



February 20, 2009
Appropriations Committee
Hearing on the DMHAS Budget Related to Addiction Treatment

Good afternoon Senator Harp, Representative Geragosian and members of the Appropriations Committee.

My name is John Hamilton. I am the CEO of Regional Network of Programs. Regional is a non-profit behavioral health organization serving over 3,500 clients and families per year in all towns of the greater Bridgeport area.

I am speaking to you today representing the non-profit Methadone Providers of Connecticut, CCPA, and CAN.

I would first like to commend Commissioner Kirk for his visionary leadership of DMHAS. I sit on several national committees and I take great pride to know that the Connecticut Recovery System of Care is the model for the rest of the country.

I only have one objection to the DMHAS proposed budget reduction. It is regarding a tiered system for methadone maintenance. This proposal is both clinically and fiscally flawed but the most serious concern is if this budget option goes through, people may die!

Here in Connecticut we are experiencing a heroin and oxycontin epidemic. In my agency alone, we admitted over 1,000 new clients in the past two years addicted to these substances.

Last year, Bridgeport had the distinction of having the highest purity of heroin in the country confiscated by the DEA (91% pure).

This is not the time to consider cutting back on methadone services and transferring clients to physicians for their medication. The vast majority of methadone overdoses last year were not from diverted methadone clinics but prescribed by physicians in pain clinics in the community.

This tier system is predicated on seeing methadone treatment as only the medication.

Methadone and Buprenorphine are the best evidence based medications for opiate addiction; however, they are only part of the recovery process.

Our agency provides individual counseling, group counseling, crisis intervention, mental health services, case management, peer support through CCAR and family counseling because we believe family members deserve support as well as their loved ones.

CCPA

This proposed tier system punishes programs and clients for doing the right thing. The program that works on providing the client whatever it takes to support their recovery gets penalized for their efforts with a reduction in rate. In the same manner, a client who finally has a program that works for them is told they should cut back on their treatment.

The Legislative Program Review and Investigations Committee recommended reviewing methadone treatment outcomes by July 2010. How can you change the system before it is even independently reviewed?

I can tell you there is no evidence that a tiered methadone system improves outcomes. In fact, Tom McClellan, the newly appointed deputy drug czar, addressed the Connecticut Legislator's last year and suggested we do just the opposite than this tier system proposes.

Dr. McClellan recommended treating addiction as a chronic relapsing disease requiring continuous care and suggested we should create incentives for programs that provide the best outcomes in stabilizing their clients. (And we must measure these outcomes across both public health and public safety domains.)

We urge the committee to reexamine this funding cut to services that are part of the "core mission" of state government.

Thank you for your time and consideration.

CCPA