

**Introduction:** County Commissioner from Berks County in my 10th year in office. I am a Board member of CCAP and NACo and also sit on the NACo Executive Committee. I'm here today to speak first on the behalf of counties across the Commonwealth. While CCAP has not taken a position on consolidation we have developed goals we believe must be considered and incorporated should consolidation move forward. Secondly, I will share my concerns with consolidation as a Berks County Commissioner.

### **Counties “Top Ten” Consolidation/Unification Policy Goals (current draft Tuesday April 4, 2017 3:14 pm)**

- **CCAP believes** that the goals of any change made to the structure of government must be service recipient centered and not driven by advocacy groups. The goal must be to assure ongoing service provision of the many programs impacted and not be a means of shifting costs to counties.
- **CCAP urges** the commonwealth to utilize the opportunity of unification to develop and implement human services career goals that improve the ability of the state, counties and contracted service providers to recruit and retain staff who are dedicated to the delivery of service to our residents.
- **CCAP strongly urges** an understanding and agreement that involvement of counties in decisions for addressing concerns or requests of federal regulating and funding entities must include counties at the earliest possible time. For instance, if CMS is suggesting a program disallowance, the new DHHS must consult with county leaders to assure that counties have the ability and capacity to comply with procedural changes before a commitment is made to CMS. Further, counties may be able to offer alternatives that retain local connections for constituents while still meeting the federal demands. Examples include recent decisions to contract for services formerly provided by county entities to assure CMS that no conflicts exist.
- **CCAP believes** that the unified agency must develop efficiencies between programs internally as well as with local service delivery agencies at the local level, through improved methods for information sharing and the elimination of silos. Further, the opportunity to develop data systems that create more focused and efficient service delivery should be a primary goal of the unification effort.
- Counties must remain in the forefront of delivery models that may result from this transition, and CCAP and their human services affiliates must be at the table as those plans are developed because counties are closest to the people who rely on critical services. Further, counties must retain the option of selecting the form and structure of local human services delivery. A “one-size-fits-all” approach mandated upon counties would be opposed. CCAP believes that counties should retain responsibility for all planning and quality assurance. Counties should be responsible for complex care management to assure communication and collaboration among disciplines for the most vulnerable citizens. Counties and the state should partner, rather than duplicate efforts for licensing and quality oversight sharing in the process as opposed to duplicating thereby saving costs and undue burden on providers.
- **CCAP believes** that the commonwealth must adopt a cooperative compliance approach to regulation, especially with licensed entities. Safety could be maintained while saving dollars with on-site inspections every three years, instead of annually, especially for entities with consistent compliant track records. Compliance inspections

still occur, assuring that state licensure staff would be present in buildings on a cycle more frequent than every third year. CCAP recommends a separate branch of licensing expertise be created to offer technical assistance for licensed entities. Currently, if counties ask for technical assistance, they run a very high likelihood of being cited for any deficiencies, probably even the very reasons they reached out for assistance in the first place. This provides an incentive to not seek assistance when needed. Currently, if counties or service providers ask for technical assistance, they run a very high likelihood of being cited for the areas where they need support, probably even the very reasons they reached out for assistance in the first place. The current practice creates a disincentive for requesting assistance and subsequently creates greater potential for deficiencies as well as costs to the local agency and the licensing body as well.

• **CCAP believes** that opportunities to use county service structures and sites to deliver state services is another area we encourage the state to consider. For instance, county human services offices could serve as locations for state public health locations for inoculation clinics, Hepatitis C Testing Centers, for example. County nursing facilities could serve this function as well – these facilities have their own on site pharmacies in many cases, allowing the state to fulfill public health duties without a full physical presence.

• **CCAP believes** that the unification should include the encouragement for counties to develop and implement innovations that enhance service. The unification should encourage the development of prevention models and define opportunities to direct services to high utilizers and service recipients with complex problems. Further, if prevention strategies or enhancements result in cost savings, counties must be given the option to reinvest in services, processes and structures that will enable ongoing support.

• **CCAP believes** that the provision of substance abuse services and other prevention, policy and licensure functions would be enhanced through adoption of legislation that provides statutory authority to the Single County Authorities and renames them as the Offices of Prevention and Addiction Services. The Offices of Prevention and Addiction Services would continue to be the local entity responsible for the planning and implementation of a full continuum of services based on locally identified need. Legislation would be patterned after the statutes governing other human services programs and provide stability and a more clearly defined duty that is a vital component of a unified service delivery system.

• **CCAP believes** that the integrity of the State Lottery fund must be maintained and assured so that older adults can rely on continued programs and support consistent with the enabling acts.

### ***Additionally, I have some concerns as a Berks County Commissioner***

1. There is a strong possibility that this merger is simply too big
  - There is no "across the hall" with 18,000 employees
  - \$40 billion budget - It would be the 16th largest budget in the nation
    - Aging could be lost in the mix
    - D&A

- In the end, Human Services are and must remain focused on the people we serve. We already have people getting "lost in the system." Making the system even bigger simply doesn't make sense.
- 2. There are other ways to address inefficiency and communications issues
  - Shared data with user restrictions
  - Shared back office consolidation
  - Developing processes that focus on the customers
    - People...our citizens
    - Counties Human Service Agencies
    - Providers
  - Many of the CCAP Policy Goals could and should also be addressed no matter the outcome of consolidation

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