

COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES

HUMAN SERVICES COMMITTEE
AND
HEALTH COMMITTEE
JOINT PUBLIC HEARING

STATE CAPITOL
HARRISBURG, PA

MAIN CAPITOL BUILDING
140 MAJORITY CAUCUS ROOM

MONDAY, OCTOBER 21, 2019
11:03 A.M.

PRESENTATION ON
CLOSURE OF WHITE HAVEN AND POLK
STATE CENTERS

BEFORE:

HONORABLE GENE DIGIROLAMO, MAJORITY CHAIRMAN,
HUMAN SERVICES COMMITTEE
HONORABLE JAMES GREGORY
HONORABLE DOYLE HEFFLEY
HONORABLE JOHNATHAN D. HERSHEY
HONORABLE LORI A. MIZGORSKI
HONORABLE THOMAS P. MURT
HONORABLE MARCI MUSTELLO
HONORABLE ERIC R. NELSON
HONORABLE F. TODD POLINCHOCK
HONORABLE JAMES B. STRUZZI II
HONORABLE TARAH TOOIL

* * * * *

Debra B. Miller
dbmreporting@msn.com

BEFORE (continued):

HONORABLE MAUREEN E. MADDEN, ACTING DEMOCRATIC
CHAIRMAN, HUMAN SERVICES COMMITTEE

HONORABLE JOSEPH C. HOHENSTEIN

HONORABLE KRISTINE C. HOWARD

HONORABLE STEPHEN KINSEY

HONORABLE MICHAEL H. SCHLOSSBERG

HONORABLE KATHY L. RAPP, MAJORITY CHAIRMAN,
HEALTH COMMITTEE

HONORABLE DAVID H. ZIMMERMAN, ACTING MAJORITY
CHAIRMAN, HEALTH COMMITTEE

HONORABLE JIM COX

HONORABLE MARCIA M. HAHN

HONORABLE JOHNATHAN D. HERSHEY

HONORABLE AARON D. KAUFER

HONORABLE DAWN W. KEEFER

HONORABLE KATE A. KLUNK

HONORABLE BRAD ROAE

HONORABLE DAN FRANKEL, DEMOCRATIC CHAIRMAN,
HEALTH COMMITTEE

HONORABLE PAMELA A. DeLISSIO

HONORABLE SARA INNAMORATO

HONORABLE STEPHEN KINSEY

HONORABLE MICHAEL H. SCHLOSSBERG

HONORABLE WENDY ULLMAN

ALSO IN ATTENDANCE:

HONORABLE KAREN BOBACK

HONORABLE R. LEE JAMES

HONORABLE GERALD J. MULLERY

HONORABLE DONNA OBERLANDER

HONORABLE PARKE WENTLING

ALSO PRESENT:

SENATOR SCOTT HUTCHINSON

SENATOR KATIE J. MUTH

COMMITTEE STAFF PRESENT:

ERIN RAUB

MAJORITY EXECUTIVE DIRECTOR,
HUMAN SERVICES COMMITTEE

WHITNEY METZLER

MAJORITY EXECUTIVE DIRECTOR, HEALTH COMMITTEE

MAUREEN BEREZNAK

MAJORITY RESEARCH ANALYST, HEALTH COMMITTEE

EMILY KENDALL

MAJORITY RESEARCH ANALYST, HEALTH COMMITTEE

LORI CLARK

MAJORITY LEGISLATIVE ADMINISTRATIVE ASSISTANT,
HEALTH COMMITTEE

ERIKA FRICKE

DEMOCRATIC EXECUTIVE DIRECTOR, HEALTH COMMITTEE

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SUBMITTED WRITTEN TESTIMONY

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P R O C E E D I N G S

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MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

Good morning. If I could have everybody's attention. I would like to call this joint hearing of the Human Services and the Health Committee to order.

And if I might first ask everyone to rise for the Pledge of Allegiance.

(The Pledge of Allegiance was recited.)

MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

Okay. Thank you.

We're not going to take attendance today, but I thought what I might do is give the Members that are present an opportunity to say hello and identify themselves and let you know where they're from.

And if I might start off up top with Representative James.

REPRESENTATIVE JAMES: Good morning, everyone.

My name is Lee James. I represent all the folks in Venango County, District 64, plus a little bit of northeast Butler County.

REPRESENTATIVE TOOHLIL: Good morning, everyone.

State Representative Tarah Toohil, Luzerne

1 County, the 116th Legislative District.

2 REPRESENTATIVE MULLERY: Good morning.

3 Gerry Mullery, Luzerne County, the 119th
4 Legislative District.

5 REPRESENTATIVE ULLMAN: Good morning.

6 Wendy Ullman, the 143rd District, parts of Bucks
7 County.

8 REPRESENTATIVE HOWARD: Kristine Howard, the
9 167th District, which is in Chester County.

10 REPRESENTATIVE MIZGORSKI: Good morning.

11 Lori Mizgorski. That's the 30th District in
12 Allegheny County.

13 REPRESENTATIVE DeLISSIO: Pam DeLissio. I
14 represent the 194th, parts of Philadelphia and Montgomery
15 County.

16 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:
17 Okay. John?

18 REPRESENTATIVE HERSHEY: Go ahead.

19 REPRESENTATIVE HOHENSTEIN: Joe Hohenstein, the
20 177th, Philadelphia County.

21 REPRESENTATIVE HERSHEY: John Hershey, the
22 82nd District, Juniata, Mifflin, and Franklin Counties.

23 REPRESENTATIVE KAUFER: Hi. Good morning.

24 Aaron Kaufer, the 120th District, Luzerne County.

25 REPRESENTATIVE GREGORY: Good morning.

1 Jim Gregory, the 80th District, Blair County.

2 REPRESENTATIVE ROAE: Hi.

3 Brad Roae, the 6th Legislative District, parts of
4 Crawford and parts of Erie.

5 SENATOR HUTCHINSON: State Senator Scott
6 Hutchinson, the 21st Senatorial District. And I want to
7 thank the Chairman for accommodating Senate Members, and
8 thank you for your invitation to participate today.

9 REPRESENTATIVE HAHN: Good morning.

10 Marcia Hahn, the 138th, Northampton County.

11 REPRESENTATIVE WENTLING: Good morning.

12 Parke Wentling, the State Representative in the
13 17th Legislative District. I'm honored to serve parts of
14 western Erie County, western Crawford, over towards real
15 close to Venango County, down to the middle of Mercer, and
16 a part of Lawrence. Thank you.

17 REPRESENTATIVE ZIMMERMAN: Representative
18 Dave Zimmerman. I serve northeast Lancaster County.

19 MINORITY HUMAN SERVICES ACTING CHAIRMAN MADDEN:
20 Good morning.

21 Representative Madden, serving the 115th District
22 in Monroe County.

23 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:
24 Gene DiGirolamo. I'm the Chairman of the Human Services
25 Committee from Bucks County.

1 MINORITY HEALTH CHAIRMAN FRANKEL: Representative
2 Dan Frankel, Allegheny County. I'm the Minority Chair of
3 the Health Committee.

4 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:
5 Okay. Terrific. Welcome, everyone. Good to see everybody
6 here.

7 Just a few ground rules before we get started.

8 The agenda, we're going to have to try to keep
9 the time limits on the testifier as much as possible. We
10 have to be done this hearing by 1 o'clock, because that's
11 when session starts. So I'm going to try to finish like
12 about 10 of 1, 5 of 1. We are not allowed by our rules to
13 go past the time when session is on.

14 So what I'm going to do is allow everyone to
15 testify first to make sure everybody gets in, because I
16 know you have come from, a lot of you, from a long distance
17 to be here. So we want to make sure everybody has the
18 opportunity to testify. And then I would ask, after you
19 get done testifying, if you would stick around until the
20 end, because then we're going to open it up for questions
21 and answers from the Members that are here today.

22 And I'm going to let right now, just very
23 briefly, the Chairmen of the Committees, the two
24 Committees, maybe just a few brief comments, if they would
25 like. But from my end, I mean, this is a very passionate

1 and emotional issue. This really is. And it's an
2 important issue to many of you here and many of you across
3 the State of Pennsylvania.

4 I would ask everyone that when the people are
5 testifying, if we show the testifiers a certain amount of
6 respect when they are testifying. So I'm going to ask you
7 to please not call out when the people are testifying. I
8 think we have to show them that courtesy. And again, I
9 realize this is really, really a passionate issue.

10 And from my perspective, I mean, I think it's
11 important that we hold this hearing. We have got a very
12 fair and balanced hearing, and I want to thank the staff on
13 both sides, Republican and Democratic staff, for all their
14 hard work on putting this together.

15 And from my perspective, I have got a lot of
16 serious concerns about doing this. I really do. And I go
17 back to just recently this issue with the sheltered
18 workshops that was implemented the 1st of July. I
19 understand there is a lawsuit that has been filed by some
20 of the providers and some of the other groups around the
21 State.

22 And for me, I keep knocking up against that wall
23 that the families, the families should be the main people
24 who should be making decisions for their loved ones, and
25 I just can't get past that. Whether it's a

1 sheltered-workshop issue or the closing of these two
2 centers, I think the families should have the most say in
3 what happens with their loved ones. And that's what I just
4 can't get past, on why we are closing these two centers.

5 So with that, I'm going to ask my other Chairmen
6 that are up here, Representative Zimmerman first, if you
7 have a few comments.

8 MAJORITY HEALTH ACTING CHAIRMAN ZIMMERMAN: Sure.

9 Thank you, Chairman. I appreciate that.

10 Yeah; so I am sitting in, acting as Health
11 Chairman here this morning in place of Representative
12 Kathy Rapp, which would normally be here. So I'm just
13 filling in for her. So I just want to make a couple of
14 comments.

15 In my district in northeast Lancaster County, we
16 have two facilities, one called The Lighthouse and another
17 one is the Ephrata Area Rehabilitation Services, and both
18 of them have 200, or in excess of 200 individuals and do an
19 outstanding job working with these folks, generally, you
20 know, very vulnerable to whatever is going on around them
21 when there is intellectual disabilities involved.

22 But we met with staff many times in both of these
23 facilities, and they are just phenomenal individuals that
24 thoroughly, thoroughly care about these individuals and
25 their well-being. And so without those facilities in my

1 district, I'm not sure what things would look like, so it
2 gives me pause on the thought that we might close Polk and
3 White Haven.

4 And really, at EARS, as we call it, the Ephrata
5 Area facilities, we actually do case study work up there
6 once a month where we spend a day, have one of our staff up
7 at that facility so we can kind of interact with those
8 folks and have families come in and so forth. And it has
9 just been a great relationship, and I'm just impressed with
10 the quality of work and the care for these individuals.

11 So again, I'm very interested in hearing the
12 testimony on both sides today, but really, I think the
13 important thing is that somehow we find a way that these
14 people are dealt with in a good way going forward, whatever
15 that is.

16 So thank you, Mr. Chairman.

17 MAJORITY HUMAN SERVICES CHAIRMAN DIGIROLAMO:

18 Okay. Representative Madden.

19 MINORITY HUMAN SERVICES ACTING CHAIRMAN MADDEN:

20 Thank you, Mr. Chairman.

21 I'm here filling in for Chairman Angel Cruz, who
22 is unable to be here.

23 I echo the sentiments of my colleagues. I
24 attended the White Haven public policy hearing and heard
25 the really moving testimony from the families of residents

1 there, from the people whose job it is to take care of the
2 people. And I understand that we have a waiting list of
3 people that need to be served and we have these two
4 wonderful facilities, and I'm still trying to wrap my brain
5 around why we would close a facility when we have a need,
6 and certainly it's not a one-size-fits-all need. So I'm
7 looking forward to the testimony and being able to make an
8 informed decision.

9 Thank you.

10 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:
11 Representative Frankel.

12 MINORITY HEALTH CHAIRMAN FRANKEL: Thank you,
13 Chairman DiGirolamo, and thank you to everybody who will be
14 testifying today.

15 You know, I've been here for now more than
16 20 years, so this is not the first time we have dealt with
17 closing one of these centers. And I know how gut-wrenching
18 it can be, and, you know, I understand that there are
19 sometimes unintended consequences.

20 So I am looking forward to hearing from the
21 parties today. I can't stay beyond noon today because I
22 have another commitment, but will follow this very closely,
23 and I appreciate the opportunity to hear from all the
24 parties who have an interest in this very serious and
25 complicated issue.

1 Thank you.

2

3

PANEL NO. 1

4

5

MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

6

Okay. With that, I'm going to call our first testifier up,

7

which is Kristin Ahrens, who is the Deputy Secretary for

8

the Office of Developmental Programs in the Department of

9

Human Services.

10

And I would also like to recognize the presence

11

of Representative Boback, Representative Heffley,

12

Representative Cox, and Representative Kinsey.

13

With that, Kristin, Dave has given me a box up

14

here to keep time, so I'm going to try to figure out how to

15

work it while you're talking.

