COUNCIL OF THE CITY OF PHILADELPHIA

SPECIAL COMMITTEE ON CRIMINAL JUSTICE REFORM

Room 400, City Hall
Philadelphia, Pennsylvania
Monday, May 23, 2016
1:13 p.m.

PRESENT:

COUNCILMAN CURTIS JONES, JR. - CHAIR
COUNCILMAN KENYATTA JOHNSON

PANEL MEMBERS:

KEIR BRADFORD-GREY
KEVIN BETHEL
WILLIAM COBB
TARIQ EL-SHABAZZ
JOHN F. HOLLWAY
RICHARD MCSORLEY
RICHARD PODJUSKI
WILFREDO ROJAS
ANN SCHWARTZMAN
JULIE WERTHEIMER

RESOLUTIONS: 160101

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COUNCILMAN JONES: Good afternoon, everyone. We are reconvening the Special Criminal Justice Reform Committee Hearing. And will the clerk please read the title of the Resolution.

THE CLERK: Resolution 160101: Resolution appointing members to the "Special Committee on Criminal Justice Reform," who will conduct public hearings examining the Philadelphia criminal justice system for the impact of current policies, and offer recommended strategies for reform that are in the best interest of public safety and the public good.

COUNCILMAN JONES: Thank you, Mr. Cohen. Will you please also read the first panel to testify.

THE CLERK: Panel 1 is Dr. Sandra L. Bloom and Dr. Kirk Heilbrun.

COUNCILMAN JONES: Will you please come to -- are they here? There they are.

Can you please come to the Witness Table.

THE CLERK: She has a PowerPoint.

COUNCILMAN JONES: Would any of the Members like to speak?

MR. BETHEL: Just would like to thank Dr. Bloom. She came last minute. She was away, but responded to ur email over the weekend. And is going to be here to testify to really give us a setup of understanding, Councilman, the trauma. And so, what's good about what Dr. Bloom will provide us with is a real understanding of what gets us to this place and the kind of things our young people go through and the development that goes with that.

So, I am really delighted that she would take time out of her day and on her trip back to respond and be here. So on behalf of the Committee, I want to thank you.

COUNCILMAN JONES: That's one of heck of an introduction and accolade. Why don't you state your name for the record, and bring that mic a little bit closer to you. There we go. And state your name for the stenographer.

DR. BLOOM: Sandra Bloom.

COUNCILMAN JONES: And begin your testimony and good afternoon.

DR. BLOOM: Thank you for having me. It's a real honor to be here. And I'm going to try to give you an idea about the impact of the trauma informed services and why it's so important in the whole Criminal Justice System but also, basically, for our public health, all of our public health. And I have a PowerPoint to show you.

(Begins using PowerPoint with testimony)

So the big deal about this issue of trauma is that we are now connecting the notion of development and what has happened to the people who end up in Juvenile Justice and in the Criminal Justice System. I am a psychiatrist by training. I'm now in public health. But for 20 years I ran a program that -- treating adults who had been maltreated as children. And that is where I originally came from on this topic.

But given what we know now, we really have to look at it as a major public health

issue. It's really impossible to understand the adults we become unless we understand the child, the children that we have been. And what is pretty revolutionary which may seem to most of you like common sense, is that we are looking at things differently and defining the problem differently starting with family dysfunction and then what happens to kids, we call adverse childhood experiences, and then the trauma and loss that many young people in Philadelphia experience resulting in emotional regulation/disregulation and all kinds of behavioral problems. And often, the focus of our interventions just focuses on trying to do something about the behavior. But without understanding what's under the surface, it's not going to get us anywhere. We have learned that with all different populations.

It begins long before these children enters the justice system. It begins before they're in school. And it's about the serve-and-return relationship that goes on

between kids and their caregivers that is absolutely critical for development. And we are learning so much more about how the brain works.

So, the brain develops over time. We are not finished getting wired until we're 25 to 30 years old. And it starts from the bottom up. In infants, are developing 700 new neural connections a second.

There is this process that goes on called pruning. So, we come into the world with twice as many neurons as we are ultimately going to have. And the process of eliminating half of our neurons in our brain is called pruning, like you would prune a shrub. This is what -- this is a picture of what it looks like. There on the left you see 36 weeks of gestation. You can see there are some neurons around it. And then they proliferate until you have by two years of age a whole lot that is going on in the brain, and then the pruning starts. And by age six, the brain looks entirely different.

It's a matter of the brain becoming more efficient. And that's really why we put kids into school when they are around six because their brain is actually ready to do the work required for school as long as things have gone well. Because what this means is that most of the brain development occurs after we're born. And what that means is that it's determined by what's going on in the child's early childhood environment. Long before they come to the attention of the police or the justice system.

And up until quite recently, we have not identified the problem in that way. We've been looking at the surface behavior and not looking at where it's coming from. And we now know a whole lot more about that.

The frontal lobes, which people depend on in order to make good judgments, doesn't really finish developing until we are in our mid 20s. And that's what allows us to really have a sense of self and governs moral reasoning and judgment. So teenagers,

that is why they are often so problematic. They don't have all of the equipment necessary yet to really exercise good judgment. And anybody that's been a parent of a teenager or been a teenager can attest to that. It's because of attachment, these early caregiver experiences, really determine how we self-regulate. How we regulate our biology, our cognition, our social development and our moral development. It's all really determined before we even get into school. And that then determines how we are as members of a community.

Lots of things can go wrong. Stress, adversity and trauma is really the poison in our lives. It's really poisonous to all of us. But the more stress you have, the more poison it is because of what it does to our bodies. It's what it does to our bodies and what it does to our brains. That's what makes stress, adversity and trauma so damaging. That's a picture just illustrating what it's like to have somebody

really stressed and experiencing a traumatic event. It affects our whole selves in ways I'm going to try to describe to you briefly.

So there is good stress. There is the kind of stress you get when you go to school and it's good for you and it helps you grow and develop. The ones on the right side of the screen are the bad kinds of stress. Relentless stress, also called allostatic load, toxic stress and traumatic stress. And what I am going to tell you about this isn't my opinion. There is now pretty recently really strong science that backs up everything I am going to talk about.

Allostatic load means it's the body adapting to challenging conditions all the time. So, what kind of conditions produce what I call relentless stress?

Poverty. Poverty is not necessarily in and of itself traumatic, but it's relentless. So, you don't get to take the weekend off. You don't get a mental health day. You don't get vacations if you live in poverty. It's just always there. The

stress of not knowing if you are going to be able to pay the bills, if you are going to be able to feed the children, it's constantly stressful.

Racism and other forms of discrimination, constantly relentlessly stressful; trying to parent alone because we are not really well designed at all to parent by ourselves; having two generations of care giving that you never get a break. You are always on, always stressed; having multiply challenged children; having any severe injuries or illness in a primary family member. All of these things are often the subtext for people's experience and then something else bad happens.

What's it like to live relentlessly stressed? What happens to humans? We get irritable. We get impatient. We often don't make good decisions. It's really difficult to parent well. And it is a setup for violence within a family or within the community. Relentless stress in parents can lead to toxic stress in children.

Toxic stress is the word we are using to describe what happens when a child is exposed to overwhelming conditions when their brain is in a critical period of development. And we know now that toxic stress actually affects the brains architecture, the way the brain actually gets put together. What gets wired to what. How -- and it explains a lot given what I am going to show you about what -- why kids are having such difficulty often when and not really well prepared for school.

So, I want to tell you about the study. It's called the ACES study, the Adverse Childhood Experiences Study. It's been around a while now. Came out in 1998. But it's just now really getting traction. And the population that was studied was a Caucasian, largely middle class population from San Diego. And the reason it's been so significant is it's the largest study of its kind that was ever done up until that time. And it was the first really important study to look at what happens across the lifespan.

So if you're badly hurt as a child, what happens to you as you age? Can we -- is there anything we can determine or predict? So the categories -- sorry, why this isn't happening right.

(PowerPoint stalls)

The categories of adversity were when you were 18 or younger, were you physically or psychologically abused by your parents? Did you have contact, sexual abuse from anybody? Were you physically or emotionally neglected? Did you live in a household when you were 18 or younger, was there anybody in your household who was mentally ill or substance abuser or was there domestic violence or were your parents separated or divorced, or where there was anybody incarcerated. So, ten categories of adversity were measured. Not numbers of instances now. You could have been sexually abused 300 times, but you'd still only be in one category. And then you developed a ACES score, just a simple addition category, 0 to 10 were the options.

What they discovered -- I don't know if this is going to work (PowerPoint stalls again) -- is only a third of this white middle class population from San Diego had a 0 ACES score. And a substantial minority, 7 percent in this population, had an ACES score of 4 or more. And I will tell you in a minute why that's important.

What they found when they sent this to the -- the results to the CDC to be analyzed was that the ACES score was the total amount of stress that a person had experienced in childhood. That's what it was used for. And the higher the ACE score, the more likely a person was to be an alcoholic, to be depressed, be suicidal, to be -- IV drugs, to use IV drugs. In fact, one of the coauthors when the study was here a few years ago. And said if I could wave a magic wand and eliminate childhood adversity based on this study, I could instantly eliminate 78 percent of future IV drug abuse.

So, that was interesting. And kind of intuitively we know that bad things happen

with your kids, so you end up depressed or suicidal or drinking or doing drugs. Like that's not exactly news. Except we didn't have the statistics around it before, and we did not know the higher that the ACE score, the more likely a person is to have ischemic heart disease, cancer, stroke, diabetes. Basically, the ten most common causes of death in the United States. We just didn't know that. We didn't have real evidence that supported that until 1998.

Now we know it. And it's pretty startling the conclusions that with an ACES score of 4 or more, because 4 or more looks to be a break point, people are twice as likely to smoke, seven times more likely to be alcoholics, six times more likely to have sex before they're 15, twice as likely to have been diagnosed with cancer, twice as likely to have heart disease, four times as likely to suffer from lung disease, twelve times as likely to have attempted suicide, and ten times more likely to have injected street drugs.

So, what we're really looking for is looking at is what's underneath the iceberg. What's going on developmentally that so many people. And there's a direct correlation with the rate of incarceration, as well.

Well, in Philadelphia we decided -- I am cochair of ACES task force. We decided to -- I will just give up on this. We decided to do a study in Philadelphia. And our demographics are very different than this original ACES study. And what many of our communities experience are other things in addition to, perhaps, the problems that were in the original study. So, this was a work of Roy Wade and other colleagues who is a pediatrician at CHOP. And he put into -- we were doing a telephone survey that the Philadelphia Health -- Public Health Management Corporation was doing regularly in Philadelphia. And so, Roy added on some questions. Witnessing violence, living in unsafe neighborhoods, experiencing racism, living in foster care, experiencing bullying.

And what we found is that many of the traditional ACES is more prevalent in our setting, including physical abuse and sexual abuse and domestic violence and living with someone as a child -- living with somebody in the household who was incarcerated. The overlap was substantial. So basically, to summarize since I can't get the pictures for it, only a small percentage had no ACES. 17 percent had no ACES. 49 percent had at least one conventional ACE and what Roy called one expanded ACE, at least one.

So, we know that we are dealing with a great deal of childhood adversity in our population. And when we looked at the overlap of where are the -- where is the highest proportion of people who have experienced 4 or more ACES, North Philadelphia and Southwest. So, we got all these overlapping issues that are happening for families in our City. And I want to tell you what that means as people grow up.

Think of it as when life is a war zone. What you all hopefully are doing right now,

your brain is integrating your -- what you're hearing from me, your thoughts, your sensations, your conscious awareness and your knowledge and whatever you're feeling right now. It's all being integrated in your brain constantly. It's stream of consciousness. That's what happens.

What trauma does is that if we suddenly hear an alarm go off, we are very quickly going to go to fight/flight mode. Our central nervous system is going to shift almost immediately. And things are going to happen to our body and our brain.

The brain when faced with a threat -- hey, thank you. (IT fixes PowerPoint presentation.) Keep going because I don't know that I can -- okay. Thank you.

So, that's you sleeping last night, I hope. That's you being conscious and aware right now. We suddenly hear a noise. Very quickly we are going into fight, flight, freeze. Normal biological responses, part of our mammalian heritage.

What's going in the brain at that time,

is there is a high road and a low road of information processing. So, the low road is your senses taking information. And if there's something to be afraid of, there's a little red dot in the middle there. And that's called your amygdala. And that is your brain's alarm bell.

Your alarm bell rings. And within a very short time sends information down through the rest of your brain into your spinal cord and you do something. You fight, you defend yourself, you run or you freeze, all of which helps you survive. And then it takes twice as much time for information to get out to your frontal lobes to be assessed. This for me is the best argument for gun control. Because we are just -- our brains are not equipped to be able to respond consciously with full awareness in the time it takes us to pull a trigger.

So, that's all happening extremely rapidly within 12 milliseconds. And at the same time, your body is being exposed to

very powerful chemicals whether you are 2 or you're 12 or you're 22 or you're 42.

Epinephrine, also called adrenaline, is the chemical that makes your heart speed up and makes you -- makes your digestive juices stop flowing and all the blood goes into your muscles to prepare you to fight or flee. The problem with that is that as our heart rate goes up because we are aroused and prepared to fight or run, our performance diminishes. And that is related to heart rate.

So as our heart rate increases, we become first really disabled in terms of our fine motor coordination and then gross motor coordination and then cognition. And then we become really irrational at heartbeats of 175 and higher. And that -- we have no control over that whatsoever. This is all part of the human biological survival response.

So when an officer in a juvenile justice facility or somebody in the streets is confronted with someone who has perceived

they are in danger, it doesn't have to make sense. It has nothing to do with making sense. It's about their biology. And at that point, they are a dangerous being because that's what we are capable of.

