



Together ● we
THRIVE

Philadelphia's Agenda for
HEALTH & WELL BEING



HEALTH & HUMAN SERVICES CABINET

mission

Foster the health and well-being of Philadelphians from a healthy start to a safe and supported future.

vision

A client-centered and evidence-based system that moves Philadelphians from vulnerable to thriving through a complement of supports.

TOGETHER WE THRIVE COMMITS TO



HEALTHY PEOPLE

Provide a healthy environment and high-quality physical and behavioral health care.



SAFE PEOPLE

Keep people safe and secure in their homes and in their communities.



SUPPORTED PEOPLE

Ensure the most vulnerable residents are able to stabilize their lives, and that individuals and communities support each other.

TOGETHER, WE THRIVE

In 2016, Mayor Jim Kenney created the Health and Human Services (HHS) Cabinet, bringing together five agencies within the Managing Director's Office responsible for serving the most vulnerable individuals in Philadelphia.

The agencies include the Department of Public Health, the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), the Department of Human Services (DHS), the Office of Homeless Services (Homeless Services), and the Office of Community Empowerment and Opportunity (CEO).

The purpose was clear: To ensure that the agencies are serving the needs of children, adults, and families in an efficient way that gives them equal opportunity to succeed.

The agencies, however, are facing increased obstacles to that goal. More than 21 percent of Philadelphia households are severely rent burdened, meaning they spend more than 50 percent of their income on housing. The significant drop in affordable housing presents a greater risk of homelessness, a traumatic experience that can lead to lifelong behavioral health issues. At the same time, three times as many Philadelphians died from drug overdoses as homicides last year. Opioid addiction destroys lives, separates children from parents, overwhelms emergency rooms, and eats away at the vitality of neighborhoods.

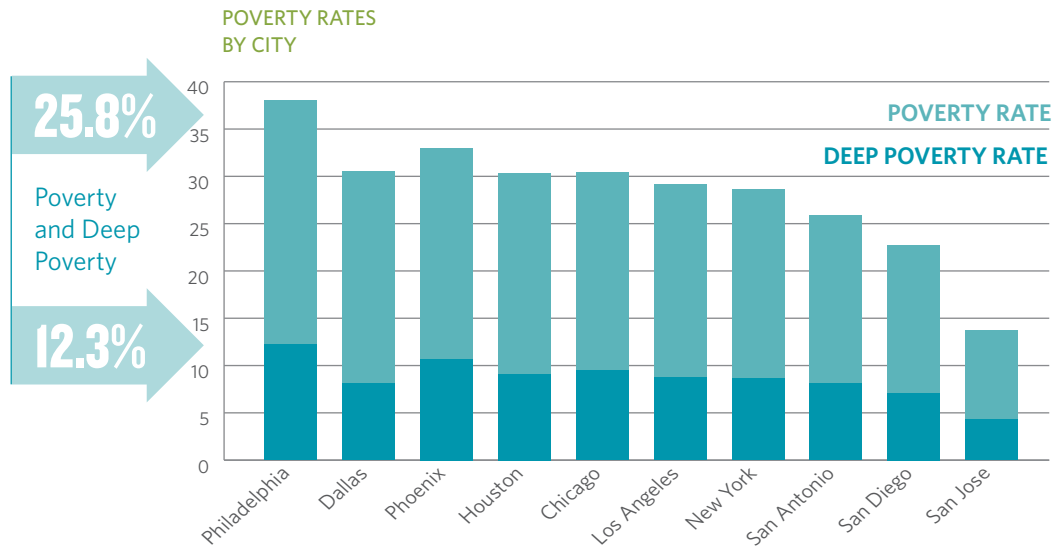
Meeting these challenges requires efficient collaboration among agencies to ensure that individuals can access needed services no matter which door they come through. Together We Thrive was created to connect current and potential community partners with our strategies, provide the tools needed to effectively contribute, share information, and understand what works (and what doesn't).



LET'S GET TO WORK.

POVERTY

At 25.8 percent and 12.3 percent, Philadelphia has the highest poverty and “deep poverty” rates (50 percent of the federal poverty level) among the nation’s 10 largest cities.

