Job Opening: CEO of the Region's largest Health and Human Services Organization (aka the Mayor of Philadelphia)

Presented by

The Alliance of Community Service Providers, Pennsylvania Council of Children, Youth and Family Services, The Lindy Institute for Urban Innovation, The Committee of Seventy, and the Thomas Scattergood Behavioral Health Foundation are proud to present this overview of Philadelphia's health and human services sector. Although you might not realize from the media coverage of this year's campaign, this sector represents nearly $2 billion of our city's $7 billion budget and provides an enormous economic benefit to the city.

To truly have a healthy and thriving Philadelphia at all levels (individual, organizational, and system), our group believes that health and human services needs to be a top priority. We believe the next Mayor of our great city will need to prioritize the following:

- Establishing a government-wide culture of trauma-informed practice.
- Providing support to the Department of Human Services and the Department of Behavioral Health and Intellectual disAbility Services in light of the ongoing transformations taking place within their agencies.
- Investing in prevention and early intervention across all health and human services initiatives.
- Creating and supporting programming, employment, and other services that encourage inclusion of individuals with intellectual disabilities, autism, psychiatric illnesses and trauma survivors.
- Treating health and human services as one comprehensive system rather than as a many systems in separate silos.

This document begins with an overview of the Mayor's job as it relates to functions that are traditionally the domain of the county rather than individual cities, with a focus on health and human services. Next is an overview of the massive impact that only part of this sector has on Philadelphia's economy. This is followed by several resources that dive much deeper into the topics of child welfare, behavioral health, intellectual disabilities and autism, prevention and early intervention, and trauma-informed care. Each of these papers was authored by a leading Philadelphia expert on the issue.

We hope you find this document informative and enlightening. Most of all, we hope that you will use this document to help improve the public discourse around not only this election, but around Philadelphia city governance generally.

David Thornburgh CEO Committee of Seventy	Joseph Pyle President Scattergood Foundation	Cherie Brummans Executive Director Alliance of Community Service Providers	Margaret Zukoski SE Associate Director PCCYFS

Table of Contents

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1. The Mayor Runs a County, Too

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Introduction

On May 19th, unless something strange happens, Philadelphia voters will select a new mayor. The criteria that will be used to select our next mayor have been well-documented by polling and by the media. Education, public safety, and the economy all headline voters' concerns going into this election. But these three things are actually just a small part of what our mayor has to deal with on a daily basis. The schools are largely beyond the mayor's influence thanks to the state takeover and the School Reform Commission; the economy, while influenced to a certain extent by local policy, is largely driven by statewide, national, and even international forces; and lowering crime rates is remains a mysterious enterprise, with conflicting evidence on what measures actually work.

What most voters don't realize is that the mayor's job isn't just to run a city; it's to run an entire *county*. Unlike any other county in Pennsylvania – and unlike almost every other city in the country[1] – Philadelphia is both a municipality and a county. So rather than having separate city and county governments like every other city and town in the Commonwealth, our city government is responsible for all of the functions of county government.

Running a county is no small feat. Counties are responsible for a whole host of basic public services, all of which the cities in the other 66 counties get to take for granted. Philadelphia has an overall budget of about $7.5 billion for 2015 ($4.5 billion in operations and $3 billion in capital expenditures). Our city government is responsible for collecting,[2] allocating, and spending all of that money. The city of Pittsburgh – which is the closest comparison in terms of both size and state law, but which has a much smaller budget – spends about $550 million, while the county in which it sits (Allegheny) has a budget of over $900 million. The county's budget is nearly double the city budget! If Philadelphia was in a similar situation, nearly two-thirds of our spending would be done by the county and the county elected officials rather than the city and its elected officials.

The following table shows the city/county funding breakdown for several peer cities, all of which are separate from their counties.

[1] San Francisco, California is one exception.

[2] "Collecting" doesn't just mean tax collection, but also receipt and management of state and federal funds, private grants, and other funding resources.

City	City budget (millions)	County	County budget (millions)	Percent of budget handled by County
Philadelphia	$7,500	Philadelphia	$0	0
Pittsburgh	$540	Allegheny	$919	63
Los Angeles	$8,123	Los Angeles	$29,025	78
Chicago	$8,896	Cook	$3,749	30
Houston	$4,800	Harris[3]	$1,867	28

County services are critical functions of government that take up an enormous amount of Philadelphia's budget; they also represent the most direct influence that the Mayor or City Council can have on the success and happiness of Philadelphians. So, while election coverage may focus on city-specific issues, the county functions of our city government will dominate our next mayor's actual operating agenda.

In Philadelphia, it is important to note that funding for county services doesn't typically come out of the City's general fund. There are other funding streams at the state and local level that provide most of the necessary funding. But that doesn't get the mayor off the hook in terms of funding for these services. The mayor has a significant role as an advocate in seeking out additional outside revenue for these services, and can reinforce those services with city funds if appropriate. The mayor must see county functions as an important part of the portfolio of city services regardless of where the funding comes from.

County Functions

Human Services

Historically, the earliest responsibilities of counties were the maintenance of the local judicial system and running the local prison. Early on in our country, prisons were often reserved for debtors; as a result, counties were forced to take on significant responsibility for human services. That responsibility has grown substantially over the centuries, and today the provision of health and human services is one of the largest functions of county government in Pennsylvania. The mayor is, functionally, the CEO of the largest health and human services organization in the city, as well as the CEO of the largest funder of such services.

The primary categories of services provided by counties in this arena are: mental health; intellectual disability; child welfare; juvenile justice; aging; nursing homes; drug and alcohol treatment; and adult

[3] Houston is actually spread across three counties, although it lies almost entirely within Harris County.

services. The city provides a wide range of service types, including: prevention and education; crisis intervention and protection; financial assistance and income transfers (*e.g.* TANF and SSI); direct treatment; in-home services; residential and institutional care; foster care; and linking services (*e.g.* transportation to primary services). Chief among the service categories, though, are child welfare and mental health/intellectual disability services.

Child Welfare

The Department of Human Services (DHS) is the Philadelphia county agency responsible for ensuring the safety and well-being of our city's children. DHS's budget for 2015 is $590 million. That's as much as the City of Pittsburgh spends on its *entire city budget*. It's also more than half of what School District receives from the City (which was $1.04 billion for the 2014-15 school year), yet it will receive far less than half of the attention in the upcoming election as education. And, while everything that the School Reform Commission or Superintendent says is scrutinized, DHS's massive reorganization and privatization of services has gone virtually unnoticed publicly.

Unfortunately, child welfare only seems to become a part of our public discourse when terrible tragedies come to light. The most extreme example came in 2008, when a child by the name of Danieal Kelly was found dead. While under DHS's legal care, this 14-year-old girl with cerebral palsy was died from starvation and dehydration in living conditions that could be charitably described as "nightmarish." A grand jury indicted nine people for her murder, including four social workers – employees and agents of the City of Philadelphia.

The Danieal Kelly case highlights two important consequences of our city government conducting county functions. First, these are functions that are literally life-or-death for many of our citizens. Their importance cannot be emphasized enough, yet they receive next to no attention from the media unless something goes wrong. Second, our mayor's time is limited; when a scandal such as this occurs, the mayor's focus must be on addressing issues with functions that would traditionally be handled by the county government rather than dealing with everything else for which city government is responsible.

Behavioral and Mental Health

The Department of Behavioral Health and Intellectual Disability Services (DBHIDS) is the agency charged with handling the city's mandate as a county to provide mental health and intellectual disability services. Again, despite taking up a small piece of our public discourse, DBHIDS is required to provide an enormous number of services, including: short term inpatient services; outpatient treatment; partial hospitalization; emergency services available 24 hours per day; consultation and education services to professional personnel and community agencies; aftercare services for persons released from state and county facilities; specialized rehabilitative and training services; interim care for people with intellectual disability services waiting for admission to state facilities; unified procedures for intake for all county services; and a central place providing information and referral services.

DBHIDS's 2015 budget? A staggering $1.2 billion. The number of times DBHIDS has been mentioned in this year's election coverage? Approximately zero.

Public Safety and the Courts

Courts

Counties are also responsible for running the local court system. This makes sense, as many municipalities are too small to run and support their own courts. While some counties may only require one judge, in Philadelphia, running the courts is a massive undertaking.

Aside from judges and court administrators, who are state employees and paid by the commonwealth, all court staff must be paid for by the City. This includes probation officers and domestic relations staff. In addition, the City must provide judges with chambers (offices) and with secretarial staff. Bailiffs, clerks, stenographers, and all manner of court staff must be paid for and managed by the City. Funding has to be allocated not only to the courts, but also to the Sheriff's office, which provides security for the courts and handles court-ordered property foreclosures.

In addition, the counties are authorized to develop alternative sentencing regimes beyond just incarceration and probation. These sanctions, such as electronic monitoring, house arrest, and inpatient drug treatment, must be administered by the City as part of its comprehensive crime reduction strategy.

Jails

Jails are an enormous expense and managerial duty for the City. By state law, all counties must house in their jails pre-trial and pre-sentence detainees, all convicted criminals with sentences of less than two years, and even some convicted criminals with sentences between two and five years. Juvenile detention facilities must also be provided. All other offenders are held in state prisons.

The full cost of these jails rests with the counties. This includes not just buildings and guards, but healthcare for inmates and other associated expenses. Healthcare costs can be upwards of half of the entire prisons budget. In 2015, Philadelphia will spend $240 million on our jails. But, while crime will get a great deal of attention during the election, very little of that attention will be directed at how our jails are funded and operated.

Other public safety items

The District Attorney of Philadelphia may be elected, but much like the Sheriff, the DA's budget comes out of the City's coffers. The District Attorney uses over $50 million in city funds annually for its operations.

The Defender Association is the local public defender. It represents approximately 70 percent of all defendants in Philadelphia, and also takes on the role of child advocate in child welfare cases. The Defender Association must also be paid for by the City.

Finally, the City, as a county, must also fund, operate, and administer the emergency services number (911) and participate in the Regional Counter-Terrorism Task Force.

Miscellaneous

As a county, Philadelphia is responsible for all aspects of elections, and must pay all related expenses. This includes: selecting and equipping polling places; purchasing and maintaining voting booths; hiring election employees; issuing poll watcher certificates; preparing and publishing notices; receiving petitions and nomination papers; investigating allegations of vote fraud; announcing election results; and issuing certificates to winners.

Generally, cities and counties are free to have separate taxes, so there is no tax that is truly the domain of the county. However, one tax-related responsibility that does fall to the counties is also one of the most difficult and controversial: property tax assessments. Counties must not only conduct the assessments, but must also handle appeals. As Mayor Nutter experienced firsthand with the Actual Value Initiative (AVI), property tax assessments are no small responsibility.

Other county functions that must be handled by the City include zoning, storm water management, and waste disposal. Community Colleges are also run by the counties. And, if handling local government functions wasn't enough, counties must also step into federal territory by appointing a local Director of Veterans Affairs.

Decisions the Mayor Must Make

Simply being "responsible" for county functions doesn't mean that the Mayor and City Council can just let the departments handling them run on auto-pilot. There are real decisions to be made that will have enormous impacts on how well those county functions are executed.

