COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES

JOINT HEALTH, HUMAN SERVICES, AND OLDER ADULT SERVICES
COMMITTEE HEARING

STATE CAPITOL
MAIN BUILDING
ROOM 140
HARRISBURG, PENNSYLVANIA

MONDAY, APRIL 17, 2017

IN RE: CONSOLIDATION OF THE DEPARTMENT OF AGING,
DRUG AND ALCOHOL PROGRAMS, HEALTH & HUMAN SERVICES

BEFORE:

HONORABLE MATTHEW BAKER, MAJORITY CHAIRMAN,
HEALTH COMMITTEE
HONORABLE VANESSA LOWERY BROWN
HONORABLE ALEXANDER CHARLTON
HONORABLE BECKY CORBIN
HONORABLE JIM COX
HONORABLE MARY JO DALEY
HONORABLE PAMELA DeLISSIO
HONORABLE KRISTIN PHILLIPS-HILL
HONORABLE AARON KAUFER
HONORABLE STEPHEN KINSEY
HONORABLE HARRY LEWIS, JR.
HONORABLE MICHAEL SCHLOSSBERG
HONORABLE JUDITH WARD
HONORABLE MARTINA WHITE
HONORABLE DAVID ZIMMERMAN

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BEFORE (cont.'d):

HONORABLE TIM HENNESSEY, MAJORITY CHAIRMAN,
AGING & OLDER ADULT SERVICES COMMITTEE
HONORABLE CAROLYN COMITTA
HONORABLE MARY JO DALEY
HONORABLE PAMELA DeLISSIO
HONORABLE MICHAEL DRISCOLL
HONORABLE CRIS DUSH
HONORABLE JONATHAN FRITZ
HONORABLE STEVE McCARTER
HONORABLE ERIC ROE
HONORABLE FRANCIS RYAN
HONORABLE WILL TALLMAN
HONORABLE PARKE WENTLING
HONORABLE GENE DiGIROLAMO, MAJORITY CHAIRMAN,
HUMAN SERVICES
HONORABLE BUD COOK
HONORABLE MICHAEL CORR
HONORABLE CRIS DUSH
HONORABLE JONATHAN FRITZ
HONORABLE RICH IRVIN
HONORABLE AARON KAUFER
HONORABLE HARRY LEWIS, JR.
HONORABLE THOMAS MURT
HONORABLE ERIC ROE
HONORABLE JUDITH WARD
HONORABLE PERRY WARREN

ALSO IN ATTENDANCE:

WHITNEY KROSSE, REPUBLICAN EXECUTIVE DIRECTOR,
HEALTH COMMITTEE
BECCA SAMMON, DEMOCRATIC EXECUTIVE DIRECTOR,
HEALTH COMMITTEE
NICOLE SIDLE, REPUBLICAN RESEARCH ANALYST,
HEALTH COMMITTEE
CAMILA POLASKI, DEMOCRATIC RESEARCH ANALYST,
HEALTH COMMITTEE
PATIENCE HILL, REPUBLICAN ADMINISTRATIVE ASSISTANT,
HEALTH COMMITTEE
DINA WHITE, DEMOCRATIC EXECUTIVE ASSISTANT,
HEALTH COMMITTEE

JEAN M. DAVIS, REPORTER
NOTARY PUBLIC
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MAJORITY HEALTH CHAIRMAN BAKER: The hearing will now come to order. We have a lot of wonderful committee members here.

I've been asked by the committee transcriber -- you won't see them here but they are listening. This is being televised. It's being taped. And we'll very quickly -- if members would come to the mike. They are going to be putting your name in the transcript. And we found out last time we did this that we didn't always go to the mike and so some members were not properly recorded in the transcript. And they're still trying to figure that out.

Why don't we start with Chairman DiGirolamo.

MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:
Gene DiGirolamo, 18th District in Bucks County. Welcome to everyone.

MAJORITY HEALTH CHAIRMAN BAKER: Representative Matt Baker, Chairman of the Health Committee, 68th District, Tioga, Bradford, and Potter Counties.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN HENNESSEY: Tim Hennessey, Republican Chair of the House Aging & Older Adult Services Committee from Chester and Montgomery Counties in the southeastern part of Pennsylvania.
REPRESENTATIVE LOWERY BROWN: Representative Vanessa Lowery Brown, Acting Chairman, Democratic Chairman for the Health Committee, Philadelphia County.

REPRESENTATIVE McCARTER: Steve McCarter, House District 154, Montgomery County.

REPRESENTATIVE COMITTA: Carolyn Comitta, District 156, Chester County.

REPRESENTATIVE TALLMAN: Will Tallman, parts of Adams and Cumberland Counties.

REPRESENTATIVE WARREN: Hi. Perry Warren from District 31 in Bucks County.

REPRESENTATIVE DRISCOLL: Good afternoon. Mike Driscoll, Northeast Philadelphia.

REPRESENTATIVE DALEY: Mary Jo Daley, Montgomery County, serving today as Acting Chair for the Aging Committee, the Minority Aging Committee.

REPRESENTATIVE SCHLOSSBERG: Good morning or good afternoon or whenever. Mike Schlossberg, 132nd District, Lehigh County, also serving as Acting Chair of Human Services.

REPRESENTATIVE COOK: District 49, Bud Cook, Washington and Fayette Counties.

REPRESENTATIVE KAUFER: Aaron Kaufer, 120th District, Luzerne County.

REPRESENTATIVE MURT: Tom Murt, Montgomery
REPRESENTATIVE WARD: Judy Ward, 80th District, Blair County.

REPRESENTATIVE PHILLIPS-HILL: Kristin Phillips-Hill, 93rd District, Southern York County.

REPRESENTATIVE DeLISSIO: Pam DeLissio, representing Montgomery and Philadelphia Counties, the 194th.

REPRESENTATIVE IRVIN: Rich Irvin, 81st District, representing Centre, Huntingdon, and Mifflin Counties.

REPRESENTATIVE CORBIN: Becky Corbin, 155th District in Chester County.

REPRESENTATIVE RYAN: Frank Ryan, 101st District, Lebanon County.

REPRESENTATIVE CORR: Michael Corr, 150th Legislative District, Montgomery County.

REPRESENTATIVE DUSH: Cris Dush, 66th District, Jefferson and the northern half of Indiana County.

REPRESENTATIVE CHARLTON: Alex Charlton, 165th Legislative District, Delaware County.

REPRESENTATIVE FRITZ: Jonathan Fritz, 111th District, Wayne and Susquehanna Counties.

REPRESENTATIVE ROE: Eric Roe, Human Services and Aging Committees, 158th District, Chester County.

REPRESENTATIVE LEWIS: Harry Lewis, 74th
District, Chester County.


REPRESENTATIVE ZIMMERMAN: Dave Zimmerman, 99th District, Lancaster County.

REPRESENTATIVE WENTLING: Parke Wentling, 7th District, portions of Erie, Crawford, Mercer, and Lawrence Counties.

MAJORITY HEALTH CHAIRMAN BAKER: I believe we have all the members. We also have our professional staff from the three Committees present as well.

We welcome our first panel. We always afford the Chairman the first opportunity to make opening comments before we go into our stakeholder testimony. It's a very, very important issue, the proposal to consolidate the State Departments.

Since the first panel is with regard to the Aging Department, we'll defer to Chairman Hennessey.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN HENNESSEY: Thank you, Mr. Chairman.

Ever since Governor Wolf announced publicly his intention to have a merger between Aging, the Departments of Aging, Health, Human Services, and the Department of Drug and Alcohol Prevention, I've tried to listen to see if I
thought that it was necessary in all of its facets.

As I looked at the Department of Aging over the course of years now, it seems to me to be a smoothly run operation, not something that needed to be lumped into another department, a much larger department, in order to make it function any better.

I suppose you'd say I've been skeptical all along. Aging has 102 employees. The Department of Human Services, as it's being proposed, would have over 17,000 employees. That's about 170 Human Services employees for every employee of the Department of Aging.

I don't know how we don't get outnumbered in that kind of situation. It's an $800 million department, which is run totally from Lottery and Older Americans Act funding from the Federal Government, while Human Services would be a $40 billion operation department and have an operating budget of $40 billion. That's more than probably five or six -- only five or six states have a budget more than the department that we're proposing would be.

When you speak of saving $45 million from the dispensing fees, frankly, that would save the Lottery money, but it wouldn't save the General Fund any money. So as you try to put this under a microscope, it looks to me like some of the savings really are sort of ephemeral. They just won't, you know, be realized. And any savings that would be
realized would be savings to the Lottery, not to the General Fund.

I just don't know that it's a good idea. Some mergers are planned. And when they're proposed and they're thought out, their good ideas, you know, when you put them under a microscope, turn out to be not such a good idea.

This is one where I think that's not such a good idea. I'm waiting for someone to tell me why it should happen and convince me that I'm wrong. So maybe your testimony today will help us with that.

Thank you.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you, Chairman Hennessey.

Chairman DiGirolamo for opening remarks.

MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

Thank you.

Just very quickly. Nothing I have seen in the last week to two weeks has changed my mind. I think this is a terrible, terrible idea.

For those that are concerned about the Department of Aging and our senior citizens across the State of Pennsylvania, just take a look at that chart in front of the podium and you'll find out where your Deputy Secretary for Aging and Adult Community Living is, buried all the way down at the bottom of that chart.
So you're going to go from a department to a Deputy Secretary buried in a bureaucracy you're never going to be able to find your way out of, as well as the Department of Drug and Alcohol program.

So with that, I'm looking forward to hearing your testimony.

Thank you.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you, Chairman DiGirolamo.

I would just like to acknowledge, before we introduce our first panel on opening remarks, a letter that was proffered by the Pennsylvania Association of Elder Law Attorneys who have serious and grave concerns about this consolidation -- I will provide that for the record -- as well as a letter from the Bradford, Sullivan, Susquehanna, and Tioga Area Agency on Aging also expressing serious concerns about the consolidation. And, of course, we acknowledge the document that has been provided to us as the standing committees for consideration of this hearing.

At this time, I understand Mary Jo Daley, who is serving as the surrogate for Chairman Steve Samuelson of the -- he's the Minority Chair of the Aging Committee, would also like to offer some opening remarks -- or did you have questions, Mary Jo?

REPRESENTATIVE DALEY: You know, I just found out
I was going to be opening Chairman about two minutes ago. I'm more than happy to be recognized to ask questions after we hear the testimony.

MAJORITY HEALTH CHAIRMAN BAKER: Very good.

REPRESENTATIVE DALEY: Thank you.

MAJORITY HEALTH CHAIRMAN BAKER: We're on a tight schedule to be able to get everyone in in time.

Mike says no. How about Vanessa? Where is Vanessa?

HONORABLE LOWERY BROWN: Here.

MAJORITY HEALTH CHAIRMAN BAKER: There she is.

Opening remarks, Vanessa?

REPRESENTATIVE LOWERY BROWN: Briefly.

MAJORITY HEALTH CHAIRMAN BAKER: Okay.

REPRESENTATIVE LOWERY BROWN: Thank you, Mr. Chairman.

I just wanted to acknowledge that our Chairman Flo Fabrizio just asked everyone to keep him in your hearts.

This is a very serious issue. We are talking about dealing with very -- extremely vulnerable populations. And when you think about these populations, you usually think about more, not less. So I hope that as we continue these conversations that we figure out how we can do the best that we can for the people that we serve.

Thank you, Mr. Chairman.
MAJORITY HEALTH CHAIRMAN BAKER: Thank you.

I, too, would like to give my best regards to Chairman Fabrizio, who has a rather serious health concern. We offer up our support and prayers to him going forward.

So our first testifiers today in the panel, we have with us Rebecca May-Cole, Executive Director, P4A, Pennsylvania Association of Area Agencies on Aging; Diane Menio, Executive Director at CARIE, Center for Advocacy for the Rights and Interests of the Elderly; and Linda Doman, President of the Board of Directors of the Southwestern Pennsylvania Partnership for Aging.

I'm not sure who got the short straw to go first but whomever.

P4A EXECUTIVE DIRECTOR MAY-COLE: I will go first.

MAJORITY HEALTH CHAIRMAN BAKER: All right.

P4A EXECUTIVE DIRECTOR MAY-COLE: Can you hear me okay?

MAJORITY HEALTH CHAIRMAN BAKER: Yes.

P4A EXECUTIVE DIRECTOR MAY-COLE: Okay.

Good afternoon. My name is Rebecca May-Cole, Executive Director of the Association of Area Agencies on Aging. I appreciate the opportunity to be here, Chairman Hennessey, Chairman Samuelson, Chairman Baker, Chairman Fabrizio, Chairman DiGirolamo, and Chairman Cruz. I think
the fact that we have that long list of Chairs here today shows the importance. And I appreciate all of your time and attention to this very important issue.

The Association of Area Agencies on Aging is deeply committed to improving services and coordination for seniors. The AAA network -- and we are all the Area Agencies on Aging, AAA. The AAA network is consistently thinking through ways to meet the needs of seniors in a rapidly changing service delivery environment.

The P4A membership has 40 years of experience and expertise in facilitating the delivery of services to seniors, and we appreciate the opportunity to share what we've learned over the decades.

On February 2nd, as you know, Governor Wolf announced his proposal to combine the services provided through the Departments of Health, Aging, Drug and Alcohol Programs, and Human Services into one agency.

P4A, therefore, formed an Ad-Hoc Committee of its members to examine the proposal and consulted colleagues in other states that have experienced similar consolidations.

The AAA network appreciates the Legislature's commitment to our seniors. The typical senior served by AAAs -- and I think this is important to note. The typical kind of person that we're talking about here is a 79-year-old widowed female living just above the poverty
level. She's not eligible for Medicaid, but also has a very limited income.

If Pennsylvania's senior service delivery system fails her, the consequences could be very dire or even fatal. The unique needs of seniors must be deeply understood, valued, and prioritized. With this as our focus, P4A would like to provide the following thoughts regarding the consolidation proposal:

We support the following concepts when looking for better ways to serve Pennsylvania older adults: More effective collaboration between offices and departments; enhanced program effectiveness; the reduction of unnecessary bureaucracy; the efficient use of land, buildings, leases, and space; and the merging of human resource departments across agencies.

In addition, we support the merging of information technology across agencies, which could lead to improved data collection and facilitate sharing across different offices serving the same consumer, which could also improve their health outcomes.

In fact, the Centers for Disease Control has long focused on this effort through its program Collaboration and Service Integration Program. We support any efforts in streamlining and improving data systems to ultimately improve service delivery.
P4A strongly believes the following principles must be followed in order to ensure that Pennsylvania is addressing the needs of its older population, a population that is slated to grow to an amazing 28 percent of our Commonwealth by 2024. And I'll repeat that again, 28 percent by 2024.

So the first principle is a voice to advocate on behalf of the unique needs of seniors must be maintained. The current Pennsylvania Department of Aging is a State agency with a cabinet-level Secretary. Through the Federal Older Americans Act, the Aging Secretary has the jurisdiction, power, and duty to advance the well-being of Pennsylvania's older citizens.

P4A is concerned that losing a cabinet-level advocate for Pennsylvania's aging adults means a diminishment of senior voice. The most obvious way to maintain that voice is to not combine PDA with other agencies. However, if consolidation were to move forward, we respectfully urge the consideration of the following:

First, keep a cabinet-level advocate for seniors; second, create a separate Office of Aging within the proposed new agency; and redistribute staff roles so that all aging-related services and funding fall within the Office of Aging regardless of funding source.

The second principle, the community-based No
Wrong Door Infrastructure for seniors must be maintained.
The value of No Wrong Door for a senior cannot be
understated. Having a consistent place in every planning
and service area where older adults and their families can
physically go across the Commonwealth is incredibly
important. This consistency and availability is available
through our AAA network.

A great deal has changed in service delivery in
just a couple of years. For example, there have been
changes to service coordination, changes to enrollment,
which has led to some definite confusion and differences in
the experience of seniors who are going through our system.

AAAs are assisting numerous seniors who become
confused after being mailed a packet or receiving an
automated phone call with a recording on the other end of
the line instead of being enrolled in services through their
local AAAs through personal interactions.

Our network is aligned with the Governor's
one-stop-shop philosophy as AAAs are truly the stop for
Pennsylvania's seniors. We respectfully request that the
current one-stop shop for seniors be maintained through
Pennsylvania's local AAA network by legislation that assures
that any changes to the number of AAAs in the future be done
with some sort of legislative oversight.

The third principle is ensuring that the Lottery
Fund continues to be used to support seniors living in their homes and communities. Established in 1971, the Pennsylvania Lottery continues to be the only State Lottery in which all of the net revenue goes to programs that benefit older residents.

Initially targeted to provide property tax relief for Pennsylvania seniors, Lottery-funded programs have since grown to include home- and community-based services facilitated by AAAs, rent rebates, free and reduced fare transportation, funding for PACE and PACENET, and funding for senior centers as examples.

The ongoing use of these dollars in this fashion is a clear demonstration of the Commonwealth's commitment to help seniors live in their homes and communities. The Lottery Fund provides services to seniors who are not financially eligible for Medicaid, people who have worked hard their whole lives but are not quite eligible for Medicaid and need a helping hand to continue to live in their communities.

AAAs have been able to maximize the ways these dollars are used by leveraging local resources and in-kind donations to further this. The State's Lottery Fund must continue to be utilized for these services.

Therefore, we respectfully request that the Legislature ensure that the Lottery Fund continues to be
used for these purposes.

Thank you for inviting me to provide our input as a stakeholder on behalf of Pennsylvania's older adults. P4A will continue to evaluate the proposal as more information is shared, always keeping the needs of seniors at the center of what we do.

Thank you.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you very much.

Diane.

CARIE EXECUTIVE DIRECTOR MENIO: Good afternoon.

My name again is Diane Menio. And I'm the Executive Director of the Center for Advocacy for the Rights and Interests of the Elderly. We like to call ourselves CARIE because it's a little easier.

And thank you, all, all the chairpersons. I'm not as bold and as sure of myself as Rebecca is to get everyone's name right. But I really do appreciate all of the Chairpersons, the Acting Chairpersons, and the Committee members for inviting me here and having this hearing.

CARIE has been providing advocacy services to older Pennsylvanians for 40 years. We can testify that older Pennsylvanians have benefited by having a cabinet-level Department of Aging focused on their needs.

While we have concerns about the consolidation
overall, we are strongly opposed to including the Department of Aging in this proposed consolidation. The Secretary of Aging has served a critical role as the Commonwealth's leading advocate for older Pennsylvanians.

In the 1970s, Pennsylvania took bold steps to show its commitment to senior citizens, first in 1971 by establishing funding for aging programs through the Pennsylvania Lottery and then in 1978 by enacting Act 70, elevating the Department to its current cabinet level.

No other state has shown this commitment. This has had a dramatic impact in helping to amplify and address the needs of older Pennsylvanians. Including the Department of Aging in the new Department of Health and Human Services will bury the needs of older adults within a behemoth of a bureaucratic agency while saving little in the budget, as funding for the Department of Aging, as we've heard, is solely derived from Lottery and Federal dollars and not from the General Fund.

In addition, we are concerned that the proposed consolidation will threaten the viability of many Lottery programs that older Pennsylvanians have come to rely upon, many of which help to avoid unnecessary institutionalization. We are worried that under the consolidation, Lottery Funds could more easily be diverted to pay for Medicaid coverage fund obligations.
A Department of Health and Human Services Secretary may be more inclined to rely upon Lottery dollars to fill gaps in the Medicaid budget.