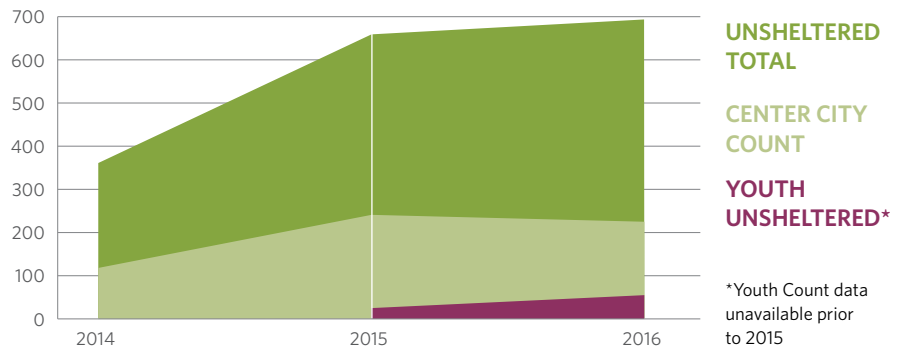


STATE OF THE

HOUSING

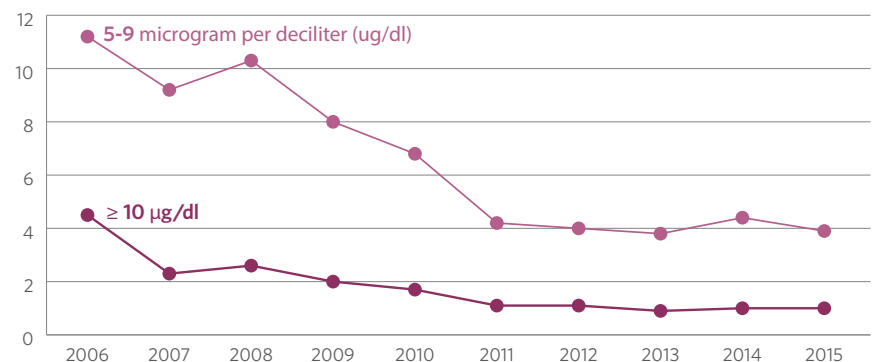
The availability of affordable housing units continues to decline, pushing more people into unstable living situations that often end in homelessness. The number of homeless individuals living on the street is on the rise across the city. The youth count, which began in 2015, likely represents only a portion of young people living on the street.

HOMELESSNESS



New instances of elevated lead levels in children under age six steadily decreased over the past decade, but lead poisoning still affects approximately 350 children under six per year, putting them at risk for learning disabilities and behavior problems.

