

Annual Report of Philadelphia's Health and Human Services Cabinet





# Overview

*Together We Thrive* is the annual report of the City of Philadelphia's Managing Director's Office, Health and Human Services Cabinet (HHS). HHS includes the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), the Office of Community Empowerment and Opportunity (CEO), the Office of Domestic Violence Strategies (ODVS), the Mayor's Commission on Aging (MCOA), the Office of Homeless Services (OHS), and the Philadelphia Department of Public Health (PDPH).

The *Together We Thrive 2022* highlighted the HHS Cabinet's collaborative response to the COVID-19 pandemic, and the City's pivot from managing a broad-scale crisis to creating programs that will sustain beyond the pandemic. The HHS cabinet renewed its commitment to racial equity and its mission to implement policies and programs that promote health, safety, and connection for every Philadelphian.

Philadelphia has entered a new phase of the pandemic, with residents adapting to live in a world with COVID-19. With the continued availability and accessibility of testing, vaccinations, and treatments, we furthered our progress in addressing this threat, seeing a reduction of infections, hospitalizations, and deaths in the city. *Together We Thrive 2023* recognizes the collaborative efforts of HHS agencies to integrate long-term recovery planning as part of its shared goal of ensuring the health and well-being of all Philadelphians. Glossary

BIPOC	Black, Indigenous, and People of Color	
СВН	Community Behavioral Health	
CEO	Office of Community Empowerment and Opportunity	
CLIP	Community Life Improvement Program	
DBHIDS	Department of Behavioral Health and Intellectual disAbility Services	
DHCD	Division of Housing and Community Development	
DHS	Department of Human Services	
DPD	Department of Planning and Development	
DV	Domestic Violence	
FY	Fiscal Year	
ннѕ	Managing Director's Office, Health and Human Services	
IDEA	Office of Integrated Data for Evidence and Action	
IPV	Intimate Partner Violence	
L&I	Licenses and Inspections	
ΜCOA	Mayor's Commission on Aging	
MDO	Managing Director's Office	
ODVS	Office of Domestic Violence Strategies	
OHS	Office of Homeless Services	
OMHSAS	Office of Mental Health and Substance Abuse Services	
ORU	Opioid Response Unit	
PCA	Philadelphia Corporation for Aging	
PDPH	Philadelphia Department of Public Health	
PHA	Philadelphia Housing Authority	
PHDC	Philadelphia Housing Development Corporation	
PPD	Philadelphia Police Department	
SDP	School District of Philadelphia	
SEPTA	Southeastern Pennsylvania Transportation Authority	
SUD	Substance Use Disorder	



# The Health and Human Services Cabinet is committed to:



### HEALTHY PEOPLE

Working for every Philadelphian to be able to live in a healthy environment with stable access to food and water, housing, high quality physical and behavioral health care, and for those whose health is at risk, offering early intervention and prevention services in the community.



### CONNECTED PEOPLE

Developing pathways for economic mobility and full integration into the life of the city, such that someone experiencing health or economic vulnerabilities can select and access the services and activities they need to heal and to thrive.



### SAFE PEOPLE

Keeping Philadelphians safe from injury in their homes and communities and providing trauma-informed services across the health and human services system.

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### EQUITABLE CITY

Pursuing policies and programs that promote racial equity, while addressing historical and systemic barriers to health, safety, and connectedness for BIPOC Philadelphians.



# **Addressing Disparities & Inequities**

We strive to build a city where structures, systems, and environments support and enhance the health of all residents, especially those who have historically been marginalized. This includes Black and Latinx/o/a populations as well as Indigenous and historically marginalized Asian communities. HHS works to remediate these inequities by advocating for and implementing policies, programs, and services that ensure the health and well-being of every Philadelphian.

In last year's *Thrive* report, we highlighted specific examples of how the HHS Cluster has taken action to advance racial equity, with a focus on the COVID-19 pandemic. In this year's report, we broaden our focus to include initiatives that highlight the continuous and compounded traumas experienced by historically marginalized communities that preceded COVID-19 including the opioid epidemic, homelessness, recurring gun violence, and systemic racism. These prolonged traumas and longstanding structural inequities create barriers to health, safety, and connectedness that adversely impact health, social, and economic outcomes. When individuals experience these compounding traumas, they can become involved in multiple systems and multiple HHS agencies. That is why collaboration across HHS agencies and external partners is necessary to address these longstanding inequities. This year's *Thrive* report provides examples of how HHS agencies work to better address and prevent these compounding traumas.





# FIG. 2 Self-Reported Poor or Fair Health by Race/ Ethnicity, 2017-2020 **BLACK\*** \*Non-Hispanic 27.8% **OVERALL HISPANIC** 22.4% 21.4% WHITE\* 18.0% ASIAN\* 9.5%

30%

25%

20%

15%

10%

5%

0%

All Race/ **Ethnicities** 

Asian/PI (NH)

Black (NH)

White (NH)

Hispanic

#### SOURCE: 2017-2020 PA BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM





ALL SEXES

FIG. 1 Age-Adjusted Mortality Rates by Race/Ethnicity



\* = PRELIMINARY ESTIMATE

1,500

1,000

# Incorporating Racial Equity into Strategic Planning and Community Collaboration

HHS agencies continue to align their racial equity priorities with strategies to produce greater equity impacts relevant to their mission. For example, in 2022, DBHIDS continue to align its racial equity priorities with their strategic frameworks: Prioritizing to Address our Changing Environment (PACE) and Addressing Trauma, Achieving Equity, Engaging Community (TEC). In 2022, DBHIDS added its Racial Equity Strategic Plan after participating in the Mayor's 2nd City-wide Racial Equity Cohort with the goal of uprooting systemic racial inequities within its system. The DBHIDS Diversity, Equity, and Inclusion (DEI) team employs a three-pronged approach: research, data, and community input to inform the enhancement of existing initiatives and guide the development of innovative initiatives. This intentionally includes (BIPOC) community collaboration to explore diverse community outreach and engagement strategies that advance knowledge and enhance awareness of the vast array of resources, services, and treatment modalities, while also recognizing their communities' unique perspectives and cultural differences. DBHIDS seeks to ensure that Philadelphia's BIPOC residents can proactively access the behavioral health services, including community-based outpatient treatment from professionals who look like them and share a similar language and cultural experience, and reducing their high rate of exposure to potentially traumatizing high acuity crisis centers and psychiatric hospital service settings.

In January 2022, the Philadelphia Department of Public Health hired their first Chief Racial Equity Officer, Gail Carter Hamilton, MSN, RN, CSN. This newly created position is intended to centralize and spearhead efforts to ensure racial equity in Health Department operations and activities and to help guide planning to address health inequities in Philadelphia.





#### **Housing Smart Program for Returning Citizens**

In Philadelphia, and throughout our country, people of color have disproportionately higher rates of incarceration than the rest of the population. One way to address these inequities is by implementing interventions that occur at the intersection of housing insecurity and criminal justice. This includes preventing incarceration for people experiencing homelessness whose housing status can increase interactions with the criminal justice system, preventing housing displacement that occurs when people are incarcerated and miss their mortgage or rent, and increasing opportunities for affordable housing for people after incarceration. For example, when there were mass releases during the pandemic to reduce the spread of COVID-19 in prisons, there were coordinated efforts to ensure returning citizens were connected to housing. To prevent pressure on our shelters and hospitals, and to reduce recidivism, MDO, OHS, DBHIDS Behavioral Health and Justice Division (BHJD), and Resources for Human Development (RHD) came together to target a cohort of these individuals using the RHD Housing Smart Model to provide housing and support services.

From the start of the program in 2020 to October 2022, the RHD Housing Smart Program for Returning Citizens served 25 individuals from Kensington who were currently or recently incarcerated and had a substance use diagnosis, primarily opioid use disorder. These individuals were connected to a housing opportunity as well as wraparound support services to achieve housing stability, recovery, and long-term independence. Support services included access to a Tenant Services Coordinator, a Care Coordinator, and a Peer Support Specialist. Providing these basic needs like housing helped 68% of participants stay out of jail/prison in the first year after move in. There was also a 98% decrease in the use of psychiatric inpatient and crisis services, and a 58% increase in the use of community-based services. Most participants were African American (82%), demonstrating both systemic inequities and HHS's commitment to stopping the cycle of incarceration and housing insecurity that disproportionately affects communities of color.



#### **Stepping Up Initiative**

The Stepping Up Initiative, supported by a City Council resolution in 2018, has identified racial and ethnic disparities within the justice-involved behavioral health population. People of color are significantly overrepresented in the justice system and this inequality is exacerbated when a mental illness is factored in which results in longer lengths of stay in jail. The DBHIDS Stepping Up Initiative found that the presence of a Serious Mental Illness (SMI) led to an increase in the median length of stay for white, Black, and Latinx/o/a individuals with an increase of 19 days, 44 days, and 67 days respectively. Additionally, there were significant racial inequities among individuals with an SMI. While white individuals with a SMI had a median length of stay of 55 days, Black individuals with a SMI had a median stay of 64 days and Latinx/o/a individuals had a median length of stay of 95 days. The DBHIDS Behavioral Health and Justice Division (BHJD) is forming a Forensic Equity Unit to focus on addressing these inequalities as they may arise in BHJD programs. The unit will focus on engaging communities to identify, develop, and connect individuals to the behavioral health, housing, education, vocation, and related social determinants of health resources necessary for a successful return to community life.