There are two other big chemicals that are a big part of this. Cortisol and the endorphins. Cortisol is our naturally occurring antiinflammatory substance. We can't live without it. It's neuro regulator throughout our bodies. It's part of the stress response because it's antiinflammatory.

So if in that picture our guy gets wounded by that tiger's tooth, his arm naturally would swell up. But that might mean him losing his spear. So instead, Cortisol zips around through the body really quickly and diminishes the swelling so it doesn't happen.

The same -- the endorphins are naturally occurring opiates. It's why we can get addicted to opiates because already have the receptor sites in our brain. Endorphins are

part of the stress response because pain can be paralyzing.

So all of that, helps us to explain why that would be so toxic for children to be -- to have their brains and bodies exposed to those chemicals throughout their developing life, bodies and brains, over and over and over again is bound to do damage. And we're starting to understand what the damage is. So, all of those chemicals banging on the brain over periods of time is going to cause distortions in all kinds of systems that are related to attachment including moral development.

Now another big thing that happens is a loss of language. That is the pictures of brain scans. And what it's showing you is that at moments of peak fear, our ability to take in our experience and do what all of you are doing right now, which is listen to me. I'm using words and you are thinking in words. That capacity when we're at peak fear is offline. It's not working. And instead, all the sensory areas in the other

side of our brain are very activated.

What it means is that when people experience a traumatic event that in the worse aspects of the experience are not encoded in words. And whatever isn't put into words, we can't think about. We can't share with anybody else. We can't talk about. It can't be processed. So, it lives in a separate space and takes on a life of its own in call kinds of ways.

So what we know now is that the hallmark of trauma is the loss of integration. And in Spanish, one of the names for the devil is Diabolos. And that -- the origins of that word means the divider or the splitter into fragments. And that is literally what happens in somebody's brain. And that's what interferes with memory. What happens then is that the experiences of the traumatic event is sensory. There is visual images. Strong emotions, smells. Anything that is sensory separated from any kind of meaning or narrative.

So, the person that is haunted by these

sensory experiences and they're called post-traumatic reminders, and they become then triggers for all kinds of behaviors. So the sensation occurs, person might walk into a room that's painted green and freak out, run away or become belligerent or faint, do all kinds of reactions because their mind has associated to a traumatic event. And they -- it triggers the survival response without any context. Just walk into a room that's painted green. That makes no sense. It makes no sense to the person. They can't explain it, but they will react because their body is on high alert and is ready to defend them -- their lives even though now there is nothing at stake. And that when it happens over and over again is one of the hallmark characteristics of PTSD.

It's called chronic hyperarousal. And it is literally a resetting of the central nervous system. So, people are responding to very, very low levels of stimuli as if they were major threats. And you see that

all the time in juvenile justice clients. They respond to just a look or a -- something somebody says casually as if it were a threat to life. And of course it isn't, but they respond as if it were. And that then you get these escalating problems. No wonder then that some people end up being really paranoid. Some people run away from everything. Some people are fighting all the time. And some people live in la la land. It kind -- we call it dissociation. Which means the loss of integrated function.

That thing is frozen again if somebody wants to -- oh, no. Sorry. Apologize.

So when life is a war zone, and this is what's going on in many of our neighborhoods where there is a lot of violence that people are exposed to and kids are exposed to, they become chronically hyper-aroused. They are in a state of high alert. Can't think clearly. Can only attend to what's threatening, are driven to take action, have hair trigger tempers. And then, of course, there is more violence and aggression.

We do the best we can to cope. And if we are really lucky, we will have support of family and support of resourced community. And we will turn out okay even if bad things have happened. If we are not so lucky, then maybe what we start to do is drink or use drugs. And we end up with an addiction or maybe we are really avoidant and we end up with a panic disorder or an anxiety disorder. Maybe we use pain as a distraction and we are into all kinds of fighting and self-harming behavior. Maybe we avoid grief and we become suicidal or depressed. Maybe we engage in a lot of risky behavior. In fact, we get hooked on risk because we get hooked on the rush that we get from being really afraid and then we just engage in risk all the time. Maybe we get real controlling, and that tends to alienate other people. And maybe we find out that it feels a lot better to hurt other people than to get hurt ourselves. And that's a pathway to antisocial behavior and to more violence.

And unfortunately, the brain has adapted to our evolutionary needs that are so complex by ramping down our frontal lobes that consume the most energy. And the way we do that is by forming habits. We form habits really quickly. And the problem with that is that as long as we are doing something that we are just learning, we are thinking about it. We are able to think about it, concentrate on it.

But as soon as something becomes a habit, it goes into our brain called the basal ganglia. And we have no control over that at all. And that's why it's so hard to change bad habits. That's why it's really hard to get kids in the justice system to change because they have developed a lot of really problematic habit. And we don't understand where they are coming from, so we don't know how to undo all this. What happens instead is that people tend to reenact traumatic experience. They get trapped in time and haunted by their own past. They can't be fully present in the

present and they keep repeating bad things over and over and over again. Sometimes it's through self-harming behaviors, sometimes it's through harming others.

So, that is the short version of trauma theory 101. What happens is that folks become completely organized, (hands up some water) thank you, around, excuse me, the past history of trauma. Thanks a lot. And it undermines their ability to adapt in a healthy way.

And so, the way we think about it is that they can't keep themselves safe. They can't manage their emotions. They can't think in the presence of emotions. They are emotionally disregulated. They don't communicate well. They have a lot of trouble with authority in external authority relationships and having authority over themselves. They have a really confused sense of what's fair, what's just. And enormous amount of unresolved loss, grief and an inability to imagine anything else. So instead, they just keep repeating the

same stuff over and over again. What complicates this even more is that we know now that we live in a inter-connected, adaptive living world that is literally filled with people who have had adverse individual group and intergenerational exposure to all this. So we have to take account of the entire system, not just the people that we target but the people who are working with those people and the people who are running the show. We have all been exposed to all kinds of adversity and trauma. We know that from all the epidemiological work that's been done.

We learned that it was really critical to basically change the fundamental question, to define the problem differently and change the question from it's not really what's wrong with you, it's what happened to you. And once you understand what's happened to a person, then their life makes a whole lot more sense. There are many tasks then, if we are thinking about a juvenile justice population and helping

these kids to get on it because their brains are not done, they have got years and years before their brains are fully wired. So, there is a great deal that we can do but we have to identify the problems properly and know what to do. We have to help them get biologically regulated to begin with.

They have to develop safety skills. They have to develop emotional management skills and learn how to think in a different way. We have to help all that fragmentation that I was describing which may characterize their entire existence. Have to help it become all integrated so that they can actually describe what happened to them, talk about it and appreciate the impact that it's had on them.

We have to help them understand the patterns of repetition, that they are trapped in over living the same things over and over again and living those things out in relationship with staff that they encounter. And we have to help them improve their executive function and really think in

a very different way. So, there are tasks of recovery that really once you understand the biology, you can really understand what it is we need to be doing for young people who really are very salvageable for the most part. They don't have to end of being chronically recidivistic. But it means we have to define properly what it is that we need to do and figure out some ways to do it.

So, that's why we need a trauma informed community. And that's a summary of why, as far as I'm concerned, this is a major public health issue. And it really the pillars there represent all of our systems. We need to get on the same page. People who end up in our hands often end up in many parts of the system simultaneously. We need to have a real clear understanding of what this is all about, and what we can do to address it.

So, those are three books that I've written about this. If you want to go deeper, and I would hope that you would, and that's me. And I want to thank you very

much for your attention. And I hope this is helpful to your Committee's work.

COUNCILMAN JONES: Thank you so you very much. Don't go anywhere. I almost feel like I was in therapy. I feel so much better now that I realize what in the heck is going on. And I think a couple of things that I took from it was War Zone. And there are -- there are some neighborhoods this does not apply for those who might be watching on television. You know, that life is good. Life is normal.

But what happens when in a condensed area, in a laboratory, if you would, trauma is every day?

DR. BLOOM: Yeah.

COUNCILMAN JONES: And you see things bubble up from it. There is one kid who is afraid to look, doesn't want to go out, just clinging to their parents. Another kid walks boldly into that chaos and adapts and finds his level of chaos. And then another kid just goes right through it, winds up becoming Kenyatta Johnson, goes away to

Mansfield and does his thing. I mean, so -- so you get different reactions --

DR. BLOOM: Yeah.

COUNCILMAN JONES: -- to that stress and chaos, if you would.

So I guess my question is, how do you deal with that mass pressure cooker as a municipality? How do we begin to create pressure valves, outlets, exit strategies from that kind of madness?

And it's not everywhere. I don't want to give the impression that every neighborhood is like that. But I travel through some of them, and when you see kids playing around teddy bear memorials jumping rope like it's nothing, you know, where their friends used to play, that gives me pause to try to figure out how do we make them understand that that is not normal? And B, that you can survive this and move beyond this?

DR. BLOOM: So it's -- you're totally on target. Because I -- what happens in situations like that is that what is really

abnormal becomes normalized. And we change our social norms, so that is what happens. And it's -- I think your question is really how do we reclaim the territory. And I think now as a public health person, so I think at three levels.

There is first, there is what everybody needs to know. So like we know smoking is not good for you and everybody should wear seat belts, right? That was not always the case. We didn't always know that. So, that's taken a massive universal public health approach to say it's not just about some people. That's why I try to say, look, this is everybody. It's an everybody problem that we need to have publicly educate everyone about what I've been talking about.

And then we need special attention to what we call secondary prevention or secondary intervention. So all the kids or adults and families who are at risk, right, which would be everybody in some of our really high violent neighborhoods, right?

And then we have to be able to provide trauma-specific treatment for the people most effected. And they may be effected, as you pointed out, in a variety of different ways because development is so complex and it goes on for such a long time. That when bad things happen, it depends on what those bad things are and when they happen in a person's development to determine what their outcome is. But whoever has trauma symptoms needs adequate treatment.

So, we need to be thinking on all of those levels and know that this has been going on. It's been developing for a long time, so it's not -- there is no quick fix. We have to really look at this as a whole City, not just one piece. But this is a public health emergency. And for many young people, it needs -- we need to think of it as really urgent because they're continuing development is continuing to be affected by the violence that they are surrounded by.

We've been doing a project for the last year in Strawberry Mansion. And I went to

Temple. I've been working in North Philly since I was a kid. I know what's happening to people. And it's -- we have figure out how to stop this. That means mobilizing that. In everyone community, no matter what violence is, there is also a lot of health. There are healthy people there who don't want -- but feel helpless. They don't know what to do. And we need to activate those because the only antidote we really know to violence and to the trauma that occurs as a result of violence is social support.

COUNCILMAN JONES: So, I'm going to turn over to my colleagues. But one of the things that I keep hearing over and over again probably my colleague is going to mention, is a sequence of events happens right after a murder. And it's like a slow bullet that fires.

DR. BLOOM: Yes.

COUNCILMAN JONES: And it's not always the person jumping down screaming on the floor that you got to watch. It's the kid that's way over in the corner processing by

himself that leaves. That's the one you better go find out where he's going, what he's doing. Because he's internalizing it. And is -- his outcry might be different.

My question becomes, what can we as a municipality do to create rapid response units that go out and keep a bad day maybe from becoming a bad weekend from becoming a bad week?

DR. BLOOM: I think for that, which is you really defining basically a whole neighborhood is at risk at that point. So, the emergency preparedness for the City is actually engaged in getting several hundred people in different neighborhoods trained in an intervention for exactly those situations that are much more widespread and that help people manage their physiology more effectively and understand more about what they're seeing and what's happened to them.

So, you're absolutely right. That's what we need to do. And we need to get more people engaged in that, so that members of the community just feel a sense of

responsibility to go out there and help particularly the kids be able to process that and do more than the memorials which are not enough and often just are traumatic reminders.

So we -- I think we are starting to -- the City is starting to take that on. It's just beginning. There has only been one training. And I think there's more coming in June. So, I think that's the way we need to be thinking, exactly the way you are.

COUNCILMAN JONES: Councilman Johnson.

COUNCILMAN JOHNSON: Thank you for your report. And this is just more of a statement and to just follow up on what the Chairman talked about in terms of how we can have more of a greater impact on the City level.

I am glad that we're in this particular session focusing on public safety as a public health epidemic primarily because when you talk about victims of the shootings and the crimes as well as the shooters, there is some level of trauma on both ends.

And just as recent as a few minutes ago, we had some young people here in City Council today from Powel Elementary School. And they are doing a service learning project focusing on the issue of youth gun violence and public policy. And several different young people had the opportunity to come up and talk about why we should have background checks here in the State of Pennsylvania. They had to also relate a personal experience that they have had with youth gun violence.

And I have had four our five young ladies come to the microphone talk about how they have lost a loved one. And, obviously, one young lady was in tears. And it always brings back home that on the victim's side, and these are young people who not only lost family members to gun violence and friends, but these also are young people that have lost family members who were actually the shooters who are away in prison and how do they process that stress that they are actually experiencing as a result of those

incidents of gun violence.

For me it's more of a common sense approach. And hopefully with this administration as we move forward, we have the MacArthur Grant and we have a new team that's focusing on reentry. And I'm a strong advocate of juvenile justice.

But one young lady when we had hearings on youth gun violence and she just said in the schools, how come we don't have grief teams that will come help us process. Because a lot of these shootings and these fights start on social media, then they spill over into the school. And I know as a young man growing up in South Philadelphia, the same things are going on now were going on when I was a young man. And so, I know what took place inside the school. I know how people responded based upon the trauma and the hurt that they felt as a result of not only just a shooting, but every day stressors that are taking place in low-income communities.