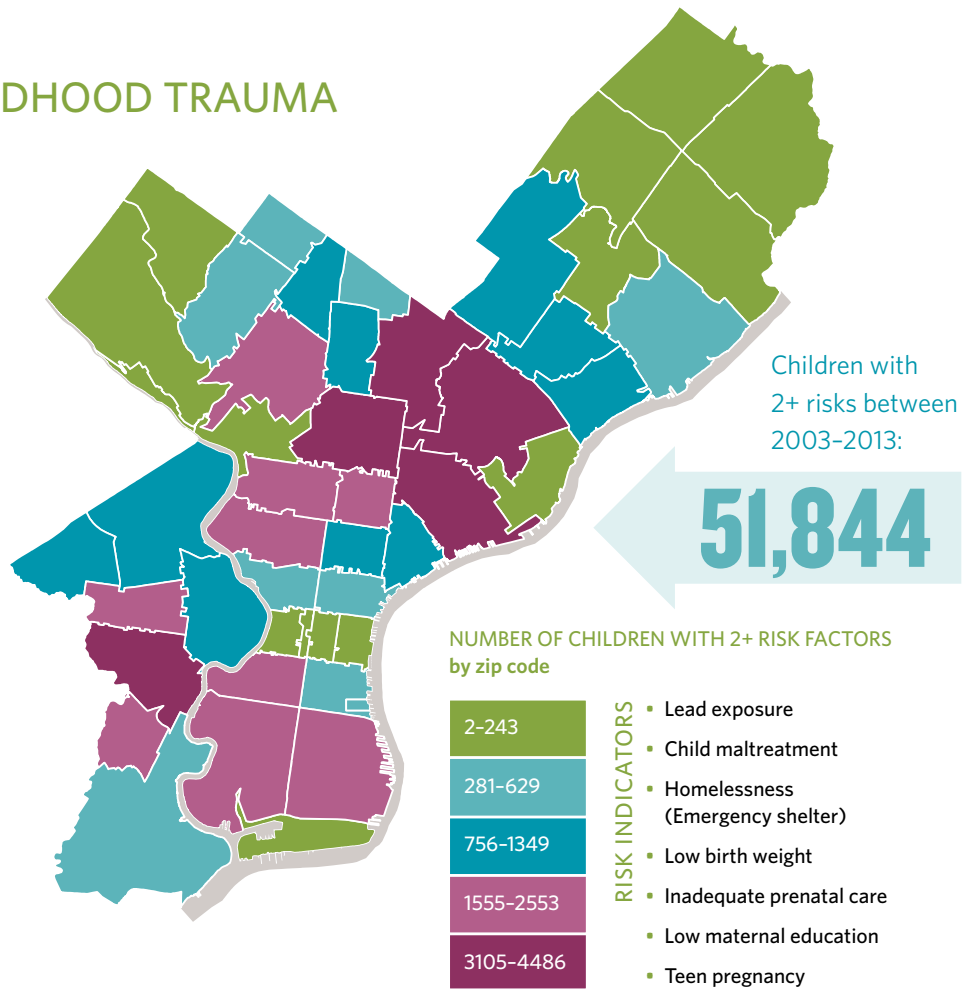
NEWLY-IDENTIFIED CHILDREN WITH BLOOD LEAD LEVELS



FAMILY STABILITY & CHILDHOOD TRAUMA

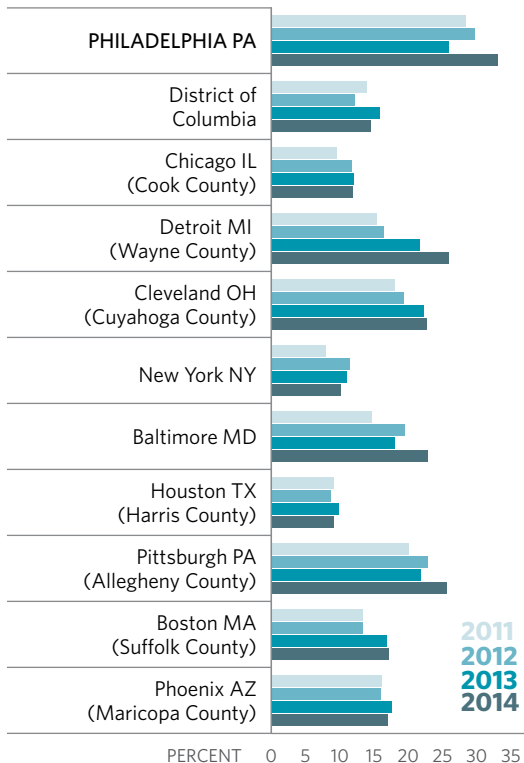
Twenty-two percent of children experience compounding risk factors, such as lead exposure, maltreatment, or homelessness, that make it harder to succeed in school and as an adult.

One in four young adults aged 18 to 24 are not in school or employed. Youth aging out of foster care are particularly at risk to become “disconnected,” and represent an average of 15 percent of the youth homeless population.



CITY

ADDICTION & BEHAVIORAL HEALTH



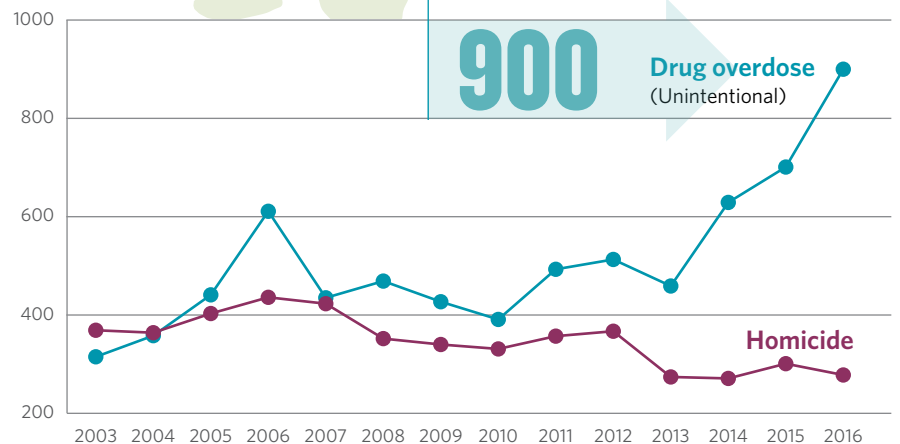
DRUG OVERDOSE RATES

Philadelphia's rate of overdose deaths far exceeds that of 10 other peer counties.



