



## KEEP THE PROMISE COALITION

241 Main Street, 5<sup>th</sup> Floor, Hartford, CT 06106

Phone: 860-882-0236; 1-800-215-3021, Fax: 860-882-0240

E-Mail: [keepthepromise@namict.org](mailto:keepthepromise@namict.org), Website: [www.ctkeepthepromise.org](http://www.ctkeepthepromise.org)

### THE DEATH OF A THOUSAND CUTS

**Robert E. Davidson, Ph.D., Executive Director**

Madam Chairman and members of the Appropriations Committee: I am Robert Davidson of Norwich, director of the Eastern Regional Mental Health Board, a non-profit regional planning and evaluation agency for mental health programs. I am also here for the Keep the Promise Coalition, a broad group advocating for the full funding of the community mental health system that the Governor promised when the two state mental hospitals closed 12 years ago, and the Disabilities Network of Eastern Connecticut, an Independent living Center. I am here today because the proposed cuts in the DSS budget *hurt* people with mental illnesses and other disabilities *unnecessarily*.

My budget principles are simple. **Stable programs make stable people.** Good care is cheaper than bad care. You can take money from those who have it or those who don't. Anything that impairs continuity of care makes people worse and *costs* more money than it saves. Many of the proposed changes, like application fees for Husky and Charter Oak or co-pays for Medicaid office visits, seem *intended* to discourage people from using particular services.

For example, I agree that all other things being equal, cheaper drugs are better than expensive ones. But things are rarely equal. Ending wrap-around coverage for Medicare part D, putting psychiatric meds on the formulary, and requiring prior authorization will hurt the people who respond best to less common drugs. The delays and anxiety will keep some people from filling their prescriptions and this reduced service use will save more than the gate-keeping. But some of those people will become psychotic again, will lose their jobs and apartments, and use *more* expensive police, ambulance, and hospital services. Since people rarely start on these unusual drugs, they may have already endured years of instability and medication failure. Once again, DSS does not see the *people* behind the numbers.

Similarly, DSS proposes to eliminate state funding for Independent Living Centers (ILCs). As President of the Board of DNEC, I *know* that this proposal is based on unrealistic assumptions. The DSS staff note *admits* that one or more of the centers may have to close, but says that those remaining can serve the displaced clients. DSS *cannot* believe that.

All of these proposals reflect one basic need: the need for culture change at DSS. The culture of unresponsiveness affects both top and bottom, but the Commissioner's people have a better veneer of civility. You finally stopped them from deducting the annual Social Security COLA from state supplement checks, as if the cost of living did *not* go up, but now they want to do it again. Ground level staff have gotten the message that it is OK to have full voice mail boxes so that people cannot ask questions. Caseloads of 700 or more are acceptable only if you don't expect to do much for any one of them. I hear the same stories about every regional office, and I'm sure you do too.

Recognizing these problems at DSS means that you must look more closely at their requests than at a more credible agency. I'll be satisfied if you can at least save my friends from the anxiety of medication barriers and the people who use Independent Living Centers from oblivion. Thank you for your attention. I look forward to a year when we can talk about how to help people instead of how to hurt them less.