

Senate Aging & Youth and Intergovernmental Operations Committees, Appropriations Health & Human Services Subcommittee, and the Senate Philadelphia Delegation  
Joint Hearing on Proposed Agency Consolidation (merging the Departments of Health, Human Services, Aging, and Drug & Alcohol Programs) in Philadelphia  
May 18, 2017 from 12:00n - 3:00pm  
Plumbers Local 690 Union Hall, 2791 Southampton Road, Philadelphia, PA 19154

### Testimony Regarding Consolidation of State Departments

Good Morning Senator Haywood, members of the Senate Aging & Youth and Intergovernmental Operations Committees, Appropriations Health & Human Services Subcommittee, and the Senate Philadelphia Delegation. Thank you for the opportunity to provide testimony on the impact of the proposed consolidation of the Departments of Health, Human Services, Aging, and Drug and Alcohol Programs into a unified Department of Health and Human Services. My name is Roland Lamb. I am the Deputy Commissioner for the Department of Behavioral Health Intellectual disability Services (DBHIDS) responsible for Planning and Innovation. The DBHIDS supports people in an environment of recovery, with a focus on prevention, resilience, wellness and self-determination in order to attain the highest quality of life possible. It is responsible for administering a broad array of treatment, early intervention and prevention programs for: Children, adults, and families impacted by mental health, substance use and intellectual disabilities. The Department is responsible for approximately 600,000 lives on Medicaid as well as the un/under insured. We serve more than 150,000 people each year through a \$1.5 billion annual budget, via a network of over 200 providers offering full continuums of services. We are the single payer for Medicaid, Federal, State and Local Grant dollars (we are the only Medicaid managed by a City).

In the spirit of the mission of DBHIDS to educate, strengthen, and serve individuals and communities so that all Philadelphians can thrive, and our vision of a Philadelphia where every individual can achieve health, well-being, and self-determination we are commenting on the proposal by Governor Wolf to consolidate the Departments of Human Services, Health, Aging and Drug and Alcohol Programs into the Department of Health and Human Services. As with any proposal, the specific details are critically important and we have yet to see them. We are seeking to only comment on the consolidation of the Departments of Human Services and Drug and Alcohol Programs. While there has been much conjecture about the proposed consolidation both pro and con we have found it difficult to take a definitive position one way or the other. However, whether the consolidation does or does not occur, we will need to continue to work closely with the functions of the Departments of Human Services and Drug and Alcohol Programs that pertain to the long-term recovery and other services for those challenged by mental health and/or substance use. Like any health care system, there are areas

that could be improved such as the alignment, coordination and integration of technology, processes and decision making necessary to make the efforts of the Departments of Human Services and Drug and Alcohol Programs most effective and efficient, positively impacting those with behavioral health needs served by them. Pennsylvania like most of the United States is confronted with the worse drug overdose crisis in our history but what has not been noticed is the prevalence of those with co-occurring disorders and the impact they are having on our current disparate systems struggling to treat them. It is incumbent on these departments to develop uniform, comprehensive assessment approaches as well as standards of care for all those behaviorally challenged by one or both Departments to access the array of social and human services offered by the State and Federal governments. This may ensure that individuals quickly and easily obtain the services they need without being serially recycled in acute levels of care, incarceration and/or dying just because we are treating one or the other illness that cut across these Departments. Being able to serve those seeking care regardless where they present and what the presentation makes for an improved treatment experience and would provide efficiency and effectiveness in State and Local government by improving technology, processes and decision making regarding those with behavioral health needs. The cost of paperwork due to separate regulations and criteria regarding Licensing and Medical Assistance eligibility, compromises specific service needs as well as the delivery of those services. One single information technology platform would provide the State and it's Counties with a more transparent system for tracking, extracting, and reporting on data, therefore improving service delivery and program integrity. Many providers are licensed and overseen by multiple Commonwealth/Federal oversight agencies. We understand and support the necessity of monitoring to ensure our dollars are being judiciously spent to provide high quality services however through an integrated effort, the Commonwealth could eliminate multiple, redundant systems and reduce the time providers spend attending to repetitive requests from various monitoring staff. Challenges arise when valuable time that could be spent attending to improving services is spent providing the same information to different state agencies. To date the Departments of Human Services and Drug and Alcohol Programs haven't been able to provide this coordination of information. I need to say here that for over a year now the Philadelphia Department of Behavioral Health Intellectual disability Services has been working to integrate it's behavioral components, the Office of Addiction Services and the Office of Mental Health into one Behavioral Services component. Prior to that we created an integrated program credentialing and evaluation process called the Network for Improvement and Accountability Coalition (NIAC) to cut down on the number of different oversight groups from our system all asking for the same information from the same provider(s). We also developed an integrated approach to building quality across our provider networks through the Evidence-Based Practice Innovation Center, again to insure continuity of messaging and collaboration. Thus reducing deficiencies because of reviewer inconsistency, and reducing the punitive

