

Testimony of Michael Harle, President/CEO
Joint Hearing on Proposed Agency Consolidation
(Departments of Health, Human Services, Aging, and
Drug & Alcohol Programs)
May 18 2017

Thank you for the opportunity to speak here today. My name is Michael Harle; I am the President/CEO of Gaudenzia, a private not for profit drug & alcohol treatment organization. We have treatment programs throughout the Commonwealth, including here in Philadelphia. We treat system wide over 18,000 individuals and their families each year. Founded in 1968, we were the first residential drug treatment program in Pennsylvania and one of the first community based outpatients.

Gaudenzia had over **18,000 admissions** to its programs in the past year, for the first time in over 30 years. **Heroin has become the primary drug of choice** for all admissions, overtaking alcohol, marijuana, cocaine and all other drugs combined. The only other major increase is in prescription opiates which have increased ten-fold in the last 5 years. 30% of our admissions are now between the ages of 18 – 25. At the same time **funding has been limited** and treatment shortened. I have attached a synopsis of my testimony at a House Appropriations hearing in 2002 and have illustrated the difference in the primary drug of choice, which shows the trajectory of the epidemic.

Pennsylvania is in the **5th place in drug overdose deaths**, almost at the top of the 50 states.

In 2015 3505 Pennsylvanian's died from overdose. In Philadelphia, there were 702 overdose deaths in 2015.

Heroin use and prescription opiate use is an epidemic causing opiates to be the **number one cause of accidental deaths in the US**. Emergency Room visits for the non-medical use of **opioid pain relievers is 359,921**. Drug abuse related crime is number one among all crimes.

What weighs 111 tons? 22 adult elephants. Every year 69 tons of oxycodone and 42 tons of hydrocodone (prescription opiates) are shipped to pharmacies

around the U.S. This is enough to provide 40 Percocet's and 20 Vicodin to every man, woman and child in the country. Heroin is cheaper and more available than ever. The prescription opiates available are stronger and easier to obtain than ever. **Heroin is now cheaper than a pack of cigarettes.** The cost for a pack of cigarettes in Pennsylvania is \$5.88. A bag of 70-90 percent pure heroin in Philadelphia is \$5.00 or less, and may be laced with fentanyl or other drugs, including in some cases poisons.

The Administration advises that this merger will save money. In fact collapsing DDAP will save no money. NONE!!! They promise this would better provide services. This would be done by melding the Department into a mighty mega agency, that is already challenged with dealing with multiple crisis's in the children and youth system, the nursing home system, the Medicaid system, to name a few. We read of challenges the Administration and the Department of Human Services are faced with, and they are dealing with a tremendous budget deficit, while facing the largest epidemic of the century.

Is this the appropriate time to merge these departments?

Any business person or employee that has lived through a merger would know that during a crisis is not the time to do this, particularly without total agreement and input from all sides. This is a recipe for serious problems. A family that has blended with another family also knows this. Not only is it difficult but it requires input from all family members and time and planning to work out the myriad of issues. So even if this is the right plan, which I believe it is not, the process is fatally flawed.

As the largest program in the State with over 50 years experience, backed by research and with almost 1200 employees, with thousands of years of combined experience, education, training, charged with treating over 18000 individuals, including 400 women accompanied by 600 children, we have not been asked to provide input or even asked our opinion. I am not surprised by this because this is symptomatic of the stigma and the way we handle the disease of addiction. It always seems that a hand-full of bureaucrats decides what's best for over 3000 parents and families that have lost loved ones.

It is a thoughtful, necessary and noble goal to constantly evaluate the structure of Government in order to improve access to services, quality of services, and the cost effectiveness of service, and I praise the Administration for undertaking and pursuing this goal.

I question the results of this plan specific to Drug & Alcohol services.

Here are our questions:

Is merging the best way to address the substance use and addiction in Pennsylvania?

Has there been a thoughtful analysis of the potential flaws and unintended consequences of the plan as it is proposed?

If so, has this plan been evaluated by an independent agency?

Why did we establish a Department and pass Act 50 to become a cabinet level consolidating, centralizing and bringing focus and expertise to this problem that affects every department?