#### Crisis Access Link Model (CALM) project

In FY22, HHS received a \$500,000 Operations Transformation Fund grant from the Office of the Chief Administrative Officer (CAO) jointly with DBHIDS, Community Behavioral Health (CBH), and the Department of Human Services (DHS) to fund the development and initial implementation of **CALM**. CALM acknowledges that a child welfare placement is inherently traumatic. The program aims to promote the well-being of the youth and caregivers in order to stabilize the placement and reduce placement disruptions. Each CALM team consists of a behavioral health professional and an individual with lived experience interacting with the child welfare system. Together they provide psychosocial education, develop a coping and wellness plan for the youth, and refer participants to additional services as needed. The CALM project team will continue phased implementation in FY23 toward a sustainable citywide expansion.

The **Youth Residential Placement Task** Force 2021 annual report showed that 92% of youth in all residential placements (dependent, delinquent, and psychiatric residential treatment) in Philadelphia were Black (non-Hispanic) or Hispanic. When racial inequities are seen across interconnected systems, HHS agencies respond collaboratively, developing and implementing projects like CALM to provide resources and supports to populations that experience a disproportionate burden of trauma.

# Coordinated Strategies of the HHS Cabinet

The purpose of the HHS Cabinet is to make progress towards the shared goal of ensuring the health and well-being of all Philadelphians. Our experience demonstrates that this is best achieved through aligning work and systems between HHS agencies, across City government, and with community partners. The close working relationships in the HHS cabinet allow for better and more efficient government through deduplication of efforts, information sharing, coordinated advocacy, linkages between services for residents, and preparedness to respond to new challenges. The following five strategies continue to be the drivers of HHS work:

- Implement and lead cross-departmental working groups to advance major City initiatives.
- 2 Create and maintain strong and effective internal and external partnerships.
- 3 Improve services provided to individuals by implementing new best practices and bringing successful practices to scale.
  - Educate Philadelphians on critical issues by providing reliable information and by proactively engaging people in the community.
- 5 Work toward federal, state, and local policy change to shape a more equitable future.

For each of the five strategies, this report highlights a selection of representative work and recent achievements from across the HHS cabinet. For additional updates about HHS department-specific progress and priorities, see the appendix for recent publications.





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HHS agencies implement and lead cross-departmental working groups to advance major initiatives – providing strategic planning, oversight, and guidance for implementation.

#### **100 Day Challenge**

The 100 Day Challenge was initiated by OHS as an innovative way to address unsheltered homelessness. It was co-led by OHS and DBHIDS, in collaboration with the Opioid Response Unit (ORU) to connect unsheltered individuals in Kensington with shelter and treatment for those with substance use challenges. To meet the goal of connecting 350 individuals, a By-Name-List was compiled and used to identify individuals who might need shelter and treatment. Existing and new resources were brought online, including accessible housing options and opportunities for enrollment in behavioral health care treatment. From the beginning of the challenge in March 2022 to July 2022, outreach staff successfully connected 377 individuals to resource programs: 282 were enrolled in behavioral health treatment, 84 of whom also received wound care services, and 171 were placed in housing. Through the 100 Day Challenge, treatment and housing providers strengthened the connections between residential drug treatment, recovery, and permanent housing.

#### **Upward Mobility Cohort**

The Philadelphia Upward Mobility Project, led by the Office of Community Empowerment and Opportunity (CEO) and the Division of Housing and Community Development (DHCD), engaged key stakeholders from across city government, nonprofits, and community-based organizations to analyze data on barriers to mobility, conduct community engagement activities, and develop strategic actions that could boost mobility from poverty and reduce racial disparities in the city. Developed from 18 months of research and engagement, the **Philadelphia Upward Mobility Action Plan** describes goals, strategies, and target outcomes for boosting mobility from poverty for the City of Philadelphia. The Upward Mobility project gathered key insights about barriers to mobility in each of the project's four priority policy domains: housing, financial well-being, neighborhoods, and work.



#### **HHS Policy Group**

MDO-HHS convenes the HHS Policy Group, which consists of staff members from all HHS departments and the Department of Human Services (DHS). The purpose of this group is to provide a forum for HHS agencies to elevate legislative priorities, use the network of HHS agencies to advance policy goals, and make connections with peers who are working on similar policy goals. This year, the group developed a process to track the advocacy work going on within and across agencies and created a policy agenda that will be used in both local and state advocacy efforts.

#### Youth Residential Placement Task Force (YRPTF)

The Youth Residential Placement Task Force was a group of system leaders, advocates, elected officials, legal experts, and individuals with lived experience that created a report in 2019 with 19 recommendations to improve Youth Residential Placement Facilities in the city. Advancing the implementation of these recommendations is done by a working group consisting of staff from MDO-HHS, the School District of Philadelphia (SDP), DHS, and CBH. The group meets regularly to discuss the progress of implementing strategies to reduce the number of youths entering residential placement and to improve the systems, safety, education, and quality of residential placements. HHS in partnership with CBH, the Philadelphia Courts, SDP, and DHS, assists in the production of the **Youth Residential Placement Annual Report** which highlights the current trends in residential placements and provide progress updates on implementation of the 19 recommendations given by the Task Force. During 2022, CBH took action to reduce the length of stay in placement for youth in psychiatric treatment facilities. Instead of approving 120-day stays for treatment, CBH has changed their policy to hold medical necessity reviews every 30 days, with the goal of using residential placement only as long as is medically necessary. CBH also reworked part of their service continuum in order to support families for successful transitions from psychiatric treatment facilities. Now, youth and families can receive a 90-day overlap of family-based services and residential services. This overlap allows providers to begin coaching families on post-treatment strategies throughout their child's stay, and after the child is home. CBH also collaborated with SDP to expand behavioral health supports to youth and schools in communities experiencing the highest levels of violence.







HHS agencies create and maintain strong internal and external partnerships that facilitate responsiveness to stakeholders and help address the interconnected factors that impact each aspect of health and well-being.

PARTNERSHIPS	KEY ACHIEVEMENTS
<b>MDO-HHS with</b> Philadelphia Municipal Court, DHCD, City Council, Community Legal Services, Legal Clinic for the Disabled, SeniorLAW Center, Philly Counts, and Tenant Union Representative Network	<b>Launched Philadelphia's <u>Right to Counsel (RTC)</u>, guaranteeing free legal representation to low-income renters facing eviction.</b> RTC launched in February 2022 in 19139 and 19121 ZIP Codes. Implementation of RTC builds on previous partnerships that have established resources for Philadelphia tenants facing eviction, including the Philadelphia Eviction Prevention Project (PEPP) and the Eviction Diversion Program. In the few short months since RTC began, PEPP has already increased rates of legal, in-court representation in the RTC zip codes to 34.52%, compared to the city-wide rate of 20%.
OHS with DHS and PHA	<b>Secured 75 housing vouchers</b> from the Foster Youth to Independence Initiative (FYII). FYII is a federal initiative that invests in local, cross-system collaborative efforts to assist young people aging out of foster care and who are at risk of experiencing homelessness.
<b>ODVS with</b> OHS, Congreso de Latinos Unidos, Lutheran Settlement House, Women Against Abuse (WAA), and Women in Transition (WIT)	<b>Supports the work of a city domestic violence collaborative.</b> Together, this group has reimagined the work of continuing accessible and person-centered services for people impacted by domestic violence despite the pandemic. Examples include WAA's Chat Program that uses voice and text to provide 24/7 chat support for Philadelphians as well as those residing outside the City and country, the use of Google chat for survivors who have limited English proficiency, emergency hotel placements, the use of case conferences following family violence in shelters, and the use of flexible financial and rental assistance to prevent homelessness and promote safety.
PDPH with School District of Philadelphia	<b>Worked closely on childhood vaccinations</b> and guidance around COVID-19 in schools. The pediatric partnerships program within the PDPH Division of Disease Control worked closely with K-12 school and early childhood leadership to advise on policies related to mask wearing, school exclusion for isolation (and previously, quarantine), and school-based or home-based testing policies.



PARTNERSHIPS	KEY ACHIEVEMENTS
<b>ODVS with</b> PDPH's Division of Maternal, Child, and Family Health	<b>Obtained a 5-year grant</b> to improve delivery hospitals' response to intimate partner violence (IPV) and created a multisector IPV Implementation Team with representation from delivery hospitals, DV and Sexual Assault organizations, and lived experience experts.
<b>ODVS with</b> Behavioral Health Training and Education Network (BHTEN), DHS DV Unit, DBHIDS, OHS, and PDPH	<b>Coordinated and provided</b> IPV, human trafficking, and sexual violence trainings for 1,280 staff members, including training for DBHIDS providers, DHS solicitors, staff from the COVID Containment Division of PDPH, and OHS providers.
<b>CEO with</b> Community Legal Services, Philadelphia Legal Assistance, SeniorLAW Center, Clarifi, Philadelphia District Attorney's Office, Philadelphia Attorney General's Office, and Mayor's Office	<b>Launched the Consumer Financial Protection Task Force</b> in May 2022 following an Executive Order issued by Mayor Kenney. The task force will work together to improve enforcement of consumer financial protection laws and coordinate outreach about consumer financial threats. Potential threats include unfair, discriminatory, predatory, and fraudulent products and practices. As needed, the Task Force will make recommendations for new consumer financial protection laws and regulations.
<b>CEO with</b> PhillyCounts, Mayor's Policy Office, and external partners	<b>Conducted Child Tax Credit (CTC) and Earned Income Tax Credit (EITC) outreach efforts to ensure eligible low-income Philadelphians were aware of these benefits.</b> CEO collaborated with PhillyCounts and the Mayor's Policy Office to make 31,000 phone calls, mail approximately 20,000 postcards, and text households four times to connect them with resources to claim the CTC. CEO and the Mayor's Policy Office also helped fund 17 community-based organizations that are now conducting grassroots outreach for CTC with admin support from the Scattergood Foundation.
<b>CEO with</b> Jewish Employment and Vocational Services (JEVS)	<b>Held focus groups with individuals who have returned from incarceration</b> to understand their housing challenges, needs, and hopes. Four focus groups were held with 51 participants, with one group in Spanish and another only for women.
<b>MDO-HHS with</b> the Water Revenue Bureau, the Philadelphia Water Department, MDO, Office of Integrated Data for Evidence and Action (IDEA), HHS agencies, and the Mayor's Policy Office	<b>MDO</b> is working to increase water security and access to water for Philadelphians. In May of 2022, the City announced various shutoff protections for vulnerable Philadelphians. These included raising the delinquency trigger for shutoffs from \$150 to \$1,000. It also exempted vulnerable customers from shutoffs including individuals enrolled in the Tiered Assistance Program or the Senior Citizen Discount program, or those who have the temporary status of having applied for assistance through these programs.



