Thank you for the opportunity to present testimony this morning regarding the decision by the PA Department of Human Services to close Polk and White Haven Centers.

As the brother of an adult with intellectual disability and autism who spent over 30 years in state institutions and now lives successfully in the community, I have great respect for the concerns of family members for their loved ones receiving services from the state.

I wish to address key concerns that have been raised by family members and caregivers who have asked if community care will be safe, equal or better than the care received at current ICF Programs.

The majority of people with the most significant behavioral and health challenges are already being supported in community settings. ODP uses a seven level acuity instrument, called the Supports Intensity Scale, to determine service and support needs in both ICFs and the community.

Supporters of Polk and White Haven Centers have suggested that the residents of state operated ICF/ID Centers have disabilities more complex than people served in the community suggesting that the combined number of residents at both centers (194 at Polk, 112 at White Haven) of 306 individuals would have score at the highest acuity of levels 6 and 7.

In contrast, community programs support 4,285 people at acuity levels 6 and 7, thus the overwhelming number of people with the most significant disabilities are served in community programs.

Organizations such as InVision Human Services were established over the last three decades to assist people with challenging health and behavioral issues be able to live, work and thrive in community settings. In fact, two thirds of the 500 individuals supported by InVision have acuity levels of 6 and 7, including individuals with complex health considerations such as Prader-Willi Syndrome.
and the use of feeding tubes; and others with very challenging behavioral issues that have required customized service plans unique to their individual needs.

Another primary concern of family members, and of the Polk and White Haven communities, is a concern that people transferring from ICFs to community programs will experience something called “transfer trauma.” However the 2012 Report by the National Council on Disability cites specific research that conflicts with the concept of “transfer trauma.”

Recent methodologically sound studies have found no increase in mortality in situations similar to these closures. Please see attached data below:


In Secretary Teresa Miller’s announcement regarding the closure of both centers, the Secretary noted ICF/ID care to cost an average of $410,000 to $435,000 per individual compared to community programs supporting people with the same acuity level at **substantially less cost**.

Supporting a dual system that serves people with similar disability acuity at vastly
different appropriation levels has greatly taxed the available resources of the Department of Human Services and the Office of Developmental Programs, and as a result Pennsylvania has a waiting list of over 13,000 people needing services, with over 5000 of these individuals in “emergency” status. These limited fiscal resources have also resulted in low reimbursement rates at community programs the consequence of which is low Direct Support Professional (DSP) wages, fueling a DSP hiring and retention crisis.

Many in this room will, with all sincerity, tell you that the decision to close White Haven and Polk Centers should not be based predominately upon fiscal concerns, but it is an issue that is unavoidable.

If Members of the General Assembly, you are not convinced by the available data and research that demonstrates that equal or better care is available in the community, and you decide to keep both or one of these Centers open, despite the fact that there will be 2 remaining centers that can accommodate residents of White Haven and Polk Centers who do not choose community placement, please help those on the 13,000-person waiting list, who have similar or identical needs, understand why their needs will not be addressed.

For the last several decades these families have been told it is because there is just not enough money in the system. However, when they see people with similar or identical disability profiles receiving services at the cost of $435,000 annually, while their loved ones are going without adequate services or supports, they will continue to raise this concern for many years to come.

Furthermore, when the enacted state budget directs DHS and ODP to live within its budget, or operate on fewer dollars, the stage will sadly be set for future struggles between those having more costly services and those having none.

To resolve this issue, the General Assembly could decide to provide the tax revenue needed to serve the 13,000 people on the state’s waiting list and address the poverty wages of the Direct Support Professionals to stabilize community programs. With increased resources, that address the Waiting List and provides decent rates to operate community programs, then perhaps the financial pressure on this decision will be alleviated and you can operate any type of program you wish on behalf of your constituents. However, recent history in virtually every
state tells us that the Commonwealth and the Department have a responsibility to operate within a tight budget each year.

Thank you for your consideration.