



National Alliance on Mental Illness

To: Members. GAE

From: Sheila B. Amdur

Re: Opposition to SB 424 *AN ACT CONCERNING AGENCY CONSOLIDATION AND THE CREATION OF THE HEALTH AND HUMAN SERVICES CONSOLIDATION STEERING COMMITTEE*

Date: March 17, 2010

I am sorry that I could not attend today's hearing, but wanted to be sure to convey to you our opposition to this bill in its present form. My testimony today is on behalf of the National Alliance on Mental Illness, CT (NAMI-CT).

The bill establishes the Health and Human Services Consolidation Steering Committee, charged with making recommendations for the consolidation of the Departments of Public Health, Developmental Services, Children and Families, Mental Health and Addiction Services and Social Services. Such efforts both in Connecticut and other states have led to interruption of services for the vulnerable populations these agencies each serve as disparate staff and functions were brought together. I am not aware of any instance in which any cost savings have been documented by merging state agencies who are serving different populations with different needs, requiring different skill sets and program approaches. The belief often is that "Commissioners" and Deputy Commissioners will be eliminated, but high level administrative staff must still be in place to provide the leadership and professional direction for the specialized needs of the populations that each of these agencies serve. Connecticut has a history dating back to the 1950's of consolidating and "unconsolidating" most of these agencies!

DMHAS serves adults with serious mental illnesses, who with appropriate, timely, and continuing medical treatment and community support can become contributing members of their communities. DMHAS also provides the primary addiction treatment services for adults, and for people with both mental illnesses and addictive disorders. Almost all of those people served by DMHAS live independently, with only a small fraction requiring 24 hour supervised residential or inpatient programs. Although affordable housing is a critical issue, given the impact of these disabilities on the individual's ability to work, being able to live independently is not an issue.

DCF has a broad range of responsibilities, including child welfare which consumes most of its budget, children's mental health, and juvenile justice (a shared responsibility with the Judicial Department). The only overlap in clinical and rehabilitative approaches with adult populations occurs with young people who are approaching adulthood who have serious mental health and/or addiction problems and need to transition to DMHAS services. DCF must provide shelter and act as the "parent" for children committed to its custody, and children's mental health services to be effective must be related to developmental and educational needs, distinct from adult mental health services.

DDS serves people who have developmental disabilities, predominantly those who have moderate to serious cognitive impairment (previously referred to as "mental retardation.") DDS and its private

provider system offer a large range of residential services, employment, case management, and other supports to assist people with developmental disabilities to live in the community. Although a person with a developmental disability may have a mental illness or an addiction problem, their cognitive impairment is not based on these problems.

However, there may well be potential efficiencies that could be achieved over time in the following areas:

1. Require "results based accountability" that focuses on early intervention, continuing treatment and rehabilitation, and the least restrictive alternatives for the populations each of these agency serves. We still have far too many children and adults in long term institutional care.
2. Determine if "back office" functions such as accounting and purchasing might be more efficiently provided across agencies.
3. The Department of Social Services is the largest of all state agencies, and is designated as the agency which oversees the Medicaid program. Since Medicaid is underutilized as a funding source for state run and contracted health and human services, there must be very focused attention brought to bear on how we can maximize Medicaid. We have previously provided testimony to Commission on Enhancing Agency Outcomes, and we have attached that testimony for your review.
3. Identify groups that cross agency lines, e. g., people in prison with serious mental illnesses, adolescents with serious mental health issues, and adults with serious mental illnesses in nursing homes. Each of these groups crosses multiple state department areas of responsibility. Combined funding approaches that identify how Medicaid could be used to pay for community supports and treatment that would reduce the need for expensive institutionalization could be developed. Some of this planning has occurred, for example, in the criminal justice area, but has not been rigorous enough in terms of integrated programming and funding. The answer, however, is not to then proceed to develop a mega Human Services agency; "the bigger they are", the more likely they are to fail!

We also strongly believe that any effort to examine any consolidated approaches must include consumers and their families. These are the people who know what really works.