The first decision is the appointment of department commissioners. Going back to the DHS example discussed earlier, the next mayor's choice of commissioner will personify a massive policy choice. If our next mayor believes that DHS should continue with its privatization efforts, then the current commissioner can be left in place or replaced with someone who will follow her lead. If, however, our next mayor does not believe that the privatization effort should be continued, then the entire leadership at DHS will likely be replaced. The appointment of commissioners, particularly with county functions, requires selecting individuals with expertise, not relying on nepotism.

Departmental structure must also be handled by City government. For one example, think back to the ballot initiatives from November 2014. One question asked whether the prisons should be run by their own department or should continue to be run by DHS. The very fact that prisons were somehow considered a subset of DHS was a long-standing policy decision (whether active or passive) with real consequences on how those organizations were able to function internally. The structure of individual county departments, as well as how they intertwine and interact with each other and with city departments, presents our mayor with tough decisions that few other mayors would ever have to face.

One of the most important decisions comes during budget season. Unless funds are specifically allocated by grants, state or federal reimbursements, or other restrictive funding streams, the mayor each year has the gargantuan task of allocating scarce city funds across every single city and county agency (and even the school district). Even relatively small budget items, like the public defender's office, must be

carefully managed to ensure that vital services are being provided without taking too much money away from the rest of government.

There are also political decisions that have to be managed. Particularly when it comes to health and human services, there's a serious "not-in-my-back-yard" problem. Methadone clinics are a classic example. They provide vital services to individuals suffering from debilitating addiction, yet new clinics are fought tooth and nail by the communities in which they would be located. The mayor will have to fight these battles to ensure that political expediency doesn't prevent necessary services from reaching vulnerable populations.

Even the new juvenile detention facility, which replaced the overcrowded Youth Study Center, was met with staunch resistance in West Philadelphia. In addition, protesters were frustrated that the City was spending money on juvenile detention rather than schools. This type of tradeoff is one that the mayor will have to make on a regular basis, and is made even more difficult by the type and number of additional responsibilities that the City takes on as a county.

Conclusion

Our Mayoral candidates will be answering a lot of questions and putting out volumes of position papers on education, crime, and the economy. None will likely say a word about child welfare, mental health, the courts, jails, or any of the many other city functions that, despite being traditionally handled by counties, make up an enormous portion of Philadelphia's budget. As you read election coverage, interact with the candidates, and go to the polls, remember that the Mayor runs a county, too, and that their influence on county functions will be far greater and more direct than anything they can do about the school district.

2. The Economic Impact of Behavioral Health and Intellectual disAbility Spending on the City of Philadelphia

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Lindy Institute for Urban Innovation at Drexel University

Commissioned by the Thomas Scattergood Behavioral Health Foundation

Background

As part of its larger mission, the Scattergood Foundation has retained the services of the Lindy Institute for Urban Innovation at Drexel University to undertake an Economic Impact Study (EIS) examining what impact public spending on behavioral health in Philadelphia has on the broader Philadelphia economy. This impact would include, but not be limited to, total economic activity created jobs produced and supported, as well as fiscal revenues generated. The Foundation believes it is critical that all Philadelphians, including the mayoral candidates and city council members, understand the total impact of behavioral health on the City of Philadelphia. Behavioral health affects every Philadelphian, every day, in many different ways. This EIS is the beginning of an ongoing public, transparent conversation about behavioral health services across the region. Future studies will dive deeper in to the delivery system and the outcomes associated for all Philadelphians.

This EIS focuses on the spending and activities of the City of Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS). DBHIDS currently has an annual budget of approximately $1.12bn, with nearly $900m earmarked for Community Behavioral Health services. These amounts represent 17% of the City's entire budget, so it is reasonable to believe that the effect of this spending is likely to be both far-reaching and substantial.

The purpose of this document is to present the results of the EIS's findings, including its scope, components, methodology, and conclusions. The author, Dr. Kevin Gillen of the Lindy Institute for Urban Innovation at Drexel University, has extensive experience in analyzing the economics of public sector initiatives in both Philadelphia and elsewhere.

Why Behavioral Health is a Public Health Crisis

Behavioral health disorders – defined as mental health and substance use disorders – are among the leading causes of disability for Americans, and the resulting disease burden is among the highest of all diseases. Mental health disorders do not discriminate; they affect all types of individuals and have a significant impact not only on the person affected but also on their families, workplaces, schools, and communities. Some basic statistics highlight the scope and severity of the issue:

- 26% of Americans will have a diagnosable mental health condition in any given year. This rate is higher then those Americans with diabetes (9.3%) and heart disease (11.3%) combined.

- 25% of all years of life lost due to disability and premature mortality are related to mental health disorders.
- 30,000+ deaths each year are suicides, which is the 11th leading cause of death in the United States.
- Philadelphia County alone had 755 suicides from 2007-2011.
- Hundreds of thousands of Americans attempt suicide each year and several million family members are affected by these events.

Public Spending by Department of Behavioral Health and Intellectual disAbility Services Divisions

The Department of Behavioral Health and Intellectual disAbilitiy Service Divisions is composed of the following services:

Community Behavioral Health

Community Behavioral Health (CBH) is a not-for-profit 501(c)(3) organization contracted by the City of Philadelphia to provide mental health and substance abuse services for Philadelphia County Medicaid recipients.

Supported through state funding, CBH works in partnership with the City of Philadelphia and the Commonwealth of Pennsylvania to provide vital behavioral health services. CBH is responsible for providing behavioral health coverage for the City's 420,000 Medicaid recipients. Its primary activities include authorizing payment for behavioral health services, overseeing provider agencies to ensure delivery of effective and medically-necessary services, and achieving management and operational efficiencies to lower healthcare costs. CBH currently holds contracts with 384 provider organizations in Philadelphia County.

Office of Addiction Services

The Office of Addiction Services (OAS) formerly known as the Coordinating Office for Drug and Alcohol Abuse Programs (CODAAP) plans, funds, and monitors substance abuse prevention, intervention, treatment, and recovery support services in Philadelphia.

OAS is the Philadelphia Single County Authority (SCA), the administrative entity responsible for integrating federal, state, and city funds to support an integrated county-wide system of services for citizens and families addressing drug and alcohol issues. As the SCA, OAS provides leadership and coordinates the activities of addiction providers for Philadelphia residents including people who are Medicaid recipients, uninsured, and/or underinsured.

Office of Mental Health

Philadelphia's Office of Mental Health (OMH) provides mental health services for more than 40,000 adults and children requiring medical, social, and educational services. The office provides these services through an extensive network of contracted provider agencies located throughout Philadelphia. This network of services includes 11 community mental health centers, more than 30 specialized health agencies, 5 crisis response centers, and 30 in-patient provider agencies.

In partnership with the contract providers, the Office of Mental Health offers a comprehensive range of behavioral health services. These services include emergency and crisis intervention services, rehabilitation programs, individual and group counseling, family support programs, residential programs, and consumer-run services.

Intellectual disAbility Services

Created under the Pennsylvania Mental Health and Mental Retardation Act of 1966, Intellectual disability Services (IDS) plans, administers, monitors, and coordinates services for over 12,000 Philadelphia citizens with intellectual disabilities. Its mission is to create, promote, and enhance the supports and services available to individuals with intellectual disabilities. These services aim to foster meaningful life choices, personal relationships, community participation, dignity, and respect as valued citizens.

IDS achieves its mission by partnering with 70 care agencies in Philadelphia to provide a broad range of supports and services to both children and adults. These services include early intervention services (birth to 3 years of age), in-home supports and respite services, employment and adult day services, and community living and life-sharing services.

Methodological Approach to Economic Impact Studies

The general intuition behind economic impact models is that every dollar spent by the initial funder (in this case, DBHIDS) has a so-called "multiplier effect," and gets spent several times over in the local economy. For example, DBHIDS pays its employees and contractors, these employees spend their wages to support local businesses while the contractors pay their vendors and suppliers, and then these local businesses also spend money paying their employees and other bills, and so on. However, at each expenditure event, there is some leakage of spending outside the local economy; not every dollar is spent in Philadelphia or paying an employee that lives in Philadelphia. Every expenditure is also typically associated with some taxation event; employees and businesses each pay a wide variety of local, state, and federal taxes. Hence, each expenditure of that initial dollar is reduced by both outside leakage and taxation, leaving less money remaining to be spent in the next round of expenditures. Calculating the multiplier effect of the initial spending and adjusting it for how it is reduced downward to zero is at the mathematical core of economic impact studies.

In analyzing the impact of a spending program(s), there are generally three distinct sources of a program's total economic and fiscal impact:

1. Initial expenditures are the direct expenditures made by the Philadelphia DBHIDS and its vendors and subcontractors. These would include the expenditures associated with funding and implementing various behavioral health initiatives, such as real estate costs (*e.g.* for a clinic location), staffing costs, supply costs, and any associated soft costs like those related to accounting, legal, and advertising, or transportation of staff, patients, clients, and materials. It also includes ongoing expenditures by DBHIDS to maintain these properties and programs, such as operating and management expenses. It also includes expenditures made by DBHIDS's vendors and subcontractors, such as payroll made to employees and purchases, rent payments for the facilities they occupy, and purchases of materials such as office furniture and supplies. Lastly, it includes expenditures made by the operation of other businesses at these sites, such as janitorial and maintenance subcontractors.

2. Indirect expenditures are the expenditures generated by DBHIDS's vendors' production. These include expenditures by the firms and individuals paid by DBHIDS to perform their contracted work. For example, a contractor who performs construction maintenance on a neighborhood mental health clinic funded by DBHIDS will spend their contracted money earned to purchase the supplies needed to complete their rehab work (such as plumbing materials or sheet rock); in turn, the building supplier from whom the contractor purchased their supplies will purchase additional supplies to replace those purchased by the contractor.

3. Induced expenditures are the expenditures generated as employees spend their earnings within the local economy as a consequence of being employed by projects funded by DBHIDS's $1.12bn. For example, a researcher with a grant from DBHIDS may use his funding to buy groceries or a new car; a nurse in a clinic supported by funding from DBHIDS may move into a nicer apartment as a result of getting that job and pay higher rent; or the owner of a cleaning service used by that DBHIDS-funded clinic might spend his income on tuition payments for his daughter at Drexel University.

These total expenditures are then used to identify the subsequent fiscal revenues they generate. Taken collectively, these direct, indirect, and induced expenditures support a certain level of employment and earnings in both the city and region, and they subsequently result in the generation of new tax revenues.[4]

The estimation of the EIS proceeds as follows: mechanically, we deploy standard input-output models to compute the composition and scale of these economic and fiscal impacts. Our economic impact model uses the US Department of Commerce's Regional Input-Output Modeling Systems (RIMS II), a widely respected and commonly used model that is an industry standard. RIMS II produces estimates of the distribution of economic impact at the county level, in specific dollar values, which in turn yield the familiar multipliers used in the economic impact analyses. We then use the direct and indirect impact

[4]At Scattergood's request, we have examined only local city taxes, not state or federal tax revenues, that have resulted from DBHIDS's spending.

multipliers from the RIMS II database to create a composite estimate of direct and indirect earnings, jobs, and total economic activity for the level of spending provided by DBHIDS. Then, appropriate RIMS II multipliers are selected to derive a total earnings and total economic activity estimate for the project. This includes both economic expenditures and employment estimates.[5] The fiscal impact model then estimates the tax revenue implications to the City, also in specific dollar values, of that scale and composition of the economic impact, given the City's various tax rates.

