



TO: Members of the House Aging and Older Adult Services Committee, Health Committee and Human Services Committee

FROM: George Hartwick, Dauphin County Commissioner and Chair of the CCAP Human Services Committee

DATE: April 17, 2017

RE: **CCAP Comments on Proposed Human Services Agency Consolidation**

On behalf of the County Commissioners Association of Pennsylvania (CCAP), we write today to share our comments regarding the Governor's proposal to consolidate 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 Governor's proposal, the Association is committed to exploring opportunities to incorporate strong state-local relationships and innovative approaches toward meeting county service goals.

To that end, working together with our six human services affiliate organizations, CCAP has developed what we believe are the basic and necessary components that must be in place and adopted system-wide prior to implementation of a unified model. First and foremost, counties believe that the goals of any change made to the structure of government must be service-recipient centered and not driven by advocacy groups, as the goal must be to assure ongoing service provision of the many programs impacted. In addition, counties must remain in the forefront of delivery models that may result from this transition and must be at the table as those plans are developed because counties are closest to the people who rely on critical services.

Below you will find additional detail regarding those elements the Association believes must be incorporated into any unification effort. Following that, you will find a number of ways we have identified opportunities for enhanced partnership and cooperation to assure improved services and access for service recipients of the various human services systems.

Basic, Necessary Components of a Unified Model – The following are key components that must be in place and adopted system wide prior to implementation of a unified model, noting that 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 advocacy groups. The goal must be to assure ongoing service provision of the many programs impacted and not be a means of shifting costs to counties.

- Counties must remain in the forefront of 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 closest to the people who rely on critical services.
- Counties must retain the option of selecting the form and structure of local human services delivery. A “one-size-fits-all” approach mandated upon counties would be opposed.
- The implementation plans for the new agency must include a clear, concise and consistent methodology for assuring that county government remains a key stakeholder whenever decisions are made about our joint constituencies and the provision of services.
- CCAP believes that the commonwealth should work with counties to develop partnerships to assure that all care recipients are advised of services options and the means to access those services.
- 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. For instance, if CMS is suggesting a program disallowance, the new DHHS must consult with county leaders to assure that counties have the ability and capacity to comply with procedural changes before a commitment is made to CMS. Further, counties may be able to offer alternatives that retain local connections for constituents while still meeting the federal demands. Examples include recent decisions to contract for services formerly provided by county entities to assure CMS that no conflicts exist.
- CCAP believes that the provision of substance abuse services and other prevention, policy and licensure functions would be enhanced through adoption of legislation that provides statutory authority to the Single County Authorities and renames them as the Offices of Prevention and Addiction Services. The Offices of Prevention and Addiction Services would continue to be the local entity responsible for the planning and implementation of a full continuum of services based on locally identified need. Legislation would be patterned after the statutes governing other human services programs and provide stability and a more clearly defined duty that is a vital component of a unified service delivery system.
- CCAP believes that the commonwealth must designate a specific person/position to serve as a liaison between departments to address overlapping concerns, to ensure regular meetings while plans for implementing the unification are developed, and to continue this role throughout the implementation phase.
- CCAP believes that the commonwealth must develop and present a plan for how coordination between departments with similar interests will be maximized under the unification.
- CCAP believes that the organizational structure of a unified agency must include a clearly defined pathway for a designated representative to communicate state and federal policy

concerns and needs directly to the Governor. Specifically, a clearly defined role for an individual representing the concerns of older adults with access to the Governor must be included to assure that funding and regulatory goals do not outweigh the advocacy role of the current Department of Aging. CCAP believes a similar focus on advocacy for addictions services should be included so that policy issues can be brought directly to the Governor.

- CCAP believes there must be a strong commitment to develop policy from an integrated mindset and work with legislators to help shape expectations.
- CCAP believes that there must be regular and open communication between the new department and County agencies and that discussion must take place before decisions are made that commit counties to mandates or budgetary cuts. Under no circumstances should state administrative agencies or departments be considered to be speaking on behalf of the counties.
- CCAP believes that communication must be enhanced between DOH and DHS with regard to nursing facilities. There are funding and programmatic concerns (DHS) that affect licensing (DOH), but there is no demonstrated practice that suggests the two entities coordinate or discuss policy regularly. Unification plans should include ongoing coordination between DOH/DHS to discuss the programmatic and funding impediments affecting quality in nursing homes.
- CCAP 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.

