



Executive Summary

The Mayor's Blue Ribbon Commission on Children's Behavioral Health

FINAL REPORT

Philadelphia, PA

January 2007

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Dear Friend:

It is an honor to present the Final Report of Philadelphia's Blue Ribbon Commission on Children's Behavioral Health. Last February, Mayor John F. Street brought together 48 committed individuals to form the Commission, challenging us to develop goals and recommendations for improving the social and emotional health of Philadelphia's children.

The Commission embarked on an inclusive and open process that encouraged involvement and input from hundreds of Philadelphians through three working committees and many public meetings held throughout the community. This report, which sets forth six goals and 22 recommendations, is the result.

The goals and recommendations are founded on the principle that children have an inherent resilience that - if nurtured, strengthened, and supported - can enable them to succeed, even under trying conditions. Further, they are built on the belief that everyone in the community, from parents to teachers to neighbors, must take responsibility for helping the city's children to be socially and emotionally healthy.

The report provides the framework for a citywide commitment to the healthy social and emotional development of all Philadelphia's children. Like the work of the Commission, the implementation process will strive for transparency, accountability and broad stakeholder representation.

On behalf of the entire Commission, we express our deepest gratitude to Mayor John F. Street for his leadership in creating and empowering the Commission, to Dr. Arthur C. Evans Jr., Director of the Department of Behavioral Health and Mental Retardation Services, and to Cheryl Ransom-Garner, former Commissioner of the Department of Human Services, for their continuing guidance and support throughout the Commission's deliberations. We are grateful to the scores of individuals representing city agencies, city schools, provider agencies, advocacy organizations, and the general community who participated in the Commission's meetings and committee activities.

Most of all, we thank the children, youth, parents, and other family members who shared their hopes, their challenges, and their advice at the Commission's meetings and public hearings.

It is our profound hope that the common agenda articulated in this report, and the work that follows, will move us closer to a time when Philadelphia can protect and promote the positive social and emotional health of all of its children.

Sincerely,



Blondell Reynolds Brown
Councilwoman At-large
City of Philadelphia

Co-Chair
Blue Ribbon Commission



Kevin Dougherty
Administrative Judge
Family Court, Juvenile Division

Co-chair
Blue Ribbon Commission

The Blue Ribbon Commission

The Blue Ribbon Commission

The Mayor's Charge

In February 2006, Mayor John F. Street convened the Blue Ribbon Commission on Children's Behavioral Health, a body of 48 knowledgeable and committed people who share an interest in the **behavioral health** needs of Philadelphia's children. The mayor charged the Commission with developing a framework and set of recommendations to improve the community's ability to promote social and emotional wellness in all of the city's children. The Mayor urged the Commission to answer this fundamental question: "If we did not have the systems that we have now, what would we build to promote social and emotional wellness in Philadelphia's children?"

The Importance of the Commission's Mission to Philadelphia's Children and Families

The Commission's mission is vitally important to Philadelphia's future. Many of the city's children face enormous challenges. More than one in three of Philadelphia's children live in poverty. Despite some improvements in recent years, child abuse and neglect remains a serious challenge. Nearly one in three of Philadelphia's children are already behind in reading preparedness when they start kindergarten, and about 4 in 10 entering 9th grade do not graduate within four years. Last year, an average of 12 children and youth under age 18 were victimized by major crime every day. More than 2,250 juveniles were arrested for drug-related offenses last year, and nearly 4,000 were arrested for major crimes.¹

At the same time, unrecognized or untreated behavioral health problems can make children and youth more vulnerable to many of these adverse conditions and risky behaviors. The Final Report of the President's New Freedom Commission on Mental Health noted that childhood disorders, if left unchecked, can lead to

behavioral health: A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, and can function productively and fruitfully with family, with peers, in school, and in his or her community.

a "downward spiral" that can affect children in school, at home, and in the community as they grow into adulthood. For example, social and emotional difficulties in preschool children can adversely affect their school readiness and academic achievement.² More than one-half of youth with serious emotional disturbances drop out of high school.³ Many children with undiagnosed, untreated emotional disorders end up running afoul of the law, resulting in a high percentage of youth with psychiatric disorders and/or substance use disorders in the juvenile justice system.⁴ Absence of intervention and treatment of behavioral health disorders may also correlate with incidence of suicide.