DRUG OVERDOSES VS HOMICIDES

There were close to 900 deaths from drug overdose in 2016, three times the number of homicides.





HEALTHY PEOPLE

Provide a healthy environment and high-quality physical and behavioral health care.

BACKGROUND

In 2015, 38.3 percent of Philadelphia children lived in poverty. Along with thousands of other children just above the poverty line, they are at higher-than-average risk for extreme stress, lead exposure, and neglect. Yet our city has one of the lowest participation rates statewide in critical support programs such as Early Intervention (EI). EI provides support to children at risk for developmental delays.

As youth grow up, they need help to become resilient and achieve positive emotional development. Among these supports are programs to promote emotional and physical health: the obesity rate among kindergarteners and first graders is 16 percent, and over 20 percent among high schoolers. At the same time, 32 percent of high school students report feeling sad or hopeless, and 11 percent have attempted suicide. It is critical that school-age youth develop healthy behaviors, for both their bodies and minds.

SIGNS OF SUCCESS

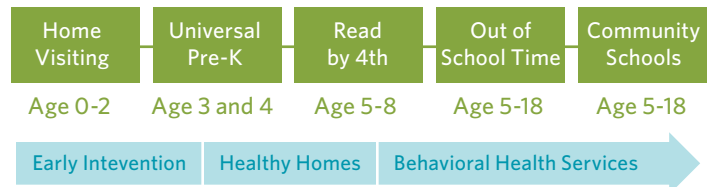
In partnership with the community, the HHS Cabinet will strive for changes in key metrics including:

1. Increase participation in Early Intervention services.
2. Repair the homes of 75 percent of all children identified with lead levels above 10 microgram per deciliter (μg per dL).
3. Reduce the number of opioid prescriptions.
4. Reduce the number of drug overdose deaths.

STRATEGIES

To ensure that children have a strong start and adults stay healthy, the HHS Cabinet will create or expand a range of services. These include simplifying access to home visiting, Early Intervention, quality Pre-K, afterschool programs, and behavioral health supports for at-risk families. The HHS Cabinet also plans bold action to enable children to grow up in healthy homes—free from threats of lead poisoning or asthma—by raising public awareness around lead poisoning and other health hazards, such as mold; holding landlords accountable for housing safety, and ramping up remediation.

PATHWAYS TO ACADEMIC & LIFE SUCCESS



A top priority is combating the growing opioid crisis by raising awareness, reducing reliance on prescription opioids, increasing access to treatment, and preventing overdose deaths. At the same time, the HHS Cabinet will promote healthy lifestyles by reducing access to tobacco, and encouraging greater physical activity.

MOVING FORWARD

In 2017, the HHS Cabinet will advance these strategies by:

- Inform landlords of their obligations around lead safety and take enforcement actions against landlords who fail to comply.
- Prevent increased sale of tobacco in oversaturated areas.
- Arm more first responders, police, and community partners with overdose medication to prevent opioid-related deaths.