Why was the vote almost unanimous and what has changed?

Was the merger report developed by anyone with expertise in Alcohol and Drug addiction and recovery?

If eliminating the Department of Drug and Alcohol is the right action, why was Pennsylvania seen as a leader and

innovator in establishing the Department just a short time ago?

Where are the cost savings?

Is there an evaluation of this plan?

Was this plan established with stake holder input particularly by those in recovery and their families, and where is the documentation of state wide support?

There is no evidence that I can see of streamlining, it seems more like burying substance use prevention, treatment and policy, which has happened before with negative consequences.

This present epidemic started to really emerge in 2002, which I stated in previous testimony, see attached. Nothing even close to addressing the epidemic took place until after the establishment of the Department of Drug & Alcohol in 2011, see attached.

Please, keep the Department. Do not allow the problem to be buried again.

I am open to questions/suggestions

Thank you

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Excerpts from 2002 House Appropriations Committee Hearing:

This is my testimony at a House Appropriations Budget Committee hearing in April 2002. I have also inserted data side by side to illustrate the difference in primary drug of choice a decade later.

During fiscal year 2002 Gaudenzia had 5,164 admissions – in fiscal year 2014 we had 20,000. The primary drugs of choice are as follows:

2002-2003		2012-2013		2014/15
Cocaine	37%	Heroin	26%	42%
Marijuana	27%	Cocaine	24%	19%
Alcohol	17%	Marijuana	22%	18%
Heroin	15%	Alcohol	15%	13%
*Other	4%	*Other	11%	8%

The secondary drugs of choice are as follows:

Cocaine	26%	Alcohol	31%	36%
Marijuana	36%	Marijuana	22%	25%
Alcohol	28%	Heroin	17%	19%
Heroin	5%	*Other	16%	9%
*Other	5%	Cocaine	10%	11%

A quote from my 2002 testimony:

“As you may be aware, there has been increased concern recently over the incidence of OxyContin abuse but those statistics are not yet available. OxyContin, Ecstasy and synthetic drugs are popular with adolescents and young adults”.

***Mostly prescription opiates**

NO RETREAT – NO SURRENDER

KEEP THE DEPARTMENT OF DRUG & ALCOHOL PROGRAMS

WHAT IS THE PROBLEM?

The Administration is proposing to eliminate the Department of Drug & Alcohol Programs and collapse it back into a giant new bureaucracy. The Administration advises that this merger will save no money – NONE. No money saved.

WHY MAINTAIN THE DEPARTMENT OF DRUG & ALCOHOL PROGRAMS?

LEADERSHIP! LEADERSHIP! LEADERSHIP!

THE DEPARTMENT OF DRUG & ALCOHOL PROGRAMS IS A SILO-BREAKER

Since its start, the Department of Drug & Alcohol Programs has led a vigorous, high-visibility, collaborative, cross-disciplinary campaign to address PA's drug and alcohol abuse and addiction problem. The Department of Drug & Alcohol Programs is a leadership organization – a silo-breaker and source of life-saving, cross-departmental work:

- Established the Overdose Task Force comprised of law enforcement, emergency medicine, coroners, addiction treatment, prevention, county & state government and individuals and families in recovery
- Catalyzed the development of opiate prescribing guidelines by the Department of Health
- Raised \$500,000 to purchase Narcan for our police (over 3,000 lives saved)
- Funded and placed over 500 drug take-back boxes in 60 counties (over 200,000 pounds of drugs collected)
- Implemented warm hand-off procedures between counties and hospital emergency rooms to get overdose survivors into treatment
- Worked with Medicaid, the Single County Authorities and county officials to ensure that people coming out of county jail get directly into addiction treatment
- Established a DUI Treatment Compliance Oversight Committee with the Department of Transportation, law enforcement, county government, addiction treatment and others to work on enforcement of DUI and addiction treatment laws