National research indicates that five to nine percent of children have a serious emotional disturbance.⁵ But this statistic, as troubling as it is, does not capture the full sense of the challenge. Many children are at-risk for serious emotional disturbance or other behavioral health issues because of individual, family, or community factors in their lives. Without interventions, many vulnerable children can end up with serious behavioral health problems. Even the many children who appear to be on track for healthy social and emotional development could slip off track if faced with significant stress.

The Importance of Resiliency in a Child's Behavioral Health and Well-Being

While the research surrounding children's behavioral health and the data on Philadelphia's children may paint a daunting picture for young Philadelphians, it overlooks one important factor: a child's resiliency, which enables a child to overcome adversity and succeed even in the face of difficult circumstances and surroundings. Resiliency is a person's capacity to thrive and adapt in an adverse environment.⁶ The Commission endorses the importance of children's inherent resiliency in promoting their social and emotional well-being. Its approach is founded on the belief that children must be valued and their resiliency acknowledged as an important resource in their healthy development.

The Blue Ribbon Commission

However, the Commission recognizes that resiliency does not exist in isolation. Even a resilient child should not go it alone in a hostile, unhealthy environment. Children and youth will fall off the developmental track, develop risky behaviors, and fail to reach their potential without appropriate environmental support and protective factors.

Blue Ribbon Commission Goals and Recommendations

The Commission, through its goals and recommendations, envisions a community that will work together to enhance resiliency in children and families, promote social and emotional well-being in our children, and address the needs of all children in Philadelphia so they can develop into healthy, productive citizens. To achieve this vision, all child-serving systems must be transformed to build on children's and their families' strengths in an individualized way, across all elements of their lives (e.g., family, school, community). For those children experiencing behavioral health problems, these systems must deliver a promise of hope and recovery to make a full and healthy life possible.

The Blue Ribbon Commission identifies six goals that are key to fulfilling this vision. It endorses a comprehensive array of services and supports that would run across service systems. This array would be based on a framework of resiliency that recognizes the strengths, as well as needs, of children and families. It would serve children and families with a dignity and respect that is sensitive to their cultural identities and backgrounds. It would serve children in the least restrictive setting, within the community whenever possible. The services and supports would be effective and provided by skilled, knowledgeable staff.

Goals and Recommendations

Goal 1: Children’s Social and Emotional Well-being is the Responsibility of the Entire Community

The Blue Ribbon Commission believes that a united effort is needed to attain social and emotional well-being for all of Philadelphia’s children.

Recommendation 1.1 – Advance a framework of resiliency, based on the strengths of children and their families throughout the community

The Blue Ribbon Commission proposes that Philadelphia builds its transformation agenda for children’s social and emotional health upon a framework of resiliency. Within this framework, decisions made about children will be guided as much by children’s assets and competencies as by their needs or deficits.

Recommendation 1.2 – Support parents and caregivers in their emotional attachment and bonding to children and youth

The Blue Ribbon Commission recognizes the importance of children having healthy attachments to parents, caregivers, and other steady, reliable, loving people in their lives who understand their development and needs. The Commission proposes strategies to strengthen attachments between children and their parents or primary caregivers.

Recommendation 1.3 – Create community strategies to build public awareness and knowledge of factors that promote social and emotional health and safety

Public awareness campaigns, from citywide media to grassroots activities, can intensify community awareness of the need to support children who experience conditions that can increase the risk of behavioral health problems (e.g., child abuse or neglect, exposure to violence, substance abuse, family disruptions, long term medical issues, and physical or developmental disabilities).

Recommendation 1.4 – Develop strategies to strengthen communities and address environmental factors affecting social and emotional health and safety

The Commission supports efforts to build a safer, more stable and supportive community through greater availability of, and improved access to, affordable early child care, before-school, after school, youth-development programming, mentoring activities, and education programs for children, parents and child-serving professionals about how to provide children with safe and supportive environments.

Recommendation 1.5 – Ensure that all agencies and organizations commit to promoting the behavioral health of the children they serve

It is essential that the social service departments and other agencies and organizations serving children recognize their role in promoting children’s behavioral health. This includes ensuring that all staff in every system take full ownership of the responsibility for helping people identify what they need and guiding them to the entry point for that service.