Hopefully, when we engage in this new

concept of community schools, which really isn't a new concept but it's something we would be taking on as a new initiative with this administration. We will begin to look at grief counseling in the schools, crisis intervention teams that are in the schools that can primarily help young people process some of the stressors that they are dealing with, living in neighborhoods of poverty.

But you did mention something interest. I just wanted you to briefly elaborate on. You talked about how the brain structure changes as a result of the stressors that are taking place that young people are experiencing living in their environment, rather family environment or community environment.

So from a sociology standpoint, at what time can you take that person out of that environment and then that begins to -- and new environment begins to reconstruct the damage done to the brain? Because oftentimes, I have countless examples of young men who grew up in the inner City of

Philadelphia, engaged in the life of crime and violence, go away to Glen Mills. Excellent program, at least when I was young growing up, excellent program. And they do a full 360. Several of my friends went away, played college basketball, some went on to get good jobs all based upon them being taken out of Point Breeze, South Philadelphia, put into a whole different environment and changed the whole trajectory of their lives.

How does that impact on the brain structure? Because at one point it kind of seemed that once the brain is going in one direction --

DR. BLOOM: Yeah.

COUNCILMAN JOHNSON: -- it's like a hopeless cause.

DR. BLOOM: We don't have good research yet around looking -- actually looking at the brain that is healing, so I will have to be a little subjective about this because I worked with adults, okay? And they were adults who were largely in the mental health

system, not the criminal justice system.

But boy were they -- they had very complex enormous problems and were often chronically in and out of the system, high utilizers we say now. And I watched brains heal. I watched people totally change their lives and -- exactly what you're describing. And these were even -- these were adults.

So certainly, what we know about child development and adolescent development is that the reason why adolescents are so dramatically different from like the twelve year olds they were is because the sex hormones absolutely reorganize the brain. So, we have an enormous opportunity in adolescents to do exactly what you described, but it takes the whole place.

What they're really doing, what you were describing happened at Glen Mills is that they were changing the norms that the kid adopted. They had totally different normative experiences that are -- that prior to that, they didn't even imagine were possible. They had to experience it in

their body and their minds to know, wow, this is -- it's possible for me to be okay and to fulfil a whole different mandate than just surviving. And that's what's so important about how do we -- how do we take that knowledge that we have about social norms, how do you as leaders change the social norms for the City that instead of just, oh, well? Because there's a bit of an attitude that you get around the City about well, you know, it's just the way it is. Just gets worse and worse and what can you expect. And no. That's not good enough.

We can change that. People can decide they don't want it to be this way anymore. And if enough people do it --

COUNCILMAN JOHNSON: I agree.

DR. BLOOM: -- we have a tipping point.

COUNCILMAN JOHNSON: I think the Board agrees. I know he was going to get up on that one.

COUNCILMAN JONES: No. I was going to pass the baton to Ms. Grey and then Mr. Shabazz.

COUNCILMAN JOHNSON: Thank you very much.

DR. BLOOM: Thank you.

MS. BRADFORD-GREY: Thank you, Doctor. Can you hear me?

My name is Kier Bradford-Grey. And I really enjoyed your presentation. I have heard it several times before because it informs our practice. And I say "our", the Public Defender Office because, of course, I'm representing juveniles.

But what I have seen over the years obviously is that the triggers that you described, when we have kids that unfortunately come into our juvenile justice system, there is not a lot of diagnosis of PTSD. Instead, these kids are diagnosed with ADHD. They are diagnosed with everything else that is being funded and treated but not really addressing the root cause of some of the inability to adjust that you described based on constant being exposed to trauma.

I have seen also funding resources open

up for Vets who they have understood this same thing because they go over to the war of experience, the same thing that you are saying young kids experience.

DR. BLOOM: Right.

MS. BRADFORD-GREY: How does your work inform opportunities to release funding so that there are treatment resources available to young kids who don't have private insurance or their -- neither do their parents so that we can start to address this in a practical way and utilizing the appropriate funding to do so?

And in my second -- it's a two-part question. Secondly, you are familiar that we do have a child welfare system here. And I think to me that is the first glimpse of what we are going to see in a child that has experienced or going to experience some of the detrimental effects of trauma. Because we get kids at a very early age who have been abused physically, sexually, mentally, all of it.

Do you work with our child welfare

system to understand a model of trauma-informed therapy that can be utilized that is very effective so that we don't see these same kids trickle into our criminal justice system?

That's a two-part question. One is the funding. And one is developing models at the preventive area because, for the most part, those are the children that we see in our juvenile and, of course, our adult system.

DR. BLOOM: Big, big questions, right? I -- I hope what I have conveyed is that all of this knowledge, it's relatively new and it is a huge shift for the mental health system because the mental health system now has this -- these categories of diagnoses which are not based on the brain. They are not. They are colorful descriptions of people, okay?

So, we have a problem with the diagnostic system, period. It's a huge problem. So there -- with the whole mental health system, the big, big not just the

City but everywhere is really undergoing a real questioning of what does it really mean to have treatment? What are we treating?

And this changes the real definition just as you've pointed out of what it is we're supposed to treat, which we haven't had before. I am a before and after. I was well trained. We treated people. But I now realize we didn't know what in the world we were doing because we didn't understand any of this.

Now that we understand it, it means -- but those kind of shits take a long time for whole professions to really undergo. So we are still mid process in that. I think, and this is consistent with Dr. Evans actually, our Commissioner. That we really think -- need to think differently about what treatment is and not confine it just to on somebody's therapy office. That there should be trauma-specific treatment that is really for the people most severely affected. But we have got thousands and thousands of people who need help, who are

not going to come into traditional mental health settings.

So, we need to really think differently about how do we get people mobilized to help each other and be therapeutic. And that begins with public edu -- you got to really educate people so we are all on the same page about what these problems are.

MS. BRADFORD-GREY: Can I just ask, you're a professional and deal with a lot of mental health experts and professionals. I do see a lot of wasted tax dollars going on treatment for things that are not being -- not the root cause of the problem. So, I know we have many kids that those days that you just described are within a psychological report, which is what most kids get when they come into the juvenile justice system.

However, the diagnosis is never PTSD.

DR. BLOOM: No.

MS. BRADFORD-GREY: The diagnosis never recommends some of the things that you say is kind of like a physical therapy for the

brain. And until we start to do that or recognize that, we were sending kids away to get treatment which does not help their underlying issue. And then they are recidivising.

DR. BLOOM: Exactly.

MS. BRADFORD-GREY: And they are coming back.

DR. BLOOM: And they become more hopeless.

MS. BRADFORD-GREY: Yes.

DR. BLOOM: Yep. I agree.

MS. BRADFORD-GREY: How do we work at least with the healthcare professionals to change that to allow some funding opportunities for these types of therapeutic programs?

DR. BLOOM: Well, I think that -- I don't have a simple answer for that. I think that's why I agreed to do this today. Was that you are all in a leadership position. And when you and the people beyond, you know, the larger justice system say this is mandatory, you know, we have to

become trauma informed. We've have to really have trauma specific treatment. We really need to change our policies and practices because we haven't identified the problem correctly. That's how it will happen.

It won't -- it's not going to -- it's not going to come from outside. It's going to have to come from within. We have done -- we have done work in New York and in Colorado in the justice system. And it really has to be -- it will not change from below. It has to change from people like all of you going, this is why it needs to change and it needs to change.

And that change is -- it is beginning. The justice system is gradually taking on this knowledge about the brain because it makes sense. And it correlates, I think, with a lot of people's experience.

Now your comments about the child welfare system. Yeah, I think that's -- that's where we see the beginning often of where intervention can occur. But when I

did start doing work with the child welfare system, I kind of -- I just -- I had this delusion in mind for no reason that kids automatically got treatment because they were in child welfare. And that's not true at all. So only the squeaky wheels get the grease. And so, we miss a whole lot of, you know, dealing right at the ground with families who are in -- clearly in distress. There is a whole lot more that can be done. But that means reorienting the child welfare system.

They're beginning. But it's still -- all of this is still very new in any of our systems. So it's -- it's very complex. And how do we get whole systems to change? It's not like moving a sailboat. It's moving these huge cruise liners. It takes a whole lot more and it really takes leadership. It won't happen without leadership.

COUNCILMAN JONES: Thank you.

Tariq Shabazz.

MR. EL-SHABAZZ: Thank you. Good afternoon. I'm Tariq El-Shabazz. If I am

to understand your presentation correctly, from a prevention standpoint, you took great pains to explain the development of the brain of the child. And we have been talking about how to rehabilitate people, how to deal with people once they become part of the juvenile system.

My question basically deals with early childhood development and education. Based on what you're saying, one of the avenues to attack the trauma that people experience at home is daycare, preK, kindergarten, those things that this Administration talked about putting money into.

DR. BLOOM: Yes.

MR. EL-SHABAZZ: And developing the professionals that are equipped to recognize a traumatic situation that may exist with the child, to address that at that particular time so that we can somewhat prevent --

DR. BLOOM: Yup.

MR. EL-SHABAZZ: -- that from occurring. So, would you suggest as one of the many

avenues to address this ill, an influx of money even if it's going to be painful to some lobbyists and some people, an influx of money into preK, into kindergarten and, in fact, into nursery school areas to begin to; first of all, identify; secondly, address; and thirdly, follow up so that we don't get the teen with the trauma and the stresses but we begin to identify it?

If we identify it early enough, we may be able to assist that family that may have that single parent mother who works three jobs and comes home frustrated because she's trying to make ends meet with three children or, in this day and age, single parent father that is in the same situation. We can identify. We can address it on that level as Ms. Grey has said, address it on that level. But we also can address it through education, public education, something that has been forgotten when people started to, in my own personal opinion, benefit from charter schools. But that's just my own personal opinion. That's

not anyone else's. That's mine. For the record, I don't want anybody to get mad at anybody else. That's Tariq El-Shabazz's position.

So would you suggest an influx of finances, resources into our early childhood development that's involved, daycares, preK, kindergarten, first, second, third when that brain is actually being developed the way that you described it?

DR. BLOOM: Right.

MR. EL-SHABAZZ: And whatever we need to do as a municipality --

COUNCILMAN JONES: Careful. He sounds like hes' for the soda tax.

MR. EL-SHABAZZ: I'm for children in education. And if a soda tax is going to be influx into children in education, I am for that.

DR. BLOOM: Me too.

MR. EL-SHABAZZ: It's a difference between a grocery tax and a soda tax. But anyway, that's not my platform. I'm sorry.

DR. BLOOM: I think it's where you get

the biggest bang for our buck. Is that that's where we should be focusing on taking care of people before the problems submerge. And I think with the -- if the justice system is farsighted enough to get that, then that will influence all the other parts of the system. You know, to know that -- that we are basically closing the barn door after the horse has already gotten out, right? It's a waste to spend all our money on preventable problems.

But we have to -- and we need to realize that that is going to go long -- long after one administration even if there's two terms. This is a long term strategy. So, we can't expect to see, you know, a funding improved on one end and then immediate results. It's going -- it's going to be -- this has been generations in the making. It's going to take generations to undo it. But we can at least start making progress.

And I think it's entirely possible that if we were focusing on kids and families, we would then have a healthier city a

generation from now and a less violent one.

MR. ROJAS: Let's say that what you laid out is actually one of the biggest problems that we are confronting. Looking around Philadelphia, in minority communities there is proliferation of mental health clinics that are opening up with federal funding, state funding and city funding.

Have those organizations are they -- is there an oversight as to the kind of therapeutic intervention they are providing and the persons that are providing that therapeutic intervention with the child and the families?

DR. BLOOM: You know, I'm probably not the best person to ask. It would probably be -- you'd have to ask Dr. Evans about that. I think that the department has been really focused on trauma-informed services for the last few years. And I think they've been doing a lot to try to increase the level of knowledge in all of the City settings around for mental health service delivery.

Now whether or not that has yet been effective, I am not in a position to know. But I think they are moving in the right direction. But as I said, it takes -- this is a major reorientation for anybody who is delivering mental health services. They have to think in a really different way about what they have been doing sometimes 10, 20, 30 years and what they have to do going forward. And it's a process of change that you kind of have to undergo.

And our mental health system is very stressed. And not -- parts of it not well funded. So I don't -- I can't answer any better than that.

Very good question.

COUNCILMAN JONES: One of the reasons this Committee was formed was to look -- and I hate using the term to look outside of the box, but look inside the box where things are funded and whether we should do things differently. Because the reverse of that question is what happens when we don't intervene? And what does it cost on the

other end? And how much does it cost by way of what does trauma cost? And what other health-related symptoms happen or outcomes where people are incarcerated?

So, you have to look at where you spend those dollars and how you spend them.

DR. BLOOM: See, a big problem in the mental health system is that there has not been historically an emphasis on defining outcomes. So in -- if you were a cardiac surgeon, you operate. And either the person lives or they don't. In mental health, it's been much more of an art than a science. And partly because we haven't had a good explanatory framework for what the problem was. You can't fix a problem if you haven't defined it properly. We haven't up until now defined it properly.

So, the outcomes we should be able if somebody gets into treatment, they should get better. Maybe not all the way better, depends on all the other factors that are involved in what's happened to them. But they should be better than when they came

into treatment. Something should have changed. But we -- but the mental health system is not accustomed to looking at change. Looking at how much has the person really recovered. What do they say about their level of function? So, that's a huge shift for a system that's not really been held accountable for outcomes before. Because we've been so unclear about what the outcomes are supposed to be.

Now it's a lot clearer. And in our program which closed in 2001, that was the main criteria that we used is did the person change when they were us. Was short term. It was a short term program. Only lasted like a week or two weeks. But during that time, did something change? And if it didn't, then what did we not do right?

