



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

CCPA Testimony

H.B. 5631 AAC State Spending on Community Mental Health Services

**Barry Kasdan, President/CEO Bridges...A Community Support System and Chairman of
the Board of Directors, Connecticut Community Providers Association**

February 21, 2007

I am Barry Kasdan, President/CEO of Bridges ... A Community Support System, Inc. Bridges is a state supported community agency providing diverse systems of care for behavioral health services to some 22 towns in the greater Milford area. We are the DMHAS designated Local Mental Health Authority, and the DCF Lead agency for 9 area towns under the KidCare initiative. Each year over 5,000 children, adults and families use our services.

Thank you for the opportunity to speak with you today about H.B. 5631 in my role at Bridges...A Community Support System and as Chairman of the Connecticut Community Providers Association (CCPA) Board of Directors. We are very supportive of this proposed legislation.

Connecticut has consistently been rated as one of the leading states in terms of providing services to persons with serious and prolonged mental illness. This has truly been a success story at the national level. An important component of this success has been the strong collaborative working relationship between DMHAS and community providers, which includes nonprofit Local Mental Health Authorities (LMHA), that has resulted in comprehensive service systems at the local level. The direct service structure of the current system is mature, self-correcting and has had the ability to accommodate new client populations with more complex problems and needs.

The proposed Medicaid Rehabilitation Option (MRO) for adults represents a new service delivery structure and funding mechanism for a significant portion of the DMHAS target population that is Medicaid-eligible. It is a complex program design that potentially will be challenging for both existing and new providers, as has been borne out in the other MRO States.

Linkages between providers, both community-based as well as between community and hospital providers, represents a strength of the existing system. Additionally, the capacity to obtain adequate housing and help clients navigate the various elements of the entitlement system has been critical to the success of Connecticut's deinstitutionalization program. In short, many people successfully reside in the community because DMHAS core and specialty providers can meet their complex and critical needs.

I would like to talk briefly about the importance of "investment" of funds garnered through the Rehab Option back into the mental health delivery system. Additional federal reimbursement to the state should be reinvested in the existing mental health service system. This is exactly what H.B. 5631 proposes in describing the need to continue to provide services to individuals who are not Medicaid eligible, to "provide non medical and other services not covered by Medicaid," to cover the costs relating to "transition" to this new system and to utilize any unexpended funds to expand "young adult services, supportive housing and intensive services." Such reinvestment will allow the MRO to match its potential to augment and expand services to best meet the needs of consumers with mental illness.

The Connecticut Community Providers Association (CCPA) is committed to continuing the history of collaboration with DMHAS, DSS and other partners in the implementation of a Medicaid Rehab Option in Connecticut.

I appreciate your consideration.