16

DEPUTY SECRETARY AHRENS: Well, I hope you give

17

me 2 minutes to figure it out, because I think I have got a

18

little more than 5 minutes here.

19

MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

20

Okay. Well, you can begin whenever you wish.

21

DEPUTY SECRETARY AHRENS: Sure.

22

MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO: And

23

again, I would very respectfully ask you to try to stay

24

within the time frame as much as possible.

25

Thank you.

1 DEPUTY SECRETARY AHRENS: Will do. All right.

2 Well, good morning, Chairman Zimmerman, Chairman
3 DiGirolamo, Chairwoman Madden, Chairman Frankel, and
4 Members of the House Health and Human Services Committees
5 and other Senators that have joined us today.

6 I am Kristin Ahrens. I am the Deputy Secretary
7 for the Office of Developmental Programs within the
8 Department of Human Services, and I thank you for inviting
9 me to testify today.

10 First, I would like to begin by affirming two
11 things that we all agree on. First, we believe that
12 people with intellectual disabilities should be treated
13 with dignity and respect and deserve compassionate
14 person-centered care that meets all of an individual's
15 needs. We also know that our State Centers deliver this
16 care every day to their residents.

17 The Wolf Administration firmly believes that all
18 people deserve the opportunity to live among their peers
19 and their families in integrated, supportive homes. The
20 Administration is leading with this philosophy through our
21 work to increase opportunities for people with disabilities
22 to live more freely in their community and still receive
23 the much-needed supports.

24 We do not take the decision to close Polk and
25 White Haven Centers lightly. All of us at DHS know that

1 there are very strong, often competing perspectives on how
2 we care for people with intellectual disabilities. I think
3 it's imperative to think about this decision in the broader
4 context of how this system has changed and stayed the same
5 over the past century.

6 Pennsylvania's State Center system was designed
7 at the turn of the 20th century when institutionalization of
8 individuals with intellectual disabilities was considered
9 the standard of care. At the peak of institutionalization,
10 we housed more than 13,000 people in our State Centers in
11 what were called MR or ID units in Pennsylvania. The
12 majority of both Polk and White Haven residents that are
13 there today were admitted during that time period.

14 But the world has changed pretty dramatically
15 since the 1960s. Back then, caring for a loved one with a
16 significant disability for families who didn't have means
17 was often impossible. There wasn't a community system or
18 much of a community system to support people.

19 In 1981, Congress enacted the Medicaid Home and
20 Community-Based Waiver. At this point, sustainable funding
21 for community-based services allowed States to invest in
22 establishing strong infrastructure for those
23 community-based services for people with intellectual
24 disabilities and autism.

25 The trend for deinstitutionalization accelerated

1 throughout the 1980s and 1990s. Today, Pennsylvania serves
2 more than 40,000 people in community settings. More than a
3 quarter of these people receive services, 24/7 residential
4 services, very much akin to what is provided in our State
5 Centers.

6 Backed by Federal and State law and policy,
7 parents today expect inclusion as much as possible and
8 individualized supports to allow for that. The millennial
9 generation grew up sharing classrooms and extracurricular
10 spaces with children with intellectual disabilities and
11 autism. That's the standard now and that's what they are
12 expecting for their own children.

13 Today, institutionalization is now a temporary or
14 last-resort option for care. Pennsylvania does have a
15 waiting list for services for people with intellectual
16 disabilities and autism, but it is not a waiting list for
17 State Centers. People are specifically waiting for home
18 and community-based services.

19 When a person or their family member applies for
20 services, they are provided a choice between an
21 intermediate-care facility or community-based services.
22 The 13,000 people that are on the waiting list today have
23 selected to wait for community services instead of taking
24 that option for an intermediate-care facility, in spite of
25 the fact that there are about a hundred vacant beds today

1 in our intermediate-care facilities.

2 Today, we operate just four State Centers with
3 approximately 700 residents. Each year, this number
4 continues to decline because we have aging residents who
5 pass away and people do move to the community. Admissions
6 happen infrequently, because alternative options are
7 available in people's homes or elsewhere in the community.

8 As the census declines, obviously the cost of the
9 facilities grows. The cost now hovers at between \$400,000
10 and \$450,000 per year per person in our State Centers.

11 In May, the House Human Services Committee held a
12 hearing on the State Center system and expanding
13 admissions. DHS was not invited to testify at that
14 hearing. I am aware that following the announcement to
15 close Polk and White Haven Centers, the call to reopen the
16 doors for the State Centers really began in earnest.

17 DHS does not control State Center admissions.
18 State Center admission policy is governed by interrelated
19 statute, regulation, and case law. Statutes include the
20 Mental Health and Intellectual Disability Act of 1966; the
21 guardianship statute, which does not allow a guardian to
22 voluntarily admit a person to a State Center; and the
23 Federal Americans with Disabilities Act.

24 So admissions are managed through a process that
25 was established in regulations. The regulations are

1 55 Chapter 6250, which followed a 1976 court decision which
2 requires that a court determination -- it requires a court
3 determination for anyone to be admitted to a State Center,
4 demonstrating that a person cannot be served in their
5 home or community. This is also consistent with the
6 United States Supreme Court's decision, the 1999 Olmstead
7 decision.

8 This decision to close Polk and White Haven
9 Centers was not made to disrespect families' wishes. The
10 centers may be the only home that some of these individuals
11 have known. Families chose the center because it was the
12 best option available at the time. I need to acknowledge
13 this, because myself and everyone at DHS understands the
14 gravity of this decision.

15 At the same time, given advances in developing
16 the community infrastructure that I have discussed and the
17 wide array of options that are available in the community,
18 we see very low admissions to the remaining State Centers,
19 and four State Centers are no longer needed to serve this
20 population's needs. We are confident, based on our
21 experience with the Hamburg closure, that the needs of the
22 State Center residents will be served just as well, if not
23 better, in the community.

24 It would be irresponsible to make these decisions
25 based on emotion. We have a responsibility to our

1 families, the residents, the staff at each of these
2 facilities, and also to all Pennsylvanians, and we need to
3 consider the sustainability of the system as it stands.
4 If we don't make this decision now, then at what point,
5 when there is 50 residents? 20 residents? 10 residents?
6 1 resident?

7 With each drop in the census, the cost does rise.
8 That is more funding that cannot be redirected to help
9 people seeking services in the community or people who are
10 on ODP's waiting list. The more money we spend on serving
11 people in State Centers, a level of care that is available
12 in privately run community facilities, the more people who
13 have to wait for services.

14 I want to be clear, the decision is also not a
15 slight on the quality of care in the centers. The
16 1,179 employees of our State Centers provide exceptional
17 loving care to the residents of Polk and White Haven every
18 day.

19 We are committed to working closely with these
20 employees over the next 36 months to help counsel them
21 towards employment opportunities with the Commonwealth or
22 with the private providers that ultimately may serve many
23 of these residents. All former Hamburg State Center
24 employees who expressed an interest in continued State
25 employment following the closure of Hamburg were offered

1 jobs with the State.

2 As we move forward with this process, I hope that
3 all of us -- Members of the General Assembly, advocates,
4 stakeholders, and families -- can work together as
5 partners. Through our experience with the Hamburg closure,
6 we know that is possible. Families who never imagined
7 their loved one could live in the community found
8 placements that exceeded their expectations, and for the
9 first time in their lives, residents had homes that they
10 truly understood to be their own.

11 These are not just my words; this is actual
12 experience that we heard from individuals and families that
13 were formerly residents of Hamburg. And as part of your
14 packets, I believe you have letters from some of those same
15 residents of Hamburg and their family members.

16 So I know this is a difficult decision for many
17 people affected. It's why we are committed to counseling
18 residents, their families, and staff through every step
19 of this process. We began meetings the day of the
20 closure, and those continue regularly right now. DHS will
21 not abandon anyone throughout this 36-month closure
22 process.

23 I thank you for the opportunity to testify today.
24 On behalf of all of us at DHS, I look forward to working
25 with you on moving this forward.

1 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

2 Okay. Kristin, thank you.

3 And if you would be able to stick around for a
4 little bit, so if there are some questions at the end.

5 DEPUTY SECRETARY AHRENS: Will do.

6 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO: We
7 would very much appreciate it.

8 DEPUTY SECRETARY AHRENS: All right.

9 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

10 Okay.

11

12 PANEL NO. 2

13

14 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO: We
15 have a panel next, and I would ask them to come up.

16 We have Sherri Landis, who is the Executive
17 Director of The Arc; Jamie Ray-Leonetti, who is the
18 Associate Director of Policy for Temple Institute on
19 Disabilities; Jackie Beilharz from the Disability Rights
20 Network; Marian Baldini, President and CEO of KenCrest; and
21 Gary Blumenthal, who is the Vice President of Government
22 Relations and Advocacy for InVision Human Services.

23 And I would like to welcome everybody. And
24 again, I'm going to ask you to please try to keep your
25 testimony within the 5-minute limit.

1 If you look on the table, on both corners there's
2 a green light, and then when you get close to the 5 minutes
3 being up, you'll see the red light go on, so that way
4 you'll know that your time is up.

5 And we're going to start with Sherri Landis first
6 from The Arc. Sherri, you can begin whenever you would
7 like. Thank you.

8 MS. LANDIS: Thank you.

9 As you can see from my notes, I had to abbreviate
10 once I got the 5-minute warning, so I will try to be
11 brief.

12 I want to thank everyone, Chairman, for having us
13 here today. As you know, my name is Sherri Landis. I'm
14 the Executive Director of The Arc of Pennsylvania.

15 For the past 70 years, The Arc of Pennsylvania,
16 its 33 local chapters, and 8,000-plus members have worked
17 to ensure that children and adults with intellectual and
18 developmental disabilities receive the support and services
19 they need, are included in their community, and can have
20 control over their own lives.

21 The Arc of Pennsylvania applauds Governor Wolf,
22 Secretary Miller, and Deputy Secretary Ahrens on the
23 decision to close the State Centers at Polk and White Haven
24 and to transition all current residents to their local
25 community over the next 3 years.

1 The Arc of Pennsylvania has stood with families
2 who rejected the notion to institutionalize their child,
3 families who created services where no other services
4 existed, and families who decided to move their family
5 member out of a State Center. The Arc of Pennsylvania
6 stands with families.

7 We know that families are integral to a
8 successful transition, and we are committed to supporting
9 individuals and their families in whatever way we can to
10 make this a successful move from an institution to their
11 own home in a typical community.

12 Having attended the Polk and White Haven Act 3
13 hearings and subsequent hearings on this issue, it is
14 evident that many of the people in strong opposition to the
15 closing of Polk and White Haven Centers are the people who
16 make their living there and people who have concerns about
17 the community system. Let me address these issues in
18 greater detail.

19 Issue 1: Why was the decision made to close two
20 State Centers when there is a long waiting list that exists
21 right now?

22 There is a misunderstanding about the waiting
23 list. The current waiting list is a list of 13,000 people.
24 It is a list of people waiting for community services, not
25 State Center services. Just opening up the State Center

1 will not address this waiting list.

2 People already have an entitlement to State
3 institutions, but people don't want those services. That's
4 why they are on a waiting list for community services. And
5 similar to the closing of Hamburg, no person from Polk or
6 White Haven will be added to the waiting list.

7 Issue 2: Why move people to a community system
8 that has a high turnover and low-paid staff?

9 The community system currently serves well over
10 55,000 people in a variety of locations with a variety of
11 services. It is heavily regulated, and monitoring and
12 oversight by various systems are utilized to assure safety.

13 We know that there is not a system that is
14 perfect. We know health and safety incidents occur to
15 people living at Polk and White Haven. When one looks just
16 at the numbers of reported incidents, it appears the
17 incidents are higher for people living in the community as
18 compared to the number of incidents of people living in the
19 State Centers, but it's a false comparison. The Centers
20 serve roughly 700 people, while the community serves over
21 55,000.

22 We also know that people with disabilities are
23 safer when they live among their families, friends, and
24 community members and others that care about their dignity
25 and safety. Research shows that people are safer in the

1 community because there are more sets of eyes who see the
2 person. When the community staff see you every day, abuse
3 is more apt to be spotted and action taken. When you are
4 in an institution, only the State Center staff will see an
5 individual.

6 This is not a commentary of the very good people
7 who work at the State Centers, but it is human nature.
8 This is why the child welfare system no longer places
9 children in orphanages. Despite the imperfections of
10 foster care, this Committee would never argue an orphanage
11 is a better place for a child.

12 Issue 3: The argued disparity between wages
13 earned by State workers in the institutions versus DSPs
14 working in the community are indeed documented.

15 But I would be remiss if I did not reiterate
16 that the General Assembly has direct impact on the wages
17 of DSPs. The Arc of Pennsylvania has and continues to ask
18 the Legislature to address the direct support
19 professional salary issue to promote quality. You have
20 the ability to improve DSP compensation and not use it as
21 an excuse to keep people with disabilities needlessly
22 institutionalized.