Differences from Other Economic Impact Studies

A key difference between this EIS and other EIS's is that this one does not make the implicit assumption that the money spent by original entity (DBHIDS) would not be spent otherwise but for the existence of these programs. Many other EIS's purport to claim that a given project or program generates a particular amount of economic activity, jobs and tax revenues, with the implication that but for this project or program, the money would remain unspent. This is typically a false assumption. If a local developer does not get approval for a casino license or an energy firm with a local presence does get approval for a proposed pipeline, the money that they would spend on these projects does not remain in their bank accounts or under their mattresses. Instead, it typically will get allocated to some other spending opportunity or investment, which will also generate economic activity, jobs and tax revenues.

However, most EIS's do not take into account this opportunity cost of money in the calculation of the subject's economic impact: money not spent in one part of the local economy will likely be spent in another part of the local economy. Both types of spending have economic, labor and fiscal effects. The true economic impact of a proposed project is its *net* economic impact relative to how else the money would be spent. Most EIS's ignore this and instead just compute the *gross* economic impact, which can significantly overstate what the actual economic impact will be.

This study does not make this erroneous assumption because the total amount of funding analyzed in this report is locally spent, but not locally sourced. Nearly 100% of the funding is from federal sources. Hence, if DBHIDS did not spend this money, it would stay in Washington and never reach Philadelphia. Thus, the total economic, labor, and fiscal impact of spending on DBHIDS programs is not over-estimated.

Results

The main findings of our EIS are as follows:

- The total economic impact of spending by DBHIDS on the Philadelphia economy is nearly **$4 billion**. Although there are additional positive impacts on the broader regional economy, 100% of this $4 billion impact occurs within Philadelphia County.

[5] Readers seeking to learn more about EIS models and RIMS II multipliers can find more information at: https://www.bea.gov/regional/rims/rimsii/

- Of this $4 billion, **$1.12 billion is from direct spending** (DBHIDS and its contractors), **$1.28 billion is from indirect spending** (e.g. spending by the vendors and businesses patronized by DBHIDS and its contractors) and **$1.5 billion is from induced spending** (additional spending by the employees of DBHIDS and its contractors).

- The spending by DBHIDS directly supports the creation and ongoing operations of 18,700 jobs, and indirectly supports the ongoing existence of an additional 6,700 jobs in the Philadelphia economy, for a **total of 25,400 jobs created**.

- These jobs pay average wages according to the following categories:
    - Administrative: $21,770
    - Social Assistance: $19,451
    - Ambulatory Care: $54,023

- Based upon these numbers, this spending generates the **$36.1million in annual tax revenues to the City of Philadelphia**. This is broken down as follows:
    - $25.7m in wage tax revenues[6]
    - $1.4m in business tax revenues[7]
    - $907k in sales tax revenues[8]
    - $8.1m in real estate taxes[9]

- Direct spending by DBHIDS has a **direct** effective tax multiplier of 3.2% in Philadelphia; that is, every $1 **directly** spent by DBHIDS results in $0.032 in new annual tax revenue.

- When additional rounds of spending caused by the multiplier effects are taken into account, these results indicate that total spending by DBHIDS has the following effects:

    - Spending by DBHIDS has an **economic multiplier of nearly 2.5**: every $1 spent by DBHIDS generates an additional $2.50 of economic activity in Philadelphia County.

    - Spending by DBHIDS has a **jobs multiplier of 1.26**: every $1 spent by DBHIDS supports the creation and ongoing existence of 1.26 jobs in Philadelphia County.

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[6] This assumes a blended wage tax rate of 3.8271% since it is unknown which employees are city residents and which are commuters.

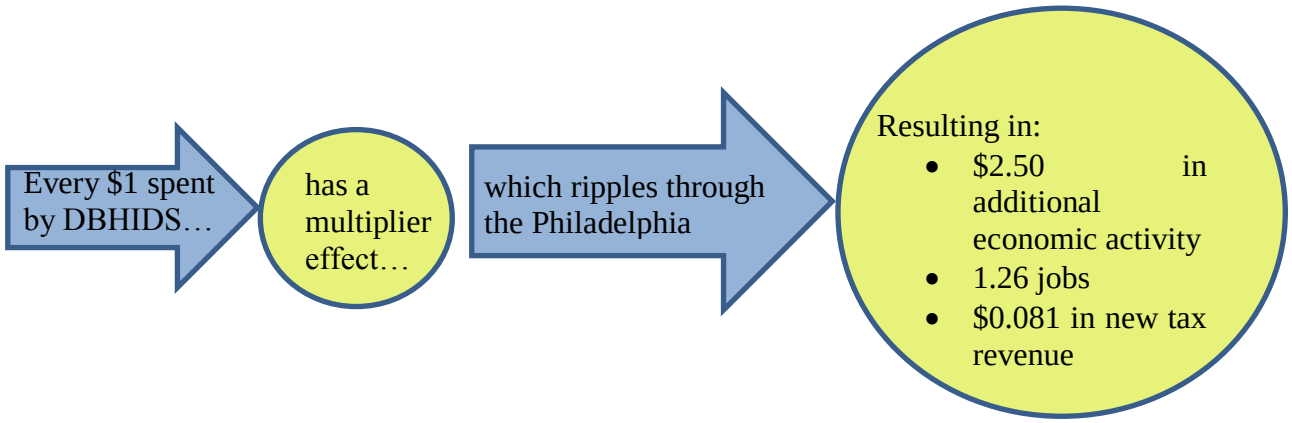
[7] This estimate is an undercount of the total business taxes paid by DBHIDS's vendors since it excludes the net profits portion of the Business Income and Receipts Tax (BIRT). The reason for this is that we do not know the internal cost structure of DBHIDS's vendors, and hence cannot compute their profit. So, we only computed the gross receipts portion of the BIRT.

[8] This assumes that 50% of employees' incomes are spent in Philadelphia on goods and services that are subject to the city's sales tax.

[9] This is computed by matching up the addresses of facilities receiving DBHIDS funding to their parcel IDs in the property database of the City's Office of Property Assessment (OPA), and obtaining each property's total assessed value and total exempt value (many of these properties are tax-exempt owing to their owner's non-profit status), and applying the City's current real estate tax rate of 1.34% to the exemption-adjusted assessed value.

- Spending by DBHIDS has a **total effective tax multiplier of 8.1%**: every $1 spent by DBHIDS results in $0.081 in new annual tax revenue to Philadelphia County.

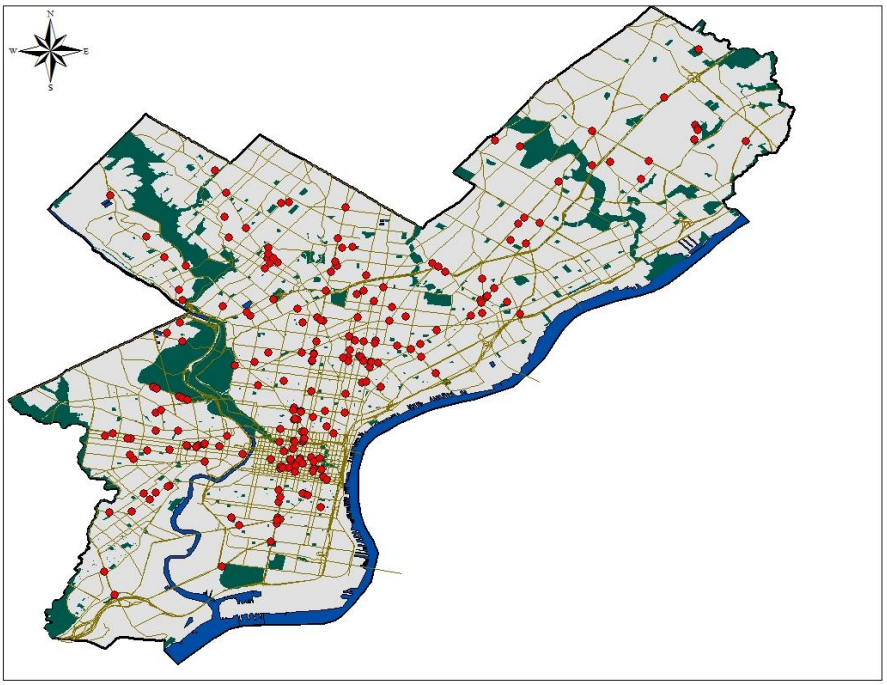
The Economic, Labor and Fiscal Impact of Spending by DBHIDS:



Councilmanic-Level Impacts

The Citywide effects enumerated above were broken down to the Councilmanic level by assuming that the economic and fiscal effects in each Council District were proportionate to the presence that DBHIDS contractors had in each District. This was done by first obtaining a list of all clinics, facilities and contractors receiving DBHIDS funding, which was provided by Scattergood. This list was geo-coded with the assistance of ArcMap software, using the address of each property. The following map shows the location of all DBHIDS facilities in Philadelphia:

Facilities Receiving DBHIDS Funding in Philadelphia



Spending by DBHIDS in each Councilmanic District was assumed to be proportional to the total amount of square footage occupied by the facilities in each district,[10] and the appropriate multipliers were then applied to this spending to break down the economic, labor, and fiscal effects of DBHIDS spending in each District. The results are given in the following table:

[10] For example, if 10% of the total square footage occupied by facilities receiving DBHIDS funding is located in a particular Councilmanic District, then we assumed that 10% of total DBHIDS spending occurs in that same district. We recognize this is a highly imperfect way to identify District-level spending, but budget and payroll information was not available for each facility. If nothing else, this analysis does confirm that at least some spending by DBHIDS occurs in every Councilmanic District, since each District has at least some facilities receiving DBHIDS funding located in it.

Economic, Labor and Fiscal Effects of DBHIDS Spending by Councilmanic District

Council District	% of Total	Direct Spending ($m)	Total Economic Activity ($m)	Total Jobs Supported	Total Taxes Generated ($m)
1	20.2%	$226.4	$566.0	5,134	$7.3
2	5.0%	$55.6	$139.0	1,261	$1.8
3	13.5%	$150.9	$377.3	3,423	$4.9
4	6.4%	$71.5	$178.7	1,621	$2.3
5	16.0%	$178.7	$446.8	4,053	$5.8
6	4.3%	$47.7	$119.1	1,081	$1.5
7	15.6%	$174.8	$436.9	3,963	$5.6
8	9.9%	$111.2	$278.0	2,522	$3.6
9	3.9%	$43.7	$109.2	991	$1.4
10	5.3%	$59.6	$148.9	1,351	$1.9

Recommendations for the Future

- Continued partnership with the City of Philadelphia's agencies to support the completion of **similar analyses to be done for all health and human services sectors**. Future studies should include other health and human services agencies and dive deeper in to the effectiveness and quality of the services being funded.

- Require DBHIDS to create an **advisory board** composed of consumers, family members, mental health provider agencies, city and private employers, the city's workforce development agencies, and the physical health partnering agencies. This board should be the responsibility provided of the Department of Behavioral Health and Intellectual disAbility Services, who should provide administrative support to the board. Although this board would have a similar make-up to current advisory boards such as CBH's, this board would address specific issues and report directly to the DBHIDS oversight advisory board.

- DBHIDS and CBH should provide an **annual report** to the Mayor and City Council with credible data on patient outcomes that represent the effectiveness and quality of treatment across the entire spectrum of care.