Because people are -- we are possible agents of change for our whole lives. My father is 101 and he's still learning things. So, we can change forever. And if we're not changing, then something is keeping us fixed in place. And so, the

system should be ultimately held responsible for that. But we are in a -- in a learning curve. And -- and I think sys -- the mental health system is struggling to figure out what does that look like? How do we measure it? What does it mean? Is it real? Is it scientific?

MR. ROJAS: You mentioned something at the very beginning about the role that racism possibly plays in this. Is that institutional racism, or is that individual racism?

And how do we address the -- if it's institutional, how do you address the institutional racism of the mental health community as it relates to providing services to a community that's culturally different? Because different people get treated differently.

DR. BLOOM: Well, racism is another really broad subject. And it can be individual. And certainly, we know that it's been a part and parcel of our -- historically, of our national structure.

So -- and we're trying to undo it, get away from it, stop it, prevent it in all kinds of ways. But I don't -- I think that's what's most important probably is in every place, we are able to have conversations about it which don't happen that much. Meaningful conversations about what people experience who are discriminated against often don't happen in workplace settings.

People are scared. Scared to have the conversations. Scared of where it might go. Scared of what it means. And I think we have to have those conversations about what it means and how it affects people. And we -- you know, I think that that's -- that's such a big -- it's a such a big thing for us in our City because we are so diverse. And there is so much that's built into the structure that people don't intend, but now it's there.

And we have to -- we have to do something to level the playing field. And I think the way -- in many ways, the way to do that is by funding the people who are most

discriminated against. And those are likely to be people who live in pretty profound poverty and who have been subjected to many generations of racism. And their -- their social norms are what we have been talking about. So, how do we shift that? How do we prioritize the most traumatized neighborhoods, the most traumatized people and get their families they help they need?

I think there is a lot we can do to dismantle it.

COUNCILMAN JONES: Thank you so much very much.

DR. BLOOM: You're welcome.

COUNCILMAN JONES: Are there any other questions for this witness?

Seeing none, thank you.

DR. BLOOM: Thank you.

COUNCILMAN JONES: It was so informative. And we may have to reach out and tap your expertise again.

DR. BLOOM: You betcha.

COUNCILMAN JONES: Thank you.

Will the clerk please read the next

witness to testify.

THE CLERK: The next witness is Kirk Heilbrun.

COUNCILMAN JONES: Thank you for your patience. Please approach the Witness Bench. Who else do we have?

THE CLERK: Second panel is Ashley Sawyer and Angel Flores.

COUNCILMAN JONES: If you'd like, you can come up to behind the bar so that the distance won't be so long for you.

Please come in. Have a seat. Bring the mic to you. State your name for the record and begin your testimony.

(Witnesses approach Table.)

Good afternoon.

DR. HEILBRUN: Good afternoon, sir. My name is Kirk Heilbrun. I'm a psychologist and a professor at Drexel University. Very pleased to be here. Thank you for the invitation.

COUNCILMAN JONES: Pleased to have you.

Please begin.

DR. HEILBRUN: All right. Well, I have

a brief two-page handout. Don't have any slides for folks. But as I was thinking about what I might say during my testimony this afternoon, and I particularly appreciate my colleague Kevin Bethel who was kind enough to extend the invitation to me, I thought in the beginning that what I might do is talk a little bit about some evaluations that I do as a psychologist for the juvenile courts. But then I decided that that was not going to be quite so interesting. And I thought I might broaden the focus of this little bit.

I'm pleased that I did because I had the opportunity to listen to Dr. Bloom's testimony. And I think what I'm going to have to say over the next few minutes is going to be very consistent with the kinds of things that she's talking about, although she talked about one part of what I am going to describe a bit more broadly.

So, what I would like to say after thanking the Special Committee on Criminal Justice Reform for the invitation to speak

to you this afternoon, is I am going to be talking about ten things that I think policymakers could do to reduce the risk of crime and violence in our adolescents.

And so, what I will do is describe this in the context of two important constituencies. One of those are the individual kids and their families. That's -- that's a consideration for me, an important consideration. But the other constituency is our community and sort of the issue of public safety more broadly. And these are two kind of ends of the spectrum. And there is always a balance that needs to be struck.

And so, one of the things I am going to try to do in my comments here is strike that balance so that I am talking about what's important to kids and their families, but I'm also talking about what's important to communities and the issue of public safety. So, let me see if I can describe ten things that I would offer to you as suggestions in your role as policymakers.

And one of the considerations here is that this -- these are not the first thing ten things that occurred to me off the top of my head. What I have tried to do here is talk about what the behavioral science, which I represent in part in my role here as a psychologist and a researcher and a scholar, what that would offer to individuals. What I am trying to do is give you a list of ten things that would make the most sense. If I were to talk about what the science -- the behavioral science tells us in terms of what we might do, what you all might do as policymakers to reduce the risk of crime and violence. So let me talk about this a bit if I could.

Number one is to adopt a public health perspective. Now you heard Dr. Bloom for the last hour or so talking about trauma and various other kinds of things. And what she was really doing in some very important ways is speaking as someone who approached things from a public health perspective. When I say that, even though I'm a psychologist.

I'm not a -- I don't have a MPH. There is an important consideration about what you're doing when you adopt a public health perspective. That is, in particular, you look at crime and violence not as something that evil people do or something like that. Instead, though, you look at it -- you look at it as a public safety, a public health problem.

And so, one of the things that you can do when you do that is to talk about what we call risk factors and protective factors. And risk factor basically is an influence that occurs as a result of -- or an influence that occurs. And when it is present, it increases the risk that this bad outcome will occur. There are different kinds of outcomes, of course. I mean, you can talk about crime and violence as one. You can talk about heart attacks or cancer or other kinds of public health problems, as well.

But -- so one consideration is risk factor. And a protective factor is just the

flip side of a risk factor. Something that when it is present reduces the risk that crime and violence will occur. And so, one of the things that we can really talk about doing then is to speak about some risk factors that basically are what we call static. They don't change.

If you spoke about -- not necessarily the case, but if you spoke about gender, that does not change as a risk factor. On the other hand, there are some things that do change. What we call them are dynamic risk factors. They are malleable. They are things that can be done differently.

And so, what we can do here as policymakers if you make the right kinds of intervention or as intervention agents is that you can reduce the strength of a risk factor. And over the course of a kind of broad period of time, interventions, you can actually reduce the risk of crime and violence.

So if you were to think about this from a public health perspective, then one of the

things you would be asking is what are the malleable dynamic risk factors associated with adolescent crime and violence. And then secondly, once you have identified those, what could you do to reduce those -- the risk of that kind of thing occurring? And you would also from the public health perspective ask the question, what are the protective factors? What can we do to -- to kind of strengthen people's outcomes and approaches and so on? And if you do that, then that also reduces the risk of crime and violence.

The other thing that you can do from a public health perspective is you can think about kids who are at different levels of risk. Low risk, somewhere in the middle moderate risk, and then high risk. Now there are different things that go into creating this kind of risk level. And one of the things is the number and strength of risk factors and protective factors that are present. But your interventions can be keyed to an individual's risk level.

I heard a question earlier about should we be investing resources in -- in preK and kindergarten and those kinds of interventions. And if we were able to do that, then the question really would become could we take kids who otherwise might become moderate or high risk and keep them at a relatively lower risk level. So that would be number one is think like a public health individual when you are making policy.

The second thing has to do with making policies developmentally informed. One of the things that we now know as psychologists and psychiatrists and other people who study developmental scientists study adolescents is that what parents intuitively have known over the years, which is kids are different. They are much -- were much better at identifying how they are different and the extent to which they are different and so on. And there are some particular ways related to crime and violence that adolescents are different. And I have

jotted a few of these down here.

One is that kids are much more influenced by their peers. And so if you happen to have kids who are spending time with peers who are antisocial and themselves inclined to crime and violence, then you have a kid who is going to be influenced in that direction. Kids are much more impulsive than they will be when they -- when they are later in their lives starting in early to mid 20s. They take risks much more than they will later in their life. Even though they don't have a problem recognizing risks in the same way that adults do, they just don't act on that recognition. They weigh risk and rewards differently.

And then the other thing about policies that are developmentally informed, the majority of adolescents age out f being at greater risk for crime and violence. And when we say that, what we mean is there is something called the age crime curve. Meaning, basically, that the highest risk

for violence and offending are between the ages of 15 and 24. And even for kids who do pretty seriously wrong stuff in terms of offending and being violent around those ages, the majority of them will not continue to do that as adults. So the question is, what could we do as policymakers to speed that distance along.

The third thing is that we can as policymakers do things that are important in schools. One of the things that we can do in particular is to address the problem of bullying. We can discourage and reduce the incidence of bullying in our schools. And if we can do that, that's a really important consideration. It's one of the biggest problems in our schools in terms of aggression.

We can strengthen the effectiveness in recognizing things like problem behaviors and learning disorders and the kinds of things that Dr. Bloom talked about earlier, which is kids who are at high risk for trauma who have themselves been traumatized

and things like that.

Another important consideration is how well we can retain kids in our schools. There are policies in some schools knowns as zero tolerance. Which is -- basically means that if you do something no matter how minor, you can get yourself removed from the school by suspension, out-of-school suspension or expulsion. And that is a big problem for our youth. Because once you are out of school, your risk of a variety of bad outcomes, including dropping out of school entirely and some other things, goes up considerably.

So if we were to take seriously the idea that we are not going to have zero tolerance policies but instead formal threat assessment policies with graduated outcomes. So depending on the severity of the threat and the genuineness of the threat, we might do something sort of at the last kind of -- the sort of thing where we would remove kids only as a last resort. But instead, what we do is we would increase the risk for justice

involvement, increase the risk for school drop out if you actually have kids who are leaving schools.

And then finally, the more kids who complete high school and possible go on to do job training jobs or college, the better off they are going to do.

Number four is families. The better we can do with families, the more you are -- you are doing much better with kids in terms of reducing the risk of crime and violence. And I have mentioned some ways on here that you might strengthen families and reduce dysfunction having to do with parental management, abuse and neglect, conflict, more modeling and a parent who is overwhelmed.

Families keep coming up over and over and over again in terms of youth who are -- have problems with being just as involved, have problems with being violent. The more you can do in terms of doing a community-based family-based intervention, the better it works out typically what the

science shows.

Substance abuse is something that's number five that comes up again over and over. We, pretty much as a society, known for many, many years that drugs and alcohol are a problem. I'm here to tell you today that the science is very strong on saying it continues to be a huge problem. And the better we can do with keeping it out of kids' hands, the better we will do in terms of reducing the risk of crime and violence.

There are under number six some personal characteristics. And unfortunately, the general public tends to think of number six as the main kinds of considerations that reduce crime and violence. They are not the main ones, but they are on the top ten list. So, kids who have personal problems with anger management, with impulsivity, with things like ADHD or criminal thinking, those are some of the things that you can recognize those and see that those are addressed in various ways. And when a kid needs that kind of intervention, that can be

very helpful.

Number seven you have heard about for the last hour, so I won't belabor it, but it is on the top ten list. It's an important consideration.

Number eight, is pro-social activity. And this basically has to do with modeling. The more you can get kids involved not -- outside of the classroom. But the more you can get them involved with things like clubs and sports and other sorts of things where there are other pro-social youth around and there are responsible adults there as well, the better you are going to be doing.

One of the things that I came to appreciate more about my own high school years when I started seeing kids who are juveniles is to recognize that I had a lot of opportunities to be on sports teams, and clubs and other sorts of things. And most of the kids that I evaluate in the juvenile justice system don't have those kinds of opportunities. So the more they do, the more a kid tells me that he likes to play

basketball, that he's on the football team, that he's on this sort of club and so on, the more I check that off as this is really good. Keep it up. Keep it going.

Number nine is not going to come as a surprise to anyone. But the more community disorganization there is, the more violence, the more poverty, the more problems we have with kids who just are going to continue to see that as a big problem.

And then finally, if you look at the things, particularly number eight, number nine, number seven and so on, if you look at kids having some sort of reason to hope and it's not there, that's a big problem. It doesn't have to be anything in particular. It could be very various kinds of thing.

If you are talking about responsible adolescents or, excuse me, responsible adults outside of the family taking an interest in kids whether it's a teacher or coach, big brother, a minister, Rabbi, Imam, those are individuals who can make a big difference in a kids' life. Even public

figures who are good models from various kinds of areas, if you ask about those individuals and get a kid to pay attention to someone who is basically doing well and lays it out there and has a foundation and talks about these sorts of things, then these are considerations that are important to kids.

But the bottom line is and, number ten and maybe this shouldn't be number ten but it's definitely on the list, is give this kid who is potentially at risk for crime, for violence, give this kid a reason to hope and a reason to think pro socially rather than antisocially.

Those are my top ten. I thank you for very much for your attention. And I'd be happy to take any questions you might have.

MR. PODJUSKI: I do a lot in the adult world in terms of -- oh, Rich Podjuski.

I do a lot in the adult criminal justice world in addressing criminogenic needs and looking at offenders from a risk and a needs perspective. And we do a lot in terms of

targeting those -- those interventions, a lot of the things you talked about. Targeting the interventions to the highest risk individuals.

DR. HEILBRUN: Yes.

MR. PODJUSKI: We use to help us identify, we use actuarials that give us the ability to not only assess risk but to identify need.

Do you know of any -- any -- any specific actuarials that we could use on a juvenile population to not only help us identify youthful offenders or youths who are at risk, but to help us identify what interventions that they may -- they may, in fact, need?

