



**Community Providers Association**  
Caring for Connecticut.

**February 18, 2009**  
**Appropriations Committee**  
**DCF Budget**

H. B. No. 6365 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2011, AND MAKING APPROPRIATIONS THEREFOR.

Good evening. I'm Barry Kasdan President/CEO of Bridges ... A Community Support System, Inc. in Milford. Bridges provides comprehensive mental health and addiction services for children, adolescents, adults and families in Milford, Orange, West Haven and the surrounding communities. Bridges is the designated Local Mental Health Authority offering outpatient mental health and addiction services in Milford, Orange, West Haven and surrounding communities in south central Connecticut. Recovery-focused services including evaluation, counseling, and treatment are available to adults, children, adolescents and families. We are a grant funded agency under contract with DCF, DMHAS & DDS to provide behavioral health services to residents in 22 towns. In 2008 over 7,000 individuals and families accessed one of our services.

Founded over 50 years ago Bridges has been partnering with the State, local municipalities, the United Way and private resources to assure the most cost effective services that are available anywhere in Connecticut.

Today as a member of the Board of Directors of the Connecticut Community Providers Association I'd like to comment on the proposed DCF budget. As many of you are already aware CCPA represents organizations that provide services and supports to people with disabilities and other significant needs, including children and adults with substance use disorders, mental illness, developmental and physical disabilities. CCPA represents outpatient psychiatric clinics for children as well as many other organizations that provide services under contract with DCF, such as extended day treatment, in-home services, substance abuse treatment,

**CCPA**

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emergency mobile psychiatric services, safe homes, crisis stabilization, group homes and other residential treatment. Community providers serve over 500,000 of the states most vulnerable citizens, including thousands of children and families within the DCF system.

The community provider system is a cost effective means of providing vital services that are an integral part of the core mission of government. I am here today on behalf of my clients and thousands of individuals served by the community provider system to ask that you look to strengthening the community provider system as a way of addressing aspects of the growing fiscal crisis. By asking for your support we are not insensitive or oblivious to the horrendous fiscal challenge you have before you. We advocate our case in order to make a statement of need for the hundreds of thousands of some of the most vulnerable and at risk children and adults that you have funded us to care for.

As you know community providers have been chronically underfunded for decades. Over the past 20 years the Medical CPI has increased 197% while the state has increased its payments 33% (avg. 1.1% per year, see attached). In FY09 provider received no increase in funding to address their growing costs.

Providers are already taking the difficult but necessary steps of closing programs, reducing service hours, eliminating staff positions and delaying needed capital improvements. The Governor's proposed budget recommends flat funding for community providers for FY10 and FY11. Three years of 0% increases is untenable for the system, and the fallout from this will only cost the state more not less.

Community provider agencies in your districts continue to witness under funding, yet every day individuals and families in need turn to their local community provider, at increasing rates, for the support they need to lead more productive, healthy and fulfilling lives. In these difficult economic times, demand for our supports and services have grown significantly. Unlike other industries where the economic crisis causes slow downs, and reductions in production and sales, human services and behavioral health services are in great demand.

If the state doesn't look to better ways to fund the system, then our clients will be the ones who are harmed in the process by having their services reduced or cut completely. In addition a new clientele population is growing as an outcropping of this economy. The impact of unemployment and foreclosures is creating great stress on individuals and families. Depression and suicidality are on the rise. Without an adequate and a robust community response the state will end up paying for these problems through much higher levels of care in emergency rooms, hospitals and even the criminal justice system.

The proposed DCF budget makes cuts to services that my agency and others provide that allow families to stay together and children to live in their local communities.

- Level funding will not allow our systems of care to adequately respond to the existing problems that bring children to our agency, no less the new challenges from this economic crisis.
- A \$3,000,000 reduction to "flexible funding" eliminates funds that augment existing services for families in crisis
- The elimination of \$2.3 million in "wrap-around" funding for non-committed children eliminates critical resources that allow children to remain with their families.
- Cost-based rates for residential treatment are frozen, no longer reflecting the cost to provide intensive residential supports for difficult to serve children, who will present in larger numbers with the current crisis before us.

At Bridges we provide a comprehensive range of services that meet the needs of the most vulnerable and disabled group of children who suffer from array of psychiatric and behavioral problems. Over that last few years the core psychiatric services that are the bedrock of our system has been severely disabled. Inadequate child and adolescent psychiatry resources along with decreasing treatment time for children and families has eroded a system of care that is now needed more than ever.

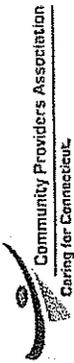
To maintain services we juggle empty staff positions, cut corners on facility repairs, freeze salaries, double up job responsibilities, and will now be forced to eliminate positions, reduce hours and make those desperately in need of care wait even longer.

Bridges is swamped with requests for service, averaging 335 a month. For the first 7 months of this fiscal year 2344 calls came in to our central access line. With reduced resources and staff shortages we completed 537 intakes/evaluations for that time period. I go to sleep worrying about the rest of the 1,800 calls.