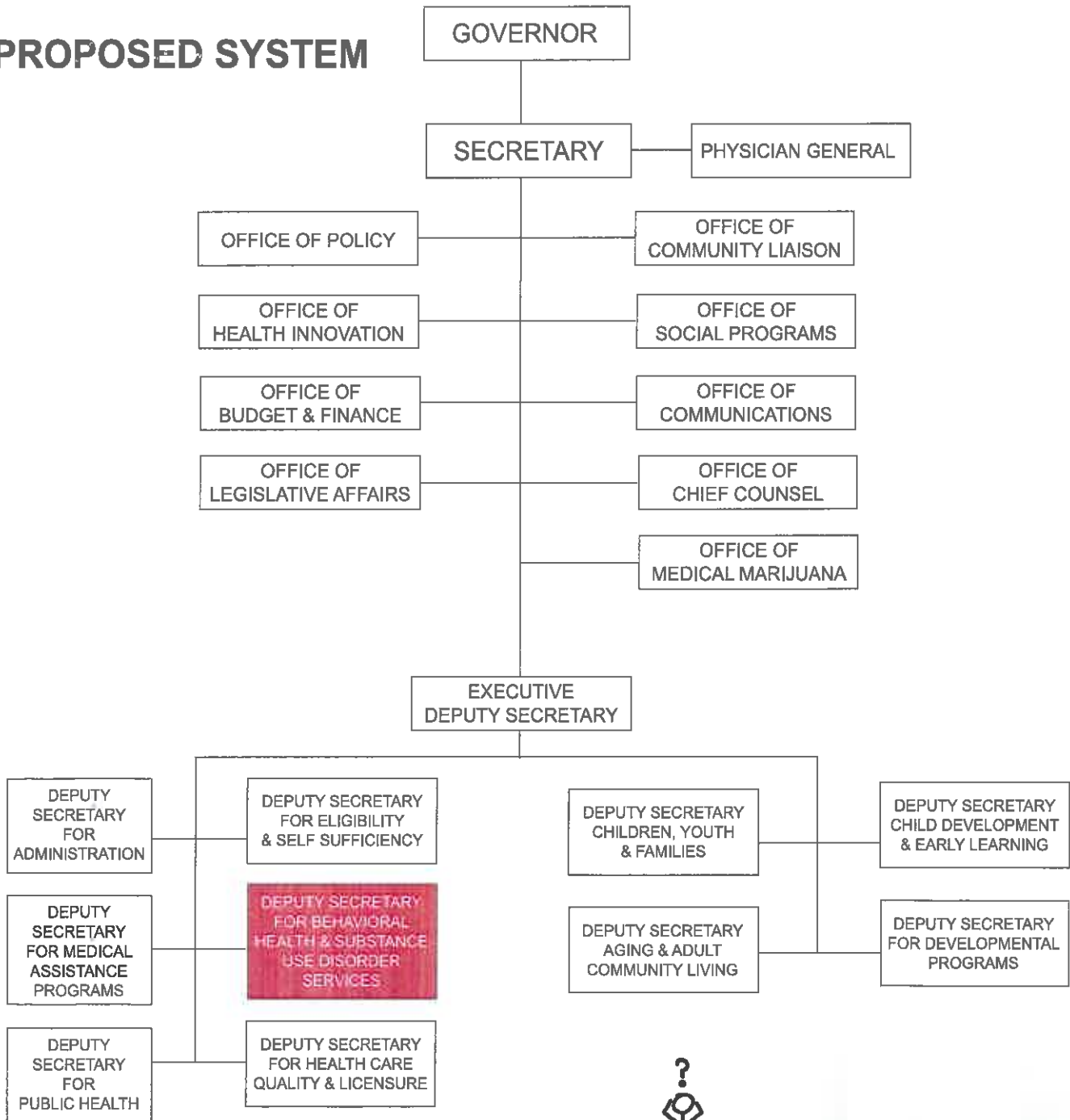
THESE EFFORTS CAN'T BE LED FROM THE BOTTOM

NO RETREAT – NO SURRENDER

CURRENT SYSTEM



PROPOSED SYSTEM



CAN YOU HEAR MY VOICE?



DASPOP Feedback Submitted on Administration's Website

Deb

Thu 5/12/2017 2:35 PM

TO: DASPOP Members and Concerned Citizens
FROM: Deb Beck
RE: Feedback Submitted – Governor's Proposed Merger – Website

FYI – we submitted this document to the Administration's website in response to the request for feedback.

