand
11 that, but running away -- and I would
12 also like to know if they're safe or not.

13 COMMISSIONER SHAPIRO: Okay.

14 COUNCILMAN TAUBENBERGER: I
15 don't want their names. I don't want
16 anything further.

17 COMMISSIONER SHAPIRO:
18 Understood. I will follow up and get --

19 COUNCILMAN TAUBENBERGER: And I
20 think that's something I would like
21 shared with the whole Committee.

22 COMMISSIONER SHAPIRO: Sure. I
23 will follow up.

24 COUNCILMAN TAUBENBERGER: Thank
25 you very much.

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2 COUNCILWOMAN BASS: Absolutely.

3 And I think there's agreement
4 from the entire Committee. If we could
5 have that information before the close of
6 this hearing, that would be helpful.

7 COMMISSIONER SHAPIRO: I'll
8 try.

9 MS. GLADSTEIN: We'll work on
10 that while the hearing goes on.

11 COUNCILWOMAN BASS: Great.

12 And Councilman Green.

13 COUNCILMAN GREEN: Thank you,
14 Madam Chair.

15 Good afternoon, Ms. Shapiro. I
16 just had a question. You said that the
17 last time that DHS had a provisional
18 license was in 2008-2009. Was that as a
19 result of the Danieal Kelly situation?

20 COMMISSIONER SHAPIRO: That was
21 subsequent to Danieal Kelly's death and,
22 yes, it was a result of the subsequent
23 grand jury investigation and everything
24 else.

25 COUNCILMAN GREEN: That's what

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2 I thought, and I think as I -- because
3 I've had an opportunity to observe the
4 transition of the child welfare system
5 into the CUA process for some time from
6 my previous role in working with
7 Councilwoman Tasco, who was Chair of
8 Public Health and Human Services. And I
9 looked at the system and I make some
10 analogies to what I see in the current
11 education system between the dynamic
12 between the School Reform Commission,
13 charter schools, and the PFT, because
14 there was a desire to make a change in
15 how we do public education. Although I
16 think all parties have the best interest
17 of the child at heart, there was a change
18 in how we deliver education, and that's
19 caused quite a bit of tension between
20 those various entities as well as between
21 various parties in Harrisburg. And I
22 think under the previous Administration,
23 because of a desire to make a change in
24 reference to the impact and the outcome
25 of the Danieal Kelly situation, there's a

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2 feeling of doing things differently, and
3 in that desire to do things differently,
4 there was a decision to go into this CUA
5 framework. But my concern is that we
6 don't repeat what I'm seeing in the
7 education system in the child welfare
8 system. And I am happy to hear that when
9 you made the statement earlier about
10 looking at everything, that your
11 approach, from my observation, is
12 different than what I've seen in previous
13 Commissioners and willing to have a
14 better relationship both with the CUAs
15 and also District Council 47. And
16 Councilwoman Gym talked about
17 communication with the community. I know
18 the CUAs have advisory boards, and there
19 was a discussion earlier about DHS's
20 communication with labor-management as
21 well as the communication between DHS and
22 the CUAs. However, has there been a
23 thought of having a conversation or a
24 formal process of bringing both the CUAs
25 and 47 and DHS together in a

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2 collaborative way to talk about these
3 issues in reference to child welfare?
4 And the reason why I think that's
5 important, because when I reflect on when
6 we had the Blue Ribbon Commission as a
7 result of the Danieal Kelly situation, we
8 had multiple people in the room, multiple
9 providers, advocates from all over the
10 spectrum involved in child welfare,
11 looking at a lot of different dynamics.
12 And I think the fact of having both labor
13 as well as management, DHS as well as the
14 CUAs in some type of formal process where
15 all can work together in a more
16 collaborative way and at least a
17 communication perspective to discuss how
18 things are occurring in reference to
19 cases and the provision of care, I think
20 that would be something very important,
21 so we don't get into the same situation
22 that we had in the education system where
23 we have this strong lack of communication
24 between both SRC, Philadelphia Federation
25 of Teachers, and charter schools.

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2 So I wanted to get your
3 perspective on that thought in reference
4 to that type of conversation.

5 COMMISSIONER SHAPIRO: So I
6 think your point is an excellent one, and
7 that is something that I'm trying to do.
8 We are one child welfare system. We
9 shouldn't be DHS and the CUAs.
10 Ultimately DHS is responsible for the
11 delivery of social services and for child
12 protection in this city. However, we
13 need to make sure that we work together
14 as a community. So we have done some
15 informal communication between City staff
16 and CUA staff and parents in our model of
17 what are called Parent Cafes where
18 parents -- these are actually where
19 parents come together to share parenting
20 challenges. So we've done some
21 interaction between CUA staff and City
22 staff in that sort of informal setting,
23 but one of the things that we're going to
24 be rolling out over the summer is to
25 begin to do more meetings with our CUA

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2 supervisors and our DHS supervisors so
3 that we can kind of work on some of the
4 practice issues that go from the front
5 end to the ongoing case service delivery
6 so that we can work together.

7 We have also done, since I've
8 become Commissioner, done some meetings
9 with CUA management and DHS management.
10 Particularly I was really focused on the
11 child care room, because I wanted folks
12 to understand the importance of not using
13 the child care room for overnight stays.
14 But it was really good for us to see the
15 staff kind of working together and to
16 figuring out barriers and challenges.
17 And so we are going to be doing more
18 opportunities like that. We need to make
19 sure that we have opportunities for our
20 CUA case managers and have DHS social
21 work services managers to do that, and
22 that would be something that I would
23 recommend to the formal permanent
24 Commissioner when he or she is appointed.

25 COUNCILMAN GREEN: Well, I

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2 mean, I think that's good having those
3 conversations between DHS staff and CUAs
4 and also the supervisors and other
5 employees within DHS, but I think we also
6 don't want to leave out the leadership of
7 47 in that regard, because there may
8 be --

9 COMMISSIONER SHAPIRO:

10 Absolutely.

11 COUNCILMAN GREEN: Because

12 there may be opportunities when staff may
13 or may not be able to provide the
14 information, where at a macro level
15 District Council 47 has that type of
16 perspective, a larger perspective, some
17 things they're hearing from their
18 members, and I think having that ongoing
19 conversation -- because I believe from my
20 experience there are things that labor
21 may see that management may not see and
22 vice versa, because they come from
23 different perspectives. And then when
24 you also have the CUAs as well, all
25 parties are interested in providing the

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2 best care for children. I think at times
3 people have different perspectives on how
4 that care is provided, and sometimes some
5 of the complaints I've heard from parties
6 from a labor perspective or from a CUA
7 perspective or DHS are somewhat similar,
8 just coming from different perspectives.
9 That's why I think having that means of
10 communication is a way of trying to
11 ultimately provide better care for the
12 children in our child welfare system in
13 the City. And I think that's something
14 that sometimes that for whatever reason
15 we as a city don't do that because we're
16 in different silos, where you're over
17 here, I'm over here, but we sometimes
18 lose the perspective that the child in
19 this situation is the most important
20 person regardless of what your prism is
21 coming from.

22 So I think because of your
23 perspective of looking at everything,
24 which is a different perspective than
25 I've seen in other Commissioners,

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2 provides a real opportunity to kind of
3 start that conversation and continue that
4 conversation in a more formal way, so
5 that way, we can really look what's best
6 for the child.

7 COMMISSIONER SHAPIRO: I
8 appreciate the suggestion, and I 100
9 percent agree. I think it would be a
10 good idea.

11 COUNCILWOMAN BASS: Thank you,
12 Councilman.

13 Just a couple other questions.
14 So my staff looked up the two young men
15 who were missing, and it was reported in
16 the local press on May 17th. I know you
17 received notice of the license's
18 downgrading on May 16th and then on May
19 26th, that's when the placement at 1515
20 stopped or the overnight at 1515 stopped.
21 And so I'm asking just to be on the
22 record, was there any connection between
23 any of these events, the fact that these
24 young men ran away from 1515 on the 17th,
25 that the license was downgraded? Was

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2 that connected to the runaway situation
3 and then the decision no longer to
4 operate overnight at 1515?

5 COMMISSIONER SHAPIRO: So, no,
6 I do not believe it was connected at all.
7 I just want to be clear that we have been
8 actively trying to stop the use of the
9 child care room. It wasn't that we just
10 decided on May 26th. It was on May 26th
11 was the last -- May 25th was the last
12 night that we had a child. So we have
13 been trying to rectify the situation, and
14 we've seen enormous progress over the
15 past two and a half weeks.

16 But, no, I don't believe that
17 the issues were connected at all.

18 COUNCILWOMAN BASS: How long
19 have we been using 1515 as an overnight
20 location?

21 COMMISSIONER SHAPIRO: Years.

22 COUNCILWOMAN BASS: For many
23 years?

24 COMMISSIONER SHAPIRO: Yes.

25 COUNCILWOMAN BASS: I know that

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2 you all have been working very hard, I'm
3 sure, to find additional placement, but
4 it is, as you would imagine, a little bit
5 unbelievable that suddenly we would be
6 able to rectify the entire situation when
7 it's something that's been going on for
8 years and suddenly the license is
9 downgraded and now we can all of the
10 sudden fix the situation.

11 Please state your name for the
12 record.

13 MS. ALI: Yes. I'm Kimberly
14 Ali. I'm the Chief Implementation
15 Officer for Improving Outcomes for
16 Children.

17 So in addition to some of the
18 things that the Commissioner indicated in
19 terms of our improvements around ensuring
20 that young people did not stay in our
21 child care room, I think the major change
22 was really a cultural change that
23 happened with our staff, and that
24 occurred because staff -- typically when
25 a young person would come in, if they

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2 came into the child care room after 10:00
3 p.m., 11:00 p.m. or so, staff routinely
4 will put them to bed, particularly if
5 they were young kids. We have made a
6 commitment, no matter what time the young
7 person comes in, that we need to work and
8 work aggressively to make sure that young
9 person goes to the placement. It is not
10 going to be tolerated. It's expected
11 that staff continue to work diligently.

12 So we always had 24-hour staff.
13 So whether a young person comes in at
14 4:00 p.m. or 4:00 a.m., we expect them to
15 work aggressively to make sure that young
16 people move. So in addition to
17 increasing the emergency foster care
18 beds, the increasing the emergency
19 shelter beds, the expanding group home
20 and foster care beds, we also had to do a
21 cultural change as well.

22 COUNCILWOMAN BASS: So you
23 understand my line of thinking, though?

24 MS. ALI: Yes.

25 COUNCILWOMAN BASS: Okay. I

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2 just want to make sure it's not just me.

3 MS. ALI: I do.

4 COUNCILWOMAN BASS: So all of
5 the sudden, we go from a system that has
6 been in place for years, and I'm assuming
7 that the cultural shift didn't start as
8 soon as we noticed -- or as soon as we
9 received notification from the state that
10 the license was going to be changed to
11 provisional.

12 COMMISSIONER SHAPIRO: Not at
13 all.

14 COUNCILWOMAN BASS: That this
15 was something that happened that was
16 planning to happen or was a goal for
17 many, many years.

18 MS. ALI: Absolutely.

19 COUNCILWOMAN BASS: But that it
20 did not occur until shortly thereafter
21 you were notified by the state that the
22 license was going to become provisional.

23 MS. ALI: For example, when the
24 Commissioner indicated that we added an
25 additional shift, so a shift between 4:00

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2 p.m. and 12:00 a.m., in which we had
3 Central Referral Unit staff -- and they
4 are our DHS staff -- who actually search
5 for placement, they actually started
6 those roles in October of 2015. So the
7 reason why we added that shift is for
8 that very reason, because we did not want
9 young people to spend the night. So we
10 believe in addition to that shift -- so
11 we have a supervisor as well as workers
12 that are on staff, and their role is to
13 make sure that young people move out.
14 Our goal is always before midnight.
15 However, if young people come in --
16 again, the Commissioner indicated that we
17 had a young boy who came in 1 o'clock
18 this morning. So prior, if we were
19 talking about the summertime, for
20 example, of last year, that
21 seven-year-old boy would have been put to
22 bed at 1:00 in the morning. We put him
23 to bed, but while we put in bed, we were
24 calling and going through his cell phone
25 to locate his maternal grandmother, and

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2 he would up leaving at 3 o'clock in the
3 morning.

4 COMMISSIONER SHAPIRO: And we
5 transported him at 3 o'clock to his
6 grandmother's.

7 COUNCILWOMAN BASS: Very good.

8 Can you give us some sense --
9 and this might be something you have to
10 provide to us either at the close of the
11 hearing or at a later date. If you could
12 give us some sense of what the overnight
13 stays -- the number of overnight stays
14 were in sort of -- to give us some sort
15 of an idea of what the trend was. So
16 what were the highs, what were the lows,
17 and were we trending downward when this
18 change occurred. Because let's say if
19 we're trending downwards -- and so from
20 this year, I know you said it was one to
21 three, but let's just say in April, it
22 became once a week or twice a week, and
23 so that you can see that it's sort of
24 sputtering off and that it's coming to a
25 close, then that would explain it, but if

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2 the numbers are still pretty much along
3 the same lines, it's really hard to
4 imagine, especially as you mentioned,
5 Commissioner, that the numbers of
6 placements are increasing, it's hard to
7 imagine that all of the sudden we would
8 no longer need to do this service, these
9 overnight stays, even with the additional
10 outreach to family.

11 COMMISSIONER SHAPIRO: So while
12 I have a list of every child and every
13 night, I think it would be better if I
14 took the time to group them. So I could
15 tell you by week or by month. I could
16 work with my staff to get you a better
17 layout of the data.

18 COUNCILWOMAN BASS: That would
19 be great.

20 COMMISSIONER SHAPIRO: Because
21 I don't think it would be helpful for me
22 just to recite.

23 COUNCILWOMAN BASS: If you
24 could provide it to us in writing, to the
25 Committee, that would be great.

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2 COMMISSIONER SHAPIRO: I would
3 be more than happy to do so, because I
4 have it all.

5 COUNCILWOMAN BASS: Thank you.

6 And can you also talk to us
7 briefly about the fact that Philadelphia
8 operates with a dual system, with both
9 CUAs and also DHS staff. So it's sort of
10 like you have two parallel systems, or so
11 it seems, if you could explain how that
12 works, why is it, and it seems as if it's
13 counter to what we're trying to do with
14 the CUAs.

15 COMMISSIONER SHAPIRO:
16 Actually, the change that we made to the
17 CUA system was really designed to be more
18 friendly for the families and more
19 appropriate. So what happened was, in
20 the old system, folks would have a DHS
21 case manager as well as a private
22 provider case manager, and both of those
23 case managers would be working with the
24 family. They would have a plan from DHS,
25 which was called the Family Service Plan,

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2 that they would have to follow. And then
3 they would also have a plan from the
4 private provider called an Individual
5 Service Plan. And a family may have
6 children in different levels of service,
7 so they might have one in a group --
8 child in a group home and a child in a
9 foster. So families had a lot of people
10 coming in and out of their house, a lot
11 of plans to follow. And so the idea
12 behind IOC is that each family would have
13 only one case manager and one plan to
14 follow. So really -- so it would
15 streamline the process for families. It
16 was designed to get families -- is
17 designed to get families more involved in
18 the process. It was designed to be more
19 efficient.

20 I think that we learned a lot
21 from Danieal Kelly and the way our system
22 was before, that there were lots of
23 people doing lots of different things,
24 but no one was really kind of steering
25 the ship. So that's really what the case

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2 manager is supposed to do, is to work
3 with all the professionals involved, but
4 they are the one case manager. So the
5 mantra is one case manager, one family,
6 one plan.

7 COUNCILWOMAN BASS: Okay.

8 MS. GLADSTEIN: If I could also
9 address that. When you speak about a
10 dual system, there were certain roles and
11 responsibilities that DHS has maintained.
12 They are different than the
13 responsibilities of the CUAs. So that
14 the intake and investigation role, the
15 initial placement of the child, the
16 transfer to the CUAs all remain at DHS.
17 In addition, responsibility for training
18 and technical assistance and monitoring
19 remain at DHS, and then a significant
20 number, but not all, of the financial
21 administration and the invoicing,
22 reconciliation of invoices and invoicing
23 to the state all remain at DHS. So that
24 I don't think anybody here will say we've
25 perfectly figured out all of the roles,

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2 because there are still issues that we're
3 working actively with other stakeholders
4 to resolve in terms of roles, but it was
5 always intended that DHS would have to
6 maintain certain responsibilities, and
7 that the primary responsibilities of the
8 CUAs are managing that single case plan
9 and working with the family. But there
10 are a number of other responsibilities of
11 DHS that are more administrative or
12 financial, training, technical
13 assistance, intake and investigations
14 that remain.

