

Mayor Cherelle L. Parker's focus on crime and grime is missing one critical thing

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Mayor Cherelle L. Parker has made an early commitment to shake up Philadelphia's strategies for [reducing crime](#) in our toughest neighborhoods and [cleaning up our dirtiest](#). I've heard it called the "[crime and grime](#)" agenda, and it is to be lauded. But addressing crime and grime alone will not be enough without also overhauling how the city delivers care to its most vulnerable populations.

I have served in three mayoral administrations and I've witnessed the value and impact of similar overarching commitments in the past. Mayor W. Wilson Goode Sr. prioritized "clean and green" neighborhoods, making a point of removing abandoned cars getting help for the. Mayor Ed Rendell revitalized Center City and eliminated a quarter billion-dollar Mayor John Street sought to revitalize neighborhoods through the ["Neighborhood Transformation Initiative"](#) and protect Philadelphia's children through the Children's Investment Strategy.

Parker's agenda is perhaps the most ambitious of these initiatives. Reducing violent crime, especially among our youngest Philadelphians, is a tall order; Kensington's drug culture has resisted many well-intentioned efforts to restore the neighborhood as a safe and healthy place to live. But most Philadelphians are holding their breath, hoping against hope that this time will be the charm.

But to Philadelphia's struggling children and families seeking help from the city's beleaguered health and human services systems, fighting "crime and grime" will not be enough. Thousands of Philadelphia's most vulnerable are stymied by convoluted and often insensitive city bureaucracies that, well-intentioned as they are, fail to provide efficient, effective help — not because they don't try, but because of ancient technology and lack of coordination.

Fixing how we "do" health and social services in city government can go a long way in reducing costly pain and suffering and, not incidentally, combating "crime and grime."

Call it the "care" agenda.

Philadelphia's major "care" systems — behavioral health, child welfare, homeless services, and public health — often get a pass when it comes to the great budget and policy debates in City Hall because they are overwhelmingly funded not by city tax dollars, but by state and federal governments. In my 40 years of interacting with city governments, mayors, managing directors, commissioners, and City Council members, all seem to believe that because those budgets are not paid for by city tax dollars, there's little they can do to mold and manage those dollars with the same aplomb as they do police, [Licenses and Inspections](#), and [commerce](#).

That's a significant mistake. Why? Because the solutions to our most intractable health and social challenges can be found in that money. And it comes to almost \$3 billion every year.

Certainly, those billions come with strings attached, and there are lots of federal and state regulations and policies that must be honored in spending them. But time and time again, smaller initiatives being creative with how those billions are spent in each of these departments have been shown to work in making our health and human services systems more about making people better than feeding the bureaucratic maw.

Parker is at the beginning of what many of us hope will be an eight-year mayoral tenure. That's plenty of time to step back and take a look at the billion-dollar bureaucracies that today make it hard to get the help you need. She should make them more efficient and focused, not only on meeting federal and state guidelines, but also on making services less complex for regular people and more efficient for those trying to help them.

At the Department of Human Services, what used to be called "social workers" are now "Human Services Program Managers." That's because we've made access to health and social services so complex, involving several siloed bureaucracies, that we need a level of services that's just about making referrals. This means often passing a family back and forth in administrative limbo for hours or days or weeks, because we have allowed each bureaucracy to create its own independent systems that rarely talk to each other.

Millions of dollars support this referral bureaucracy, dollars that could otherwise be used to provide direct care to those who need it.

It should not be so that a 20-year-old homeless Philadelphian needs to interact with two or three or five bureaucratic entities making referrals to each other just to get a place to sleep. It should not be that a family involved with the Department of Human Services must wait for the Department of Human Services worker to refer to a community case manager who then has to make a referral to the behavioral health case manager to get

a therapy appointment months away. We should not be spending millions on new levels of administration that only gets in the way of what people need: an integrated system that connects them with the solutions that help now.

Current technologies, including artificial intelligence, make it possible to integrate the work of a child welfare worker, a mental health counselor, a housing specialist, and a health worker. Such integration would make it so that the individual or family in need can interact with a coordinated service response right away, rather than the client having to navigate multiple hidebound systems that usually rely on ancient technology. Such a revolutionary change would not be easy, or cheap, or perhaps even fully achievable in an eight-year mayoralty. But if we really want to be as efficient as possible with that \$3 billion of our tax money that we spend on human services every year, and if we really want to make progress on our great social challenges, we need to start now and take advantage of the astounding new technologies becoming available every day. "Crime and grime" has the advantage of being an easy rhyme to remember. "Crime, grime, and care" offers solutions that previous administrations could only dream of.

David Fair was a program director in the City's Departments of Health, Human Services, and Mental Health from 1996-2005.