PARTNERSHIPS	KEY ACHIEVEMENTS
OHS with DBHIDS	<b>Worked closely to coordinate street outreach efforts</b> to support people experiencing unsheltered homelessness. In FY22, this work including the expansion of outreach teams, streamlining access to shelter, providing mobile assessments on the street, and collaborating in severe weather (Code Red and Code Blue) to keep unsheltered individuals safe.
HHS with DBHIDS/CBH, the School District of Philadelphia, DHS, and Family Courts	<b>Released the <u>Youth Residential Placement Taskforce Annual Report</u>, a public-facing report which marks current trends in youth residential placement, highlights taskforce goals and accomplishments, and makes recommendations for the next year.</b>
<b>PDPH with</b> DBHIDS, Opioid Response Unit (ORU), CEO, The Medical Examiner's Office, and The Mayor's Office of Black Male Engagement	<b>Provided bereavement support for loss of a loved one due to substance use to 2,018 individuals in FY22.</b> PDPH's Bereavement Services Program called Philly HEALs (Healing and Empowerment After Loss), provided 1,348 unique individuals access to one or more of the following services: grief/bereavement counseling, peer support groups, psychoeducational workshops, and community events. Philly HEALs facilitated 7 separate peer support groups, each lasting 6 weeks, and served over 110 individuals. 533 individual counseling sessions were provided in FY22. Philly HEALs also does outreach to several community organizations including One Day At A Time, The Health Federation of Philadelphia, Save Our Neighborhoods, Philadelphia Mental Health Care Corporation, Vilomah Memorial Foundation, and Urban Defense to connect more individuals with bereavement support services.
<b>DBHIDS/CBH with</b> the School District of Philadelphia	DBHIDS/CBH has a 3-tiered approach to providing services and supports in Philadelphia schools. Tier 1 is Prevention services, Tier 2 is the Philadelphia Support for Education Partnership (STEP) Program, and Tier 3 is Intensive Behavioral Health Supports (IBHS). There are Prevention programs in all schools to provide substance use education, conflict resolution, and support services for children in need of behavioral health intervention. STEP is in 21 schools to help schools strengthen their approach of engaging students through a trauma-informed lens. During the 2021-2022 academic year, 1,245 students were served by STEP, an increase from 1,098 students the previous year. IBHS providers are assigned to every School District of Philadelphia School to support children, youth, and young adults with mental, emotional, and behavioral needs.





HHS agencies improve services provided to individuals by implementing new best practices and bringing successful practices to scale.

#### **Sanitation Services**

In FY22, the City continued to operate the porta potties in Center City with the help of two PDPH Public Restroom Specialists. At the same time, MDO-HHS has led a pilot in collaboration with PDPH, the Department of Planning and Development, the Managing Directors Office-Community Services, Department of Public Property (DPP), and PHDC to transition the portable restrooms to a permanent model that is more attractive to a broad group of people - including families, tourists, businesses, and underserved individuals. The City's fiveyear budget includes funding for six "Portland Loo" units, each in a different neighborhood. Starting in Center City, there were five pop up events in Love Park and at the Municipal Services Building to gather feedback and art activities facilitated by Mural Arts engaged people in a conversation about public restrooms. We received 480 survey responses through these pop-up events, circulation in a Philadelphia Inquirer article, and outreach to nearby civic groups, organizations, businesses, and nearby people experiencing homelessness or housing insecurity. 89% of respondents envisioned a new permanent public restroom as a positive amenity. The Center City Portland Loo is expected to be installed in 2023.





#### **Senior and Aging Populations**

The Mayor's Commission on Aging (MCOA) continues to collaborate with the Philadelphia Corporation for Aging (PCA) which serves as Philadelphia's area agency on aging (AAA) and the front door for aging services. Together they supported the transition from congregate meals to grab and go meals in senior centers across the city. In FY22, PCA served 861,381 meals at senior centers and 2,684,068 home delivered meals across the city. The Senior Community Service Employment Program (SCSEP), continues to provide low-income, unemployed seniors training and placements for part time work. With the program administered by PCA, and run by MCOA, it served 147 unique participants in FY22. Participants were trained to support an outreach coordinator with PDPH's Division of COVID-19 Containment and, assisting with virtual outreach at the Juniata Park Older Adult Center, South Philadelphia Older Adult Center, Martin Luther King Older Adult Center, and West Oak Lane Senior Center. Another group of SCSEP participants also assisted outreach phone calls by working with Philly Counts to share information on food resources, utility resources, health insurance, COVID-19 tests and vaccines, tax resources, and legal services. Through SCSEP, 19 of the 147 participants found employment.

The PEACE program (Partners Establishing Accessible and Affordable Housing: Caring for Frail and Older Adults Empathetically) was created by OHS to help close the Riverview Personal Care Home in 2021 in an effective and traumainformed manner. OHS staff were deployed and worked with the residents to help them choose new housing that best met their needs. The lessons and partnerships that began with Riverview continued in the PEACE Program which now improves access to stable, supportive housing for frail older individuals experiencing homelessness and/or behavioral health challenges who are currently living in City temporary housing. Partnerships between OHS, MCOA, DBHIDS, CBH, PCA, skilled nursing facilities/personal care homes, and advocates have helped to relocate other residents to sustainable housing with the appropriate level of care. In FY22, 102 adults moved to most inclusive, least restrictive settings through the PEACE Program. DBHIDS continued to work with MCOA and state and federal partners to develop the PEACE Plus Program, specific to addressing seniors with serious mental illness (SMI) to develop an innovative program to meet the full array of their behavioral health and physical health needs.





#### **Non-congregate Housing for Vulnerable Older Adults**

Taking lessons learned from the early days of the pandemic, OHS established community based non-congregate shelters to protect people over 65 or those 60+ with underlying health conditions that make them especially vulnerable to poor outcomes from COVID-19. OHS expanded five Single Room Occupancy (SRO) programs with over 112 beds for older men and women experiencing homelessness. Located throughout the City, these programs begun for COVID Prevention have ended up helping to reduce the number of people on the street who are older and chronically homeless. They provide individual rooms for privacy and autonomy, but also the security of on-site staff, the support of regular meals, a community of peers and individualized case management. The SROS also successfully connected people to longer term housing options.

#### **Addressing the Social Determinants of Health**

In FY21, DBHIDS designed and developed pilot programs to address the social determinants of health (SDOH) for participants living in behavioral health residential programs. The pilots stem from an assessment of people served through DBHIDS's housing programs, who indicated some of the most significant barriers to their quality of life and how they could benefit from support. With the survey data, DBHIDS engaged local philanthropy and sought state resources to pilot: 1) DBHIDS Feeds (Food Engagement through Efficient Delivery Services), which will provide 100 households experiencing food insecurity a month's worth of nutritious meals; 2) DBHIDS TEA (Technology and Equipment Access), which will provide 100 Chromebooks to households who indicated they would benefit by accessing telehealth; and 3) DBHIDS MASS (Mobile Access through Supplemental Services), which will provide Septa Key cards to 30 individuals who indicated they would benefit from transportation to necessary appointments.

#### People in Congregate Housing

The actions taken by OHS and its network of service providers moved to the next level in FY22 as both testing and vaccines became more widely available. With the support and technical assistance of PDPH, OHS instituted testing at all shelter intake sites and referred people who were COVID positive to the PDPH Quarantine and Isolation (QI) site. When the PDPH QI site closed due to the pandemic ebbing, OHS established the COVID Recovery and Isolation Site (CRIS) for people who were homeless and COVID positive to help prevent spread through the shelter system. In FY22 CRIS served more than 185 individuals. PDPH continued to provide expanded testing at OHS shelters anytime a COVID positive case was identified. As a result of these actions combined with continued universal precautions such as the use of PPE, OHS' emergency shelter sites served more than 12,000 people in FY22 with a total of only 616 known COVID-19 positive cases.

OHS partnered with the Office of Children and Families to develop an employment and childcare initiative called Help for the Hurdles to enable families and individuals to gain employment, exit shelter sooner and achieve a stable income. Through the program, 55 participants obtained employment. Additionally, CEO continued to support First Step Staffing, which provides job placement opportunities for those transitioning out of homelessness. In FY22, 2,615 individuals received services such as job coaching or transportation to job placements, and 1,591 individuals were placed into jobs.