15 COUNCILWOMAN BASS: Okay. Very
16 good. Okay.

17 Councilman Taubenberger.

18 COUNCILMAN TAUBENBERGER: Madam
19 Chair, thank you very, very much.

20 I'm interested in these
21 overnight stays here at 1515 Arch even
22 though they're not going on. Through
23 your own testimony, you said they've been
24 going on for a while before. How do most
25 children get to these overnight stays?

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2 Are they dropped off or are they brought
3 in by --

4 COMMISSIONER SHAPIRO: A
5 variety of ways.

6 COUNCILMAN TAUBENBERGER: Well,
7 please go over them in detail.

8 COMMISSIONER SHAPIRO:
9 Absolutely. So, for example, a child
10 could be found wandering on the street at
11 night by the Philadelphia Police
12 Department and they would bring the child
13 to DHS.

14 COUNCILMAN TAUBENBERGER:
15 Understood.

16 COMMISSIONER SHAPIRO:
17 Oftentimes we'll have an investigator
18 that is out in the field conducting an
19 investigation maybe into the night hours,
20 because, of course, we are open 24 hours
21 a day, and they go out to a scene and
22 there is pending danger and the
23 children -- we seek an emergency order to
24 take the children into our custody, and
25 the social worker will transport the

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2 children back to DHS so that placement
3 can be identified.

4 Sometimes children are ordered
5 into placement at the bar of the court
6 for a safety reason. And so the social
7 worker will bring them back to DHS so
8 they can sit comfortably in the room. So
9 the room is a very child-friendly room
10 with age-appropriate toys. There's a
11 television set. There's games. So it's
12 really sort of a waiting place where
13 young people can come while the staff
14 fill out the paperwork or, for example,
15 while we're looking for kin. We can't
16 just send children to their grandparents
17 house. We have to do criminal and child
18 abuse clearances. And so it's really a
19 place for the young people to wait while
20 we process the paperwork that we need to
21 or make those referrals for placement.

22 Sometimes our young people will
23 already be in placement and they may have
24 a mental health crisis and they have to
25 go to the Crisis Response Center and the

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2 Crisis Response Center will discharge
3 that young person at 11, 12 o'clock at
4 night, and the CUA worker takes the child
5 back down to DHS, and while we try to --
6 maybe the foster parent may not be
7 willing to take them back into their home
8 because of what happened, certain
9 circumstances, and so we have to find
10 another foster home. So there's a
11 variety of ways that kids --

12 COUNCILMAN TAUBENBERGER: And
13 they would be taken to 1515 Arch?

14 COMMISSIONER SHAPIRO: Right.
15 So what I've said is that children, if
16 they're leaving the CRC, rather than
17 bringing them back to the CUA, bring them
18 back to -- so I know where they are in
19 this room where I know it is safe.

20 COUNCILMAN TAUBENBERGER: How
21 many staff people do you have on
22 overnight?

23 COMMISSIONER SHAPIRO: On the
24 overnight?

25 COUNCILMAN TAUBENBERGER: Yes.

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2 COMMISSIONER SHAPIRO: Normally
3 two child care workers and the overnight
4 shift.

5 COUNCILMAN TAUBENBERGER: Two
6 child care workers.

7 COMMISSIONER SHAPIRO: Yes.
8 That's in the room itself.

9 COUNCILMAN TAUBENBERGER: In
10 the room.

11 MS. ALI: Right. But then we
12 have additional staff overnight that
13 actually respond to hotline calls. We
14 have a supervisor that's on staff, so a
15 hotline supervisor that also works
16 overnight as well as --

17 COUNCILMAN TAUBENBERGER: So
18 that's three.

19 MS. ALI: You have DHS social
20 workers as well.

21 COMMISSIONER SHAPIRO: Who are
22 working on the hotline.

23 COUNCILMAN TAUBENBERGER: Are
24 they all sort of in the same area?

25 COMMISSIONER SHAPIRO: The

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2 child care workers are in the room with
3 the children. The hotline staff is on
4 like one or two floors above.

5 MS. ALI: Manning the phone.

6 COMMISSIONER SHAPIRO: Manning
7 the phone.

8 COUNCILMAN TAUBENBERGER: And
9 these two children that escaped or left,
10 was that on an overnight stay?

11 COMMISSIONER SHAPIRO: I have
12 to check the facts of the case. I'm
13 sorry. I don't remember. I don't think
14 it was, though.

15 COUNCILMAN TAUBENBERGER: I'm
16 going to be very blunt here. If they
17 were in your charge and they left,
18 something is critically wrong here.

19 COMMISSIONER SHAPIRO: I'm
20 sorry, sir?

21 MS. GLADSTEIN: Gary is going
22 to...

23 MR. WILLIAMS: Good afternoon.
24 I'm Gary Williams. I'm the Deputy
25 Commissioner for Children and Youth

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2 Division at DHS.

3 And with regard to -- certainly
4 not able to go into great detail.

5 COUNCILMAN TAUBENBERGER: Well,
6 just the details of the facts of somebody
7 leaving that is in your charge.

8 MR. WILLIAMS: Understood.
9 Understood. I just want to go back to
10 the structure really quick and then I'll
11 answer your question.

12 In terms of the staffing
13 complement of child care, we actually
14 have the -- we have untraditional shifts
15 where we have child care staff that
16 actually work from 8:00 to 4:00. Then we
17 have child care staff that come in from
18 11:00 to 7:00. Then we have child care
19 staff that come in from 4:00 p.m. to
20 12:00 midnight, and then obviously we
21 have the overnight staff. That was
22 purposely done to overlap the staffing.
23 So that's the one thing. So at any given
24 time, you could have one, two, three
25 staff members available for child care

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2 purposes.

3 In the event that -- we also
4 have a list of overtime staff that
5 actually can be called in and many times
6 are called in based on the volume of that
7 particular child care room.

8 We have two child care rooms
9 actually, one for the older youth and one
10 for the younger children. We also I
11 think -- the Commissioner indicated that
12 we've actually added some added supports
13 around after hours and in the way of
14 nursing. We have nurses that work up
15 until, I believe, 10:00 p.m. and also can
16 be on call or are on call at different
17 times after hours and also throughout the
18 weekend.

19 I just wanted to give a little
20 more context as to the use of the room.

21 When we talk about the volume
22 of the room, in calendar year 2015, we
23 had a total of 84 children throughout the
24 entire year. That's from probably, you
25 know, quite -- over thousands of children

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2 that enter that room in and out at any
3 given time. We had 84 that spent the
4 night overnight in calendar year 2015.

5 This particular year, from
6 January to May, we probably are over
7 120-plus children. Now, the impact of
8 that is because of the volume that we
9 actually are experiencing. As the
10 Commissioner indicated, we went from
11 4,000 children in care to 6,000 children
12 in care. I just think it's necessary to
13 give a little further context.

14 COUNCILMAN TAUBENBERGER: No; I
15 get that.

16 MR. WILLIAMS: And also the
17 child care has been in operation for over
18 20 years. This has become more of an
19 issue because of the volume that the
20 system is actually experiencing.

21 So specific to the actual case
22 that was referenced, that particular
23 situation was -- and not to get into
24 great detail, but it was actually a
25 result of a failed kin situation and

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2 the --

3 COUNCILMAN TAUBENBERGER: What
4 kind of situation?

5 MR. WILLIAMS: Kinship care
6 situation. So these two young men were
7 with kin. That failed. In that
8 particular situation, the kin along with
9 the CUA case manager came to DHS. It was
10 not an overnight situation. Once the
11 young men realized that they were
12 actually being placed, it was an older
13 brother who pretty much took the lead and
14 took his younger brother and left the
15 building. So I --

16 COUNCILMAN TAUBENBERGER: And
17 what time of day was this?

18 MR. WILLIAMS: I'm not sure of
19 the day. I'm not sure of the actual date
20 and time, but it was in the after hours,
21 after 5 o'clock.

22 COUNCILMAN TAUBENBERGER: It
23 was after hours.

24 MR. WILLIAMS: Yes.

25 COUNCILMAN TAUBENBERGER: And

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2 they decided that we've had enough of
3 this.

4 MR. WILLIAMS: So they did not
5 stay over, and as we are planning looking
6 for placement, they left the building.

7 The proper protocol, we
8 notified the police. In this particular
9 instance, we went as far as PI searched
10 for the next day. And I don't want to
11 misspeak, and we can certainly give you
12 another -- more full information in terms
13 of where the children not specifically
14 are but in terms of status. But I just
15 wanted to get --

16 COUNCILMAN TAUBENBERGER:
17 Because it clearly marked some sort of
18 failure. Something did not go right to
19 have --

20 MR. WILLIAMS: But in that
21 situation, it was not due to the use of
22 the child care room.

23 COUNCILMAN TAUBENBERGER: Okay.
24 It's somewhat clearer. Thank you.

25 MR. WILLIAMS: Thank you.

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2 COUNCILWOMAN BASS: Well,
3 clearer for you.

4 Because I'm confused on your
5 numbers. So you said that last year in
6 total you had 85.

7 MR. WILLIAMS: Approximately.

8 COUNCILWOMAN BASS: About
9 80-some kids who stayed over.

10 MR. WILLIAMS: Who stayed over.

11 COUNCILWOMAN BASS: That's
12 January through December.

13 MR. WILLIAMS: Through
14 December.

15 COUNCILWOMAN BASS: This year
16 January through May you had 127.

17 COMMISSIONER SHAPIRO: 151.

18 COUNCILWOMAN BASS: I'm sorry;
19 151. So nearly double the number.

20 MR. WILLIAMS: That is
21 absolutely correct.

22 COUNCILWOMAN BASS: And then
23 suddenly we have no longer a need for
24 overnight stays.

25 COMMISSIONER SHAPIRO: It was a

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2 buildup of a lot of work. Every day we
3 are -- I get updates at 4 o'clock. I
4 check in before I go to bed at night to
5 make sure who is in the child care room,
6 how -- like -- I check in when I wake up
7 at 5:00 in the morning, did we get -- so
8 it is a lot of work that we have been
9 doing and a lot of focus on changing
10 policy, changing procedure, increasing
11 resources.

12 And we are going to -- another
13 change that I made is that effective July
14 1st, I'm going to be asking all our
15 providers to report in their daily bed
16 availability to us. We're building a
17 database. So my staff, instead of just
18 calling people, "Hi, do you have a
19 placement," we're going to have
20 everything in the computer system. We'll
21 be able to more target -- in a more
22 targeted way identify placement.

23 So we are -- it has been a long
24 process. I hope that we will continue on
25 this journey of having no kids in the

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2 child care room, because that is what is
3 expected of us, and I want to meet the
4 expectations of PA DHS. But it has been
5 a lot of work that we have done and a lot
6 of dedication by the staff at both DHS
7 and at the Community Umbrella Agencies.
8 And like Ms. Ali said, it is really about
9 changing the culture to say, you know,
10 we're not going to let this young person
11 go to bed at 1:00 and sleep until 8:00
12 and go to school. We're going to say
13 we're going to keep looking and if they
14 want to rest for a little bit, we'll move
15 them on to placement as soon as we find a
16 placement.

17 COUNCILWOMAN BASS: Well,
18 Commissioner, let me just say this: I
19 have no doubt in terms of the sincerity
20 of you and all of the folks at DHS and
21 your commitment to our young people, but
22 these numbers just don't make sense.
23 They don't make sense. And so the idea
24 that we had 80-some kids last year, we
25 had double the numbers in the first six

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2 months of this year, and that somehow we
3 no longer need the service whatsoever
4 because we've been working harder, it
5 does not make sense to me. And even just
6 going by the numbers and information that
7 you all have provided, to say that the
8 trajectory is going up, that the need has
9 increased, it's not going down.

10 So much of this information
11 that's provided I really do find
12 perplexing. I'm really trying to make
13 some sense of it, because it does not on
14 the face make a whole lot of sense, that
15 all of the sudden we're working harder,
16 when we've been working hard all along.
17 All of the sudden the culture has
18 shifted, when we've been working on the
19 culture shift for years now. All of the
20 sudden the need is no longer, when the
21 need has been there for years. These are
22 your numbers. These aren't my
23 statements. These are your statements.

24 And so I just have to say that
25 and put that out there, because these

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2 numbers just really do not make any
3 logical sense to me.

4 MS. ALI: And, respectfully,
5 what we are trying to convey is that it's
6 just not one thing. So it's not just the
7 culture. However, we definitely believe
8 that the cultural change in terms of
9 ensuring that young people do not stay
10 overnight certainly has had an impact.
11 But the other thing is also the
12 resources. When we started IOC, we also
13 did a reduction in the use of congregate
14 care and we have what --

15 COUNCILWOMAN BASS: Of what
16 care?

17 MS. ALI: Congregate care, so
18 group home and institutional care and
19 shelter care. So we actually terminated
20 or discontinued using a contract of four
21 shelter care providers. Typically if
22 young people came into the child care
23 room, we will place them in emergency
24 shelter. The reason why we stopped doing
25 that is because when you place young

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2 people in emergency shelter, you
3 automatically build in a placement move
4 for that young person. We wanted the
5 first placement to be the most
6 appropriate placement as opposed to
7 building in two placements. So we
8 were -- as the system was shrinking, we
9 were closing down and discontinuing the
10 use of shelter care. However, once the
11 placements started coming back up again
12 and we saw the rise in young people who
13 needed placement, we started to increase
14 our emergency shelter, both beds as well
15 as foster care utilization, back again.

16 We always say and we continue
17 to say that young people being placed in
18 kinship care, so with relatives, is the
19 best way to go. Because if we were to be
20 honest, we probably will never build
21 enough foster care beds or shelter beds.
22 We talked about the fact that we went
23 from 4,100 children to 6,100 children.
24 We haven't increased that -- we have not
25 increased that many foster care beds.

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2 Hence, our emphasis on kinship care.

3 In addition, we know that
4 kinship care, young people stay longer.
5 Kinship caregivers tend to do more
6 permanency. Young people don't move as
7 often.

8 So there's a combination of
9 things. So in addition to the culture
10 change that happened both at DHS as well
11 as with the Community Umbrella Agencies,
12 we had to go back in those shelters that
13 we discontinued using, we had to go back
14 and use some of those shelters as well as
15 those shelter beds and we had to build
16 new resources. So it's a combination of
17 things that helped.

18 To give you some sense, we did
19 actually have this problem back in about
20 2009, 2010. I actually was over the
21 Central Referral Unit, and I'm sad to say
22 during that time when we had that number
23 of kids in care, we actually used to use
24 hotels. So we used to have DHS social
25 workers staying in hotels. We don't want

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2 that to happen again. So, again, that's
3 the reason why we had to increase the
4 resources.

5 So we have definitely had this
6 issue for a very long time, but we
7 believe that the combination of
8 strategies that we put in place and
9 solutions that we put in place is helping
10 to alleviate this. We are hoping that we
11 don't have any more overnight stays, but
12 if we do, we'll work swiftly to move that
13 young person along.

14 COUNCILWOMAN BASS: Okay.
15 Councilman Taubenberger.

16 COUNCILMAN TAUBENBERGER: Madam
17 Chair, thank you again.

18 So if I understand this -- and
19 I want to be clear on what I'm saying.
20 It was clearer, the answer, but it wasn't
21 crystal clear. You're saying now that
22 the change in overnight stay, the fact
23 it's been eliminated really essentially
24 had nothing to do with this particular
25 incident; is that correct? It was your

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2 policy change over time? Or did it?

3 MS. ALI: I'm sorry. Say it
4 again.

5 COUNCILMAN TAUBENBERGER: My
6 understanding is --

7 MS. ALI: Oh, no, absolutely
8 not.

9 COMMISSIONER SHAPIRO:
10 Absolutely not.

11 COUNCILMAN TAUBENBERGER:
12 Absolutely not?

13 MS. ALI: Absolutely not.

14 COUNCILMAN TAUBENBERGER:
15 Absolutely not. This was going to happen
16 regardless?

17 MS. ALI: Oh, absolutely.

18 COUNCILMAN TAUBENBERGER: And
19 one last question on the particular
20 incident, without revealing names or why
21 they were there. I don't want to know
22 that. But when two young people are in
23 the charge of the City of Philadelphia
24 and we have responsibility and they leave
25 or they run away, I think this body as a

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2 City Council needs an explanation. How
3 did they leave? Did they just walk out
4 and say, Look, we had enough of all this
5 and we're gone, or did they sneak out or
6 did somebody say, Oh, my heavens, where
7 are these two young people? That I'd
8 like to know now.

9 MR. WILLIAMS: Simply, there's
10 many occasions where older youth, they
11 will just leave the building. We have
12 security there. We have our social work
13 staff there. Certainly the social worker
14 and child care staff in particular cannot
15 physically restrain an older youth. So
16 there are many instances they leave.

17 Sometimes we are successful
18 with de-escalating the situation;
19 sometimes we're not. In this particular
20 situation, we were not successful, and
21 then we engaged law enforcement and
22 followed the protocol to find these two
23 young boys.