Goals and Recommendations

Goal 2: Every Child and Family Served by the Behavioral Health System, or Other Service Systems, Is Valued and Treated with Dignity and Respect

A strong and clear message emerged from the Blue Ribbon Commission's proceedings, particularly its 10 public hearings: the community wants to ensure that every child and family served by the behavioral health, child welfare and other child-serving systems is treated with dignity and respect. The community also called for children and their families to be empowered to participate in the decision-making about their services, supports, and treatments.

Recommendation 2.1 – Create opportunities in child-serving systems for children and families to have a voice in decision-making regarding planning, service delivery, and treatment

The effectiveness of service delivery can be reinforced by the involvement of the child and family in designing, planning, and implementation decisions. This involvement demonstrates a value and respect for a child and family perspective that increases understanding of the child's condition, needs, and strengths.

Recommendation 2.2 – Deliver services and supports in a way that respects and is responsive to children's racial, ethnic, and cultural backgrounds, sexual orientations, and gender identities

An essential element of dignity and respect is sensitivity and responsiveness to children's and their families' racial, ethnic, and cultural backgrounds, sexual orientations, and gender identities. This can be achieved by:

- Establishing cultural competence and sensitivity as a core element of service delivery in all child-supporting systems.
- Providing cultural competence educational and training programs for providers in child-serving systems to ensure that service providers are prepared to work effectively with specific populations.
- Delivering behavioral health services in languages that children and their families understand.
- Addressing lesbian, gay, bisexual, transgender and questioning (LGBTQ) issues and anti-discrimination within all systems' initiatives, contracts, and projects.

Recommendation 2.3 – Create mechanisms for a youth and family peer component to be integrated into all behavioral health care services for children and youth, and place peer support in communities with children and families

Peer support, which is critical for advancing resiliency and recovery, must play a strong role in any systems reform. Peers (consisting of youth, family, or adult mentors) provide assistance to youth and families, meeting them where they are, in ways that allow for dignity and respect. A peer model provides support and understanding in ways that can be age- and culturally-appropriate.

Goals and Recommendations

Goal 3: Prevention, Early Identification, and Early Intervention Activities Help Children and Their Families to Prevent Behavioral Health Problems or Reduce Their Impact Once They Arise

There is considerable evidence supporting the importance and effectiveness of strategies that promote positive mental and emotional health, prevent behavioral health disorders before they develop, and intervene early to avert more serious disorders. The Blue Ribbon Commission endorses a series of recommendations to support the goal of prevention, early identification, and early intervention of behavioral health problems.

Recommendation 3.1 – Improve and expand broad-based prevention and health promotion activities to keep all children on the right track

Effective prevention activities should be expanded to promote healthy behaviors and to prevent the onset of behavioral health problems. These prevention activities should span all stages of a child’s development and should include early care and education, after school and youth development programs, and mentoring.

Recommendation 3.2 – Identify and intervene early with children who are vulnerable to behavioral health problems

Children who are at greater risk of behavioral health problems by virtue of developmental, physical, familial, environmental, and societal circumstances must be identified early and linked to the interventions they need. The Commission recommends that standardized, validated, and easy-to-use screening tools be used across settings where children are served, to identify those who require intervention and determine the intervention that best suits their needs. In particular, special efforts must be made to identify and promptly refer youth experiencing behavioral health problems in special education, early care and education, and the child welfare and juvenile justice systems.

The Commission also recommends that mechanisms be put in place across all systems that serve children and families to identify and refer for intervention those children at risk of developing behavioral health problems, including but not limited to:

- Abused or neglected children who are at risk of developing behavioral health problems;
- Children exposed to violence at home or in the community;
- Children who have a primary caregiver with substance abuse or other behavioral health problems;
- Children with academic difficulties;
- Children separated from a primary caregiver due to death or incarceration of a parent, divorce, abandonment, or removal from home by the child welfare system;
- Children facing discrimination relating to their racial, ethnic, or cultural background, sexual orientation or gender identity;
- Children with chronic health issues or physical disabilities;
- Children using alcohol, tobacco or other drugs; or
- Children who are homeless.

Recommendation 3.3 – Identify, promptly refer, and secure services for children and youth experiencing behavioral health problems including those in early care and education, school settings, and the child welfare and juvenile justice systems

It is imperative that these young people are identified and promptly referred for behavioral health treatment. These systems must be engaged to ensure that the youth and families that they serve have access to counseling and innovative treatments that take into account the real challenges that youth face.