#### People Who Are Incarcerated or Formerly Incarcerated

Access to housing remains a significant barrier for many citizens returning from incarceration. With the support of CEO, the Supervision to Aid Re-Entry Housing program (STAR) recently partnered with Clarifi and the City's Financial Empowerment Centers (FECs) to address this challenge. STAR participants attend 26 court sessions over the course of one year and get their term of supervised release reduced by one year upon successful completion of the program. STAR's partnership with CEO, Clarifi, and FECs provides participants with a full-time HUD-certified housing counselor who works closely with them. Counselors develop trust and long-term relationships with participants to help them achieve their most important goals. In FY22, 83 STAR participants received housing counseling sessions and received grants of up to \$1,000.

CEO completed its formal participation in a national partnership called Cities and Counties for Fines and Fees Justice (CCFFJ) in FY22. The partnership aims to advance policies to reduce fines and fees that burden low-income individuals and impede upward mobility. In FY22, CEO in collaboration with Drexel University and Rutgers University, received \$1.5 million in funding for a pilot that will explore the impact of Accelerated Rehabilitative Disposition (ARD) fees. ARD is a pre-trial diversion program, however completing ARD requires the payment of hundreds of dollars in fees. The pilot will examine the effect that eliminating these fees has on program completion rates and racial disproportionality in program completion rates. CEO and its partners have also been working on data sharing agreements and implementation of the pilot, which will occur in 2023. The DBHIDS Behavioral Health and Justice Division (BHJD) operated multiple programs to support a total of 2,745 people during FY22. For example, the Alternatives to Detention (ATD) Reentry program, recently expanded with a federal Justice and Mental Health Collaboration Program (JMHCP) grant, coordinated with treatment staff at the jail to develop reentry plans for 1,248 incarcerated individuals with serious mental illness. The ATD Pretrial program embeds a Forensic Behavioral Health Navigator in Pretrial Services to connect Philadelphians to needed resources and treatment and served 359 individuals. The ATD Adult Probation and Parole program embeds Forensic Behavioral Health Navigators within Adult Probation and Parole to meet the needs of its mental health unit and served 897 individuals. For those returning from state incarceration, BHJD provided service and resource connections through its Department of Corrections Reentry program to 194 returning citizens with 1,116 services. In addition to the services and supports embedded within the justice system, BHJD also had work underway in FY22 for an 8 bed Peer Run Crisis Residence for individuals with behavioral health challenges released from jail and other institutions. Further, BHJD developed and kicked off a Resource Hub for the justice-involved that served 47 individuals by providing connections to behavioral health services and community resources at various stages of their legal proceedings.



#### **Trauma Focused Learning Collaborative**

This collaborative, launched by DBHIDS in 2022, serves as an external engagement mechanism to discuss and receive feedback on the vast array of trauma activities funded and/or planned by the department, and to discuss best practices, leverage opportunities to work with partners and increase knowledge across all stakeholders in addressing trauma. The subcommittee includes 100+ stakeholders across the city, including community members, communitybased organizations, academicians, hospital systems and DBHIDS staff. The collaborative has three subcommittees focusing on the following: 1) Trauma related to violence, 2) Secondary Traumatic Stress, 3) Defragging the Systemwhich seeks to understand traumatic experience one may have in accessing services from health/human services, systems. Each committee informs our trauma initiatives and have been vital in honing our strategies to ensure we are effectively responding, reducing and mitigating trauma for individuals and families. The collaborative created 30+ recommendations that are in progress, distributed four palm cards providing trauma resources to 40,000 people, held focus group with persons with lived experience who committed violent crimes, and created a directory of supports for BIPOC and LGBTQIA individuals.

#### **HIV Health**

PDPH's Division of HIV Health implemented an Ending the HIV Epidemic (EHE) Learning Collaborative. This collaborative seeks to train providers on the EHE pillars of Diagnose, Treat, and Prevent. The topic covered during FY22 was the importance and implementation of immediate antiretroviral therapy in individuals newly diagnosed with HIV.

# Survivors of Intimate Partner Violence (IPV), Sexual Violence, and Trafficking

Throughout FY22, ODVS was involved with multiple collaborative efforts with various departments and organizations to support the improvement of services provided to survivors of IPV, sexual violence, and trafficking. For example, ODVS continued support to the DHS Domestic Violence Unit with 743 case consults and technical assistance for DHS investigators and Community Umbrella Agencies' case managers in FY22. OHS collaborated with ODVS to make 20% of the Emergency Housing Vouchers available to individuals fleeing domestic violence, stalking, and human trafficking, by establishing a referral process that maintains confidentiality in partnership with DV agencies.

OHS and ODVS worked together to increase shelter, housing, and supports for survivors of IPV, sexual violence, and trafficking. This includes the work of a DV collaborative made up of ODVS, Congreso, Lutheran Settlement, Women Against Abuse, and Women in Transition. Together, they have reimagined the work of continuing accessible and person-centered services for people impacted by DV, including successfully operating a 24/7 DV Hotline, which received over 10,000 calls and required over 180 translation services in FY22. The collaborative's client survey results show that 100% reported satisfaction with trauma-informed, culturally and linguistically appropriate services which includes the provision of emergency hotel placements, use of case conferences following family violence in shelters, and the use of financial and rental assistance to prevent homelessness while promoting safety. Through these efforts, 2,329 persons impacted by DV were placed in permanent supportive housing in FY22.



#### **Immigrant Communities**

"Operation Allies Welcome" was a coordinated effort to resettle hundreds of Afghans in the Philadelphia area and welcome them to the City of Brotherly Love. This was a collective effort from PDPH (Division of Disease Control, Ambulatory Health Services, and the Health Commissioner's Office), the Office of Immigrant Affairs (OIA), the Office of Emergency Management (OEM), the Philadelphia Fire Department (PFD), local hospitals, and DBHIDS to coordinate our response. PDPH coordinated the medical response plans in collaboration with local hospital partners including COVID-19 testing and vaccination, a medical triage unit for evaluations, onsite medications, the medical and nonmedical volunteers, and development of systems for warm hand-offs to medical staff at military bases and area hospitals. This ultimately minimized the strain on area hospitals, kept families together, and reduced the number of preventable complications by quickly stabilizing medical conditions for new arrivals. Supports also included access to physical and mental health support services, connections to social services, interpreters, a space for prayer, and activities for children.

At the end of FY21, OHS was awarded funding through the Pennsylvania Housing Affordability and Rehabilitation Enhancement Fund (PHARE) to expand access to housing services and resources for the Philadelphia Latinx/o/a community. In FY22, OHS collaborated with the Office of Immigrant Affairs through the PHARE Latinx working group to make the homeless system more multicultural and multilingual and to ensure equitable access to homeless services. DBHIDS is addressing the untreated emotional and mental distress experienced by many immigrants, refugees, and asylum seekers, with the Immigrant Refugee Wellness Academy (IRWA) a free 10-week pilot training program to empower Philadelphia's multilingual/multicultural immigrants and refugees with the knowledge, resources, and tools necessary to address behavioral health challenges, trauma, and inequity experienced within their communities. The IRWA was awarded the Mayor's Innovative Fund grant in FY22, providing critical funding to operationalize the first IRWA pilot cohort with 30 participants graduating with increased knowledge and understanding of mental health and substance use (21% pre-training to 95% post-training).





#### Families, Infants, and Toddlers

The Philadelphia Community Action Network (CAN) is a cross-sector collective impact group focused on reducing racial disparities in infant mortality that is coordinated by PDPH's Division of Maternal, Child, and Family Health (MCFH), Einstein Hospital and Healthcare Network, and the Maternity Care Coalition. The CAN workgroups are co-led by community providers and organizations, members from professional workgroups, and community members with expertise from their lived experience. CAN workgroups meet monthly and are currently developing several new pilot initiatives. One of the initiatives that has come from these workgroups is Philly Families CAN, which officially launched in January 2021 and established the centralized intake system for maternal and infant home visiting programs. 686 families were referred to Philly Families CAN in FY22, connecting them to support for pregnancy, childbirth, and child development. In FY22, ODVS and MCFH obtained a 5-year \$1.5 million grant to improve delivery hospitals' response to intimate partner violence (IPV). During the first year of the grant, an implementation team was created that includes representatives from the 5 delivery hospitals in Philadelphia, 3 domestic violence agencies, the only rape crisis center in Philadelphia, researchers, and survivors of IPV who were pregnant and gave birth in Philadelphia. The two primary goals of this implementation team are 1.) increase data collection on IPV and sexual violence in maternal mortality review process, and 2.) increase delivery hospitals and emergency rooms' capacity to identify and respond to IPV and sexual

violence. The implementation team provides direct feedback into grant activities, especially training content for hospitals, and has also been trained on IPV and maternal mortality and will be receiving more trainings as part of the grant.

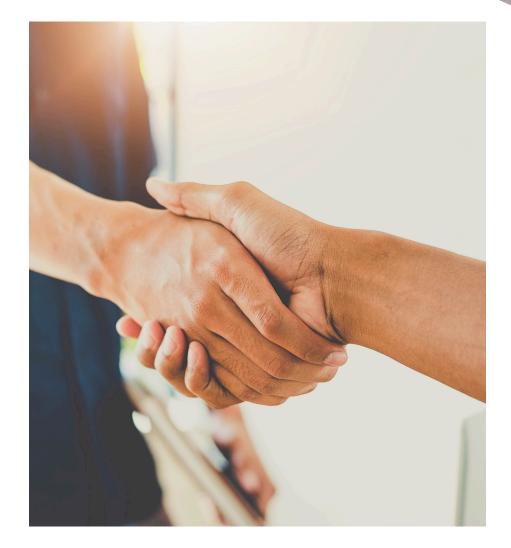
Philadelphia Infant Toddler Early Intervention (ITEI), a part of the Division of Intellectual disAbility Services within DBHIDS, in partnership with the University of Delaware has incorporated Attachment & Biobehavioral Catch-Up (ABC) to improve Philadelphia's social, emotional, and behavioral support for infants and toddlers, and their families, and connect Philadelphia's infants and toddlers who are at special risk for developmental concerns to ITEI. ABC is an evidencebased intervention aimed at strengthening the social emotional health of the child through responsive parent-child interactions that support all areas of development. Supported by a \$1.2 million grant from Philadelphia Health Partnership and the William Penn Foundation, ITEI was able to certify 9 coaches in ABC by December 2021. Out of the nine coaches, one achieved ABC Toddler Certification, eight achieved ABC Infant Certification, and three additional coaches are expected to achieve ABC Infant certification in 2022. The caregivers of 446 infants and toddlers received the ABC intervention during FY22.