appearance of reviews where the provider is made to feel guilty until they can prove they aren't doing anything wrong. If through the unification of Departments of Human Services and Drug and Alcohol Programs, the oversight, regulatory and licensure functions for behavioral service providers could become more collaborative, with a goal of enhancing the quality of services we would wholeheartedly support the change. Further, we believe that there might be opportunities with the consolidation of the Departments of Human Services and Drug and Alcohol Programs to enhance the traditional service delivery systems supported by both through the integration of resources. Pennsylvania demographically is currently one of the States leading in overdose deaths and as such will need to require an enhanced service delivery system. Last year Philadelphia saw combined between Medicaid and the uninsured system over 30,000 persons in Substance Use Disorder treatment. We estimate that 86% of those seen also had a Mental Health diagnosis. Our providers will have to become much more flexible and diversified in their delivery of services from withdrawal management, to residential care, to transitional care, to outpatient to early intervention and prevention. Additionally, we need to make sure that we reimburse providers for services at rates which cover their costs to provide quality care. We will need to do better. Whether or not the Commonwealth decides to consolidate these Departments, the DBHIDS believes we have an opportunity to provide services in a more diversified settings, and at the same time, save considerable and valuable general fund dollars by including Recovery Housing residences , but because these services are not funded through the Medical Assistance Program, the option is only available to a few . This is not just about money- we have an opportunity to save money and do the right thing for Pennsylvania citizens who need some help but would not need long term residential facility services if Recovery residences were available to them. This could happen without the consolidation but perhaps with better coordination of Departments of Human Services and Drug and Alcohol Programs, we could make this a reality more quickly. Finally, whether through consolidation of the agencies or through targeted initiatives, we must work together to develop and increase the availability of affordable housing options for those recovering from behavioral health challenges and intellectual disabilities . Low-income housing is already in short supply; the resources to preserve the properties we have are lean and the resources for new construction are seriously oversubscribed. Affordable housing developments, especially if they have service coordinators to assist residents in accessing the services they need to address their chronic health conditions, provide a unique opportunity to efficiently address service needs in the home. Like transitional living residences, this is a service that can save the Commonwealth money by avoiding acute hospital and extended residential treatment program stays (because there is no available housing) and reducing emergency room usage, but it takes investment in housing infrastructure. The DBHIDS is committed to assisting the Commonwealth with its efforts to streamline programs and services whether it is through consolidation of the Departments of Human Services and Drug and Alcohol Programs or through specific initiatives.

We understand that there are budget constraints that the Commonwealth must work within, but we think there are ways that we can provide better services to those challenged by behavioral issues. The DBHIDS has been and is committed to finding solutions to issues so that services can be delivered in the most appropriate, recovery oriented way possible, while attending to the fiscal constraints. Thank you for your consideration of our comments and for the opportunity to testify today. I'll be happy to answer any questions you have.