Opportunities – The following are areas where the state and counties could enhance partnership and cooperation to assure improved services and access for service recipients of the various human services systems. Additionally, opportunities to streamline and improve the ability of counties to provide services on behalf of the commonwealth are included.

Successful service delivery

- CCAP believes the unification presents an opportunity for a larger management role for counties in assuring services are contracted for or provided. Counties have a great track record serving as gatekeepers and share with the commonwealth the requirement to assure the best use of public funds. Legislation should be included with the unification package that develops this authority for counties with an option to decline. For example, many counties use a cross systems integrated framework to enable service blending.
- CCAP believes that the delivery of human services in rural parts of the commonwealth presents unique challenges, and urges the commonwealth to make a commitment and demonstrate adequate support for the needs of rural communities in human services delivery.
- 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 reinvest in services, processes and structures that will enable ongoing support.

Improved coordination

- CCAP believes that opportunities to improve and enhance access may be gained through close collaboration between the state and counties where we have a joint role in service provision, and CCAP believes that services can be enhanced through extending the partnership to other areas including eligibility and determination, for instance. Counties have the ability to begin the process on enrollment and qualification on behalf of service recipients that we serve.
- CCAP believes that opportunities to use county service structures and sites to deliver state services is another area we encourage the state to consider. For instance, county human services offices could serve as locations for state public health locations for inoculation clinics, Hepatitis C Testing Centers, for example. County nursing facilities could serve this function as well – these facilities have their own on-site pharmacies in many cases, allowing the state to fulfill public health duties without a full physical presence.
- CCAP believes that there should be improved coordination of services for public safety/health mandates at the state level and improved partnership between counties and the state. For example, substance-exposed infants who are reported to children and youth would benefit from greater coordination with public health services for notifications and evaluation by nurses, as well as coordination with early intervention, child welfare (for social/safety issues), and drug and alcohol services (for any needed drug treatment). Having mental health, drug and alcohol, public benefits, intellectual disabilities and education built into a human services system that provides seamless delivery through child welfare may greatly improve outcomes for service recipients.
- CCAP believes that counties should be given the option to arrange for all protective service, from birth to death, which facilitates the important relationship with court and local law enforcement.
- CCAP urges the commonwealth to implement policies that protect against the loss of safety net nursing facilities that serve the most vulnerable citizens. Currently, county nursing homes serve a disproportionately higher percentage of Medicaid (MA) eligible individuals than private facilities, comprising a true safety net for long-term care. CCAP urges the Department to look at innovative program and policies that would ensure the sustainability of these facilities and to stop their privatization. For example, the commonwealth has previously supported a Medicaid Day One Incentive payment for non-public facilities with high MA occupancy. Public homes could have a similar incentive program to prevent privatization that continues to occur and to ensure safety-net services continue to exist.
- CCAP believes that interested county nursing facilities, at their option, could partner with the Department of Military and Veterans Affairs as the location for the delivery of nursing home services to veterans. While that department is not considered for the unification, we mention this as an example of considering that county buildings and services exist throughout the state and capacity may exist to meet local need.
- 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 citizens. Counties and 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 on providers.