DR. HEILBRUN: Yes. First of all, in your question you talked about risk and needs. And that's part of a larger theory known as R&R, Risk Need Responsivity.

MR. PODJUSKI: Right. R&R.

DR. HEILBRUN: And so one of the things that you mentioned is using an actuarial approach to identify risk level. And one of

the things that the science tells us particularly over the last 20 or 25 years is that we have done a pretty good job of getting better at identifying kids who are at higher risk. So relative to 20 or 30 years ago, we were -- we are really doing much better right now at saying this is a high risk kid. This is a low risk kid. This is somewhere in between.

However, I use the word or the term guardedly because when I said pretty well, what I mean is that we have gotten up to a certain point, but I don't think we're going to get much higher in terms of saying this is a -- this is a level of risk where we can be real precise about this. We're pretty good at saying this is a high risk kid, low risk kid. The important thing, though, is not combining that risk level with those needs that you talked about.

And you mentioned you did a lot in the adult system in terms of intervening for criminogenic needs. If I can describe a lot of what I talked about here, these basically

are criminogenic needs. And so, what I would say is that we don't have to be hugely precise about what exactly the number is and so on. What I did was I did my best to identify the things that are the strongest dynamic risk factors that we can focus on. And I put those on this top ten list. Now, there are some others, as well.

But I think if we were able to, say, focus on the strongest dynamic risk factors not only for kids who are already just as involved, but going back earlier into their lives, going back into their communities, going back into their families, going back into their preschool years and things like that, that would be helpful. And if you did that consistently over a period of time, then what you would find in a community, the science tells us is those levels dropping.

MS. BRADFORD-GREY: Thank you, Doctor.

I think one of the things I really took from your presentation was when you talked about the high risk youth offenders being between the ages of 18 and 24.

DR. HEILBRUN: Ah, 15 and 24.

MS. BRADFORD-GREY: Very good. Even better. I think that that strikes me. Because obviously in our criminal justice system, what we are talking about we consider an 18 year old an adult.

DR. HEILBRUN: Yes.

MS. BRADFORD-GREY: And they are treated, generally, like an adult for behaviors that they display and things that they do that they commit. I know across the country there are several states exploring the option of a young adult court, per se, for that age level where their brains still haven't quite developed, but they are at risk of more or they are kind of the ones that are demonstrating the more risky behavior because they have a little more freedom and flexibility. They have the ability to do things like drive a car or do certain things that the younger kids do not.

What have you -- have you looked at any of the research around creating courts that have certain rehabilitational aspects to it

such like the juvenile system, per se, that -- that deal with kids between the ages of 18 and 24? And what do you suggest, what have you noticed about those courts? Or what have you -- what information have you derived as to whether or not those are good models to use to kind of stop this behavior level so that, you know, as they grow older, their risk factors go down.

DR. HEILBRUN: Yes. That's a really good question. One of the things that just appeared in the last month in the New York Times is an article by one of my colleagues from Philadelphia, a gentleman by the name of Larry Steinberg, a developmental psychologist at Temple. I see some heads nodding around the room.

And the topic was what do we think about the idea of increasing that age of 18 to have the juvenile system kind of expand to cover more of those 19, 20, 21 year olds, 18 year olds and so? Interestingly enough, considering that Dr. Steinberg has been a strong proponent of kids are less culpable.

His perspective in that article was do not do this. Do not take the juvenile justice system which is kind of set up as you described for 14, 15, 16, even 17 year olds and drop a number of 18, 19, 20, 21 year olds in it. Instead he said, but recognize that they are still somewhat different than young men and young women up to the age of 22, 23, 24.

And so, take a part of our -- probably our adult criminal justice system and develop something that has the prospect for working with those individuals, individuals between the ages of 13 and 22. And one of the things that we might do is look at the problem solving court model, which has been really interesting and quite successful in some important ways.

So, we have mental health courts. We have drug courts. We have Veterans courts. We even have some juvenile problem solving courts. Now, I think this is generally a good idea. But one of the things about problem solving courts is that they tend not

to focus on the highest risk or the most serious offenders. And so, that would be one of the considerations that we would have to be real careful about. If you set something up like that, is that you couldn't take young offenders -- 18, 19, 20 year olds -- who had been charged with armed robbery and carried a weapon and put them in that problem solving court. It would be -- that would be a difficult thing for a community to handle, I think. But there are a number of individuals who are still at that age who might actually be much more appropriate for problem solving court.

MS. BRADFORD-GREY: One of the models around the country is not necessarily a problem-solving court, per se, but it is a young adult court that recognizes on the probationary end or whatever disposition that a youth -- and I say youth -- between the ages of 18 and 22 --

DR. HEILBRUN: Yes.

MS. BRADFORD-GREY: -- could get more services related to rehabilitation, as well.

So it wouldn't be that they are going through our traditional types of diversionary programs if they have committed certain offenses. However, we are recognizing that there are some developmental or rehabilitational programming that could be utilized so that this young adult does not end up systemically in the system. And we are not treating them exactly like we are treating adults.

Also, the separation of youth that go into adult prisons, they have certain prisons that have certain rehabilitational programming that go on inside that institution for our youth that are charged as adults. And these are kids that are 15, 14 and all that. It's more of a model recognizing bringing more rehabilitational programming to that dispositional phase or even in the beginning phase. If we are going to have, like, a problem-solving court for certain offenses or certain youth. But it is an understanding that kids in that age

group are not adults. And we should really stop treating them like adults, address the behavior, but also put something in place for the rehabilitational aspect, as well.

DR. HEILBRUN: Yes, I agree. That makes a lot of sense. They are not adults. It's true because we -- the science begins to recognize full fledged adults fully developed brains and so on around the age of 25, 26, something like that. But they are also not 14, 15, 16 year olds.

So, you are right. There is sort of another -- there is another phase in there. There is another level in there that it would make sense to implement some of these things we've talk about that distinguishes those from adults and from younger adolescents.

MS. BRADFORD-GREY: Thank you, Doctor.

DR. HEILBRUN: Yes. Absolutely.

MR. PODJUSKI: I just want to -- I just want to say your observations on a pro-social activity I think is very important. We find that that positive

reinforcement at a four-to-one ratio for adult offenders seems to be the -- the right number. But I guess my -- my question, I guess, pertains to number six when you talk about personal characteristics. I am thinking about the youthful offender and specifically some of our findings with technical parole violators and youthful offenders. They seem to exhibit the same sorts of criminal thinking errors and anger management problems and impulsivity. And I probably add to that unrealistic expectations when they're coming out of prison.

So, how do you reconcile these sort of, what I would say, you know, opportunities and cognitive restructuring with trauma that they may have experienced as a youth? How do you -- how do you see the two influencing one another?

DR. HEILBRUN: Dr. Bloom is a good colleague, and I heard her speak a number of times before. She was pretty clear in her testimony that her background is primarily

mental health, and that she comes into this from the standpoint of juvenile justice and criminal justice is somewhat different.

And so, one consideration there is that just because somebody is displaying things like anger problems and criminal thinking and ADHD, doesn't mean that they also didn't experience a fair amount of trauma. It's just that people respond differently to traumatic events. And sometimes -- I mean, it's interesting given how often people experience adverse events and trauma and so on that there is not more post traumatic stress disorder. But it's not -- it's by no means a hundred percent of people that experience that.

But what can happen sometimes, and you know this very well from the standpoint of working with individuals in the criminal justice system and the juvenile justice system, is that one response to experiencing trauma in someone is not so much that I turn it against myself, is that I turn it against you. And so, it's a difficult thing to do

basically. If I'm doing things, I'm robbing and I'm violent and I'm doing other crime and so on, for you to look at me and say, you know what, I'm not entirely going to look at this and say I am going to excuse that behavior. But I can recognize that that behavior and those habits and so on began and were influenced by the background and the models and some of the things that I had growing up.

So, it's -- it's a difficult consideration what you're talking about. And one of the reasons that I began with the kind of balance between public safety and our communities and the individuals and their families is if you tip too far in one direction, then it doesn't quite make sense anymore.

MR. PODJUSKI: Would you add companions and antisocial behavior.

DR. HEILBRUN: I absolutely would add companions, yes. That, of course, would have been on the top ten. I did slide peers in there and peers susceptibility and so on.

But yes, companions are in there.

MR. PODJUSKI: That's it. Thank you.

MR. ROJAS: One question. How do you envision having an interface with school psychologists who deal with children who are at risk and people entering the criminal justice system, if any?

DR. HEILBRUN: There is something that's been called the school-to-prison pipeline. And it's possible to get a lot more kids involved in the juvenile justice system and subsequently the criminal justice system if you look at the sorts of things that they do in school and say we are not going to tolerate this. You are out of here, and we are going to let the juvenile justice system handle them.

Rather than doing that, if you recognize that we really want for the most part to keep you in school, and it doesn't matter if that means we have to work harder -- and I think Kevin Bethel can tell you some of the things that he and some other folks are doing to work harder to keep kids in school.

But the more we can do that, the harder we can work to keep kids in school, the more we reduce that school-to-prison pipeline. And the more we give many kids the advantage of possibly kind of working things out in a way that doesn't put them at a huge disadvantage.

So partly the answer to your question is recognizing things that make it harder for kids to learn, undiagnosed attention deficit hyperactivity disorder, for instance, learning problems, making sure that kids have the opportunity to -- to look at these sorts of things. And if they need treatment, if they need an intervention, they need an IEP, they get it. That's one of the things that school psychologists can really -- can really help with.

MR. BETHEL: All right, Doctor. I want to thank both you and Dr. Bloom for informing us today. I mean, part of this process for us is -- I know some people may get frustrated. Why you bring a researchers into the room. But if we don't bring

research and we don't bring science and we don't bring other ways of understanding what we are doing, I mean, we are sitting here sometimes. And it's like, hey, no kidding moment. But the reality is, is we build this report and we try to inform the folks in the field. I think when we bring that, particularly for the folks who have been coming in like yourself who are on the ground doing work in the field and not just sitting at 50,000 feet and understanding what's going on.

So we want -- was there a question? Did I miss your question? I apologize.

MS. SCHWARTZMAN: That's okay.

MR. BETHEL: No. Go ahead. I apologize. I'm closing out, but I open back up.

MS. SCHWARTZMAN: Sorry.

MR. BETHEL: That's okay. I didn't see the red light down there.

MS. SCHWARTZMAN: I am Ann Schwartzman with the Pennsylvania Prison Society. I was just wondering, you look at modeling as

something very important that makes the top ten list?

DR. HEILBRUN: Yes.

MS. SCHWARTZMAN: Are you considering that as mentoring? Is this something else? A different kind of twist to mentoring that maybe we should be looking at or how are you defining that.

DR. HEILBRUN: I'm considering mentoring to be very much a part of modeling. But there are some interactions that aren't so much simply modeling that are mentoring.

For instance, comment earlier about working with people in a criminal justice context. And one of the powerful kinds of interventions that you can -- you can use is positive reinforcement. Don't focus on when somebody screws up and does something wrong. When you catch them doing something right, thank you very much. Well done. And that sort of thing.

And so yes, I think modeling is one of the most powerful ways of learning to behave that we have. And given that we have one of

the most powerful ways of learning to behave, we should use it in this context.

MS. SCHWARTZMAN: Thank you.

DR. HEILBRUN: Quite welcome.

MR. BETHEL: I think I closed it out, but I will say thank you again. Thank you to you both.

DR. HEILBRUN: Thank you all very much. I appreciate the opportunity.

MR. BETHEL: We will going to our second and final panel.

(Panel approaches Table.)

THE CLERK: Again, the second panel is Ashley Sawyer, Angel Flores and also Timene Farlow. If all three can come to the Witness Table, please.

MS. BRADFORD-GREY: Ready when you are.

MR. BETHEL: Ashley, you want to start or whomever.

MR. FLORES: Good afternoon. My name is Angel Flores.

MR. BETHEL: Pull it a little closer, Angel. A little bit more.

MR. FLORES: My name is Angel Flores.

I'm the Deputy District attorney for the Juvenile Division here in the Philadelphia District Attorney's Office. And I want to thank you for the invitation to be here and certainly on behalf of the District Attorney Seth Williams. We welcome a chance to talk about the programs that we have created to reduce the number of juveniles coming into the system as well as programs that we have teamed up with others to lessen the impact of the juvenile system on the youth.

There is a handout that was prepared. And hopefully, you can follow along with it. But one of the first places that we will have to start in are the schools. The schools is where we have a captive audience with our young people. And that is where we need to bring our prevention programs to. I heard Dr. Heilbrun talk about bullying and the effects of bullying that take place at school and how that leads to further involvement in the system.

District Attorney Seth Williams has a bullying program, anti-bullying program that

he takes to the elementary and middle schools so that they can discuss these types of behavior openly and they can talk about where that may lead to and how the consequences of that are something that would have to be dealt with if the young people find themselves in the juvenile justice system.

One of the other things that we do is have our Assistant DAs go out to the school and talk to the class. Before I was the Deputy of the Juvenile Division, I was the Chief of East Division where I spent an enormous amount of time going to the schools in that division where we have many, many challenging issues there and talk openly with the young people about the issues that they confront and dispel many of the myths that they find within the criminal justice system and the juvenile justice system.

I don't have to tell you of the many myths that exist out there. People are misinformed. People are not fully aware of the consequences that take place for their

action. Talking to a young person about the crime of conspiracy and how they don't need to touch the drugs in a drug transaction. That all they need to be is a lookout and yell certain words, that they are just as culpable as the person who is actually selling the drugs and educating them. So that when they are perhaps put in that position, that they are able to make an informed decision.

We take great pride in going out to the schools and talking to the young people. It's one of the areas where you can have a very open dialogue with the young people and they feel that they are in their own environment, so they are not intimidated by us being there and speaking with them.