STRATEGY	ACTION STEP FOR 2017	MEASURE OF SUCCESS	BASELINE
1 Prevent developmental delays in at-risk children ages 0-5.	Establish a work group to better coordinate home visit programs for high-risk infants; promote PHL Pre-K through targeted marketing to eligible HHS clients; expand Early Intervention services to include youth who have delays in only social/emotional development by hiring new Social-Emotional Coordinators.	Increase number of children referred for screening to Infant Toddler Early Intervention (ITEI) who enroll in PHL Pre-K	79 for FY16
		Increase rate of children's growth for social emotional development upon exit from ITEI	72.78 percent for FY16
2 Reduce incidence of lead poisoning and asthma.	Strengthen enforcement of the Lead Safe Certification requirement for rental properties; launch a public awareness campaign on the risks of lead poisoning and requirements of landlords; implement a plan to increase lead safety treatment to homes with children screened with high lead levels; develop a plan to expand remediation of asthma hazards supported by health plans and health care providers.	Reduce incidences of blood lead levels > or equal to 5 µg/dL among children < 6	4.7 percent for FY16
		Reduce asthma hospitalization among children under 5	7.1 per 1,000 for FY14
3 Expand quality afterschool activities to reduce truancy and improve literacy.	Use data sharing to strengthen enrollment of youth in the child welfare system and at-risk youth; collaborate with the Deputy Managing Director for Community and Culture to recruit an Out of School Time (OST) Director and launch a partnership with a community anchor to expand afterschool programming.	Reduce truancy and increase in literacy skills among children participating in OST*	Baseline TBD*
4 Strengthen physical and behavioral health supports in schools.	Collaborate with Mayor's Office of Education to identify gaps and enhance behavioral health access in community schools; work with Community Schools to adopt health standards regarding food and physical activity; place a Health Promotion Coordinator in each Community School.	Increase number of Community Schools with fully adopted health standards	0 out of 9 schools for 2016-17*
		Increase number of students in student assistance programs in Community Schools	31 out of 9 schools for 2016-17*
5 Expand the continuum of behavioral health supports for youth.	Expand children's crisis services to include mobile teams; train new therapists in evidence-based treatment for youth, including parent-child interaction therapy; divert youth from acute care through the launch of expanded crisis stabilization services and community and site-based crisis care.	Increase number of agencies trained in evidence-based practice	45 for FY16
		Increase number of children receiving home and community-based services in lieu of placement in a residential treatment facility*	Baseline TBD*
		Increase number of children evaluated for a behavioral health crisis through CBH	2,321 for 2016
6 Encourage people to have healthy diets, stay active, and avoid addictive substances.	Cap the number of retail stores selling tobacco in a neighborhood; prohibit tobacco sales within 500 feet of a school and from retailers caught selling tobacco to underage youth three times within 24 months; Conduct an awareness campaign to discourage tobacco use and encourage physical activity; track impact of sweetened beverage tax by measuring soda consumption.	Reduce number of Philadelphians in areas with low walkable access to healthy food retailers	341,285 for FY14
		Decrease city cigarette tax revenue	\$4,128,426/month for July-Dec 2016
		Reduce percentage of adults who drink one or more sugary drinks per day	31.6 percent for FY15
7 Reduce opioid addiction and its adverse consequences.	Publish report from citywide task force to address opioid abuse, addiction, and overdose; educate health care providers to reduce overprescribing of opioids; provide new partners with access to medication for drug overdose recovery; increase referrals to treatment programs through the Coordinated Response to Addiction by Facilitating Treatment Project (CRAFT); expand programs for overdose and recovery supports in Kensington.	Reduce prescription opioid sales in Philadelphia	1.35 billion morphine milligram equivalents in 2015
		Reduce drug overdose deaths involving opioids	900 overdose deaths for FY16

*Determining/refining metric and baseline will be part of action steps for 2017.



SAFE PEOPLE

Keep people safe and secure in their homes and in their communities.

BACKGROUND

In Philadelphia, many children, youth and adults live in fear of violent injury from domestic violence, child abuse or neglect, human trafficking or community violence. Research shows that when children are exposed to multiple types of violence, they are at high risk for developing behavioral health problems that impair skills necessary for development, successful learning, and productive adulthood.

Abuse cases in Philadelphia rose dramatically in 2013, due in part to new state laws expanding who was responsible for reporting child abuse and how abuse is defined. From 2013 to 2016, the number of investigations by the Department of Human Services (DHS) increased by more than 40 percent, and seven percent fewer children found safe and permanent homes.

Violence among intimate partners and within our communities is a growing challenge that contribute to unstable families and neighborhoods. The facts are stark: the Philadelphia Domestic Violence Hotline received more than 14,500 calls for assistance, a 50 percent increase over the year before. Although violent crime rate has been relatively flat for several years, the homicide rate in Philadelphia remains the highest per capita of the 10 largest U.S. cities.

STRATEGIES

The HHS Cabinet is extending supports needed to end violence, including connecting individuals to loving families and a supportive community, addressing behavioral health needs, and identifying safe housing.

The HHS Cabinet is collaborating to support families at risk for entering the child welfare system. Recent initiatives, such as increasing the number of case workers at Community Umbrella Agencies, have begun to show results and help increase the number of children who obtain permanent homes. New efforts include connecting families under investigation for abuse or neglect to prevention resources.

The recently appointed Director of Domestic Violence Strategies will help the HHS Cabinet obtain the training needed to screen and track incidents of domestic violence and human trafficking, support victims, and prevent re-victimization. The HHS Cabinet will also take action against community violence by providing new behavioral health supports and access to resources for high risk areas.