It's also interesting to note that while the proposal to eliminate the Department of Aging is being considered, Pennsylvania has among the highest numbers of aging adults in the nation. And by 2020, the population of those age 60 and older is expected to grow and reach as much as 25 percent of Pennsylvania's population.

Much is at stake with this proposed transition. We hope you will consider the following points as you discuss the merits of any consolidation proposal:

Demoting the Secretary of Aging diminishes effective advocacy for older Pennsylvanians. How effective could a Deputy Secretary be when policy recommendations conflict with their superior's positions?

It may be fine to consolidate certain administrative functions to save costs and improve efficiencies. But as evidenced by the current shared IT services, consolidation is not the only answer to doing that.

Stakeholder efforts to address policy and to advocate with the Secretary must not be diluted. Older Pennsylvanians need and deserve an effective and independent advocate that reports directly to the Governor.
We are not against reinventing or reimagining government, nor are we defending the status quo. What seems clear is that there is a proposed immense system change set to begin July 1 that evolved without meaningful external stakeholder input.

Many would argue that DHS is already too big and certainly bigger does not mean better. An overloaded bureaucracy may have the opposite impact on the stated goals for less confusion and easier access to services for an improved experience.

Will calling a mega agency like this ensure that consumers will get the information or resources they need? When DHS has worked to streamline programs, it has left older adults behind and their needs unmet.

We know you are well aware of the major problems that have been occurring for over a year with the Aging Waiver enrollment process. Is it wiser to give a bigger new Department of Health and Human Services more responsibility for aging programs?

Community HealthChoices is the most significant long-term care system change to ever be implemented in Pennsylvania. And it’s scheduled to begin in June 2017, a few short months away, eventually moving 420,000 nursing home residents, waiver participants, and other individuals who are covered by both Medicaid and Medicare into managed
care for the first time.

It seems the timing could not be worse than to implement a massive reorganization at the same time as an immense system change that impacts the most vulnerable people in Pennsylvania.

The proposed department may jeopardize many Lottery-funded programs. How will Lottery dollars be tracked and accounted for? Lottery programs must be protected and funding levels must keep pace with the need.

What are the risks involved with moving the PACE program and unifying it with other State pharmaceutical programs? This change would be permanent, lasting well beyond this current Administration. We've seen past promises by Administrations not realized after a transition of power.

How can this be avoided? There are numerous conflicts of interest that need to be identified and addressed. One example is the Long-Term Care Ombudsman Program where there are clear Federal requirements that must be met to avoid conflicts of interest.

The proposed consolidation is based in part on misinformation. The Department already acts as a focal point and provides older Pennsylvanians a single point of contact through which they can address their concerns and needs with State Government.
The proposed change is happening too fast. It is important to have a public vetting of all issues, costs, and potential conflicts, as well as identifying a transition process that will minimize disruption for consumers.

We believe consolidation can be done without eliminating the Department of Aging and its mission for services for older adults. Previous testimony from the Administration indicates that they will be sharing enabling legislations for consolidation with the Legislature soon.

We request that as this bill is debated it include more than a shared vision. It should include language that ensures needed legislative oversight and approval by the Legislature for policy changes.

The expedited rule making authority under Act 22 of 2011 did not allow for important oversight of the Legislature or the engagement of stakeholders to offer meaningful input, troubleshoot, or plan for proper implementation that could have avoided disruption in services and barriers in accessing care.

We are a member of the Disability Budget Coalition, which is compromised of more than 80 groups working together. The Coalition agrees that any consolidation must adhere to the following principles that we hope the Legislature will consider as the debate continues. And I have those in writing for you.
In conclusion, we urge that the Pennsylvania Department of Aging be maintained as a cabinet-level agency and excluded in any future consolidation of Pennsylvania's Health and Human Services Agencies.

Older Pennsylvanians need a strong and independent advocate. Lottery-funded programs must be protected and funding levels must keep pace with the need. We hope that older Pennsylvanians can count on your support to preserve the Pennsylvania Department of Aging to help ensure their dignity and well-being.

Thank you again for the opportunity to comment and for sponsoring today's hearing.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you very much, Diane, for giving us a synopsis of that eight-page document. Well done.

CARIE EXECUTIVE DIRECTOR MENIO: Thank you.

MAJORITY HEALTH CHAIRMAN BAKER: Well done.

We also have Linda Doman.

SWPPA PRESIDENT DOMAN: Hello. Good afternoon.

Thanks, everyone, for having me here. In my professional life, I'm the Executive Director of a non-profit agency that provides in-home services, protective services, investigations, senior centers, Meals on Wheels. I've worked in the system for 40 years.

Today I'm here representing the members of the
Southwestern Pennsylvania Partnership for Aging. We all call it SWPPA, so I'll do that moving forward.

We write out of grave concern over Governor Wolf's proposal to consolidate the Department of Aging with three other State Departments. SWPPA is an independent, non-profit organization dedicated to improving the quality of life for older adults in ten counties in Southwestern Pennsylvania: Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington, and Westmoreland.

We formed in 1990. We have over 300 members who serve over a million older adults. SWPPA members include older adults, providers of services, for-profit and non-profit businesses, government entities, universities, and community members.

SWPPA acts as a neutral forum for education, collaboration, and the formulation of policy recommendations for older adults and those with disabilities. This testimony reflects our thoughtful discussion and deliberation about the proposed change.

As we learn more about the proposal, our concern is increasing and is twofold. Number 1, our greatest concern is that this merger could constitute a dismantling of the Department of Aging along with its powers and duties to represent our aging population.
Number 2, equally troubling is the lack of any specific and clear information within the proposal that addresses how these powers and duties would, in fact, be preserved if the Department of Aging is absorbed within this new super department, including the preservation of Lottery funds specifically for aging services.

One of the principal powers and duties of the Department of Aging as stated in its founding act is to serve as an advocate for the aging at all levels of government. This chart is gray and shows that a Cabinet Secretary would best meet the goal of serving as an advocate for aging.

Please understand we certainly see the value and need for routine consolidation of Harrisburg-based administrative functions if they're cost effective and will not cause disruption to aging services.

We believe, however, this consolidation can be done as it has in the past without dismantling the entire Department of Aging and diminishing its primary mission of advocacy for seniors and on the ground service delivery to seniors in our Commonwealth.

While we fully understood the need to make changes in response to Federal regulation, DHS's recent management of the transition of Medicaid waiver enrollment from the AAA to Maximus heightens our concern and was
incredibly harmful to countless older adults trying to
remain in their communities.

Without a Secretary of Aging to advocate, we fear
that this leaves the aging network weakened without an equal
seat at the table. Furthermore, we're seriously concerned
about the idea of placing the Lottery fund into the hands of
the new Department.

As recently as three years ago, the Department of
Human Services with legislative approval was withdrawing
$500 million from the Lottery Fund to subsidize the General
Fund for Medicaid payments. This withdrawal caused
increased waiting lists and short-funding for aging programs
which are funded only by the Lottery. Across the State,
Meals on Wheels, protective services, home care services,
the waiting list existed.

To the Governor's credit, he decreased the
withdrawal from the Lottery Fund for the past two years.
But this decision appears to show a reverse course by
suggesting that dismantling the Department of Aging will
provide savings to help address the General Fund deficit
when, in fact, it will not.

Not a single dollar of General Fund money
supports the Department of Aging or the programs it
administers. The cost of the Department, including
administrative costs, are paid for with Lottery funds or
Federal funds.

Therefore, the only way dismantling the Department of Aging could help to reduce the General Fund deficit would be to shift more Lottery funds into General Fund programs.

Finally, we're very disappointed with the process by which this consolidation proposal was created. To the best of our knowledge, no stakeholder input was solicited by the Administration from within the aging network. To assume that the State can begin to undertake such a massive consolidation effort in less than four months seems unwise.

We believe that any plan to dismantle several cabinet-level departments, which has such deep and broad consumer implications, deserves more careful consideration, planning, and community input than appears to have been done in this case.

We've already talked about the growth of our population over age 60. The duties of the Pennsylvania Department of Aging extend beyond serving those with physical and mental health needs. It extends to promoting engagement, wellness, and health for all older Pennsylvanians regardless of income.

This reality clearly underscores the need for a cabinet-level department representing our aging population responsible for advocating for their needs and administering
the delivery of their services at the community level.

The needs and potential contributions of Pennsylvania seniors are unique and specific. Lottery-funded services are used by all seniors in the Commonwealth. Think about transportation, insurance counseling, prescription assistance, property tax rebates. All seniors and their families likely take advantage of these Lottery-funded programs. Seniors use Lottery-funded programs to help others.

We have a volunteer at the agency where I work at. She's 75 years old. She uses the reduced-fare transportation. She pays her part, uses the reduced-fare transportation to get to our senior center three days a week to pack meals for about 200 homebound seniors that we then deliver.

Vulnerable people who are unsure where to go for help or how to access the help they need to age well also use Lottery-funded services. Families need these services, too.

Past experiences show us that seniors attach a stigma to receiving help through a Public Welfare Office. This department consolidation will likely further alienate our aging constituents as their services are linked to Public Welfare Programs. It will reduce the likelihood they will seek help.
To support such a consolidation, we would need to see clearly how absorbing the Pennsylvania Department of Aging into a new super department will provide real cost savings while maintaining or improving representation of and services for our seniors. Short of this, we cannot support the Department of Aging being dismantled.

Our members would be happy to discuss this further. And I want to thank you again for having me today.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you very much. We appreciate your leadership on behalf of our senior citizens and their rights and interests of the elderly. We appreciate that.

We're going to move now to members' questions. And we'll start with the Chair of the Aging Committee, Older Adult Services, Chairman Hennessey.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN HENNESSEY: Thank you, Mr. Chairman.

Rebecca, you had mentioned that you already have in place a No Wrong Door Policy for the aging in Pennsylvania. But I think it's important for you to talk about that in a little more depth so that our members understand that it's already in place in the aging segment of our population in terms of delivering services to them.

How do you feel this would be somehow jeopardized should a merger take place as proposed?
P4A EXECUTIVE DIRECTOR MAY-COLE: Thank you, Chairman Hennessey.

To talk about the way that we feel, AAAs really are a No Wrong Door. When you look at the local access, the local person, the, you know, Mrs. Smith who is sitting in her home right now, she is going to call her Area Agency on Aging for help.

The Area Agency on Aging is going to help facilitate, you know, whatever it is that she needs, helping her figure out does she need to -- you know, what kind of services does she need? Does she need a ramp? Does she need home-delivered meals? Does she need home- and community-based services in her home?

She is calling a single place, the Area Agencies on Aging. There are 52 AAAs that cover all of our counties because we have planning and service areas, some of which cover more than one county. There are physical locations local to these folks, local phone calls that they make. It's in their zip code. They are calling the AAAs. The AAAs are facilitating the discussions, the behind-the-scenes work.

They're not calling necessarily the Department of Human Services for questions about Medicaid. They're calling the local AAA. And that's where we feel the No Wrong Door, the one-stop shop, sort of happens locally. And
so that's where we feel -- that's what we have right now.

Folks aren't calling the State. They're calling the local areas. That's where they are getting the assistance that they need.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN
HENNESSEY: With regard to the -- some of you have alluded to the changeover for the over-60 waiver, the Aging Waiver in Pennsylvania, from AAAs to a new enrollment broker, Maximus. That basically was for a population of 50,000 elderly who partake in that program.

The Community HealthChoices Program has about 420,000 seniors. Given how badly the Maximus takeover of that function occurred, what do you see as far as the 420,000 population? What awaits them in terms of this kind of a changeover?

Diane.

CARIE EXECUTIVE DIRECTOR MENIO: Yeah. I just want to add to the No Wrong Door question as well because this ties into this question.

People who are going through this new enrollment system are still calling their local AAA when they need help because it's the place that they know in the community. And it's the people. A lot of people that are there, that's where they go for help. They might go to a senior center. They get to -- you know, the community-based agency is where
they go. And so they are still calling.

We're really dealing -- you know, we have very grave concerns about a system that went online very quickly last April. It's almost a year now. And it's still having problems. We get calls from people who are waiting six months just to get services.

So we have grave concerns that they're stuck at home. They're ending up in nursing homes. They're ending up in hospitals because their health is declining. Families are getting stressed. We don't know what's happening in people's homes all the time. So we try in our organization, if they get to us, we try to help them get services. AAAs are doing similar work.

So I think that we're very, very concerned about the large numbers that will be taken on as a result of Community HealthChoices. As I mentioned in my testimony, doing this consolidation at the same time we're making this massive change in the way long-term care is delivered in Pennsylvania is very concerning.

I just have to say this because I say it -- we say it every time we get a chance to say it. The way that -- another issue that we're very concerned about is with the new Community HealthChoices Program. There's no plan to have an Ombudsman for people to call when they have a complaint.
And so obviously the Maximus issue has given us that real look on that need for someone for them to call to kind of troubleshoot, you know, what happened to my application? You know, sometimes there's a time limit. You know, they're supposed to be processed within 60 days. But then we learn that there's a lot of times when the application stops and starts over again. So that's how we end up with people waiting those long, long times to get services.

So we are very concerned about the fact that people will not have a place to call to make a complaint, an advocate to be able to help them. And whenever you have this kind of change, no matter how well-meaning it is -- and I'm sure it is well-meaning -- you're going to have problems. People have problems. We are very concerned about it.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN HENNESSEY: With regard to the Department of Aging, the adage that comes to mind more than anything else is if it ain't broke, don't fix it. I said earlier in my opening comments, I think the Department of Aging functions extremely well and extremely smoothly and efficiently.

So I don't know that there's any need to include that in the merger if the merger goes through at all. And what we've heard as a recurring theme from four or five
hearings that we've had and the Senate hearing that was held last Wednesday or Thursday, people were saying, it's coming at us way too fast. Even if it was a good idea, there's no way that we can do this in the time frame that it's being proposed. I think I've heard that in your testimonies as well.

Thank you for standing up and making that point of view heard.

Thank you, Mr. Chairman.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you, Chairman Hennessey.

Representative Mary Jo Daley.

REPRESENTATIVE DALEY: Thank you, Mr. Chairman.

Thank you, all, for your testimony today. I think in listening to you, it's very clear that you have big concerns and valid issues that should be brought forward in this discussion. It seems like the process is moving forward.

What I'm wondering is, if you could each just talk about -- I think, Rebecca, you did this in your testimony. You talked about you had formed a task force and you would look at how this would affect you and you came up with your list of what you would like to see. But I think that it's really important to find a way that maybe even if you could lead something with these other organizations --
well, I guess what I'm trying to say is, I think it's important to be able to find a way that if this does happen, these are your main concerns, which you all did a good job. I mean, it's very clear. I think everybody sitting in this room is worried about the Lottery funds, also worried about being a very small voice in a very big room and clearly having an important constituency to represent.

So I thank you for that. But I think if you could also think about if this does move forward, how does everyone work together to ensure that it works so that seniors continue to be represented so that they can continue to get their questions answered and not feel lost in the fray?

Certainly with 25 to 28 percent of the population, which I think a couple people talked about those numbers, they have a big voice. And there a lot of advocates for the seniors, including a lot of us here as Legislators. But considering the budget pressures that this State has been under, I think that is what is leading to this idea of consolidation despite whether or not a lot of it is coming from -- you know, State funds going to the departments.

But that's what I would ask you. And I'm not asking -- I don't want to put you on the spot right here today to even provide an answer. But I think that clearly
there's going to be stakeholder input. And clearly you three all have a really good view on this. But I would also look at it in a way that how do we actually work to make this work if, in fact, it continues to move forward in the way that it looks like.

So thank you so much for being here and for your testimony today.

And if you do want to comment, that's okay.

P4A EXECUTIVE DIRECTOR MAY-COLE: I did mention it briefly in our testimony. You know, if the consolidation were to occur, there's several levels of, you know, priorities. It would be having a cabinet-level Secretary, having a separate office.

Right now it's been proposed, at least the last that we've heard, as an Office of Aging and Adult Community Living. And we still very strongly feel that there are unique needs of seniors that need to be addressed and recognized.

And so having a separate Office of Aging perhaps could be one way of dealing with it. And then the third item that I had mentioned in the testimony was that consolidating the functions so aging-related services and funding would fall within that Office of Aging so that there is that kind of unified look at what it is that seniors need.
Those are the three things that I had mentioned, of course, in my testimony.

REPRESENTATIVE DALEY: Okay. Thank you.

Thank you, Mr. Chairman.

MAJORITY HEALTH CHAIRMAN BAKER: Representative Hill.

REPRESENTATIVE PHILLIPS-HILL: Thank you, Mr. Chairman.

Ms. May-Cole, you spoke with regard to some concerns about these Independent Enrollment Brokers. And I've heard similar concerns from our Area on Aging in York County. I guess what I wanted to say or see if you know is that when they made the decision, the Department of Human Services made the decision, to transfer the enrollment function to that Independent Enrollment Broker, what has been asserted to me is that there are a lot of efficiencies lost that our older York Countians were perhaps forced into facilities as opposed to being able to stay home and receive these services that are in a way maybe less costly. Let's face it. We all want to stay in our own homes as long as we possibly can.

Have you made any attempt to quantify, you know, what has transpired there? Do we have data that shows us it's actually costing us more? Are we just basing this on, you know, sort of -- I don't want to say hearsay, but just
anecdotal evidence? Have there been any attempts to quantify the cost to Pennsylvania for making this transition to these independent brokers?

P4A EXECUTIVE DIRECTOR MAY-COLE: To quantify the cost, we have not been involved with anything to specifically find, you know, what the cost implications have been. We have been involved with tracking across the State numbers of people who originally were, you know, put in under the new Independent Enrollment Broker and the length of time it's been taking. A lot of our AAAs have actually really bent over backwards to keep assisting people, whether it's, you know, helping them with finding the forms, filling out the forms, helping to coach them along the way, you know, phone calls they need to make, just explaining what the process will be.

So we certainly -- and I don't have anything here right in front of me today. But we have worked to get an idea in each county. Really there's specific information about how long it has taken folks and folks who have fallen through the cracks who we've gone back to try to address and find what happened with them and can we restart the process or get them back in line and going.

REPRESENTATIVE PHILLIPS-HILL: I mean, I certainly think that, you know, regardless of what decision is made going forward, whether these agencies stay as they
are or whether they're consolidated, that's probably something that we need to address because we need to find every efficiency that we possibly can.

And so anything that's costing money and decreasing quality of care for people is something that we do need to address. So any information that you could possibly share with our Chairmen, our Aging Committee, our Health Committee would be greatly appreciated.

Thank you.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you.

Representative DeLissio.

REPRESENTATIVE DeLISSIO: Thank you, Mr. Chairman.

It's interesting that 1978 was the year that the Department was founded. That was the same year I graduated Penn State, a Health Policy and Administration major, because they had no such major as long-term care. So to get any of those courses, I had to go outside of my college in order to have that concentration.

And there was two reasons I had chosen long-term care. It, in fact, was if you looked at the demographics of Pennsylvania, it was going to be a field that you'd be able to be employed in as long as you wanted to because there were a lot of older adults 40 years ago. And there certainly are as many, if not more, now and, as you ladies
have projected, will continue to be.

And I dare say a good majority of the people in the room fall into the category you were representing, 60 and up, a few that are younguns, but most of us are near 60 or on the other side of it.

And I think if indeed -- and this is not a dis in any way, shape, or form, for this Secretary sitting here today or any Secretary before that for the Department of Aging. If this Department had been as stellar as I think we had all hoped, Pennsylvania would indeed be on the cutting edge of policy for aging citizens in Pennsylvania. And we are not.