23 Issue 4: The closing of Polk and White Haven
24 will result in people living on the streets and in local
25 prisons.

1 Unfortunately, politicians and those in the media
2 often confuse State mental hospitals with State Centers for
3 people with ID. They are very different systems. Some
4 deinstitutionalization of people with mental illness may
5 have occurred in the seventies without sufficient
6 community-based capacity, but it has never been the case
7 that State Centers for people with ID were closed without
8 proper planning and community-service capacity being in
9 place for people returning to their community. No one from
10 Hamburg ended up in prison or living on the streets.

11 Once again---

12 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

13 Sherri, I'm going to have to ask you to try to finish up
14 here, if you can.

15 MS. LANDIS: Okay.

16 Once again, thank you for this opportunity to
17 present the views of The Arc of Pennsylvania.

18 It is 2019. The debate about institutions and
19 whether the community is better was over decades ago. It's
20 sad the debate is resurrected when one of the few remaining
21 institutions is slated for closure.

22 Quite frankly, it's embarrassing that
23 Pennsylvania still operates State-run institutions for
24 people with intellectual disabilities. We applaud Governor
25 Wolf in his decision.

1 MAJORITY HUMAN SERVICES CHAIRMAN DIGIROLAMO:

2 Okay. Thank you.

3 Before our next testifier, I would like to
4 recognize Senator Muth, who is here in attendance. And
5 Representative Klunk is also here in attendance as well.

6 Up next, we're going to have Jamie Ray-Leonetti,
7 who is the Associate Director of Policy for Temple's
8 Institute on Disabilities.

9 Jamie, you can begin whenever you would like.

10 MS. RAY-LEONETTI: Thank you, Chairman
11 DiGirolamo, and thank you to the Members of the Health and
12 Human Services Committees for the opportunity to provide
13 testimony here today.

14 My name is Jamie Ray-Leonetti, and I am the
15 Associate Director of Policy at the Institute on
16 Disabilities at Temple University.

17 The Institute is Pennsylvania's University Center
18 for Excellence in Developmental Disabilities, or what we
19 call a UCEDD. We are a Center for Excellence in
20 Developmental Disabilities Education, Research and Service,
21 and we are a statewide program.

22 We are one of a network of 67 centers that are
23 funded through the Administration on Intellectual and
24 Developmental Disabilities within the United States
25 Department of Health and Human Services to conduct

1 training, service, technical assistance, research, and
2 dissemination activities on behalf of people with
3 developmental disabilities in this Commonwealth. The
4 Institute has been Pennsylvania's UCEDD since 1973.

5 Since 1999, the Institute on Disabilities has
6 collaborated with the Pennsylvania Office of Developmental
7 Programs, ODP, to conduct and analyze data from Independent
8 Monitoring for Quality, or what we call IM4Q, a statewide
9 initiative to assess the quality of life of people with
10 intellectual disabilities and autism in Pennsylvania.

11 This initiative is part of a national effort
12 called National Core Indicators, in which 46 States
13 participate. Through National Core Indicators, performance
14 data indicators have been developed, and States measure
15 their performance on these indicators.

16 In Pennsylvania, data are collected from a
17 representative sample of individuals living in a variety of
18 settings, including family homes; their own homes; group
19 homes consisting of one to four and sometimes five-plus
20 individuals; public intermediate-care facilities for people
21 with intellectual disabilities, ICF or IDD centers; private
22 ICF/IDD centers; and Lifesharing situations.

23 The data are collected through interviews with
24 individuals with intellectual disabilities and their
25 families. Trained teams of individuals conduct the

1 interviews, and each team includes at least one person with
2 a disability or a family member.

3 The data are collected by nonprofit organizations
4 who are free from conflicts of interest, meaning that they
5 do not provide any waiver services. The Institute on
6 Disabilities analyzes the data and reports are issued for
7 the statewide sample and for each of the 48 intellectual
8 disability programs across the State, as well as for the
9 State Centers.

10 As of the most recent data, what it shows from
11 2017 to 2018 is that people living in public ICFs were
12 slightly more satisfied than in other settings. However,
13 with regard to dignity, respect, and rights, the people in
14 the public ICFs experienced less dignity than any other
15 group other than private ICFs. The data are even more
16 troubling, though, with regard to choice and inclusion,
17 where the State ICFs scored significantly lower than any
18 other group.

19 In addition to the data mentioned, contrary to
20 popular belief, it is not the people with mild disabilities
21 that are most likely to succeed in the community but rather
22 people with the most significant disabilities. As the
23 Pennhurst study showed, there was no one for whom a
24 community placement was not possible.

25 As a corollary to that, I was once told that for

1 every person living in an institution, there is a similarly
2 situated person living in a community program. And I would
3 like to add to that corollary by saying that for every
4 person living in an institution, there is a similarly
5 situated person successfully in the community and a
6 similarly situated person who is living at home with their
7 family.

8 With regard to data at the national level,
9 according to the State of the States in Intellectual and
10 Developmental Disabilities, the population of State
11 institutions has decreased by 12.7 percent nationally and
12 by 9.4 percent in Pennsylvania. With four institutions
13 open in Pennsylvania, it is in the top 50 percent of States
14 with institutions. The annual cost of supporting a person
15 in a State institution is \$255,692 nationally and over
16 \$300,000 in Pennsylvania.

17 It has been suggested that Polk and White Haven
18 could be downsized or used for things such as respite, and
19 to that end I say, ask the families. But not the families
20 of sons and daughters who live in institutions; ask the
21 families of sons and daughters who have kept their family
22 members at home for 20, 30, 40, and 50 years.

23 On the other hand---

24 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

25 Jamie, excuse me. I'm going to have to ask you to wrap up,

1 please.

2 MS. RAY-LEONETTI: I'm almost there,
3 Representative. Thank you.

4 I am sure that none of these families would find
5 a State Center to be a suitable place for their relative,
6 even for a short weekend.

7 Thank you.

8 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:
9 Okay. Thank you.

10 Next, we have Jackie Beilharz, who is from the
11 Disability Rights Network.

12 MS. BEILHARZ: Thank you very much.

13 I am here reading the testimony of
14 Ms. Judy Banks, our Deputy Director.

15 Thank you for inviting the testimony from
16 Disability Rights Pennsylvania on the closure of Polk and
17 White Haven Centers.

18 Disability Rights Pennsylvania is the designated
19 Federal protection and advocacy system for Pennsylvania.
20 We have been the federally mandated protection and advocacy
21 system in our State for over 40 years.

22 Our mission is to protect and advocate for the
23 rights of persons with disabilities so they may live the
24 lives they choose, free from abuse, neglect,
25 discrimination, and segregation. Our vision is a

1 Commonwealth where people of all abilities are equal and
2 free.

3 Disability Rights Pennsylvania supports the
4 decision of the Pennsylvania Department of Human Services
5 to close Polk and White Haven Centers. Pennsylvania has a
6 long and successful history of closing State Centers and
7 supporting community integration of people with
8 intellectual disabilities.

9 Through several closures of State Centers, I have
10 been directly involved in helping individuals and their
11 families with their transition planning in preparation for
12 individuals moving into the community. I witnessed
13 firsthand the wonderful and positive transformation of
14 lives and was encouraged by their resiliency and
15 determination to enter a new phase of their lives.

16 With Hamburg Center, with Hamburg being the most
17 recent State Center to close, that closure empowered
18 80 people with the choice to live in the community, a place
19 where we all live.

20 During the Hamburg Center closure, individuals
21 and families became better informed about the closure and
22 transition process and their essential role in those
23 processes. Family members and individuals were given
24 extensive information about community services and supports
25 and opportunities to explore community residential, day,

1 and employment options, meet provider staff, visit
2 community programs, and to learn about health-care access
3 and health-care providers. In the end, about 50 people and
4 families chose community living. However, all voices were
5 heard, honored, and respected throughout the closure and
6 transition process.

7 Under the system set up by the Pennsylvania
8 Department of Human Services, if after being engaged and
9 informed about all of the options for community living the
10 person decides they want institutional care, they can still
11 make that choice. However, it is inaccurate to say that
12 individuals with intellectual disabilities and other
13 disabilities cannot live in the community.

14 For every person who resides in Polk and
15 White Haven Centers, there is a peer in the community.
16 With appropriate supports and services, all people with
17 disabilities can live successfully in the community.
18 Ninety-six percent of people with intellectual disabilities
19 who need services receive those services in the community.
20 These individuals have varying degrees of behavioral
21 health, physical health, and communication needs.

22 One voice that I would like to include in my
23 testimony at this time is the voice of a man that lived at
24 Hamburg Center since he was a child and who chose to live
25 in the community. This is Gordon Bensing's statement:

1 "Thank you for inviting us here today. I have
2 been involved in advocacy for many years and appreciate the
3 opportunity to speak here on behalf of all individuals with
4 special needs. Peter and I lived at Hamburg Center since
5 we were children and I became involved early on in the
6 plans to relocate its residence and close the center. We
7 would like to thank the many people who cared for us at
8 Hamburg Center over the years. They did a fantastic job
9 and we will be forever grateful for that care. Through
10 Excentia Human Services Peter and I moved into our new home
11 in Lancaster County on June 27, 2018. We each received a
12 key to our new home and quickly adapted to our new lives in
13 the community. We each have our own rooms and got to
14 choose the paint color. I chose blue and Peter chose pink.
15 I have always wanted a pet and in December I purchased a
16 Cockatiel which I named Frankie, after one of my good
17 friends at Hamburg. She brightens my days with her endless
18 whistling and talking and has even learned to say 'Love You
19 Gordy.' Peter has a beautiful fish tank in his room which
20 we have to turn off at night so he doesn't stay up all
21 night watching the fish. We are able to spend our days
22 lounging in the sun on the back deck, working in our little
23 vegetable patch, visiting with friends and neighbors,
24 walking in the park, going to church or community events,
25 bowling, fishing, watching football and sporting events in

1 our man cave, and shopping as we please. It is our choice
2 what time we want to go to bed, what time we want to get
3 up, what music or movies we want to play in our own rooms
4 and even what flavor beer we want to drink while watching
5 the game. Our favorite is Angry Orchard.

6 "I was asked to speak about how life has changed
7 since moving to the community but I only have 5 minutes so
8 I will highlight the most important. The biggest
9 difference has been the change in Peter's and my health. I
10 was in and out of the hospital on almost a monthly basis
11 but since moving in June 2018 I have only been admitted to
12 the hospital once. The same goes for Peter. His health is
13 much improved and in fact, after being unable to eat or
14 drink anything by mouth for almost 20 years and receiving
15 all sustenance and fluids with an enteral feeding tube,
16 Peter is now eating and drinking, much to his enjoyment,
17 and has had his feeding tube removed. I am still unable to
18 eat anything by mouth but I do get to do tastings. I tried
19 cotton candy for the first time in my life and MAN was it
20 good. Angry Orchard doesn't taste too..." good, but that's
21 okay.

22 "I want to advocate for other individuals still
23 living in institutional care to have the chance to
24 experience the richness of life that we have since moving
25 to the community. To advocate for the same rights for all

1 people, no matter their special needs. In closing, let me
2 say...how thankful we are to be here today and even more,
3 how thankful we are for OUR home with Excentia Human
4 Services and to be part of a community where we feel valued
5 and included. Have a great day and don't forget... GO
6 EAGLES!!! (or GO STEELERS...)” That's from Peter.

7 So that's---

8 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

9 Okay. Thank you very much.

10 MS. BEILHARZ: I'm not -- oh, I'm sorry. Let me
11 just, can I make---

12 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO: I'm
13 going to have to ask you, Jackie, please wrap up.

14 MS. BEILHARZ: I will.

15 Segregation of people with disabilities is
16 contrary to actualizing the civil rights of people with
17 disabilities. For the first time, many individuals living
18 at Polk and White Haven Centers will be able to do what you
19 and I take for granted -- live in a house that they can
20 call their own; choose where they will live, nearby family
21 and friends if they choose; have a say with whom they live;
22 have wide-ranging options for social and recreational
23 participation; go grocery shopping and choose what they
24 will eat; where they will live; how they will spend their
25 days, evenings, and weekends. The possibilities are

1 endless.

2 Thank you.

3 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

4 Okay. Thank you.

5 And before we continue, I would like to recognize
6 the presence of Representative Nelson, who has joined us;
7 Representative Oberlander; Representative Mustello; and
8 Representative Todd Polinchock has also joined us.

9 Okay. With that, Marian Baldini, who is the
10 President and CEO of KenCrest. You can begin whenever
11 you'd like.

12 MS. BALDINI: Good morning, and thank you for the
13 opportunity to speak today. I'll talk really fast and try
14 not to go over the limit.

15 My name is Marian Baldini. I started working in
16 the field with directions from my grandmother that all
17 people with intellectual and developmental disabilities
18 belonged in the community. I have over 45 years of
19 leadership in this field and currently serve as the CEO of
20 KenCrest.

