PUBLIC HEALTH management corporation

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Chairman Brooks, Chairman Haywood, Chairman Baker, Chairman Schwank, Chairman Browne, Chairman Hughes, Chairman Bartolotta, Chairman Williams, Chairman Tartaglione and Members of the Senate Aging and Youth Committee, Senate Health and Human Services Committee, Senate Appropriations Committee, Senate Intergovernmental Operations Committee and Senate Philadelphia Delegation:

Good afternoon, my name is Michelle Williams and I serve as the Senior Managing Director of Integrated Health Services for Public Health Management Corporation, more commonly referred to as PHMC. Thank you for the opportunity to address you today. I am not here to take a position regarding the unification of the Departments of Aging, Drug and Alcohol Programs, and Health and Human Services Departments, but rather to encourage you to use this important decision as the conceptual starting point of a broader conversation we need to have about the importance of integration of services, and the potential that effective and streamlined integration truly holds for the people and communities who are in need of our public health services.

For more than 45 years, PHMC has served as a thought leader in public health innovation and the delivery and management of critical programming throughout our region. PHMC has a network of 350 programs, a dozen subsidiary organizations and 2,5000 employees offering critical services, including physical and behavioral health, child and family social services, criminal justice and education, to our region's most vulnerable populations.

We provide direct services through the operation of health care centers and behavioral health treatment programs, as well as indirect services, such as acting as an intermediary for such

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initiatives as the Out of School Time network of programs and providers and the PreK expansion efforts on behalf of the City of Philadelphia. In addition, we use research and data as a cornerstone of the work we do, and partner with other nonprofits, government agencies, foundations and community groups – all with a single mission in mind: To create and sustain healthier communities.

PHMC is the state designated public health institute for Pennsylvania. In this role we promote research, leadership and partnerships to build capacity for strong public health policy, programs, systems and practices. We do so because we believe strongly that health is a fundamental human right, albeit a complex one that is not easily guaranteed given our broad definition of health and public health, and the complexities of the systems where we work.

PHMC's philosophy is to broadly define public health needs within communities and creatively leverage and maximize otherwise siloed and categorical funding streams to achieve systems change. PHMC's approach of integrating our programs allows us to wrap critical services around clients, impacting how many people are served, how they are served and ultimately providing better outcomes to individuals and communities. Ultimately, our model is established as a compilation of various business lines, with the goal to exist within one public health umbrella with one single vision.

By including a range of business and service lines under the same portfolio, we are always working to knock down the silos that exist between systems, and provide solutions to the barriers individuals may face. While we work within systems and arenas that have distinct funding streams, such as physical health, behavioral health, education and child welfare, we are

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able to blend funding internally, and work on policies and approaches within our own system, so that the people we serve encounter fewer roadblocks as they access services.

When an individual comes to our organization for support, whatever door they walk in is the right door. A person may enter into one of our Federally Qualified Health Centers seeking medical help for a physical ailment, and while there he might disclose challenges with his housing situation and that he is struggling with a child with behavioral health issues. We want this person to receive help from PHMC for each of these three distinct challenges, despite the fact that providing this support means working with at least three distinct systems. This is not always easy, but it is critical to us that each person who walks into any of our doors is met with the same great care standards and philosophy. We want to provide all the services that he or she, and his or her family need — this can only happen if the right considerations are given to eliminating duplicative work, and breaking down barriers.

We are faced every day with real life problems that result from systemic barriers. Just this week, a young man served in one of the Community Umbrella Agencies managed by our subsidiary agency Turning Points for Children, was released from a congregate care facility back into his home community. At discharge he was given two weeks' worth of the medication he takes for his mental health diagnosis. This is the maximum amount of medication the behavioral health system allows. With this limit, the assumption the system makes is that it will be possible for this young man to get evaluated to continue his medication within that two weeks. However, it routinely takes 6-8 weeks to get an appointment for an evaluation with a community based behavioral health provider. This evaluation must be completed by a psychiatrist, of which there

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is currently a major shortage. While we do not yet know what will happen to this young man, we do know from facing numerous situations similar to this one, that it is likely that his medication will run out before he is able to get a prescription for a refill. Without his medication, his behavioral health challenges will resurface creating problems with his home placement. We have seen many instances where this results in the disruption of foster care placements and the need for emergency psychiatric services, a downstream effect impacting this individual, his/her family and community.

As you are probably aware, the Crisis Response Centers are overwhelmed right now and have been for some time. Young people who end up in our CRCs because they cannot get their medication is clearly a systemic issue, that with more effective integration, we could be preventing. Challenges to the systems from these preventable situations do not end with the CRC. Many of these young people end up being hospitalized or in the juvenile justice system. We are sending them down a path that is life altering and expensive. This is not just a problem facing youth in our child welfare and behavioral health systems. These same situations are replicated regularly within the adult population with men and women re-entering our communities after periods of incarceration.

When a child, adult or family is faced with a crisis, they are only thinking about how to survive it, not what system is responsible for helping them through it. Just like you or I would respond to a threat to one of our family member's health or safety, the people who come to PHMC for help want it quickly, efficiently, and most importantly, they just want it to work. We applaud every effort the state is taking to consider approaches to make the systems that serve

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our communities more efficient; it's with this goal in mind that we feel strongly that these efficiencies aren't just about cost savings, but rather an integrated system-wide approach to truly deliver services more effectively for those who need them most.

It is important that if the consolidation of departments occurs, that this change is merely the first step in translating administrative efficiencies into the reduction of barriers for individuals, and moreover the creation of policies that drive solutions for care integration, program delivery and service accessibility. We implore you to also rethink existing policies and procedures, create new ones, and work in partnership with organizations to initiate systems level change that supports the effectiveness of our collective work.

Ultimately the critical change must become how we provide care, not just how we organize the system.

What is most important to us is that the needs of each individual prevail in any system level change. Current regulations, procedures and Memorandum of Understandings between various departments create administrative and operational burdens for programs such as the ones we offer at PHMC. One example is the inability of case managers in Turning Points' Community Umbrella Agencies to access behavioral health records. Often times, the records our case managers receive when a child comes into care are incomplete and typically do not include behavioral health records. Many parents are reluctant to sign consent forms for these records to be released to us, and even when they do, it can take weeks or even months for information to be released by the mental health provider. This challenges our ability to provide the highest quality care to these children, and have a full understanding of the circumstances that they have

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experienced. Recently we found out that a girl who we have worked with for some time in one of these Community Umbrella Agencies is autistic and has a bi-polar disorder diagnosis. This was completely unknown to us because we did not have access to her mental health history. With this history in hand, we would have approached creating a plan for her in a different manner, having been armed with the right information to best serve her needs. Because we didn't have information we needed, her care was not as efficient or effective as it should have been, and ultimately, she will most likely end up requiring more services for longer lengths of time, costing the system more money.

We see the conversation taking place here today, and elsewhere throughout the state, as being the starting point of a process through which we can and must consider how various state departments – whether unified organizationally or not – impacts the experience of people accessing these services, and effectiveness of those providing the services. This conversation provides the opportunity to consider how we break down the walls between systems in a way that changes how people – your constituents – receive help. We believe we can use this conversation as the starting point for creating a system that is truly integrated and ultimately one that is less expensive, more efficient and more effective.

In closing, I ask that you continue this critical conversation regardless of the decision about the unification of departments, and therefore prioritize true integration resulting in real change for people and communities. PHMC hopes to be a partner in this work and looks forward to supporting any integration efforts you engage in.

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Thank you again for the opportunity to testify and I am happy to answer any questions you may have.