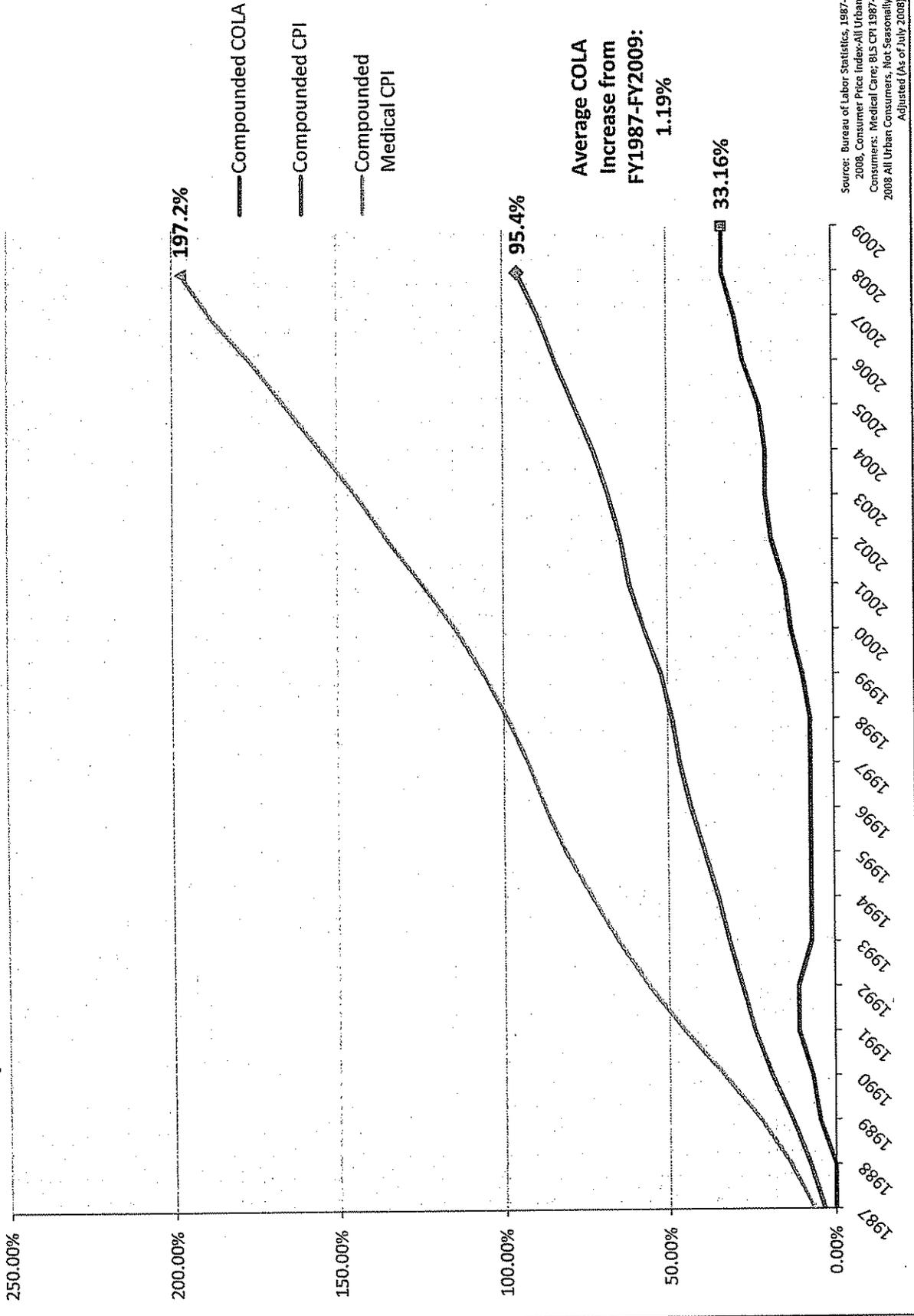
In Connecticut the cost of a residential or hospital bed can range from \$250,000 to \$800,000 dollars per year. That represents 2500 to 6000 treatment sessions at Bridges....which equates to 130 to 250 children being seen in community based treatment.

During these difficult times we ask you to consider not just the crisis and challenge of the moment but the opportunity it presents to start anew and make wise investments in community services.

The mission of community providers is to provide services that support individuals with disabilities and significant challenges in the community. In order to do this, there needs to be an infrastructure in place that assures the ongoing viability of programs and services. A reimbursement structure that covers the "Cost of Services" is the first step in assuring that client needs are met. We ask that you look towards preserving and strengthening this vital system of support so that we can continue to be there, in every community, to help those in need. Please don't let this budget crisis become a healthcare crisis for the hundreds of thousands of people we serve.



# Compounded COLA vs. Compounded CPI and Medical CPI FY1987-FY2009



Source: Bureau of Labor Statistics, 1987-2008, Consumer Price Index-All Urban Consumers: Medical Care; BLS CPI 1987-2008: All Urban Consumers, Not Seasonally Adjusted (As of July 2008)