21 For over 114 years, KenCrest has served the
22 community. Most of those years were dedicated to
23 supporting children who were not developing as expected and
24 supporting adults with intellectual disabilities.

25 We serve over 12,500 people on an annual basis.

1 One hundred fifty community group homes are in our scope of
2 business. Our mission is to help serve people to thrive as
3 our neighbors with or near their families and receive
4 support in their own homes through positive person-centered
5 approaches.

6 Throughout my career, I have been responsible for
7 transitions for multiple institutions, including Elwyn,
8 Pennhurst, Embreeville, and the Hamburg Center. The teams
9 I have led invested countless hours to ensure that these
10 transitions have been impactful and effective.

11 It has been more than a few years since we
12 started the work in support of the transition of the
13 residents at the Hamburg Center. Of specific interest to
14 the Department of Developmental Programs was our success
15 in supporting individuals with significant health
16 concerns. At that time, KenCrest operated four highly
17 specialized homes for individuals with complex medical
18 needs requiring 24/7 nursing care, and those were for
19 children or adults.

20 The process that was rolled out by the Department
21 engaged us right away in meeting and speaking with
22 families. We were directed that proposals would be
23 required which would show our interest and our capacity to
24 serve the individual in their lives, and those families
25 would need to approve those proposals to move forward.

1 We shared our capacity to serve, and we want you
2 to know the specific responses of the families as we first
3 started working with them. One family was immediately
4 interested in the proposal. The balance of the families
5 were not. Most were skeptical. A few were willing to see
6 what we could offer directly for themselves. Others were
7 interested in the opinion of the social worker with whom
8 they had a trusted relationship at Hamburg. So either the
9 family or the trusted social worker visited our homes.

10 All of the families who saw what we had to offer
11 or consulted with the social worker agreed to review our
12 proposals. Those proposals took many hours to develop as
13 we got to know the individual's needs, talk with the staff,
14 review their records, and become truly confident that we
15 could make a difference in those folks' lives.

16 We drafted 10 proposals. Eight of those
17 proposals were accepted by the families. After we reviewed
18 those proposals and had them accepted, we deployed a staff
19 of nurses and professionals to continue to visit these
20 individuals and follow them, along with the Hamburg staff,
21 to make sure that we could continue to meet those needs,
22 and that assured both the KenCrest leadership and ODP that
23 we would be current when those individuals were ready and
24 their homes were prepared for them.

25 Since then, many of these individuals have

1 progressed in their health and social interactions, and
2 we're discovering their interests every day. The community
3 has rallied around them. All of those residents have
4 strengthened their connections with their families.

5 We're expecting trick-or-treaters again soon at
6 all of our homes, and we give out candy while encouraging
7 and educating our neighbors on the care that is being
8 provided for each of these individuals and to show the
9 value of the life of people who are different but important
10 to all of us.

11 We know how to staff these homes. We have nurses
12 24/7. We have a primary physician who got to know them
13 while they were at Hamburg and who continues to make the
14 old-fashioned house call as needed. We know how to adapt
15 environments to support complex needs and how to make a
16 welcoming home with a few things like a track system for
17 barrier-free support.

18 I understand that weighing the conflicting
19 interests is difficult, but I have to tell you that some of
20 the choices that we have today were not available when
21 these folks originally went to these institutions. I have
22 lost track of the number of parents who told me during my
23 career that they were advised that an institution was the
24 right choice or the only choice, and in fact in those days,
25 it was true. We have learned and developed since then, and

1 we know the real value of inclusion.

2 What matters most in transition planning now is
3 learning, discovering what is possible, and mobilizing our
4 resources to create something special. We accept that
5 responsibility to ensure that everyone in our care has
6 quality, no matter what their ability, and supporting
7 people to live out their lives in the most meaningful and
8 fulfilling way. And this is by pursuing a choice and
9 knowing what those choices are, which means immersing
10 people into the community and a place close enough for
11 their family to spend time with them.

12 We were excited to hear that the staff who
13 supported the Hamburg transition from ODP were going to
14 continue to provide the same supports to the families of
15 Polk and White Haven folks.

16 We invite the Members of the Committee to visit
17 KenCrest's community homes that specialize in people with
18 medical needs. Over the past year, we have had multiple
19 Legislators visit these homes, and each was extremely
20 impressed with the high level of quality.

21 On behalf of KenCrest, thank you for listening
22 and for allowing me time to lend a voice of success for
23 those people who are now living as our neighbors.

24 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

25 Okay, Marian. Thank you.

1 And next, Gary Blumenthal, who is the
2 Vice President of Government Relations and Advocacy for
3 InVision Human Services. Gary.

4 MR. BLUMENTHAL: Thank you, Mr. Chair,
5 Madam Chair, and other assorted Chairs and Members of the
6 Committee.

7 I understand the perspective you all are coming
8 from. I'm a former Legislator. I have participated in the
9 closing of State institutions in other States, and I
10 understand the challenge you have in front of you.

11 I also respect the feelings, the expertise of the
12 Polk community and the White Haven community. I believe
13 those people have provided excellent care for people under
14 their charge. I also think that it is critically important
15 that we look at the entire array of people in need of
16 services in this State.

17 I'm not going to read my testimony to you. As a
18 former Legislator, I know you can read, so I'm not going to
19 read it to you. I am going to hope that you will look at
20 the data that I have in my testimony and the data presented
21 by my colleagues here that validate that quality care equal
22 to or better is available in the community.

23 I want to address the biggest elephant in the
24 room. The biggest elephant in the room here with respect
25 to why this is happening, why the Department has made this

1 recommendation, why people are coming to you, is the fact
2 that you as a General Assembly, this Administration, prior
3 Administrations, have established a multilevel system in
4 this State. You have established State institutions, you
5 established community programs, and you have funded them at
6 significantly different levels. You have a State Center
7 system that costs 435,000 to 450,000 to support the people
8 at White Haven and Polk Centers, and you have 13,000 people
9 on a waiting list.

10 We would not be here were it not for the fact
11 that you as a Commonwealth do not and have not provided the
12 sufficient revenue to support the system that is in place.
13 As a result, when you make a decision to keep a two-track
14 or three-track or four-track system that has some people
15 who are more valued and they have a support system of
16 435,000, what are you saying to the families of 13,000
17 people, many with the same disability profile who are going
18 without services?

19 You may be receiving hundreds of calls from
20 people who are upset about Polk and White Haven closing.
21 There are 13,000 people who are struggling to get through
22 the day, supporting their loved ones, who cannot make the
23 calls to you. But when you make the decision of how you
24 are going to spend revenue, you do that each year.

25 You also direct ODP and DHS to live within its

1 budget. You tell them when they are putting together
2 budgets to live within that budget, come to us with cost
3 savings, and then when they come to you and say, we have a
4 difficult choice, that we are operating systems that have
5 identical people with identical needs with the same level 6
6 and level 7 disability profiles, but one we're going to
7 give a significant amount of revenue to and the other we're
8 going to keep a 13,000-person waiting list, I don't know
9 how that can be justified.

10 If you decide to keep these centers open, you may
11 do so, but tell me what your response is going to be to the
12 13,000 people who are suffering at home, who also have
13 aging parents, who have siblings that will die as well who
14 aren't receiving any services at all.

15 I did see that you have proposed a bill, that
16 apparently it's going to be acted on today or tomorrow,
17 that essentially says until everyone receives HCBS services
18 who are on the waiting list, you won't allow closure of the
19 ICFs that are proposed for closure. What is the price tag
20 of this?

21 If you have let 13,000 people, and that list of
22 13 was 14,000 2 years before, 15,000 prior to that, 20,000
23 prior to that. You're going to fund everyone on the
24 waiting list? Are you going to do that? Because that
25 requires a significant use, effective use of dollars, and

1 it requires significant tax increases.

2 Well, I'm a Democrat from Kansas, and I voted for
3 virtually every tax increase that came in front of me. I
4 look forward to the day when this General Assembly does the
5 same so you can support the people who are in need, support
6 the families that are desperately crying out for supports
7 and services.

8 I don't diminish the concern, the love, the
9 support that the people of Polk and White Haven feel for
10 the people they support, but when you continue to operate
11 these programs ad infinitum, you are setting up these
12 people at Polk and White Haven to come back year after
13 year, because successive Legislators will also look and
14 say, successive Governors will look and say, what is the
15 cost? Why do we have these two separate tracks that are
16 operating? And they will say, we need to look at cost
17 efficiencies.

18 So I don't know that you're helping families by
19 continuing with a system that is so disproportionate in
20 terms of the amount of dollars it supports. You are
21 setting up these families to come back year after year, to
22 continue to fight, to keep a system that is diminishing in
23 people that want to---

24 MAJORITY HUMAN SERVICES CHAIRMAN DIGIROLAMO:

25 Gary, I'm going to have to ask you to wrap it up, please.

1 MR. BLUMENTHAL: I will, sir.

2 I hope before you enact this legislation
3 tomorrow you will understand the cost implications of it,
4 and if you decide you want to fund the waiting list, fund
5 direct support professionals who are living on poverty
6 wages, and you want to operate these State Centers, put
7 your votes behind the revenues that will be needed to do
8 this.

9 Thank you.

10 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:
11 Okay. Thank you all to the testifiers.

12

13 PANEL NO. 3

14

15 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:
16 Okay. I'm going to ask our next panel to come up, which is
17 Susan Jennings, who is the mother and co-guardian of Joey
18 from White Haven Center; and Irene McCabe, who is the
19 President of the Polk Center Parents, Friends and Family.
20 And I understand Tom is not going to testify -- is that
21 correct? -- today.

22 MR. KASHATUS: What was that, Representative?

23 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:
24 Were you not going to testify today?

25 MR. KASHATUS: If I can; if I can.

1 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

2 Well, why don't you come up. We'll give you a couple of
3 minutes, if that would be okay. We would love to have you.

4 MR. KASHATUS: I got one page here.

5 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

6 Okay. Come on up.

7 And I'm going to ask, Tom, if you would go first,
8 and again ask the panel to please stay within the time
9 frames. And if you look on the corner there, you'll see a
10 green light, and when it gets close, the yellow light will
11 come on.

12 Tom, when you're ready.

13 MR. KASHATUS: Hello. I'm Tom Kashatus,
14 President of the White Haven Center Relatives & Friends,
15 the family organization of White Haven Center.

16 More importantly, I'm the son of a bartender, a
17 man who quit school at the age of 12, worked as a breaker,
18 worked at the mines, lost his leg at the age of 22, then he
19 became a bartender, and he educated three kids.

20 Thank you for the opportunity to come before you
21 to express my opinion on the closure of the State Centers.
22 Over the past 40 years that our daughter has been a
23 resident of White Haven Center, some advocates -- I'll call
24 them the "Coalition" -- have waged an effort to remove our
25 residents from their home, which is White Haven Center, a

1 number of times, some by choice and some by a forced
2 decision. They have almost achieved their goals except
3 one, and that is to close all State Centers as a matter of
4 a philosophy that was born out of the loins of the liberal
5 leadership of the Temple University Institute on
6 Disabilities.

7 Over the years, our State Center facilities have
8 come a long way to excel in professionalism, care, and
9 services to those who suffer from intellectual and
10 developmental disabilities and autism. Today, the
11 residents who are there, they and their guardians and
12 substitute decisionmakers choose to live on a campus-like
13 community with a lifestyle where all their required
14 services are met for a quality of life that they choose and
15 deserve.

16 The Olmstead decision actually gave
17 self-advocates a choice as to where they wanted to live.
18 Sadly, Olmstead also gave States some latitude here when
19 making policy. The policy established in Pennsylvania is
20 to push all those seeking residential services into the
21 community or private facilities.

22 Families are not given the opportunity to even
23 tour a State Center today. In the meantime, the waiting
24 list for residential emergency services that are offered at
25 our State Centers continues to grow for the citizens of

1 Pennsylvania seeking those services, while empty certified
2 beds at State Centers total over 940.

3 Today, we come to do battle for the lives of our
4 loved ones and those on the waiting list.

5 First, know your foe, the "Coalition": Temple
6 University Institute on Disabilities, The Arc of
7 Pennsylvania, ACHIEVA, Disability Rights Pennsylvania,
8 the Waiting List Campaign, Speaking for Ourselves,
9 Self Advocates United as 1, Vision for Equality, and
10 Northeast Pennsylvania Inclusive, just to name a few.

11 Secondly, the "closed-door" policy initiated by
12 ODP is not working. The waiting list for residential
13 services keeps on growing and growing. As we leave here
14 today, the answer is simple: Just open the doors to our
15 treasured State Centers and let people make their own
16 informed choices for services that they need. And open the
17 doors! Open the doors! Open the damn doors, and eliminate
18 the waiting list.