#### **Harm Reduction**

The PDPH Division of Substance Use Prevention and Harm Reduction (SUPHR) collaborates with OHS, DBHIDS, and ORU to prevent drug-related deaths and the potential harms associated with drug use. These HHS agencies also engage with several community-based organizations including Savage Sisters, Prevention Point, Bebashi, Operation In My Back Yard, Project Safe, SELF Inc., and South Philly Punks with Lunch. In FY22, the Harm Reduction Program distributed a total of 60,418 doses of naloxone to residents, community-based organizations, and community partners. The program also conducted a total of 2,383 overdose prevention trainings. The program distributed 124,807 fentanyl test strips to community members, community-based organizations, and treatment providers. PDPH's Harm Reduction Program launched the "Naloxone Near Me" Tower at the Lucien E. Blackwell West Philadelphia Regional Library. This tower provides low barrier access to life-saving naloxone 24 hours a day, 7 days a week, anonymously, and for free. The tower has been accessed 393 times during FY22.

DBHIDS expanded the DBHIDS Mobile Outreach and Recovery Services (MORS) team, who works closely with individuals seeking behavioral healthcare/recovery supports services in communities deemed high-risk for substance use and overdose. The MORS team links individuals to care and services through warm handoffs and is on-call for rapid response to accidental drug overdose outbreaks and surges to help reduce the rate of fatalities citywide. Furthermore, DBHIDS expanded substance use treatment options by ensuring warm hand-offs are being offered in every emergency room within the city and increasing access to substance use disorder treatment.





#### **Crisis System Transformation**

In collaboration with City Council, PA-DHS, the Office of Mental Health and Substance Abuse Services (OMHSAS) and other federal partners, DBHIDS continued work to transform the Philadelphia Adult Behavioral Health Crisis system. In recognition of the significant impact of COVID-19 and other historic traumas on the mental health of Philadelphians, DBHIDS collaborated with system partners to expand the capacity of the system to respond to behavioral health crises.

This expansion includes the Philadelphia Crisis Line which is a 24-hour, 7-day a week mental health crisis hotline that offers telephonic crisis and emotional distress intervention by serving callers with compassion, safety, and a guiding belief in the agency and resources of the individual in crisis. DBHIDS has expanded the number of call center staff to 22, and these trained crisis counselors continue to demonstrate high effectiveness and efficiency through their call answer rate. Additional capacity is necessary as the national rollout of 988 is anticipated to increase call volume to the Crisis Line by 30% - 40%. Resulting from over two years of collaborative work between DBHIDS and the Philadelphia Police Department, DBHIDs has implemented a program with Philadelphia Crisis Line call center staff working directly with 911 staff, taking calls in the Police Radio Room. The inclusion of behavioral health crisis counselors in the 911 Radio Room is a pivotal moment to shift behavioral health calls appropriately to crisis counselors.

DBHIDS also expanded behavioral health crisis mobile capacity to a total of 19 teams, operated by 4 providers, each serving a designated region of the city. Legacy agencies operating mobile services included JFK and The Consortium.

New agencies include Elwyn and People Acting to Help (PATH). This expansion assures 24/7 mobile crisis service to all Philadelphians, regardless of zip code and ability to pay. DBHIDS completed a 15-month long Adult Mobile Crisis Learning Collaborative aimed at clarifying and reinforcing the Philadelphia' mobile crisis response model, building partnerships and strengthening relationships between mobile crisis response providers, and identifying best practices for mobile crisis intervention.

#### Same Day Work and Pay (SDWP)

CEO joined the City's Same Day Work & Pay program as the "backbone" organization" in FY22. In this role, CEO worked to increase the capacity of the existing community of practice partners. It encouraged the partner organizations to share best practices on peer support, refine data collection practices, and coordinate program rules and code of conduct. CEO has built the foundation for partners such as CLIP and Mural Arts through additional resources that will enable them to serve more participants and it has provided technical assistance in the form of training and professional development. Same Day Work and Pay programs like Color Me Back are also expanding opportunities to more Philadelphians. In FY22, the Color Me Back program expanded to the Kensington neighborhood for the first time with a mural on Emerald St. Between October 2021 and July 2022, 110 unique participants contributed to a mural. Each participant was paid \$50 for three hours of work, totaling \$48,000 in payments. People experiencing homelessness and residents facing economic insecurity were participants in the SDWP program while the wider Kensington community also contributed to the project at community painting events.

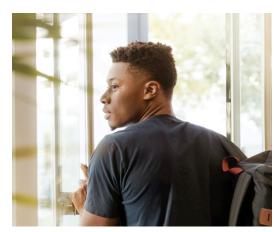


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HHS agencies educate Philadelphians on critical issues by providing reliable information and proactively engaging people in the community to connect them with resources that promote health and well-being.

#### Youth Workforce Development and Career Pathways

CEO continued to support the Promise Corps, which works to impact poverty experienced by young people by creating a college-going culture or career pathway that provides economic viability after high school. A team of AmeriCorps college and career coaches provides 1:1 post-secondary coaching and college and career exposure programs to students in four high schools in West Philadelphia. The Promise Corps also collaborates with school leaders, community members, families, and youth advocates to increase the students' academic success and parents' school engagement. In the 2021-2022 academic



year, Promise Corps enrolled 213 students into the program, 143 of whom were high school seniors. 100% of Promise Corps seniors graduated from high school and went on to post-secondary institution or workforce.

#### **Harm Reduction**

Overdose Prevention and Narcan Rescue Trainings are held monthly by DBHIDS to educate the public on the use of Narcan (Naloxone) to reverse opioid overdoses. Since its inception in 2016, over 11,650 individuals have participated in the training and have received overdose reversal prevention kits.

Engaging Males of Color (EMOC) developed the film **OPIOIDS:** A Breakdown of the Invisible Overdose Crisis in the Black Community in August 2021. This short documentary film focuses on the language of the opioid crisis and can be used as a tool to spread awareness of the epidemic to Black communities. In collaboration with Seven Halsema, a teacher at SHOOTERS and experienced filmmaker from the Netherlands, Richard Patterson Jr., a multi-talented artist, engaged in community research and drafted a film script. Not long after, they found themselves interviewing people in Rich's North Philadelphia neighborhood to gauge the knowledge of opioids among the people he grew up with.



#### **Behavioral Health Outreach and Engagement**

The DBHIDS Community Affairs unit utilizes two main approaches to community outreach and engagement. The first is through the Community Wellness Engagement Unit (CWEU), designed to provide greater access to behavioral health and wellness-related resources and linkages to care on a community level through a targeted approach. One way that CWEU expanded access is through collaboration including working closely with PDPH and OHS for the 100 Day Challenge in Kensington and encampment closures. CWEU had 1,065 encounters resulting in 278 referrals to treatment programs in FY22. The second approach is through general community outreach and engagement. In FY22, DBHIDS participated in 200 community events to distribute resources citywide to Philadelphians. Additionally, the DBHIDS Homeless Outreach team ensures that the City's unsheltered population receives pertinent information related to health, including vaccines, mpox, City initiatives, weather-related events, safety measures, and more.

The DBHIDS Engaging Males of Color (EMOC) initiative has continued its longstanding partnership with the DHS Philadelphia Juvenile Justice Service Center (PJJSC) to address the mental wellness of boys and young males detained and provide aftercare reintegration support. In 2022, DBHIDS launched the Engaging Males of Color (EMOC) Initiative film "Trigger" focused on the traumatic impact of Philadelphia's gun violence and rising homicide epidemic while celebrating the 2021 EMOC film "We Breathe, We Live Brotherly Love Protest Stories" screening at the Hollywood International Diversity Film Festival in Los Angeles.

#### **Vaccination Education**

In response to increased vaccine availability and the need to improve vaccination rates in the City's shelter facilities, OHS and PDPH established the Vaccine Ambassador Program. Together, OHS and PDPH recruited and trained a paid group of individuals in homeless shelters to become "Vaccine Ambassadors" responsible for encouraging and promoting COVID-19 vaccination amongst other shelter residents. Those who got vaccinated received a \$50 gift card. In addition, OHS and PDPH continued efforts to educate participants in shelters about COVID-19, and PDPH provided vaccinations as well as expanded testing when positive cases were identified. Through these efforts, 482 individuals in congregate care facilities received at least one COVID-19 vaccine dose and 411 individuals were fully vaccinated (received two doses of Pfizer-BioNTech, Moderna, or Novavax). PDPH also ran 76 vaccine clinics for individuals experiencing homelessness in FY22 where 1,645 COVID-19 vaccines were administered and 2,397 total vaccines were administered (routine, mpox, and COVID-19).