DBHIDS and CBH should financially support the implementation of agreed-upon areas of **innovation and evidence-based models across the entire spectrum of care**. They should also work to ensure that contractors are being compensated in a manner that promotes fidelity to these agreed-upon models.

3. Transforming Philadelphia into a Trauma-Informed City

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Background

Philadelphia has the unpleasant distinction of having one of the highest homicide rates and poverty rates among large U.S. cities. Since 2001, there have been more than 4,400 people murdered and more than 20,000 people shot in Philadelphia. Most of this violence has taken place within a relatively small number of neighborhoods where overpopulation, the loss of industrial jobs, deteriorated housing, high rates of homelessness, multigenerational poverty, high incarceration rates, lack of educational opportunities, exposure to unrelenting violence, racial discrimination, and health disparities have created what some call an "interlocking circle of disadvantage." This theory suggests that different aspects of the environment and society interact, resulting in cyclical negative outcomes over the course of many individuals' lives. All of these factors combined have created a city living environment marked by poor indicators of health (both physical and mental) and high exposures to trauma.

Trauma impacts individuals, families and communities physically, emotionally, socially, morally, and intergenerationally. As a result of what is possibly the most important public health study ever done, the Adverse Childhood Experiences (ACEs) Study, we are learning about the connections between these interlocking circles of disadvantage in the developing child and multiple negative outcomes in adults. ACEs are defined as events that occur before the age of 18 including: experiencing physical, emotional or sexual abuse; suffering from physical or emotional neglect; growing up in a household where someone abuses alcohol or other drugs, has a mental illness, is incarcerated, or has a substance use disorder; and living in a home where there is domestic violence.

All of these problems have negative developmental impacts on children, particularly during periods of critical or sensitive brain development – a problem termed "toxic stress." The impact from these events continues to affect people throughout their lives. As the number of ACEs increases, the risk for the following health problems increases in a strong and graded fashion: alcoholism and alcohol abuse; intravenous drug abuse; chronic obstructive pulmonary disease (COPD); ischemic heart disease (IHD); autoimmune disease; liver disease; depression and suicidality; fetal death; intimate partner violence; sexually transmitted diseases (STDs); smoking; and unintended pregnancies. People with poor ACEs scores are more likely to die decades before their better-scoring counterparts. The economic consequences are evident and measurable for the individual and for society: increased healthcare costs of all kinds, including more hospitalizations, medication usage, and emergency room visits; higher mental health costs; higher rates of delinquency and criminal justice involvement; higher child welfare and other social service costs; and lower productivity and poorer job performance.

As the ACEs observes:

> A public health paradox is implicit in these observations. One sees that certain common public health problems, while indeed that, are often also

> unconsciously attempted solutions to major life problems harkening back to the developmental years. The idea of the problem being the solution, while understandably disturbing to many, is certainly in keeping with the fact that opposing forces routinely co-exist in biological systems. Understanding that it is hard to give up something that almost works, particularly at the behest of well-intentioned people who have little understanding of what has gone on, provides us a new way of understanding treatment failure in addiction programs where typically the attempted solution rather than the core problem is being addressed.

Recently, an expanded ACEs survey was conducted across Philadelphia. Thirty-seven percent of Philadelphians reported four or more ACEs, which is three times higher than the original study. This constitutes a public health emergency. The good news is that we have an opportunity to significantly impact the development of the *ten most common causes of death* in the next generation if we can find the social will to address what are preventable adversities to children and their families.

The enormity of the problem of exposure to violence poses a fundamental problem for every new mayor. So many individuals, families and neighborhoods have been exposed to traumatic experiences and adversity that Philadelphia can be seen as a "trauma-organized" city. As a culture, we are just beginning to learn what that means. Just as a traumatic experience can become the central organizing principle in the life of an individual victim that becomes invisible because it is so universal, so too is trauma a central organizing principle of human thought, feeling, belief, and behavior that has been virtually ignored in our understanding of human nature. Without this understanding, no new leader can hope to make the sweeping changes we need to make if we are to halt a continuing post-traumatic deterioration in our urban environments.

A Brief History of Trauma-Informed Care

A useful definition of trauma-informed care is this: service delivery that is grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence on humans and human groups. For an individual, a program, a system, or a whole city, becoming trauma-informed requires significant change in attitude, knowledge, and practice.

To be "trauma-informed" involves a number of key elements that are scientifically grounded and that focus on safety, emotional intelligence, connection, communication, resilience and healing. At its core, the trauma-informed approach asks, "what happened to you?" rather than "what is wrong with you?" It connects a person's behavior to their trauma response rather than isolating their actions to the current circumstances and assuming a personality flaw.

Current State of Trauma-Informed Health and Human Services in Philadelphia

In Philadelphia, a robust infrastructure is being built to further the goal of becoming one of the first large trauma-informed cities. Philadelphia has a strong network of over 80 trauma/ACEs-informed advocates and organizations working to address these issues. The Department of Behavioral Health and

Intellectual disAbility Services (DBHIDS) has prioritized trauma-informed care for their programs. But this needs to expand beyond DBHIDS to include the rest of health and human service organizations, the criminal justice system, educational systems, employers, and the general public. Trauma-informed principles have been proven effective for use in health and human services organizations and can help alleviate many of the effects of trauma experienced by individuals. However, trauma-informed principles can have a broader impact if they are embedded in policies instituted in settings that have not yet been touched by this perspective. This idea follows a "Health in All Policies" approach, which has been a growing national movement in governance that looks to address community health on a systems level. Bringing trauma-informed principles to the City in this fashion could greatly improve the services Philadelphians receive as well as the overall health of every citizen.

Philadelphia has the tools needed to make significant changes, but there are significant barriers. First, the knowledge that professionals now have about trauma, adversity, attachment, and resilience must become public knowledge. This will only occur with leadership insisting that this knowledge is integrated into every system, every institution of higher learning, and every health and human service initiative. Second, City leadership and Philadelphia's residents need to transition the focus from reacting to the effects of trauma to addressing the causes of trauma by developing a true public health approach to trauma and adversity. Basic public health strategies focus on three large questions: (1) How do we address the problems of people already affected (tertiary prevention)? (2) How can we minimize the dangers to those already at risk (secondary prevention)? and (3) What measures need to be in place for everyone (primary prevention)?

Recommendations for the future

- **Appoint trauma-informed/trauma-aware leadership across all City systems** so all city agencies have the guidance and governance to best provide services to their constituents with dignity and respect.
- **Create a centralized office or assign responsibility to an office or unit within the City to oversee the implementation of trauma-informed practices city-wide.** Some city agencies are already working to bring trauma-informed principles to their initiatives, but these efforts need to be better coordinated.
- **Support trauma-informed prevention services** with in Health and Human Services, which may not be funded by the current Medical Assistance program.
- **Support programming, employment and other services that encourage inclusion** within the community for citizens that have survived trauma.

4. Making Evidence-Based Prevention a Priority in Philadelphia's Health and Human Service Agencies

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Background

Innovative, evidence-based programs are crucial for individuals and families affected by behavioral health challenges. However, the vast majority of current behavioral health and human service agencies and programs are designed to reach those *already impacted* and thus already in need of such services. While these services are critical, very little is done around measures to prevent individuals from being affected in the first place. To quote one seminal study,

> A growing body of research has demonstrated that there are effective strategies to promote healthy development, enhance social and emotional well-being, and prevent and reduce a host of behavioral health problems. Because there are several overlapping risk factors for a number of problem behaviors and disorders, interventions targeting common risks can result in beneficial outcomes in multiple areas.

Behavioral health is essential to the total health and well-being of individuals and communities. Thus, the *promotion* of emotional well-being and the *prevention* of substance abuse and mental illness must be key strategic initiatives working side-by-side with treatment for those already affected. In other words, we must prioritize prevention to the same degree as treatment; the traditional focus is almost exclusively treatment-based. Integrating evidence-based prevention into Philadelphia's health and human services agencies acknowledges a basic tenant of public health: it is always preferable to prevent a problem from occurring than it is to address the effects of a condition once it has developed.

When considering prevention programs, evidence-based approaches offer tremendous promise in preventing the onset or progression of illness and promoting good health for individuals and entire communities. Experience has shown however, that knowing about evidence-based, cost-effective practices is one thing; having the capacity and social or political will to implement and sustain such efforts on a wide-scale basis is quite another.

Support and implementation of evidence-based prevention approaches may pose a challenge to policy makers. It often involves asking probing questions, challenging the status quo, and assessing whether currently funded programs are supported by the available evidence. The Affordable Care Act, coupled with new knowledge concerning the role of prevention within the behavioral health and human services system, affords an opportune time for Philadelphia's leaders to take inventory of the current service system. We must carefully review where evidence-based programs could best be employed and ensure an integrated, continuum of care that includes prevention services.

Types of Prevention: The Public Health Model

Prevention services and programs are classified as primary, secondary or tertiary.

- **Primary Prevention:** Primary prevention programs and services are designed to protect individuals and communities in order to avoid behavioral health problems prior to any signs or symptoms. When primary prevention is working, there is less illness and a healthier population, and therefore less demand on the service system. While large-scale factors such as improved public schooling and increased employment can result in a decrease of behavioral illness, primary prevention can also involve programs such as investing in evidence-based school curricula designed to decrease substance abuse, truancy, and behavior problems.

- **Secondary Prevention**: Secondary prevention programs and services are designed to identify persons in the early stages of problem behaviors and attempt to avert the ensuing negative consequences. Secondary prevention assumes that behavioral health problems already exist in the life of the individual.

- **Tertiary Prevention:** Tertiary prevention programming strives to end behaviors that prevent recovery through treatment and rehabilitation. This includes programs such as substance abuse rehabilitation and ongoing behavioral health services that are designed to help support the affected individual or community. When tertiary prevention programs are employed, the target individual has an established behavioral health problem and often requires more intensive (and often expensive) services.

Approaches to Delivery of Prevention Services

Each type of prevention (primary, secondary, and tertiary) can be delivered in one of three ways: **universal**, **selective**, or **indicated**.

- **Universal preventive interventions** are targeted to the general public or an entire population rather than on the basis of individual risk. The intervention is desirable for everyone in that group. Universal interventions have advantages when their costs per individual are low, the intervention is effective and acceptable to the population, and there is a low risk from the intervention.

  Example: School-based programs offered to all children to teach social and emotional skills or to avoid substance abuse.

- **Selective preventive interventions** are targeted to individuals or a population subgroup whose risk of developing mental health disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a mental, emotional, or behavioral disorder. Selective interventions are most

appropriate if their cost is moderate and if the risk of negative effects is minimal or nonexistent.

Example: Programs offered to children exposed to risk factors, such as parental divorce, parental mental illness, death of a close relative, or abuse.

- **Indicated preventive interventions** are targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental, emotional, or behavioral disorder, or biological markers indicating predisposition for such a disorder, but who do not meet diagnostic levels at the current time. Indicated interventions might be reasonable even if intervention costs are high and even if the intervention entails some risk.

  Example: Interventions for children displaying early problems of aggression or elevated symptoms of depression or anxiety.