19 MAJORITY HUMAN SERVICES CHAIRMAN DIGIROLAMO:
20 Okay. Thank you.

21 MR. KASHATUS: That's all I got, sir. Thank you
22 for giving me the opportunity.

23 MAJORITY HUMAN SERVICES CHAIRMAN DIGIROLAMO:
24 Thank you, Tom.

25 Next, we're going to have Sue Jennings.

1 MS. JENNINGS: My name is Susan Jennings. I'm
2 the mother of a severely autistic young man with
3 intellectual disabilities and comorbid psychiatric
4 disorders named Joey.

5 Unfortunately, he is not an anomaly. He is not a
6 one-off. When deinstitutionalization started in the 1960s,
7 only 1 in 10,000 births were autism. Today, it's 1 in 59,
8 and they are coming of age. Forty percent of the DHS
9 caseload is autism, 80 percent of them are children under
10 the age of 18, and they will be coming of age in the next
11 10 years and they will need intensive services. Between 10
12 and 50 percent will be just like my son.

13 Anyway, he began by living in the community,
14 freely in the community, in the group homes, and in the
15 short space of 4 years' time, he was discharged from six
16 different group homes who could not manage him. They
17 Section 302'd him into psychiatric wards. One of his stays
18 was for 6 months because he had nowhere to go.

19 It is particularly ironic for me to hear from
20 KenCrest and InVision. KenCrest refused him admittance,
21 and InVision told me they couldn't manage him.

22 While he was in the community group homes living
23 freely, he was toxically overmedicated, which left him with
24 Parkinsonian tremors, Serotonin syndrome, and disfiguring
25 female breasts. He was never more isolated and never more

1 segregated than in the community. They put him in
2 one-person group homes. He was so lonely, he would call us
3 up to 18 times a day.

4 He was finally rescued by the professional and
5 therapeutic environment of White Haven Center with its
6 skilled, caring staff and its multidisciplinary teams of
7 nurses, doctors, behaviorists, psychologists, therapists,
8 dietitians, and supervisors. White Haven gave him
9 opportunities to socialize at dances, barbecues, trips to
10 restaurants, movies, and amusement parks. There exist no
11 equivalent services in the community. It just isn't there.

12 Now, he is one side; he's the autism side. The
13 other side are the elderly, medically fragile people who
14 have lived at Polk and White Haven for 30, 40, 50 years.
15 They are subject to dying of transfer trauma if they are
16 moved out. Fifteen out of 80 of the Hamburg residents
17 died. That's close to one in five people died when they
18 were moved away from Hamburg. ODP considers that a great
19 success. Everyone else is appalled by that. That is
20 simply not acceptable.

21 Now, the Department will tell you that none of
22 the 13,000 people on the waiting list want services in the
23 intermediate-care facilities and the State Centers. I know
24 and my husband knows that as a family, we were kept in the
25 dark as to what ICF care meant, that the State Centers even

1 existed. We simply had a paper pushed in front of us and
2 said, check off the waiver box. And when I said, what are
3 these three little letters "ICF"? She said, that doesn't
4 apply to you.

5 So I unwittingly, unknowingly, signed away my
6 son's legal rights to ICF care. When I later found out
7 accidentally from my own research about the State Centers,
8 the social workers told me in no uncertain terms, those are
9 closed to admissions and you can't get in.

10 Now, I am calling upon our Legislators to please
11 investigate the waiting list of 13,000 people and find out
12 how many of those families were never told what an ICF was,
13 were never told about the existence of State Centers, and
14 were never given any real choice. This needs to be
15 exposed.

16 Secondly, the assertion that the money taken from
17 the State Centers can be used to substantially reduce or
18 eliminate the waiting list is demonstrably untrue. In 2016
19 when Governor Wolf poured an extra 196 million into
20 community services -- and that's 58 million more than the
21 State Centers altogether spent -- they only removed
22 39 people from the waiting list. I don't know where the
23 money went.

24 You were told by the Department that the State
25 Centers are not sustainable, but what do they mean by

1 "sustainable"? Polk Center has sustained itself for
2 120 years, and White Haven has sustained itself for more
3 than half a century. All four State Centers account for
4 less than 7 percent of the Office of ODP budget, and they
5 are more efficient, provide superior comprehensive
6 services, and they can pay higher wages and benefits to
7 their stable, professional staff than the community. All
8 of this fiscal efficiency is achieved by the State Centers
9 in spite of the policy of closed admissions.

10 It is the community system which is
11 unsustainable. They eat up over 93 percent of the ODP
12 budget, and yet, they cannot staff their waiver homes.
13 They lack 11,000 direct support personnel for each shift.
14 They go in and out of business. They neglect to report
15 critical incidents to State authorities, resulting in
16 multimillion-dollar lawsuits against the State, such as the
17 \$4.5 million lawsuit being battled in Oregon, where DHS
18 Teresa Miller presided over ICF closures 10 years ago.

19 The Department and the advocacy groups will tell
20 you that shutting down good institutions like ICFs is the
21 historical trend. They exaggerate. Thirty-nine States
22 have wisely retained their ICFs and are in compliance with
23 Olmstead. With over 900 certified empty beds at the State
24 Centers, why close them when they have the experience and
25 skill to provide needed services for the 13,000 on the

1 waiting list and for the coming tsunami of young autistic
2 adults coming of age. Why evict the 300 residents who love
3 and appreciate the State Centers? Open the centers to
4 voluntary admissions.

5 It is decline by design. The census numbers have
6 been declined by design, not by choice. I implore you to
7 sponsor and support House Bill 1918, the moratorium on the
8 closure of White Haven and Polk Centers, until a thorough
9 study and investigation of all the grave consequences of
10 this decision is taken.

11 Thank you.

12 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

13 Okay. Sue, thank you.

14 Next, Irene McCabe, who is the President of the
15 Polk Center Parents, Family and Friends.

16 MS. McCABE: Thank you so much.

17 I really don't know how we came to that. Thank
18 you so much. It's so divided. I feel this division, and I
19 want to apologize. I mean, I want to apologize, because I
20 don't know how we got to be so divided over something like
21 caring for the most vulnerable people. I don't know how
22 that happened.

23 I do think that this is structural disconnect.
24 Polk is a health facility. It's licensed by the
25 Department, by the United States Department of Health, and

1 its head here is Rachel Levine.

2 Let me go back to my notes. I'm just upset,
3 because I'm so appreciative you are listening and I'm just
4 so kind of done away by this panel that is so not
5 understanding who I am or what I want or how we can achieve
6 it. Let me go back to the notes. I apologize.

7 Polk is a health-care facility licensed by the
8 United States Department of Health, inspected by the
9 Pennsylvania Department of Health, but the Secretary of
10 Health is not here today to praise Polk, but instead we
11 have people ready here to bury Polk, and that's a
12 disconnect. It seems harsh, but I am really reacting to
13 their insistence that we all must be compliant with their
14 wishes; otherwise, we have no value. It seems like looking
15 for gold in a silver mine.

16 I know the value that we have at Polk, and I know
17 the value that we add to the system of care. Polk and
18 White Haven are first and foremost health-care facilities.
19 They are publicly run health-care facilities, run by the
20 Commonwealth for its most vulnerable population as part of
21 the State's original promise to take care of the most
22 vulnerable population.

23 And ODP, on the other side, they set group home
24 reimbursement rates for private-pay providers, and they
25 manage policy around that activity, and that's appropriate,

1 but that is not health care. It's a service. It's a human
2 service. And so there's disconnect between what is health
3 care and what is a service.

4 I'm sorry that the doctor is not here to talk
5 about how valuable Polk is, what extraordinary care is
6 given there. As Sue said, we've been there for 100 years.
7 We're the fifth generation of caregivers, and the community
8 supports that effort.

9 I think that the problem maybe is between
10 authority and power. Health has, the Department of Health
11 has the authority to run the State Centers. They are
12 investigated by the Health Department. But the Human
13 Services has the power to close down, and the difference
14 between the authority to run the facility and the power to
15 close it down creates a vacuum, and into that vacuum indeed
16 has come the University of Temple Institute on
17 Disabilities, who in the vacuum has become like a sole
18 arbitrator of what is good policy and what is good form.

19 Good ID policy is policy that they say is good
20 policy. It was never -- we were never thought to be a part
21 of that. We were never asked to be a part of that. We
22 never -- we were never considered to be a part of that, and
23 that, I think, is really the problem.

24 Temple, in my estimation, has taken in more than
25 \$30 million over the last 30 years. They get hundreds and

1 hundreds of thousands of dollars every year because they
2 are an Institute of, the only thing in Pennsylvania, the
3 Institute of Excellence. I think knowing that you get
4 \$30 million, you would have thought good form would have
5 indicated to them to share some of that with us, but
6 instead, they rail against our existence.

7 They put so many more lobbyists on the payroll.
8 It's me and Joe and Sue. You see us? You see us? This is
9 what -- that's who you got. I don't have stationery. I
10 don't have a lobbyist. I can't invite you to dinner and
11 get you a plaque. I can barely get the words out, for
12 God's sake, you know what I'm saying? It's just us.
13 That's all they are. Well, and the workers and the people
14 here. I'm just saying, 24 lobbyists is a lot of lobbyists,
15 even in a town that has got a lot of lobbyists.

16 But what I want you to understand is that
17 intellectual disabilities is a \$3 billion business in
18 Pennsylvania, and investing in lobbyists is a business
19 strategy. Sherri was a lobbyist before she took over at
20 Arc and is valued as a lobbyist because that's -- you need
21 to be a lobbyist to get things prepared and get them going.
22 Or I don't know; we don't have lobbyists.

23 I wanted to ask you---

24 MAJORITY HUMAN SERVICES CHAIRMAN DIGIROLAMO:
25 Irene, can I ask you to please wrap up?

1 MS. McCABE: Yeah.

2 I want to just say that there is big money, and I
3 want you, because I think you maybe forgot to attend to all
4 the money that there is in ODP, there's currently a
5 \$12 million contract that was in Commonwealth Court for a
6 year, and it's a contract called SIS, and it says that we
7 can move, we can move people from one category to another
8 category. But it's not a service contract, and it's not
9 even money to go to the waiting list. I'm just saying, in
10 a business environment, there's a lot of money and there's
11 a lot of lobbyists and a lot of slick talk, but we really
12 are here to plead for recognition, and we thank you. Thank
13 you very, very much for your ability to try to solve this
14 problem for us.

15 Thank you.

16 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:
17 Okay. Thank you, the three of you, for your testimony.

18

19 PANEL NO. 4

20

21 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO: I
22 call our next panel up. That is Panel No. 4 and the last
23 panel. It's Darrin Spann from AFSCME; Bill Hill, who is
24 the maintenance at White Haven Center and from AFSCME;
25 Tammy Luce, who is the Residential Services Aide at Polk

1 Center and also in AFSCME. If the three of them would come
2 up, please.

3 And I would also like to recognize -- I think I
4 have got everybody -- Representative Keefer is in
5 attendance. Representative Schlossberg, Representative
6 Struzzi, Representative Murt, and Representative Innamorato
7 have joined us as well.

8 Okay. We have only two testifiers? Okay. You
9 can begin whenever you're ready.

10 MR. HILL: Okay. Thank you, everybody, for
11 having us. I appreciate it. I appreciate your time and
12 looking into this situation.

13 Members of the Committee, my name is Bill Hill.
14 I'm a maintenance repairman. I'm also the White Haven
15 Center President of AFSCME Local 2334.

16 I just want to say that this is a matter of right
17 and wrong, life and death. There is, as we heard before,
18 the transfer trauma and things of that sort.

19 We, every day, take care of the individuals at
20 White Haven and Polk Centers. We have the training that
21 our aides go through, a 6-week training before they're even
22 in their homes, a 6-month probation. We have full-time
23 LPNs and physicians and maintenance and everything of that
24 sort. Our drivers are CDL trained. I mean, the care that
25 we give.

1 And I know we talk about price, but the more
2 people that we put into the facilities to be taken care of,
3 that number comes down, and we all know that. That's just
4 common economics.

5 And this needs to be made right. We need to open
6 up the centers. We need to take our most vulnerable
7 citizens and help them.

8 And I am not disagreeing, there is people that
9 are in the community and they are thriving and they can do
10 very well, but there is some people that need our type of
11 24-hour, very, very excellent care, very hands on.

12 Also, when you have your staff that's familiar.
13 I mean, we have individuals that live at our facility that
14 just the grimace on their face, our aides know what's
15 wrong. Even though they can't speak, there's that care.
16 There's that everyday care. The individuals see the same
17 people every day, and that care can't happen anywhere else.
18 It really can't.

19 And I urge you to look into this further and
20 investigate everywhere you can. This has to be done.

21 I thank you for your time.

22 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

23 Okay. Bill, thank you very much.

24 And next, we have Tammy Luce, who is a
25 Residential Services Aide at Polk Center and also an

1 AFSCME worker.

2 MS. LUCE: Thank you.

3 Members of the Committee, my name is Tammy Luce.
4 I am a Residential Services Aide at Polk Center, and I am
5 also the President of AFSCME Local 1050. Thank you for the
6 opportunity to hear our testimonies.