#### Landlords and Homeowners

HHS agencies worked collectively to provide education and information to landlords to help expand their pool of tenants, including individuals who have experienced homelessness and/or were formerly incarcerated. At the end of FY22, OHS was awarded Operations Transformation Fund assistance to build a centralized landlord network. Together with 16 city offices and public agencies, these funds will establish a new dedicated landlord unit and website that will serve as a "one stop shop" for real estate and housing services. Additionally, CEO hosted a Healthy Homes webinar for residents of the West Philadelphia Promise Zone to educate homeowners and landlords on home modification and repair programs to keep their homes healthy and safe.





# HHS agencies work toward federal, state, and local policy change to shape a more equitable future.

#### Federal Advocacy for the Child Tax Credit (CTC)

CEO and the Mayor's Office continued to push the Pennsylvania delegation in the U.S. House and Senate to support making permanent or extending the enhanced Child Tax Credit (CTC) for another year. This included advocacy efforts for the passage of the Build Back Better Act that was introduced in the House in 2021 and would have extended funding for CTC. Although the bill was ultimately blocked by the Senate, the members of 2nd, 3rd, and 5th congressional districts of Pennsylvania that represent Philadelphia all voted "yes" and passed the bill in the House while U.S. Senator Bob Casey issued public support for extending it. CEO also collaborated with OHS to advocate for the Advance Child Tax Credit for HUD-assisted families, highlighting the impact the additional money would have on families experiencing homelessness.

#### **Local COVID-19 Mitigation and Prevention Efforts**

During FY22, the City of Philadelphia continued its efforts to fight COVID-19. In August 2021, the Department of Public Health's Board of Health passed a vaccine mandate for healthcare workers and for students, staff, and faculty at colleges and universities that dramatically increased vaccination rates at a crucial moment during the pandemic. The Board of Health also passed a vaccine mandate in FY22 for indoor dining that further increased population vaccination rates among under-vaccinated groups. PDPH's mask mandates led to high mask utilization in Philadelphia helping to keep case rates in Philadelphia lower during the delta wave than the surrounding areas. Weekly average cases, hospitalizations, testing, and vaccination rates were updated <u>here</u>.

#### **988 Planning and Implementation**

DBHIDS is collaborating with the PA-DHS, Office of Mental Health and Substance Abuse Services (OMHSAS) and 12 crisis call centers in Pennsylvania to develop an implementation plan for transition to 988, a nationwide Mental Health Crisis and Suicide Prevention Number. 988 launched nationally in July 2022. In alignment with the transition to 988, the procurement and expansion of the Community Mobile Crisis Response Teams (CMCRT) and the development and training of the Philadelphia model is underway, as well as the development of the co-response mobile unit Crisis Intervention Response Team (CIRT). In recognition of this work and other efforts, the City of Philadelphia hosted the launch of the new national behavioral health crisis line 988 on July 15th, 2022, with HHS Secretary Xavier Becerra, Mayor Jim Kenney, and other cabinet members in attendance at The Consortium in West Philadelphia.



# Moving Forward

Partnerships among HHS agencies, City partners, and community organizations paved the way for the development of programs and systems that support the health, safety, and connectedness of every Philadelphian. Through collaborative initiatives that mitigate the impact of compounded traumas, we were able advance our mission of a more equitable city. For example, lessons from the pandemic on how to work together and pivot in times of crisis have been applied to other emerging issues in Philadelphia. During Operation Allies Welcome, HHS agencies worked alongside city and community partners to assist in the resettlement of thousands of Afghan refugees across the U.S., as well as the establishment of permanent housing for hundreds of Afghan refugees who now call Philadelphia home. This scale of citywide collaboration is necessary to respond to today's emerging issues and helps prepare us for challenges yet to come.

Throughout the pandemic, expansive federal funding was made available to HHS agencies to quickly develop programs and respond to emerging needs. Although this increased federal funding will end, HHS agencies used these funds to establish initiatives and programs that will be sustained beyond the pandemic. HHS agencies will also continue to seek new funding sources to be able to create and scale up services for vulnerable Philadelphians. For example, OHS received a \$8.78 million grant in October 2022 from the U.S. Department of Housing and Urban Development's Youth Homelessness Demonstration Program (YHDP) to help end youth homelessness by piloting innovative new programs in FY23. HHS agencies will continue to seek out opportunities like this to ensure the health and well-being of every Philadelphian.

The Health and Human Services cluster is committed to work toward federal, state, and local policy change to shape a more equitable future. To move us forward, we have prepared a policy agenda, *Together We Thrive: Policy*, that outlines our top priority policy goals. This agenda demonstrates how HHS agencies will continue to ensure the health and well-being of all Philadelphians through policy development, advocacy, and implementation. This shared vision of policy goals will also enable us to better coordinate our advocacy efforts with internal and external partners in the next year.

To read the new *Together We Thrive: Policy* for 2023 or a more comprehensive review of work occurring across the HHS agencies, visit the reports and webpages linked in the appendix.



# APPENDIX

### **Recent Reports**

Philadelphia Upward Mobility Action Plan

**YRPTF Annual Report - 2021** 

OHS Annual Report - 2020

DBHIDS Annual Report 2020-2021

CEO Annual Report - 2021

Philadelphia's Community Health Assessment -Health of the City 2021

Philadelphia ORU 2022 Action Plan

**PDPH Strategic Plan** 





Policy Agenda of Philadelphia's Health and Human Services Cabinet





# Overview

*Together We Thrive: Policy* is the inaugural report on the policy agenda of the City of Philadelphia's Managing Director's Office, Health and Human Services (HHS). HHS includes the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), the Office of Community Empowerment and Opportunity (CEO), the Office of Domestic Violence Strategies (ODVS), the Mayor's Commission on Aging (MCOA), the Office of Homeless Services (OHS), and the Philadelphia Department of Public Health (PDPH).

HHS agencies develop, advocate for, and implement policy change to ensure that Philadelphians are healthy, safe, economically mobile, and fully integrated into the life of the City. HHS agencies use qualitative and quantitative data to understand problems and design solutions, and we are committed to ensuring that community voices help to shape those solutions. We recognize that effective, sustainable policy change requires thoughtful, collaborative, and well-resourced implementation.

Together We Thrive: Policy is an extension of Together We Thrive, HHS's annual report, and is a product of the HHS Policy Group's work. The HHS Policy Group is committed to advocating for federal, state, and local policy change in alignment with the strategies and priorities described in *Thrive*. In that forum, policy staff from HHS agencies discuss the agencies' policy goals and their cross-agency intersections, elevate policy priorities, share networks and resources, and identify new opportunities for collaboration.

We hope you will treat what follows as an invitation to engage with your communities and HHS agencies on the policy goals outlined here and other relevant policy work. Individual HHS agencies have dynamic policy agendas of their own, including policy goals and work not highlighted here.

#### Glossary

CEO	Office of Community Empowerment and Opportunity	
стс	Child Tax Credit	
DBHIDS	Department of Behavioral Health and Intellectual disAbility Services	
EITC	Earned Income Tax Credit	
ннѕ	Managing Director's Office, Health and Human Services	
HUD	U.S. Department of Housing and Urban Development	
IDEA	Office of Integrated Data for Evidence and Action	
L&I	Department of Licenses and Inspections	
LIHEAP	Low-Income Home Energy Assistance Program	
MCOA	Mayor's Commission on Aging	
MDO	Managing Director's Office	
ΜΡΟ	Mayor's Policy Office	
ODVS	Office of Domestic Violence Strategies	
ODEI	Office of Diversity, Equity, and Inclusion	
OHS	Office of Homeless Services	
ORU	Opioid Response Unit	
PACE	PA Pharmaceutical Assistance Contract for the Elderly	
PACENET	PACE Needs Enhancement Tier	
PDPH	Philadelphia Department of Public Health	
PHA	Philadelphia Housing Authority	
PWD	Philadelphia Water Department	
Revenue	Philadelphia Department of Revenue	
SSDI	Social Security Disability Insurance	
SSI	Supplemental Security Income	
TANF	Temporary Assistance for Needy Families	



# Organization of the Policy Agenda

*Together We Thrive: Policy* is organized into four themes: (i) economic stability and mobility, (ii) housing, (iii) health and health care, and (iv) safety and trauma prevention. Each of the four themes is organized into focus areas. Within each focus area, you will find brief descriptions of policy goals which may be pursued through at least one of the following mechanisms: federal, state, or local legislation, regulation, or executive order (or similar form of administrative policy change). HHS's current engagement varies by policy goal: for most, we are actively pursuing the policy goal through some combination of research, policy development, education, stakeholder engagement, and implementation, while for others our work is at an earlier stage. For a small number, we see value in stating our support now to draw attention to the benefits achieving the policy goal would have for the populations we serve, while we look for opportunities to engage further.

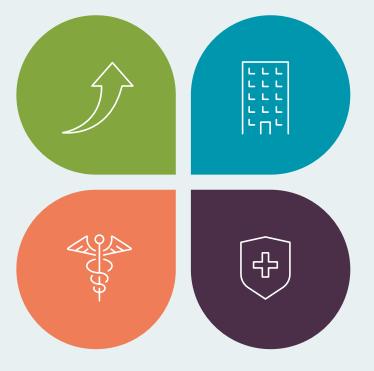
Each of these themes is deeply interconnected with and reliant on the others, a fact which mirrors the interconnection and mutual reliance HHS agencies share. For example, a Philadelphian experiencing domestic violence may struggle to become or stay employed, which could lead to housing insecurity and a diminished ability to access necessary health care services. With this in mind, it is easier to see how policy solutions addressing one form of crisis may help to prevent other crises from occurring in the first place.