In fact, I have seen things happen in those 40 years that the Department hasn't been able to stop or impact because it happens in departments outside their purview. So I remain highly interested in this idea and concept of reimagining government within this larger agency.

Like Acting Chairman Daley had said, I hear all the concerns. And I think that the timeline, too -- I can't quite get my head around how this timeline is going to trip magically July 1 and be smooth, etc., etc. But the concept I think still has tremendous merit.

When we talk about things, you know, regulation and reimbursement fall primarily under Health and Human Services now. I don't know if the everyday consumer knows
that or the everyday citizen.

Those are issues that are not impacted by the Department of Aging. The Lottery, the discussion about the Lottery, kind of makes me chuckle in a way. I've been here six years under two gubernatorial administrations. The Legislature, the folks in this room, are the ones voting on that budget that saw the transfer of those dollars to things other than what the Lottery Fund is designated for.

So, in essence, when you testify, I want to be clear to my colleagues, what I'm hearing is -- and perhaps rightfully so, they don't trust the Legislature to do their job and keep true to what the Lottery Funds' intent is for.

You know, I don't know whether that will be exacerbated under a consolidated agency. Personally, I think not, because the Legislature's role is not going to change as it pertains to the Lottery Fund. We're here at the other end of the day as well as we are here today.

Maximus is an interesting area. I sat through a hearing in October of the Senate and Aging Committees in the House and Senate. And I picked up a good piece of the hearing. I had some other commitments that morning. But I'm wondering if the consolidation had been in place that the Deputy Secretary of Aging wouldn't have been well-situated and well-suited to intervene in that before it became the bit of a cluck fester it is today and has been.
So the idea of a Deputy Secretary as well having conflicts with perhaps their Secretary is interesting because as I understand it, most of the agencies are set up with Dep Secretaries. They all oversee different functions within the Agency. And I think they represent these functions well to the Secretary.

So in listening, I'm taking down all of the concerns at this point to ensure that those concerns are factored into the larger discussion as well. And again, this detail is still coming out. As of this time, I also see this as a potential serious benefit for our older citizens in Pennsylvania.

Mr. Chairman, I have no questions.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you.

Representative Dush.

REPRESENTATIVE DUSH: Thank you, Mr. Chairman.

For the second time in a row, I end up following Representative DeLissio. And again, I'm going to mirror some of her comments. I do have a feeling that we do need to take a look at consolidating some of these services. We do have a lot of duplication of effort.

But I'm going to reiterate, because I still haven't received any responses since the hearing we had two weeks ago with the Secretaries, I have a lot of concerns about how fast we're pushing this stuff through. I'd like
to get some information from the Department, as I said two weeks ago, on who your staff are who are the key players and if any of them have had any experience in mergers of any type.

We're looking at a $40 billion process that's, as Chairman Hennessey pointed out, bigger than all but five states' entire budgets. It also puts us into a Fortune 100 Company level. And yet, I don't know of any staff who have had that kind of merger experience under their belt.

That is a grave concern especially given the timeline that we're looking at in putting all this stuff together. What happened with Maximus is a prime example of exactly why these concerns have to be addressed. We had people dying waiting for those services. My constituents, they're not numbers. They're people.

Rebecca, you threw some excellent questions out there. A lot of the concerns, I'm not going to reiterate them. What I would appreciate is if you would provide your written testimony to the Secretaries as well as to the Chairmen, I would like to have responses back from the Departments on how those concerns are going to be addressed, something in writing that I can actually take a look at.

We are fast approaching this deadline. Ladies and gentlemen, I voted for the Budget hoping that we were going to have something solid to work with. We're just over
70 days away from that thing right now. And I don't have anything that I can place any confidence in. That is my big concern.

I don't have a mission statement from you guys, either for the Department as a whole or as to what the different sub bureaus or offices are going to be. I don't have any identified outcomes as to what the services are going to be under those new mergers. I don't have anything that tells me what the conflicts of interests are with the mergers. I don't have anything that identifies the duties of the Deputy Secretaries or the senior management.

I don't have any real numbers as to what the specific savings are going to be. If we're going to be pushing this through and expect to be starting to operate around the 1st of July, I don't want people dying as a result of people just haphazardly putting this stuff together without solid information.

How do we do this with people's lives on the line? I want the savings. I want the consolidations where it makes sense. But you haven't shown me what you're going to do that makes sense. I haven't got a scrap of paper. We're 70-some days away from this. We need something out of these Departments.

Thank you.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you.
Representative Ryan. Full bird colonel.

REPRESENTATIVE RYAN: No, I have not been promoted to General, but thank you.

I'm Representative Frank Ryan. Just a very quick question. I've been to (inaudible) organizations for 40 years of my life. And in doing that, I would typically see an operating plan in extreme detail before we would approve it. I've not seen anything like that.

We've heard testimony from three prior reps speaking about that. So it's generally speaking pretty imprudent for it. But the same token, we're $3 billion short on the budget. And that is without addressing the fact that we've got a $74 billion -- in my mind $110 billion unfunded pension liability.

Have you come back with any type of ideas where we could change the delivery model to, as Representative DeLissio said, come up with a more modern, more effective delivery model, that puts us state of the art rather than behind the eight ball?

Have you considered something so we have alternatives to look at? Because again, without looking at a very specific detailed operating plan, I'd be very, very concerned about implementing something. But by the same token, I do recognize that we have a fiduciary responsibility of 3 billion and to take care of the
pensioners of the Commonwealth as well as property tax owners and taxpayers.

Any thoughts?

CARIE EXECUTIVE DIRECTOR MENIO: Well, I just have to say you have a lot more experience than I do in these things.

REPRESENTATIVE RYAN: I'm also a senior citizen.

CARIE EXECUTIVE DIRECTOR MENIO: I'm there myself.

But I wanted to respond to your question by saying it would be kind of a shame to go ahead with this without the good planning. I have been involved in enough business planning and those kinds of things to understand that you need to come up with a good plan. You need to understand where the roadblocks might be and where the savings is going to come from.

I think it would be a shame to make this big consolidation without actually realizing what it's intended to do, which is save money in the State Budget.

And I apologize to you because we don't have any answers for you because we got this information so recently. We haven't really had that opportunity. We're kind of in defense mode at the current time. At the same time, we've also been doing a lot of advocacy around Community HealthChoices and other things and the Independent
Enrollment Broker and many of the other things that are happening right now that impact older adults.

So we haven't had the time as, you know, the rest of you haven't had the time to come up a good plan for this. So that's part of the reason we say, step back and make a plan.

You know, we talked to one large state that made this change and didn't have quite the structure we have in terms of having a cabinet-level position. But it took over three years to do this. And that's what a good plan takes. It doesn't take six months. It takes years.

REPRESENTATIVE RYAN: Just one final comment.

Representative DeLissio, in the time I've gotten to know her, has got some tremendous experience. I can't speak for her. But I'm sure she'd be willing to help.

We've got to come up with some solutions rather than just saying, this wouldn't work, let's not do anything because the money is not there.

Thank you.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you.

Chairman DiGirolamo.

MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

Thank you, Matt.

First, the three of you did a terrific job, really a terrific job. I absolutely share concerns. And
just a quick question for the three of you. Have any of the three of you had meetings with anybody from the Administration or any of the Secretaries?

P4A EXECUTIVE DIRECTOR MAY-COLE: There was a stakeholder meeting about a month ago, I believe it was, with the Governor's Policy Office that we had. It was more of an opportunity for us to share our thoughts and concerns.

I understand that there's another stakeholder meeting that's coming up. There's, I believe, several of them. I know ours is going to be happening on -- I think it's Wednesday to get more information.

MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

Did you get any details on how this is going to work? No details?

P4A EXECUTIVE DIRECTOR MAY-COLE: No, not yet.

CARIE EXECUTIVE DIRECTOR MENIO: And I will say that there was a stakeholder call right before the official announcement of this and we were not invited.

MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO: Oh, you were not invited?

CARIE EXECUTIVE DIRECTOR MENIO: No. I know that Rebecca was on that.

MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO: So no details on how this is going to work as far as the Department of Aging is going?
CARIE EXECUTIVE DIRECTOR MENIO: No.

SWPPA PRESIDENT DOMAN: No.

MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

Don't feel too bad. I don't have any details either on how this is going to work.

We actually have our very first meeting I think on Wednesday with the Chairman. So here we are 70 days out and I don't have any details either.

But guess what we have? We have a cosponsorship memo in the House that was sent out last week. Nice document. Sounds really, really good. No details in the cosponsorship memo either. It just talks very nicely about how this is going to work and what a big improvement this is going to be, 70 days out.

And I'm going to end it with this. I have a cosponsorship memo out also with Representative Seth Grove, which says that this will not be implemented, this consolidation plan, until the Legislative Budget and Finance Committee and Joint State Government Committee, the two of them combined, do a study, one on the financial aspects of doing this, the other on the programs and how it's going to affect the programs. And it gives them a year to do the study and then come back and report back to the General Assembly whether this is feasible, a good idea, a bad idea, or not.
It makes a whole hell of a lot of sense to me. You talk about -- somebody said in your testimony, rush forward. This to me -- this to me is really moving and rushing forward without having any details of how this is going to work and how it's going to affect our most vulnerable citizens in the State of Pennsylvania.

I thank the three of you for your testimony.

Thank you, Mr. Chairman.

MAJORITY HEALTH CHAIRMAN BAKER: You're welcome.

Representative Kaufer.

REPRESENTATIVE KAUFER: Thank you, Mr. Chairman.

I'll be very brief. I just have one question.

Besides not using Lottery funds for other departments or the vice versa that this might be absorbed by other departments, we also hear about Maximus and no input from Aging Services stakeholders, which is a major concern of mine.

Can you give me an example from this Administration that should give me faith that older Pennsylvanians will be prioritized?

P4A EXECUTIVE DIRECTOR MAY-COLE: I would suggest that having a department-level, a cabinet-level Secretary is currently providing that prioritization.

CARIE EXECUTIVE DIRECTOR MENIO: And, you know, I would just add that while we do this advocacy, I do believe
that we need a strong voice at that level. We need a voice that is the advocate that was envisioned back in 1978.

    Again, you mentioned Maximus. We need a strong advocate to make sure that -- and this is part of what needs to happen when you have these different departments. They need to be advocating for the population they're concerned about. The people who are aging in Pennsylvania need an advocate.

    And if you put everyone in one big department, you lose that advocate. I mean, yes, we can advocate from within. And you see that in many cases. But the power structure is missing. And so, you know, I often say that once we get done, if the Department of Aging does survive, we need to keep advocating to make that a stronger department than it already is.

    REPRESENTATIVE KAUFER: And I appreciate that because it sounds like that's at least the one thing that we'd be losing in the consolidation. Your silence is deafening on this issue that we can't name one thing that gives us faith that this will move forward in a proper and good way of showing a good sign of faith already.

    Thank you for that. I appreciate your testimony.

    CARIE EXECUTIVE DIRECTOR MENIO: Sure.

    MAJORITY HEALTH CHAIRMAN BAKER: And the last question in order to try and stay on schedule for the next
Representative Tallman.

REPRESENTATIVE TALLMAN: Thank you, Chairman Baker, for the opportunity.

I'm going to ask questions. I'm going to say something that I did say to our Agency heads. Maybe our Chairmen should bring our Agency heads back for a second go-around. Just a suggestion.

In the private sector, I've been involved with three consolidations. One actually went according to plan, achieved the goals that it was desired. Two did not. One was just a horrendous disaster on the part of the company. So consolidations need to be done very carefully.

And I liked what Representative Ryan said. All the consolidations I've been involved with had a very detailed -- I'm going to refer to it as a perk chart, which is an old-time way we did projects. There's newer methodologies today. But the time frame with those consolidations typically were a half -- you know, a full-year-type operation. And we're doing this much, much more quickly, nor do we have numbers.

So my question to you is, the Governor is proposing this as a methodology of cost savings. We haven't identified any cost savings. And typically cost savings in the private sector when we did consolidations, people lost their jobs. Yet the Governor said, we're not going to loss
jobs. That's how you get cost savings. That's the easiest way to get cost savings.

So where do you folks see in this consolidation -- by the way, I'm 70. So I fit right in. So where do you guys see -- where's the cost savings? I know you're not an agency head. But where do you see outside agencies that have to deal with this, where would you see efficiencies or cost savings?

SWPPA PRESIDENT DOMAN: Well, with respect to the Department of Aging, we don't see any cost savings since the General Fund monies are not used for the Department of Aging. The only thing that we could see would be that the Lottery Fund would be used in a different way than they have been.

REPRESENTATIVE TALLMAN: Well, a very significant portion of Human Services is Aging programs.

SWPPA PRESIDENT DOMAN: Pardon me?

REPRESENTATIVE TALLMAN: A significant portion of Human Services is Aging programs.

CARIE EXECUTIVE DIRECTOR MENIO: Yeah, you're absolutely correct there. And, you know, certainly it is true that, you know, when we talk about what is traditionally handled by the Department of Aging, it is not General Fund money. But certainly there are many programs in the Department of Health and the Department of Human
Services that are programs for the elderly and mainly Medicaid programs.

And so, you know, it's very -- that's a very tough question to answer. You know, we're not really sure. I think that, you know, we've been told that the Community HealthChoices was not a cost-saving measure either. I don't know how that's going to work out.

One of the things we did see -- someone asked a question about the Independent Enrollment Broker earlier and the costs. I think you were referring to the costs of, you know, how many more people go into nursing homes and so on.

But I think it's also important to look at the cost of that contract. We do have a copy of the contract and did some of the math. It's a little challenging because part of it is for just Aging Waiver and part of this was the emergency procurement contract, part of it is for -- the ongoing contract is for both under 60 and over 60. So it's hard to discriminate what's aging, except we know that almost half of the waivers are -- Aging is almost half of the waivers.

And so what we figured out, and it's kind of a vague number, but it's at least five to six times as much as being spent on that contract than was actually provided to the Area Agencies on Aging in 2015 because they were getting $95 per enrollment. And now I think the number -- and this
is including all of the waivers -- is somewhere around $650,000 a month, plus $45 per enrollment.

So we're talking about -- and in 2015 when we figured out what the AAAs were paid, it was about $660,000 for the year for enrollments. So we're talking about something that actually ended up costing a lot more.

And so that's one of the things I worry about as well. As we make these changes, we still don't really know what the managed care plans -- you know, how that's going to work with the system and, you know, in terms of the Community HealthChoices. We don't have enough information to even begin to talk about this.

REPRESENTATIVE TALLMAN: Thank you.

And just to the Chairmen, if we can get the Agency heads back because, as you can see, many of our questions are not being answered with any type of details or specificity.

Thank you.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you, Representative Tallman.

Before we let you go, we just want to thank you for your testimony, for answering all the questions, and for your gracious time. Very probative, salient issues that you have proffered in your testimony. Many questions need to be answered.
I continue to have a concern about the cost savings, allegedly $90 million for the consolidation, half of which would come from the dispensing fee, as I understand it, through the PACE/PACENET Program and worked within that, embedded within that, is the presumption that CNS is going to approve the lowering of that dispensing fee. And we do not know that because, as I understand it, they have not approved such a low dispensing fee.

So I'm not sure the numbers work. I believe that we need a lot more answers. And I also believe that perhaps we're moving a little bit too quickly here on this. And particularly, I've made it known to the Cabinet Secretaries as well that one of the big ifs is, what's Congress going to do? Are they going to repeal and replace Obamacare? And how is that going to impact all of these agencies?

I'm just not sure about the timing right now. I think we need to be open-minded about some other alternatives and options.

But thank you very much for your testimony. We really appreciate it.

P4A EXECUTIVE DIRECTOR MAY-COLE: Thank you.
CARIE EXECUTIVE DIRECTOR MENIO: Thank you.
SWPPA PRESIDENT DOMAN: Thank you.
MAJORITY HEALTH CHAIRMAN BAKER: Our next panel will be from the health sector. We have Hannah Wesneski;
Richard Edley, President and CEO, Rehabilitation & Community Providers Association; and George Hartwick, Dauphin County Commissioner, on behalf of CCAP, County Commissioners Association of Pennsylvania.

I note the presence of Commissioner Ed Bustin from Bradford County. I'm not sure if there are other county commissioners here as well, but welcome. Glad to have you with us.

We'll begin with Hannah. If you would kindly introduce yourself and begin with your testimony.

MS. HANNAH WESNESKI: Yes. Thank you.

My name is Hannah Wesneski. I'm a former LIHEAP worker, income maintenance caseworker, and income maintenance caseworker supervisor. I also worked in long-term care in waiver services.

Even though I do not currently work for the Commonwealth, I still care very deeply for the citizens of PA. And I wanted to bring to your attention the importance of keeping our County Assistance Offices local.

There are currently 96 County Assistance Offices, or CAOs, as we call them.

MAJORITY HEALTH CHAIRMAN BAKER: If I could interrupt.

MS. HANNAH WESNESKI: Sure.

MAJORITY HEALTH CHAIRMAN BAKER: She does have a
PowerPoint presentation. If the members want to move or get a better view, feel free to do that.

And if you could bring your microphone a little closer, that would be great.

MS. HANNAH WESNESKI: Okay.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you.

MS. HANNAH WESNESKI: You're welcome.

So again, there are currently 96 County Assistance Offices, or CAOs, operating in PA. Each county has at least one CAO, with more populated counties have multiple offices.

So here's just a quick look at Governor Wolf's proposal. His proposal is to reduce the local County Assistance Offices and construct five mega processing centers. The first two anticipated locations are Erie and Pottstown. Each center will house about 500 workers. Right now there's approximately 4,000 workers or IMCWs with 500 in each center. That's a significant job loss.

This map right here shows where proposed locations could be. Darker counties are more likely locations with prime areas outlined in red. As you can see, a large part of the State is left out, especially the rural areas, which already face difficulties with phone services, transportation, and Internet access. The proposed locations will make it even more difficult for our rural residents.
These proposed locations also have high turnover rates, which will lead to less skilled workers, longer processing times, and increased errors.

Having worked in both the County Assistance Office and Processing Center, I can point out a few differences between the two offices. Local assistance offices are very client focused. They work with a client closely to accurately complete the application in a timely and efficient manner. They schedule phone interviews and also conduct face-to-face meetings when talking over the phone is too difficult.

The Processing Center is more project focused. They excel in helping larger counties with overdue work and application backlog and are great for special projects.

However, this was also a challenge as clients had a really hard time understanding why, when they applied in one county, they had to speak to another worker in a different county that doesn't know their situation. They often had to meet with their caseworker in their home county to access other benefits that they may need or submit other verifications.

Scanning was also an issue as sometimes the images were not legible or a narrative was incomplete, making the Processing Center jobs very difficult.

Here are some of the negative impacts it will
have on our clients. Clients will lose direct contact with their local caseworker. It is much easier for a client to explain their situation to one local caseworker rather than having to explain repeatedly to multiple workers in different locations.

Workers will get to know their clients and can understand their situation, making it more likely that they will be able to offer services that make sense for their family. They're also telling their story once rather than having to explain their oftentimes painful situation multiple times.

If the proposal goes through, clients would likely be talking to someone in one location, sending in documents to another, the work may be processed by another worker, and then clients may meet another worker face-to-face for assistance. How is this making processing more accurate? How is this more efficient?