Recommendations for the Future

Focusing on a healthy Philadelphia that includes an integrated system designed to address physical and mental health is in everyone's best interest. Although health and human service agencies provide critical services to Philadelphians, the bulk of such services are historically designed for individuals already experiencing behavioral issues such as mental illness or substance abuse. The health of the City will be best served by the further inclusion of *evidence-based prevention services* designed to avoid problems before they occur. Philadelphians and their government leaders often easily envision the role of police and firefighters to include crime and fire prevention. It's time to think of the behavioral health system comprised of governmental, community, and hospital-based entities as one that values prevention of behavioral illness and promotion of wellness as much as it values treatment. It's time to ensure that supported programs have a proven track record in preventing illness and promoting good health. It's time to think about Philadelphia's behavioral health system with its collection of programs and services in the context of a *prevention paradigm*. The system should benefit *all* Philadelphians through prevention of physical and mental illness and promotion health and wellness.

5. Promoting Mental Health Service Delivery Systems that Reflect Recovery and Community Inclusion Goals

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Background

The past several decades have seen a dramatic shift in how people view those with serious mental illnesses. Approximately 5-7% of Philadelphians have been diagnosed with schizophrenia, bipolar disorder, or major recurring depression. We have gone from overgeneralized beliefs about chronicity and incapacity to an understanding that proper treatment and rehabilitation efforts can facilitate meaningful and satisfying lives in the community. These changes have altered the way in which cities frame their treatment responses. The previous reliance on hospitalizations and institutional care – which are often unnecessary, counter-productive, and expensive – has given way to a growing reliance on community-based services that facilitate the modern goals of recovery promotion and community inclusion.

This reorientation of mental health services responds to both compelling research and the voices of people with mental illnesses themselves, each arguing that individuals with significant mental health issues can benefit enormously from effective community-based treatment and rehabilitation services on their road to becoming productive and contributing citizens. People with lived experience of mental health challenges have advocated effectively not only for the respect and regard of mental health professionals but also for the chance to play leading roles in setting their own goals, selecting the supports they need to reach those goals, and participating in developing new policies, programs, and practices that support these aims.

Much of this is reflected in the recognition that 'recovery' – commonly understood as the ability to live a satisfying and fulfilling life regardless of the degree to which symptoms are present – is a reality for most. The principles of a recovery-oriented mental health systems include:

- **Respect** for individuals and their dignity and rights; *hope* for their future rather than an assumption of chronicity;
- **Individualized care** that promises a focus on each person's particular strengths, needs, and goals; and
- **Empowerment** of the individual to make his or her own choices.

Community inclusion is a related goal that is grounded in the Americans with Disabilities Act and the *Olmstead v. LC* Supreme Court decision. Community inclusion is the right to live, work, go to school, recreate, and otherwise participate fully in the community. Mental health systems oriented toward promoting community inclusion not only generate health and wellness benefits to individuals with serious mental illnesses, but also have the potential to address significant social problems, such as the 85% unemployment rate for this population that contributes to Philadelphia's deep-poverty rate of 12.2 percent

(twice the national average), high mortality rates, and increased risk for both homelessness and involvement in the criminal justice system.

The Current State of the Mental Health System in Philadelphia

Philadelphia has been an international leader in mental health care going back to Benjamin Rush, a physician in Philadelphia and signer of the Declaration of Independence who has also been dubbed the "Father of Psychiatry." More recently, the leaders of Philadelphia's mental health system have developed significant innovations aimed at advancing recovery and community inclusion of adults with mental illnesses. These innovations are in two main areas: (1) policy developments and orientation and (2) innovative services.

Philadelphia is one of the few municipalities in the country that has expanded and maintained funding for community-based services for those being discharged from or at-risk for institutional care. Philadelphia has also embraced managed care as a cost-saving approach for delivering effective services, but did so using a quasi-public administrative entity, Community Behavioral Health, a unique approach that re-invests revenue back into the mental health system rather than going to a for-profit corporation. Philadelphia's mental health leaders have been early adopters of recovery and community inclusion and have been effective advocates for seeking to achieve these goals within city government and the provider community. Finally, some of the nation's leading advocates for mental health consumer and family empowerment and advocacy are here in Philadelphia. Our system has further benefitted from this active consumer movement, and our policymakers have readily embraced consumers' input and engagement in policy development and service delivery. Consumer participation in service delivery is evidenced by Philadelphia having one of the largest peer-support workforces in the country.

Service delivery innovations have moved the system away from a focus on stabilization and maintenance and towards a focus on recovery and community inclusion. Philadelphia has been a national leader in funding residential and homelessness services that are critical for decreasing crisis service use, unnecessary hospitalizations, and homelessness, saving lives that would otherwise be lost on the streets. A major change was undertaken almost 10 years ago to re-orient partial hospitalization services, a major service component for those with the most significant mental health issues, toward paying greater attention to the promotion of recovery and community inclusion. A similar effort is underway to transform longstanding residential programs. As mentioned earlier, Philadelphia has also been an international leader in promoting the inclusion of peer support as a central feature of its services, including independent peer support for people with co-occurring substance use and mental health disorders, peer support re-entry services for those coming out of jail, and integrating peer support into case management, day programs, consumer centers, and other types of programs.

The Philadelphia mental health system has also implemented a number of recent innovations in response to emerging research in the field, which has found that: people with serious mental illnesses die, on average, 25 years earlier than the general population; too many people with mental illnesses have been incarcerated, experiencing significant and often unmet challenges once released; and many people still do not readily seek out mental health services when they have problems. These new efforts include co-locating primary care services in mental health agencies, creating a specialized program for young adults experiencing their first episodes of psychosis, mental health first aid training to increase awareness about

what people can do to support those with mental health issues, and an imminent program for those released for Philadelphia jails.

Recommendations for the Future

To achieve the goals of recovery and community inclusion requires mayoral leadership that recognizes that individuals with mental health conditions can and should be fully included in community life. To this end we make the following recommendations for future mayoral action:

- **Strong City advocacy at the state level** within the General Assembly and Governor's office for a return to funding levels that existed prior to the Corbett administration's devastating cuts in mental health services.

- **Executive action to create a city-level advisory board** led by consumers and family members, with administrative support and responsibility provided by the Department of Behavioral Health. The board should consist of mental health provider agencies, city and private employers, the City's workforce development agencies, and the non-mental health training entities that abound in the city. The board should be charged with the promotion of further advances in recovery and community inclusion oriented services.

- **Requiring an annual progress report to the Mayor** that would include data on the extent to which recovery and community inclusion goals are being met and on strategies that have been implemented that move the system forward toward full employment.

- **Recovery and community inclusion outcomes** should be aimed at requiring services throughout the system (e.g., case management, residential services, day programs) to more explicitly focus on recovery and community inclusion outcomes.

- **Benchmark of 20% of Medicaid and non-Medicaid expenditures being targeted to rehabilitative services** to specifically focus on enhancing employment, educational attainment, increasing physical activity and leisure, and other critical areas of community participation.

- **Business community partnerships** should be advanced to create more effective links with the business community to promote the hiring of people with psychiatric disabilities.

- **Better coordination with non-mental health entities** should be established to create more effective links between non-mental health government agencies and the non-profit \social services community to increase access to their services for people with psychiatric disabilities and make them feel welcomed when using these services.

6. Creating and Maintaining Community Supports for Persons with Intellectual Disabilities and Autism

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Background

While we recognize that there are many issues confronting the next mayor of Philadelphia, we urge that as mayoral candidates you commit to the principles of inclusion and "Everyday Lives" for all of our citizens. We urge that you share our goal that individuals living with an intellectual disability or autism have access to the same opportunities as all citizens to live, recreate, attend school, worship, vote, work, pay taxes, access quality health care, and enjoy the abundance of opportunities afforded in this great city. We want individuals with disabilities to have: choice in their "Everyday Lives," and we need your support and commitment to make Philadelphia a welcoming community for all of its citizens.

Historically, people with intellectual disabilities were frequently denied their rights and hidden away in institutions far from their families, friends and communities. Families were often encouraged by well-meaning physicians to "place their children." Institutions grew, became overcrowded, and turned into places which were not fit for anyone to live. As a result of the courageous journalists who exposed these horrors, courts compelled states to improve services or close the institutions. Community services were developed to provide opportunities for people to return to live and receive the support they need in their home community.

Since the early days of community services in the 1950s, the enabling federal legislation of the 60s, and the Pennsylvania Mental Health and Mental Retardation Act of 1966, the community service system has grown dramatically. Today, people with intellectual disabilities or autism live in our communities and receive a wide range of services based on their needs and choices so that they can live on their own, in the homes of family members, in life sharing homes, or in community homes. Service providers offer a broad range of supports and direct services that include coordination of supports, in-home supports and respite services, employment and adult day services, and community living and life-sharing services.

Current State of Intellectual Disability and Autism Services in Philadelphia

Over the last thirty years, the expansion of community services was financed largely through the state's participation in the Federal Medicaid Waiver program. The Waiver refers to the fact that people "waive" their right to receive services in a federally funded institutional setting or Intermediate Care Facility for Persons with Intellectual Disability in order to receive services in a community setting. The state administers the waiver programs in accordance with the federally-approved plans it submits to the Centers for Medicare and Medicaid Services (CMS). Within Pennsylvania, there are three waivers for eligible individuals with intellectual abilities or autism: the Consolidated Waiver (which has no budget cap and provides residential and other services that a person is assessed to need); the Person/Family Directed

Support Waiver (which has a budget cap); and the Adult Autism Waiver. Pennsylvania has become increasingly dependent on the federal dollars that come in to the state as a percentage match called FMAP (Federal Medical Assistance Percentage) to the state's budget allocation for Waiver services.

In order to meet the requirements of CMS, Pennsylvania transformed the intellectual disability system from a county-managed system to a statewide system with standardized business processes within the Pennsylvania Department of Human Services (DHS), the Office of Developmental Programs (ODP). The Adult Autism Waiver is also centrally managed within ODP.

In Philadelphia, services for people with intellectual disabilities are administered by Intellectual Disability Services (IDS) a component of the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) which serves an Administrative Entity (AE) under contract with the Commonwealth of Pennsylvania, DHS/ODP. There are over 125 service providers under direct contract with ODP that support more than 7,700 children and adults.[11] Of those, 4,000 receive Medicaid Waiver services, over 3,000 do not receive waiver services, and over 600 receive services in large public and private facilities.

Unfortunately, not all who need these services have access to them. The number of people on waiting lists for services in Philadelphia and across the Commonwealth of Pennsylvania is staggering. As of January 31, 2015, there are 2,577 people waiting for service in the intellectual disability service system in Philadelphia and 14,021 people on waiting lists statewide. Over 75 percent of those on waiting lists are in the "emergency and critical need" category and currently have limited or no service. Although they are likely to be eligible for waiver services, they have not been admitted into the waiver because there is not sufficient funding from the state budget or waiver capacity.

Current Initiatives

The Philadelphia Autism Project Final Report released in January 2015 is a City initiative to improve the lives of people with autism. Since 2005, the number of adults with autism in Philadelphia has increased six fold from 212 individuals to 1222 individuals. That number is expected to double within the next 5 years to 2145 individuals. The project notes that, while Philadelphia is regarded as one of the ten best cities for those living with autism, there are still many gaps and unmet needs. There are fifteen initiatives listed in the report as the starting point for the Philadelphia Autism Strategic Plan. Many of the gaps in services are identified for adults who often no longer are entitled to services after "aging out" of the educational or children's service system at age 21. There are a growing number of adults with autism who need services, which are not available to them in the Commonwealth or in Philadelphia.