24 So that is what occurred, but
25 it had nothing to do with the use of the

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2 child care room. They did not stay over
3 and were actually --

4 COUNCILMAN TAUBENBERGER: You
5 said it was after hours.

6 MR. WILLIAMS: It was after
7 hours. We get children in the child care
8 room throughout the entire day. So this
9 did occur after 5:00, but the fact that
10 they left out had nothing to do with them
11 staying -- nothing to do with the
12 operation of the child care or our
13 approaches to rectifying the child care
14 issue.

15 COUNCILMAN TAUBENBERGER: If
16 there's a child in your care, what is the
17 age where they can say, You know what,
18 I'm sorry, sir, but I don't really want
19 to be involved in this and I'm leaving?
20 How old would you allow that child to go?

21 MR. WILLIAMS: We wouldn't
22 allow, we wouldn't voluntarily allow any
23 minor to leave the building without
24 engaging that young person, without doing
25 everything in our power, specifically the

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2 child care staff, up into calling law
3 enforcement.

4 COUNCILMAN TAUBENBERGER: But
5 in this case, they did. They left.

6 MR. WILLIAMS: They did leave,
7 and we did engage law enforcement. They
8 left. Unfortunately, everything that we
9 did in that particular moment was not
10 successful.

11 COUNCILMAN TAUBENBERGER: I get
12 that.

13 MR. WILLIAMS: So we took the
14 necessary steps to secure their safety.
15 But this is a situation that's not unique
16 to Philadelphia. Child care room,
17 children staying over in a child welfare
18 system is not necessarily unique to
19 Philadelphia. This is a challenge across
20 jurisdictions. But we take full
21 responsibility for rectifying the
22 problem.

23 COUNCILMAN TAUBENBERGER: One
24 last question. Is the door open? I
25 mean, if a child says, Look, I'm sorry,

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2 but I cannot -- you're driving --
3 whatever the reason, I want to leave and
4 I'm leaving now, can they just walk out
5 the door?

6 COMMISSIONER SHAPIRO: So we
7 have security guards that are at 1515
8 Arch Street in different locations on the
9 ground floor. Our social workers are
10 skilled social workers and they use their
11 engagement skills.

12 COUNCILMAN TAUBENBERGER: I'm
13 not saying they're not skilled.

14 COMMISSIONER SHAPIRO: No. I'm
15 just saying that part of the work they
16 do, while they cannot physically handcuff
17 or restrain young people because they are
18 not accused of a crime, our social
19 workers are skilled at engagement and
20 de-escalation, and that is -- and in some
21 situations, oftentimes there will be
22 family members that are there to help
23 with that de-escalation. So our staff
24 use their skills that they've learned
25 through their education and through the

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2 training that they get at DHS to help
3 diffuse these kinds of situations. It is
4 not a routine situation that kids are
5 running out the door at DHS. It is not.

6 COUNCILMAN TAUBENBERGER: In
7 this case, were there any family members
8 there?

9 MR. WILLIAMS: There was a
10 family member there.

11 COMMISSIONER SHAPIRO: Yes.

12 COUNCILMAN TAUBENBERGER: Okay.
13 Madam Chair, thank you very
14 much.

15 Thank you.

16 COUNCILWOMAN BASS: Thank you,
17 Councilman.

18 Unless anyone else has any
19 additional questions, thank you very much
20 for being here, for your testimony, and
21 we certainly understand that the jobs
22 that you do are difficult jobs. We don't
23 take it lightly. We take it very, very
24 seriously, and that's why some of the
25 questions that we ask, we really have to

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2 ask. We're all the same. We're all
3 public servants. We're all accountable
4 to the taxpayers, and people ask me
5 questions about DHS as if I'm in charge
6 or responsible for DHS. So when they ask
7 all of us, we have to ask you. And we
8 appreciate you being here and for
9 providing this information.

10 We'd like for you to stay
11 through the rest of the testimony in case
12 there are additional questions, and we'd
13 appreciate that.

14 COMMISSIONER SHAPIRO:
15 Absolutely. Thank you for allowing us to
16 testify today.

17 COUNCILWOMAN BASS: Thank you.
18 Thank you for being here.

19 And can the Clerk call the next
20 panel forward.

21 THE CLERK: Vanessa Fields,
22 Vice President, AFSCME District Council
23 47, and Kathleen Creamer, Managing
24 Attorney, Family Advocacy Unit, Community
25 Legal Services.

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2 (Witnesses approached witness
3 table.)

4 COUNCILWOMAN BASS: Good
5 afternoon -- or good evening.

6 MS. FIELDS: Good evening.

7 COUNCILWOMAN BASS: Thank you
8 for being here, and you can please,
9 Vanessa, if you want to state your name
10 for the record and begin your testimony.

11 MS. FIELDS: My name is Vanessa
12 Fields.

13 COUNCILWOMAN BASS: Can you
14 pull the microphone a little bit closer
15 to you. Thank you.

16 MS. FIELDS: My name is Vanessa
17 Fields and accompanying me is Alfreda
18 Jones, who is the Vice President of
19 2186 -- I'm sorry; President of 2186.

20 I've been sitting for a while.

21 COUNCILWOMAN BASS: Thank you.
22 Well, welcome and thank you for being
23 here. You can begin your testimony. If
24 you could summarize.

25 MS. FIELDS: Can I summarize my

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2 testimony? Okay.

3 My name is Vanessa Fields. I
4 currently serve as the Vice President of
5 AFSCME District Council 47. DC47
6 represents 7,000 active members and
7 retirees throughout the City of
8 Philadelphia employed in the non-profit,
9 higher education, and public sectors in
10 Philadelphia. Before my election to Vice
11 President, I worked as a social worker
12 for 38 years. Twenty-eight of those
13 years was with the Department of Human
14 Services, first in Child Protective
15 Services and later I was assigned to the
16 hotline.

17 I'm going to condense this as
18 much as I can.

19 Let's be very clear. The
20 reason for the state's downgrade of the
21 City's license is because of
22 privatization. Most of the major
23 challenges and serious violations of
24 child welfare laws that the state audit
25 found were committed by the Community

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2 Umbrella Agencies. As you know, the
3 audit found falsification of visit
4 reports, sloppy and incomplete
5 documentation and planning, keeping
6 children overnight, having children
7 remain in unapproved homes for over 60
8 days, failure to ensure timely referrals,
9 failure to address safety threats, lack
10 of documentation of renewals for FBI and
11 state police clearances for workers, and
12 lack of engagement with parents. In
13 fact, the audit mentions that even more
14 children may have stayed overnight than
15 what was documented, because some CUAs do
16 not maintain such records.

17 The audit also found that the
18 Improving Outcomes for Children, IOC, has
19 not improved timely reunification,
20 permanence for children in care or
21 reentry back into the system. Let me
22 repeat. The state primarily found flaws
23 in the privatized child welfare system.

24 In December 2014, I testified
25 in front of this Committee about how even

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2 then contracting out case management was
3 pockmarked with serious challenges. We
4 shared how DC47 members in DHS, outside
5 of their duties and responsibilities,
6 routinely supported CUA staff to perform
7 their duties because CUA staff are
8 under-trained and inexperienced. I
9 shared how difficult and challenging
10 cases are referred back to DHS by Family
11 Court judges. We also heard about the
12 dangerously high turnover rates at CUAs,
13 as high as 48 percent. That is even
14 higher than the estimated 40 percent
15 turnover in private agencies. DHS's
16 turnover rate at that time was closer to
17 15 percent.

18 Anyone involved with the child
19 welfare system will tell you that a
20 turnover rate of almost 50 percent has
21 devastating consequences for youth and
22 families, including lower permanency
23 rates, longer stays in foster care, and
24 more foster care placements.

25 Child welfare privatization has

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2 not worked in other places. Research and
3 state evaluations of child welfare
4 systems in Florida, Nebraska, and Kansas
5 found that services deteriorated after
6 privatization. Privatization has meant a
7 loss of transparency and accountability.

8 Public child welfare agencies
9 not only have to keep track of children
10 and families, but also contractors and
11 subcontractors. Audits in Florida and
12 Arizona found that such monitoring was
13 inadequate. And I'd like you to refer to
14 the handout that I gave you all titled
15 "Child Welfare Privatization."

16 We know that in states and
17 localities across the country, the
18 privatization of child welfare case
19 management has been both ineffective and
20 inefficient. The experience in
21 Philadelphia has been no different.
22 Privatization has led to complexities and
23 contract administration, higher staff
24 turnover, diminished quality of services,
25 and the inability to concretely document

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2 any improvement in child welfare services
3 in Philadelphia.

4 Philadelphia not only needs to
5 hit the pause button, but we need to yank
6 the cord. We cannot ethically continue
7 this privatization experiment at the
8 expense of vulnerable children and
9 families.

10 AFSCME DC47 strongly urges that
11 the City bring child welfare case
12 management fully back to DHS where the
13 City can adequately support the agency
14 and ensure proper oversight. With case
15 management back in DHS, the City's
16 children and families will have quality
17 services that taxpayers and our
18 community's most vulnerable children
19 deserve, delivered by properly trained
20 and professional staff.

21 COUNCILWOMAN BASS: Thank you
22 very much for your testimony. And we're
23 going to hold our questions until the
24 entire panel speaks.

25 MS. FIELDS: Absolutely.

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2 COUNCILWOMAN BASS: Thank you.

3 Did you have a comment?

4 MS. JONES: No, not at this
5 time.

6 COUNCILWOMAN BASS: Yes, ma'am.

7 MS. CREAMER: Good afternoon,
8 Councilwoman Bass and members of City
9 Council. Thank you so much for this
10 opportunity to be here today.

11 Can you hear me okay?

12 COUNCILWOMAN BASS: Can you
13 hold it a little bit closer.

14 MS. CREAMER: My name is
15 Kathleen Creamer and I'm the Managing
16 Attorney of the Family Advocacy Unit at
17 Community Legal Services. For over three
18 decades, Community Legal Services has
19 represented low-income parents in child
20 welfare proceedings. In addition to our
21 individual representation, we engage in
22 systemic advocacy at the local, state,
23 and national level to see positive
24 results for our children and families in
25 the child welfare system.

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2 We have supported and continue
3 to support a number of the goals of
4 Improving Outcomes for Children,
5 including improved community-based
6 services to families, a reduction of the
7 number of children in foster care, and
8 the increased use of kinship placement.

9 While we are here because a number of
10 those goals have not yet been realized, I
11 do want to commend and congratulate
12 Commissioner Shapiro and her team on some
13 of the initial successes of IOC, which
14 include the increased use of kinship
15 placement, more children placed in their
16 own communities, and a reduction in the
17 number of children placed in group homes
18 and other forms of congregate care.

19 We believe that the challenges
20 facing IOC at this time are directly
21 correlated to the astonishing rise of the
22 number of children in placement in
23 Philadelphia. When IOC was implemented,
24 we had 4,100 children in foster care.
25 Today we have 6,100. That is a 50

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2 percent increase in the number of
3 children in care. We lead the nation.
4 We place more children than any large
5 city in the country.

6 I want to point out to you a
7 couple of charts that I included in my
8 testimony, because I think they're really
9 important. One is first -- I can see in
10 my first chart, which is on Page 2, just
11 charting the kind of dramatic rise that
12 we've seen every year from 2012 until
13 2016. There's been a jump in how many
14 children we're placing in foster care.

15 What I think is even more
16 dramatic and alarming is the chart on
17 Page 3, which compares our removal rates
18 to the removal rates of children in New
19 York and children in Chicago. I want to
20 emphasize to you that this is a removal
21 comparison based on the number of
22 children in poverty. So for every 1,000
23 impoverished children, Philadelphia
24 removes 23 children from their families,
25 while New York is seven and Chicago is

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2 five. So we have four times the rate of
3 child removal of Chicago and three times
4 the rate of child removal of New York.

5 So let's talk about why I think
6 that's a huge problem. It's troubling
7 for two reasons. First and primarily, we
8 know that for most children, foster care
9 is not the answer. We know that most
10 children do not experience good outcomes
11 being placed in foster care. And the
12 other and just as significant reason that
13 I'm very troubled by this is because the
14 dramatic increase in the number of
15 children in foster care is flooding the
16 CUAs and crippling the goals of IOC.

17 I want to just take one moment
18 and talk about what we know about placing
19 children in foster care and why it's such
20 a risky intervention.

21 Let me be very clear that
22 foster care is a critical lifeline for a
23 number of our children. There are
24 children -- and I commend social workers
25 like these women here who are working

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2 with these families who are dealing with
3 very serious issues like child abuse,
4 sexual abuse, very serious mental health
5 and deep addiction issues. However,
6 foster care is also a risky intervention
7 that inflicts trauma on children and
8 families and is often associated with
9 poor long-term outcomes for children. I
10 won't belabor it, but I did cite a really
11 interesting longitudinal landmark study
12 conducted by MIT that found when you
13 compare children at risk of placement and
14 you compare the children who got to stay
15 at home versus the children who had to go
16 into foster care, the children placed in
17 foster care were more likely than their
18 peers, who were also at risk of child
19 welfare placement, to commit crimes, to
20 drop out of school, to be on the welfare
21 rolls as adults, to experience substance
22 abuse problems, and to enter the homeless
23 population. Put simply, foster care,
24 while necessary in some cases, should be
25 reserved for our children facing the most

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2 serious safety threats, because we know
3 it's a risky intervention.

4 The rising placement population
5 is also very concerning to me, because we
6 know what it's doing to the CUAs.

7 I want to talk about caseload
8 size for a minute. At the beginning of
9 the conception of IOC, we were planning
10 on a caseload of ten families per CUA
11 worker, and I think that's notable
12 because it was what we all kind of agreed
13 to as stakeholders as something we
14 thought was feasible, even though for a
15 lot of CUA workers that's a lot. Ten
16 families is a lot. So what we know right
17 now is, we have a cap of 13, which is way
18 too many families for any one CUA worker
19 to deal with. And even more troubling, I
20 want to highlight for you -- and I noted
21 this in my testimony -- the most recent
22 report from April of 2016 to the
23 Community Oversight Board showed that 49
24 percent of CUA workers have cases
25 exceeding the 13 family cap.

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2 Now, I want to just address
3 briefly the issue that Councilwoman Gym
4 raised about why is this happening, why
5 do we have so many children in placement.
6 And I agree that the changes to the Child
7 Protective Services Law have led to a
8 flood of calls to the DHS hotline. I
9 disagree that that can explain fully our
10 dramatic rise in children being placed in
11 foster care.

12 This Child Protective Services
13 Law created more people who are required
14 to call in -- report the suspected child
15 abuse and neglect. It did not change any
16 of the interventions that DHS was
17 supposed to offer families. So I do -- I
18 wish Councilwoman Gym were here, but I
19 would love to show you the charts that I
20 developed, which is on Page 4, which
21 compares our removal rates with
22 Pittsburgh, Allegheny County, which is
23 the second largest county in the State of
24 Pennsylvania.

25 So Councilwoman Gym was correct

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2 in her questions. In fact, in the wake
3 of the CPS, Allegheny County has seen a
4 decrease in the number of children being
5 placed in foster care. And you can kind
6 of see in my chart the dramatic rise in
7 Philly, whereas Allegheny stayed pretty
8 steady and even went down in 2015.

9 So the reality for our clients
10 is that they need the promise of IOC,
11 which is individualized intensive
12 services designed to keep their families
13 safe. Our clients certainly come to us
14 with very challenging issues, but we know
15 that most families can succeed. We know
16 they can succeed if they get high-quality
17 interventions designed to really address
18 the safety threats that their families
19 are experiencing.

20 I want to take a moment to talk
21 about the safety model of practice. In
22 the wake of the Danieal Kelly tragedy and
23 the Child Welfare Review Panel's report,
24 DHS committed to a safety model of
25 practice. A safety model of practice

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2 means that we place children in foster
3 care only when they cannot be kept safely
4 at home with supportive services. It
5 also means that when we assess families,
6 we are assessing those families for their
7 ability to keep their child safe, not for
8 their level of poverty or any other
9 subjective factor.

10 When we see cases coming across
11 our desks, we are starting to wonder
12 about whether the safety model of
13 practice is being applied with fidelity
14 and whether problems with the safety
15 model of practice may be driving these
16 very high rates of placement. As I said,
17 foster care is a critical lifeline for
18 some children, but all too often we are
19 seeing children being removed or
20 experiencing lengthy stays in foster care
21 for issues that quality prevention
22 services could address, like housing
23 instability, a child's truancy, a
24 teenager's behavioral problems or a
25 parent's recreational marijuana use.

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2 Unnecessary placements are bad
3 for individual children and families, but
4 I really want to flag for you, they're
5 also incredibly risky to our system.
6 Because when we flood caseworkers with
7 cases where they are not able to meet the
8 basic requirements of their job, they are
9 going to miss safety threats. They are
10 going to miss the very real safety
11 threats that some of our children are
12 experiencing.