One resolution was to push for more on-line applications and submitting of documents, including a new app for Smartphones. I think we've all struggled with technology at some point. But our elderly and disabled clients are more likely to struggle with applying and submitting verifications online.

Lower income households are also less likely to have access to technology required to complete applications
online and submit verifications electronically. How is this helping our most vulnerable citizens?

    If you're not familiar with Compass, the online application, I encourage you to go on and attempt to fill out an application, but not submit, to see how difficult it is to navigate.

    Current PA Compass usage is less than one-third of submitted applications. Compass has been around since I started as a worker in 2010 and yet one-third of the apps are on Compass. That should speak volumes.

    Our local caseworkers know how to help their clients. It's not likely that a caseworker hours away will be familiar with the services that are available in the local communities or be able to explain how to access those services.

    For example, in Tioga County, the Food Banks are only open on certain days, certain churches are willing to assist clients in their communities, CCIS childcare is located in a neighboring county that operates on certain days in a housing complex, local workers are also more likely to know what employers are hiring, when and where job fairs are being held, what daycares have vacancies and what ages they will accept. The local service providers and the Assistance Office work together to provide the best services for the clients.
While not the norm, welfare fraud and abuse do happen. And local workers are more likely to be able to prevent and detect abuse and fraud. Local workers are more likely to find out things about people in their own community than a worker hours away.

With the expected high turnover rate, the referrals to the Office of Inspector General would be very far and few between. Many workers have the mindset to close their eyes and authorize to get their numbers up and their work done.

Long-term care. Governor Wolf has proposed an increase in home- and community-based service programs. Yet Ted Dallas wants to reduce all CAOs to storefronts. How is your 80-year-old mother and father going to navigate this complicated process? Nursing homes or community partners do not determine eligibility; skilled caseworkers do.

Statistics from the CDC and the Pennsylvania Healthcare Association, two-thirds of people that reach age 65 will need long-term care during their lifetime. And they will receive care for an average of three years.

The number of Americans over age 65 is expected to double from 40.2 million in 2010 to 88.5 million in 2050. PA is the fourth in the nation for their percentage of people 65 and over. The median annual cost for a semiprivate room in a PA nursing home is $108,847.
The need for long-term care will likely be increasing over the next few decades. Long-term care workers receive additional training and experience. Skilled long-term care workers that have developed relationships with their local providers will be key at managing the costs associated with this care while still providing the care that our older generation deserves.

It has been suggested that all long-term cases may be handled out of one processing center. By consolidating long-term care to one office, you're forcing poor families to have to hire an attorney, which can cost thousands of dollars, just to submit an application when they would have been able to meet with their worker face-to-face to figure out difficult situations.

Governor Wolf and Secretary Dallas are using clever wordplay to minimize and hide the negative impact on consolidating the Assistance Offices into regional processing centers.

I'd like to address some of the phrases and statements that have been put out. Back office and front office. Governor Wolf and Secretary Dallas have both talked about moving the back office functions to processing centers to reduce the physical footprint of CAOs. There truly is no such thing as front office or back office.

This proposal will not affect service delivery
and will improve the way that we do business. As I mentioned before, the proposal splinters the services, forcing the client to call one location, mail documents to another, and meet another worker face-to-face.

Clients will not have one caseworker that they can call. Caseworkers will have to reconstruct the case each time they work on something, leading to delays, possible errors, and frustration for clients who have to repeat their situation every time they talk to someone new.

It was also said CAOs will maintain a presence in each county. CAOs' clients will not be impacted, as storefronts will remain. Storefronts with minimal staff will not be able to meet the needs of the local communities. Ted Dallas stated that all clients will still have access to all services at their CAO.

This may simply mean a computer to apply for services with a clerical staff to assist them on the computer. Storefronts may be able to hand out applications and accept paperwork but will not have sufficient staff to answer questions, handle emergency situations, refer clients to community resources, etc.

Community partners. It has been suggested that community partners can help meet the needs for the clients in the counties. The McKinsey Report even suggests kiosks located in other locations in the community. Income
maintenance caseworkers have an initial eight weeks of training with frequent training throughout. Policy is complicated and updated and clarified all of the time.

When I was personally in training, my mentor told me that it takes a minimum of two years before you're even comfortable being a caseworker due to all of the changes that take place.

Community partners are more likely to get clients outdated or inaccurate information that will lead to additional frustrations.

In closing, just a statistic from the Tioga County Assistance Office. They see about 800 clients per month. This does not include those that are just picking up applications or dropping off verifications. This is face-to-face contact. They are not just numbers on a dashboard. They are fathers, mothers, sisters, brothers, grandparents, aunts, uncles, and children. They are PA residents that deserve to have a local caseworker.

If you do not have a local office to go to, I fear they are going to be in your office.

Thank you for your time.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you very much, Hannah. We appreciate the presentation.

MS. HANNAH WESNESKI: Thank you.

MAJORITY HEALTH CHAIRMAN BAKER: Richard Edley,
welcome.

RCPA PRESIDENT & CEO EDLEY: Thank you.

And I'll echo the comments from earlier in the first panel in thanking all of you for taking this much time on this important issue.

My name is Richard Edley. I'm President and CEO of RCPA, the Rehabilitation & Community Providers Association. We're a statewide association representing over 330 providers and other members of health and human services across the Commonwealth, serving well over a million Pennsylvanians annually.

RCPA is one of the largest and most diverse health and human services agencies of its kind in the country. And I want to come back to that point a little bit later in my testimony.

What I'm going to be doing here is just providing a summary and talking on a few of the key points. I gave you, obviously, the written testimony for time and just to answer any questions.

First and foremost, I did want to make it clear that RCPA is supportive of this proposed consolidation and the development of a new and unified Department of Health and Human Services. Our association views the consolidation as an opportunity to modernize and streamline an outdated system and to find efficiencies, all of which should lead to
better service and potentially freeing up dollars for better use in the community.

Simply put, as providers who are often pushed to be as efficient and streamlined as possible, when we hear the Governor and the Administration saying they would like to be efficient and streamlined and potentially save money, it's hard for us not to support that at the highest level. I understand the concerns and I'll come back to that as well.

The second reason why we feel comfortable in supporting this is I wanted to remind people that RCPA is actually the merger of two historical associations that occurred about four years ago.

We brought together these two large associations under one umbrella association because we really felt that it was the best way to coordinate, to collaborate, to share information, to develop best practices, so today our providers serve mental health, drug and alcohol, intellectual and developmental disabilities, medical rehabilitation, brain injury services, long-term living, aging, and physical disabilities and other related health and human services.

We really felt that that was the right thing for the provider community to do. So again as we sit here, if we really believe that that's the best way to share best
practices and collaborate and to find efficiencies, how can
we then turn to the Governor and say, it's good for the
provider community but you shouldn't do it? We've seen it
work. We get it.

Now having said that, we're not naive. I share
the concerns that have been laid out. And there are some
good concerns. I've spoken with several of you. And,
Representative DiGirolamo, we spoke. And we have a lot of
respect for all of you and have done a great deal of work on
health and human services with many of you.

So when we hear these concerns, we don't take
that lightly. We're not blindly supporting this. I guess
if I would sum up our view though, we're saying these are
great concerns and the Administration should answer them but
aren't necessarily a rationale to derail the plan.

So let me go through a couple of these. We've
talked about the time frame. And that gave me some concern
initially as well. I immediately said, July 1st, you'll
have this done? And what has clearly been said in the
recent meetings and testimonies is, July 1st is a starting
time. Of course, it's going to take time into a merger.
And quite frankly, that's what we saw with the providers
associations coming together. I'm not saying that our
merger was as difficult as bringing these departments
together, but I've also gone through mergers and
acquisitions in my past professional career. And I can't think of one that was completed on Day 1. That was always the starting point.

And, of course, the things you do in Year 2, 3, and 4 probably are different even from what your vision was when you created the merger. And that's more of what I've been hearing the department heads saying about the merger.

The second one, which, you know, we represent drug and alcohol members, is, you know, what's shown in the chart and what was raised earlier and I'm sure later in the testimony. And what happens, what are drug and alcohol services going to be focused on? And that's a very reasonable question and one that needs an answer.

We've heard different things about creation of -- these are my words, not the Governor's -- a drug czar and how it will continue to be focused on and so forth. We just need more of the detail. But certainly I haven't heard anyone say it would be lost. And I think the same could be said about aging. Very valid concerns. So we have to make sure that whatever plan is rolled out, it's addressed and addressed well.

And then the issue about the savings. I hear that. Savings are obviously very important. I will admit that in some of the merger acquisitions I've been involved in, that was not one of the rationale, because we really do
things because we want to do business better. So quite
frankly, in all these proposals, that's more of what I've
been focusing on, can this achieve a better outcome? But
certainly if that's part of the proposal, then those
questions need to be answered as well.

    I do want to talk a little bit about
transparency. Because earlier on when this happened, that
was also a question to me by some legislators. Has the
Administration met with you? Have you been involved? I
think you asked the first panel that. I will say that they
have.

    Within the first couple of days after the
proposal, Secretary Dallas offered to meet with my Board of
Directors and came and answered questions. It was a good
discussion. And actually next month he's agreed to come
back at our annual meeting to address any other additional
concerns.

    Just last week DDAP Acting Secretary Jen Smith
met with our Drug and Alcohol Committee and providers.
Again, just a very open forum. What are people hearing?
What can we be doing differently? and so forth.

    I also was invited to -- I think Rebecca May-Cole
alluded to the Governor's Office had a meeting. I did
attend that first meeting. And our next one is this
Thursday. I understand exactly your point made earlier.
I'm hopeful that in this meeting maybe more detail will come. The first was more of a general overview. Well, we have another shot at it this week.

And I would continue to ask that the Governor's Office and the Administration continue these kinds of stakeholder meetings and other forums. Because I really believe that meeting with stakeholders is the way that some of the best ideas will be generated, best management practices, streamlining reporting requirements, revamping, repealing some burdensome and costly regulations, and recommending other efficiencies for systemwide changes.

Finally, our Association has also been asked by a few legislators sort of at the level of, couldn't this all be done, all of this efficiency and streamlining, without the departmental consolidation? Couldn't it just be done? And the answer, of course, is yes. I mean, you know, you could always find efficiencies. You could always do business better. You could always collaborate better. So there's no doubting that.

What I do think, though, is maybe the better question to ask is, if you had a clean sheet of paper, what's the best way to go about the efficiencies and collaborations and so forth? Under that scenario, I'd say, well, consolidation, bringing all the people together under one roof. So I'm not saying we couldn't do better today.
We absolutely can. But I think that this is a serious proposal that should be looked at seriously in terms of what could be a positive outcome.

In conclusion, obviously I said I'm supportive. I'm not naive to the concerns. But I do think that there's a lot of positive that could come out of it. And I would hate that the concerns or that every possible detail hasn't been worked out by July 1 means that it would be pushed off a year, two years, or perhaps indefinitely, when maybe we could be operating at a very different level under this new consolidation.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you very much, Mr. Edley.

And, County Commissioner George Hartwick, I've heard you speak before. We appreciate your leadership with CCAP. You have a very fine group and organization that you represent there.

Your turn, sir.

CCAP COMMISSIONER HARTWICK: Thank you, Mr. Chairman.

To all the Chairmen and Chairladies of the Committee, both Majority and Minority, and members of the Committee, thank you for allowing us an opportunity to present testimony today.

My name is George Hartwick. I happen to be the
Oversight Commissioner in Dauphin County of Human Services.
I also serve as the Policy Chair for the County Commissioners Association, Health and Human Services Policy Committee. I was elected by my colleagues across the Commonwealth to represent us on the Executive Board at the national level. And I serve both as Chair and this year's Vice Chair of our Health and Education Steering Committee at the National Association of Counties.

I'm going to handle my testimony this way. I'm going to provide a couple of editorial comments. I'll try to be concise with presenting the testimony. I'm really anxious to get to the point of trying to bring forward proposals we had just heard about, the idea of, do you need consolidation or do you not need consolidation to form these efficiencies?

The County Commissioners Association is not taking a position on whether we support or we do not support consolidation. However, we've taken a strong position on being able to support the efficiencies. We've come up and we've charged our affiliates with coming up, if you had a brass ring for a day and you could address regulatory concerns, licensure concerns -- you know, ultimately the consumer at the end of the day does not care where the dollars are coming from. They want it to be a patient-centered form of delivery that's allowing us to do
it as efficiently as possible in a way that we can deliver to where folks are at at the time that they need the services.

So anything that allows us to move in that direction, we want to be supportive of and is part of the solution. So the politics of whether this happens or not, we're going to stay out of, but being a part of a solution related to how we can more efficiently govern and how we can obviously come together in a partnership to be able to create efficiencies.

And we heard from some of the members of the Committee at our spring conference saying that, you know, we may not need consolidation to do that. Well, we want to roll up our sleeves and get to work on some of these recommendations regardless of the outcome of this consolidation.

I think we've gotten a good starting point of a level of recommendation that I think could really provide a level of efficiencies. I don't think we need a salient topic of consolidation to begin active work on doing that.

I also would be remiss if we didn't talk about, you know, the budget cuts that have recently been proposed, $800 million. The idea that we will be, in fact, in a position to have eliminated Adult Juvenile Probation, Intermediate Punishment, the very things that stop us from
further engaging individuals into system involvement is going to be extraordinarily difficult. You cut out and continue to reduce the ability for us to do things at the front end of the system.

I mean, you know, we've all been successful in reducing the number of juveniles in our system. You eliminate those opportunities to be able to, you know, find community-based alternatives. We've reduced our numbers in our county from over 300 individuals in placement down to about 55 individuals. Instead of $515 a day at a Youth Detention Center, I'd rather have them in the community engaging families and figuring out ways for us to spend less money on individuals because we're trying to find alternative ways to give them access to community-based services, whether it's drug and alcohol, mental health services.

All of those cuts really don't present a stricter budget. It presents a cost shift to counties that I think are going to spend and cost a significantly larger amount of money for all of us as taxpayers, just a different place to be able to pay it from instead of the State revenue s, local property tax dollars.

So I will move off my soapbox and move into the presentation. I want to thank you for the opportunity to speak today on the proposed unification of the Departments
of Aging, Drug and Alcohol Programs, Health and Human Services, into a single Department of Health and Human Services.

Counties are uniquely positioned as key partners with the State in the delivery of a broad set of human services to all of the Commonwealth's citizens, including mental health, intellectual disabilities, Children and Youth Services, drug and alcohol programs, nursing homes and long-term care, housing, and juvenile justice services.

While CCAP has not taken a position on the proposed unification, our members, working together with our six human services affiliates, have given great thought to what the role of counties would be in the event these four agencies were unified or not.

We have also developed what we believe are the basic and necessary components that must be in place and adopted systemwide prior to implementation of a unified model. And we have identified opportunities to enhance our partnership to assure improved services and access for service recipients of the various human services systems.

You have before you the complete outline of those components and opportunities. But in the interest of time, I would like to highlight for you the county's top ten list -- and, no, this is not Late Night.

First and foremost, CCAP -- I'd like to go
through these. We've actually got 38 proposals in here, some of which I think have significant merit related to those aforementioned ideas that we had discussed.

First and foremost, CCAP believes that the goals of any change made to the structure of government must be service-recipient centered and not driven by just advocacy groups. The goal must be to assure ongoing service provisions of the many programs impacted and not be a means of shifting costs to counties.

CCAP urges the Commonwealth to utilize the opportunity of unification to develop and implement human service career goals that improve the ability of State, County, and contracted service providers to recruit and retain staff who are dedicated to the delivery of services to our residents. We know the challenges that exist in all of our systems related to staff turnover and what that means in outcomes to our consumers.

CCAP strongly urges an understanding and agreement that involvement of counties in decisions for addressing concerns or requests of Federal regulating and funding entities must include counties at the earliest possible time.

We would have liked to have been involved when CMS talked to the Department about withholding dollars before Maximus and the implementation strategy. We know at
the local level trying to partner and see and provide that vision, you know, it's not just about planning horizontally. It's also about planning vertically where the rubber meets the road and where we know we have that relationship with our consumers at the local level.

CCAP believes that the unified agency must develop efficiencies between programs internally as well as with local service delivery agencies at the local level. Through improved methods for information sharing and the elimination of silos further, the opportunity to develop data systems that create more focused and efficient service delivery should be a primary goal of the unification effort.

We're always looking for, how are we able to define success? And how are we able to track it? Are counties investing in a unified data system for the ability to hopefully target the high-end utilizers, focus on multi-disciplinary teams as well as the ability for us to look at forensic teams to reduce the formal engagement from folks in our system?

Not all counties can come up with the idea to gain those resources and figure out ways for us to have the appropriate level of data to help drive our decision-making. With resources so limited, without having that data, I don't know if we're making the best possible, most efficient decisions for the consumers and the taxpayers that we serve.
Counties must remain on the forefront of service delivery models that may result from this transition. And CCAP and their human services affiliates must be at the table as those plans are developed because counties are the closest to the people who rely on our critical services.

Further, counties must retain the option of selecting the structure of local human service delivery. A one-size-fits-all approach mandated upon counties would be opposed.

CCAP believes that counties should retain responsibility for all planning and quality assurance. Counties should be responsible for complex care management to assure communication and collaboration among disciplines for the most vulnerable of our residents.

Counties in the State should partner rather than duplicate efforts for licensing and quality oversight, sharing in the process as opposed to duplicating thereby saving costs and undue burden to our many providers.

CCAP believes that licensed entities should have the option to request technical assistance inspection to assist with policy, training, and staff compliance efforts. This can be best accomplished by separating licensing from technical assistance.

CCAP believes that opportunities to use county service structures and sites to deliver State services is
another area we encourage the State to consider.

CCAP believes that the unification should include the encouragement for counties to develop and implement innovations that enhance service. The unification should encourage the development of prevention models and define opportunities to direct services to high utilizers and service recipients with complex problems.

Further, if prevention strategies or enhancements result in cost savings, counties must be given the option to reimburse services, processes, and structures that will enable access to those services at the community-based level.

CCAP believes that the provision of substance abuse services and other prevention policy and licensure functions would be enhanced through the adoption of legislation that provides statutory authority to a single-county authority and renames them as the Office of Prevention and Addiction Services, which would continue to be the local entity responsible for the planning and implementation of a full continuum of services based on a locally identified need.

CCAP also believes that the integrity of the State Lottery Fund must be maintained and assured so that older adults can rely on continued programs and support consistent with the enabling acts. We want to make sure
that Gus, the scratching groundhog, is actually giving the
resources to seniors that they deserve and it's not being
diverted off for other purposes.

Again, we must emphasize the strong role that
counties must continue to play in the delivery of human
services going forward. Thank you again for allowing me to
appear before you here today. And I would be happy to
answer any questions.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you very
much. We appreciate your testimony, George.

CCAP COMMISSIONER HARTWICK: Thank you.

MAJORITY HEALTH CHAIRMAN BAKER: We appreciate
all the information from CCAP. There's a lot there to
digest. I believe there's some very good recommendations
there.

Thank you.

CCAP COMMISSIONER HARTWICK: Yes.

MAJORITY HEALTH CHAIRMAN BAKER: Hannah, all
these County Assistance Offices --

MS. HANNAH WESNESKI: Yes.

MAJORITY HEALTH CHAIRMAN BAKER: -- is it your
belief that the consolidation plan -- and I think it's been
overlooked by some members -- is to eliminate them and
basically have five regional centers, call centers, and that
further is it your testimony and belief that by default if
these close in the counties, that the members' offices, Senators, Representatives, are going to end up being the caseworkers for complaints in applications being filed for various services within the medical assistance footprint? Is that correct?

