



KEEP THE PROMISE COALITION

Community Solutions, *Not* Institutions!

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**Testimony before the General Administration & Elections Committee
March 17, 2010
In Opposition to SB 424**

Good morning/afternoon distinguished co-chairs and members of the General Administration & Elections Committee. My name is Cheri Bragg, Coordinator of Keep the Promise, a statewide Coalition dedicated to investment in a comprehensive, community mental health system for children, adults and families in CT.

The Coalition is in opposition to SB 424, An Act Concerning Agency Consolidation and the creation of the Health and Human Services Consolidation Steering Committee. This bill would consolidate five large state agencies: The Departments of Public Health (DPH), Social Services (DSS), Children and Families (DCF), Developmental Services (DSS), and Mental Health and Addiction Services (DMHAS).

I would first like to ask Coalition members who are here today in opposition to this bill if they would please stand and be recognized. DMHAS serves a population with unique needs: adults with serious mental illnesses and addictions. The services provided to people who receive DMHAS services, such as clinical and case management, are not interchangeable with the services received by people served by DDS (people with intellectual disabilities) or DCF (children). People living with mental illness are able, with appropriate supports and services, to rejoin their communities. DMHAS' focus on the recovery model of care, unique to this population and integral to people in recovery from mental illness, must not be sacrificed to consolidation. The core missions of these agencies are unique and the expertise required to deliver services are specialized and must be preserved for the wellbeing of people served.

DCF is historically rooted in child welfare, but also serves children under mental health and juvenile justice. Ensuring seamless transitions of children from the DCF to the DMHAS system continues to be a priority for this Coalition, but this does not indicate a need for consolidation. The clinical expertise and skills needed to serve children receiving DCF services is different than the expertise and skills needed to serve adults receiving DMHAS services.

Likewise, DDS serves people with developmental disabilities. Although a small number of people served by DDS might also have a mental illness, their service needs from DDS are not focused by the need for mental health services – the two needs are separate and distinct.

One of our Coalition members worked in social services in South Carolina where multiple agencies were merged, not unlike those being proposed by this bill. Consequently, the agencies were later separated as a result of the fallout of poor service delivery, at considerable expense to the State. While this Coalition would support any potential efficiencies that could be achieved through ideas such as RBA (Results Based Accountability), combining "back office" functions such as accounting and purchasing, achieving better efficiency and quality of care for individuals served by multiple agencies, or the maximization of Medicaid, we strongly oppose any movement to consolidate agencies that would result in a decline of mental health care.

Although CT's budget continues to bear the effects of inadequately funded community supports and services through the continued use of costly, unnecessary emergency care (cost-shifting to overstressed jails & prisons, nursing facilities, and emergency care systems), consolidation would make the issue of mental illness in CT even easier to overlook on paper sending our state further down the spiral of costly, crisis spending; something CT can ill afford.

In the absence of any definitive data regarding multi-agency consolidation savings, we urge you to protect people with mental illness and CT's bottom line by rejecting SB 424.

Thank you.