13 The success of the IOC model
14 depends on ensuring that caseworkers have
15 manageable caseloads that allow them to
16 provide high-quality services to our
17 vulnerable families. That success is
18 threatened by the overwhelming number of
19 children in placement in Philadelphia.

20 We do commend Commissioner
21 Shapiro and her team for the diligence in
22 which they are tackling these challenges.
23 We agree with her plan to review what
24 prevention services are being offered to
25 families to ensure families are not

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2 unnecessarily entering the child welfare
3 system when prevention services could
4 have prevented it.

5 We also commend her for
6 engaging Casey Family Programs to take a
7 look at what is happening on the intake
8 level to see why are we taking so many
9 children into placement. Again, the CPSL
10 may be a factor, but it cannot explain it
11 all.

12 We continue to believe in the
13 promise of IOC, and we know that a
14 community-based model with a single case
15 manager, if implemented with adequate
16 resources and targeted to families that
17 are truly experiencing safety threats, is
18 the best model for our families.

19 Thank you so much for your
20 consideration of my testimony.

21 COUNCILWOMAN BASS: Well, thank
22 you very much for your testimony, for all
23 of you for being here and for your
24 patience and for the valuable information
25 that you provided. One of the things I

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2 just wanted to touch on is that I too
3 have some concerns -- we're going to ask
4 the Commissioner to come back to address
5 them in a moment -- in terms of placing
6 children into the foster care system and
7 Philadelphia's rate compared to others,
8 because I know that we had a situation
9 that we brought to the Commissioner's
10 attention back during the budget hearings
11 in which someone was placed into the
12 foster care system unnecessarily that was
13 brought to our attention. And so we
14 wanted to get some sense of how
15 widespread this is.

16 I thank you for providing the
17 numbers, because it really does give us a
18 sense. When you look at Philadelphia
19 versus New York versus Chicago, it's
20 very, very troubling in terms of the
21 rates of removal and why is this so, how
22 is this happening, and what steps are we
23 taking to address that particular issue
24 here in the City.

25 Ms. Fields, I did want to go to

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2 your testimony as well, because I know
3 that your statement really does suggest
4 that it's based on privatization, that
5 privatization has led to the results that
6 we're seeing, which is the increased
7 placement. So could you touch on that
8 just a little bit.

9 MS. FIELDS: Well, yeah. It's
10 never just one thing for any situation.

11 COUNCILWOMAN BASS: Sure.

12 MS. FIELDS: But we obviously
13 believe that privatization has had the
14 largest impact on the problems with DHS
15 currently.

16 Again, when you look at the
17 various service delivery models, it is
18 just -- I just can't even imagine why DHS
19 made the decision to switch from the
20 delivery service model they were using to
21 a model that has not been effective, has
22 not been successful anywhere that it's
23 been implemented.

24 COUNCILWOMAN BASS: Can we ask
25 the Commissioner to come forward just to

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2 ask some questions by comparison in terms
3 of what the numbers are, the before and
4 after when DHS was not privatized or did
5 not use outside providers in the CUA
6 system, and if you could give us some
7 sense of the differences, sort of like in
8 the DHS system before the CUA system and
9 now. And so what was the placement rate
10 before, what is the placement rate now.

11 I also know that Ms. Fields
12 also provided some information in terms
13 of turnover and that turnover at the CUAs
14 is about 40 percent and that at DHS
15 during the same time period it was closer
16 to 15 percent among staff. And, of
17 course, the question here is that
18 whenever you have new staff, there's new
19 training, there's new just orientation,
20 those sorts of things.

21 So can you address that, what
22 was it before and has there been
23 improvement or has there been no
24 improvement or has there been a decline?

25 COMMISSIONER SHAPIRO: So to be

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2 honest with you, I don't actually have
3 the placement rate before IOC versus the
4 placement rate now, but I too, like
5 Ms. Creamer, agree that we need to take a
6 look at why we were placing so many
7 children, which has really been the focus
8 of the work that we've been trying to do
9 for the past several months.

10 We have engaged Casey Family
11 Programs and particularly one particular
12 expert that's working with us that has
13 worked with other jurisdictions and has
14 run statewide systems to really take a
15 very close look at all the process and
16 procedures that we have in place on our
17 front end, from the time a call comes in
18 to the time a case leaves the
19 investigation stage and goes over to the
20 CUA, to figure out do we have things that
21 are inherent to our process that are
22 lending us to accept more cases for
23 service, is our decision-making
24 consistent across all staff, are we
25 staying true to the model of our

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2 hotline-guided decision-making, which is
3 designed to really only screen in those
4 reports where there are perceived or
5 alleged safety threats.

6 So it is something that I too
7 am trying to get a handle on as well as
8 the leadership at DHS, and I think we've
9 engaged the right people to help us. We
10 need to -- the goal of IOC is to keep
11 kids in home -- at home in their own
12 communities, and we need to make sure
13 that we're doing the right things, we're
14 buying the right services to do that.
15 Not only do we want to create an array of
16 prevention services that are designed to
17 support kids in their own homes, but we
18 also want to try and begin maybe to use
19 them differently, to really maybe use
20 prevention services more during
21 investigations so that if a family needs
22 some quick intervention and there is no
23 safety threat, perhaps we can support
24 them with prevention services outside the
25 child welfare system. So we're trying to

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2 look at different ways to figure that
3 out.

4 And with respect to the
5 turnover at the CUAs, I don't have the
6 percentages right in front of me, but
7 it's absolutely true that the DHS case
8 managers and supervisors, they have a
9 much lower rate of turnover, and we are
10 trying to address the turnover rate at
11 the CUAs. I think it's gotten better
12 over time, but I will go back and check
13 my records.

14 But what we need to do is to
15 bring down the caseloads. We need to
16 make sure that we continue to make sure
17 that everybody has the training that they
18 need, that we are reassessing to make
19 sure that the learning is happening and
20 that we're providing that transfer of
21 learning and technical assistance,
22 because the turnover is not good for the
23 system both from an economic standpoint,
24 which is what was mentioned, but also
25 it's not good for family. Most

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2 importantly, not good for families.

3 COUNCILWOMAN BASS: We look
4 forward to getting that information
5 because --

6 COMMISSIONER SHAPIRO: I can
7 send you that. I have it documented.

8 COUNCILWOMAN BASS: Right. And
9 we want it on the record during the
10 hearing as well, because this is going to
11 be a series of hearings to address these
12 issues. So this won't be the last
13 conversation that we'll be having. So if
14 you want to make sure that we have this
15 information at the next hearing.

16 But, Ms. Fields, I know you had
17 something to add.

18 MS. FIELDS: Yeah. I also
19 wanted to add, another reason is because
20 of fear. Workers are afraid that they're
21 going to be disciplined if anything goes
22 wrong on a case. So their thing is,
23 Well, I'm just going to take the kid out
24 of the home and put them in care. That
25 way, I don't have to worry about being

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2 written up or disciplined because I left
3 the children in the home and something
4 happened to them. That is a key reason.
5 I mean, like I said, I worked at DHS for
6 28 years, and different things have
7 happened over the years that make workers
8 more fearful of being disciplined.

9 The whole Danieal Kelly case,
10 folk were afraid. You got a case. You
11 place that kid outside of that home,
12 because you do not want to be in a
13 situation where you left a child in a
14 home and something happened to them.
15 Because the other workers on that Danieal
16 Kelly case went to jail. No other job
17 does that happen, you go to jail because
18 you failed your job.

19 COUNCILWOMAN BASS: So it
20 becomes a situation of -- it sounds like
21 it becomes a situation of let me cover
22 myself rather than let me make sure that
23 this child is receiving the best care
24 that the child can receive.

25 MS. FIELDS: Yeah. People

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2 aren't paying any attention to that
3 guidance thing, the format that you use
4 on the hotline. They're not paying
5 attention to that or those other forms.
6 Their thing is, I want to have a job.
7 Okay? And when you compare -- one of the
8 reasons why you have such a high turnover
9 rate with the CUA workers, first of all,
10 they're not organized, so they don't have
11 a labor, they don't have a union. So
12 they have no one to look out for their
13 rights, and they're not paid well. So
14 what happens is, the CUA jobs, that's a
15 job you go into when you just get out of
16 college.

17 COUNCILWOMAN BASS: Can you
18 discuss the differences in what CUA
19 social workers receive versus DHS.

20 MS. FIELDS: The initial salary
21 appears to be higher than the DHS worker.
22 However, within time, the DHS worker is
23 making comparatively more money than you
24 would if you were at a CUA agency. So
25 that motivates folk.

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2 It's not anything fancy. You
3 don't need a blue ribbon committee to
4 figure it out. It's just basic human
5 nature. I'm not going to stay at a job
6 where I'm not going to make that much
7 money and I'm working like a dog. DHS is
8 over here. We're doing almost, you know,
9 to a certain level the same thing.
10 They're getting more money. They got
11 benefits. They got a union watching out
12 for them. I got nothing.

13 COUNCILWOMAN BASS: I'm going
14 over there. Absolutely.

15 Councilman Taubenberger.

16 COUNCILMAN TAUBENBERGER: Thank
17 you.

18 I have two questions. Ms.
19 Fields, thank you for your testimony and
20 your dedication. Let me ask you this.
21 You had said workers have fear. That was
22 fear of going to jail if --

23 MS. FIELDS: Yes. In my years
24 of DHS, it was you might -- it used to be
25 the atmosphere was if you did something,

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2 something went a little awry with a case,
3 they would try to talk to you about how
4 you could do better on that case, what
5 things you could have done. It was more
6 of a counseling session. Now they go
7 straight to a panel and with you being
8 terminated. And then with the Danieal
9 Kelly case, you saw folk who actually
10 were prosecuted and went to jail. So,
11 yeah, that's what it is.

12 COUNCILMAN TAUBENBERGER: Thank
13 you.

14 In the Danieal Kelly case, how
15 many were disciplined and how many went
16 to jail?

17 MS. FIELDS: The entire chain
18 was disciplined. One worker actually
19 went to jail. The other one came up with
20 a plea whatever, bargaining situation.
21 But everyone who touched that case was
22 disciplined or terminated.

23 COUNCILMAN TAUBENBERGER: Okay.
24 And the jail sentence was?

25 MS. FIELDS: I don't know how

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2 long. The gentleman may still be in
3 jail, all I know. I'm not real clear.
4 I'm not clear.

5 COUNCILMAN TAUBENBERGER: Okay.

6 MS. JONES: One thing I'd like
7 to say about it, if possible, the
8 gentleman that went to the jail for the
9 Danieal Kelly case --

10 COUNCILWOMAN BASS: I'm sorry.
11 Please state your name.

12 MS. JONES: Can you hear me?
13 I'm sorry.

14 COUNCILWOMAN BASS: Just state
15 your name for the record.

16 MS. JONES: Alfreda Jones,
17 President, Local 2186.

18 The gentleman that went to jail
19 that was incarcerated as a result of the
20 Danieal Kelly case, the child was still
21 alive at that point. The child was alive
22 when that case was transferred. So I
23 need to put that on the record.

24 COUNCILMAN TAUBENBERGER: I
25 understand.

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2 MS. JONES: And in terms of the
3 cases, I just wanted to address that, if
4 you all don't mind, please.

5 COUNCILWOMAN BASS: Sure.

6 MS. JONES: You're saying that
7 the CUA agencies have -- provider workers
8 have too many cases. While I understand
9 that, however, our DHS workers and
10 supervisors have a significant number of
11 cases of families and children that they
12 have to contend with as well. So they're
13 overwhelmed just as much as the CUAs, you
14 know. So I just wanted to put that on
15 the record.

16 COUNCILMAN TAUBENBERGER: Sure.
17 Thank you.

18 COMMISSIONER SHAPIRO: I just
19 want to respond to Ms. Jones' comment.
20 One of the things that we are trying to
21 do, particularly the bulk of our case
22 management staff, the people that are
23 working on cases are at the
24 investigations level across our
25 investigation region, and it is my

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2 intention -- and I intend to communicate
3 this to the permanent Commissioner when
4 that person is appointed -- that we need
5 to continue to bring down the number of
6 reports that are assigned to our staff
7 each month. Currently our staff are
8 receiving nine reports. Due to the
9 volume of reports that came into our
10 hotline over the past five months, there
11 were two months that our staff had to
12 take ten reports. And I agree that we
13 need to bring those down. I would like
14 to get us to a point where we could be
15 allowing our investigators to handle six
16 to eight, six would be my goal, of new
17 reports per month, which is why we are
18 trying to enhance the staffing or to
19 increase the staffing in the
20 investigations and the hotline regions.

21 We are also looking as part of
22 our reevaluation of the front end, I am
23 looking at figuring out how we assign the
24 reports, how we are staffing our shifts.
25 I want to take a look at everything so

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2 that we can really allow our workers the
3 quality time to do those investigations
4 and that we're not stressed with doing
5 nine or ten reports.

6 So I just wanted to say I agree
7 and look forward to working
8 collaboratively with the union leadership
9 on this issue. So I just wanted to say
10 that. I'm not going to respond to
11 everything else, but...

12 COUNCILWOMAN BASS: Very good.

13 COUNCILMAN TAUBENBERGER: Ms.
14 Creamer, thank you for this detailed
15 testimony and charts. I look forward to
16 reading it again. I think it answers --
17 and you were very forthright,
18 enlightening to me as far as your
19 concerns with actual foster placement.
20 While you brought that up, actually
21 thinking about it, yes, you take some
22 child out of an environment that they
23 know and that's all they've ever
24 experienced, even if it's sometimes
25 difficult, it's really traumatic. I get

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2 that very, very clearly now, and I thank
3 you for that enlightenment.

4 But let me ask you this on a
5 larger sense: Although it's still early
6 in the policy change, the CUAs, do you
7 see them as a positive way or do you see
8 them negative or --

9 MS. CREAMER: So we were
10 stakeholders when the conversation around
11 Improving Outcomes for Children began,
12 and we do support the model, but we
13 support a community-based model for our
14 clients and we support a single case
15 manager model for our clients, because we
16 think that is the model that is going to
17 be most responsive to the needs of the
18 families in the communities. So we do
19 support that model.

20 I think the problem is less
21 with the model's design than with
22 implementation of the model and, again,
23 the overwhelming number of children
24 flooding the system that has made quality
25 implementation of the model extremely

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2 challenging.

3 COUNCILMAN TAUBENBERGER: Yes.
4 And your thoughts on why things are being
5 flooded at this point. I mean, the
6 numbers keep going up.

7 MS. CREAMER: I thought this
8 was really inciteful commentary, and I
9 agree that there's a lot of fear on the
10 intake line. I have so much admiration
11 and sympathy for the intake workers and
12 the very hard work that they do. They
13 are making judgment calls that will
14 affect children for the rest of their
15 lives.

16 COUNCILMAN TAUBENBERGER: That
17 is correct.

18 MS. CREAMER: And I absolutely
19 respect that. But all too often, you
20 know, we work very closely, we work in a
21 very collaborative model with the DHS
22 workers, and all too often I've said to
23 them, You know this kid can be safe at
24 home, and they say, You're probably
25 right, but I'm not going to be on the

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2 cover of the Inquirer. I mean, I've had
3 that conversation more times than I can
4 count.

5 COUNCILMAN TAUBENBERGER: I
6 find that disturbing that we have to
7 develop policy because it might be on the
8 front page of the Inquirer.

9 MS. CREAMER: I agree.

10 COUNCILMAN TAUBENBERGER: I
11 thank you both for sharing that. That's
12 a problem.

13 MS. FIELDS: Right. You didn't
14 take the job thinking that you were going
15 to get arrested if something happened on
16 your caseload. I mean, we deal with
17 children.

18 But the other piece I have to
19 comment. The flooding is something I
20 really think DHS could have avoided.
21 What happened was the Sandusky trial, and
22 then that changed the Child Protective
23 Service Act. It expanded who could make
24 a report and it changed even who a victim
25 was. DHS knew way ahead of time that

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2 this was going to happen. So you would
3 think that if we've expanded who can
4 report, then you're going to have more
5 people calling in, right? They did not
6 change the staffing at all. You had the
7 same amount of staff when you didn't have
8 as many reports coming in. You knew this
9 was going to happen. And I remember I
10 was still at DHS at the time working on
11 the hotline, and I said, You're going to
12 have to expand the amount of staff you
13 have.

14 Well, we'll see how that works
15 out.

16 Well, even to this day they
17 still haven't done what needed to be done
18 to address that issue. So, I mean,
19 there's things they could have done to
20 avoid, but money always seems to become
21 more of an issue as opposed to children's
22 lives.