Goals and Recommendations

Goal 4: Children and Families Are Able to Obtain Quality Services When and Where They Need Them

Children and families seeking services should be able to find out what services are available and where to get them. They should also be able to receive those services when and where they need them. This can be accomplished if children and families can easily identify and obtain services without barriers; if there are no gaps in the full array of needed services; and if sufficient resources are committed, so that all children in need are treated promptly.

Recommendation 4.1 – Provide children and families with information about all available services

The Commission, in response to strong appeals from consumers, families, and other community voices heard throughout the process, identified that access to information about services and supports for children and their families is a key step toward linking children with appropriate care. Information about existing services available through all child-serving systems must be made available to the community through methods such as a "211" informational hotline, web sites, and trained staff at city agencies, schools, and community-based sites.

Recommendation 4.2 – Develop better access points to services and supports for children and their families

Even when families know that services are available, there can still be obstacles to getting help, such as inconvenient hours or location, waiting times, perceived stigma about receiving behavioral health services, or cultural or language barriers. Ensuring that there are convenient points of entry for services, with services provided in non-stigmatizing places where children already spend time, including schools, child care centers, public health centers, community centers, and the home, will increase the likelihood that children and their families obtain services.

Recommendation 4.3 – Ensure availability of a full array of quality, culturally-competent and community-based services for children and their families

The Commission recognizes that some children's needs are not adequately addressed because of gaps in the current continuum of care. Creating an effective continuum of care involves closing gaps in:

- Services at developmental and other transition points, such as children's early development from birth to age 5 and when children age-out of the children's system into the adult system.
- Services for substance use and abuse and co-occurring disorders, with services covering needs associated with early experimentation through substance abuse and dependence.
- Levels of service or care that address the needs of children and youth transitioning from inpatient, residential, or partial hospital programs back into the community.
- Other specialized care, including better interventions to assist children and youth who are in inpatient or residential settings, adequate supports for children who have mental retardation and mental health needs, accessible intervention for children in delinquent or dependent settings, and services for children who have experienced trauma.

Recommendation 4.4 – Make every effort to move children from distant and residential settings to community- and home-based settings

There must be sufficient home- and community-based treatment and support services to allow youth to move from out-of-state facilities to local facilities and from residential facilities to community-based settings. For those in residential placement, partnerships between residential treatment facilities and community- and home-based providers to provide effective pre-discharge planning and continuity of after care services can help expedite moves home.

Goals and Recommendations

Goal 5: Supports and Services for Children and Families Are Effective and Provided by Skilled and Knowledgeable Providers and Staff

Children and their families have a right to expect high-quality, effective service that responds to their needs. Thus, the Commission identified service quality as an essential element of children’s behavioral health reform.

Recommendation 5.1 – Create and employ accountability and quality assurance measures to ensure effective services

Promising or evidence-informed practices can be disseminated and used in enhancing services in a number of ways including incorporation of such practices into provider contract requirements, and providing training materials and technical assistance to support their implementation.

An accountability model emphasizing measurable improvements and positive outcomes must be developed to track the effectiveness of the behavioral health system and other child-serving systems.

Recommendation 5.2 – Expand the number of professionals and paraprofessionals serving children and families at all levels of care by developing strategies for recruiting, retaining, and rewarding a skilled and culturally-competent workforce

There must be a sufficient capacity of skilled staff to sustain a quality system. Recruitment, training, and incentive programs should be implemented to ensure that there are adequate staff resources available to meet children’s needs, in all levels of care. Special attention should be directed at areas where the skilled workforce need is greatest, including child psychiatrists; professionals able and willing to treat young children age 5 and under, adolescents, youth who have substance use problems, LGBTQ youth; and providers and professionals to serve children in schools, to deliver trauma-informed services, and who speak languages other than English.

Recommendation 5.3 – Upgrade the skills of those working with children by expanding and improving training and education for behavioral health and other staff

Quality service delivery cannot be attained without a highly-skilled and well-trained staff. An array of training and education is needed to upgrade the quality of behavioral health services and supports. Training and education is also needed for primary care physicians, pediatricians, and other health and human services professionals to help them increase their abilities to recognize, assess, and respond to behavioral health problems, including substance abuse, among children and youth.