MS. HANNAH WESNESKI: They're being reduced to storefronts, which hasn't really been explained as to what that means yet. They haven't come out with anything to say how many staff members there will be. But with them being shipped off to processing centers, yes, I believe that your local citizens are not going to have anywhere to go other than your offices to complain because there's not going to be anyone at the Assistance Office to help them.

MAJORITY HEALTH CHAIRMAN BAKER: And these are very complex forms. I've personally experienced it in trying to help my own late mother and father who were both -- my mother was in a nursing home for five years and my father a couple of years.

It's pretty extensive, the paperwork process. I know in order to help them I had to make several calls to the caseworker in charge at the Assistance Office. And that's just not the end of it. That's somewhat of the beginning of it because every year you have to go through this evaluation screening process and resubmit a very
lengthy -- I can't remember how many pages it was, but it was pretty extensive. And then you have to have the financial information. You have to submit proof of income resources, so on and so forth.

   MS. HANNAH WESNESKI: Right.

   MAJORITY HEALTH CHAIRMAN BAKER: I'm very, very concerned that if the County Assistance Offices are essentially closed and you only have one or two people remaining behind in some storefront, that is not going to serve the people of our counties very well at all.

   This is one of the most concerning, disturbing proposals that I've heard thus far. Tioga County you said has 800 such people involved in this casework. That's probably a small number compared to other counties since it's a six-class county. I'm just very concerned about the quality and it being citizen friendly.

   MS. HANNAH WESNESKI: Right.

   MAJORITY HEALTH CHAIRMAN BAKER: A lot of people in rural areas and other areas, they don't have computers. They don't like call centers. They don't like answering machines. And they don't like being put on hold. They want to be able to go into an office and get their services taken care of and, most importantly, get their questions answered correctly so they don't make a mistake and then there's an audit or there's some kind of recovery action because of
some flaw.

So I appreciate you bringing all this information to our attention. It's one of the most concerning issues that I have. And we have a lot of needy people out there. I'm very, very troubled by that.

With that, I will stop.

Representative Hennessey.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN

HENNESSEY: Thank you, Matt.

Hannah, you mentioned in your testimony -- I couldn't get it all down -- that Compass is a very difficult website to navigate. And as the Chairman just pointed out, a lot of our seniors either don't use computers, don't have access to computers because it's simply not available, or can't afford the monthly service fees.

But there is some part of your testimony that said one-third of the applications are what? Do they fall through the cracks or what?

MS. HANNAH WESNESKI: Less than one-third are Compass. So the rest are paper applications.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN

HENNESSEY: Say that again.

MS. HANNAH WESNESKI: Less than one-third are electronic applications, the Compass applications.
HENNESSEY: Okay.

MS. HANNAH WESNESKI: The rest are paper applications. So they're either coming into the office and filling out the application with the worker or they're mailing it in. But less than one-third actually use the Compass system.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN

HENNESSEY: Okay.

The filling out of the PA -- is it a PA 60 Form or PA 600? I understand that's the form that pretty much is a hurdle for many of our seniors because it requires, like, a history of five years of your banking transactions and things like that.

MS. HANNAH WESNESKI: For long-term care.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN

HENNESSEY: I'm sorry?

MS. HANNAH WESNESKI: For long-term care, yes.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN

HENNESSEY: Okay.

And a lot of the elderly just don't have access, don't know how to get that access. How is it -- if this consolidation were to go through, how do you envision that the elderly would be able to finish that application just to get reviewed to see whether or not they qualify for services?
MS. HANNAH WESNESKI: I think it would be very difficult because now they're not going to be able to come into the office and sit with their worker to have them explain what actually is needed of them.

I think a lot of it is going to be pushed towards electronically applying, which can be very confusing, especially for our elderly population. I think you're going to see a lot of errors and wishful results and overpayments and things like that.

So I think it's going to be very difficult for them if this goes through.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN HENNESSEY: Thank you.

Mr. Edley, you said that you're part of this new group, this combined group. I forget exactly what it was.

RCPA PRESIDENT & CEO EDLEY: RCPA.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN HENNESSEY: RCPA.

How large were your organizations, the two organizations that merged?

RCPA PRESIDENT & CEO EDLEY: Roughly maybe one was 150 agencies and hospitals. The other was 100. Now we're about 330 because more have joined.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN HENNESSEY: Okay.
RCPA PRESIDENT & CEO EDLEY: But also when I say one, that can be a hospital system in 15 counties with thousands of employees that counts as one. So it's a bigger number than 330.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN HENNESSEY: Okay.

How long did it take you from the time that people posed to you the merger to the time they actually got it done? How long? How much time passed?

RCPA PRESIDENT & CEO EDLEY: We put aside exactly six months. January 1 and then on July 1st it was effective. But it also goes back to my comment earlier that I'd have to give it some thought. But I know we're doing things today that we never envisioned on July 1st in 2013.

So it goes back to that whole thing of it being a starting point. We knew it was the right thing to do but then had to learn. And in particular, the six months I would say, as you could probably guess, it was mostly six months because of legal work and legal issues.

The real work was in working with the members and the operations and finding efficiencies. And none of that happened until after the merger really.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN HENNESSEY: We've heard testimony from other people in other hearings that this is the beginning of a journey and July
1st is simply the first step down that path. The fact of the matter is, we have people who are dependant on these services. And sometimes it's life or death and, you know, we really have to think it through first.

We can't, you know, start on a journey and start to make changes on an ad hoc basis as we move forward. Certainly there will be some changes that would occur should this merger go through. But it seems to me that we really have an obligation to think it out thoroughly and in detail.

We're 70 days away from the Budget deadline. And as you've heard, we in the Legislature haven't had a lot of detail. So, you know, I understand how everybody can be supportive of a merger if it's going to be a good merger, if it's going to save money for the taxpayers, whatever. Some mergers are really not.

I think it's the AARP Magazine this month that I saw had an article about bad mergers, things that were proposed that didn't occur or didn't occur well when they were merged. So, you know, I think we're all looking at it trying to figure out if it's a good idea or a bad idea and whether or not it can be done in the short time frame that we're faced with.

Mr. Hartwick, I think you mentioned the term silos. I was waiting for someone to mention that, because I think of silos as bundles of regulations that come from CMS
or the Federal Government or whatever Federal department, some may be from the State Departments.

People have talked about this merger will be great because we can break down those silos. It seems to me that if they are regulations that silos don't get broken down. The silos simply get moved from one department to another. If a silo is the bundle of regulations that the Department of Aging has to deal with on a particular program and that program is now going to be moved to a different department, the regulations will follow it.

So you don't really break down the silos. You simply move them from one location to the other.

CCAP COMMISSIONER HARTWICK: The only thing I would challenge in a creative thought process, the ability to coordinate across those lines and to even request in some cases ways to do innovation and ask for waivers and regulatory relief.

In an area where you're closely communicating with individuals from agencies that can look at issues from multiple angles, including, you know, a lot of the Medicaid and Medicare services have already been moved over to DHS. The idea of trying to communicate and coordinate those efforts across departments and coming up with innovative ideas to try to request regulatory relief certainly are conversations that need to be occurring. And hopefully they
are occurring within this structure of government. But a lot of the cases that we're even mentioning here, there is the discussion of regulatory relief, relief in licensure, and offering some solutions rather than taking just the regulatory requirements as the absolute facts.

I think if we can figure out ways to serve people better, more efficiently in a people-centered way, I think we would be recognized and hopefully be able to have some level of conversation with CMS to receive some relief from those regulations, particularly, you know, in the environment where we're currently in.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN HENNESSEY: Well, it seems to me, you know, from -- I think it was your testimony, but it might have been Mr. Edley's, that we can do this without a merger. You know, our department heads can speak to each other. Our staff in the various departments can speak to each other and try to work out these problems and cooperate.

The only benefit to doing this and disrupting the whole system would be to have a much more efficient and cost-saving operation. I don't think we've heard a whole lot of testimony about how that can actually be accomplished in the short time frame that we're faced with.

CCAP COMMISSIONER HARTWICK: Again, I hope that we're able to address some of these issues that we brought
forward here in an aggressive way and hopefully improve the
system ultimately for the people that we're all here for,
and it's the taxpayers and the consumers that should receive
better service when we had these kinds of ideas to move
forward.

   MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN
Hennessey: Okay. Thank you.
   Thank you, Mr. Chairman.

   MAJORITY HEALTH CHAIRMAN BAKER: Thank you.
   Chairman DiGirolamo.

   MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:
   Thank you, Matt.
   Hello, everyone. Welcome.
   Hannah, you did a great job. Thank you for your
testimony.
   George, you did a good job also. Thank you for
your good work. A lot of the County Commissioners,
especially when it comes to human services, are on the front
line, making sure that our most vulnerable citizens and
constituents get the help they need. I share your concerns
about the budget cuts.
   I'll just take you back five or six years ago.
The previous Administration proposed a 20 percent cut to
Human Services to the counties. We were able to get it down
to 10 percent. But that 10 percent cut was $80 million
almost. And that's five or six years that you probably
lost, the counties probably lost close to a half a billion
dollars in funding that would have gone to our most
vulnerable citizens.

Thank you for the good work that you do. I know
Medicaid expansion, I applaud the Governor for doing that.
That's made a tremendous difference in taking the pressure
off the counties. Let's hope we're able to keep it with
this debate down in Washington.

CCAP COMMISSIONER HARTWICK: I want to thank you
for your leadership. I know that the voice of individuals,
particularly in drug and alcohol for individuals who
oftentimes don't have a voice, regardless of any party
affiliation, you always stand up and make sure that those
voices are heard loud and clear in a direct way. So thank
you.

MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

Thank you.
And, Richard, thank you.

RCPA PRESIDENT & CEO EDLEY: Sure.

MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

Thank you for the good work that your
organization has done, again, taking care of the most
vulnerable. And in my 20-plus years here, I don't think
I've disagreed with your organization one time. This is one
issue that we're going to part company on because I just think this is a terrible idea.

Now, I guess you came to this conclusion, your Board of Directors -- and I don't want you to give me any inside information. But was there any pushback from any of the members that maybe this wasn't the right thing to do?

RCPA PRESIDENT & CEO EDLEY: I don't know if pushback is the right term. But I think the issues that I listed, I in part got from those discussions, so people were asking. So when we met with the drug and alcohol providers, for example, they did say, in this structure, how can we make sure it isn't lost? How do we make sure that the work that DDAP is doing gets improved? That's why we had people like Jen Smith and Ted Dallas come in and answer some questions like that.

I think the other thing is that our providers deal a lot with Healthchoices. You know some of my history. I used to run an MCO for many years in the State, a behavioral health MCO. It seemed like a strange bifurcation to have some offices of policy and direction where the money management and the services were all being provided here.

So not getting into the politics or anything like that, it always made more sense to me, why don't we put it together so we have all the people in the same room rather than OMHSAS is going to have this initiative, DDAP is going
to have this. Not that they're both not good, but could it be done better or more efficiently? So I think that was some of the conversation.

And we're even concerned about the new Community HealthChoices Program, (inaudible) you have aging. Could it be done differently or better rather than like that?

**MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:**

Would you say the smallest percent of your membership is drug and alcohol as compared to mental health and work disabilities and autism and intellectual disabilities? Would you say the smaller percentage of membership is drug and alcohol?

**RCPA PRESIDENT & CEO EDLEY:** I don't have the numbers in front of me. Gosh, I might. But I will say that mental health and intellectual disabilities are larger. But we also have others like brain injury, pediatric rehab, medical rehab, which are very small.

**MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:** So most of what your members do, the services that they provide, are probably already in the Department of Human Services. Would you agree with that?

**RCPA PRESIDENT & CEO EDLEY:** That most of the providers are already --

**MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:**

Most of the services that your providers provide,
most of those are already in the Department of Human Services.

RCPA PRESIDENT & CEO EDLEY: They would be a lot. I mean, a lot of them do commercial business even and county-funded work and things like that. But certainly DHS is a major funder of Medicaid.

And I did get the number, by the way. We have 70 drug and alcohol agencies with 170 licensed drug and alcohol facilities or sites.

MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO: In your membership?

RCPA PRESIDENT & CEO EDLEY: Yes.

MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO: Okay. And again, I mean, I don't know if you've been made available -- have you got any of the details of how this is going to work? I mean, it seems to me that you and your organization more than anybody else has had meetings, stakeholder meetings, have met with people from the Administration. Are you privy to some of the details of how this is going to work?

RCPA PRESIDENT & CEO EDLEY: No. I think I may have alluded to it earlier. I've been happy with the openness and transparency and the willingness to talk and meet and so forth and being invited to the Governor's stakeholder group. But I'm hopeful that -- okay. We've
gotten past that. That was Phase 1. We have a meeting Thursday. I think Rebecca said hers is Wednesday. What will we see at those meetings? Will we get to the next level, some plans, some details? We did raise in the first meeting, whether we're supportive or not, in that room, we all can degree on the issues, sort of as you said, Commissioner.

MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO: So even without the details, your organization was comfortable in supporting this, even though you didn't have the details. So I guess you're comfortable supporting the concept and the details are to follow. You expressed some concerns in your testimony. You might have a lot of concerns moving forward once the details are out. Would that be an accurate statement?

RCPA PRESIDENT & CEO EDLEY: Well, we felt confident enough in the concept and what we were hearing from the Administration. I suppose it's always possible you learn information in the future which could reverse that. Through our discussions, I think I would be surprised at that. I think that they are taking our feedback seriously.

I should mention that similar to what the Commissioner has noted, we were asked by the Governor's Office to come up with our list. So what efficiencies do you think we can gain? What should we be looking for? We
should have that even this week. We've been compiling that. Each of our divisions have been coming back to us with, well, if this was done, maybe we could finally get X, Y, and Z done and really put more dollars to care, less to administration, all around the licensing and audits and all those kinds of things.

So when we start to propose that to the Governor's Office, I would hope that would also be taken very seriously.

MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:
That's all I have.
Thank you, Mr. Chairman.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you, Gene.
Representative Brown, Vanessa Brown.

REPRESENTATIVE LOWERY BROWN: Thank you, Mr. Chairman.

Ms. Wesneski, you made some very clever comments today. One was just stating that our offices could turn into the next local services. We'd be the providers.

Fortunately, my office has been doing that. And in Philadelphia County, the caseloads are so overwhelming that many times our constituents leave the office and come into our office and they are seen quickly because, you know, they don't have the long lines. We have direct calls. We can expedite a lot of their issues.
I just wanted to put that on the record, that I've even had a staffer, because we've done so many applications on Compass, decide that he'd make more money working for the Department of Human Services, left my office and became a caseworker. And he's doing really well today.

So the impact of what we're talking about with the mergers will only put more pressure on our local offices, especially within Philadelphia County, to provide services and to bridge that gap where we already are bridging that gap with an enormous amount of constituents that are coming in on a regular basis.

And I just want to put on the record, one of the most challenging issues for the constituents is coming up with food and applying for SNAP benefits. That is the most prominent issue, when you wake up in the morning and you're belly is hungry, you're going to go wherever you can to find services. And often our office, as far as geographically, is closer than the local County Assistance Office.

One of the challenges for many of our constituents is travel and coming up with money for transportation. Some of them have to take two and three buses to get to a local county office.

So I'm very concerned about the merger. Where would the office be? The five mega centers, how would people get there? Who's going to give them the tokens to
get back and forth? And when we have local State
Representatives offices that are right there in the
neighborhood, there are going to be long lines at our
offices.

So thank you for bringing that out and
acknowledging what it is that we have to deal with to make
sure that our constituents are served well.

Thank you.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you.

Representative Kaufer.

REPRESENTATIVE KAUFER: Thank you, Chairman

Baker.

I want to preface this, because I didn't say it,
before my last question. But I do appreciate all the hard
work by our Secretaries. I didn't get a chance to say that
before. And I do know that you're all excellent advocates
on behalf of the different constituencies you represent. So
I want to thank you for that.

I do want to say though that I have concerns. I
still want to find a way to get onboard with this. But I
still have concerns about cost savings versus services being
provided. And in a similar question to my last question
that I asked to the last panel, with waiting list money
being absorbed by DHS, difficulty fixing licensing to
streamline billing private insurers instead of taxpayers,
the 25 percent rule that was for our sheltered workshops, which was under a lot of question, can you give me an example of DHS that will alleviate my concerns for prioritizing people with autism and intellectual disabilities under this merger?

RCPA PRESIDENT & CEO EDLEY: I think I got the question. You focus particularly on autism services at this point. Well, I have seen just a tremendous amount of work in that through the Bureau of Autism, which is under the Office of Developmental Programs.

But I think again when you think about consolidation, when it was more of sort of a silo (inaudible) of autism, a lot of people didn't know about it. Now that it's from the integrated Office of Developmental Programs, they've come to our meetings to present it to mental health providers, for our brain injury providers, pediatric rehab providers. There's a lot of people in all sorts of the system that are very interested and have some great ideas around autism.

I think that, again, consolidation isn't the cure-all for anything. But you can see how, when you bring different people, you can really start to share some best practices, best ideas. So when we even internally have a meeting about autism, it's adult providers, children providers, IDD, mental health, as I said, brain injury, all
of them can attend and share. And that's the kind of thing that we want to see in a consolidation.

REPRESENTATIVE KAUFER: Can you elaborate a little more? Like I said, I'm really looking at this glass half full. I want to be convinced. But I have yet to hear the real reasoning of giving me faith in what is already going on within these departments and not to be lost in the mix.

I truly want to find a way of being there. I just have yet to hear that reason to be there yet. I mean, I know you're talking about some of these silos breaking down. Can you give me more concrete examples?

RCPA PRESIDENT & CEO EDLEY: Well, the best I can say is you take some of the other examples. I was questioned about drug and alcohol services. Well, in a solid approach you would have drug and alcohol over there. You'd have mental health over here. You'd have criminal justice over there.

When we have our meetings, we bring all those providers together. And it can be anyone from Secretary Dallas to Secretary Wetzel presenting. We're really trying to break down all those kinds of walls to better address what the issues are.

And as I said earlier, it's not that it's a problem. But I don't know that it's the best way to run
things when you have a group within DHS managing so much of
the dollars for services and having sort of their own vision
and way of doing it. And then you can have departments over
there not necessarily with competing visions but perhaps
other priorities and other things. And the worlds don't
come together. So that does worry me and maybe wouldn't be
the best use of funds instead of getting everyone under one
umbrella.

An example that I mentioned to the Senate last
week -- and I'm not even talking about any of the politics
involved. I'm just a citizen attending these meetings.

There was one of the Centers of Excellence. And
I remember thinking to myself at the time, I didn't even
realize how it was funded at the time. I should have, but I
didn't. I said, so we have DHS here and OMHSAS. Shouldn't
DDAP be here? I then later learned it's not a DDAP program.

That kind of thing seems a little funny to me and
maybe not the best way to run programs.

REPRESENTATIVE KAUFER: And I appreciate that.

And, Richard, I appreciate everything you do. I
really do appreciate the work that you and your organization
provides throughout the Commonwealth.

Like I said, I still have concerns. I don't know
if I'm going to get onboard with this. I really don't.
I've yet to hear the explanation from the providers' end,
from the administrative end. I do share a lot of these concerns on advocacy for the vulnerable population that I represent.

Thank you.

