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Multiplying Connections: A Positive Development for All Children
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Multiplying Connections: A Positive Development for All Children Initiative

Thank you for having me here today. Thank you also to the Health Federation of Philadelphia, the William Penn Foundation, Natalie Levkovich and Leslie Lieberman for making it possible for us to gather today to celebrate the Multiplying Connections Initiative and work towards making its goals a reality in Philadelphia, Pennsylvania and beyond.

While we hold these important discussions on policy, practices and systems, it is vitally important to understand during every minute of our deliberations that we are really talking about children. We are challenged by a truism the author Joyce Maynard recognized about children and grown-ups: "It's not only children who grow. Parents do too. As much as we watch to see what our children do with their lives, they are watching us to see what we do with ours."

As grown-ups -- parents, advocates and administrators -- we share the hope that all children in the Philadelphia area can grow up to be contributing members of society who can take advantage of the great opportunities this region has to offer. At the same time, we know that early childhood learning, education and care have an enormous impact on children's school readiness and academic success. However, the poverty, challenging family circumstances and disparity in care and services that we see in Philadelphia place our children at risk.

As our children watch us, we are about to break down significant barriers to providing necessary and improved service to our most vulnerable citizens. Once upon a time, we emphasized caring for our children in a single categorical system depending on where they entered the system. If a child had a problem in school, it was the school's responsibility to deal with it. If a child presented a problem in a doctor's office, it was the doctor's responsibility. If a child presented a problem in a caseworker's office, it was that caseworker's responsibility.

Whatever problem the child and its family wrestled with, professional help was provided only within the narrow confines of the expertise of the admitting agency. Agencies and service providers were not encouraged or given any incentive to venture outside their own comfortable "silos" to collaborate with each other or cooperate on issues with professionals in other fields. Families, the greatest of all

service providers, were often shut out of the conversation on how to address their own child's problem once their son or daughter was in the system.

The result was that the child was often viewed from the perspective of a symptom. We did not take the holistic perspective of the child being a person facing a challenge – or multiple challenges. And services did not take into account the environment and surroundings – in other words, the home or school -- in which a child lives and learns after the services were completed. If a child needed service outside of the “silo,” well, that was too bad.

Too bad is simply not good enough. No child deserves “too bad” and the taxpayers of Pennsylvania should not have to settle for “too bad.”

I stand before you today as a professional, a parent and a grandparent. I know how important it is that we break down historical and institutional barriers in order to make providing service to children and the families in Pennsylvania easier and more effective.

One of the most important keys to making service easier and more effective is to integrate service delivery. True integration of social services in a community is a challenge, and it involves working with and creating partnerships between government, employers, providers, non-profits, researchers, families and the medical and care communities to develop and implement a plan that actually works. It means inspiring stakeholders to collaborate on breaking down barriers, planning across systems, and discarding the “silo mentality” that prevents true progress among people who otherwise agree.

Bringing together the Philadelphia School District, the Departments of Public Health, Behavioral Health and Human Services to focus on early childhood care and learning is a bold step in recognizing that children have complex needs for care and nurture from their earliest days.

At the state level, we are recognizing and supporting integration of services. Last summer the Department of Public Welfare awarded grants to 19 counties of more than \$930,000 total as part of our Integrated Children's Services Planning process. These grants are helping counties improve services for children including child abuse and neglect prevention; permanency planning; early intervention; mental retardation, child care, and behavioral health. Our expectation is that best practice models will emerge from these counties to demonstrate how integration works to provide better service.

In December, the Governor announced the creation of a new Office of Child Development and Early Learning to bring together all aspects of early learning and development for children ages birth through five years old. This office is a joint venture between two state agencies: Public Welfare and Education.

This new office incorporates the Department of Education's early childhood programs, Head Start, school pre-kindergarten, full-day kindergarten and preschool Early Intervention programs, as well as the child care, early intervention and family support programs in the Department of Public Welfare. Harriet Dichter, the deputy secretary overseeing this office and its transition, holds appointments in both agencies. She is a strong leader who will coordinate the state's oversight responsibility to all aspects of a young person's experience.

We will also continue to engage our constituencies. We have begun to build a track record for success in building a two-way street between state government and the citizens we serve through initiatives like the Cabinet and Commission for Children and Families, the Autism Task Force, the Medical Assistance Listening Tour and the Behavioral Health Task Force. We will also continue to rely heavily on our advisory committees and our consumer committees. These dedicated and knowledgeable citizen groups provide us with the best information available and are our best advocates in the communities we serve.

We are also active with the Alternatives to Coercive Techniques (ACT) Initiative to eliminate the use of physical restraints in programs serving children.

DPW launched the ACT Initiative just over a year ago. Participants at statewide and eight regional forums have included family members, advocates and providers as well as representatives from interested organizations, counties, state agencies and departments. The focus of the regional forums is on successful endeavors and strategies to address the need to eliminate the use of restraints. In September, Dr. Sandra Bloom gave her excellent presentation on "Trauma Informed Care and the Sanctuary Model" at two of the regional meetings. The most recent regional forums were held in the first two weeks of December.

The Sanctuary Model of trauma-informed care, created by Dr. Bloom, is a program that is gaining wide acceptance among the profession. It is described as a "full system approach' focused on helping injured children recover." I am especially drawn to the Sanctuary Model because of its common-sense underpinnings:

- Less violence, including physical, verbal and emotional forms of violence;
- A systemic understanding of the complex impact of trauma and abuse;
- Less victim blaming;
- Clear and consistent boundaries, high expectations, and linking rights and responsibilities;
- Identification and confrontation with "perpetrator behavior"
- Articulation of goals and strategies for change;
- Understanding of "re-enactment behavior" and resistance to change; and
- Democratic processes at all levels.