One of the priorities of local government must be to make the needs of its citizens known and advocate for individuals who are not in one of the waivers and are in need of services. Without the availability of waiver services and an adequate safety net, individuals who have spent their whole lives in the community are faced with the prospect of life in an institution as their only option for service. We ask

[11] These numbers do not include services to people with Autism under the Autism Waiver, however admission into the Autism Waiver has been severely restricted due to a very limited state budget allocation. These numbers also do not include the 6,100 children ages birth to three receiving early intervention services through a similar contract with the Office of Early Childhood Development and Early Learning.

you to make a commitment to advocate for Philadelphia's citizens with intellectual disabilities or autism to have the services they so desperately need in their own homes and communities. The sheer number of people on the waiting list and the numbers emerging according to the Autism Census is evidence of the crucial importance of ongoing advocacy to reduce and eliminate the wait for community services.

In addition to the availability of services, there are other life areas that affect people with disabilities and their families. The City has an important role and responsibility for its citizens with an intellectual disability or autism and that is to assure that they are fully included in a welcoming community as contributing members. In order to achieve this goal, all citizens must have access to housing, education, and employment as well as recreation, health care, transportation, and support services.

Recommendations for the Future

- **Create a public relations campaign to promote inclusion of all Philadelphians.** While promoting Philadelphia as a friendly city in an effort to attract visitors, we should also assure our own citizens that we are a welcoming city for all Philadelphians. We need to be seen as disability-friendly and have images that show people with disability as integral members of their communities. Over 20 years ago, DBHIDS adopted a slogan and a public awareness campaign based on the belief that "It's all about Community," recognizing the importance of community. The campaign fostered inclusion in all aspects of our lives: school, work, place of worship, in the playground and in the community. We urge the next Mayor to adopt that slogan for the city to use in its materials and its efforts to promote community inclusion for all of its citizens. We would also like to see additional public relations efforts that showcase individuals with disabilities and autism at work in all sectors of the economy. A video was created several years ago entitled "One City, One Vision" which captures the intent of such a campaign.

- **Ensure that city government streamlines access to affordable and accessible housing.** Many of our citizens with intellectual disability and autism, and their families, face a severe crisis in finding and affording the housing that meets their needs and enables them to live as independently as possible. A home of one's own is the cornerstone of independence for all people. As more and more people with disabilities choose to live in their own home or family homes rather than living in out-of-home arrangements, the housing issues are exacerbated and the crisis is growing.

  Being part of a welcoming community means having access to the resources to afford living in housing that meets your needs. Some individuals require homes and apartments that provide physical accessibility. Adaptations, accommodations, and technology that can make a difference are often beyond the means of individuals with disabilities who are frequently un-employed or under-employed, or their families. We urge you to ensure that city government streamlines access to affordable and accessible housing for people with disabilities.

- **Partner with the School District of Philadelphia to provide a quality education for students with identified learning support needs.** Students with disabilities, like all students, need the best possible educational experience to prepare them for adulthood and the world of

work. We urge you to work with the District to provide a quality education for students with identified learning support needs. One of the best predictors of success after high school is to have work experiences, internships, and mentoring programs during high school. We urge you to work with businesses as well as government to provide opportunities including work experiences for transitioning students with learning support needs in a wide range of settings.

- **Leverage mayoral power, authority, and prestige to enact change to further promote inclusion of individuals with an intellectual disability or autism in to the workforce.**
  In our society, work is the expectation for all adults, and employment is the great equalizer. As stated by the National Association of Persons Supporting Employment First (APSE), "Employment in the general workforce is the first and preferred outcome in the provision of publicly funded services for all working age citizens with disabilities, regardless of level of disability."

  Individuals with disabilities are dramatically under-represented in the workforce and have the highest rate of unemployment and under-employment of any group in this country. Yet when given the opportunity, individuals with disabilities have demonstrated that they are conscientious and dedicated employees. Hiring of people with disabilities can help companies and organizations reduce employee turnover and save money spent in re-hiring and re-training. By not hiring people with disabilities, the nation's workforce is deprived of a valuable source of talent.

  Work is vital to each one of us; it affects our identity and our well-being. It is critical that people with an intellectual disability have the opportunity to work, earn competitive wages, and contribute to their workplaces, their families, the economy, and their community. It is a matter of civil rights.

  Specific actions that the Mayor and the City of Philadelphia can do to support Recommendation #4 include but are not limited to:

  - Hire people with disabilities in all facets of city government, increasing those numbers each year over the next four years.
  - Promote the hiring of individuals with an intellectual disability or autism through effective partnerships and linkages with the Chamber of Commerce and the private sector businesses.
  - Recognize and applaud the over 250 employers who do hire people with disabilities and take a role in bringing those employers together to celebrate and urge others to join their ranks.
  - Create a Business Advisory Group on inclusion in the workforce.
  - Serve as a clearinghouse to provide information to employers and dispel the myths that exist about hiring individuals with intellectual disabilities or autism.

We ask each of you as candidates for Mayor to commit to supporting individuals with disabilities to be embraced as individuals and recognized as full citizens in this vibrant city of Brotherly Love and Sisterly Affection.

7. Supporting a Child Welfare System that Meets the Safety and Well-Being Needs of Philadelphia Children and Youth

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Background

The City of Philadelphia is the nation's fifth largest city with a population of 1.5 million. An estimated 39 percent of children and youth in Philadelphia – more than 120,000 – live below the federal poverty level. Philadelphia's child welfare system, the Department of Human Services (DHS), serves approximately 8,600 children at any point in time. The children served by DHS encompass both children living with their biological parents with in-home protective services and children in out-of-home foster care placements, which include foster homes, group homes, and residential treatment settings. By contracting with a broad array of private providers, DHS offers a wide range of prevention services to thousands of additional children, youth, and their families through Out of School Time, parenting education/family support, truancy prevention, and other programming.

It is well documented that children in foster care experience higher rates of trauma, have increased mental health needs, and have higher health care needs than children in the general population. One recent study estimated that 70 percent of children in foster care have experienced "complex trauma" — what the study defined as trauma deemed particularly harmful and perpetrated by a caregiver at a young age. Moreover, as documented by a recent study by PolicyLab, almost 20 percent of the children in the Philadelphia school system have had some involvement with the Philadelphia child welfare and/or juvenile justice system.

Given the complex needs of the children, youth, and families served by DHS, the mission and goals of the agency are broad and its success depends on collaboration among a multitude of public and private sector health and behavioral health, human services and education providers.

Current State of the Child Welfare System in Philadelphia

Implementing Local System Reform

In 2012, Philadelphia embarked on an innovative system reform in an effort to achieve better outcomes for the children, youth, and families served by the child welfare system. The change was stimulated by, among other things, a series of child deaths that highlighted the need for better continuity of care and more robust community-based services. Called the "Improving Outcomes for Children" initiative (IOC), this model has been identified internationally as a blueprint for child welfare service delivery reform emphasizing shared resources and integrated service delivery at the community level. Central to this design are neighborhood-based lead social service agencies referred to as "Community Umbrella Agencies" (CUAs), which are tasked with streamlining community-based services to families. The reform decentralizes the location and direction of child welfare case management services, replacing a dual case

management system that had both DHS and private provider case managers with a single case management model based in the private, non-profit sector. Philadelphia has ten CUAs, each geographically assigned.

All CUAs, in partnership with community-based agencies, are designed to facilitate a continuum of services to children, youth, and families. The transformative push to assign direct service delivery of child protective cases, both in-home and foster placement, to community providers was based on the realization that system silos were resulting in lack of coordination, poor health and educational outcomes, and increased costs. The CUAs therefore are intended to provide a foundational platform for delivering community-level child welfare services with a new service delivery model.

In addition to the current reform efforts in the child welfare system, the City of Philadelphia is positioned to support an innovation centered on increasing access to trauma-informed, evidence-based behavioral health services. The Department of Behavioral Health and Intellectual Disability Services (DBHIDS) has made significant commitments to ensuring that trauma-informed approaches are integrated throughout the behavioral health system through training in trauma-informed approaches and integrating trauma-informed principles at the core of DBHIDS Practice Guidelines. In addition, DBHIDS has a long-standing commitment to increasing capacity to deliver evidence-based practices (EBPs) that has included providing training and consultation by experts in a variety of EBPs. As part of this commitment, DBHIDS created the Evidence-based Practice and Innovation Center (EPIC) to support a system-wide, comprehensive effort to promote an evidence-based philosophy and practice throughout Philadelphia's behavioral health system.

Gaining Federal Funding Flexibility

Bolstering the system reform efforts of both DHS and DBHIDS is DHS's receipt of a federal Title IV-E child welfare waiver. The Title IV-E waiver provides states and counties with increased flexibility to spend federal child welfare funds. Pennsylvania is one of 14 states with active IV-E waivers and Philadelphia is one of five counties targeted for waiver roll out. In its waiver application, Pennsylvania committed to use its waiver funds to expand EBPs and to transform its use of services from deep-end congregate care to community-based prevention and family support resources.

Recommendations for the Future

As Philadelphia prepares for a mayoral change, there are many strengths to build upon related to child welfare and behavioral services for children, youth, and families, and also continued opportunities for improvement. In particular, a new Mayor should:

- **Provide support to DHS and DBHIDS in light of the ongoing transitions occurring within those agencies.** We are in the midst of the transition now and change of this scope is challenging, but the city should stay the course of this investment so that resources for children and families are less fragmented and closer to the communities where children and families live. Staying the course does not mean that the IOC model will not be modified at all, but does mean a sustained investment in a community-based model of care.

- **Ensure Strong Partnerships between DHS and DBHIDS** so that city agencies work together to help and support the children, youth, and families in their care. Cross-system information is crucial to effective collaboration to identify who is being served and to understand which services are providing the best results. We simply cannot continue more of the same if the same is not producing positive outcomes, and we need data to properly evaluate our current programs.

- **Expand the Availability of Evidence-Based Behavioral Therapies**: By developing partnerships between child welfare, behavioral health, and primary care systems and by creating cross-system payment mechanisms to reimburse primary care and behavioral health providers, behavioral therapy can better address the root causes of behavior problems.

- **Ensure Adequate Funding to Achieve Positive Outcomes** by leveraging the roll out of the Federal IV-E Waiver to ensure that the $650 million spent on child welfare services in Philadelphia is used as much as possible for front-end, preventive care rather than expensive, deep-end services. The goals of the IV-E Waiver require continued attention and support. Other jurisdictions that have undertaken system transformation initiatives similar to IOC report that adequate and timely funding is critical to supporting the availability of quality services. Philadelphia's mayor must ensure the General Fund dollars required to draw down a state and local child welfare funding are allocated to maximize these funding sources.

Appendix A – Author Biographies

Stephen St.Vincent, Esq.,
Committee of Seventy and the Thomas Scattergood Behavioral Health Foundation

Stephen St.Vincent is an attorney and policy consultant working with the Committee of Seventy and the Scattergood Foundation to help educate candidates for office in Philadelphia about the importance of our city's health and human services agencies and their service portfolio. Mr. St.Vincent spent several years representing the Philadelphia Department of Human Services in child welfare litigation. He served on the team of attorneys that handled the roll-out of DHS's new Improving Outcomes for Children initiative. During his time there, he represented DHS in thousands of cases in at all procedural stages, from initial removal of children from their parents all the way through to reunification or termination of parental rights.

