



Connecticut Community Providers Association
a unified voice for community human service providers

February 21, 2007

Public Health Committee Testimony: H.B. 56631 AAC State Spending on Community Mental Health Services

Good afternoon. I am Susan Niemitz, LCSW, Executive Director of Hartford Behavioral Health, a private nonprofit community-based provider. Our mission is to provide the highest quality, culturally competent behavioral health services to the residents of Hartford. We are primarily funded by DMHAS and DCF and provide outpatient services to over 1,000 adults, children and families each year.

I am speaking to you today on behalf of the Connecticut Community Providers Association in strong support of H.B. 5631 AAC State Spending on Community Mental Health Services. We thank the Committee for conducting a public hearing on this proposed legislation and urge its passage.

The Medicaid Rehabilitation Option (MRO) has the potential to improve the availability and quality of integrated recovery-oriented services and to strengthen the overall service system in Connecticut. These goals are attainable if the implementation adheres to the following principles:

1. The MRO design should preserve and strengthen the existing private nonprofit system.
2. The time period for MRO implementation must be ample to assure uninterrupted and undisrupted service to the target population.

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3. All MRO providers, including new entrants to the delivery system (core and specialty providers), must be held accountable for serving the Medicaid-eligible DMHAS population, including those clients living in the community who have the most serious and complex health, social and support service needs.
4. Reimbursement rates for MRO services must be adequate to cover providers' realistic costs and to sustain best practices established over the last ten years.
5. A mechanism needs to be in place at the onset of the program for adjusting provider rates in future years.
6. DMHAS grant funds should remain in place for a time period sufficient to safeguard against destabilization of the delivery system. Grant funds should not be the source of the federal match during this period.
7. Additional federal reimbursement to the state should be reinvested in the existing mental health service system.
8. There should be a formal, independent evaluation of the MRO, including the administrative services organization.
9. A mechanism for providing oversight of the MRO should be built into the implementation plan. The CT Behavioral Health Partnership Oversight Council provides a potential model for consideration. Of particular note, is the broad-based participation of providers, consumers, family members and legislators on the Council and its committees.

My colleagues will be discussing these principles with you in greater detail. We look forward to working with your Committee, DMHAS, DSS and other stakeholders to reach the mutual goals for this important endeavor.