7 I know Bill touched on it, but it can never be
8 overstated: We are here for the individuals who we care
9 for at Polk and White Haven. They get taken care of at our
10 centers. They get everything they need. I can't imagine
11 them out in a group home and not having what they have at
12 our centers.

13 I hear a lot of talk from DHS about
14 "community-based" settings and "empowering individuals" to
15 make their own decisions. Both of these points are
16 disingenuous. What they need to remember is these State
17 Centers are communities within themselves, and they are
18 crucial parts of the surrounding communities that they are
19 a part of. This is home for these individuals. They have
20 friends and family there. They have activities that they
21 take part in. They have their own store at Polk Center.
22 This is a community.

23 I don't know what's so empowering about forcing
24 them out of their home. This doesn't seem to be the
25 residents making their own decision. The decision was made

1 for them and for us as employees, and none of us were
2 consulted, nor were the families of these residents.

3 The way this was handled was a total disgrace and
4 a slap in the face for everyone who lives and works at Polk
5 and White Haven. If DHS wanted to go through with this,
6 there was a much better way to handle this than the way
7 they did. They need to reverse this decision and go back
8 to the drawing board. There are more humane ways to
9 balance the budget than killing our jobs and ripping
10 vulnerable people out of the place that they call home.

11 We are here as the voice of the individuals we
12 care for. We are their voice, and they are our hearts.
13 Members of the Committee, please stand with us. Stand
14 against this ill-advised decision to close these centers.
15 Stand up for those who are unable to stand up for
16 themselves. Do the right thing, please.

17 Thank you.

18 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:
19 Okay. Tammy, thank you.

20
21 PANEL NO. 5
22

23 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO: And
24 we have our last panel: Maria Gunta Ferrey, who is a
25 Residential Services Supervisor/Qualified ID Professional

1 at White Haven Center and a member of SEIU; and also
2 Bill Bailey, who is a Psychological Support Specialist at
3 Polk Center and also a member of SEIU.

4 Maria, if you would like to go first.

5 MS. FERREY: Thank you, everyone.

6 My name is Maria Ferrey. I am a Residential
7 Services Supervisor/Qualified Intellectual Disabilities
8 Professional at White Haven Center. I have worked there
9 for 15 years. I am also the SEIU Local 668 Chief F5
10 Steward.

11 Thank you to those of you who sponsored
12 House Bill 1918 and those of you who have signed on to it.

13 Again, I'm going to begin, as I have said over
14 and over, we are not an institution. We are the home of
15 305 people. The residents of State Centers are fully
16 integrated into their respective surrounding communities,
17 have participation in community service organizations.

18 Everything that has been cited by the previous
19 panel is offered at White Haven Center -- all of it. We
20 are members of the Lions Club, Chamber of Commerce,
21 Knights of Columbus. We do roadside cleanup. Local
22 businesses ask about our residents. We have forged the
23 bonds in the community.

24 Our residents' self-esteem is enhanced by our
25 presence in the community. Those who cannot leave Center

1 grounds due to the extreme fragility of their medical
2 status enjoy the many activities we bring to them --
3 therapy animals, family visits, volunteer events, and
4 religious services.

5 As disturbing as it is, I need to remind you of
6 DHS Secretary Teresa Miller's words on August 14th when she
7 referred to the closure announcement of White Haven and
8 Polk centers as, quote, "an incredible moment in our
9 history in Pennsylvania."

10 Please remember that White Haven Center is
11 situated on 192 acres of what is considered prime real
12 estate. Mr. Kevin Dressler has already admitted that there
13 are interested parties in regards to our site.

14 Again, Secretary Miller and Deputy Secretary
15 Ahrens, please remember their inability to provide any
16 coherent responses to questions other than their usual
17 evasive and canned rhetoric, manipulation of data, skewed
18 statistics, and outright lies.

19 Many employees of White Haven Center have been
20 there for decades, upwards of 20 and 30 years, some even
21 40-plus years. The average age of our residents at
22 White Haven Center is 62. The average length of stay at
23 all State Centers is 47 years. What do these numbers say
24 about the quality of care that we provide?

25 There is a place for everyone to call home.

1 Whether it be a group home, Lifesharing, or a State Center,
2 each person needs that individualized care tailored to
3 their specific needs. For many members of the
4 intellectually and developmentally disabled community, the
5 most appropriate and least restrictive placement is one of
6 our four State Centers.

7 I'm not going to rehash the waiting list. We
8 have heard over and over about it. As was stated
9 previously by our wonderful family members, people on the
10 waiting list are not offered the option of a State Center.
11 So all 13,000 of them were refused services? Even the
12 5,000-plus who are in crisis? I think that is ludicrous,
13 that if anyone actually believes that. I can guarantee you
14 that some of them would choose State Centers if they knew
15 they were available.

16 Please know, since the closure announcement,
17 White Haven Center receives two to three calls per week
18 from families who are desperate for services and begging us
19 to admit their loved ones. What does that tell you? That
20 they don't even know that State Centers exist.

21 Another question for Ms. Landis: Why has The Arc
22 of Luzerne County publicly stated that there are no current
23 placement options and that they are very concerned about
24 the welfare of our residents if White Haven Center would
25 close one of their own organizations?

1 In conclusion, please keep White Haven Center and
2 Polk Center open. Open the doors of our State Centers to
3 help these people on the waiting list who don't even know
4 we exist, that the services are out there for them,
5 especially 5,000 of them who are in crisis.

6 As Ms. McCabe said, how did we get to this
7 point?

8 MAJORITY HUMAN SERVICES CHAIRMAN DIGIROLAMO:
9 Thank you, Maria.

10 Next, Bill Bailey. You can begin.

11 MR. BAILEY: Representatives and Senators, my
12 name is William Bailey. I work as a Psychological Services
13 Specialist at the Polk Center. I'm also one of the Chief
14 Shop Stewards for the Service Employees International Union
15 there, and I would like to address some of the points that
16 have recently come up.

17 I did submit written testimony. I'm not going to
18 bother rehashing it, because as someone earlier said, we
19 all know you can read.

20 My concern right now is how difficult this
21 process is going to be for you. The State Centers were
22 created by acts of legislation, and in testimony you have
23 heard comparing analysis. So people have talked about how
24 studies done after Pennhurst closed 40 years ago showed
25 that everything was so much better.

1 In my Senate testimony, I actually cited the
2 World Health Organization report from 2000, which showed
3 people forced out of intermediate-care facilities had an
4 83-percent higher mortality rate.

5 So there was testimony given today that transfer
6 trauma may not be a real thing. In the report that's being
7 issued to the families, and this is actually part of the
8 packet, I would like to point out that they indicated of
9 the 74 people who transferred from Hamburg, 13 have died in
10 32 months. So it's a percentage. If you do the same
11 percentage with the 300 people between White Haven and
12 Polk, you're looking at 48 people dying in the first
13 32 months after these facilities close. That's a pretty
14 high rate, and it supports that 83-percent higher mortality
15 rate.

16 As a Chief Steward, one of my biggest concerns
17 has been the absolute lack of transparency from the
18 Departments of Health and Human Services. I brought up
19 during multiple labor-management meetings that we are not
20 being told what's going on. Everybody seems to believe
21 that this was a sudden decision that was made in August.

22 In June of 2019, or in July of 2019, the Service
23 Employees International Union was told that two individuals
24 would be role released from their positions to cover what
25 we were told were special State projects. We weren't told

1 what those special State projects were. A month later, the
2 closure announcements were made, and that's where we were
3 informed that those two people had been role released to
4 oversee the SIS assessments and the ALP process. The
5 processes are being used to expedite people moving out of
6 the State Centers and into the community.

7 We also were just told that we have until
8 December 31st to get those processes done. So the closure
9 announcements were in August, and despite the fact that the
10 Departments of Health and Human Services are saying that
11 this is not going to be done rapidly, that it will be done
12 with compassion and according to policy, they seem to be
13 expediting the process as quickly as possible, and no one
14 is willing to sit down and explain why those numbers are
15 happening.

16 Every individual at the State Center has an
17 individualized service plan review once a year. I asked
18 the question why we couldn't just do the SIS assessments
19 and the ALP assessments during their ISP. I was told the
20 decision came from Harrisburg that they need to be done by
21 December 31st. This is 300 people.

22 There is a lot of disparity around costs
23 associated. It has already been discussed that we have
24 open beds at the centers. I work in a building that has
25 68 people currently in it. We have 150 certified beds just

1 in that building alone. So we could double the population
2 just in one building at the Polk Center. There are five
3 buildings at the Polk Center that currently have certified
4 beds. If you add more people to the Centers, the cost goes
5 down. The per diem annually goes down.

6 No one wants to address the fact that despite the
7 proposals to support people in the community, no one has
8 actually addressed how they plan on addressing the current
9 4,905 individuals who are on the emergency-needs waiting
10 list. That number went up by 200 over the last 18 months.
11 That's available as public knowledge.

12 I'm concerned, because since August -- the
13 announcement in August took everybody by shock, but since
14 that time, no one seems to be giving any information on
15 what is going on. The House Bill 1918 really is looking at
16 a moratorium to slow things down so that you as the
17 Legislature can make a more informed decision. And I
18 really truly hope that that bill passes, because things are
19 happening very quickly.

20 Once December 31st rolls around, in theory, every
21 single individual at the White Haven and Polk Center will
22 have all the paperwork necessary to move into the
23 community. I don't understand why this is happening with
24 such quickness. To me, it doesn't seem like it addresses
25 the needs of care. It seems to be more like something akin

1 to human trafficking.

2 That's all I have to say.

3 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

4 Okay. Thank you all for testifying.

5 I'm going to open it up now for questions, or if
6 there is not questions, for comments. And we have about a
7 half hour left, so what I'm going to do is ask the
8 Committee Chairmen, the four Chairmen, if they have any
9 questions first, and I would ask them to try to leave it to
10 one question and keep it under 5 minutes.

11 I'm not going to ask any questions, although I
12 have quite a few, and I'm going to ask Representative
13 Zimmerman from the Health Committee first for questions and
14 answers.

15 MAJORITY HEALTH ACTING CHAIRMAN ZIMMERMAN: Thank
16 you, Mr. Chairman.

17 So I guess my question kind of revolves around
18 the wrap-up here. So do I understand closure, that that
19 information, you were given that information in August and
20 you're to be closed by December? No?

21 MR. HILL: No.

22 MR. BAILEY: A 3-year plan.

23 MAJORITY HEALTH ACTING CHAIRMAN ZIMMERMAN: A
24 3-year plan.

25 MR. BAILEY: But all of this paperwork---

1 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

2 Please talk into the mic when you're answering questions.

3 MR. BAILEY: In August, it was announced that
4 there was a 3-year plan to close the White Haven and the
5 Polk Centers.

6 MAJORITY HEALTH ACTING CHAIRMAN ZIMMERMAN: Okay.

7 MR. BAILEY: We had testimony before the Senate,
8 and after that we found out that the SIS assessments and
9 ALP assessments were expected to be completed for all
10 residents of the two centers no later than December 31st.

11 MAJORITY HEALTH ACTING CHAIRMAN ZIMMERMAN: Oh,
12 okay. Okay. Because it would clearly take time to get
13 those residents taken care of in another way.

14 MR. BAILEY: Yes.

15 MAJORITY HEALTH ACTING CHAIRMAN ZIMMERMAN: Yeah.
16 Okay. Thank you.

17 Thank you, Mr. Chair.

18 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:
19 Representative Madden.

20 MINORITY HUMAN SERVICES ACTING CHAIRMAN MADDEN:
21 Thank you, Mr. Chairman.

22 I have a comment, and then I have a question for
23 Sherri Landis.

24 So I spent a number of years teaching children
25 with intellectual disabilities, anywhere from a mild

1 disability to a severe disability, and so I know that when
2 we were working with a 20-year-old grown man who had
3 cerebral palsy, who was blind, who was nonverbal, and it
4 was time to change his undergarments, I was kicked in the
5 jaw. It would take everybody in that classroom, and there
6 were three of us, just to take care of that gentleman until
7 it was, you know, we were done. And we had a number of
8 children like that.

9 So I guess my question is, how many people are
10 you anticipating to each group home, and how many people do
11 you anticipate will be taking care of those people?

12 Just let me add one more thing, because I have
13 been getting phone calls from my constituents who say, my
14 son, one in particular who came to see me -- it brought
15 tears to my eyes -- said, my son requires so much attention
16 that maybe after 3, 4 hours at the most, he has to be
17 passed off to someone else because he just exhausts
18 people.

19 And I'm just trying, in my head trying to figure
20 out how that works in a group home setting. If you have
21 maybe four to six people in a group home setting, you know,
22 what is the ratio? Is one person taking care of one
23 person? Are there extra people for those people who
24 require that extra level of care?

25 MS. LANDIS: So let me first clarify something.

1 So The Arc of Pennsylvania, even though we have
2 some chapters that are providers, that's not the majority
3 of our chapters, do not provide DSP. We do not -- some
4 have group homes. Some have community programs. But we
5 are not a provider organization, so I am not able to ask
6 you what the ratio is.