23 COUNCILMAN TAUBENBERGER: Yes.
24 I get that, and that's really
25 unfortunate. And this is such a critical

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2 area, and many times the resources to
3 help are also not what they need to be.

4 MS. FIELDS: That didn't change
5 either. They still have the same
6 resources they had when I started in
7 1987.

8 COUNCILMAN TAUBENBERGER:
9 Really?

10 MS. FIELDS: Yes, especially
11 when you deal with particular parts of
12 the population. When you're talking
13 about African American males, they are
14 the most difficult to place, but yet I
15 haven't seen that much of a change in
16 terms of resources for that part of the
17 population. And a lot of times when you
18 have children who spent the night, most
19 of the time they're teenagers and most of
20 the time they're African American males.
21 And I remember when they were staying at
22 the hotel, because I would work overtime
23 sometimes, and it may have cost more
24 money, but it was better for them to be
25 in a hotel than being in the lobby or the

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2 client area sleeping on a cot. It
3 just -- the message is just so horrible
4 to children: We don't even care enough
5 to have you in a decent place after we've
6 taken you from your family. We're going
7 to have you sleep on a cot overnight.
8 Really?

9 COUNCILMAN TAUBENBERGER: I get
10 that.

11 Now, you just said a comment.
12 If you could just expand on it. You said
13 African American males are the hardest to
14 place; is that correct?

15 MS. FIELDS: Yes.

16 COUNCILMAN TAUBENBERGER: Why
17 do you think so?

18 MS. JONES: I would say,
19 Councilman, that based on their age, some
20 of their behavioral concerns. Limited
21 resources is another thing, as Vanessa
22 mentioned, are factors that would make it
23 difficult for them to be placed. But I'm
24 also learning -- I've learned or it was
25 alleged by some of my members that now

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2 infants are difficult to place. Children
3 with special needs are difficult to
4 place, because they don't have the
5 resources.

6 COUNCILMAN TAUBENBERGER: Okay.
7 Thank you.

8 MS. FIELDS: You're welcome.

9 COUNCILMAN TAUBENBERGER: Thank
10 you very much.

11 COUNCILWOMAN BASS: Thank you,
12 Councilman.

13 And I do want to acknowledge
14 we've been joined by Councilwoman Maria
15 Quinones-Sanchez.

16 And Councilman Green was next.

17 COUNCILMAN GREEN: Thank you,
18 Madam Chair.

19 Just listening to the
20 conversation and dialogue, that's why I
21 think having a real conversation is so
22 important, because it seems like we've
23 kind of danced around these issues in the
24 previous Administration and not really
25 getting into the crux of some of the

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2 concerns, like the fear that DHS workers
3 have in reference to placement, as you
4 said, from the Community Legal Services
5 perspective, when you believe the
6 perspective may be a better outcome of
7 keeping the child in the home, but then
8 you have staff that are concerned about
9 that issue. And then also the issue of
10 resources, how DHS tries to coordinate
11 these issues.

12 So I think, Commissioner
13 Shapiro, you said you're taking a real
14 look at all of these aspects. So to the
15 extent as you're doing that process --
16 and I'm not sure if that's going to be an
17 internal report or an external report --
18 some means of maybe coming back to maybe
19 this body, because the Chair says you're
20 going to have ongoing hearings, and maybe
21 using this as an opportunity really to
22 advocate going forward into the next
23 budget session why we need additional
24 resources and really provide some
25 resources from a budgetary perspective

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2 for some of the things that,
3 Commissioner, you're trying to implement
4 as well as some of the concerns that both
5 DHS and other parties have said, as well
6 as from CLS, as from the CUAs as well.
7 But I think this provides an opportunity
8 to tee up that conversation going forward
9 as we go into the next budget process.

10 MS. FIELDS: I agree, but let
11 me say this: At the public hearings, it
12 was agreed that DHS management would
13 include the union in discussions. Now,
14 for example, I agree with the community
15 model. I just don't think the CUAs
16 should be leading it. I think DHS
17 workers should be leading it. But I do
18 agree that a community model is much
19 better.

20 Now, the last time it was
21 agreed that I would be placed on the IOC
22 Steering Committee. That was December
23 2014, right? They haven't had one
24 meeting since I was put on the Committee.
25 So you sit here and they make promises,

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2 but then they don't follow up on them.

3 I'm not going to bite anybody.

4 I've been a social worker for 38 years.

5 I may be a labor leader, but I'm a social
6 worker first.

7 COUNCILMAN GREEN: Okay.

8 COMMISSIONER SHAPIRO: Can I
9 just respond to a few things, and I won't
10 take too long because I know the hour is
11 late. I want to say in terms of our
12 front end reassessment, we are working
13 with -- we have briefed the union on it.
14 We are working with them on it, and in
15 fact the person who is the consultant
16 that's coming in is meeting with our
17 staff to understand how the process works
18 and with both line staff, social workers,
19 and social work supervisors, and I am
20 happy to share the results of that both
21 with our staff as well as the community
22 or Council to let you know what, if any,
23 change we do make.

24 With respect to a culture of
25 fear, that is not something as the

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2 manager of this agency that I want to
3 create amongst my staff. I encourage my
4 staff to come talk to me. A lot of our
5 decision-making we try to make to do with
6 collective decision-making. We try to
7 offer staff the opportunity on more
8 complex cases to conference those cases
9 with leadership. We have intake teamings
10 at the intake level where we bring in
11 multi-disciplinary teams to review cases,
12 because families lives are important.
13 These cases are incredibly challenging.

14 The staff at DHS is
15 outstanding, and we value the work that
16 they do. And as much as I can, as long
17 as I'm sitting in this seat until the new
18 person comes on, I will continue to work
19 with our staff so that we don't operate
20 in the culture of fear. It's something
21 that I think child welfare systems across
22 the country experience. I don't think --
23 it may be different here or it may be
24 higher at points in time depending on the
25 situation or a case that's in the media,

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2 and I think that sometimes when cases are
3 in the media, that it does create a
4 culture of fear. But it is something
5 that we need to continue just to keep
6 focus on the good social work practice,
7 and I will work with my staff to make
8 sure that that occurs in the best way
9 that I can.

10 MS. JONES: May I please say
11 something?

12 COUNCILWOMAN BASS: Absolutely.

13 MS. JONES: While I really
14 appreciate what you're saying about our
15 members, our members, as you are aware
16 now, that they are operating in a sense
17 of fear. In that fear, there seems to
18 have become a process of discipline as a
19 result, and that's a big issue that's
20 occurring now for a lot of our members
21 over at the Department as well. We have
22 what is called -- we react to something
23 that occurs that's been noted in the
24 newspaper, what-have-you. So right away
25 we want to discipline the team or two

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2 members of the team, such as the worker
3 and the supervisor who handle the case,
4 instead of looking at the whole chain and
5 what the process -- I know they do
6 teamings. I understand that, but the
7 teamings, from what I'm learning from my
8 members, have not been effective. And I
9 think we need to be a more supportive
10 team there at the Department instead of
11 my people feeling isolated and becoming
12 fearful as a result, because people are
13 being disciplined who have never been
14 disciplined ever before. And they're
15 trying to do the best they can or they
16 would not be there working for the sake
17 of the children and the families.

18 COUNCILWOMAN BASS: Okay.

19 MS. JONES: I just wanted to
20 put that there.

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

23 Councilwoman.

24 COUNCILWOMAN SANCHEZ: I'll be
25 brief. I know we have other folks to

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2 testify.

3 First, let me say that this is
4 such a huge responsibility, and what you
5 hear or when you hear people's
6 frustration is their passion and their
7 sense of responsibility. We are taking
8 care of the most vulnerable folks. And
9 that's from the Commissioner executive
10 level to the union members to the CUA
11 folks too. I think everybody feels this
12 sense of pressure and passion and
13 frustration.

14 I think that we had this
15 discussion a little bit about do you
16 throw the baby with the bath water out.
17 So, Vanessa, I was pleased to hear you
18 say that there is a model in the middle
19 that allows the expertise and the
20 capacity at DHS to be a value added to
21 the community outreach that could be done
22 through the CUA.

23 My question for the
24 Commissioner, you mentioned an Oversight
25 Board. What is the public transparent

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2 process where this dialogue can happen so
3 that people feel like -- we did this with
4 the housing agencies. We pissed
5 everybody off and then didn't fix it.
6 Like every time we do one of these things
7 and we manage to piss everybody off to
8 the same level.

9 What is it that we can do in a
10 very public, transparent way that you
11 would recommend to the new Commissioner
12 coming on so that we can get the buy-in
13 that this is a team effort? I mean, we
14 need that almost immediately.

15 I know folks who work for the
16 Department. There's too much of, I don't
17 want to get blamed. We don't want people
18 hesitating to make a decision around a
19 child and what they need to be doing. So
20 what would be your recommendation to the
21 new Commissioner and how does Council
22 through this Committee provide support in
23 that public transparency so that people
24 feel vested that we're going to get to a
25 better place?

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2 COMMISSIONER SHAPIRO: So I
3 think we need to continue to have that
4 dialogue both with staff at the City,
5 with the union, as well as with staff at
6 the CUAs. So I think to set up some
7 formal opportunities for there to be an
8 exchange or a dialogue about
9 recommendations.

10 I think when the new
11 Commissioner comes on, there will be an
12 opportunity to have those forums, and I
13 would encourage that person to begin to
14 have that dialogue, not just about the
15 routine day-to-day matters that are
16 occurring but on the feedback from the
17 staff who are actually doing the work in
18 the field as to how they think we should
19 make changes. Like I said before, I
20 think we are not in a place that we need
21 to just keep plowing along and doing what
22 we were doing before. Our outcomes are
23 not where they need to be. The work
24 needs to improve. So for us to sit here
25 and say we're just going to keep moving

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2 on, it would be irresponsible. So we do
3 need to take that step back and say how
4 can we improve, and we need to make sure
5 that not only are we talking to our
6 staff, but I also want to make sure we're
7 talking to the families that we serve.
8 It's really important that we hear from
9 the clients, from the children who are
10 able to voice their opinions, but also
11 from the parents. So I often receive
12 e-mails from parents about their concerns
13 about how their cases are handled. We
14 have staff that address those, but we --
15 and that is, I think, where we will
16 receive some help from the outside
17 consultant that we'll be able to convene
18 some of those meetings with our clients.

19 But there absolutely has to be
20 an opportunity to have some dialogue, and
21 all that information needs to be vetted.

22 COUNCILWOMAN SANCHEZ: Vanessa
23 mentioned an Oversight Committee. Can
24 you explain what that is?

25 COMMISSIONER SHAPIRO: So at

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2 one period of time, Commissioner Garrett
3 Harley convened the IOC Steering
4 Committee, which was sort of an
5 opportunity for folks to come and share
6 some of those ideas or really, in a
7 sense, be briefed on some of the changes
8 that were going on. We had four
9 subcommittees, and in the change in the
10 transition, we haven't -- I have not
11 convened that group. I think some of the
12 subcommittees have been meeting, but I
13 have not had the opportunity to convene
14 that group, and that's something I'm
15 willing to do. I'm not sure when the new
16 Commissioner will be coming, but
17 certainly something that I can do myself
18 if I'm still here or if the new
19 Commissioner could do that.

20 COUNCILWOMAN SANCHEZ: Now, you
21 do convene meetings with the CUA
22 directors. Are DHS staff members also
23 around that table?

24 COMMISSIONER SHAPIRO: So, yes.
25 Mostly senior leadership, though, not

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2 the --

3 COUNCILWOMAN SANCHEZ: Vanessa
4 is shaking her head. Like we need to
5 agree on some of this stuff. We can
6 disagree on some process stuff.

7 MS. FIELDS: I think we have a
8 different understanding when you say DHS
9 staff. When I think of staff, I think of
10 my members, workers, the people who
11 actually do the work. I'm not thinking
12 about the folk on the higher level. But
13 I think you need everybody in the room.
14 You need the folk at the higher level.
15 You need the folk actually doing the
16 work. Like she said, you need the
17 parents, the CUA workers. I think if we
18 all are in the room at the same time, we
19 could really probably address some of
20 these issues. But I don't know of any
21 time we're all in the room.

22 COMMISSIONER SHAPIRO: So I
23 think we're on the same page, Ms. Fields.

24 MS. FIELDS: I think we are
25 too.

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2 COUNCILWOMAN SANCHEZ: So,

3 again, just because every time we get to
4 a hearing is when we're boiling over in
5 frustration. So I guess what I'd like to
6 see is some short term -- you know, I
7 don't want to see -- and God forbid
8 there's another tragedy in a week or two
9 or whatever. What I don't want to see is
10 kind of that public response to it. What
11 would be good for us and be submitted to
12 the Chair is what are the interim steps
13 when we have a problem and how do you get
14 those workers who interface with the CUAs
15 and folks. What is that intervention
16 around what happened, getting to it, and
17 making people feel like if there has to
18 be a change in protocol, it was a joint
19 decision based on how we're
20 operationalizing this as we troubleshoot
21 some of these. And I think that even
22 that interim step while we get a new
23 Commissioner, God bless their soul,
24 whoever wants to take this on here --
25 they will be doing God's work -- but in

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2 the interim, what are the two or three
3 steps that I think we can get people
4 feeling more comfortable. So if it's the
5 Oversight Committee -- and clearly,
6 Jessica, Commissioner, this shouldn't
7 just fall on you, but whoever is seeing
8 the CUA folks, you know, put folks
9 together around a table pretty quickly,
10 have a discussion about a process,
11 because we may need to be involved in
12 that, Madam Chair, around what is a
13 process that the right stakeholders are
14 around the table. Again, this is very,
15 very, very, very, very serious work.

16 MS. FIELDS: Absolutely.

17 COUNCILWOMAN SANCHEZ: And
18 while a child sleeping on the floor one
19 day, as bad as it is, is one thing, but
20 when you start getting your license and
21 all the other stuff being jeopardized,
22 it's a wake-up call for everybody. So
23 let's not waste this crisis, and let's
24 create an opportunity to figure out what
25 the model is. And we've had this debate

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2 in Council. I have a problem with people
3 thinking we can privatize and we have no
4 capacity to take it back. Nobody is too
5 big to fail. We're not the banks. This
6 is children we're talking about.

7 So what is it, the model, that
8 takes the expertise and the capacity at
9 DHS and utilizes it and that people feel
10 that it's teamwork in this process. And
11 I think whatever you can do until the new
12 Commissioner is in place I think will be
13 hugely important, and I would hope that
14 you will continue to be part of this
15 process since you've been so hands-on up
16 to now, but we need some interim stuff.
17 We need to send a message that you're
18 calling the hotline, there is a process,
19 and it's going to get referred and no one
20 is scared about the repercussions of a
21 call that comes into the center. I mean,
22 that's like hugely important.

23 MS. FIELDS: Absolutely.

24 COMMISSIONER SHAPIRO:

25 Understood.

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2 COUNCILWOMAN SANCHEZ: Thank
3 you, Madam Chair. I know we have other
4 folks to testify.

5 COUNCILWOMAN BASS: That's
6 okay. Thank you very much, Councilwoman.

7 So we thank you very much for
8 being here, for everyone, for speaking
9 and testifying. We are going to take a
10 five-minute break for the stenographer,
11 but please don't go far, because we are
12 going to resume as soon as she comes
13 back. So please don't leave the room.

14 Thank you very much.

15 (Short recess.)

16 COUNCILWOMAN SANCHEZ: We have
17 Dr. Tawana Sabbath, Alliance of Black
18 Social Workers; Pamela Winkler Tew,
19 Pennsylvania Council of Children, and
20 then I guess a few of the CUA operators;
21 David Fair, Noelis Zavala, and Deszeree
22 Thomas. So let's hear from Dr. Sabbath
23 and Pamela Winkler, and then we can bring
24 the three CUA providers together.

25 Come on, folks, unless we want

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2 to have dinner together.

3 (Witnesses approached witness
4 table.)

5 COUNCILWOMAN SANCHEZ: We have
6 written testimony for Dr. Tawana Sabbath.
7 So if she's not here, we have written
8 testimony.

9 MS. TEW: I believe she's in
10 the bathroom.

11 COUNCILWOMAN SANCHEZ: Oh,
12 she's in the bathroom.

13 MS. TEW: There she is.

14 COUNCILWOMAN SANCHEZ: Oh,
15 okay.

16 So I'm assuming you're Pamela
17 Winkler.

18 MS. TEW: That's me.

19 COUNCILWOMAN SANCHEZ: You want
20 to get started then?

21 MS. TEW: Can you hear me okay?

22 COUNCILWOMAN SANCHEZ: No. You
23 got to speak right into the mic and say
24 your name for the record for the
25 stenographer.

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2 MS. TEW: Pamela Winkler Tew.