SIGNS OF SUCCESS

In partnership with the community, the HHS Cabinet will strive for changes in key metrics including:

1. Increase the percentage of children in the child welfare system who find safe and permanent homes.
2. Improve our ability to identify and properly serve people who are victims of domestic violence or human trafficking.
3. Reduce victims of community violence.

STRATEGY	ACTION STEP FOR 2017	MEASURE OF SUCCESS	BASELINE
1 Support at-risk families to ensure children can safely remain in their homes.	Train staff to connect families to support services during investigations of abuse and neglect; change contracts for providers of preventive services to ensure services to DHS-involved and at-risk families; bid for new provider to support families during investigation by DHS to divert from the formal child welfare system.	Decrease number of placements	8,345 placements in FY16
		Decrease rate of children moving to out-of-home placement from in-home services	10.4 percent for FY16
2 Increase the number of youth safely reunified with their families or moved to safe and permanent homes.	Scale up Rapid Permanency Review pilot; review and revise training for staff providing in-home services to maximize effectiveness; develop new tools to improve permanency planning for child welfare involved families.	Increase percentage of youth who reach reunification	15 percent reunification rate for FY16
		Increase percentage of youth who reach permanency	22 percent permanency rate for FY16
3 Reduce the number of youth in congregant care.	Create a new wraparound support team to diminish reliance on residential treatment facilities and support more youth while with family; increase emergency foster care from 72 to 100 slots to ensure placement in emergency situations; launch a public awareness campaign to increase availability of foster homes for older youth.	Reduce rate of congregant care utilization	14.9 percent use of group settings for youth in care in FY16
4 Reduce community violence.	Launch a Network of Neighbors to reduce the spread of community violence; Partner with Public Safety to develop an approach to strengthen connections to jobs, public benefits, and other services for individuals involved in community violence.	Reduce number of victims of gun violence	1,303 in 2016
5 Reduce domestic violence and human trafficking.	Identify current processes to track domestic violence across HHS Cabinet agencies; develop a domestic violence training plan to enable staff to screen for and address domestic violence; train specialized teams to investigate and respond to reports of human trafficking; train all child welfare staff to screen for human trafficking victims; fund expanded services to prevent human trafficking and provide housing and other services to victims.	Reduce number of calls to Philadelphia Domestic Violence Hotline	14,508 calls for FY16
		Reduce rate of positive screening for domestic violence victimization in HHS*	Baseline TBD*
		Human trafficking metric*	Baseline TBD*

*Determining/refining metric and baseline will be part of action steps for 2017.

MOVING FORWARD

In 2017, the HHS Cabinet will advance these strategies by:

Revise training for investigations into child abuse or neglect to better connect families to support services.

Identify a service provider to expand prevention and placement services for victims of human trafficking.

Develop a domestic violence training plan to help staff recognize or prevent it.



SUPPORTED PEOPLE

Ensure the most vulnerable residents are able to stabilize their lives, and that individuals and communities support each other.

BACKGROUND

A place to live and a regular income are basic needs. Affordable housing is becoming a relatively rare commodity in Philadelphia. For every 100 extremely low-income renters (households whose income is 30 percent of the area's median income—\$24,350 for a family of four), there are just 38 affordable units available. This may in part explain why there were over 40,000 evictions in Philadelphia in 2015 and why the number of homeless individuals is on the rise.

Housing is a growing challenge for youth. Since 2013, the tracked number of homeless young adults ages 18 to 24 has hovered around 600 individuals. Youth exiting the foster care system as adults are particularly vulnerable: 37 percent have experienced homelessness.

The housing challenge is exacerbated by the local job market. Despite improvements in the economy, the unemployment rate, at 6.7 percent, is above the national average, and many more employed individuals cannot find a job at a family sustaining wage.

Public benefits are a bridge for those who do not earn enough income or are disabled, but many eligible individuals are not enrolled. In 2015, nearly 57,000 households below the poverty line were not enrolled in Supplemental Nutrition Assistance Program (food stamps) and seventeen percent of eligible working families did not apply for the Earned Income Tax Credit.