Recommendation 5.4 – Boost the effectiveness of services by incorporating culturally sensitive, developmentally-appropriate, and trauma-informed practices

The Commission proposes several actions to instill cultural sensitivity into services for children. The Commission also recommends that steps be taken to ensure that services are geared to addressing the needs of children exposed to trauma and that services are appropriate for the age and development level of the children being served.

Goals and Recommendations

Goal 6: True Collaboration Is Achieved at the Service Level and the System Level

The Blue Ribbon Commission was charged with going beyond a review of the current behavioral health system to examine ways to promote behavioral health across all systems serving children and families. It recognizes that greater collaboration within and across all child-serving systems, including behavioral health, physical health, schools, child welfare, child care, early care and education, and homeless services, is essential to achieving seamless, complementary, and coordinated service systems.

Recommendation 6.1 – Improve coordination and integration across the individual, service provider and system levels

Children and families need services delivered in a coordinated manner, regardless of how many systems or agencies are involved. The Commission believes that there must be true partnership requiring greater collaboration:

- At the individual child level, by fully developing integrated data systems (e.g., DSS CARES*) and other information tools (including systems containing School District and Court data), to share information at the individual child and family level across systems so that all team members have access to the same information and can communicate easily among themselves, with the necessary consents.
- At the service provider level, by improving communication and information sharing across provider agencies; creating an interactive database that describes what providers are available in all the child-serving systems and the types of services they provide; developing funding mechanisms or providing incentives to encourage providers from different systems to collaborate.
- At the system level, by establishing a cross-agency committee of stakeholders charged with developing and fostering collaboration efforts at large system levels and removing bureaucratic obstacles to collaboration. This should promote (1) collaboration and integration of services for children and families served by more than one system at a time; and (2) integration of services when children and families move from one level of care to another.

Recommendation 6.2 – Develop specific reforms to improve collaboration in schools and between schools and the behavioral health system

The Commission endorsed the development of specific strategies to improve partnerships within schools and between schools and the behavioral health system. These strategies include more partnerships between school counselors, social workers, and consultation and education specialists; expanded behavioral health services provided in schools, including increases in the number of mental health counselors and alcohol and drug counselors; and improved communication among probation officers, teachers, and other school personnel about the progress and problems of youth on probation.

Recommendation 6.3 – Increase the integration of behavioral health and physical health services

A citywide plan for integrating medical and behavioral health services should be developed and implemented. This plan should be based on a study of different models such as co-locating behavioral health and physical health care services, integration of behavioral health services into neighborhood health centers, and creating mobile health care service units to deliver physical and behavioral health services in the neighborhoods.

*Division of Social Services – Cross Agency Response for Effective Services

Outcomes Of The Commission's Work

This report will be the framework for developing an implementation plan. The plan will set forth the action steps to put the recommendations into action, the outcomes to measure progress toward achievement of those recommendations, the stakeholders and partnerships to carry out these activities, the agencies or organizations primarily responsible for seeing that these activities are carried out, and the timeline for completion. Implementation will build on the effective practices and programs already in place, reform those practices and programs that have not been successful, and fill any remaining gaps in service.

Phase I - Blue Ribbon Commission **FEBRUARY 2006 - JULY 2006**

- Hold Commission and Committee meetings and public hearings.

AUGUST 2006 - JANUARY 2007

- Draft report and hold editing sessions.
 - Endorsement and release of Commission Final Report.

Phase II - Implementation Plan **JANUARY 2007 - SPRING 2007**

- Develop action steps for implementation
- Identify outcomes for recommendations
- Identify strategies that can be implemented immediately and begin putting into place

Phase III - Initial Implementation **SPRING 2007 - SPRING 2008**

- Strengthen and fully integrate partnerships in support of initial implementation process
- Implement short term strategic priorities with support and collaboration from all stakeholders
- Begin collaborative planning for implementation of long term strategies

Phase IV - Ongoing Evaluations and Stakeholder Feedback **SPRING 2008 - FUTURE**

- Provide periodic implementation updates
 - Monitor process and modify as needed
- Evaluate outcomes and the impact of system enhancements for children and families
 - Adjust implementation as necessary

References

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For additional information on the Mayor's Blue Ribbon Commission on Children's Behavioral Health, including updates on the implementation of the Commission's goals and recommendations, please visit:

www.phila.gov/dbhmrs