3 I'm with the Pennsylvania Council of
4 Children, Youth and Family Services.

5 COUNCILWOMAN SANCHEZ: We have
6 your written testimony, so if you want to
7 summarize your presentation.

8 MS. TEW: I will attempt to do
9 that to the best of my ability.

10 So, again, I'm from the
11 Pennsylvania Council of Children, Youth
12 and Family Services. We are a statewide
13 association of private provider agencies
14 with the mission of improving the quality
15 of life for Pennsylvania's at-risk
16 children, youth, and families by
17 supporting and promoting an accessible
18 service delivery system within our
19 communities, and I am based in our
20 Philadelphia office.

21 I want to just start off by
22 quickly reiterating the core of that
23 mission and to ensure the most vulnerable
24 children in our communities, those that
25 are abused, neglected, and their families

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2 have access to quality programs and
3 services aimed at keeping children safe
4 and strengthening families. We're
5 invested in supporting a network of
6 providers that represent a broad array of
7 services.

8 Our member agencies have worked
9 for decades, some for well over a
10 century, in partnership with the
11 Philadelphia Department of Human
12 Services. As you know, Improving
13 Outcomes for Children, or IOC, has been
14 the largest shift in the child welfare
15 service delivery model in our collective
16 memories. Yet currently we believe that
17 services are less accessible to children
18 and families than they were before IOC.
19 This is illustrated by the downgrade in
20 the DHS license status.

21 We believe that the issues are
22 symptoms of the system that is stretched
23 too thin. The system is struggling to
24 meet the needs of the approximately 6,100
25 children in out-of-home placement. As

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2 you've heard, this is approximately a 46
3 percent increase in the three-year
4 period, and there's pressure on the
5 system from every direction.

6 While the reasons for this
7 increase in the demand for services
8 remain under debate, we know it has put
9 extraordinary financial pressure on DHS.
10 As all of you know, having managed your
11 own budgets, that when there are more
12 demands on resources, priorities must be
13 set and hard decisions must be made.

14 Of course, the impacts of the
15 issues facing IOC implementation go far
16 beyond the DHS budget. Providers report
17 that they regularly have resource
18 caregivers - long-term foster parents -
19 choosing to leave the system. Caregivers
20 report feeling unsupported in the
21 challenging task of caring for the
22 children whom they have opened their
23 homes. Additionally, data and provider
24 reports show that children headed toward
25 adoption are facing unnecessary delays in

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2 achieving permanency, leaving them linger
3 in the system for months or even years.

4 The Pennsylvania Council
5 supports a community-based delivery of
6 services such as IOC, and we're confident
7 that the provider community through the
8 CUAs and their subcontracting networks
9 can achieve the outcomes originally
10 envisioned, but we believe they need to
11 be adequately resourced to do so.

12 Providers have demonstrated a
13 history of commitment to help many
14 families achieve timely permanence and
15 have expertise and intervention skills
16 needed to drive strong positive outcomes.
17 We have several recommendations for your
18 consideration.

19 We recommend that DHS
20 reallocate the resources in the system to
21 increase the dollars dedicated to service
22 delivery. This means ensuring the CUAs
23 and their subcontracting agencies have
24 the funds to hire and retain staff at
25 levels that support meeting the IOC

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2 goals. Of course, you've heard many of
3 these goals throughout presentations, so
4 I'm not going to reiterate them.

5 IOC came with a large
6 restructuring of roles and
7 responsibilities, creating an array of
8 new jobs and responsibilities for the DHS
9 workforce. The priority direction for
10 funding needs to change to be in areas
11 where children and families need it most,
12 in their communities. CUA case manager
13 workloads must be reduced so they have
14 time to quickly respond to the
15 ever-increasing needs of children and
16 families, and subcontracting agencies
17 must be supported to play a larger role
18 in supporting and stabilizing children in
19 their placement.

20 We have talked about the CUA
21 case manager-to-family ratio, and we
22 believe that it's too high. I'm not
23 going to reiterate the numbers and the
24 way folks have already laid them out for
25 you. I'm hopeful at Commissioner

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2 Shapiro's testimony today about trying to
3 reduce those caseloads to more align with
4 national standards, which we know are
5 about 12 to 15 children or six or to
6 seven families per caseworker.

7 A recent CUA analysis that was
8 presented at the last Community Oversight
9 Board meeting showed that in the current
10 structure, there's approximately a 40
11 percent reduction in case management
12 services to children and families under
13 the IOC model. This has a very real
14 impact. A child in foster care is now
15 visited by a case manager 50 percent less
16 than they were pre-IOC. The goal of IOC
17 was to clarify roles and
18 responsibilities, not reduce the services
19 to children and families, while
20 increasing the overall workforce.

21 At this point, a CUA case
22 manager sometimes is the hardest person
23 in the system to reach, while, as
24 envisioned, they're supposed to be
25 driving the case as a single case

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2 manager.

3 Finally, I want to discuss
4 redefining expanding the role of
5 subcontracting providers, which is
6 currently under discussion with DHS.
7 It's critical that providers that
8 subcontract with the CUAs must have their
9 roles clearly defined, which we believe
10 that we're moving toward, but that they
11 also have the resources available to do
12 this work and provide the level of
13 intervention to stabilize a child in
14 their placement setting. It's become
15 clear through IOC implementation that
16 subcontractors should play a larger role
17 in ensuring the stability of children
18 while they're in their placement
19 settings. We know that children in
20 out-of-home placement have experienced
21 one, if not multiple, traumas, and caring
22 for them takes a team of caregivers and
23 professionals who can prevent or manage
24 crisis situations. Without an increase
25 in dollars to support the increased

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2 number of trained and experienced staff
3 needed to provide this focused and
4 intensive support, agencies will not be
5 able to fulfill this role.

6 To complete my testimony, the
7 audit that has led to the downgrade of
8 DHS's Certificate of Compliance lays out
9 the symptoms of the system's challenging
10 transition to IOC, but does not
11 necessarily provide a clear diagnosis.
12 We believe it's critical to invest in
13 service delivery by revisiting the
14 financial model that underpins the reform
15 effort. We need to not only get services
16 into neighborhoods; we need to get the
17 resources there as well.

18 I look forward to your
19 questions, and thank you for this
20 opportunity to testify.

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

23 We'll hear from our next
24 speaker, please.

25 DR. SABBATH: Thank you so

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2 much. I am Dr. Tawana Ford Sabbath and I
3 want to thank City Council for having
4 this hearing, and I especially commend
5 Councilwoman Cindy Bass for taking the
6 lead and moving us forward here.

7 Some of the statements I will
8 make are either repetitive or will
9 underscore some of the positions that
10 have been put forth earlier. I also want
11 you to know I am representing the
12 Alliance of Black Social Workers,
13 Incorporated. We are the Philadelphia
14 chapter of the National Association of
15 Black Social Workers. I'm a pioneer
16 member and a past President, and I've
17 been involved in numerous capacities with
18 the organization since 1971. Many of our
19 members are actively engaged in the
20 fields of child welfare and mental
21 health. Therefore, as an organization,
22 we are most interested in weighing in on
23 the hearings and on any follow-up work
24 related to DHS and the CUAs.

25 My testimony today is based on

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2 my interactions with our members that
3 work inside DHS, some retirees that were
4 in administrative positions previously
5 with DHS, and those who have worked as
6 providers within child welfare.

7 In addition, on May 21st, 2016,
8 our chapter hosted a professional
9 development seminar, a presentation that
10 featured a panel discussion about DHS and
11 the CUAs. The presentation helped to
12 inform those of us that have not been
13 exposed to the inner workings of those
14 entities. Based on that presentation, we
15 are certain that we have ideas for
16 improvement as we move forward.

17 I am concerned that the main
18 points in the resolution and the basis
19 for the provisional status for DHS seem
20 to be more administrative than service
21 oriented. False reporting and faulty
22 recording of activities are supervisory
23 concerns that can be rectified with
24 greater accountability on all levels.
25 Rather than a punitive

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2 search-and-find-the-culprit approach,
3 there has to be a standard of
4 professional functioning that is clearly
5 supported by the system. There is some
6 history of name and blame, which has the
7 implications that all problems are
8 directly related to individuals or
9 agencies and not systemic issues that
10 have existed for many years. There
11 should be no question that timely and
12 accurate notation is expected. That air
13 of professional responsibility will
14 change the culture of the whole system.

15 Also, there seems to be a lack
16 of understanding of all that goes into
17 child protective services such that the
18 instances of children housed overnight at
19 the DHS office is made to sound like
20 something that just should not happen,
21 when in actuality if there are no
22 available receiving foster homes, the
23 worker must house the child in a safe
24 environment that provides the basic
25 necessities. These factors are readily

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2 understood and appreciated by social
3 workers. The reality is, based on the
4 information from our members, that there
5 is a child care center in the DHS
6 facility, which we've heard about
7 previously here, specially designed to
8 ensure the safety and comfort of children
9 that cannot be placed immediately.

10 Input from our constituents
11 paints a picture of extreme fear within
12 the DHS and CUA system. That culture of
13 fear that stemmed from the Danieal Kelly
14 and Sandusky cases has been exacerbated
15 by the lack of leadership by social
16 workers with child welfare experience.
17 The Kelly case sent shock waves through
18 the whole system and community, resulting
19 in what I believe to have been a
20 knee-jerk reaction that deemed the whole
21 system to be ineffective. Therefore,
22 leadership was handed over to
23 professionals with legal backgrounds to
24 protect the system from further scrutiny.
25 The result has been a greater emphasis on

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2 record-keeping and accurate reporting,
3 with less attention to the interpersonal
4 details of each case.

5 Another result of the knee-jerk
6 reaction is that an adversarial
7 relationship has developed between DHS
8 and some of the CUAs. Each CUA has been
9 provided a DHS resource person to help
10 them negotiate certain system of service,
11 like Family Court and Juvenile Court.
12 There has been such a lack of utilization
13 of those resource persons that judges and
14 advocates have lodged a complaint about
15 the ineffectual representation by CUA
16 workers. The welfare of the children and
17 family seems to have taken a back seat to
18 an internal conflict between agencies.

19 What our colleagues in child
20 welfare know and share with us is that
21 the best efforts to protect children from
22 abuse and neglect can still result in
23 isolated cases of failure. However,
24 those failures should not be an
25 indictment of the whole system, but an

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2 indication of the need for a review of
3 best practices.

4 There are two other concerns
5 that have been raised by members of our
6 organization. One is that the original
7 structure of DHS allowed for
8 collaboration with identified community
9 groups and agencies that offered clients
10 opportunities for normalizing
11 experiences. They included parenting
12 groups, recreational activities for the
13 children, and therapeutic intervention as
14 required. That network of services
15 helped to strengthen the work with the
16 whole family. In that way, also the
17 community became part of the healing
18 process. Funds that were part of the DHS
19 budget were effectively used to make
20 those services available. The question
21 is, what part of that emphasis has been
22 maintained with the Community Umbrella
23 Agencies? Are they nurturing those types
24 of community relationships for the
25 benefits of their families? What is that

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2 the part of the DHS budget being used
3 for? Are the CUAs reflective of the
4 communities served? Are the financial
5 requirements to become a CUA preventing
6 diversity in management and
7 administrative oversight? Do we embrace
8 diversity in practice which could have
9 impact upon the use of varied practice
10 models and improved concerns?

11 The other concern that has come
12 forth is that the CUAs are experiencing
13 very high turnover rate, as we've heard
14 repeatedly here today, in terms of line
15 staff. That, of course, has to be
16 frustrating for the children and families
17 that have to start all over again with
18 new workers. There is also the high
19 probability of gaps in service and
20 contact.

21 The consensus at the end of our
22 panel discussion in May was that the
23 Alliance of Black Social Workers,
24 Incorporated will advocate for the
25 appointment of a Philadelphia DHS

1 6/14/16 - PUBLIC HEALTH - RES. 160539
2 Commissioner that is a social worker with
3 child welfare practice experience.
4 Permeating throughout the Philadelphia
5 child welfare system must be a respect
6 for best practices as dictated by the
7 social work profession. The value of
8 proper supervision must be maintained so
9 that not only will the clients benefit,
10 but also the workers whose professional
11 development is an inherent part of that
12 supervision process. Proper and regular
13 training of all providers must be
14 required.

15 As an organization, the
16 Alliance of Black Social Workers is
17 interested in having an active part of
18 reviews and strategy development for
19 strengthening DHS and the CUAs. We know
20 that the lives of the predominantly
21 African American children and families in
22 the Philadelphia child welfare system are
23 negatively impacted by a failed system.
24 A portion of our Code of Ethics states, I
25 accept the responsibility to protect the

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2 black community against unethical and
3 hypocritical practice by any individual
4 or organizations engaged in social
5 welfare activities.

6 In light of that commitment, we
7 are concerned about the state of affairs
8 related to DHS and the CUAs and, most
9 importantly, the children and families
10 who remain vulnerable and susceptible to
11 family disruption and high-risk
12 circumstances.

13 Thank you so much.

14 COUNCILWOMAN BASS: Thank you
15 for your testimony.

16 (Applause.)

17 COUNCILWOMAN BASS: Thank you
18 very much.

19 And, sir, if you want to state
20 your name for the record and begin your
21 testimony. If you could summarize.

22 MR. FAIR: Yes. My name is
23 David Fair. I'm Deputy Chief Executive
24 Officer for Turning Points for Children.
25 I'm testifying today on behalf of a new

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2 coalition called Partners for
3 Philadelphia Families, which has been
4 formed by the seven community
5 organizations operating Community
6 Umbrella Agencies throughout Philadelphia
7 neighborhoods. With me today are Noelis
8 Zavala, the CUA Director at APM, and
9 Staci Boyd, the CUA Director at Tabor
10 Community Partners, to help should you
11 have any questions.

12 Three years ago Philadelphia
13 DHS began implementing Improving Outcomes
14 for Children, which was designed to
15 revolutionize the delivery of child
16 welfare services in Philadelphia. In
17 fact, much of the promise of IOC has yet
18 to be implemented, let alone realized.
19 Unfortunately, this has led to a rush to
20 judgment in some quarters to question
21 IOC's effectiveness.

22 It's important to remember that
23 IOC was adopted in order to fix a broken
24 system. There was and is a consensus
25 that the old ways were not in fact

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2 adequately protecting the safety of
3 Philadelphia's children; that they were
4 not in fact adequately assuring their
5 well-being; that they were not in fact
6 doing a great job of helping children
7 find safety and permanency in their own
8 communities with their own families or in
9 an adoptive home. And that was all when
10 we had a system serving only 4,000
11 children in foster care. Today that
12 number is over 6,100.

13 It should also be noted that
14 IOC is not a pilot program or an
15 experiment. The unprecedented changes in
16 policies, procedures, roles, priorities,
17 methods, personnel and, yes, financing
18 that have taken place over the past three
19 years have fundamentally transformed our
20 child welfare system and moved it into
21 the 21st century, and we should not turn
22 back the clock on the profound and
23 positive changes that have already been
24 made. To do so would unnecessarily be
25 disruptive to the care we provide and put

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2 at risk the 11,000-plus children and
3 families who have been entrusted to us.

4 Today's problems with IOC
5 implementation are largely budgetary, not
6 problems with the approach. A child
7 welfare system that had a \$750 million
8 budget ten years ago with about 3,500
9 children in care is now one with \$100
10 million less and almost twice as many
11 children to care for.

12 Only by solving the financial
13 challenges can we truly relieve the many
14 stresses that impact our support of
15 children and families, and only with
16 smarter investment of available funds can
17 we say we are addressing the issues
18 raised by the state audit.

19 While there have been many
20 implementation challenges in the first
21 three years of IOC, largely having to do
22 with a 46 percent increase in the number
23 of children in foster care and largely
24 static funding from the Commonwealth, it
25 is also true that the IOC initiative is

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2 achieving results that are as good or
3 better than what was being achieved under
4 the old model. These results include a
5 continuously increasing rate of
6 reunifications and adoptions. Overall
7 permanencies have increased by 25 percent
8 over a year ago. Adoptions are up 15
9 percent, and reunifications have
10 increased by 30 percent over last year.
11 Improved rates of placing children with
12 relative caregivers rather than
13 strangers, which today is happening at a
14 higher rate than ever before; keeping
15 children in their own neighborhoods and
16 schools and close to friends and
17 families; keeping siblings together;
18 reducing the use of group homes and
19 institutions; improving safety visitation
20 rates, which are consistently higher than
21 when this service was performed by DHS.
22 Through our neighborhood engagement
23 efforts, we are organizing coalitions of
24 neighborhood organizations to support
25 children in care and advance the

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2 protective factors that keep children
3 safe and healthy families in communities,
4 and we are implementing highly successful
5 parent education services through Parent
6 Cafes consistently offered, almost 30 a
7 month, offered in every neighborhood
8 throughout the City.

9 Each of these is a critical
10 measure of a successful child welfare
11 system.

12 IOC has not worked perfectly by
13 any means, but we are moving forward,
14 showing that by almost every system
15 measure, child welfare services based in
16 neighborhoods rather than in downtown
17 offices make the most sense for children
18 and families.