CCAP COMMISSIONER HARTWICK: Just from the County Commissioners’ perspective, I want to thank the openness of all of the Secretaries, the ability for us to meet and really gain a better understanding, a better working relationship. Particularly Secretary Dallas has really been forthright in trying to talk about partnerships and give sort of the defining vision of saying, hey, if you had the brass ring for a day and you would be able to really talk about how could we make these things more efficient, how can we actually come together around developing these plans? all four Secretaries have been open. We have been regularly meeting with them. They have provided access and a certain level of engagement to the County Commissioners, particularly in the autism services area. Deputy Secretary Thaler has done a phenomenal job sort of redefining, you know, what the County's role is in autism services and figuring out ways to try to provide better access and a broader perspective even at the local level.

So this shouldn't all be negative. The idea that there is planning going on is, in fact, the case. And we would hope that the idea of this conversation will not end
if there's a choice to not have a merger, we should continually, you know, be talking about, how can we provide these efficiencies?

Unfortunately, this is not an opportunity for us to be able to talk about 38 and growing proposals that can offer regulatory relief that we should be having ongoing dialogue with. And for that reason, I think we're grateful to be able to be sitting in front of you.

MAJORITY HEALTH CHAIRMAN BAKER: Representative DeLissio.

REPRESENTATIVE DeLISSIO: Thank you, Mr. Chairman.

Ms. Wesneski, the agenda doesn't say -- I heard you say you were a former LIHEAP worker. But what do you do currently?

MS. HANNAH WESNESKI: I'm currently self-employed. I run a business.

REPRESENTATIVE DeLISSIO: Currently self-employed. Well, thank you for coming today to testify.

A couple years ago, maybe four or five years ago, I sent out an e-mail to my colleagues. I think it was Budget season. I sent out an e-mail to everybody asking if anybody else's district office felt like the satellite to their local County Assistance Office. And maybe we should track those hours more carefully so we could bill back the
And you'd be surprised the number of e-mail responses I got, not from my good colleagues seated here, but from their staff saying, amen, Hallelujah, you got it, all of that.

So I am actually not overly -- I'm concerned about all of this in terms of all the moving pieces. There's no doubt about it. But I look forward to the opportunity, I think, to take a good look at how the County Assistance Offices are working.

I mean, I have had this personal experience, not identified as a State Rep, although I was at the time. I had an older aunt who needed Medicaid in a nursing home. And that was a fascinating experience and not in Philadelphia County.

And I had to reproduce paperwork several times to get it through. So that tells me right then and there, there's something wrong with the process. And I'm an informed consumer. I see it -- or I hear it from our district office staff all of the time, some of those challenges for it.

So I think it might be everything from simplifying that Compass system to maybe taking a good hard look at the back end of operations. I like using the words front of the house, back of the house, back end, front end,
to see that we can't enhance and improve that.

And this may be just that opportunity because I think the staff, who are trying to deliver those services, have to be as frustrated as our constituents as well as, you know, our district office staff in trying to deliver those services.

I think Representative Brown's example of she lost the staffer to the system because that person got that good at it is indicative of needing to do that.

And I think both Mr. Hartwick and Mr. Edley, it is important. We should have been doing this kind of continuous quality improvement in a big way, in a macro way, and working our way down to a micro way for a long time. It is past due. It's costing providers money. It's costing counties money. We talk about unfunded mandates.

So I think good will come of this or I sincerely hope good will come of this, not knowing what that will be. But I'm going to continue to push for this discussion to keep happening because all of the things that you testified about need to be addressed and need to be remedied.

Thank you, Mr. Chairman.

CCAP COMMISSIONER HARTWICK: Can I address that? I probably shouldn't step up and address it. I usually stick my foot in my mouth. But I will tell you two things. I feel like the County Assistance Office, not just for my
county but the State, at times. But Dauphin County was a county that had some of our backroom operations. Because we're in Harrisburg, there's high turnover and an opportunity for folks to not be in the position for long related to training. A big portion of our back office has already been moved to Cambria County. We have really not seen a significant deficiency related to processing and the ability for us to address concerns.

So, you know, just because the idea -- you can see bad sides to it, I think. We need to examine them based upon how you can improve process, reduce turnover, and see how it works in cases versus, you know, the potential -- change is always difficult.

REPRESENTATIVE DeLISSIO: Always.

CCAP COMMISSIONER HARTWICK: And the idea of doing things more efficiently sometimes is painful. But to try to make sure that we're examining them based upon what's actually occurring versus our feelings is also something I think we should be careful about.

REPRESENTATIVE DeLISSIO: Well, thank you for sharing that.

CCAP COMMISSIONER HARTWICK: Thanks.

MAJORITY HEALTH CHAIRMAN BAKER: Representative Schlossberg.

REPRESENTATIVE SCHLOSSBERG: Thank you, Chairman.
And, Commissioner Hartwick, this question is for you and somewhat related to the last thing that you said.

CCAP COMMISSIONER HARTWICK: I knew I shouldn't have opened by mouth.

REPRESENTATIVE SCHLOSSBERG: I was going to ask it anyway. You just made the transition easier.

CCAP COMMISSIONER HARTWICK: Okay.

REPRESENTATIVE SCHLOSSBERG: The Administration's last hearing cited as part of their case for the merger some counties in Pennsylvania that had previously merged some of the similar functions that we're talking about today.

I'd be curious -- and I'd understand if you're not sure but if off the top of your head you can think of any similar experiences that Pennsylvania counties had with these mergers, where they went right, where they went wrong, and maybe what lessons we can learn from that.

CCAP COMMISSIONER HARTWICK: Are you talking about counties or State-level mergers?

REPRESENTATIVE SCHLOSSBERG: Counties.

CCAP COMMISSIONER HARTWICK: Well, obviously Allegheny County is a great example of a model that has worked. They've invested significantly in a data warehouse that allows them to engage. First of all, they consolidated all operations of their Human Services Department largely.

They also have invested in a way for their
counties to have interaction with School Districts, hospital systems, and accurate data related to folks that touch their system. Ultimately, we'd like to be in that same vein, and we're trying to get there in consolidation of both, the Finance Office, the ability for us to have, you know, interagency cooperation across systems that deal with multi-disciplinary, high-cost approaches. Ultimately we need the data to be able to do that.

The County Commissioners Association has recently invested in a data system to look at the criminal justice touches. It would be great to also overlay that for all the places that people are currently coming through and touching our system so we could have both an idea of cost and inefficiencies where access to services becomes a challenge.

In order to do that, you have to make that investment in a data system. Similarly, I can use the best analogy, just like Pinnacle Health had taken a look at, you know, the (inaudible) apartment building which was using a significant amount of their emergency room time instead of as primary care physicians. Instead of them using and blocking up the emergency room, they now disperse nurse practitioners into the (inaudible) apartment complex to be able to do people-centered care.

You can't find that out unless you can use the data and be able to track where folks are coming in
engagement with your system. And I think for us to be able to have that kind of look from a data perspective is going to be critically important for counties.

MAJORITY HEALTH CHAIRMAN BAKER: Representative Murt.

REPRESENTATIVE MURT: Thank you, Mr. Chairman.

I just wanted to commend the Commissioner because in your written comments -- I don't believe you read them -- you talked about how important it is for our professionals in human services to have career progression and career opportunities. Those of us who are aware of this, many of our professionals in the human service areas are master prepared social workers, therapists, and so forth, and they're woefully underpaid sometimes, competing with salaries at fast food restaurants and so forth. But we know the work they do is very, very important.

I wanted to say that we haven't heard much about caring for adults with intellectual disabilities and developmental disabilities. And this is one of the biggest challenges I think facing Human Services today across the country. Everyone is living longer, including our constituents, our brothers and sisters, who have intellectual disabilities.

And I'm not exaggerating when I say this. But there are families in all of our Legislative Districts where
there are parents that are literally 85 and 90 years old and they're caring for a son or daughter at home who may have an intellectual disability and they're on a waiting list and the parents have always cared for their son or daughter.

The parents are struggling with health and age-related issues. Their son or daughter might be struggling with their disability as well as some other issues, sometimes a lack of stimulation. And sometimes these issues are even more profound in some of the rural areas where there's just no programs for some of these individuals.

This is a great concern for me and for all of our colleagues here. And I think it would be unfair to not mention that we've made great progress in this area even during the austere Budget years of the prior Administration. Governor Corbett ponied up the money. He was fully committed to taking care of adults with special needs. There was never a cut for this specific line item.

And I guess this might best be answered by you, Rich. If this merger goes through, what will it mean to adults with special needs? What will it mean for people with intellectual disabilities that either have waivers or are awaiting services on the waiting list?

That's a hard question. I know that.

RCPA PRESIDENT & CEO EDLEY: Yes. And it sort of
goes into I can answer what I think the consolidation and how it would be related to that. But a large part of the issue really is probably outside of this and it comes down to, how do you fund a wait list for fourteen, fifteen thousand people when you chip away at maybe 1,000 a year and 1,000 more join on.

And you're absolutely right. It's a tremendous problem. So if I would really answer that question in a vacuum, not even think about what we're testifying today, I think I've been on record, we'd have to look at things like raising more revenue, whether it's personal income tax or something or biting the bullet and putting in some additional managed care programs, which would allow more flexibility in trying to develop services, as we did with HealthChoices. So I think that's going to be a whole other discussion that's needed.

But in terms of consolidation and focusing back on that, it goes back to what I was saying and how we deal with it on a provider level. I think if you went back in time, there would have been IDD meetings. Well, then everyone realized that especially in this State, you might have Children's Services, providers who do a lot of work with autism. These people are aging out and so now there's adult ID providers who are providing these services. You have aging providers who are very interested.
Because of children even surviving more deficits at birth, I mentioned pediatric rehab. They're working with children with autism. So we're able to bring all those different areas together and say, what are we doing? What are the best practices? How would we approach the lifespan of autism and IDD and so forth?

I think that generates a better discussion and some better ideas, what regs are missing, what regs are on. We even talk a lot about, well, how come in this silo here, providers are allowed to do X, Y, Z but they're not here. So I think consolidation can certainly help.

And then we also can't get around -- we've alluded to -- if you talk to providers and say, what's the -- if you had to pick one, what would the consolidation achieve? It's all of the duplicative audits and oversights that's coming at providers from so many angles, DOI, DOH, DDAP at times, DHS and OMHSAS, all the MCOs.

And they're getting quality audits. They're getting corporate compliance audits. One right after the other. If you think of all the administrative time being taken in the system on that, that could be freed up for services. And I'm not saying that you eliminate those, but putting everyone in a room and figuring that one thing out would be helpful.

And realize most of these providers already have
JCAHO accreditation and others so they already are meeting really high standards and yet every day someone is auditing them and taking away time that they could have services.

REPRESENTATIVE MURT: I appreciate that answer. I just want to conclude with saying that in order for me personally to embrace this merger, I'm going to have to have a level of comfort that our brothers and sisters with intellectual disabilities, adults with special needs, are going to be cared for at least as well as they are now and better in the future, hopefully.

Thank you.

RCPA PRESIDENT & CEO EDLEY: Thank you.

REPRESENTATIVE MURT: Thank you, Mr. Chairman.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you.

And our last questioner is Mary Jo Daley for this panel. We have one more panel.

REPRESENTATIVE DALEY: Thank you, Mr. Chairman.

Mr. Hartwick, I like the idea of having that brass ring for the day and deciding how you would design the Department of Health and Human Services or whatever iteration of how we provide the services.

Unfortunately, we all know that when you already have something in place, it's really much more difficult to figure out how to do it better because it's change. And as you also said, change is difficult.
So I just think the vulnerable population of fragile citizens should be our focus. That population, it seems to me, is growing larger. At the same time our budgets have been getting tighter with a cut out of the budget that was passed about a week or so ago, $340 million of it just for Human Services.

I'm on the Appropriations hearing -- and I hate to bring that in but one of the questions that's always asked of the Secretaries is, what's your complement? And for those of you who don't hear that word complement, it's the Human Resources of the employees of the departments. And there's been concern about that.

I agree with Representative Brown about our legislative offices providing a lot of services or acting as intermediaries between our constituents and the departments. This is a constant refrain not just in Philadelphia.

I just feel like we can't have it both ways. And, you know, with no new taxes being proposed, then we're really -- we have no other choice really but to look for ways to make things more efficient and more effective.

So I just wanted to say to each one of you, because I thought you all brought something really good to this hearing, about really being persistent and raising the issues that are concerns for being able to help these populations.
I appreciated the positive comments that were made.

But I also appreciated, Ms. Wesneski, your comments. Because I think it is important to bring those things to the surface. And this hearing is a great opportunity for us to hear it, but also Secretaries are sitting here. And I'm sure the Governor is paying attention to what's going on here also, which is the only reason I decided to make another comment because I figured I would add my voice to that.

I think it is really important. I spoke to our Montgomery -- I live in Montgomery County and I spoke to Barbara O'Malley today about how that transition went from Montgomery County because it seemed that it was rocky for a little while. But it also seems like it is smoothing out.

And I had a hearing last week where one of the folks who was an employee of that department said, you know, in Montgomery County we went through this. And it actually helped those of us providing services because we were able to focus on the programs and the people that we were providing services to as opposed to some of the administrative pieces.

I checked what she was saying. And that's why I called Ms. O'Malley earlier on my way in today. And she said, yeah, that's actually how we've been experiencing it.
But she said it does take longer than you think it's going to, which I think, Mr. Edley, your comment about it starts on July 1st, it's not going to be completed on July 1st. I think it's important for us all to recognize that this is something that's going to have to be built.

But I think that with what we're faced with and how we're paying for things and what we're willing to do in terms of that, we really have to look at how to make things work more efficiently, more effectively, but always remembering who we're providing the services for.

As legislators we need to remember that also. It's the citizens of Pennsylvania that we're standing here and representing. I strongly believe that the Secretaries all have that in mind also. That was what I heard in their testimony last week.

I appreciate you being here today. And now I'll be quiet.

Thank you, Mr. Chairman.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you.

Thank you very much, panelists. We appreciate your expertise and your input and being with us today.

Thank you very much.

Our last panel that will be joining us will be Deb Beck, President, Drug and Alcohol Service Providers Organization of Pennsylvania, and Gary Tennis, former
Secretary of the Department of Drug and Alcohol Programs.

Welcome.

At the prompting of Chairman DiGirolamo, we'll have Deb Beck go first.

PRESIDENT BECK: Good afternoon.

Thank you so much for providing the opportunity to testify here today. My name is Deb Beck. I'm the President of the Drug and Alcohol Service Providers Organization of Pennsylvania. We represent the whole continuum of care that's solely on the issue of drug and alcohol addiction and prevention.

Commonwealth Prevention Alliance is also a member of us, as well as the Student Assistance Professionals Association and other associations.

My Board Chairman is here in the audience, Steve Roman over in the corner. He came all the way in from Washington County for the day because he thinks this is that important, what you're doing is.

I really appreciate how deliberative you have been about all this. It's really important. How government organizations itself do its business is important. It matters how government organizes itself.

And I apologize. I have some written notes and my handwriting is terrible. You wouldn't be able to read it. But we can produce something later for you in writing.
Structure and budgets matter. They establish priorities. They reflect the priorities of Pennsylvania and what you think -- when you talk to your constituents and also among each other what you think matters and what is important.

So you have a tough job because everybody gets mad if they disagree and everybody is happy if you go along and do what they're interested in. But I want to say again, government matters. And how government structures itself matters terribly.

I'm going to talk too fast because I talk too fast. End of the '60s, an openly recovering alcoholic, a gentleman from the State of Iowa, ran for the U.S. Senate and became a U.S. Senator.

And this openly recovering man who I had the privilege to meet a few times before his death decided it was time for America to get it right on the drug and alcohol issue. So he introduced legislation that was enacted that asked the States in order to get Federal drug and alcohol prevention and treatment money, you're going to have to establish a single state authority on drug and alcohol because we want to have some entity to hold accountable and to develop State plans across the states for prevention education and treatment of alcohol and other drug addiction.

You could imagine how different these
single-state authorities are. I mean, we have Rhode Island, folks. It's an hour across. And then many of you drive many hours to get across Pennsylvania.

So Pennsylvania's iteration of that Federal law then passed as Act 63 of 1972. And don't worry because some of that is in your packet. You don't have to remember all of that. I was brand new in the field in 1971. So I didn't know about structure and how it related to anything we do. I just didn't understand that.

But Pennsylvania's iteration is Act 63 of 1972. It's a visionary statute that lays out authority across departments consolidated in one department. In fact, the very words being used by the Administration to argue for consolidation already exist in the body of this law and we'll be looking at that in a minute.

So over the years since '71, as I'm learning about the field, I was vaguely aware that this entity kept being moved around. And it was a deputate at one point. It was an office at one point. And it was a bureau maybe two or three times. I don't know. I lost track of it.

The one thing that was clear is it never achieved the statute nor the stability to fulfill the actual mission of the Act, which we've included in your folders today.

A few years ago, a fellow named Representative Gene DiGirolamo and Senator Pat Browne in the other Chamber
decided to lead an effort to elevate Act 63 and all its powers and responsibilities to a department status so it could actually get the job done.

And I'm looking around the room here today. The cosponsorship on the House Bill -- I've tried to count. And I started to count. I stopped at 130 cosponsors in the House of Representatives to create a department. For Heaven's sake, 138 cosponsors.

The law was enacted. It was enacted by near unanimous votes of the House and Senate, near unanimous. It was, I think, 10, maybe 11 opposed. Near unanimous votes of the PA House and Senate. And the implementation of this new law really just got started in 2012.

This was a wise, wise decision of the General Assembly. Senator Yaw asked that question. Did we make a mistake passing this law? I want to answer that. I think you made a very wise decision. I only wish that it had been done many, many years ago. We might not be in the hole we've dug ourselves into with the drug and alcohol problem.

Finally, we think that the Department is in a position to get the job done and it's just getting started. So why did we think we needed a department cabinet level? And there were people who came to Harrisburg in teams, parents who had lost their children, pleading for the votes on this law.
Untreated drug and alcohol addiction cuts across every major department of government and drives spending priorities and unfortunately not particularly useful ways, sometimes tragic ways.

I want to give you some numbers to remember. Remember this. That 70 percent of the people involved in criminal justice and involved in sitting in our prisons today have untreated addictions, 70 percent. That's $47,000 a year per inmate, folks, or about 1.4 billion out of DOCs budget. If you want some numbers to remember, remember these.

How about the Department of Human Services? Well, it's one in five Medicaid dollars that's spent on the damage caused by untreated addiction, not to treat the illness but on the damage that it causes. And, of course, the impact on Children and Youth, foster care, etc., I think goes without saying.

If you look at the Neonatal Intensive Care Units, $66,000 is the average cost to care for one of those poor babies, $66,000. PennDOT, DUI, Workers' Comp, one in four families, one in four families in hearing distance here today is at home wrestling to get help for an untreated loved one or to talk that loved one into going.

Act 63 of 1972 is a visionary document. It was sponsored by Milt Berkes from Bucks County oddly enough.
History is kind of repeating itself. It's not called Act 50 of 2010. Its express purpose is to end the fragmentation that's there across the systems to streamline, to pull together, to put together, to get rid of duplication, and bring laser focus on the prevention, education, treatment problem, a problem that affects and has killed 3,500 of our citizens in the last year and more are expected in subsequent years.

It is the express job -- it is the express job of this Department to address this problem. And I wish you would grab for a moment from your folders this document. I believe you already have it in your folder. And it's highlighted. There's a lot more to it.