7 What I can tell you is that the group homes
8 operate very much probably like Polk. There is probably --
9 and White Haven. There is probably a shift change, you
10 know. I can't give you the ratio.

11 And I think people with significant, you know,
12 challenges in the community, I think that Sue Jennings'
13 point is well taken. But let me tell you that there are,
14 for every person that is in the State Center, there is a
15 replicate in the community right now. I mean, we are
16 providing the majority of care for the majority of people
17 out there.

18 And I guess the question, because I keep hearing
19 about this waiting list, the waiting list. The waiting
20 list, if you're going to fund it, the bill says about
21 putting a moratorium until everyone is off the waiting
22 list. Do you know the Fiscal Code to that? It's billions
23 of dollars.

24 So if you are going to address the 700 people in
25 White Haven and Polk, what are you going to say to people

1 who are waiting for care, because you can't do both. We're
2 not -- the waiting list is not being helped at all.

3 MINORITY HUMAN SERVICES ACTING CHAIRMAN MADDEN:

4 And one quick question.

5 The 13,000 people who are on the waiting list,
6 every one of their families have been contacted and every
7 single one of them said, no, we don't want to go into an
8 institution; we want to be in a group home -- every single
9 one of them, including the ones in crisis.

10 MS. LANDIS: So---

11 MINORITY HUMAN SERVICES ACTING CHAIRMAN MADDEN:

12 Because you did allude to the fact that they wanted to be
13 in group home settings.

14 MS. LANDIS: So once again, I can't speak for
15 13,000 people. I mean, there are, there's a person---

16

17 (Audience talking.)

18

19 MINORITY HUMAN SERVICES ACTING CHAIRMAN MADDEN:

20 Be respectful, please.

21 MS. LANDIS: Well, that doesn't happen either.

22 So I can't speak for the waiting list, because
23 Ned Whitehead is not here. But I can't imagine, and I
24 think Kristin Ahrens said that in today's society, they are
25 demanding more inclusion, and I cannot imagine that they

1 are demanding getting in to a State Center.

2 I have employees that work for us with children
3 with significant medical and complex needs, and they are
4 choosing. Her biggest fear is that she will end, that her
5 daughter will end up in an institution once she passes.

6 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

7 Okay.

8 MINORITY HUMAN SERVICES ACTING CHAIRMAN MADDEN:

9 Thank you.

10 Thank you, Mr. Chairman.

11 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

12 Representative DeLissio.

13 And please, I might ask to be---

14 REPRESENTATIVE DeLISSIO: Very short,

15 Mr. Chairman.

16 Two things.

17 In terms of a comment, Mr. Chairman, I am hoping
18 that we can sincerely develop a format here where a lot of
19 good questions that I'm sure we have will be able to be
20 funneled to somebody or some group and then get good
21 answers that we can disseminate, and particularly where
22 there is conflicting information. Or maybe the
23 information, these are accurate by omission or commission?

24 I have extensive notes from this testimony, and,
25 for instance, I heard very clearly, perhaps I heard wrong,

1 that only a court can admit somebody to an institution. So
2 opening up the waiting list is not a court. Court is
3 court. So lots of clarification is needed.

4 The one thing I will comment on the legislation
5 since it is now running tomorrow, and I do sit in the
6 Health Committee, if we equate, and I have only spoken to
7 one of the prime sponsors, not all three yet, but if the
8 Medicaid Waiver-eligible individuals have received
9 authorization and it only happens when funding is
10 available, then this is not a moratorium, as I understand
11 moratorium. Because by my calculations, that task force
12 would convene somewhere around the 12th of never.

13 Now, I have been in this Legislature 9 years, so
14 I have sat through nine budgets, and I am very familiar
15 with the allocations that have been and the fact that the
16 waiting list also grows as well.

17 So this, to me, is not a moratorium, and I am
18 hoping that this task force will convene concurrently with
19 this discussion and almost immediately, which will serve a
20 lot of the needs that I have heard today: one,
21 transparency; the other, the ability for significant input
22 by all parties.

23 As the Chairman said, I appreciate this is not an
24 easy discussion, at all.

25 Thank you, Mr. Chair.

1 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

2 Representative Toohil.

3 REPRESENTATIVE TOOHL: Thank you, Mr. Chairman.

4 My questions are to be directed to Deputy
5 Secretary Ahrens, if possible. And I would just like to
6 thank all of you for availing yourselves of this very
7 difficult hearing.

8 I have just a number of short questions.

9 DEPUTY SECRETARY AHRENS: Sure.

10 REPRESENTATIVE TOOHL: Thank you.

11 What is the estimated cost of the closure of
12 Polk?

13 DEPUTY SECRETARY AHRENS: The long term, we will
14 have savings from the closing of Polk.

15 REPRESENTATIVE TOOHL: But---

16 DEPUTY SECRETARY AHRENS: During the transition
17 period, we are not anticipating savings. We are currently
18 working with the Appropriations staff right now, so we will
19 have the full analysis to the Appropriations staff.

20 REPRESENTATIVE TOOHL: So there is an estimated
21 cost to closure?

22 DEPUTY SECRETARY AHRENS: During the---

23 REPRESENTATIVE TOOHL: Do you have some of the
24 number of that?

25 DEPUTY SECRETARY AHRENS: During the transition

1 period, there will not be savings.

2 REPRESENTATIVE TOOHL: Okay. But there's---

3 DEPUTY SECRETARY AHRENS: Savings will occur
4 post-closure.

5 REPRESENTATIVE TOOHL: So there has been no
6 estimation of what the closure for the Polk facility would
7 cost?

8 DEPUTY SECRETARY AHRENS: The savings from it?

9 REPRESENTATIVE TOOHL: No, the cost of closure,
10 for implementing closure.

11 DEPUTY SECRETARY AHRENS: Correct. We are
12 currently---

13 REPRESENTATIVE TOOHL: Is there a ballpark or an
14 estimation?

15 DEPUTY SECRETARY AHRENS: We are currently
16 working with the Appropriations staff, so we'll have that
17 full analysis shortly.

18 REPRESENTATIVE TOOHL: Would that be in the
19 Senate or the House?

20 DEPUTY SECRETARY AHRENS: We are working with all
21 of the Appropriations staff.

22 REPRESENTATIVE TOOHL: So then it would be the
23 same answer for White Haven---

24 DEPUTY SECRETARY AHRENS: Correct.

25 REPRESENTATIVE TOOHL: ---it's just undetermined

1 the cost of closure.

2 And what is the cost for services of the 13,000
3 waiting? What's the estimated cost? Maybe you in the
4 spring testified what that would be, the cost for us as the
5 State to provide for the entire 13,000 on the waiting list.

6 DEPUTY SECRETARY AHRENS: So the thing to
7 understand about the waiting -- there's a few things to
8 understand about the waiting list.

9 First of all, the waiting list is 13,000 people.
10 About 5,200 of those individuals are in what we consider
11 the emergency category, needing services now or within the
12 next 6 months. The types of services those individuals
13 need vary. Some of those individuals are looking for a
14 24/7 residential-type program. Some of those individuals
15 are looking for supports with employment, respite care for
16 their family members, so that varies.

17 The remainder of the people of that 13,000 fall
18 into two categories. One is critical, which means people
19 need services within the next 2 years, and then we also
20 have what is called the planning category, so people know
21 they will need services within the next 5 years. So to do
22 that analysis, you really have to take all of that into
23 account.

24 The other thing that we need to understand about
25 the waiting list is only about 20 percent of people who

1 have intellectual or developmental disability are even
2 known to our system currently. So we currently have about
3 57,000 people that are enrolled for services, but there are
4 many more people out there in Pennsylvania that have a
5 diagnosis, if we just look at census data and prevalence,
6 that are unknown to us.

7 So what we see with the waiting list is, as
8 people approach graduation from high school, we see --
9 that's when people come to us. So definitely the waiting
10 list contains a spike around age 17, 18 when individuals
11 and families are starting to prepare for that transition.

12 So it is definitely a very dynamic waiting list,
13 and what people are looking for varies tremendously.

14 REPRESENTATIVE TOOHL: That's very helpful.

15 And is there, of the 5,200 emergency individuals,
16 is there a ballpark number for the State looking at funding
17 that if the Legislature -- I mean, many of us are here
18 today.

19 DEPUTY SECRETARY AHRENS: We can provide that for
20 you.

21 REPRESENTATIVE TOOHL: Oh, that would be
22 excellent.

23 And you had mentioned in your testimony that
24 there was a percentage of Hamburg employees who were, this
25 is just on the staffing side, that during the Hamburg

1 closure, that there was a percentage that were offered
2 employment, or they were specifically offered State
3 employment. Can you---

4 DEPUTY SECRETARY AHRENS: By the time -- by
5 June of this year, every Hamburg employee that wanted
6 State employment was offered State employment.

7 REPRESENTATIVE TOOHLIL: So would that be
8 considered a cost shift and not a savings?

9 DEPUTY SECRETARY AHRENS: Well, I can only tell
10 you about the impact on our system. So we did have, some
11 of those individuals did move to one of our other State
12 Centers. They moved to employment in one of our other
13 State Centers. Others moved on to Corrections or the
14 county assistance offices. So in terms of, I can only give
15 you the budget for ODP.

16 REPRESENTATIVE TOOHLIL: And just two more really
17 quick ones.

18 DEPUTY SECRETARY AHRENS: Okay.

19 REPRESENTATIVE TOOHLIL: So we had had the hearing
20 in May with the Human Services Committee where Tom Kashatus
21 from White Haven and Sharon McCabe from Polk and
22 Susan Jennings, White Haven, had testified. Do you feel
23 that that testimony had a negative impact or that
24 White Haven and Polk could be somehow considered to be more
25 vocal advocates and that that then somehow translated into

1 what is occurring today with closure?

2 DEPUTY SECRETARY AHRENS: No.

3 The State, the decision to close State Centers
4 takes into account a lot of factors. So as someone who
5 administers programs for ODP, you know, we are constantly
6 looking at all of our programs, and some of the things to
7 take into account when you are looking at the four State
8 Centers are the age of infrastructure, the condition of
9 infrastructure, the census, where admissions are coming
10 from, any kind of hiring issues, the number of residents,
11 cost per resident. So all of those things are taken into
12 account -- the needs of the individuals being served in
13 each of those centers.

14 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:
15 Kristin---

16 DEPUTY SECRETARY AHRENS: So decisions about
17 center, which center, is really based on that combination
18 of factors.

19 And to give you an example of age and condition,
20 in terms of Polk Center, I think, you know, some of the
21 information that has hit the news is about the water
22 treatment plant and how we are proceeding with this big
23 capital project around the water treatment plant. But
24 that's not actually even the end of the water problems that
25 we have at Polk. We have had Legionella at Polk since

1 December of 2018 and have been working to eradicate it.

2 Our last series of tests, we still have
3 Legionella at Polk---

4 MAJORITY HUMAN SERVICES CHAIRMAN DIGIROLAMO:

5 Secretary, thank you. I have other people that want to ask
6 questions, so thank you.

7 DEPUTY SECRETARY AHRENS: Sure.

8 MAJORITY HUMAN SERVICES CHAIRMAN DIGIROLAMO:

9 Representative Toohil, thank you.

10 Representative Mullery.

11 REPRESENTATIVE MULLERY: Thank you, Mr. Chairman.

12 I had a whole line of questions, but given the
13 time, I'm going to limit it just to two that caused some
14 headshaking by people who testified when Ms. Jennings
15 testified.

16 The first is for you, Ms. Landis.

17 You testified pretty adamantly that nobody from
18 Hamburg Center ended up in prison or in the streets. I
19 don't think it can be denied that some ended up in the
20 morgue.

21 When Ms. Jennings testified and said that there
22 was 15 of 80, you pretty vehemently shook your head no. So
23 I'm going to give you the opportunity now to tell us why
24 you were shaking your head no, and if you have a different
25 number than that, please share it with us.

1 MS. LANDIS: It's not about different numbers,
2 Representative; it's about the average of fatality with the
3 people who live in State Centers is approximately five a
4 year. So when you take 36 months, it's, you know, 3 years
5 times five is 15.

6 REPRESENTATIVE MULLERY: You are not in any way
7 insinuating that transfer trauma is not real and will not
8 have an effect on the people at White Haven Center or
9 Polk Center, are you?

10 MS. LANDIS: I am not saying that transfer trauma
11 is not real. I am not a physician and I can't, I can't say
12 that it would. It's a possibility; yes.

13 REPRESENTATIVE MULLERY: You were present at the
14 Senate hearing. We did have a physician there, and he
15 talked about how real it was and he estimated the number of
16 deaths that would be expedited by the move, correct?

17 MS. LANDIS: I was, correct, because we were the
18 only two -- I was one of two advocacy organizations that
19 was allowed to testify at the Senate hearing.