The trauma that Dr. Bloom describes is not a new concept, but our understanding of trauma and abuse and their impacts on the lives of children is expanding. Trauma is not just a serious injury or a shock to the body. Trauma is also an emotional wound that can create substantial, lasting damage to the psychological development of a person. Trauma-informed care recognizes that:

- Children are not “little adults”
- Children are more vulnerable than adults to trauma;
- It is possible to create trauma in the name of treatment; and
- An individual’s trauma history is an important part of efforts to promote healing and growth

Abuse – as well as other forms of trauma – is a pervasive influence on children and adolescents and among adults with a history of trauma. One study concluded that up to 81 percent of men and women in psychiatric hospitals diagnosed with major mental illnesses have experienced physical and/or sexual abuse. Two-thirds of these people experienced their abuse as children.

A history of trauma is also pervasive among young people in the juvenile justice system. Another study concluded more than 93 percent of boys and 84 percent of girls in juvenile detention reported traumatic experiences. Among girls in the same study, 74 percent reported having been hurt or in danger of being hurt, 60 percent were raped or placed in danger of being raped, and 76 percent witnessed someone being severely injured or killed. Childhood abuse or neglect increases the likelihood of arrest as a juvenile by 53 percent and as a young adult by 38 percent.

According to Dr. Gordon Hodas, who consulted to DPW on this subject, “we are just beginning to understand that destructive behaviors in young people may be a consequence of neurobiological factors and prior adaptation to dangerous circumstances.”

And so what do we do? We prevent more trauma and work to ensure that the traumatized child is sheltered in a safe place. We do not beat up on them; rather, we illuminate and uplift them to the world. I would like to see us eliminate the use of restraint through a trauma informed care approach and the use of treatment alternatives. Restraint is just another form of violent behavior learned by our young people. It also places them at risk of injury or worse. I believe there are better ways.

I also believe that insuring the health of our parents is a sure path to our children growing up healthy, too. We will promote and seek to implement Governor Rendell’s Prescription for Pennsylvania. I believe the Governor’s plan will increase the health and well-being of Pennsylvanians who are currently not receiving the level of care and attention they deserve – and this includes children. The plan will expand access to affordable health care coverage,

improve the quality of care for families and get health care costs under control for employers and employees.

Last year, passage by the General Assembly of the Governor's "Cover All Kids" initiative extended the promise of health insurance to approximately 133,000 of Pennsylvania's uninsured children. The Prescription for Pennsylvania offers the same promise to the more than 750,000 adults in Pennsylvania without health insurance. A great many of these uninsured men and women are working parents who cannot afford insurance or are not offered insurance as a benefit by their employer.

As we look to the future, we can look at several points of emphasis developed by the New Freedom Commission Report to help with the development of integrated systems and partnerships:

- Developing family partnerships and supports because families are the best caregivers on Earth. But families have told us that they sometimes need help and there is no good reason we should expect them to strain under certain burdens to the point of breaking. The basis of all of our work is to promote, improve and sustain the quality of family life.
- We must provide culturally competent care and reduce disparities. Research and data are beginning to back up what we have known instinctively and anecdotally for some time: racial and ethnic minorities in Pennsylvania are not receiving the same level of care as the majority of the population. This is a complex issue, but we are not doing our job if we do not make its resolution a priority statewide.
- We must be able to provide individualized care because, as we all know, people are unique. Children living with challenges present their own symptoms. Their families present their own individual cultures. For the solutions to these challenges to be effective, they must be tailor made. How each child grows and develops depends on the interaction between his or her family members and friends, teachers and other professionals, and types of treatment.
- We must seek out evidence-based practices in all we do. If we cannot find data to inform our decisions, we must create that data ourselves so that we can measure our progress and benchmark our achievements.
- We must rededicate ourselves to prevention, early identification and early intervention as our best chance to help children and young people grow into healthy adulthood.
- We must seek health in all areas of the child's environment, whether in home, school, doctor's office or social service agency. Children and young

people can present symptoms in many settings and we must be prepared to address their challenges in the most appropriate way.

- We must have accountability in all we do. Accountability to measure and define results. Accountability to our profession. Accountability to the people of the Philadelphia region and Pennsylvania. Accountability builds trust and credibility. If our consumers and the public trust our results, we will be able to do our work more effectively.

Across the nation, states are trying to change their systems. In Pennsylvania, our effort to transform the system into one that works across systems, is driven by families, and guided by the needs of children and focuses on people, results and the ability to continue breaking down the barriers that keep us from getting results we so desire. Through efforts like the Multiplying Connections Initiative other states should be looking to Philadelphia as a national leader.

Families are the most important component in facing these challenges and ensuring that children can grow into an adulthood filled with opportunity, but no family can do it alone. Each family needs a village: among them teachers, doctors and nurses, spiritual leaders, neighbors -- and public advocates. Make no mistake: the challenge of raising children in Pennsylvania – children from diverse backgrounds, with different gifts and blessings -- requires, solutions from all sectors of our society. I fully support the goals of the Multiplying Connections Initiative:

- Strengthen connection between research and practice;
- Increase connection among child-serving systems and between these systems and families;
- Enhance connection between training, practice standards and program policies;
- Support connection between young children and caring adults; and
- Promote safe and nurturing environment.
- In the short term, we can and will change the infrastructure and our capacity to respond to need. In the short term, we can and will change in institutional policies and practices.

In the long term, with our children watching us, we will effect positive outcomes for children and families.

The great Victor Hugo wrote: "There is one thing stronger than all the armies of the world, and that is an idea whose time has come."

Multiplying Connections is a great idea whose time has come.

Thank you.