We also have supported when we talk about the school setting, Kevin Bethel's program for the school Diversion. We have diverted through his program over 1,100 cases a year. Think about removing those cases from the justice system and the stigma attached with it. And we have had per the

statistics that have been shown, enormous success with those programs. And one of the things that I enjoy greatly about that program is that we are not only dealing with the young person, but we are trying to deal with the environment in which they come from. If there is any lesson to be learned when we talk about youth offenders and programs within the juvenile justice system, we will only be effective if we are able to deal not only with the juvenile but certainly with the environment in which they come from. And we have to get better in that regard.

Tomorrow I will also be testifying before a senate panel on youth courts and how they are greatly a credit to our schools. And when they are in our schools, youth courts can be very, very instrumental in avoiding the zero tolerance and removing kids from the school. Because we know as has been mentioned by the other two previous speakers, that keeping kids in school, keeping them involved is critical in keeping

them away from the juvenile justice system.

We have also partnered with a couple of groups in going out and speaking to young people. The youth and law enforcement training where we had teamed up with the Disproportionate Minority Contacts Committee, going out to groups of young people with law enforcement, police and airing out the concerns that they have. We can't hide behind the fact that there is enormous issues involving young people and law enforcement. And we have to do everything that we can to break down those barriers to deal with them head on and not be afraid to call someone out.

One of the interesting things that I saw when I went to view one of these training is the role reversal. Where we have the youth playing the police officer and the police officer playing the youth. And quickly, there was some realization of the other person's position and what they were going through. And I would love to see that being replicated at a grander scale so that people

can truly appreciate the roles that they play that they have.

We also teamed up with part of our focus deterrents a program called Lace Up Speak Up. And it's through our partnership with the Commission on Human Relations. We take some very high risk people, youth in South Philadelphia, and we bring law enforcement in to create that dialogue, to break down those barriers and obstacles that they may feel exists between them, to air them out.

At the end, there is this friendly game of basketball to show and to humanize both sides of this divide. That if there is this dialogue that exists, you may not agree on everything. But the more and more you discuss things, you will have a greater chance of finding commonality and seeing things from a different perspective, as well.

When I was asked to speak here, I was excited to talk about our truancy prevention program, our Project Go. I can't tell you the crisis that this truancy problem is for

this City. When I took over as Deputy of the Juvenile Division, the first meeting I attended was a truancy meeting where the School District was there, our colleagues at DHS were there, the Courts were there. And I learned that out of 144,000 students in the Philadelphia School District, 40,000 are truant. And when you try to digest that and analyze that, it's a scary proposition. Because ultimately, if our young people aren't graduating, their road to success is going to be very difficult, filled with many, many obstacles.

And one of the first signs of a person being delinquent is that they failed to go to school. That they dropped out of school. At last that I had heard, the number of our Latino males that don't graduate is around 50 percent. The number of African-American males that don't graduate is around 40 percent. And digest that for a moment because these young people are not leaving our City. They are going to remain here and they are going to want exactly the same

thing in life that you and I want. But when they lack the skills to do anything that's productive, anything that can allow them to go into the workforce and make meaningful salary, they are going to turn to things that we don't want them to turn to. And that is what brings them into our justice system.

We have to be very, very cognisant that this is an enormous crisis that we have to deal with. And our truancy program is headed up by this amazing District Attorney, Assistant District Attorney Ebony Worthem who last year alone dealt with a thousand truant kids with enormous success. But we had a meeting recently with the courts. And out of those thousands kids, we have five kids going into reginal court for truancy. The remaining we have made enormous progress with.

It's a lot of hard work. You can only imagine the issues that we have to deal with. And when we talk about truancy, the fallacy is that we are dealing with ninth

grader and tenth graders that just don't want to wake up, right? That's what we normally think about. The reality is we have first graders, second graders who are missing 100 days, 110 days and beyond of school because their parent and their guardian are dealing with very challenging issues that they feel overcome -- that they cannot overcome and leads to their child being truant. Ebony spends an enormous amount of time dealing with those families and those parents, working with our colleagues at DHS trying to figure out a solution to deal with those underlying issues.

Our other program that we have is the Youth Aid Panel, which is an enormous program that diverts about 600 cases a year. And these are first-time offenders coming into the juvenile justice system where they admit their guilt. And I am a firm believer that an individual who is prepared to admit their guilt, is someone who tells me that they are on the road to success. That they

have accepted, that they owned their mistake. And when we have these individuals who admit what they have done, they go before a panel of community members. These community members are your neighbors, are your grandparents, are your students in college who decided to volunteer their time and enter into a contract with the youth where they are able to commit to certain conditions that they will have to meet.

Normally, it lasts about three months. And if they complete their terms of their contract, they will get their case dismissed. And more importantly, their arrest and their whole process through the system expunged. You will hear me discuss many of the programs where we are incentivizing youth to engage in the program because it leads to an expungement.

Reporting Consent Decrees are another program withing the juvenile justice system that is closely akin to the ARD Program on the adult side. There is no admission of guilt. A person goes in there. They are

asked to meet certain requirements and certain conditions such as restitution, community service hours, stay away orders from certain places or certain people. And if they complete these conditions, these -- their case is also withdrawn, leading to a very early expungement six months after the discharge if they are able to stay arrest free during that time period.

One of the other programs that we are very proud of and we have partnered with many great agencies and group is our drug treatment court in the juvenile setting. Unfortunately, as you can imagine, we are seeing more and more young people who, if not addicted to drugs, they are certainly abusing drugs. Initially, we all think about abusing marijuana. And certainly, that's still one of the leading causes that brings a child into our drug treatment court. But we are seeing a greater trend where young people are being -- have started abusing prescription drugs.

And again, when I talked about

prescription drugs, no one thinks that it's a problem because it's in grandmom's medicine cabinet. We see it there all time. Unfortunately, we are seeing a trend where young people are starting to use it. We all know that once you start using prescription drugs, at some point that's no longer going to be enough to satisfy your craving that you are going to turn to something harder, something much more toxic and dangerous such as heroin.

So our drug treatment court partners up with not only the courts and probation and our friends at the Defenders Association, but certainly institutions that deal with drug addiction and -- and help it both through inpatient and outpatient deal with a person's abusing of drugs. Our Crossover Court is something that we were instrumental in developing with the courts, again with the help of DHS providing services. But those are courts where we have a juvenile who has a dependent as well as a delinquent case.

But the dependent situation that they are dealing with outweighs the delinquent case. We are comfortable that close monitoring of those individuals in dependent court through the crossover program is where we are going to get the greater chance of success for that individual. And the results currently will bear that out, that we have had enormous success with the Crossover Courts headed up by Judge Olefshevski who takes great pride in ensuring that his youth who appear before him are provided all the services that they need to become successful.

And finally, the last program that I wanted to talk about is one that is fairly in its infancy. It's called WRAP Court. Working to Restore Adolescent Power. And it's a pilot program that deals with young individuals who have been identified as victims of commercial sex exploitation or human trafficking.

Currently, we had 23 individuals in that program. The more and more we learn about

human trafficking and sexual exploitation, there is a sense that there is a greater population than what we see here currently in Philadelphia. And we got to learn how to identify these young people so that we are able to address their needs.

So, we are doing all of these things with the hope that we are able to steer people away from the juvenile justice system. And if they are in the justice system, that we don't graduate to the criminal justice system. One of the things that we are very mindful of are the fact that young people will make mistakes. One of the things that I always try to stress to them when I go speak, is that mistake should not be there to define who they are. It's how they work their way out of the mistake.

We are a firm proponent of using the expungements. We will try to induce certain cases for an individual to admit and work in an expungement. We believe that ultimately if they have that to work towards, that that would be a greater incentive for them to

stay on the straight and narrow and avoid reentering the justice system.

So, thank you for giving us this opportunity to speak before you. We welcome partnering with whomever in order to prevent our people from coming into the justice system whenever possible.

MR. BETHEL: We will let you all each start testifying. And if there is any questions for anyone in the group, we will do that. Thank you. Thank you, Angel.

You deferring to Ashley? She's the young one in the group, so -- she's supposed to go last, but we will let her jump in there. I'm just having fun. Come on, Ashley.

MS. SAWYER: Good afternoon. My name is Ashley Sawyer.

MR. BETHEL: Pull it up a little bit more, Ashley.

MS. SAWYER: My apologies. Is this better? Great.

Good afternoon. My name is Ashley Sawyer. And I am a Stoneleigh Emerging

Leader Fellow and an attorney at the Education Law Center. Thank you very much for giving me the opportunity to speak to your Committee. And thank you very much, Mr. Bethel, for the opportunity.

I just want to give you a little bit of background about my understanding of these issues. For the past 21 months, I have been doing direct representation, policy advocacy, some site visits of juvenile justice facilities and the juvenile justice system as it pertains to youth with special education needs and youth -- the education rates of youth generally.

Education Law Center mission is to ensure quality education for all students in Pennsylvania. And that includes the most vulnerable groups of students, particularly students who are in the juvenile justice system, students with disabilities, students exploring homelessness. Many of those students are the ones that end up in the juvenile justice system.

So throughout the past year and a half

of my fellowship, I met a number of students who were already in the juvenile justice system who are incarcerated or who are recently incarcerated. And there is some pretty consistent trends along the lines of trauma and their needs, mental health needs and special education needs.

The national data is pretty telling. About 75 percent of the youth in juvenile justice system have either a special education need or diagnoses. And sometimes same we overlap or conflate mental health needs with special education. But special education services are those entitlements that student have once they have an individualized education plan or an IEP. And many of those needs are coming out as a result of mental health needs that were not met.

We also know that a very disproportionate number of the students who end up incarcerated have an emotional or behavioral disorder that was not addressed. And in Philadelphia, the students that I

have worked with, I met with one young man who is in his late teens and who does not know how to read. I met him in juvenile court. And it was very clear to me that the acting out and the behaviors that he had that got him suspended and expelled over the years were very much a response to his embarrassment about not being able to read.

In addition, I met a student who was incarcerated in one of our state secure facilities from Philadelphia originally. And he was there initially for a very, what I considered to be a smaller or minor offense. But the special master on his case felt that he should stay in placement to get a high school diploma, which goes against the expectations of the Juvenile Act, but it also goes against the clear data which indicates that a longer a student is in placement or in a juvenile justice facility, the more likely they are to reoffend and the more harm it has on them mentally and emotionally.

That young man was very much harmed by

being away from his mother, his siblings. And we know the data is very clear when you disconnect a person from their community and their families, the trauma is exacerbated, and it also increases their likelihood of reoffending.

Overall, the students that I have worked with have been failed by their schools at every turn. There is really no nicer way -- there is not a very nice way to put that. And the challenges that these students face, excuse me, are often a byproduct of inadequate funding and resources for the schools that they attended prior to system involvement. I don't think that's a surprise.

And I think that we need -- as we are working on interventions around the criminal justice and the juvenile justice system, cannot ignore the ways that the school-to-prison pipeline continues the involvement of our students. So, I also want to sort of highlight a couple of really important policy issues that are influencing

the recidivism that are related to the trauma that we spoke about earlier today, and that are about affecting the outcomes of our very vulnerable groups of students.

First, we should be mindful of the very, very low graduation rates for the youth who are in the juvenile justice system. The juvenile justice system, particularly incarceration placement, is not improving their education outcomes contrary to what some might think. It is not making them better or less likely to reoffend. It's actually putting them in a position where they are more likely to never graduate and to end up in the criminal justice system.

Second, I think it's important for us to think about the ways that incarceration specifically deprives students of quality education and increases their chances of reoffending. So currently, juvenile probation lets me know that there are about 800 young people who are incarcerated from Philadelphia. So throughout the state, obviously, there are more. But from

Philadelphia County, there are about 800 young people which is a great improvement from years past, but it's still very startling particularly given what we know.

According to the Federal Government, only about 27 percent of the youth in our juvenile justice system get a high school diploma. So that's less -- that's almost a quarter of them get a high school diploma. And the rest do not. A recent study by Brown University and MIT found that nationally only about -- students who go into placement are 39 percentage points less likely to graduate once they go to a facility.

So understanding that even if a student has been adjudicated delinquent, that does not necessarily mean we have to incarcerate them. There are other ways that we can try to meet their needs. But we find that when we do make the decision to send them to placement, and I use the term incarceration to describe placement as well. When we do that, we often are doing more harm for their

education outcomes. And I imagine the myriad of other outcomes. But I will speak specifically about education.

We look locally. CHOP Policy Lab did their Project U-Turn Research. Students across the City have improved their graduation rate. Two groups of students have not. Youth in the juvenile justice system and pregnant and parenting students. We are seeing that youth in the juvenile justice system are particularly vulnerable and they are being left behind. So, we need to do a better job of keeping them out of the system, otherwise they will be filling our adult jails.

I just want to really emphasize that these are our most educationally vulnerable youth. And many of them have experienced trauma. So while they have committed what we consider to be a delinquent act, over the course of their lives they have witnessed and been victims of trauma on numerous occasions. And the way that they respond to trauma may not be the way that we would like

or expect. But yet, they are still very vulnerable groups of children.

In 2014, the US Department of Education and Department of Justice released federal guidance specifically around the education needs and rights of youth in the juvenile justice system. Many of those recommendations are very applicable in Pennsylvania. That guidance package in incredibly detailed. One of the first things that we need to be thinking about are memorandums of understanding between our state juvenile justice agencies and our education agencies so that we are not working in silos.