Drug and Alcohol Service Providers Organization of Pennsylvania
dasdbeck@hotmail.com

On behalf of the Drug and Alcohol Service Providers Organization of Pennsylvania, I am writing to state our continued opposition to the inclusion of the Department of Drug and Alcohol Programs in the Administration's proposal to merge four departments of state government into one mega-bureaucracy.

The Administration's proposal will dismember the Cabinet-level Department of Drug and Alcohol Programs and disperse its drug and alcohol abuse prevention, education and addiction treatment authority across multi other offices.

Some of the current operations of the Department of Drug and Alcohol Programs would be combined into an office with mental health that would be 1 of 10 other offices, reporting to 1 of 10 Deputy Secretaries, reporting to an Executive Deputy Secretary, who then would report to the Secretary of the new bureaucracy. (Streamlining?)

The addition of an Executive Director reporting to the Secretary is puzzling. We already have a Department of Drug and Alcohol Programs. Why not simply maintain it?

Legislation establishing the Department of Drug and Alcohol Programs was enacted with near unanimous votes by both the PA House and Senate. The purpose of establishing the Cabinet-level Department of Drug and Alcohol Programs was to consolidate, centralize and streamline the effort. The Administration's proposal does the exact opposite – it diminishes, dismantles and fragments.

How government organizes itself reflects what we think is important. Pennsylvania is in the midst of a deadly, deadly epidemic that is killing many of our citizens and hurting others. Why would we fragment the effort?

You can view the website and the merger proposal at:

<https://www.governor.pa.gov/health-and-human-services/>

State senators unconvinced on health and human services merger



Pittsburgh Post-Gazette
kgiammarise@post-gazette.com

MAR 30, 2017

Gov. Tom Wolf's proposal to unify four Cabinet agencies into one Department of Health and Human Services by July was met with skeptical questions from unconvinced legislators at a Harrisburg hearing Wednesday.

Mr. Wolf's administration has said the proposed merger of the Departments of Aging, Health, Drug and Alcohol Programs, and Human Services would result in better delivery of services and a savings of more than \$90 million for taxpayers.

At a state Senate hearing, however, some legislators questioned whether such a large agency would deliver better services, or if certain issues — particularly the concerns of senior citizens and those facing addiction — would become lost in a mega-bureaucracy. The move would require legislative approval.

Sen. Lisa Baker, R-Luzerne, chair of the Senate's Health and Human Services Committee, said she had concerns regarding the possible "downgrading" of drug and alcohol and aging concerns if those agencies were subsumed into the larger human services department.

If the four agencies that would be combined, the Department of Human Services has more than 17,000 workers, the Department of Health has more than 1,200, the Department of Aging has 93 and the Department of Drug and Alcohol Programs has 69, according to administration tallies from earlier this year.

The Department of Drug and Alcohol Programs had previously been part of the Department of Health, but the Legislature created the addiction-focused agency in 2012.

Sen. Gene Yaw, R-Lycoming, referring to the Legislature's creation of the agency, quizzed Cabinet secretaries: "Are you saying the Legislature was wrong in establishing a separate, stand-alone department?" Drug and Alcohol Programs acting Secretary Jennifer Smith said she did not believe the Legislature was wrong to make a separate agency, but the state is now facing a difficult budget environment.

"During those five years, a lot was accomplished," said Mr. Yaw, who has focused on addiction issues. "It seems to me, now we are going the wrong way."

Under the proposal released by the governor, a representative of the state's efforts to address drug problems would retain a Cabinet-level post, as well as the secretary of the new unified department.

Sen. Scott Hutchinson, R-Venango, said that currently, some agencies' mission is to champion a group of individuals.

"Who's going to champion things that are not done today for senior citizens?" he asked.

Some human service advocacy groups have said they would favor the unification if it results in more streamlined services and less bureaucracy for clients, who might need services from more than one agency. They have pointed to programs such as the Women, Infants and Children (WIC) program, which is run by the health department, while other nutrition assistance programs are run by the Department of Human Services.

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