Compliance and regulation

- CCAP believes that the commonwealth must adopt a cooperative compliance approach to regulation, especially with licensed entities. Safety could be maintained while saving dollars with on-site inspections every three years, instead of annually, especially for entities with consistent compliant track records. Compliance inspections still occur, assuring that state licensure staff would be present in buildings on a cycle more frequent than every third year.
- CCAP believes that licensed entities should have the option to request a technical assistance inspection to assist with policy, training, and staff compliance efforts. This can be best accomplished by separating licensing from technical assistance. Currently, if counties ask for technical assistance, they run a very high likelihood of being cited for any deficiencies, probably even for the very reasons they reached out for assistance in the first place. This provides an incentive to not seek assistance when needed.
- Current regulations require civil monetary penalty money collected from nursing homes to be utilized to enhance nursing home quality. The CMP Grant Program should be restored immediately to insure funds are being utilized as required.
- CCAP believes that licensure and regulatory compliance structures must allow for mediation and appeal, especially permitting the option of correction of low-level violations during the time of the inspection. The goal is to get licensees into compliance as opposed to making findings and collect penalties except for instances of serious ongoing violations.

Streamlining and efficiencies

- CCAP believes that services can be enhanced through elimination of redundant monitoring, contracting and reporting processes as well as alignment of monitoring tools. Time spent on these duties could be better utilized in the direct provision of service.
- CCAP believes there should be a comprehensive examination of confidentiality laws to allow human service categorical programs to share information on behalf of service recipients and families. This will reduce redundant services and provide better care for service recipients.
- CCAP believes that the unified agency must develop more efficient methods to share information and eliminate silos by creating processes to share information between programs. In addition, consideration of development of individual consumer level master service recipient information system that permits viewing of all programs with appropriate privacy protections would enhance service delivery and outcomes.

Staff Recruitment and Retention Goals – The following are opportunities to enhance human services careers as a means of improving service provision to clients.

- CCAP urges the commonwealth to develop and implement human services career incentives that improve the ability of the state and counties to recruit and retain staff who are dedicated to the delivery of service to our residents.

- CCAP believes that jointly training licensure and regulatory staff beside facility and/or licensed entity staff will improve understanding of regulatory intent and expectations for compliance and improve overall service quality.
- CCAP believes that reform of the civil service system is needed to make it easier to hire and to make testing processes more realistic for the position. CCAP urges the commonwealth to work with counties to develop mechanisms for approvals where counties have adopted a merit hire structure to ensure timeliness of audits, approval of plans, etc.
- CCAP urges the commonwealth to consider payment/reimbursement schedules that promote adoption of best practices at the county level. For instance, in the child welfare system, a graduated reimbursement schedule that reimburses counties at a higher level when they pay their caseworkers a more livable wage could be a carrot and stick approach to gain compliance, improve services, and outcomes. Additionally, we believe reimbursement rates associated with evidence-informed practice will promote improved outcomes.
- CCAP suggests that the commonwealth consider the development of emergency units comprised of trained child welfare caseworkers at the state level who could fill in when there is large turnover in a county to prevent negative consequences related to staff shortages. If not needed, they could cycle through the counties for a few days each to relieve pressure and allow those counties to get caught up.
- Further, with turnover being so devastating to the system, consider modifying regulations and statute to permit counties to bring in caseworkers on a substitute basis or to allow independent providers to maintain a cadre of caseworkers that are trained and able to fill in when there is turnover. Many counties lose staff who become overwhelmed by the demands of their positions. While they may be unwilling to work full-time in the field, they may be willing to fill in or cover for a couple days a week to help offset some of the workload until new staff can be hired and trained.
- CCAP believes that quality of care in nursing homes can be improved through an upfront commitment to worker wages. The commonwealth should consider a program that will set aside new money for nursing facilities specifically to raise their Certified Nurse Assistant (CNA) hourly rates. Connecticut did this a few years ago, allocating money in the budget specifically for that purpose.
- Further, consider allowing nursing facilities to include non-certified nursing assistants in staffing numbers. In order to reduce the issues facing facilities due to the CNA shortage, we support including hours of work done by Resident Care Assistants (RCAs) in the required hours per patient per day for facilities. Many facilities currently utilize RCAs, or similar type staff (Patient Care Assistants (PCAs), Valets, etc.) in their buildings. Essentially, individuals in this role many times work with the CNAs as extra caretakers for the residents, under the supervision of the RN or LPN, as they are training to become a CNA. Allowing facilities to include these assistants in their hours per resident per day number would alleviate the impact of the CNA shortage.