Mr. St.Vincent is a former Stoneleigh Emerging Leaders Fellow. During his fellowship, he worked at the University of Pennsylvania's School of Social Policy and Practice researching jurisdictional gaps in child abuse reporting laws across the country. He is currently the Vice Chairman of the Board of the Mental Health Association of Southeastern Pennsylvania. He also sits on the boards Young Involved Philadelphia and Breakthrough of Greater Philadelphia.

Harris M. Steinberg, FAIA
The Lindy Institute for Urban Innovation at Drexel University

Harris M. Steinberg became the executive director of the Lindy Institute for Urban Innovation at Drexel University in November 2014. He also has an appointment as a distinguished teaching professor of architecture in Drexel's Westpahl College. Prior to his appointment at Drexel, Harris was the founding executive director of PennPraxis (2002-2014), the applied research arm of the School of Design at the University of Pennsylvania, and an adjunct associate professor of city and regional planning. His leadership at PennPraxis established a new standard for civic engagement in planning the built environment in Philadelphia and has been acknowledged nationally and internationally as a model process.

Civic visioning was at the core of Harris' work at PennPraxis. His projects included the award-winning Civic Vision for the Central Delaware (2006-2007), a public planning process that engaged more than 4,000 Philadelphians in over 200 meetings in 13-months. The process altered planning history in Philadelphia and the vision is now guiding development along the Delaware River. Other civic visioning projects included: Reimagining the Kimmel Center (2008); Green2015: An action plan to add 500 acres of new park space in Philadelphia (2010); and More Park, Less Way: An action plan to increase urban vibrancy on Benjamin Franklin Parkway (2013). The New Fairmount Park, a vision and action plan for Philadelphia's 2,000-acre watershed park, was released in May 2014.

Kevin C. Gillen, Ph.D.
The Lindy Institute for Urban Innovation at Drexel University

Dr. Gillen is an economist who holds a position as a Senior Research Fellow with Drexel's Lindy Institute for Urban Innovation. Prior to joining Drexel, Dr. Gillen was a Senior Research Consultant with the University of Pennsylvania's Fels Institute of Government. With a background in urban economics and real estate finance, Dr. Gillen's research and consulting practice is concentrated in applied work in the analysis of public finance and operation of urban real estate markets, including their fiscal, economic, and financial implications. This work is deployed in advising both public and private sector entities on the costs and benefits of public policy options, as well as the design and implementation of local economic development strategies.

Dr. Gillen's past clients have included the Pew Charitable Trusts, the Delaware Valley Regional Planning Commission, the Philadelphia Tax Reform Commission, Jones Lang LaSalle, the New Jersey Council for Affordable Housing, the Congress for New Urbanism, the Pennsylvania Housing Finance Authority, the Pennsylvania Horticultural Society, First American CoreLogic, the Philadelphia Redevelopment Authority, the Schuylkill River Development Corporation, the Philadelphia Housing Authority, the William Penn Foundation, and the U.S. Geological Survey. Dr. Gillen's research has been cited in The Wall St. Journal, The New York Times, The Philadelphia Inquirer, The Philadelphia Daily News, and Philadelphia Magazine. He has testified multiple times on matters of real estate markets and public policy to Philadelphia City Council, the Pennsylvania State Legislature, and the U.S. Congress.

Dr. Gillen received his Ph.D. in Applied Economics in 2005 from the Wharton School of the University of Pennsylvania, and received both the U.S. Department of Housing and Urban Development Dissertation Award and Lincoln Land Institute Dissertation Fellowship. His research in urban economics appears in numerous publications and is cited in various policy applications, and his quarterly reports on the current state of the Philadelphia region's real estate markets receive substantial local attention.

The Philadelphia Inquirer and Daily News have described him as "a well-respected and highly regarded economist" "who has brought order and credibility to housing data over the last several years as a neutral, not an industry, source" and is "the foremost expert on property values in the Philadelphia region."

Dr. Gillen also serves as a board member of the Building Industry Association of Philadelphia, the Pennsylvania Builders' Association, and the Greater Philadelphia Association of Realtors. Prior to attending Wharton, Dr. Gillen worked for the Federal Reserve Board of Governors and HUD's Federal Housing Finance Agency (FHFA).

Sandra L. Bloom, M.D.
Drexel University School of Public Health

Dr. Sandra L. Bloom is a Board-Certified psychiatrist and graduate of Temple University School of Medicine. She was recently awarded the Temple University School of Medicine Alumni Achievement Award. In addition to her faculty position at the School of Public Health at Drexel, she is President of CommunityWorks, an organizational consulting firm committed to the development of nonviolent environments. Dr. Bloom currently serves as Distinguished Fellow of the Andrus Children's Center in Yonkers, NY.

From 1980-2001, Dr. Bloom served as Founder and Executive Director of the Sanctuary programs, inpatient psychiatric programs for the treatment of trauma-related emotional disorders. In partnership with Andrus Children's Center, Dr. Bloom has established a training institute, the Sanctuary Leadership Development Institute, to train a wide variety of programs in the Sanctuary Model.® The Sanctuary Model® is now being applied in residential treatment programs for children, domestic violence shelters, group homes, and homeless shelters. It is also being used in other settings as a method of organizational development.

Dr. Bloom is a Past-President of the International Society for Traumatic Stress Studies and author of Creating Sanctuary: Toward the Evolution of Sane Societies and co-author of Bearing Witness: Violence and Collective Responsibility.

Marla J Gold, MD, FACP
Dean Emerita and Professor, Health Management and Policy Drexel University School of Public Health

Marla J. Gold, MD, is Dean Emerita and Professor of Health Management and Policy at the Drexel University. Dr. Gold has dedicated her career to understanding and creating integrated systems of health care delivery, issues of public health infrastructure and health administration and leadership. In the early 1990s, she served as Philadelphia's Assistant Health Commissioner for Infectious Disease Control in the Public Health Department, where she was responsible for all reportable and communicable diseases and conditions in Philadelphia. In that role she served as director for the City immunization program, as the regional grantee for the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and had oversight for all activities pertaining to prevention and control of tuberculosis, HIV/AIDS, and sexually transmitted diseases. During her tenure in the Philadelphia Health Department, she worked to establish a system of HIV care for underinsured and uninsured Philadelphians at the City's district health centers and addressed challenging programs including needle exchange and the availability of condoms as part of a comprehensive health education in Philadelphia High Schools.

Dr. Gold has extensive experience working with diverse leaders in health care, government (local, state, and federal levels), social services, community-based organizations, and neighborhoods in designing and implementing programs such as region-wide comprehensive HIV care. In 1996, she created a multi-site HIV care program which later grew to be known as the Partnership

Comprehensive Care Practice. Today, the Partnership is one of the largest regional comprehensive HIV programs, providing an array of social and clinical services to men and women with HIV/AIDS. She served as Chief of the Division of HIV/AIDS Medicine and Vice Chair of the Department of Medicine at the former MCP Hahnemann Medical School.

Dr. Gold assumed the Deanship of the Drexel University School of Public Health in 2002. Under her leadership, the School grew markedly in enrollment, increased its degree offerings, and greatly increased its research portfolio, becoming an authority on public health in the region. The School has a longstanding commitment to issues of health equity and a growing education, research and practice focus on the elimination of racial and ethnic health disparities. Dr. Gold has published in the area of HIV policy, treatment, and prevention and lectured extensively on an array of related topics to diverse audiences. Dr. Gold has been a member of the Philadelphia Board of Health over two Mayoral administrations. Currently she serves on the Philadelphia Mayor's Advisory Committee for "Healthy Philadelphia" – interventions designed to reduce obesity, diabetes and smoking among the region's population.

Among her honors are: the US Public Service Assistant Secretary of Health Award for outstanding service to persons with HIV/AIDS; the Sisterhood award from the National Commission of Christians and Jews; and Health Care Provider of the Year in Pennsylvania from the Veterans of Foreign Wars. She has been listed as a "top doctor" for women with HIV/AIDS in Philadelphia Magazine. In November, 2007, she was among the recipients of the "Women of Distinction" awards from the Philadelphia Business Journal for her life work in medicine and public health. In 2012, Women E-News honored her for her leadership in designing comprehensive health services for women with HIV.

She received her BS from Fairleigh Dickinson University in Teaneck, New Jersey, and an MD from University of Medicine and Dentistry New Jersey Medical School in Newark, New Jersey. She completed her internal medicine residency and infectious disease fellowship at the Medical College of Pennsylvania. She attended the Executive Leadership in Academic Medicine (ELAM) program for senior women in medicine in 1997 and more recently in the Executive Leadership/Management Course at the Harvard School of Graduate Education.

Mark S. Salzer, Ph.D.
Temple University

Mark Salzer, Ph.D. is a professor and chair of the Department of Rehabilitation Sciences at Temple University. He is the Principal Investigator and Director of the Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities, a research and training center funded by the National Institute on Disability and Rehabilitation Research.

Dr. Salzer obtained his bachelor's degree with honors in sociology and psychology from the University of Wisconsin-Madison and his M.A. and Ph.D. in clinical/community psychology from the University of Illinois at Urbana/Champaign. He completed his clinical internship at Yale University and an NIMH-funded postdoctoral fellowship in mental health services research at Vanderbilt University. He has been a faculty member at Meharry Medical College and Vanderbilt

University School of Medicine and was most recently an associate professor in the Department of Psychiatry at the University of Pennsylvania School of Medicine.

Dr. Salzer has been the Principal or Co-Principal Investigator on more than $25 million in research grants (NIDRR, NIH, SAMHSA), has published more than 80 articles and book chapters on the delivery of effective community mental health and rehabilitation services to individuals with psychiatric disabilities, and has given more than 200 presentations on his work around the world.

Richard C. Baron, M.A.
Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities

Richard C. Baron, MA, is the Director of Knowledge Translation Activities for the NIDRR-funded Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities, which develops and disseminates research into policies, programs, and practices that promote greater community participation for those with psychiatric disabilities. Mr. Baron is also the Director of Knowledge Translation for the NIMH-funded Center for Behavioral Health Services and Criminal Justice Research (http://www.cbhs-cjr.rutgers.edu/), which develops and disseminates research into the issues faced by people with mental illnesses who have been in contact with local, state, and federal criminal justice systems.

Previously, Mr. Baron was the Director of the Pew Charitable Trusts' grant-making program for health and human services agencies serving adults in the five-county Philadelphia metropolitan area, and prior to that served for twenty-five years as the Executive Director of Matrix Research Institute (MRI) in Philadelphia, where his work as a Principal Investigator and Project Director on two dozen federally-funded research and training programs focused on employment for people with serious mental illnesses. For eight years at MRI he also served as Director and Principal Investigator of MRI's NIDRR-funded Rehabilitation Research and Training Center on Employment for People with Serious Mental Illnesses.

Mr. Baron has provided training, technical assistance, and consultation services to community mental health programs, state mental health administrations, and federal agencies for over thirty years, often focusing on the barriers to competitive work for those with psychiatric disabilities. Mr. Baron is also the recipient of two NIDRR Switzer independent research Fellowships, both focusing on strategies to expand employment opportunities for people with serious mental illnesses.

Kathy Sykes, MSW
Independent Consultant; Former Director, Intellectual disAbility Services, DBHIDS City of Philadelphia

Kathy Sykes is the former Director of Intellectual disAbility Services (IDS), a component of the Philadelphia Department of Behavioral Health and Intellectual disAbility Services of the City of Philadelphia. She has held a variety of positions in her 34 years with the office, including Social Worker, Program Analyst, Director of Residential Services, Acting Director, Deputy Director, and as the Director from June 1994 to May 2013.