# ECONOMIC STABILITY & MOBILITY

Economic stability and mobility set people up for success and enhance individual, family, and community resiliency. These policies seek to develop, expand, and facilitate pathways for vulnerable Philadelphians to increase their economic well-being.

#### **HEALTH & HEALTH CARE**

Public health and access to high-quality health care empower people to lead healthier lives. These policies seek to improve health and increase access to high-quality physical and behavioral health care.



#### HOUSING

Safe, affordable housing is essential to the stability needed for individuals, families, and communities to thrive. These policies seek to keep people in safe homes they can afford.

### SAFETY & TRAUMA PREVENTION

Safety is integral to healthy development, stability and productivity in adulthood, and community cohesion. These policies seek to prevent trauma and to ensure people impacted by trauma have the protections and resources they need to heal and thrive.



# Commitment to Racial Equity and Strategic Data Sharing and Use

In addition to the themes that organize this policy agenda, there are two commitments of note that undergird HHS's work: a commitment to pursuing policies that move the City toward racial equity, and a commitment to sharing and using data to benefit Philadelphians. As Mayor Kenney noted in Executive Order No. 2-22, "thoughtful analysis of integrated, cross-systems data can reveal new insights and generate valuable knowledge, and can increase understanding of racial and social disparities in Philadelphia and help to identify concrete steps toward racial and social equity[.]" Mayor Kenney also restated President Biden's directive to use data to automatically enroll people in programs for which they are eligible, and to improve data sharing among federal, state, and local governments.

#### **Racial Equity**

HHS agencies seek to reduce and ultimately eliminate the disparities in health, well-being, and economic mobility burdening many people of color in Philadelphia, while achieving improved outcomes across metrics for all Philadelphians. A more equitable Philadelphia is a healthier, more prosperous Philadelphia.

#### **Strategic Data Sharing and Use**

HHS agencies share and use data to reveal and explain the needs and challenges of Philadelphians, and to inform and develop appropriate policy solutions. Strategic, judicious data sharing and use can make Philadelphians' lives healthier and more stable. HHS pursues policy change that facilitates such data sharing and use.

#### Case Study: Water Security for All Philadelphians

To demonstrate what committing to racial equity and strategic data sharing and use can look like in practice, we turn to our collaborative water security work. Water service shutoffs disproportionately burden the parts of the City with more Black and Latinx/o/a Philadelphians. MDO, HHS, IDEA, PDPH, CEO, ODEI, MPO, PWD, and Revenue have worked together to make progress toward the goal of avoiding water service shutoffs due to inability to pay, while ensuring we have sufficient revenue to maintain and improve the City's water infrastructure. Collectively, we have pursued data sharing and regulatory change opportunities to facilitate and increase customer assistance enrollment; we have shifted administrative policy to protect certain vulnerable populations identified using Medicaid eligibility and other data from water service shutoffs due to inability to pay; and we have used data to inform policy decision-making and outreach efforts.





## **ECONOMIC STABILITY & MOBILITY**

FOCUS AREA		POLICY GOALS
Facilitate access to benefits and expand available benefits	Hundreds of millions of dollars in benefits go unclaimed by Philadelphians every year. As President Biden noted in a December 13, 2021 Executive Order, government agencies should "reduce administrative hurdles and paperwork burdens to minimize 'time taxes,' [and] create greater efficiencies across Government." HHS seeks to make it as easy as possible for Philadelphians to access the benefits for which they are eligible, and to expand benefits to meet the needs of Philadelphians.	<ul> <li>→ Expressly authorize automatic enrollment and recertification for benefits programs, including authorizing data sharing</li> <li>→ Expand availability and increase value of benefits, including increasing TANF grants, SSDI, and SSI; extending LIHEAP season for cooling costs; expanding CTC and EITC; and ensuring prescription affordability through PACE/PACENET and the Medicare Part D Low-Income Subsidy</li> <li>→ Align income and asset limits across programs to reduce administrative burden and confusion around eligibility</li> <li>→ Facilitate guaranteed income pilots, including by eliminating the consideration of such income in means-tested programs to avoid the "benefits cliff"</li> </ul>
Reduce the disparate impact of fines and fees on people with low incomes	Unpaid fines and fees can negatively affect a person's credit, eligibility for services or employment, sentencing, and pardoning. HHS aims to reduce these negative consequences.	<ul> <li>→ Ensure that ability to pay determinations are made before a fine or fee is assessed, so individuals are not assessed fines or fees that they are unable to pay</li> <li>→ Ensure that ability to pay determinations are made consistently and with updated criteria</li> <li>→ Ensure unpaid fines and fees are not an obstacle to an appropriate pardon</li> <li>→ Eliminate fines and fees that have a disproportionately harmful effect on certain groups (considering race, ethnicity, geography, wealth, and income)</li> </ul>
Increase consumer protections	Consumer protections exist to protect people from predatory, unfair, and deceptive practices in the marketplace, many of which target vulnerable populations (e.g., seniors). In 2022, Mayor Kenney established the Philadelphia Consumer Financial Protection Task Force to assess and address these issues.	<ul> <li>→ Require accessibility for important financial documents (e.g., a standard font size on reverse mortgage contracts and disclosures)</li> <li>→ Implement recommendations of the newly established Consumer Financial Protection Task Force and ensure the Task Force has adequate resources</li> </ul>



#### **ECONOMIC STABILITY & MOBILITY**

FOCUS AREA		POLICY GOALS
Enhance worker rights	Enhancing the rights of workers to ensure they can support themselves and their families, stay home when they need to (e.g., sickness, family emergency), and work toward a stable retirement makes our communities stronger.	<ul> <li>→ Implement and expand paid sick and family leave, and support flexible work scheduling</li> <li>→ Significantly increase the minimum wage to at least \$15 per hour and continually increase in accordance with the consumer price index</li> <li>→ Support a publicly administered workplace retirement program offered to employees who otherwise would not have access (e.g., Keystone Saves)</li> </ul>
Support people experiencing homelessness	People experiencing homelessness often need supports beyond housing, and they may face challenges accessing them. For example, childcare can allow someone to go to work or class, and youth need stable educational opportunities. HHS prioritizes not only access to shelter for families experiencing homelessness, but access to economic mobility.	<ul> <li>→ Expand access to education, daycare, and early childhood services for children in families experiencing homelessness by removing barriers like work or education requirements</li> <li>→ Ensure access to deeply affordable housing through full funding of programs, including the Housing Choice Voucher Program, McKinney-Vento, the Emergency Solutions Grant, and HOME</li> </ul>





# HEALTH & HEALTH CARE

FOCUS AREA		POLICY GOALS
Expand harm reduction and support contingency management	The City continues to struggle through a drug overdose epidemic, as fentanyl remains a significant driver of fatal overdoses and xylazine increasingly causes serious wounds. Stimulant- involved overdose deaths have also increased. Harm reduction services save lives and prevent disease and disability, and contingency management (providing incentives to reduce/ eliminate drug use) can be an effective treatment for many patients.	<ul> <li>→ Facilitate expansion of harm reduction services and repeal laws or regulations to the extent they limit the provision of such services</li> <li>→ Establish one or more overdose prevention centers where people who use drugs can be protected from overdose and connected to treatment and social services, once a legal pathway for such centers is established</li> <li>→ Support funding for contingency management interventions for substance use treatment providers</li> <li>→ Support development of skill acquisition for substance use providers interested in implementing contingency management</li> </ul>
Reduce smoking, vaping, and secondhand exposure	Tobacco products kill more than 3,000 Philadelphians annually, and the burden falls disproportionately on low-income and underserved communities. HHS is dedicated to reducing addiction to nicotine and exposure to secondhand toxins.	<ul> <li>→ Make cigarettes, other combustible tobacco products, and vape products less addictive by reducing nicotine content</li> <li>→ Prohibit manufacture of menthol cigarettes and flavored cigars</li> <li>→ Prohibit smoking and vaping in enclosed spaces where loopholes currently allow smoking and vaping (e.g., casinos)</li> <li>→ Support tobacco cessation efforts (e.g., nicotine replacement therapy)</li> </ul>
Increase access to telehealth services	During the COVID-19 pandemic, telehealth became more widespread across physical and behavioral health services. HHS sees great value in ensuring that Philadelphians' physical and behavioral health care needs can be met flexibly and in a timely manner.	<ul> <li>→ Authorize health care providers to offer telehealth services when medically appropriate</li> <li>→ Require insurers to provide coverage for telehealth</li> <li>→ Establish telehealth (including phone-only appointments) as a standard practice for behavioral health care when accessible and appropriate</li> </ul>