But let's look for a second. What does this Department do? First, I submit that the Department of Drug and Alcohol Programs, because of the wisdom of a fellow who drafted this bill back in '72, is a silo-breaker. It's a silo-breaker by its nature.

I have a little problem wondering why people are so worried about silos. Maybe because I actually saw one once, you know. Its job is to separate grain and then recombine it in ways that are useful. I'm not so hung up about silos as maybe some others are. I think they serve a purpose.

Let's take a look at the statute. What this act
-- this is a brilliant document written by a man who I also got to know before he died. The Department shall develop and adopt a state plan for the control, prevention, intervention, treatment, rehab, research, education, training aspects -- you get the point.

The plan shall include, but not be limited to, coordination of the efforts of all State agencies, all of them. Okay. Again, on the same subjects.

If you go to the next page. It is to avoid duplication and inconsistency. And you can read more, how they're to set up training and education across all those domains. The formation of local planning councils, that's the statutory basis of single-county authorities, by the way. The guarantee that you have local control -- local control, folks, on prevention and treatment.

And I'm going to jump now to the next part, which is several pages back. They are to develop a State plan. They shall consult with and collaborate with the staff and the local departments and other agencies of government, boards, agencies, there's a whole list, and organizations. And according to that state plan, they are to allocate responsibilities across those departments and then coordinate them.

If you turn to the next page. They not only allocate the responsibilities, they also had the power to
delegate responsibility to other departments. And the other
departments are supposed to be reporting in on the results
of that. So what you see here is a very consolidated
agency.

It's interesting that many of the words used for
the Department also are very much what this does. The
Department is a silo-breaker.

Now if we could, let's look at the
Administration's proposal. You have the chart. I think you
also have a copy of the chart inserted in your packet. The
red box at the top is the current structure. There's the
Governor. And the department reports directly to the
Governor of the Commonwealth.

Here's the proposed system with no change except
the red highlighting and the little figure at the bottom.
There we go. The proposed system, the Governor is way at
the top. And I think there are ten -- I think I may have
counted wrong by one -- ten Deputy Secretaries. Drug and
alcohol doesn't even have its own deputy. It's drug and
alcohol and mental health. More on that later.

By the way, we're more commonly concerned with a
whole bunch of other things other than mental health.

I also want to note that the Office of Medical
Marijuana has a higher level of access to the Governor than
the Drug and Alcohol Agency, just FYI.
How government structures itself matters. It tells us about priorities. Take a good look at that. The Drug and Alcohol Agency would be at the dead bottom. These ten have to get their priorities up to the Executive Deputy Secretary, who then chooses which ones that they're going to carry up to the Secretary, who probably got input from all the other offices with their direct input.

So please don't do this, folks. If you do this with drug and alcohol, you're going to make our job even harder than it already is. And working with people with untreated addictions is already quite challenging.

The Administrative proposal would rebury this Agency back where it was when I came into the field. We've been there before, folks. It didn't work the first time. It didn't work the first time.

I want you to know, kind of responding to the things in the air around this, the Administration has advised us that there were zero savings in moving this Agency, zero savings. So this is about money. Let's get that off the table. The Administration has affirmed that there's zero savings in moving this Agency.

I think some of the other things discussed can be done, you know, consolidate IT and HR without moving anything. Since the brief inception of DDAP, it has been a highly successful organization reaching the mission that Act
63 lays out.

   Now, I do want to tell you, I think that staff
are working very, very hard. And I must tell you, it went
from a bureau with 71 staff. And the last time I looked at
the organizational chart for DDAP, they were down to 61.

   So again, I think how government organizes itself
is very telling. Is this a priority or is it not? I think
you've also seen this sheet of paper. I think it's in your
file also. It talks about some of the things that the
Governor's -- excuse me -- that DDAP has done already in a
short period of time with very little staff, the
silo-breaker, established a task force. And out of that
task force was catalyzed the development of prescribing
guidelines by physicians. That didn't happen out of
nowhere.

   By the way, Act 63 calls for the -- all the way
in '72, the visionary man who wrote that law, one of your
colleagues, actually figured out that somebody needed to
give physicians guidelines on how to handle drugs of
addiction.

   So the new department catalyzed the physician's
guidelines. Over 3,000 lives have been saved by this new
department because of the promulgation of the other law that
you passed. You got Narcan through in record time. Thank
God. I'm so thankful for that. But the law would have just
laid there. The Agency ran with it. Over 3,000 lives have been saved. And there are more things and you'll hear more about that later.

I want to address a few other issues that have come up that might be of interest. Drug and alcohol addictions, in case you hadn't had this way of thinking about it, are primary illnesses in their own right, primary illnesses in their own right. The licensed treatment facilities are already required to coordinate other things that we find that you may need as well, to coordinate it or provide it or at least see that it is provided.

Some of those other things might be treatment for high blood pressure. It might be dental problems, a big one with drug and alcohol. It might be high blood pressure or liver damage. And it might be a co-occurring mental illness. But you don't want to define the one as the other.

In fact, drug and alcohol addiction has a high rate of co-occurrence with having a job. Okay. My guess is you didn't know that, as most people with untreated addictions are in the workforce, not in the public system at all.

And the edict of Act 63, now Act 50, would have people develop workplace programs to do early intervention, get people to help before they end up being demoted into the public funding side.
So we are commonly co-occurring with a job. And also sometimes from criminal justice ends, most people with addictions don't commit crime. But most crime that is committed is committed by people with addictions.

One of the advocates for the merger as mentioned, one of the reasons for it, being that 68 percent of people who go to detox get no further service, I don't know how that relates to the merger. But if that's true, and it may be, DDAP developed a Warm Hand Off Procedure, kind of cracked the whip and got the hospitals to work with the SCAs, with DDAP to figure out how do we tighten that referral from the point of admission to a hospital that gets you out into a treatment program of some kind. Have an assessment done and a proper placement done.

Now we run into some barriers with that. Funding is a problem, folks. And we also are flat out often out of detox beds and rehab beds, in addition to the fact the patient may slide back into denial, kind of a common phenomenon.

Years ago I remember reading the horrific stories from the Middle Ages of the Plague. And it was swept across in recurring cycles because they couldn't figure out what to do about it. Recurring cycles, thousands and thousands of people died and there were nightmare stories of cars being pulled through the streets, creaking through the streets at
the dead of night or early dawn to pick up the bodies of the night's harvest to take those bodies out to a common burial.

Well, friends, 3,500 Pennsylvanians died of a preventable illness here the other year. The numbers are going to go up. This is our modern day Plague, folks. This is our modern day Plague. You hear stories of fast food restaurants, of someone being found dead when you go in to try to use the restroom.

And I'm horrified by the stories I'm reading in the press, coroners running out of storage facilities, beginning to do things like buy or rent refrigeration trucks or negotiate for extra room for bodies in funeral parlors or in hospitals or the overwhelmed medical examiners all over the Commonwealth who can't keep up with the number of people who died. And they've had to short (inaudible) some of the autopsies when they're pretty sure the victim had died from drug and alcohol.

Funeral directors. I've been talking to these people that have started to stash Narcan in the funeral parlors to handle the overdoses of people who come in to grieve the dead. And some places have money that they set aside to bury people who have unclaimed bodies or people who have died. Those funds are running out, driven primarily by untreated alcohol and drugs.

Friends, 3,500 are dead with more coming. And
the best solution we can come up with is to demote the Agency to the bottom of this chart? This is the best we can do, is to step away from the problem instead of toward it? The clock is ticking on the lives of people in our own neighborhood and we are busy rearranging agencies.

You're going to be asked to vote on this. You're going to be asked to vote on whether we back off or move forward. I propose that we run toward the problem, not away from it.

You did a wise thing when you enacted Act 50 in creating a new department. Let's give it time to do its job. Let's bolster it. Let's fund it properly. Let's get the staffing levels up, not bury it, not expand it, not demote it. Let's properly fund it.

We need the stability and leadership of a cabinet-level Department of Drug and Alcohol programs to handle and help us through the current crisis that we're involved in and also to help prepare us for the next drug crisis, because there will be, I'm sorry to say, a next drug crisis.

Thank you for your time.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you, Deb.

Very good to see you, Gary. Welcome.

FORMER SECRETARY TENNIS: Good to see you, Mr. Chairman.
I want to thank all of you for putting attention to this issue. I want to thank you all, those of you who were here in 2010 passing Act 50, which I think showed incredible foresight and wisdom. This is an area that lacks a voice, as Chairman Hartwick said.

Even as we have descended into the worst overdose epidemic in history, the Federal Government has, over ten years, cut the Block Grant funding by 26 percent.

I came into this as a prosecutor. I worked my first 26 years in the DA's office in Philadelphia. And I saw the impact of really the terrible neglect of this issue that's occurred throughout our country's history, actually throughout all the history of civilization.

This really reflects an enlightened perspective that the General Assembly got in 2010. It took until 2012 to implement it. But what it did is -- referring back to Chairman Hartwick, it gives us a voice. It puts the spotlight on an issue that cuts across almost every department in the State. It cuts across most county-level and Federal-level areas.

And I'm going to get into a little bit more detail. It gives us an ability as a cabinet-level department to reach across to other cabinet-level departments. And I want to thank my colleagues in the room today who, when I reached across to them, have always been
so responsive and to actually make sure the drug and alcohol issue is being properly tended to, properly cared for, and we're doing all we can across agencies.

Now I'm going to run through some examples of how we break down silos. And by the way, for those of you who have looked at organizational dynamics, take a look at what happens in huge, huge bureaucracies and see how much power somebody three or four levels down in those huge bureaucracies actually has to reach across to other agencies, even to reach across to other offices within the same agency.

As a cabinet-level Secretary, I was able to accomplish a lot, even in the absence of any significant increases in funding just because of the position and because of the way you raised the Department up.

Deb referred to the prescribing guidelines. Back in 2013, as a cabinet-level Secretary, I was able to reach across to the secretaries of about five different departments, Department of Health, Department of State, Insurance, other agencies, the Federal Government, the Veteran s Administration, the Medical Society, county stakeholders.

We were able throughout 2014 to do three sets of discipline-specific prescribing guidelines because we know you all know -- because you've paid such close attention to
the issue, you know that this current epidemic is completely fueled by the quadrupling of prescription opioids that occurred over the past 20 years.

So we had prescribed guidelines for the treatment of chronic non-cancer pain, for Emergency Department prescribing, for dentists in December. And then when Dr. Levine came in, who was so interested in the issue, to her credit, she very willingly embraced taking over the leadership of this issue, which is the best-case scenario.

Now, this problem, this problem of overprescribing of opioids, has been going on for almost a quarter century now. It has been driving this epidemic. The Department of Health, during those years up before the Department of Drug and Alcohol Programs, could have done prescribing guidelines. It didn't.

It didn't happen until you created a Drug and Alcohol Department that can work across cabinet levels and make things like this happen, work across and bring the right people together because the Department of Health has many, many things to deal with. And it just didn't happen. And that's going to be a recurrent theme.

Naloxone. We could have worked to raise funding for Naloxone. Even before Act 139 there was more expanded use of Naloxone we could have been doing. But because first you passed Act 139 -- and God bless you; thank you for that
-- that allowed more expanded use of Naloxone. And you
created a department. We were able to reach across to --
actually in this instance, to all of the major health
insurers.

We didn't have any funding for Naloxone. And we
were able -- after Capital Blue Cross gave 50,000, we were
able to reach across to all the major health insurers, raise
$600,000 for Naloxone for our police. And as you heard,
police officers across the State -- and 75 percent of
Pennsylvania's population now has police carrying Naloxone.
They have over 3,000 saves. There's no other state where
that's going on.

And I guarantee you as a bureau director or a
division director or whatever this might be, I would not
have been able to make those calls. I would not have been
able to get that done or get those executives like Paul and
other CEOs of health insurers on the phone to get that
money.

Also, when the Pittsburgh Police were a little
bit slow getting going with Naloxone, I was able to call
Chief McClay in Pittsburgh, get him right on the phone, get
a meeting with him. He was very receptive. And the
Pittsburgh Police Department carried Naloxone. There is so
much that is possible because of what you did.

I believe that the Bureau of Drug and Alcohol
Programs would have liked to have done these things, the office would. The division would. When it was buried within a bureaucracy, I'm sure they would have liked to have done this. They cared about the issue.

But there's kind of a reality here. And I'm talking -- because we're hearing a lot of words being thrown around. But what I'm trying to talk with you about now is concrete realities of what occurred because you created a department.

Warm Hand-Off. You've been hearing about how critical it is that we get individuals who overdose, where we save their lives, we actually get them to treatment. We have worked with the Pennsylvania Chapter of the College of Emergency Physicians with the Hospital Association of Pennsylvania to develop Warm Hand-Off protocols and have our SCAs reach across to all hospitals.

We have in the room, really the leader in the State among our SCAs, George Vogel, and his hospital, Reading Hospital, which is one of the leading -- do you mind raising your hand and taking a little credit here? They're getting instead of one out of ten to treatment, overdose survivors, they're getting three out of four overdose survivors into treatment.

We were able to reach across and bring the stakeholders together because of the prominence you gave us,
because you gave us a voice, which will be lost if we go
back to the way it was.

And I know they'll say, well, it will be
different. I'm sure that's the intention now while we're in
the middle of this opioid epidemic. But we have hundreds of
years of history that shows what happens to this issue when
it's allowed to be deemphasized and when it gets buried in
bureaucracy.

We talked about money, how there's zero savings
here. We started back early in the Department's history,
fall of 2012, we went out to Armstrong County and Clarion
County. As the Secretary, I was able to reach over to the
then Secretary of DHS and say, let's do a project to get
Medicaid turned on for people coming out of county jails
instead of in six weeks, let's get it turned on the day they
come out.

Now when the Block Grant dollars are used up,
which they get used up, and somebody comes out of county
jail and it takes six weeks to sign them up on Medicaid and
get them into treatment, they are at grave risk for six
weeks of relapsing, of overdosing, and if they don't
overdose when they relapse, of re-offending and getting
locked back up and back into the county jail.

As a Secretary, I was able to get the help of the
then Department of Public Welfare. We had all of the county
stakeholders from the President Judge to the DA to the Prison Board to the SCA and others at the table. We started the pilot in Armstrong Indiana to get Medicaid turned on so that when somebody was coming out of jail, we could send somebody in to see if they need drug and alcohol treatment before they come out.

Then when they would -- if they needed it, we would make sure the Medicaid paperwork was all done so the instant that they stepped foot out of jail, the instant that they did, Medicaid was turned on. And then they were able to go right into treatment. There was a van ready to take them to treatment.

By the way, Federal matched dollars. So that means during that six weeks, we're getting Medicaid coverage for these individuals and bringing in millions more in Federal dollars than we would have.

So not only will this not save money, but because of the kinds of -- oh, by the way, that is now a statewide project. We now have that I believe in every county so that anybody coming out of county jail, Medicaid is turned on the second they come out. There was a collaboration between DHS.

I'm going to hit one more example. I actually have a list of nine items. I'm only going to do one more so that I don't run on too long. The take-back boxes. Early
on we went to Bucks County. We saw that they had 17 take-back boxes in police stations around the county. As a Secretary, I was able to reach over to the Chairman and the Executive Director of PCCD, actually just a couple days later, to find out if they had any funds that might be available to fund take-back boxes in Pennsylvania.

They had $100,000. I was able to get on the phone with Staunton Farm Foundation out in Western Pennsylvania. I was able to work with the Pennsylvania Chapter of U.S. Healthy Water, the Philadelphia/Camden HIDTA. And ultimately we gathered enough funding so that today we have 500 take-back boxes planted in police stations across the State.

By the way, the DEA was doing the take-back. And they actually said this is too much. We can't do it for a while. And we were able, as Secretary, to reach across to the Department of Military and Veterans Affairs where we found out we could get the National Guard to do it with the help of the Attorney General's Office.

I could not do that as a Bureau Director because you did Act 50 of 2010. Because you gave me the ability to reach straight across to my colleagues, who have all been just very, very helpful, we were able to get that.

And by the way, what does that mean? To date we have collected over 200,000 pounds of prescription drugs and
destroyed them. We had them incinerated across the State. I think, based on sampling estimates, about a third of those, 65,000 pounds, are drugs of abuse such as opioids, benzodiazepines and amphetamines, 65,000 pounds off the street.

That is a big deal because we know particularly our young people, our beloved young people, our sons and daughters, are at the gravest risk. You've heard about the pharm parties where the kids will get together and they'll see what they gathered from their friends' families' medicine cabinets during the week and then they are at grave risk of overdose.

And I do want to say I've had good cooperation among my colleagues. I saw the press conference last week, I guess it was, where in the Department of Conservation and Natural Resources, rangers are carrying Naloxone. That was, again, an example where I was able to -- I think it was after a cabinet meeting, I talked to Cindy Dunn and said, is this something you'd be willing to do?

And typical of the kinds of responses that I've gotten from this cabinet, they were eager. She lit right up and said absolutely and went to work on it.

So DDAP with its 62 individuals in the Department right now, or 65, whatever it is, we don't do all of this. But because of where you placed it, we're able to catalyze
actions all over the State.

And by the way, we have much more to do with the Department of Corrections than DPW. I mean, why not merge it with the Department of -- I mean, we have something to do with everybody. We have Department of Education, Student Assistance Programs, K-12 education.

There really is -- it's hard to find an agency -- there are maybe two or three -- where we don't have something to do to kind of say, here is the drug and alcohol piece we need to take care of. The Bureau Director can't do it.

A Secretary of a behemoth agency who has this as one of his 25 major responsibilities isn't going to have the time and energy. As good as Ted Dallas is, I don't think anybody could possibly give the drug and alcohol issue the cabinet-level attention that I was able to give as having it be my sole focus.

So I want to thank you for Act 50. I beg of you, please, for me it's the -- I tell people this. I'm doing the job the Governor fired me to do. I'm here. I care deeply about this issue. I know you do, too. You know, you meet with these ten families a day that are being shattered.

You know, it's one thing to lose a job. You can replace a job. You can't replace losing your son or daughter, irreplaceable. And it's happening ten times a
day. This is life and death. This is real. These are concrete examples of what this means.

Please, please take the Drug and Alcohol Department. I mean, I have an opinion about the Aging, but I'm not going into that area because it's not my area of expertise. I'm here to talk about drug and alcohol. I beg of you in the name of the ten families a day that are going to be shattered and the ten tomorrow that will be shattered and going forward, please continue to give the issue the prominence and focus that Act 50 gives it.

Thank you.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you very much, Gary.

And thank you for your distinguished service in the past as a prosecutor and as a good servant leader in public service here in the Commonwealth.

FORMER SECRETARY TENNIS: It's been a pleasure working with you, Chairman Baker.

MAJORITY HEALTH CHAIRMAN BAKER: I have to ask for apologies because I did not introduce the Cabinet Secretaries that are in the room. And quite frankly, I believe they've been here the whole time, the whole session, of the hearing. But I didn't see them because the room was so full. So I apologize.

I do want to recognize and acknowledge the
Secretary of Health, Karen Murphy; Rachel Levine, our Physician General; Ted Dallas, our Secretary of Department of Human Services; and our Secretary of Aging is also there right behind Will, who I can barely see but I know she's there.

And by the way, I didn't know you were 70 years of age. You look very good for 70, Will. But thank you for that admission.

Anyone else? Brenda Harris is over here, Deputy Secretary, Executive Secretary Jen Burnett. Anybody else I've missed? I apologize. The room is -- I can see now. Thank you for coming. Thank you for being here and listening to all the testimony. We really appreciate it.

