2015 Health & Human Services Mayoral Forum

Philadelphia, PA

Presented by

SCATTERGOOD
FOUNDATION

Dear Candidates,

The Alliance of Community Service Providers, Pennsylvania Council of Children, Youth and Family Services, The Committee of Seventy, and the Thomas Scattergood Behavioral Health Foundation thank you and commend you for participating in the educational sessions on March 23rd and 24th and the Mayoral Forum on April 9th at 1pm.

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

- In light of the ongoing transformations taking place within their agencies, provide support to the Department of Human Services and the Department of Behavioral Health Intellectual disAbilities Services.
- Invest in prevention and early intervention across all Health and Human Service initiatives.
- Create and support programming, employment, and other services that encourage inclusion of individuals with intellectual disabilities, autism, psychiatric illnesses and trauma survivors.
- Think of the Health and Human Services as one comprehensive system rather than as a system in silos.

Attached you will find a document that includes 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 ask that you review these papers in preparation for the upcoming education events (March 23rd or March 24th) and the mayoral forum on April 9th. We believe that these two events will be the beginning of an impactful conversation around Health and Human Services in Philadelphia.

If you or your staff members have any questions or concerns, at any time please reach out to Karin Annerhed-Harris of The Alliance of Community Service Providers at 215-806-6450 or by email at karin@thealliancecsp.org.

Thank you,

The Alliance of Community Service Providers
Pennsylvania Council of Children, Youth, and Family Services
The Committee of Seventy
The Thomas Scattergood Behavioral Health Foundation

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These papers were commissioned by: The Alliance for Community Service Providers, Pennsylvania Council of Children, Youth, and Family Services, Committee of Seventy, and The Scattergood Foundation. The sponsoring organizations do not necessarily endorse all the positions expressed in each paper.

1. 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:[1]

> 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.

References

1. Felitti, V. J. and R. F. Anda, The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders, and Sexual Behavior: Implications for Healthcare, in The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease (R. Lanius and E. Vermetten, eds.), New York, Cambridge University Press: 77-87 (2010).

2. 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,[1]

> 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**.[2]

- **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.

References

1. Shea, Pat & Shern, David, *Primary Prevention in Behavioral Health: Investing in our Nation's Future.* Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD) (2011).
2. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People:* Progress and Possibilities, report of the Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults: Research Advances and Promising Interventions (O'Connell, Mary et. al., eds.) (2009).

3. 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.

4. Creating and Maintaining Community Supports for Persons with Intellectual Disabilities

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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 will 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 friends, families, 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 brave 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 essentially three waivers for eligible individuals: the Consolidated Waiver (which has no budget cap and provides residential and other services that a person is assessed to need); the Family Driven Waiver (which has a

budget cap); and the 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. In Philadelphia, this is managed under the umbrella of the Department of Human Services (DHS) by the Office of Developmental Programs (ODP).

Within 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, directly with ODP. In Philadelphia there are over 125 service providers under direct contract with ODP that support more than 7,700 children and adults.[1] 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 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 eligible for waiver services, they have not been admitted into the waiver because there is not sufficient funding from the state budget.

Current Initiatives

The Philadelphia Autism Project that was released in January 2015 is a City initiative to improve the lives of people with autism. 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 youth system at age 21. Furthermore, there are a growing number of these young adults who need services they are not provided in the Commonwealth or Philadelphia.

One of the priorities of local government must be to make these needs known and advocate for the people who are not in one of the waivers and who 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 may be faced with the prospect of institutionalization as their only option for service. We need your advocacy for those on waiting lists for service. We ask you to make a commitment to advocate for Philadelphia's citizens with intellectual disabilities or autism to have the services they so desperately need. The sheer number of people on the waiting list and the numbers emerging according to the Autism Census

1. 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 zero to three receiving early intervention services through a similar contract with the Office of Early Childhood Development and Early Learning.

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

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

- **A public relations campaign should be created 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 of our people. 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 with 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."

  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.

  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.

  Specific actions that support the 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 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 of a Business Advisory Group on inclusion in the workforce.
  - Have the City of Philadelphia take on a new role 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.

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

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PolicyLab, The Children's Hospital of Philadelphia

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.

6. Appendix A – Author Biographies

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, JD, 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.

7. 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