19 It should be noted that prior
20 to IOC, child and family case management
21 was provided by a DHS case manager
22 overseeing the case and a foster care
23 agency case manager who did much of the
24 day-to-day work. It was as privatized a
25 system as we have today. IOC is instead

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2 based on the model of a single case
3 manager responsible for both functions,
4 because having two case managers was seen
5 as confusing for families and resulted in
6 muddled case planning.

7 This means that under IOC one
8 case manager is now solely responsible
9 for the work formerly performed by two
10 full-time people. And they are working
11 in a system that has not only lost the
12 work of DHS caseworkers, but has 40
13 percent fewer case managers on the
14 provider side than the previous system.
15 Today, we have 392 case managers doing
16 the work formerly handled by 660.

17 Unfortunately, eliminating the
18 system of dual case management did not
19 eliminate the need for services and
20 functions critical to the achievement of
21 safety, well-being, and permanency.

22 Caseloads for these beleaguered
23 and low-paid social workers that,
24 according to national experts, should be
25 at seven families or about 16 children

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2 per case manager are more likely now at
3 14 and 15 families with 32 to 35
4 children.

5 For each one of these 32 to 35
6 children, the case manager must every
7 single day assure the child's physical
8 and emotional safety; support academic
9 and other education-related progress;
10 assure medical, dental, and behavioral
11 health needs are met; transport the child
12 when necessary to and from school and
13 appointments; supervise visits with
14 family members; make sure foster parents
15 have what they need to care for the child
16 when in placement; help birth parents and
17 other family members obtain the often
18 wide range of health, social service, and
19 other practical services they need to be
20 able to reunify with their child;
21 identify other family members and
22 community supports; and handle extensive
23 paperwork requirements and assure that
24 all court-mandated duties are fulfilled.
25 Not to mention acting as a counselor and

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2 trusted friend, committed to bringing the
3 family back together.

4 Every day. For each and every
5 day for every one of 32 to 35 children.

6 To paraphrase a comment made by
7 DHS Community Oversight Board Chairperson
8 David Sanders last month, if this was the
9 typical workload of an airplane pilot,
10 none of us would get on a plane.

11 These caseloads are
12 unacceptable, untenable, and risky, and
13 they are the primary reason why the true
14 promise of IOC has not yet been realized
15 and that the failings identified in the
16 state audit have occurred. It is
17 critical that the Commonwealth and the
18 City work out the financing issues so
19 that the caseloads can be reduced to a
20 level that makes appropriate care
21 possible.

22 It is also urgent that the
23 Commonwealth and the City recognize that
24 in the crisis of many parts amidst
25 demands of many types, it is the direct

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2 services to children and families that
3 should be funded first. These services,
4 the services that keep our children safe
5 and move them towards healthy futures,
6 need to be our highest priority, not just
7 one of many.

8 Lower caseloads mean
9 caseworkers would no longer have to
10 routinely put in 55 and 60 hour work
11 weeks, an expectation that cannot be
12 sustained, just to keep up with the
13 basics of the work they are asked to do.
14 It means less time on burdensome
15 paperwork and more time assuring the
16 safety of children, supporting their
17 physical, mental, and educational
18 well-being and assisting birth parents in
19 addressing the issues necessary to
20 achieve reunification.

21 Lower caseloads will also
22 result in increased permanencies, finally
23 reducing the number of children in care.

24 There are other challenges to
25 the success of IOC that are further

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2 detailed in my written testimony. They
3 include staff turnover, which, by the
4 way, in no CUA is anywhere close to 48
5 percent; the lack of foster parent and
6 other placement resources; and the lack
7 of a useful information system so that we
8 can track where children are in the
9 process of permanency.

10 Here's the bottom line: If
11 we're going to keep our children safe and
12 healthy, we need to catch them before
13 they go over the waterfall, not wait at
14 the bottom to catch the pieces. Money
15 can't solve all problems, but in this
16 case, everyone knows that the money we
17 all thought would be there when IOC was
18 rolled out simply is not. To a large
19 extent, we believe that if the priorities
20 of the existing allocation from the
21 Commonwealth to the City can be reordered
22 to fund CUA case management services, IOC
23 outcomes would continue to improve and
24 the CUAs' workforce would be stabilized.
25 Rather than engage in blame games so that

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2 we can avoid the problem, we all - state,
3 city, CUAs, foster care agencies, foster
4 parents, unions, advocates, judges - need
5 to demand once and for all an adequately
6 funded and creatively led system of care
7 for the children that we, the public,
8 have taken responsibility to protect.

9 Thank you for your attention.

10 COUNCILWOMAN BASS: Well, thank
11 you all for your testimony this evening.
12 I'm going to be brief, because I know
13 that there are other questions as well,
14 but there are a couple of questions that
15 I had. And I want to start with
16 Mr. Fair. I had some concerns about your
17 testimony.

18 So one of the things that you
19 stated on Page 5 was that money can't
20 solve all the problems, but the money
21 that we all thought would be there when
22 IOC was rolled out simply is not. Can
23 you expound on that statement. Was there
24 a promise or a suggestion by DHS in terms
25 of how much would be provided for child

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2 per caseload or whatever the situation
3 may be, and then did the number change or
4 was it -- did the CUA enter into a
5 contractual agreement and then figure out
6 that the money that was provided was not
7 enough? Can you expound on that?

8 MR. FAIR: There's a couple of
9 ways of looking at it. The original plan
10 from IOC was based on there being 4,000
11 children in the system. So it was based
12 on -- so all of the staffing is based on
13 there being 4,000 children in the system.
14 All of the budgets that we created when
15 we applied were based on there being
16 4,000 children in the system. So now
17 with a 50 percent increase in the system,
18 you would think there would be an
19 increase in the money. Maybe not a 50
20 percent increase, but there would be an
21 increase in the money. In fact, we've
22 lost money over the last three years.
23 We've had money taken from our budgets.
24 When they moved the caseload from one to
25 ten to one to 13, that was, in effect, a

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2 budget cut. It was forcing us to do more
3 work for less money.

4 COUNCILWOMAN BASS:
5 Ms. Shapiro, can we have you come back
6 forward, please.

7 MR. FAIR: I'm sorry?

8 COUNCILWOMAN BASS: I'm sorry.
9 I didn't mean to cut you off. I wanted
10 the Commissioner to come back forward to
11 address this.

12 MR. FAIR: And also the -- we
13 all had what we call prevention funds,
14 which are really early intervention
15 funds, funds to work with families so
16 that they don't have to go further in the
17 system, we could keep them from being in
18 foster care. That funding was just
19 eliminated halfway through the fiscal
20 year. We were informed to close those
21 programs and that money would no longer
22 be there.

23 But the biggest -- the
24 reference that I made in the testimony
25 was really related to the fact that we're

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2 funded for 4,000 and we're now 6,000 and
3 we're not funded for 6,000. The amount
4 is the same as it was originally.

5 COUNCILWOMAN BASS: So I'm
6 going back to Page 2. You said today's
7 problems with IOC implementation are
8 largely budgetary, not problems with the
9 approach. A child welfare system that
10 had a \$750 million budget ten years ago
11 with about 3,500 children in care is now
12 \$100 million less and almost twice as
13 many children to care for.

14 And so, again, I guess my
15 question -- and, Commissioner, if you
16 want to weigh in on this -- goes back to
17 how were the CUAs contracted? Was it per
18 child? Was it based on the overall
19 system, which I find hard to believe?
20 How was the original contract with
21 individual CUAs determined, developed?
22 What was the payment system that was
23 agreed upon?

24 COUNCILWOMAN SANCHEZ:
25 Ms. Winkler, can you switch with the

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2 Commissioner. Thank you.

3 COMMISSIONER SHAPIRO: Thank
4 you. The payment system to the CUAs was
5 really based on paying the expenses for
6 the CUAs. So they're what we call a
7 program-funded contract. So we pay the
8 staff salaries. We pay all the costs
9 associated with those fringe benefits, et
10 cetera. And also as part of the CUA
11 contract, we pay a passthrough to the
12 CUAs for the maintenance costs for the
13 costs for foster care.

14 COUNCILWOMAN BASS: So I guess
15 what I'm asking is, does it matter in
16 terms of the caseload? So if a
17 particular CUA, CUA A, as an example,
18 starts out with a caseload of, let's say,
19 1,500 young people, families that they're
20 responsible for, and then that number
21 then skyrockets to 2,000 or 2,500, is
22 there an adjustment that they would see?

23 COMMISSIONER SHAPIRO: Yes. So
24 there would be an adjustment, because we
25 would fund them to service the family on

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2 a one-to-13 ratio. Initially it was one
3 to ten, then it became one to 13.

4 COUNCILWOMAN BASS: So there
5 was an increase at one to 13?

6 COMMISSIONER SHAPIRO: Right.
7 In order -- we reevaluated. We were also
8 facing some tight budget numbers, but --
9 so if, for example, a CUA starts in the
10 middle of the year at 1,000 families, so
11 we fund them with the proportionate
12 amount of case managers, but, for
13 example, maybe that district sees a high
14 increase in the number of families that
15 they're serving, then we would add money
16 to the contract to make sure that they
17 could still staff the family and the
18 ratio that we had set under the contract.
19 And in fact, as we had been negotiating
20 the contracts for the Fiscal Year 2017,
21 '16-'17, we've been looking at actual
22 caseloads, projected caseloads to really
23 make sure that we're keeping to that
24 ratio.

25 COUNCILWOMAN BASS: Okay.

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2 MR. FAIR: Switching the
3 caseload from one to ten to one to 13 was
4 a 30 percent budget cut for our CUAs, and
5 the actual caseloads are closer to one to
6 15 and one to 16. We're only getting
7 paid now on the basis of a one-to-13
8 ratio. So we get a new case manager for
9 every 13 new cases, new cases it looks
10 like we're permanently going to have.
11 But we would have gotten 1.3 case
12 managers if we had been sticking to the
13 one to ten system.

14 COMMISSIONER SHAPIRO: So
15 that's what we're trying to work towards.

16 MR. FAIR: And I will say the
17 Commissioner is working as hard as she
18 can to fix this problem.

19 COUNCILWOMAN BASS: Okay.
20 Okay. Councilwoman.

21 COUNCILWOMAN SANCHEZ: I have a
22 question about the dollars. Does the CUA
23 have the ability given the crisis
24 situation that you paint to not take a
25 referral if they don't have capacity?

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2 MR. FAIR: No.

3 COMMISSIONER SHAPIRO: No.

4 COUNCILWOMAN SANCHEZ: There's
5 a lot of liability there.

6 MR. FAIR: Yes, it is.

7 COUNCILWOMAN SANCHEZ: So why
8 would you sign a CUA contract that does
9 that?

10 MR. FAIR: It's hard to -- it
11 may be hard to believe, but it's because
12 we think we can do a better job of caring
13 for children and families.

14 COUNCILWOMAN SANCHEZ: I know,
15 but that's part of --

16 MR. FAIR: My organization has
17 added \$1.5 million of its own endowment
18 funds to try to alleviate the pressure
19 that's been being put on CUAs.

20 COUNCILWOMAN SANCHEZ: Again, I
21 think the work is laudable. I managed a
22 non-profit before and I didn't let my
23 funders define me, because I had certain
24 core values that I followed, and many
25 times I had to say, no, I can't do this,

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2 because I would be irresponsible in
3 assuming liability for some of this
4 stuff. I just feel like when the
5 caseloads were increasing, somebody
6 should have said, Wait a minute, we can't
7 continue to take referrals if we don't
8 have the capacity.

9 So if we remove 25 percent of
10 your caseload, do you have enough money?

11 MR. FAIR: I'm sorry?

12 COUNCILWOMAN SANCHEZ: If we
13 remove 25 percent of your caseload.

14 MR. FAIR: We conceivably would
15 have enough money to run.

16 COUNCILWOMAN SANCHEZ: You've
17 heard the discussions going back and
18 forth. I strongly believe that DHS has
19 to remain -- has to keep a certain amount
20 of capacity and ability to provide these
21 services, and as much as ideally we want
22 to have more resources, we're never going
23 to have all of the resources to do all of
24 this, but I do think as part of this
25 contracting we really do have to look at

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2 what is a responsible caseload to give to
3 the stakeholders and what we're going to
4 have the capacity to keep.

5 What I don't want is a
6 situation where we're just -- we plug in
7 these numbers and we forget that these
8 are children. And so we're making
9 decisions on numbers as opposed to
10 children, and at what point do the adults
11 in the room say, This is the capacity we
12 have and this is all we can take, and the
13 system says, How do we keep a parallel
14 system so that we don't overburden?
15 Because then everybody is getting poorly
16 served. We're all doing an injustice to
17 this. And because we're such in the
18 beginning stages of this, that there's
19 still a lot of room to improve this
20 stuff, but I feel like for -- I wanted to
21 ask the person from the Pennsylvania
22 Association, you know, is there a middle
23 ground on this stuff?

24 COMMISSIONER SHAPIRO: I just
25 want to clarify one thing. So first of

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2 all, I do want to get the caseloads down,
3 because they have to drop and so --

4 COUNCILWOMAN SANCHEZ: Do we
5 have an internal capacity to manage
6 caseloads on our own?

7 COMMISSIONER SHAPIRO: So we
8 have staff at DHS that are -- we still
9 have some cases that we're under the dual
10 case management system. But what I
11 wanted to say is I think it's about
12 reducing the ratio, but it's also about
13 looking at the cases that are in the
14 system to see which ones can move safely
15 to permanency, which is why we're going
16 to be conducting these permanency reviews
17 over the summer.

18 I also wanted to say that as we
19 were transitioning the cases that were in
20 the old system to the new system, at
21 various points in time based on the
22 capacity and the staffing complement at
23 the CUA we did slow down or stop those
24 transfers of cases, because we wanted to
25 make sure that they had sufficient

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2 staffing. If there were two many
3 vacancies, for example, we would slow
4 down the transition of the older cases
5 into the CUAs.

6 COUNCILWOMAN SANCHEZ: So how
7 many cases are we managing?

8 COMMISSIONER SHAPIRO:
9 Currently?

10 MS. ALI: So we have about --

11 COUNCILWOMAN SANCHEZ: Say your
12 name for the record.

13 MS. ALI: So my name is
14 Kimberly Ali.

15 So we have -- in the Ongoing
16 Service Region, we still have one section
17 in the Ongoing Service Region at the
18 Department of Human Services, and their
19 work is comparable to the CUA work that
20 are managing about 400 families. And
21 then we have an additional about 270
22 families that are -- children, I'm sorry,
23 that are in the adoptions section at the
24 Department of Human Services. So we have
25 about between 750, 800 cases that are

1 6/14/16 - PUBLIC HEALTH - RES. 160539
2 still at the Department of Human
3 Services.

4 COUNCILWOMAN SANCHEZ: So I
5 guess for me part of this was to create
6 best practices and a process that better
7 serve folks, and it didn't matter who it
8 was, because obviously we have seven
9 stakeholder groups involved in this. So
10 do we follow the same model and the
11 process as the CUAs internally?

12 MS. ALI: In terms of the
13 process for the CUAs for the Ongoing
14 Service Region workers, it is still the
15 dual system. So there is a provider
16 social worker that goes out and visits
17 the family and then there is a DHS social
18 worker. What we want to do of those
19 cases that are in the Ongoing Service
20 Region, there are about 140 cases that
21 are still eligible to transition over to
22 the CUAs. We are taking a second look at
23 those cases to determine whether or not
24 they are appropriate to transfer, because
25 our goal is to not transfer any case over

1 6/14/16 - PUBLIC HEALTH - RES. 160539
2 to the CUA that is going to close. The
3 other remaining cases that are in the
4 Ongoing Service Region will close out
5 naturally or will achieve permanency
6 naturally.

7 COUNCILWOMAN SANCHEZ: Are we
8 taking new cases?

9 MS. ALI: No. The Department
10 of Human Services is not taking any new
11 cases. The new cases that come through
12 the front door, if we accept them for
13 services, they go directly to the
14 Community Umbrella Agencies.

15 COUNCILWOMAN SANCHEZ: So we
16 hear them complaining about their budget.
17 At what point do we decide we're not
18 doing any more transfers until we
19 redefine this budget issue? At what
20 point does that decision get made?

21 COMMISSIONER SHAPIRO: So it
22 is -- we are working with our state
23 partners around trying to figure out how
24 we can afford and manage moving to that
25 one-to-ten ratio. We are also trying to

1 6/14/16 - PUBLIC HEALTH - RES. 160539
2 do the work, the practice work, around
3 trying to make sure that we're closing
4 the right cases and looking at the front
5 door. So it's a combination.