Chairman DiGirolamo will lead off with questions.

MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

Thank you, Matt, again.

Thank you both for your very, very passionate testimony. I think when you talk about reality, it's exactly what you said, Gary, at the end. Ten people are going to die today from overdoses in the State of Pennsylvania.

And that's ten families that in two or three or four days are going to be burying their sons and daughters, brothers and sisters, moms and dads. They're going to be
going out to the cemetery and they're going to be putting
them in the ground.

And on a number of occasions I can tell you, if
you want to talk about something excruciating, go out to a
gravesite with a mom that has buried their son or daughter
and watch them stand over that gravesite. It is just
excruciating and heartbreaking.

And it's happening far too much and far too many
times in the State of Pennsylvania and, in a large way,
across our country.

Gary, you just did a phenomenal job outlining all
the things that you've been able to do since you've been
Secretary.

And again, Deb, you did a good job. The history
of this Department, we passed it in 2010. Governor Corbett
implemented it or started it in 2012, named Gary the first
Secretary.

Governor Wolf came in and, Gary, I think you were
one of the two people he reappointed as Secretary and kept
you on, you and Secretary Wetzel in Corrections. I just
want to thank you for the good work you did.

Needless to say, when I got the call from the
Administration that you had been fired, I was just shocked
and really heartbroken and terribly disappointed because I
know how passionate you felt and what a great job you did.
FORMER SECRETARY TENNIS: Thank you.

MAJORITY HUMAN SERVICES CHAIRMAN DigiROLAMO:

We're here. And we're moving forward.

FORMER SECRETARY TENNIS: Yes.

MAJORITY HUMAN SERVICES CHAIRMAN DigiROLAMO: And as I say every time, the Governor really cares about this issue. He made this a priority. The Governor is a good man.

But why in the middle of this epidemic and why when we're losing so many of our family members and not only the ones that are dying -- I know how devastating it is to families when they have a loved one who's addicted -- why in the middle of this are we doing away with it?

Maybe I'm going to ask you the question, Deb. Why in the middle of this are we doing away with the lead agency that has the responsibility to take care of this problem? Can you answer that question?

PRESIDENT BECK: No. It makes absolutely no sense to me. Think about the optics just for a second. Substance aside, what are the optics here? Are we going to lead or are we going to back away? I think we should run to the problem, as I said in earlier testimony, bolster the agency and let's get going. This is a new agency.

Senator Yaw raised that in a couple of the hearings. This is a new agency. Let's let it do its job.
MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

And for the information of the members, if you get a chance, get a copy of Senator Yaw's testimony last week at the Senate hearing up in Reading. It is really good and really, really compelling.

And he said -- he asked the question, did the Legislature make a mistake in implementing this Agency and starting this Agency? Did we make a mistake? It's only been up and running just five years. Did we make a mistake?

He says we were very timely in doing it. And I agree with him. Everybody knows how I feel. I just want to caution the members that are here. If we allow this to happen, if we allow this consolidation plan to happen with all of these agencies, not just with Drug and Alcohol, you're not going to go back and get this back again.

If it doesn't work, we're not going to go back and recreate these departments again. If this doesn't work, our constituents will be on our doorsteps, knocking on our doors and at our district offices wanting an explanation for why we did this.

They're not going to be up here at the Capitol on the doorsteps of the Capitol knocking on doors and asking why we did this. They're going to be at our district offices and we're going to have to explain why we rushed
into this proposal and why it's negatively affecting our
most vulnerable citizens.

It's just a terrible idea. We shouldn't be doing this, especially when it comes to the Department of Drug and Alcohol in the middle of this crisis and epidemic that we're all facing.

Thank you, Mr. Chairman.

MAJORITY HEALTH CHAIRMAN BAKER: Thank you, Gene.

Representative Kaufer.

REPRESENTATIVE KAUFER: Thank you, Mr. Chairman.

I think both of you know I just got appointed to be the Subcommittee Chair for Drug and Alcohol. So I take that with a major role because it's certainly an issue I care deeply about. I appreciate you both being here.

FORMER SECRETARY TENNIS: Thank you.

PRESIDENT BECK: Thank you.

REPRESENTATIVE KAUFER: Secretary Tennis, I do want to say I still -- you're still doing the job the Governor originally hired you to do, I believe. I mean that with all sincerity.

I quickly looked through the packet. I know you didn't do an exhaustive list, but here's the Departments that were just some of them that were listed that you have already collaborated with: Department of Education, Health, Human Services, the Attorney General's Office, Pennsylvania
State Police, Pennsylvania Commission on Crime and Delinquency, Transportation, Aging, Corrections, Insurance, Military and Veterans Affairs, Labor & Industry, Agricultural, Board of Pardons. Those were just a few. That's not an exhaustive list. Those are just a few that popped out to me immediately.

I want to say, I know we created this before I was here back in 2010. I wish we had done it ten years before that.

PRESIDENT BECK: Yes.

REPRESENTATIVE KAUFER: At a time when I believe we need to be bolstering this Department, we need to be more supportive of what we need to do because I don't believe we're doing enough right now.

I have just a couple of questions. What do we need to do to support the treatment and prevention? Do we have enough beds, first of all, within what we're talking about? Because if we're talking about consolidated, we need to talk about the expansion of what we need to do to get this under hand. And with a consolidated department, I have concerns.

And another one is, I know that as a major policy initiative just a couple years ago, we put forward the Centers for Excellence, of which I have been a stalwart opponent of. I thought it was not the right place to be
spending money at the time but actually talking about the
treatment and prevention services.

And if you could both comment on that as well.

FORMER SECRETARY TENNIS: Well, I think you're
right to identify that treatment is underresourced. And the
Surgeon General has documented that. That's historically
been the case for a long time. National funding for
treatment is at about 10 percent of what's needed. So that
creates a couple of problems.

One is you can't get a treatment slot and, No. 2,
if you do get into treatment, it tends to get cut too short
and that hurts the outcome.

It needs to be a sufficient length of stay. It
needs to have clinical integrity. That means it needs to be
long enough and intense enough. So we need more resources.

Now that I'm out of the job, I'll tell you I was
very -- I would have dearly, dearly loved to have that 20
million that went to Centers of Excellence, which is
basically Case Management, which duplicates what our SCAs
do, and use that instead to expand our treatment
infrastructure as matching grants to build up more
treatment.

Now we do have the Cures money that's coming in
from the Federal Government that we're going to be able to
do some of that now, but it's later. It's going to be
coming in a couple of years later.

Since I came in actually under both Administrations, I have asked for more resources. And the way the budget process works, you pretty much take the decision that's made and that's what you go with. That's just kind of how it works. You work for the Governor. We need more of that.

We also need more intervention. So, for example, Student Assistance Programs where you identify at-risk kids in our high schools, those have faded away because the funding went away. That's an intervention program for kids for high-school/junior-high-school-aged kids that would funnel more people into treatment.

We are working -- and Dr. Levine has done a nice job with working with our medical schools on the curriculum so that finally our doctors are getting some training in addiction treatment. So we need more. There are many different ways that you catch, you help people with a disease and you interact with them.

I grew up professionally in the criminal justice system. Police all could be trained. That's one of the initiatives we did. We worked with -- actually in Bensalem and Upper Darby and now all of the police in Potter County, of all places, they are -- their police are trained to do interventions.
They see the folks with serious drug addiction, the homeless on the streets. They can engage with those individuals and get them to treatment.

I actually have a -- I know of just some phenomenal individuals who police officers actually engaged them on the street and got them into treatment.

So there are many, many ways to cut into this on the intervention. But ultimately you have to have the beds. You've got to have the beds and the occupy slots. And you need to avoid the fight between inmate versus drug free. It needs to be clinical just like with cancer or diabetes or heart disease. We need to allow the patients and the clinicians to work through what is best clinically.

It's not a political issue. It's a clinical issue.

REPRESENTATIVE KAUFER: I appreciate your answer because I think it's very important. Everybody here I think can sense your passion on the issue. But I wanted to be noted that this is the voice we're drowning out with what we're talking about.

This is the person who, since the department was created, was in charge of being that voice, a voice who I think, unfortunately, has not been listened to enough in this current Administration and unfortunately let him go.

I appreciate your comments on the Centers for
Excellence. It sounds like you weren't really --

FORMER SECRETARY TENNIS: It's a different issue. But we were certainly in the meetings where it was being presented.

REPRESENTATIVE KAUFER: I just -- it frustrates me. Because as somebody who is so knowledgeable -- and I've had many conversations with you -- on these issues, to be drowning out this voice that has been the stalwart defender of people in recovery, of people who need to be in recovery, of all these connections of different dots all throughout, it saddens me. I don't know what other words to use.

It is so disappointing to me that we are talking about this voice being gone. I'm sorry. I'm sorry personally as a legislator that we no longer have your voice in our government. I am deeply saddened about that.

So I just want to say thank you for all that you've done for our Commonwealth. And I appreciate you being here today because I know it's not easy to be here testifying in front of us. And I greatly appreciate all that you've done.

Thank you.

FORMER SECRETARY TENNIS: Thank you,

REPRESENTATIVE KAUFER: Thank you, Mr. Chairman.
MAJORITY HEALTH CHAIRMAN BAKER: Chairman Hennessey.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN HENNESSEY: Thanks, Matt.

Deb, Gary, thank you for the work you've done for all those years in the field of drug and alcohol prevention. You were two of the first people I think I met when I came to Harrisburg years ago.

FORMER SECRETARY TENNIS: In the '80s.

PRESIDENT BECK: You lucky person.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN HENNESSEY: You've kept your energy and your enthusiasm for the pursuit of drug and alcohol prevention throughout these years. You know, we can tell today just how involved you are still in it.

Thank you, Gary, for explaining the, you know, importance of the position, of having the title, having the designation as a cabinet-level Secretary and just exactly what that means in terms of the gravitas that people assign to you when you pick up the phone and call.

FORMER SECRETARY TENNIS: Exactly.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN HENNESSEY: They know that they're calling back a cabinet-level officer. I think it's important. You've explained that really, really well.
FORMER SECRETARY TENNIS: Thank you.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN HENNESSEY: Gene asked why we were thinking of doing this in the middle of a crisis, to, you know, merge drug and alcohol into a much larger agency. I think the same question can be asked about why we're doing it for the Department of Aging.

You know, in three years, the over-60 population in Pennsylvania will be more than 25 percent of our population. In the ten years that go beyond that to 2030, we're going to be talking about 28 percent of the population.

Frankly, if we didn't have a separate Department of Aging already, we would be asking why we don't create one. Now we have it and we're talking about, you know, basically demoting it to a deputate within a much larger agency.

Thanks for pointing out the problems that are involved with just making that kind of a step. I appreciate your testimony. And I appreciate the work you've done over the years.

FORMER SECRETARY TENNIS: Thank you.

MAJORITY AGING & OLDER ADULT SERVICES CHAIRMAN HENNESSEY: Thank you.

FORMER SECRETARY TENNIS: Thank you very much.

PRESIDENT BECK: And if I may for just a second.
HENNESSEY: Sure.

PRESIDENT BECK: When you and Aaron Kaufer asked what should we do, I think the blueprint is in Act 63, now Act 50. If you have not read that blueprint, I would highly recommend it.

The guy in '72 actually laid out a blueprint for the State of Pennsylvania but if everything was up and running now, we wouldn't be in the position we're in now.

It would have meant we had physician prescribing guidelines. We would have limited the sale of opiates. We would have done training across all the other disciplines. It would have already been done. It's time we live up to the mission that is laid out there.

And I also wanted to respond to your question, do we have enough beds? Jeez, I'm looking at Representative DiGirolamo. And it was a couple days before Christmas. We were working together desperately to find a single detox bed in the State of Pennsylvania for someone who was in desperate need.

No, we don't have enough beds. I think we should be commandeering the empty State buildings and putting them to use to address this emergency. I know you have a bill that approximates that goal. We need to commandeer those empty buildings that are being heated and kept up anyway and
put them to use.

But let's get serious about the problem. I think we need to get serious about the problem, bolster the Agency, don't demote it. Look at the blueprint in Act 63. Act 63 is brilliant. I spent a lot of time trying to figure out who all contributed to that. I wasn't able to figure it out. It's a phenomenal document. Read the statute.

There's a blueprint for America in there as well as for Pennsylvania.

FORMER SECRETARY TENNIS: And just to follow up. One of my projects that we were just beginning was with Curtis Topper, an excellent Secretary for the Department of General Services, to do that -- it was toward the end of my tenure -- to take a look at empty buildings, both DGS and actually I think DHS empty buildings as well to see if we could use any of those for drug and alcohol treatments.

It's the kind of thing that you're able to move on with some facility. It's pretty tough to do, again, when you're buried deep in a bureaucracy.

MAJORITY HEALTH CHAIRMAN BAKER: I have a former State hospital in Tioga County that's a prime candidate for that. I appreciated you coming up for that. Oh, my gosh. We could put 300 beds in place and start tremendous treatment.

I just wanted you to know we are moving a package
of opiate bills out of the Health Committee on Wednesday.

Gary, you started and then stopped and went into a different direction when you were talking about how you were able to engage the Medicaid program with the county prisoners and then also to leverage Federal dollars.

FORMER SECRETARY TENNIS: So Medicaid has, I think, roughly 55 percent Federal match. I think 90 percent for the expanded group. There are two alternatives. You know, I really hand it to the County Assistance Offices at DHS. They did a really nice job. They sent us the right people to do that.

When you turn Medicaid on for somebody, that means coming out of county jail, their treatment is going to be paid for 55 percent Federal dollars.

If they're using Block Grant dollars, then that's money -- although that's a finite pool of money. So that's going to come out and that's going to be -- although it's Federal match, it's a finite pool that runs out. So it's technically for functionality purposes. It's like 100 percent State dollars.

And not to mention those who don't get treatment when they come out, if they have that six-week delay, if they recidivate, not only are you going to have more crime in your communities, but your counties are going to be dealing with greater county jail expenses as well.
We did start back in 2013 to do those same projects. We made an attempt with DPW and the Department of Corrections. It was a slow go. You know, sometimes projects go real fast and easy. And some sometimes it's more challenging.

So I'm not in any way faulting anybody or pointing the finger in any way. That project, I understand, because I've heard Ted Dallas and John Wetzel speaking about it, I gather they're getting somewhere, having some success getting that project going.

That's something we attempted back in 2013.

PRESIDENT BECK: If I could quickly point out that meant people with diabetes. There's no break in their care either. Also people with schizophrenia and other mental illnesses. It's not only just help for drug and alcohol.

MAJORITY HEALTH CHAIRMAN BAKER: Part of the argument that we're having over this consolidation issue seems to be engaged in the issue of cost savings. And I've really not seen definitive evidence of the cost savings. Anecdotally I've heard it could be $90 million. Half of that has to do with a pharmacy fee that's subject to CMS. We don't even know if that's going to get approved.

So are we doing this as a sound bite, that sounds like good government, we're consolidating, we're trying to
merge departments? That sounds wonderful. But in effect, are the benefits really there in terms of cost savings and are we at a risk of losing any money as well?

I just think there's a lot of issues out there that we do not have answers yet. And I'm not sure if the answers can be provided at this point in time either, depending on the construct of the bill and how that impacts the various line items and departments and what happens at the Federal level.

You mentioned SAMHSA. You mentioned Medicaid. It's just a lot of variables here that we're just not privy to in terms of, is there going to be a real cost savings? What's the impact to the delivery of services? We've heard there's not going to be any discontinuation of services.

And yet when you hear the health departments or County Assistance Offices being closed, there is an impact to services in one way or another. So it's just a lot of information out there that we do not seem to have definitive information at this point in time.

And I'm very concerned about that, especially after talking to some of my Federal colleagues and State colleagues. I heard a remark by the Attorney General the other day at a banquet that we could be seeing -- we may be looking at another 1,000 to 1,500 more overdose deaths from the preceding reporting period.
MAJORITY HEALTH CHAIRMAN BAKER: And I'm hearing that as well potentially from the DEA. So if we're engaged in the greatest public health threat to Pennsylvania and maybe America, I'm just very cautious about what we're doing here in terms of making sure the focus is where it needs to be and that is the greatest public health threat to Pennsylvania.

FORMER SECRETARY TENNIS: He's worked on this for five years. I'm absolutely convinced that if you hadn't made this Department, we would have lost millions of dollars in funding for Medicaid.

We'd have millions more in criminal justice costs, not to mention bringing attention to this issue so that people, for example, coming out of -- I'm just taking the one small example of people coming out of county jail and getting Medicaid. That is something that has a huge impact on not only cost, $7 return, by the way, for every dollar invested in treatment if it's done with clinical integrity. So there's those savings.

There's savings that kind of ripple through State Government. As you take better care of this issue, you end up -- one of the things that I've sometimes said to my colleagues is, if we do our job well here at Drug and Alcohol, it's going to help you do your job better because
you're going to have lower Hep C costs. You're going to have lower criminal justice costs. Schools are going to be healthier and more functional. You can go across one agency after the other.

MAJORITY HEALTH CHAIRMAN BAKER: Are you aware of any potential loss of funding as a result of consolidation?

FORMER SECRETARY TENNIS: We get a Federal block -- and these are very roughly rounded numbers -- of about 60 million. You have a Federal maintenance of effort requirement for our Block Grant. So if you were to cut funding -- and I don't think that's being proposed. But if you were to have savings that resulted in cuts, every dollar you cut in State dollars would result in $1.50 in Federal dollars.

MAJORITY HEALTH CHAIRMAN BAKER: Okay. Thank you.

Representative McCarter.

REPRESENTATIVE McCARTER: Thank you, Mr. Chairman.

Again, thanks to both these testifiers and to everybody who's testified today. There are a lot of different things that have surely been said here today that I think all of us are very, very concerned with, to say the least, various different elements of obviously all the people who are impacted by not only drug and addiction but
by death, as we've heard.

There's been a lot of passion, a lot of passion that everybody has expressed today. But I think the one passion that I haven't heard today that upsets me more -- and I mentioned this at the last hearing as well -- is the passion to appropriate the money to take care of the needs that we identify, whether it's the needs of the addicted or it's the needs of education.

The wheel of the body here is the legislative body that we are the ones failing. We can talk about consolidation until it comes out our ears. It may be the way to get to greater efficiencies. It may not be. It may be that if we study it for a year it will have a better effect in terms of how we bring about a consolidation.

But the bottom line on all of this is revenue. And when we pass a Budget that is $800 million less than what the Governor proposed and incorporates the savings that we're talking about here for consolidation but no one says, oh, no, let's take that out of the budget, let's appropriate an additional sum of money for each of these departments to allow them to do their job, we have a problem. We can't blame the Governor completely for trying to do his job and then fail on our side when we don't appropriate the money necessary to carry this out. So with all the passion that we want to have for these particular issues, the passion
also needs to be there to fund these particular programs or else all of that passion is just words and it's not what we need to be thinking about as Legislators.

    Thank you.

    MAJORITY HEALTH CHAIRMAN BAKER: Any other questions? Seeing none, we thank the panelists very much for your time and efforts.

    PRESIDENT BECK: Thank you.

    FORMER SECRETARY TENNIS: Thank you for the time and opportunity.

    MAJORITY HEALTH CHAIRMAN BAKER: Thank you very much.

    Thank you, members.

    (Whereupon, the hearing concluded.)
I hereby certify that the proceedings and
evidence are contained fully and accurately in the notes
taken by me on the within proceedings and that this is a
correct transcript of the same.

Jean M. Davis
Notary Public