What I have come across is that the Pennsylvania Department of Education doesn't focus particularly on youth in the juvenile justice system. And our JCJC, Bureau of Juvenile Justice Services or juvenile justice agencies are focusing on the criminogenic needs of our youth almost to the exclusion of education. So, there is no understanding about how we are going to

ensure that these incredibly vulnerable groups of students are getting everything that they need. And we also need to make sure we are having adequate monitoring.

Just a couple things to be mindful of. The students who are incarcerated in Pennsylvania generally very behind, several grade levels behind when they get there. The facilities that I have seen and that I have read about and that I have visited and met with other students to talk about as well as reviewed many of assessments are available, they perform very poorly. Very few certified teachers.

I recently visited a facility with -- and I won't give too many details. Let's just say they did not have -- they only had one certified teacher and they had several hundred students there. So, it's something that we should be mindful of.

The class time in those facilities is shortened. It's not a full amount of time that a student would receive if they were in a traditional public school. Several

facilities that I visited only do software-based learning or worksheets. So if a student has a special education need and they are entitled to differentiated learning, I can't really see how that would be happening if everyone is doing a packet and working on the same thing.

Credits are not transferring in a timely fashion. I met a young man here in Philadelphia, came back from placement confident that he was ready for a high school diploma only to find out that he had never taken Biology and he could not get that high school diploma. So, you can imagine how defeated he might have felt as a result of the systems not coordinating well enough to make sure he got things he needed.

We spent close to $265 a day per kid with a special education need when we send them to a juvenile justice facility. And we don't have a lot in place to make sure that we -- those facilities are doing what they are supposed to. I'm really excited to be working with Ms. Timene Farlow to implement

an education assessment tool whereby DHS can begin to look at what facilities are providing with regard to education and think long term about who we will contract and who we will work with to ensure that we are only working with providers who really are providing quality education for our students.

But the most important things, as I will wrap up, we want to keep our kids out of those facilities. So while it's important to be assessing the quality of education if a student is in one of those facilities and making sure that we are providing accountability for those providers, it is way more effective to educate them in their community then it is to try to educate them when they are in some remote part of the state, western part of the state in a facility separated from their community and their family. The State of New York has moved towards keeping kids closer to home because it's more effective. We also know that the Federal Bureau of Prisons keeps in

mind that when people are able to make contact with their family, the people who love them, they are less likely to reoffend. They are more likely to be successful, so we should be doing the same thing for our children in Philadelphia. And we shouldn't -- we should not be overlooking them.

We spent -- the School District of Philadelphia spent $64 million in their most recent audit on outside institutions. That's not just juvenile justice. That's dependent providers as well as special education providers. But that's a huge chunk of that was also juvenile justice. We are spending a great deal of money to educate our kids outside, but not necessarily looking at ways to keep them in the community and provide the best quality education for them here or looking to make sure that the places that are providing education are doing the best that they can.

So again, I want to emphasize as people have said before, closing or dismantling

that school-to-prison pipeline, reducing suspensions, expulsions, transfers to alternative education for disruptive youth, those suspensions and expulsions have a direct correlation with the likelihood that the student will end up in the juvenile justice system. So to the extent that we can eliminate those, we have an opportunity to prevent losing our kids.

We need to utilize antiracist, culturally competent, restorative justice practices so that a little bit of extra work keeping that student in school and responding to trauma, giving them support services and giving them whatever tutoring they need will be much more effective and a much more productive use of our time as well as more helpful for our students than incarcerating them or kicking them out of school.

And if we do find that we have to adjudicate a child delinquent, using placement as the last and only last resort is the better way to go because the students

who are being sent away are not coming out better particularly around education. They are actually more harmed. The education is more harmed by being sent away. We have to invest seriously in community-based placements just at the first glance at the outcomes of PYAP, or the Philadelphia Youth Advocate Program, those outcomes are a lot better than the outcomes we are seeing in our long term juvenile delinquency placement.

So, we should be utilizing the programs that we know work effectively keeping kids in the community, and at no greater risk to the community I might add. And taking time to think critically about how we can utilize our community-based placement so that students can continue to be educated here in the School District of Philadelphia.

So, thank you very much for giving me the opportunity to present. And once my time has come, I will be happy to answer questions.

MR. BETHEL: I want you all to write

down Ashley Sawyer's name because she is going to be a power. And I see the acknowledgement of your mentor over there to your right sitting there with much pride in her face when you are talking. So, I will transition over to you, Timene, but I know how you feel about Ms. Young Ashley and the work she's doing.

MS. FARLOW: Absolutely. I am delighted always refreshed and encouraged whenever I hear Ashley speak.

Good afternoon, Councilman Jones and Members of the Special Committee on the Criminal Justice Reform. My name is Timene Farlow. And I'm the Deputy Commissioner for the Department of Human Services, Juvenile Justice Services Division. I'm here today to testify as to the strategies employed by our agency and its contracted providers to explore and respond to the trauma with which so many of our young people in our Philadelphia juvenile justice system present.

We recognize that responding to this

trauma is in culturally competent, professional and supportive ways is an essential first step to bringing these young people closer to the state of healing and wholeness they'll need in order to become the most stable and productive citizens they can be. Left unaddressed, we know that children exposed to violence in their homes, schools and communities can come to have mental health and substance abuse disorders, school failure, increased risk taking and participation in the juvenile justice system. These are outcomes that none of us wants for our City's most vulnerable citizens.

Given that young people touch the juvenile justice system in multiple points, we have tried to be thoughtful about ensuring that there are no missed opportunities for exploring and responding to trauma that might otherwise have gone unrecognized or un-responded to. I will begin by talking about the strategies used within our secured juvenile detention

facility, the Philadelphia Juvenile Justice Services Center.

Our entire complement of line staff are trained in "Think Trauma." A full day training which examines the impact of psychological trauma on the lives of young people involved in juvenile justice system. Designed by the National Child Traumatic Stress Network, this training provides tangible skills for supporting adolescents who have been exposed to traumatic life events. We are also trained in Youth Mental Health First Aid which teaches the skills needed to identify, understand and respond to young people experiencing behavioral health challenges or crises.

Given the unique vulnerability of LGBTQ youth in the juvenile justice system and especially in secure detention, all JJSC staff receive LGBTQ sensitivity training during their orientation and as part of their continuing education requirements. These trainings are taught by qualified trainers with expertise in working with

LGBTQ youth and cover best practices with how to better serve this population. Given that LGBTQ your are at high risk for significant distress and self-destructive behaviors due to high rates of depression, anxiety, substance abuse and suicidal behavior, training for our staff includes information about suicide prevention.

Screening for mental health issues is critically important to our ability to ensure the safety and emotional well being of the youth in our custody. And to accomplish this, we administer the Massachusetts Youth Screening Instrument or the MAYSI within 24 to 48 hours of each youth's admission to our detention center. the MAYSI-2 is a standard and reliable self-report inventory designed to identify potential mental health problems that may require prompt attention. The screen is not intended to make psychiatric diagnoses, decisions about long term placements or rehabilitative decisions. But it can give us some insights as to whether a youth has

experienced traumatic events that warrant further exploration and detention.

If so, we have on-site behavioral health services provided through Pennsylvania Hospital's Hall Mercer Community Mental Health Center to which youth may be referred. Staffing consists of two part-time child and adolescent psychiatrist, one of whom is Dr. steven Berkowitz, Director of the Penn Center for youth and family trauma.

In addition, we have one full-time therapist and three part-time therapists who provide an array of behavior health interventions to the youth in our custody, all of which are trauma focused. Through our strong partnership with the Department of Behavioral Health and Intellectual Disabilities, the youth detained at the center also benefit from monthly wellness sessions provided by EMOC. That stands for Engaging Males Of Color, a newly established targeted initiative under the direction of Dr. Arthur Evans, Commissioner for that

department.

The goal of the program is to improve the health status of males of color by increasing behavioral health literacy and access to resources and services while reducing stigma and known disparities while building system capacity in order to sustain wellness. Many of the adjudicated youth in Philadelphia's juvenile justice system will be court ordered to participate in programs or to receive services that address the underlying trauma and other behavioral health issues which are believed to have contributed to their offending behaviors.

To this end, DHS contracts with an array of service providers both residential and community based to deliver such programs and services for both pre and post adjudicated youth. Behavioral health evaluations, which document the trauma histories of youth in the system, serve to inform efforts to properly match youth with programs best suited to meet their individual needs.

Youth with the most significant trauma

histories, for example, are often served in residential treatment facilities which are both funded and overseen by Community Behavioral Health, the nonprofit organization contracted by the City of Philadelphia to provide mental health and substance abuse service for Philadelphia County Medicaid recipients.

Each provider in the CBH network provides a comprehensive treatment and education program in a safe, nurturing and trauma-informed environment to assist children and adolescents experiencing serious emotional and behavioral issues. Many of the non-RTF providers with which DHS contracts also provide programming which addresses trauma. Some are certified as sanctuary models, blueprints for clinical and organizational change which promote safety and recovery from adversity through the active creation of a trauma-informed community. Others offer evidence-based interventions like cognitive-behavioral therapy proven to be the most effective type

of counseling for post traumatic stress disorder.

Community-based programs like our evening reporting centers, in-home detention program and intensive supervision programs all available exclusively to youth by way of court orders each effect linkages to trauma-based services on behalf of youth and families on their case loads. So, too, do our six community-based intensive prevention services providers.

Finally, preventing youth from having a traumatic experience of being arrested, formally processed or admitted into a secure detention facility is the primary goal of two major programs of which we are involved, the Police School Diversion Program and the Juvenile Detention Alternatives Initiative. During the school arrests, students are handcuffed, removed from school, transported to the police station, fingerprinted, photographed and held for processing for up to six hours. The trauma of the arrest process can be devastating to a young

person. The School Police Diversion Program provides a unique diversion strategy allowing for avoidance not only of the traumatic arrest and processing experience for these youth, but also avoidance of formal penetration of the juvenile justice system.

JDAI, on the other hand, addresses the matter of youth that have already experienced the initial trauma of having been arrested and formally processed but who could nevertheless avoid the additional trauma of being held in a secure detention facility. Launched by the Annie E. Casey Foundation in 1992 and now in place in over 150 jurisdictions across the country, JDAI efforts aim to support jurisdictions with reducing unnecessary reliance on the use of secure detention, recognizing that in contrast with common perceptions, the majority of youth in facilities nationwide are not guilty of serious violent offenses.

Finding alternatives to secure detention prevents the exacerbation of trauma that

inevitably occurs when youth are placed in such environments. Not only does this serve to save considerable taxpayer dollars, it also addresses the important matter of disproportionate minority confinement. DHS takes seriously the matter of how Philadelphia can best explore and respond to the trauma needs of its youth. We are committed to continuing strong partnerships with our behavioral health provider community and the many stakeholders who have an interest in emotional health and well being of children and can be relied upon to join with others in addressing this important issue.

Thank you for this opportunity to have presented to you today. And I'm prepared to respond to any questions you may have.

MR. BETHEL: Before we start the question, I just want to -- they brushed across an area that you know is dear to me as I left my job in the Police Department and now a Stoneleigh fellow at Drexel University around the school diversion

program. I just wanted to highlight, you know, obviously this is a collaboration with the District Attorney's Office, Angel Flores, Deputy Commissioner Timene Farlow. I see David Bruce back there, his supervisor Mr. Walker who runs it, the JJC and others are not in the room, David Trem.

But today we reached our thousand youth mark. We had a little exchange amongst ourselves that we diverted over a thousand kids from being formally entered into the system. Diverted them on a trauma form approach, asking the questions why.

I have to give acknowledgement. DHS is going to the houses of these young people, engaging in the information to find out what's going on at home. Really routed in the trauma approach, then moving those kids into programs, staying with those kids in programs up to 90 days and sometimes beyond that. So for anyone who is listening, because it's not many people in the room, but the listening audience, oftentimes DHS is not given the credit that they rightfully

deserve. But the work that they are doing to help young people and using this trauma-informed approach is something that endeared me to leave the department and work on it full time. But more importantly, Commissioner Farlow as you know, I want to publicly again, as I always do, acknowledge you and your team for your continued work in this area to really, really change the projection and trajection we talked about for young people in the City. So, thank you and your team.

MS. FARLOW: Thank you, sir. It's been a great partnership.

MS. BRADFORD-GREY: Thank you for all of your information. I really did find it informative. Ashley, you know, I love your work. Was by -- the Defender's Association works really well with some of your information and trying to push better policies.

Some of the things that I want to ask is that, Angel, I love the perspective you bring to the juvenile justice system. I

think that you have a very good mind, very well intended for what to do with these kids. Even as well intended as you and I may be, I think some things become normal to us. And what has been normalized over the years is how many youth come into our juvenile justice system which was a lot different than, I would say, when you and I may have been growing up.

Now I'm seeing youth come in for behaviors that I have myself have displayed. And I am wondering when are we kind of going to shift the thought towards when do we not need to use the juvenile justice system for these youth? I like the fact that we have a program that diverts youth from school. But it begs me to understand, what kind of offenses are those youth displaying?

And why are we calling them offenses, number one, because they are things that, you know, youth do?

And two, why do we not equip the schools to make the referrals to DHS to do the holistic understanding of what's going on?

Why do we use -- not to discredit the program because I think it is very helpful for those whose behavior is causing a risk to safety. But I think a lot of things get tangled into this process. Where we are now taking what we may call kind of normal youth behavior and labeling it as an offense versus, you know, behavioral pattern that we should deal with in the therapeutic school setting, using the right personnel, using the right professionals to deal with that.

Has there been any kind of visionary look at how are we going to deal with youth behavior as a non-criminal justice issue at all? I mean, not even as a diversionary issues using school resources officers, but really using certain behaviors as a non criminal justice related issue and saving the criminal justice system for those who pose real, real threats, real dangers that we really need more therapeutic support such that the juvenile justice system is designed for?