During that time, Ms. Sykes had a unique opportunity to lead and participate in the development of an ever-evolving community service system, one that has supported people to move from institutions to the community, from workshops to employment in the community, and changing the focus from "the professional knows best" to one where we recognize the essential role and contributions of individuals and families in shaping the life they want to live.

Under her leadership, Philadelphia IDS supported people to achieve the outcomes they choose in their everyday life. She is a strong proponent of "Employment First" and recognizes the value of work and individual contribution. Ms. Sykes fostered the development of independent supports coordination in Philadelphia and promoted person-centered services. She embraces the value of life-sharing and living life to the fullest in the community. Consistent with the values established through a process known as the Community Collaborative, she supported the development of special events that promote awareness, education, and celebration recognizing the contributions of individuals, staff, and community members in supporting "It's all about Community" and established signature events within the ID system known as My City, My Place In It/Brighter Futures Awards and Points of Transformation. She served as a co-chair of the Philadelphia Interagency Coordinating Council in its early years and was active in transitioning early interventions services into home and community settings.

Ms. Sykes recognizes the importance of partnerships and working together to get things done and especially values the relationships she has established with individuals and families, supports coordination, service providers, and government and community partners.

Ms. Sykes is currently volunteering her time as a Board Member for the Association of People Supporting Employment First (APSE). She also serves as member of the Philadelphia Employment 1st Steering Committee, the Imagine Different, Achieve Different Coalition, and works as an independent consultant.

Ms. Sykes earned a Master's Degree from the University of Pennsylvania's School of Social Work and a Bachelor of Science in Rehabilitation Education from Penn State University.

Kathleen Noonan, J.D.
PolicyLab, The Children's Hospital of Philadelphia

Kathleen Noonan is founding co-director of PolicyLab at The Children's Hospital of Philadelphia (CHOP). She is core faculty in the University of Pennsylvania's Masters of Public Health Program, and is adjunct faculty in the Division of Pediatrics at the School of Medicine. At PolicyLab, Kathleen co-leads the Center's strategy and communications work; her legal and policy analyses focus on a broad range of children's health, public health, and social welfare issues. Kathleen also serves as a mediator and neutral advisor in public-impact class action lawsuits concerning pediatric health and human services.

Previously, Kathleen has been a Clinical Associate Professor at the University of Wisconsin Law School, where she taught health law, and started and directed a Government Law Clinic. She was a Senior Associate and Engagement Manager with Casey Strategic Consulting, the consulting arm of the Annie E. Casey Foundation. Earlier in her career, she practiced law at the Boston firm of Hill & Barlow; served as a law clerk to United States District Judge Morris E. Lasker; and worked in public policy positions in New York City with the Citizens' Committee for Children of New York, Inc., and Bank Street College of Education.

Kathleen received her JD from Northeastern University School of Law and her BA from Barnard College, Columbia University.

Appendix B – Sponsoring Organizations

The Alliance of Community Service Providers

www.thealliancecsp.org

Leadership Staff

Cherie Brummans, Executive Director
Karin Annerhed-Harris, Associate Director

The Alliance Members

Asociacion Puertorriqueños en Marcha
www.apmphila.org

Barber National Institute
www.barberinstitute.org

Carelink Community Support Services
www.carelink-svs.org

Carson Valley Children's Aid
www.carsonvalley.org

Casmir Care Services
www.casmircares.com

Catholic Social Services
catholicsocialservicesphilly.org

Center for Autism
www.thecenterforautism.org

Child Guidance Resource Centers
www.cgrc.org

Children's Crisis Treatment Centers
www.cctckids.org

Community Integrated Services
www.cisworks.org

Congreso de Latinos Unidos
www.congreso.net

Cora Services
www.coraservices.com

Devereux Community Services of Philadelphia
www.devereux.org

Dunbar Community Counseling Services
www.dunbaragency.com

Elwyn, Inc.
www.elwyn.org

Empowering People in the Community
www.epicsc.org

Gaudenzia, Inc.
www.gaudenzia.org

Green Tree School
www.greentreeschool.org

Hispanic Community Counseling Services
www.hccsphila.org

Holcomb Behavioral Health Systems
www.chimes.org

Horizon House, Inc.
www.hhinc.org

Intercultural Family Services, Inc.
www.ifsinc.org

Jevs Human Services
www.jevshumanservices.org

Jewish Family and Children's Services
www.jfcsphilly.org

JJC Family Services
www.juvenilejustice.org

Kardon Institute
www.kardoninstitute.org

KenCCID
www.kenccid.net

Ken Crest Services
www.Kencrest.org

Mental Health Association of Southeastern Pennsylvania
www.mhasp.org

NHS Human Services
www.nhsonline.org

Northeast Treatment Centers
www.net-centers.org

Northern Children's Services
www.northernchildren.org

Partnership for Community Supports
www.pfcsupports.org

Pathways to Housing PA
pathwaystohousingpa.org

Pennsylvania Mentor
www.thementornetwork.com

Philadelphia Consultation Center
www.pcctherapy.com

Philadelphia Developmental Disabilities Corp./ARC
www.arcpddc.org

Programs Employing People
www.pepservices.org

Public Health Management Corp.
www.phmc.org

Quality Progressions
www.qualityprogressions.org

Resources for Human Development
www.RHD.org

Self-Help Movement, Inc.
www.selfhelpmovement.org

SPIN, Inc.
www.spininc.org

St. John's Community Services
www.SJCS.org

Step-By-Step
www.stepbystepusa.com

Supportive Behavioral Resources
supportivebehavior.com

Tabor Children's Services
www.tabor.org

The Kirkbride Center
www.kirkbridecenter.com

The Association for Independent Growth/NHS Human Services
www.taiginc.org

United Cerebral Palsy Association
www.ucpphila.org

Universal Health Services
www.uhsinc.com

Volunteers of America Delaware Valley
www.voa.org

Walker Center at Bancroft
www.bancroft.org

The Wedge Medical Center
www.wedgepc.com

WES Health Systems
www.drwes.org

Wordsworth Academy
www.wordsworth.org

Atlantic Diagnostic Labs
atlanticdiagnosticlaboratories
.com

BDO
www.bdo.com

Beneficial Bank
www.thebeneficial.com

CB Richard Ellis
www.cbre.us

CBIZ
www.cbiz.com

Clifton Larson Allen, LLP
cliftonlarsonallen.com

Conner Strong Buckelew
www.connerstrong.com

Credible Behavioral Software, Inc.
www.credibleinc.com

Delta-T Group, Inc.
www.delta-tgroup.com

Dexter Hamilton – Cozen O'Connor
www.cozen.com

Eisneramper, LLP
www.eisneramper.com

eXude Benefits Group
www.exudebenefits.com

FMA Professional Resources
fmaprofessionalresources.com

Gallagher Benefit Services
gallagherbenefits.com

Ganse Apothecary
www.ganseapothecary.com

The Graham Company
www.grahamco.com

Innovative Benefit Planning
www.ibpllc.com

Johnson Kendall & Johnson
www.jkj.com

Kelley Partners, Attorneys at Law
behavioralhealthlaw.com

Kreischer Miller
www.kmco.com

Lincoln Benefits Group / NFP
www.lbg1.com

Lindsay Insurance Group, Inc.
lindsayinsurance.com

Newtown Office Supply
newtownofficesupply.com

NSM Insurance Group
www.nsminc.com

PDC Pharmacy
www.pdcpharmacy.com

Pennsylvania Council of Children, Youth, and Family Services
www.pccyfs.org

Peopleshare
peopleshareworks.com

Qualifacts
www.qualifacts.com

Quality Care Options
www.qcostaffing.com

Social Work, PRN
www.swprn.com

Shechtman Marks Devor, PC
www.smd-pc.com

Sprint
www.sprint.com

SQA Pharmacy Services, Inc.
www.sqapharmacy.com

Staffing Plus
www.staffingplus.com

Staffmore
www.staffmore.com

The Pathway School
www.pathwayschool.org

USI Affinity
www.usiaffinity.com

U.S. Medical Staffing
usmedicalstaffinginc.com

Willets Pharmacy Services
willitsrx.com

Your Part-Time Controller, LLC
www.yptc.com

Pennsylvania Council of Children, Youth, Family Services

www.pccyfs.org

Leadership Staff

Bernadette M. Bianchi, Executive Director
Margaret Zukoski, Southeast Associate Director

PCCYFS Southeastern PA Members

Abraxsas
www.abraxsasyfs.org

Access Services, Inc.
www.accessservices.org

Adelphoi
www.adelphoivillage.org

Asociacion De Peurtorriquenos En Marcha, Inc
www.apmphila.org

The Attic Youth Center
https://www.atticyouthcenter.org

Bethanna
www.bethanna.org

Bethany Christian Services
www.bethany.org

Catholic Social Services
catholicsocialservicesphilly.org

ChildFirst Services, Inc
www.childfirstwervices.org

Children's Choice, Inc.
www.childrenschoice.org

Christ's Home for Children
www.christshomeforchildren.org

Community Commitment, Inc.

Community Service Foundation
http://www.csfbuxmont.org

Cornerstone Programs Corporation
www.cornerstoneprograms.com

Delta Community Supports, Inc.
www.deltaweb.org

Devereux
www.devereux.org

Diversified Community Services
www.dcsphila.org

Edison Court
http://www.edisoncourt.com

Elwyn Inc.
http://www.elwyn.org

Episcopal Community Services
www.ecsphilly.org

Family Design Resources, Inc
www.diakon-swan.org

Family Support Services, Inc.
www.fssinc.org

First Home Care
www.fhcpennsylvania.com

Friendship House
www.friendshiphousepa.org

George Junior Republic
www.georgejuniorrepublic.org

Jewish Family & Children's Service
www.jfcsphilly.org

Juvenile Justice Center Family Services of Philadelphia
www.juvenilejustice.org

Lutheran Children and Family Service of Eastern PA
www.lcfsinpa.org

Methodist Services
www.methodistservices.org

New Foundations, Inc.
www.nfi4kids.org

New Life Youth & Family Services
www.nlyfs.com

Northern Home for Children
www.northernchildren.org

PA Child Welfare Resource Center
www.pitt.edu

PA Family Support Alliance
www.pa-fsa.org

PathWaysPA, Inc.
www.pathwayspa.org

the Village
http://www.village1877.org

Progressive Life Center, Inc.
www.plcntu.org

Saint Gabriel's System
www.st-gabes.org

Silver Springs-Martin Luther School
www.silver-springs.org

Tabor Children's Services
www.tabor.org

Valley Youth House
http://www.valleyyouthhouse.org

United Communities Southeast Philadelphia
www.ucsep.org

VisionQuest National Ltd.
www.vq.com

Woods
www.woods.org

Wordsworth Academy
www.wordsworth.org

Youth Service, Inc.
www.ysiphila.org

The Committee of Seventy

www.seventy.org

Leadership Staff

David Thornburgh, President and CEO
Stephen St.Vincent, Esq.

The Thomas Scattergood Behavioral Health Foundation

www.scattergoodfoundation.org

Leadership Staff

Joe Pyle, MA, President
Alyson Ferguson, MPH, Director of Grantmaking

Appendix C – References

The Mayor Runs a County, Too

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