#### HEALTH & HEALTH CARE

FOCUS AREA		POLICY GOALS
Increase access to health care	Health insurance can improve health outcomes and provide security to individuals and families. The end of expanded COVID-related Medicaid is expected to result in many Philadelphians losing Medicaid coverage.	<ul> <li>Increase insurance enrollment and renewal, including through Medicaid case automation ("ex parte" renewals), expanded staffing and outreach, and Pennie navigation</li> <li>Work with PA to submit a Section 1115 Medicaid demonstration waiver to expand and enhance coverage and services (e.g., continuous eligibility and funding of health-related social needs)</li> <li>Expand prenatal CHIP to address the long-standing problem of newborns born to immigrants lacking insurance for months after birth because they do not receive presumptive eligibility</li> <li>Improve access to primary care through the expansion of health centers</li> <li>Support expanding coverage options for immigrants and dually eligible (Medicare and Medicaid) individuals</li> <li>Enhance administrative flexibility (e.g., with respect to budgetary and procurement processes) to support emergency preparedness</li> </ul>
Pursue reproductive justice	Abortion is health care, but accessing the service can be challenging, especially for low-income people and people of color. Restrictive abortion laws make pregnant people less safe. HHS supports offering a broad range of reproductive services.	<ul> <li>→ Establish a constitutional right to abortion</li> <li>→ Oppose policies that unduly burden the provision of reproductive health care services, including abortion</li> <li>→ Oppose state funding, including current use of TANF funds, for crisis pregnancy centers, which are organizations that deceptively reach out to pregnant women to try to prevent them from seeking abortion services</li> </ul>
Expand peer support services	Peer support service providers, including certified peer specialists and certified recovery specialists, offer community-based supports for individuals experiencing behavioral health or substance use challenges. Peers with lived experiences in accessing behavioral health treatment and recovery programs are essential in empowering individuals to pursue treatment and access services.	<ul> <li>→ Eliminate differences in Medicaid reimbursement rates and processes for certified peer, certified recovery, and certified autism peer specialists</li> <li>→ Increase overall reimbursement rates for certified peer, certified recovery, and certified autism peer specialists, in recognition of the important role these support service providers play in treatment and recovery</li> </ul>





### HOUSING

FOCUS AREA		POLICY GOALS
Prevent evictions	Philadelphia continues to experience an eviction crisis, which disproportionately impacts communities of color and women. Evictions deepen poverty and should be avoided whenever possible.	<ul> <li>→ Expand funding for and availability of rent assistance, a permanent eviction diversion program, and legal services for tenants, including Citywide expansion of Right to Counsel</li> <li>→ Impose more significant consequences for illegal/self-help evictions, and improve tracking of confirmed and suspected illegal/self-help eviction</li> <li>→ Implement more permissive policy for opening default judgments in eviction cases</li> <li>→ Expand homelessness prevention resources for people without leases who are being displaced from their current living situations</li> </ul>
Mitigate the harms of eviction	Many landlords refuse to rent to tenants who have had an eviction action filed against them, even if the filing did not result in a judgment against them. This reinforces an unfair power dynamic and can make it extremely challenging for renters to find a new home to regain stability.	<ul> <li>→ Require expungement or sealing of eviction records that either did not result in judgments or resulted in judgments favorable to the tenant</li> <li>→ Allow for eviction filings that are automatically expunged or sealed upon successful completion of a post-filing eviction diversion program</li> <li>→ Ensure at least one continuance is provided by right in eviction cases, given the significant negative consequences of a default judgment resulting in eviction</li> </ul>
Expand alternative options when shelter is not appropriate	Some people experiencing homelessness have health conditions that cannot be managed in a typical shelter setting. These people are left with few options and often need additional support.	<ul> <li>→ Provide for Medicaid reimbursable payments for medical respite</li> <li>→ Fund services for people experiencing homelessness who are medically compromised (but not in need of hospitalization) and need assistance with activities of daily living</li> <li>→ Expand HUD support for Single Room Occupancy as a viable housing alternative for older adults and others who would choose this kind of supportive environment</li> </ul>



#### HOUSING

FOCUS AREA		POLICY GOALS
Expand funding for housing and related services	Having access to safe housing is fundamental to health. Through administrative policy flexibility, Medicaid funds can be used to provide funding for housing and housing-related services. Other states have used Section 1115 Medicaid demonstration waivers to this end.	<ul> <li>→ Work with PA to submit a Section 1115 Medicaid demonstration waiver to fund housing and related services, such as home health care, home accessibility adaptations, and housing transition and tenancy sustaining services</li> <li>→ Expand access to safe housing for sexual violence and domestic violence survivors</li> <li>→ Expand access to and utilization of housing vouchers</li> <li>→ Follow a "housing first" approach, prioritizing rapid access to unconditional, permanent housing, particularly for behavioral health and recovery populations</li> </ul>
Increase access to affordable housing	To address homelessness, we must address housing affordability. More affordable housing would keep more people in their homes and reduce the strain on homeless services and eviction prevention services.	<ul> <li>→ Rehabilitate vacant scattered site PHA units for immediate occupancy by people exiting homelessness</li> <li>→ Allow roommates (unrelated adults) to cohabitate in publicly subsidized housing units to reduce costs and expand availability</li> <li>→ Authorize shared housing models with an emphasis on the reuse of existing real estate (e.g., convents, rectories, schools, and former halfway houses), while limiting saturation within districts and ensuring quality administration</li> </ul>
Improve housing quality	Philadelphia has a relatively old housing stock compared to other large cities, which combines with relatively high poverty to create widespread housing quality issues that negatively affect the health and safety of Philadelphians.	<ul> <li>Support implementation of Eviction Task Force recommendation concerning strategic, proactive rental property inspections (e.g., focusing on repeat offenders), while ensuring tenant displacement is not increased</li> <li>Increase stringency of requirements and enforcement resources related to rental property licensure</li> <li>Expand resources available through assistance programs (e.g., the Basic Systems Repair Program and Senior Housing Assistance Repair Program), and support repairs for rental housing owners, particularly those who own 1-4 units</li> </ul>





### SAFETY & TRAUMA PREVENTION

FOCUS AREA		POLICY GOALS
Improve processing of sexual violence evidence	When a person reports to a medical facility after having experienced sexual violence, evidence is obtained by a certified sexual violence medical professional. However, sometimes evidence is not appropriately processed, trained professionals are not available, or evidence processing is not timely. Sexual evidence should be collected and processed respectfully, correctly, and promptly for the dignity of survivors and to pursue justice.	<ul> <li>→ Increase the number of Sexual Assault Nurse Examiners, including through funding support for training</li> <li>→ Establish a statewide tracking system for all sexual assault evidence, allowing survivors to track their own kits</li> <li>→ Require medical providers, law enforcement, or any other entity processing sexual assault evidence to comply with processing and tracking requirements</li> </ul>
Protect immigrant and refugee victims fleeing abuse and assault	Immigrants who enter the U.S. fleeing abuse and assault must navigate the complex immigration process in the wake of recent, significant trauma, and experiencing abuse and assault in the U.S. can complicate immigration processes. These processes should be simpler and more protective to allow people to thrive.	<ul> <li>→ Expand availability of and ease of access into the U and T visa programs, which will give victims and their families access to a critical safety tool that enables them to report violent crime and achieve stability while healing from sexual and other forms of violence</li> <li>→ Provide funding for U and T visa education, including the certification processes</li> <li>→ Enable long-term housing assistance provision without proof of citizenship or residency</li> <li>→ Expand educational and training supports for immigrants and refugees to address behavioral health issues and trauma (e.g., the Immigrant and Refugee Wellness Academy)</li> </ul>
Support early intervention through deflection and diversion	Individuals with behavioral health challenges and criminal justice involvement can often be triaged to treatment. Early-intercept interventions can result in individuals receiving treatment while avoiding formal charges and the negative consequences of those charges.	<ul> <li>→ Support and expand early-intercept interventions, including Crisis 2.0, Crisis Intervention Training, Co-Responder Teams, 911 Call Center Triage, Police-Assisted Diversion, the Accelerated Misdemeanor Program, and pre-trial specialty dockets focusing on individuals with behavioral health challenges</li> <li>→ Provide sufficient funding and support for programs to ensure transitions to treatment are facilitated successfully</li> </ul>
Prevent and mitigate trauma of gun violence	Philadelphia continues to suffer from an epidemic of gun violence. In addition to loss of life, non-fatal shootings often result in short-term or long-term disability, and victims and communities suffer from persistent trauma from gun violence.	<ul> <li>→ Eliminate gun control preemption language and expressly authorize gun control legislation, allowing enforcement of existing gun laws and passage of other appropriate gun laws</li> <li>→ Expand and facilitate access to and coverage for behavioral health supports for individual and community trauma related to gun violence</li> <li>→ Enhance community connectedness through activities for youth and adults that address isolation and disengagement</li> <li>→ Prioritize funding for social supports (e.g., housing assistance) and facilitate investment in neighborhoods with high burden of gun violence</li> </ul>



# Looking Forward: Climate Adaptation

HHS agencies often work with members of vulnerable populations in times of great need. While there are many examples of HHS work engaging Philadelphians broadly (e.g., mass vaccination campaigns), HHS agencies also ready themselves to meet people in crisis: people experiencing homelessness, domestic violence, addiction, behavioral health emergencies, and many other challenges. As a result, HHS is well-positioned to identify the human costs of increasing social ills, and to act to prevent and mitigate suffering.

Climate change has emerged over decades as one of the most pressing issues of our time. The negative environmental and social consequences of climate change will fall earliest and hardest on the vulnerable communities we serve, including children, older adults, communities of color, low-income communities, and people with physical or behavioral health challenges. For example, older adults are more prone to heat stress, but many low-income Philadelphians do not have air conditioning. Recognizing this, PDPH, MCOA, and PCA started a pilot project in 2022 to install air conditioning units for low-income older adults in ZIP codes prioritized by heat vulnerability.

HHS is committed to identifying policy mechanisms, including budget bills, that will help to make increasingly necessary climate adaptation for vulnerable populations a reality. We have a responsibility to invest in climate resiliency and to mitigate the harms of climate change on vulnerable populations. We see this work as a complement to the work of addressing the causes of climate change occurring at other levels of government and in other City agencies.

HHS will continue to work toward creative and bold policy solutions to ensure Philadelphians are healthy, safe, economically mobile, and fully integrated into the life of the City. For updates on previous policy and other work, see the annual *Together We Thrive* report which highlights recent achievements across HHS.







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