20 REPRESENTATIVE MULLERY: Given your extensive
21 history in this field, what has been your experience in the
22 rate of transfer trauma with closures of this type?

23 MS. LANDIS: I don't have an extensive experience
24 in this field.

25 REPRESENTATIVE MULLERY: Does The Arc have an

1 acceptable number or an acceptable percentage of transfer
2 trauma deaths in the name of full community inclusion that
3 is acceptable to The Arc?

4 MS. LANDIS: Representative, I mean, no. There
5 is no acceptable number of deaths. But look at the average
6 age of people who live at the State Centers, and some of
7 these people are going to pass away. It's part of life.

8 To directly point the finger at transfer trauma I
9 think is -- we're all taking a stab in the dark. We're all
10 looking at the numbers the way that we want to look at
11 them. It's---

12 REPRESENTATIVE MULLERY: Thank you.

13 DEPUTY SECRETARY AHRENS: I would be happy to---

14 REPRESENTATIVE MULLERY: I'm getting you next.

15 DEPUTY SECRETARY AHRENS: Okay.

16 REPRESENTATIVE MULLERY: Because the second
17 headshaking I saw occurred when Ms. Jennings referenced
18 Secretary Miller's work in Oregon. A quick LinkedIn check
19 will confirm that both you and Secretary Miller had
20 extensive work history in Oregon. So why on her testimony
21 to that was your head shaking so much?

22 DEPUTY SECRETARY AHRENS: To my knowledge,
23 Secretary Miller didn't work on ICF issues in Oregon. I
24 did work on ICF issues in Oregon in the late eighties,
25 early nineties.

1 REPRESENTATIVE MULLERY: Okay.

2 And the SIS assessments that are being performed
3 right now in the Commonwealth are being performed by KEPRO,
4 correct?

5 DEPUTY SECRETARY AHRENS: That's correct.

6 REPRESENTATIVE MULLERY: Are you aware that KEPRO
7 was the agency hired to perform the SIS assessments in
8 Oregon?

9 DEPUTY SECRETARY AHRENS: I was not.

10 REPRESENTATIVE MULLERY: Okay. Are you aware
11 that in Oregon right now, there are multiple lawsuits
12 against the State of Oregon and KEPRO for the way they are
13 handling the SIS assessments?

14 DEPUTY SECRETARY AHRENS: I am not, and I would
15 like to know what that has to do with what is happening
16 here with SIS assessments.

17 REPRESENTATIVE MULLERY: Well, I mean, are you
18 aware that every SIS assessment that was completed by KEPRO
19 in Oregon that has been challenged has been overturned?

20 In short what I'm saying is that every assessment
21 done by KEPRO in Oregon that said a patient's service could
22 be provided in the community upon more closer inspection
23 was deemed that it could not. Are you aware of that?

24 DEPUTY SECRETARY AHRENS: So KEPRO does not make
25 recommendations for the State of Pennsylvania. Our

1 contract with KEPRO is for them to administer a
2 standardized normed instrument called the Supports
3 Intensity Scale. We do this to the tune of about a
4 thousand people in our community settings each month. We
5 have been applying this across our service system,
6 including State Centers.

7 It is an assessment used in 20 States,
8 internationally, that gives us a standardized way of
9 looking at an individual's needs. It does not tell us how
10 to meet those needs or where to meet those needs.

11 REPRESENTATIVE MULLERY: My last thing isn't a
12 question, it's more of a comment.

13 To hear you, Ms. Ahrens, talk about the factors
14 that went into the consideration for these closures is
15 extremely disingenuous. I mean, it is crystal clear, and I
16 believe it was stated at a meeting in White Haven, that the
17 reason for these closures has nothing to do with budget.
18 So to hide behind budgetary numbers is, again, the only
19 word I can come up with here in a polite manner is
20 disingenuous.

21 This is a philosophical decision. I mean, is
22 that something that you're willing to stand by today, that
23 it is the philosophy of this Administration that people
24 should not be treated in institutional care, that they
25 should be treated in the community, and this has nothing to

1 do with budget?

2 DEPUTY SECRETARY AHRENS: Ultimately, the
3 Wolf Administration has been very clear that
4 philosophically, yes, people should be served in their
5 communities close to their families. That was the driving
6 force behind the decision here, the driving force behind
7 the decision to close Hamburg as well, the driving force
8 behind the incredible waiting list initiatives that this
9 Administration has put forth. But also, budgetarily, it is
10 unsustainable to continue to manage four State Centers.

11 REPRESENTATIVE MULLERY: And that's where you
12 went too far, and I would urge my colleagues on the
13 Health Committee, the Human Services Committee, do not fall
14 into the budget trap. This has nothing to do with budget.
15 So don't buy into it. If you have any questions, don't ask
16 them. This has nothing to do with budget.

17 Thank you, Mr. Chairman.

18 MAJORITY HUMAN SERVICES CHAIRMAN DIGIROLAMO:
19 Okay.

20
21 (Audience applause.)
22

23 MAJORITY HUMAN SERVICES CHAIRMAN DIGIROLAMO: I
24 have three Members that have asked. It's Representative
25 James, Representative Murt, and Representative Heffley. If

1 I could ask them to maybe just limit their time to
2 2 minutes, maybe make a statement, if that's possible.

3 REPRESENTATIVE JAMES: Sure. No trouble.

4 MAJORITY HUMAN SERVICES CHAIRMAN DIGIROLAMO:

5 Representative James.

6 REPRESENTATIVE JAMES: Thank you, Mr. Chairman.

7 I believe if there is a response to my
8 comment/question, it will probably come from members of
9 Panel No. 2, which just to remind us includes The Arc,
10 Temple, the Disability Rights Network, KenCrest, and
11 InVision.

12 First of all, thank you very much for your advice
13 on how we can take our \$33 billion annual budget and
14 appropriate it according to your wishes. We'll be sure and
15 let the taxpayers know how you feel about voting for a tax
16 increase.

17 One of the first things we learn here when we
18 come to the House is not to call into question the motives
19 of any other Member when he or she is talking on the floor.
20 I detect a tone of negativity from Panel No. 2, which is
21 usually the haven of people who are losing the argument.
22 To besmirch the workers, the 1,100 workers of these two
23 institutions by saying their only reason that they are
24 interested in keeping them open is to save their jobs is
25 just, that's the wrong thing to say.

1 I have talked with members out there frequently.
2 I have never had a question about save my job. All the
3 questions come, what's going to happen to Mr. X, Miss Y?
4 So that part is wrong.

5 You folks will go to the mats, literally, to
6 defend the preferences of academics, nonprofits, and the
7 Department of Human Services people, but you won't even
8 talk to the guardians of the people who live and thrive in
9 these institutions.

10

11 (Audience applause.)

12

13 REPRESENTATIVE JAMES: I don't know how you can
14 justify that. You're welcome to try if you want to.

15 The other thing I want to point out is, a comment
16 was made to me this morning by another Member -- I won't
17 identify that person -- that they actually talked to one of
18 your folks from Arc who said, are you serious about you
19 want to keep that center open just to save the job of a
20 gas station attendant? I can't believe that was said
21 either. Bad deal.

22 At Polk Center, it's \$134 million a year,
23 \$134 million a year that goes into our economy.
24 Seven hundred forty people are going to have one dickens of
25 a time trying to find employment. I don't really think

1 you're going to be able to fill those bills.

2 So you're welcome to---

3 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO: No,
4 we're not going to allow you to answer the question. It's
5 against time, and I can't allow you to answer the question.

6 REPRESENTATIVE JAMES: Okay. So I guess I'm
7 done. I -- thank you.

8 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:
9 Thank you.

10 Representative Murt for just a brief comment.

11 REPRESENTATIVE MURT: Thank you, Mr. Chairman.
12 This will be a statement.

13 Mr. Chairman and Members of the Committee, I
14 concur with the speakers that talk about the quality of
15 life in the State Centers. I visited every State Center,
16 some two or three times. I was at White Haven not too long
17 ago. I went with Mrs. Jennings and Mr. Kashatus and so
18 forth. And I would certainly encourage the Members of this
19 Committee to visit these centers as well so you know what
20 we're talking about here and you know what the dynamics
21 are.

22 You know, when we were listening to all the
23 testifiers and so forth, you know, sometimes I ask
24 rhetorically out loud in my mind, what problem are we
25 trying to address here? This is a system that works. This

1 is a system that delivers care with compassion.

2 And, you know, the one thing I didn't hear today,
3 because I came in late, but I'm sure it was said, you know,
4 for many of the residents at the State Centers, our staff
5 that care for them are family, because some of them don't
6 have family to visit them. White Haven is a long way from
7 Philadelphia, especially on public transportation, and many
8 of the families just cannot come and visit their loved ones
9 at White Haven, or at Polk, for that matter.

10 And this is the last thing I will say. If we
11 really want to address this in a meaningful way, we have to
12 fund the waiver program and we have to fund programs and
13 services for adults with special needs. Every year during
14 the budget cycle, we grovel, some of us grovel, some of us
15 beg, some of us plead for more money to take care of adults
16 with special needs.

17 The one population we didn't talk too much about
18 today are the Pennsylvanians who have intellectual
19 disabilities or developmental disabilities who are adults,
20 some 60 and 65 years old, who live home and are cared for
21 by their parents who are 90 years old. I kid you not.
22 This is in every legislative district. And what are they
23 waiting for to get a placement into a group home? They're
24 waiting for one of their parents to die. And this is a
25 very, very sad reality, a painful reality, but this is

1 something that we have to address.

2 And I hope all the elected officials in this
3 room, my colleagues, I hope we remember this conversation
4 during the budget hearings for the next 6 or 7 months when
5 we're asking, begging for more money to address this
6 crisis.

7 The last thing I'll say for any family members
8 like Mrs. Jennings or Tom Kashatus or anybody who has a
9 loved one in the system, if this is where you want your son
10 or daughter, this is where they belong, and we should be
11 making that a reality.

12 Thank you.

13

14 (Audience applause.)

15

16 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

17 Representative Heffley for a brief comment.

18 REPRESENTATIVE HEFFLEY: Thank you, Mr. Chairman.

19 And this is one of numerous hearings we have held
20 on this issue, so I want to thank you for your leadership
21 on here.

22 And just to follow up with the philosophical
23 question earlier or the statement that it is a
24 philosophical difference, I would just say, as
25 Representative Murt had suggested, these folks have chosen

1 to be in these facilities. They don't have to be there,
2 right? There are some options in the community. But just
3 to say that now we're going to force them, we're going to
4 take that option away, so we are taking options away from
5 them and their families. Because this is a level of care,
6 and a lot of these folks have been through the system
7 already and this is where they settled; this is where
8 they're going to get the best care.

9 My other concern is with the mental health. Some
10 of these individuals need this type of care and they need
11 to be in this type of facility, and when you put them in
12 another setting, it could lead to issues with the criminal
13 justice system, or, you know, some of these folks just need
14 that type of care, and I'm very concerned about it.

15 I was actually contacted by a woman in my
16 district, an elderly woman, who her son was in one of the
17 State facilities, and she was deathly afraid of him
18 getting, you know, released into another setting because of
19 threats that he had made. And she had done everything for
20 her son and found that this was the best for her and also
21 for the safety of her family because of the conditions that
22 he had.

23 So I think that those need to be taken into
24 consideration, and I would hope that it's not just about a
25 philosophical difference. This is about individuals and

1 the level of care that they need. So I think that they
2 should be put first. It's not about, you know, the
3 economic impact that these facilities have on the
4 community is very important, but at the end of the day, my
5 concern is for those individuals receiving the care that
6 they need.

7 So thank you, and I hope that will be the
8 number-one consideration as we move forward.

9
10 (Audience applause.)

11
12 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO:

13 Thank you.

14 I'm sorry, we have to -- I want to just make a
15 quick comment, because we have to be up on the floor at
16 1 o'clock, and it is just 1 o'clock now.

17 I want to thank everybody for their testimony
18 today, from both sides. And my comment is that there's a
19 bill; it's a moratorium bill. It's House Bill 1918. I
20 know the Senate has a similar bill over in the Senate.
21 The bill in the House was sent to the Health Committee,
22 and from my perspective, if the bill comes out of the
23 Health Committee and comes up for a vote on the floor,
24 after what I've heard today, I am a "yes" vote on that
25 bill.

1 (Audience applause.)

2

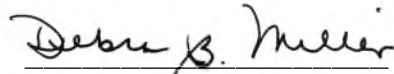
3 MAJORITY HUMAN SERVICES CHAIRMAN DiGIROLAMO: So
4 with that, I would like to call this hearing of the
5 Human Services and Health Committees, ask that it be
6 adjourned.

7 Thank you.

8

9 (At 1 p.m., the joint public hearing adjourned.)

1 I hereby certify that the foregoing proceedings
2 are a true and accurate transcription produced from audio
3 on the said proceedings and that this is a correct
4 transcript of the same.

5
6
7 

8 *Debra B. Miller*

9 *Transcriptionist*

10 dbmreporting@msn.com