MS. SAWYER: Well, my initial response

is to agree with you. Certainly, Education Law Center is working around issues of the school-to-prison pipeline where zero tolerance, this attitude of zero tolerance has a tendency to take a behavior that many people grew up understanding is just childlike behavior and making it into a violation.

What we see outside of Philadelphia or across the country are model of restorative practices where it stays in the school and doesn't involve contacting law enforcement, doesn't involve sending a student to the District Attorney's office but thinking about how school, staff and community members even this other student if there was an -- even the student who might be the victim can all be involved in a conversation about how we improve the behavior.

Oakland, California has a pretty good model. There are other studies who are really employing restorative practices. They need to be done with fidelity. They need to be done in a way that is culturally

competent. We still see a lot of dis-proportionality in our suspensions and expulsions as well as juvenile justice involvement. So we can't just say the students that I like, when they get in trouble, they can do restorative program. And the students that I don't particularly care for, they don't do the restorative program. Thinking about how we can also use school-based mental health services.

But all of the things I just described require additional resources. We can't -- we can't expect teachers and staff to do restorative practices unless they get the training and support and the resources that it will require to implement those programs. But I would be happy to provide this Committee with a list or some additional information about the restorative practices that are happening all over the country.

MS. BRADFORD-GREY: Couldn't we shift some of the resources that we currently use for justice system and look at some of the profile of the kids that we kind of shuffled

through our system? Even with giving them opportunities for consent decrees, opportunities for diversion. There are some in that group that are real good kids. And they have done something that caused the attention of a school resource officer or someone else. I look at some of these kids through direct services and they are doing things -- I think I did worse than they did as a kid. But they are being tagged and labeled as system involved youth. And I think that's detrimental.

If we can just be bold enough to shift some of these resources and put them into the school, I think we have a better process to deal with child behavior.

MR. FLORES: The one thing that I wanted to correct on this, Ms. Grey, is in fact we are at the lowest level ever in the juvenile justice system with offenders coming in. As comparison in 2003, we hit around 10,000 petitions being filed. Last year we were less than 2,500. So we have made enormous inroads in that regard.

With the -- with the diversion program started up by Kevin Bethel, we have seen schools' offenses dramatically decrease. As you can imagine, there is a disparity based on what school you go to where you may see things. And that's where I think we need to work on. So that, a kid in West Philadelphia is being treated the same as someone in Northeast Philadelphia. And that's, I think, where we need to get better at.

But one of the things that I don't want to lose here is that once we have an individual who comes into the justice system, that we utilize the resources to not only deal with the youth but with the family at that time to deal with some of the issues that they may have. It's an unfortunate situation that may find themselves in the justice system.

But while we are there, we have to address some of the issues that they confront whether it's through a diversion program or whether it's through court

intervention ideally it's with an expungement built in.

MS. BRADFORD-GREY: And I get that. I think we've become too reliant on juvenile justice system for these types of services. And maybe, just maybe just like we all have, we all had bad days in school. We all have things that made it difficult in school settings. But maybe if we utilize those same approaches that you use in diversion to address the family from a school setting perspective, couldn't we accomplish similar things for certain kids? I'm not talking about everyone.

I think that we have been so ordained -- it's become so normal to use the juvenile justice system for kids. I think that we as a juvenile justice system overburden our resources. And we start to kind of, you know, utilize them in a way that maybe some kids don't need to.

But also, Angel, to your credit, I get it. We were part of it, too. The number of petitions have decreased. However, the

number of minority petitions have stayed the same. So if there are only 2,000, our statistics are -- I mean, our in terms in Defenders Association representation, revealed that 79 percent are minority youth. So even though there is 8,000 less petitions, the minority youth -- percentage of minority youth petitions are still very high. And I don't know if we can do something to look at that while it may not be an intention, it is a factor.

MS. FARLOW: I was just going to comment. I really appreciated your point. And I think you made some really powerful ones. When we think about normalcy and we think about what happens in terms of young people making their way through and into the juvenile justice system for what is normal adolescent behavior. And today's presentation by Dr. Bloom and others that talked about the fact that there are behaviors that are not unique to adolescents. In fact, many adolescents do those same things. Everything we know about

adolescent brain science tells us that kids are going to make mistakes. But I think it's how we respond to that. Do we need to criminalize behavior that is certainly viewed as perfectly normal in other communities?

To your point, kids don't necessarily have to be diverted from penetrating the juvenile justice system. They're never even considered for penetration to begin with. And so, but that is a huge cultural shift paradigm that needs to happen all across the city.

For those young people who did make their way into the juvenile justice system, I think we need to think earnestly about how we plan to respond to them. Because there are some kids who aren't going to get that opportunity to have been diverted. They are already in. How do we respond to them?

I think about young people who are in some of our residential facilities and how provider agencies respond to behavior that is really normal adolescent behavior. How

do you respond? Do you call in law enforcement when that happens or do you deal with it in a way that allows that young person to continue on a more positive trajectory, or do you sort of take him or her off track by having him or her rearrested and sometimes occurring new charges even while they're in a treatment program.

MS. BRADFORD-GREY: Thank you.

MR. PODJUSKI: Just a quick question for Mr. Flores. I'm really excited about the Project Go and the truancy initiative. We have one at the state currently up in Erie. Senator Wiley and one of our board members, Board Member Potter is spearheading the effort.

But I guess my question is, do you -- would you characterize Project Go as enforcement or preventive in nature?

MR. FLORES: It's strictly preventative. I know it comes under the auspices of the District Attorney's Office. And there has been some individuals who would state that

we are criminalizing truant behavior. I am here to tell you that not one person in the existence of Project Go has ever been prosecuted for their child not attending school. It is not the manner in which we wish to utilize it.

Clearly, we have found, and I think it's been borne out by others that when you just use the name the District Attorney's Office, that people will fall in line a lot quicker and be more accepting of services and deal with the issues. But I am here to tell you in no uncertain terms that it is a preventive program. Not one person has ever been prosecuted for their child not attending school.

MR. PODJUSKI: That's good to hear.

Thank you.

MR. ROJAS: Yeah. Wilfredo Rojas, how are you?

MR. FLORES: I'm doing well.

MR. ROJAS: First of all, I wanted to offer my belated congratulation on your appointment.

MR. FLORES: Thank you.

MR. ROJAS: One of the questions I have, and I guess it's more picking your brain than it is venting. We are -- I was able to take a regional approach to some of our regional problems in the area or a regional approach to other problems that our City confronts.

When we shift these kids out to facilities that are far removed from Philadelphia, we are trying to get rid of the problem now. Doctor this morning, this afternoon spoke about poverty. And if we look at the problems associated with youth incarceration to the prison of poverty, we see that a lot of these kids don't know anything but poverty. A lot of these kids don't ever get an opportunity to leave their one mile radius and their community.

So I guess my question is, how can we take a regional approach to have some type of interlink with suburban communities that are also in the State of Pennsylvania and can actually -- our kids can be exposed to

how the other America lives. To realize that the America that we know in the inner cities is not the only America, so it doesn't just become a problem setting on incorrigible kids out to suburban facility, but actually have them go out and experience how the suburban communities live so they can get a sense that there is something more than just the inner city three-block radius where they live.

MR. FLORES: That's always been the challenge where it's a matter of lack of exposure for young people to experience something beyond their four-block radius from their home, their comfort level. And that's a challenge to all of us to ensure that they are exposed to other things whether through recreational activities or some other form.

But in terms of juvenile justice, there is a greater push to do more community-based services whether it is through inpatient or outpatient. And I think that the conversation has already started in terms of

developing more community based to keep them within their community to treat them for some of their deficiencies and some of their issues within the community. At the same time, dealing with their environment that they were in before they got put into an inpatient facility.

MR. ROJAS: Have you ever thought of doing a cross analysis of how much money we would save if you began to partner with other communities that have more funds than we do?

MR. FLORES: You know, I can't tell you that I have. I can tell you this, the challenge is always for us is to convince the suburbanites to accept the Philadelphian problem. You can imagine the amount of protest we would be hearing at that point, as I see some heads shaking.

So while it's a great thought that that would be able to exist, I think there will be some enormous obstacles that we would have to overcome.

MR. BETHEL: Just a quick question. Can

you -- when I -- first, let me though something out there. I work with the School District, so I have to -- I know they get a lot of push back, as well. I also have to give them compliments for the work they are doing. They are doing, as you know, Ashley, some restorative justice practice. I know Rachel and Jody Greenblack are very much involved. They changed the code of conduct.

As you indicated, the incidents have come down in that regard. And many of the cases that they would normally call us for, they stop calling for it, disorderly conduct and some of the offenses. The reductions we have seen, they played a critical role in those reductions because they are not calling for offenses that they used to.

Speak to the question of -- one of my frustrations moving into this world was the inability of sharing information. You know, these silos. When I go to the School District, it's FERPA. When I go here, it's something else.

How do you create a template -- I know

you have this Crossover Program which is pretty much I guess silo somewhere. How can we build a system of care for young people if many of the things we can't talk? You know, I can't walk into DHS and get information. You can't walk over.

How do we build something that can be sustainable and really work to change that child's trajectory if we can't even really bring that conversation and all that information to the table to dissect it?

I know you may not have an answer, but is there an idea? Is that something that we need to look as a Committee to really start to push in creating that ability that when Kevin Bethel is at the table, can everybody talk about Kevin Bethel or does everybody have to sit and whisper? I can talk to you as a cop, but I can't talk to you -- it just seems sometimes very confusing to me.

MR. FLORES: Well, I think you've -- you have touched on a point that's of frustration to us, as well. I know in our dealings with the School District, we have

had to deal with the FERPA law where their translation of it is a little bit different than what our translation is of the FERPA law. We have dealt with that issue in terms of truancy with them.

I think it's going to require greater dialogue. And require greater dialogue at a different level. And any assistance we can get from this committee, we will greatly appreciate it.

MR. BETHEL: Ms. Farlow, what's your thoughts?

MS. FARLOW: I agree that our problem of inability to share data has probably prevented us from saving many lives. And sadly, the only -- I was thinking of which forums I'm a part of where information is freely shared. And the one meeting that I think of is the medical examiner's office when we talk about deceased children. Somehow it doesn't seem to matter. And even then it's ex post facto. The child is already deceased. And then we learn that you knew him. I knew him. There were red

flags when he was in third grade. All of these things were amiss, but none of us had the ability to do anything because we don't share data.

I don't know what the fix is for that. I know that it needs to be fixed, obviously. And maybe it does need to come from someone higher than the folks who have raised those conversations in the past.

MR. BETHEL: It's amazing you say that. When you talk about where you can share the information because the kid is deceased. I think that's, again, something we really need to talk about as a Committee. I used to laugh. Say, where is the FERPA police? If I violate, are they going to come get me. I keep waiting for him or her. I want to do good for a child, and you are going to come lock me up for that.

I keep waiting for HIPPA/FERPA police to come grab me, but they haven't gotten me yet. This is something we need to -- law enforcement. I think we really need to bring that to bear if we're going to go down

this path of trauma reform and going to go down this path of really understanding the development approach. It will require us to really be able to share realtime data to be able to address the needs of that child at the moment.

It's unfortunate teachers are sitting in rooms and they don't even know they have a child who's been traumatized or you're sitting there with a kid and you can't get information, Angel, because you know that's ready and available to you. That's not going to change the system. It's going to be about collaborating an sharing that information. That's my soapbox.

I think that's it. Without seeing any other questions, we are going to have to -- we are going to excuse the panel. We want to thank you all very, very much for your testimony. And keep up the great work you are doing.

MS. BRADFORD-GREY: Does that conclude our questions? All right.

I know that we have all have a report,

an interim report that was generated. And so, I am going to kind of close out the session today. And I know that we have a quorum at this time. And we will now go into our public meeting to consider the actions to be taken on the interim report under consideration by the Special Committee.

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(Public Hearing adjourns and the Public Meeting commences.)

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MS. BRADFORD-GREY: The Chair recognizes Kevin Bethel for a motion of interim report on the Special Committee on Criminal Justice Reform as it was considered by this Committee at the public hearing on May 13, 2016 and May 23, 2016.

MR. BETHEL: Thank you, Madam Chairman -- co-chairperson.

I move that the interim report of the Special Committee entitled Summer of 2016 Youth Action Plan as it was considered by this Committee on May 13, 2016 and May 23,

2016 be issued by this Committee to the council.

MS. BRADFORD-GREY: Anyone second the motion?

(Duly seconded.)

MS. BRADFORD-GREY: It's been moved and properly seconded that the interim report of the Special Committee Entitle Summer of 2016 Youth Action Plan as it was considered by this Committee on May 13, 2016 and May 23, 2016 be issued by this Committee to the Council.

All those in favor of the motion will signify by saying aye.

- - -

(Chorus of Ayes)

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MS. BRADFORD-GREY: Those opposed?

The ayes have it and the motion carries. The report will be issued to the Council at the next session of Council.

MR. BETHEL: Without any final questions.

MS. WERTHEIMER: We are putting on the

record Julie Wertheimer is abstaining.

MR. MCSORLEY: And putting on the Rich McSorley from the First Judicial District is abstaining.

MR. BETHEL: All right. We recess to the call of the Chair. Thank you everyone.

(Special Committee Public Meeting adjourned at 4:01 p.m.)

C E R T I F I C A T I O N

I, hereby certify that the proceedings and evidence noted are contained fully and accurately in the stenographic notes taken by me in the foregoing matter, and that this is a correct transcript of the same.

ANGELA M. KING, RPR
Court Reporter - Notary Public

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