6 Simply just making the
7 investment, it's bigger than that. We
8 need to be doing all the work that we've
9 already started to do, all the technical
10 systems that we're getting from Casey
11 Family Programs and implement those
12 changes.

13 So my goal is that we -- not
14 only I want to find the money to invest
15 to bring us back down to one to ten, but
16 we also need to do the work about making
17 sure that we're looking at the cases,
18 making sure we're staying true to our
19 model of safety, safety model of
20 practice, and moving those young people
21 to permanency as safely and as
22 expeditiously as we can.

23 COUNCILWOMAN SANCHEZ: And so
24 do you --

25 COMMISSIONER SHAPIRO: Because

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2 I think all that work will bring down the
3 caseloads.

4 COUNCILWOMAN SANCHEZ: So you
5 think right now that is the most
6 efficient model? We have a bunch of
7 capacity at DHS and we're unwilling to
8 keep some of the cases there to lighten
9 the load of the CUA responsibility until
10 we figure this out?

11 COMMISSIONER SHAPIRO: So a lot
12 of the staff that were in the Ongoing
13 Service Regions have transferred to other
14 sections of the agency. So many of our
15 staff that were providing that ongoing
16 service work have now transferred over,
17 many of them, to the hotline and
18 investigation section. So what I'm
19 trying to do is balance the need for
20 staff at the front end as well as making
21 sure that we have staff to manage those
22 cases that are still at DHS and to move
23 those kids to permanency.

24 We continue to receive hundreds
25 of reports, thousands of reports. We're

1 6/14/16 - PUBLIC HEALTH - RES. 160539
2 projecting to be almost 20,000
3 investigations this year. Before we
4 started IOC, we conducted 14,000. So I
5 need to make sure that we're making those
6 response times, that our workers are not
7 overburdened. I said we have -- we gave
8 two months in a row of ten reports, and I
9 recognize that that is very, very hard
10 for my staff, but I need to -- the
11 reports come in. I need to make sure
12 that we're going out and conducting those
13 investigations. So it's imperative that
14 we continue to enhance the staffing
15 capacity at the front end. We have
16 social workers that we just hired that
17 are City social workers, DHS social
18 workers that -- we just hired a new
19 class. I'm looking to hire about 14 or
20 15 more so that we can continue to make
21 sure that we're safely and expeditiously
22 responding to reports.

23 So I don't necessarily have the
24 capacity at this point to absorb the
25 cases back from the CUAs.

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2 COUNCILWOMAN SANCHEZ: I'm not
3 talking about absorbing --

4 COMMISSIONER SHAPIRO: Or even
5 stop, because the workers that are in the
6 Ongoing Service Region, I'm trying to
7 make sure that their caseloads don't go
8 too high.

9 So we're looking at every piece
10 of this, I can assure you, to try and
11 look at how we're staffing and how we're
12 funding. We are working -- the
13 Administration is working with the state
14 around looking for the funding and
15 talking about the funding for making some
16 of these changes.

17 COUNCILWOMAN SANCHEZ: In the
18 process are we looking at the cost per
19 family, doing a comparative analysis by
20 CUA, like to see where is it that we have
21 the highest ranking CUAs with the -- the
22 goal is best practices for the families.

23 COMMISSIONER SHAPIRO:
24 Absolutely. So the way the contracts are
25 funded, it's really based on the costs

1 6/14/16 - PUBLIC HEALTH - RES. 160539
2 that are incurred by the CUAs, the
3 staffing, the salary, and then of course
4 the passthrough money that goes to pay
5 for the administrative and the foster
6 care. So we don't really have a cost per
7 child or cost per family, because our
8 children are in so many different levels
9 of service. And so while it might be
10 true that there may be children at one
11 CUA that may have more or high level of
12 care or their placement may cost more per
13 day than another, we're paying those
14 direct costs. So it's not -- it all
15 washes out in the end. It's not like one
16 CUA is losing because they have kids with
17 more complex needs.

18 I hope that makes sense.

19 COUNCILWOMAN SANCHEZ: David --
20 and I'll leave it because my colleague
21 down -- so of all your budget asks in
22 terms of your budget, so you're saying
23 that you're overspent, your endowment has
24 provided \$1.5 million. So you absorb
25 your entire budget, contractual budget,

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2 every year?

3 MR. FAIR: Yes.

4 COUNCILWOMAN SANCHEZ: In every
5 line item?

6 MR. FAIR: Yes. We adjust the
7 budget over the course of the year. If
8 we need more money in transportation, for
9 example, we take it from some place else,
10 but we spend down our budgets.

11 COUNCILWOMAN SANCHEZ: So DHS
12 allows you to make your budget
13 modifications --

14 MR. FAIR: Yes.

15 COUNCILWOMAN SANCHEZ: -- based
16 on your increased caseload?

17 MR. FAIR: Not really based on
18 the increased caseload. It depends.
19 Because they're program-funded budgets,
20 it's not really related to the caseload.
21 If we get additional -- if we get enough
22 additional cases, like, for example, in
23 our CUA 3 in the Lower Northeast, we were
24 designed for 475 cases. As of last week,
25 we had 670. So we have more social

1 6/14/16 - PUBLIC HEALTH - RES. 160539
2 workers, more case managers based on the
3 one-to-13 ratio. What I didn't get into
4 my testimony was the fact that it takes
5 almost six months to onboard a new case
6 manager when somebody leaves.

7 COUNCILWOMAN SANCHEZ: You
8 wrote ten pages. What do you mean you
9 didn't have space?

10 MR. FAIR: I didn't have space
11 to say it.

12 COMMISSIONER SHAPIRO: Let me
13 also say in an effort to provide the CUAs
14 with some flexibility, I offered that
15 they could present to me a plan within
16 their contract amount if they wanted to
17 repurpose some positions. For example,
18 if they felt that they did not need one
19 position that was non-case carrying
20 because somebody else could do that
21 function, I would allow them, as long as
22 the budget stayed neutral, to add more
23 case managers in an effort to recognize
24 the fact that we do need case managers,
25 while we continue to work on the

1 6/14/16 - PUBLIC HEALTH - RES. 160539

2 financing to support the one to ten.

3 COUNCILWOMAN SANCHEZ: And I
4 know we're not going to answer all these
5 questions today, but one of the reasons
6 why some of the CUAs were selected is
7 because they had other services that
8 could be leveraged. What percentage of
9 your caseload, for instance, David, gets
10 other fee for services from CBH and
11 somewhere else that you leverage?

12 MR. FAIR: I'm not sure I
13 understand the question.

14 COUNCILWOMAN SANCHEZ: So one
15 of the reasons --

16 MR. FAIR: The children get
17 lots of other services. They don't
18 necessarily get them from Turning Points.

19 COUNCILWOMAN SANCHEZ: And who
20 pays for those services?

21 MR. FAIR: CBH. Usually CBH.

22 COUNCILWOMAN SANCHEZ: And do
23 you manage those?

24 MR. FAIR: We don't personally
25 have any behavioral health programs,

1 6/14/16 - PUBLIC HEALTH - RES. 160539
2 Turning Points, but the other agencies do
3 use your behavioral health programs, but
4 it doesn't reduce the CUA cost. It's
5 additional costs.

6 COUNCILWOMAN SANCHEZ: I know
7 that, but one of the reasons why you were
8 selected, some of you were selected, was
9 because we were told from the City
10 perspective -- and, you know, I piloted
11 all of these in my district and I did the
12 growing pains with all of you -- was that
13 you had all of these additional services
14 that you could leverage. So one of the
15 questions we're going to ask from our
16 side is, how many of those kids are
17 getting additional services from CBH?
18 What is the cost factor related to that
19 and how that gets leveraged?

20 MR. FAIR: I understand your
21 question, but leveraging is the word that
22 hangs me up, because there are additional
23 services, so they cost additional money
24 and CBH pays that additional money. It
25 doesn't relieve the pressure on the CUAs.

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2 COUNCILWOMAN SANCHEZ: It
3 doesn't relieve the pressure because
4 we're not leveraging our services, the
5 City, not you folks because --

6 MR. FAIR: Certainly if there
7 was better integration between CBH and
8 DHS and housing and homelessness and all
9 the other services, which I know that the
10 Mayor is planning on trying to emphasize.

11 COUNCILWOMAN SANCHEZ: Yes. We
12 need to work in that direction. Thank
13 you.

14 Thank you, Madam Chair.

15 COUNCILWOMAN BASS: Thank you,
16 Councilwoman.

17 Councilman Taubenberger.

18 COUNCILMAN TAUBENBERGER: Thank
19 you. Thank you very much, Madam Chair.

20 Mr. Fair, I just want to make
21 this clear. I mean, I want clarity on my
22 end. Are you allowed in your contractual
23 obligations to turn down a case --

24 MR. FAIR: No.

25 COUNCILMAN TAUBENBERGER: -- or

1 6/14/16 - PUBLIC HEALTH - RES. 160539

2 you must take them all?

3 MR. FAIR: We have to take the
4 case.

5 COUNCILMAN TAUBENBERGER: You
6 have to take all the cases?

7 MR. FAIR: Yes.

8 COUNCILMAN TAUBENBERGER: And,
9 Ms. Shapiro, there were 308 vacancies in
10 your budget. Why would you not cut that
11 out to lower caseload for the CUAs and
12 improve child care management?

13 COMMISSIONER SHAPIRO: So I'm
14 actually trying to fill many of those
15 vacancies. Some of those 308 vacancies
16 are actually vacancies that are at our
17 Philadelphia Juvenile Justice Services
18 Center. So that is -- the license that
19 we're talking about today is really about
20 the Children and Youth Division and the
21 dependency system, but we also are
22 responsible for staffing and running the
23 City's secure detention center, so many
24 of those vacancies are there.

25 But in addition, while I was

1 6/14/16 - PUBLIC HEALTH - RES. 160539
2 talking about the need because the system
3 is bigger than it was when we started
4 IOC, it is my opinion that we need to
5 staff it appropriately to match the need.
6 So when I talk about the need, I'm
7 talking about the number of reports that
8 are coming in that need to be processed
9 at our hotline, the number of
10 investigations that we accept that we
11 actually have to go out in the field and
12 investigate. So I want to make sure that
13 there are sufficient staff to -- so I
14 want to enhance -- bring more staff to
15 the hotline, bring more staff to intake.
16 I also want to make sure that
17 we're monitoring our providers, both our
18 CUAs and their subcontractors,
19 appropriately. I'd like to be able to
20 take in all of the subcontract monitoring
21 inhouse. I am working with Casey Family
22 Programs to look at our performance
23 management division to make sure that
24 we're monitoring enough cases, that we're
25 doing enough case file reviews, to make

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2 sure we're doing them in the right way.
3 And so I'm in the process of kind of
4 analyzing what our staffing complement
5 needs to look like in that division.

6 I also need to make sure that
7 we enhance our fiscal operations. So we
8 are short-staffed in our fiscal
9 department. I want to make sure that we
10 have the capacity to operate efficiently
11 and that we can support the users of our
12 system, to support our providers.

13 But just the volume of this
14 city's child welfare system has grown so
15 much that I do not think that we can
16 really give up those vacancies at this
17 point. So working with my staff to
18 really closely analyze, and we do it
19 regularly, trying to look and see where
20 our needs are. I collect data every
21 week. I'm monitoring everything just to
22 make sure that we're staffed
23 appropriately, and we're working on
24 bringing in new folks now.

25 COUNCILMAN TAUBENBERGER:

1 6/14/16 - PUBLIC HEALTH - RES. 160539

2 Ms. Shapiro, thank you.

3 Madam Chair, thank you very
4 much.

5 COUNCILWOMAN BASS: Thank you.

6 I just had one more question
7 for Dr. Ford Sabbath, and my question
8 was, you have a lot of experience, since
9 1971 it says in your testimony, and I was
10 curious to get your thoughts on Page 2,
11 Paragraph 2 and your statement that
12 there's an adversarial relationship, as
13 you see it, between DHS and some of the
14 CUAs, which is clearly problematic, and I
15 was wondering if you could just touch on
16 that briefly.

17 DR. SABBATH: Yes. One of the
18 concerns -- and I know as I'm sitting
19 here and I'm listening, there's DHS
20 saying, We're working hard to do this,
21 and the CUAs saying, But you got to give
22 us more money. One of the things that I
23 know we're concerned about is that we now
24 have this system where there's so much
25 emphasis on paying, getting paid, who is

1 6/14/16 - PUBLIC HEALTH - RES. 160539
2 getting paid, and our question is, what
3 kind of work is being done and is the
4 work that's being done really using the
5 money efficiently and effectively?

6 If we have people who are kind
7 of essentially doing the same thing, then
8 why should that be the case? And when
9 the other panel was here and just hearing
10 about the potential collaboration of all
11 the units, it seems to me that needs to
12 happen like tomorrow, because people are
13 on such different pages as we listen.

14 One of the things that we will
15 do with our chapter is that we are going
16 to be working more with our members who
17 are inside, and we have people who are
18 supervisors and line workers. I call
19 them line workers. People will call them
20 other things. But anyway, but to really
21 get the inside scoop from the folks who
22 are actually doing the work.

23 We have -- just the things that
24 we're hearing is that people are not
25 being supervised, but they are being

1 6/14/16 - PUBLIC HEALTH - RES. 160539
2 monitored, and it's totally different.
3 You can have someone who is counting the
4 numbers and counting the pages and
5 counting the cases, but the quality of
6 the work has to be considered and the
7 growth for the worker. You know, there
8 are too many people now who are trying to
9 figure out how to get out of it as
10 opposed to staying in and doing the work,
11 because it is becoming -- it has become
12 so difficult and the layers are so
13 complex.

14 COUNCILWOMAN BASS: Okay. All
15 right. Well, thank you for that. It
16 really does put things in perspective and
17 especially when you mentioned -- I think
18 you mentioned in your testimony somewhere
19 about that the judicial system is paying
20 attention to this as well.

21 DR. SABBATH: Yes.

22 COUNCILWOMAN BASS: And that
23 some of the judges have felt that the
24 lack of representation is a problem for
25 these young people.

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2 DR. SABBATH: Exactly.

3 Absolutely. And they filed that
4 complaint.

5 COUNCILWOMAN BASS: Okay. All
6 right.

7 Well, unless there's any
8 additional --

9 MS. TEW: Councilwoman, I just
10 wanted to highlight one more around the
11 conversations with the fiscal dynamic
12 facing DHS, and I think there's some
13 really hard decisions that need to be
14 made, but there's -- in addition to the
15 CUA caseload size, there's a couple of
16 other financial pressures upcoming facing
17 the system. One of it is additional or
18 newly proposed scopes of service for
19 foster care subcontractors, both
20 specialized behavioral health level of
21 care and also general and mother-baby
22 foster care, with additional duties
23 assigned to those agencies. And so that
24 would potentially need to be funded
25 appropriately, at a higher level than is

1 6/14/16 - PUBLIC HEALTH - RES. 160539

2 currently allocated.

3 And something we're very
4 concerned about that is affecting the
5 entire nation, but will affect we think
6 Community Umbrella Agencies and
7 subcontractors very much in this time of
8 high workloads is that the Department of
9 Labor has recently increased the salary
10 thresholds for overtime exempt employees,
11 which will potentially put the majority
12 of CUA case managers and case managers at
13 the subcontracting agencies below that
14 threshold, making them eligible for
15 overtime, which they aren't currently,
16 and we know that they regularly work
17 overtime. So it's something we're very
18 concerned about and hope we plan for for
19 the December 1st implementation of that
20 new rule.

21 COUNCILWOMAN BASS: December
22 1st of this year?

23 MS. TEW: Mm-hmm.

24 COUNCILWOMAN BASS: Okay.

25 Well, that's something that we'll

1 6/14/16 - PUBLIC HEALTH - RES. 160539
2 certainly pay attention to, and as I say,
3 this is going to be a series of hearings,
4 so that we certainly hope that you'll
5 come back and continue to pay attention
6 to that issue. We'll continue to monitor
7 it as well and work with DHS, but thank
8 you for bringing that to our attention.

9 MS. TEW: Thank you,
10 Chairwoman.

11 COUNCILWOMAN BASS: Thank you.
12 Thank you very much for being
13 here this evening.

14 Is there anyone else here to
15 testify on this resolution?

16 (No response.)

17 COUNCILWOMAN BASS: No? Okay.
18 Seeing that there's no one else here to
19 testify, this concludes our hearing on
20 Resolution No. 160539. And, again, this
21 is an ongoing dialogue, so we'll be back
22 having this conversation again in the
23 future.

24 Thank you very much for coming
25 today. This Committee is recessed to the

1 6/14/16 - PUBLIC HEALTH - RES. 160539

2 call of the Chair.

3 Thank you.

4 (Committee on Public Health and

5 Human Services concluded at 6:40 p.m.)

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CERTIFICATE

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

MICHELE L. MURPHY
RPR-Notary Public

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