STRATEGIES

To maximize resources, the HHS Cabinet is matching the needs of homeless individuals with suitable housing. At the same time, the HHS Cabinet will expand housing for families, individuals with behavioral health challenges, and youth aged 18 to 24. Expanded eviction prevention efforts will mean fewer people become homeless, and new housing will be accessible to those who are evicted.

To increase household incomes, the HHS Cabinet will support a broad workforce development agenda for individuals with barriers to employment. It will strengthen the City's role as a model employer, increasing access to City jobs for disconnected youth, returning citizens and others. Through comprehensive enrollment supports, the HHS Cabinet will ensure that clients are enrolled in all public benefits for which they are eligible.

SIGNS OF SUCCESS

In partnership with the community, the HHS Cabinet will strive for changes in key metrics including:

1. Reduce the number of people in the shelter system or living on the street.
2. Decrease the number of foster youth reaching age 18 without a permanent home.
3. Increase the number of people with barriers to employment that find jobs with City Government and Employer Partners.

STRATEGY	ACTION STEP FOR 2017	MEASURE OF SUCCESS	BASELINE
1 Provide supports to prevent evictions and homelessness.	Co-locate homeless prevention staff at shelter intake to support diversion from shelter; use housing trust funds to focus on housing counseling and foreclosure assistance in targeted areas; develop a plan for Emergency Solutions funds that expand homeless prevention.	Increase number of households receiving homeless prevention assistance	824 households for FY16
2 Decrease reliance on emergency shelter.	Adopt a Coordinated Entry System that matches people to housing based on need; establish 90 new permanent supported housing and 15 rapid rehousing supports for the chronically homeless; evaluate and redesign emergency housing and family homelessness supports; partner with the private sector to develop new housing options.	Decrease average length of stay in emergency housing and transitional housing	234 days for FY16
		Increase percentage of exits from unstable subsidized housing into permanent housing	38 percent for FY16
3 Prevent homelessness for DHS-involved families.	Develop new housing support tools for families to reduce delays in reunification; develop a plan for earlier intervention for families in the DHS and Homeless Services system.	Increase number of DHS-involved families within OHS who are placed in permanent housing or a time limited housing subsidy	143 families for FY16
4 Help extremely low-income families move into permanent housing.	Add 33 new Housing First units for the chronically homeless; complete the conversion of 138 transitional housing units to Rapid Rehousing; develop a Shallow Rent pilot.	Increase number of homeless individuals in permanent housing or time-limited subsidized housing with supports	1,142 households for FY16
5 Expand housing services for young adults, particularly youth aging out of foster care.	Revise the discharge planning process for youth aging out of the child welfare system to increase access to housing resources.	Reduce number of formerly DHS-involved youth receiving OHS services	1,312 individuals for FY16
		Decrease number of DHS involved youth leaving care without permanent residence	101 out of 271 youth for FY16
		Increase number of temporary and permanent housing slots for young adults	221 Units for FY16
6 Strengthen connections to financial and benefits counseling for at-risk households.	Implement a pilot to provide financial counseling services to children in foster care; Implement a pilot to support benefits enrollment at shelter and emergency meal sites.	Increase number of clients enrolled in public benefits through BenePhilly	2,305 for 2016
		Increase number of DHS/OHS-involved households who experience a significant increase in credit score/decrease in debt	88 households in 2016
7 Support a citywide workforce agenda that connects low-income workers to opportunities to help them succeed.	Collaborating with the Managing Director and other agencies, revise government job specifications for entry-level positions to remove barriers; expand career pathway models for disconnected youth; develop a system to track quantity and quality of career pathways aligned with jobs for disconnected youth.	Increase number of individuals with employment barriers engaged by the City in career pathways opportunities	207 for FY16*
		Increase percentage of individuals in career pathways training that gain permanent employment	0 percent

*Determining/refining metric and baseline will be part of action steps for 2017.

MOVING FORWARD

In 2017, the HHS Cabinet will advance these strategies by:

Inform landlords of their obligations around lead safety and take enforcement actions against landlords who fail to comply.

Prevent retailers from selling tobacco in oversaturated areas.

Arm more first responders, police, and community partners with overdose medication to prevent opioid-related deaths.



Together We Thrive was developed by the Health & Human Services Cabinet

Department of Behavioral Health & Intellectual disAbilities



Office of Community Empowerment & Opportunity



Office of Homeless Services



Department of Human Services



Department of Public Health



Office of the Deputy Managing Director for Health & Human Services
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