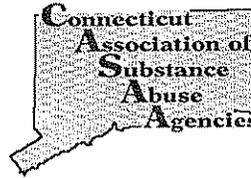


CONNECTICUT  
ASSOCIATION  
of NONPROFITS



**Testimony before the Appropriations Committee  
3.2.11**

**Regarding:  
HB 6380, AAC the Budget for the Biennium Ending June 20, 2013  
Health & Hospitals - DMHAS**

Senator Harp, Representative Walker and members of the committee, my name is Jack Malone and I am the Executive Director of the Southeastern Council on Alcoholism and Drug Dependence (SCADD). Our mission is to provide a treatment environment rich in cultural diversity where individuals and families are empowered to overcome substance abuse issues, thereby improving their quality of life.

I am also here representing Connecticut Association of Nonprofits (CT Nonprofits) and Connecticut Association of Substance Abuse Agencies (CASAA). We represent over 60 providers that hold purchase of service (POS) contracts with the Department of Mental Health & Addiction Services to provide substance abuse treatment services on its behalf. I am here today to support several areas of the Governor's budget recommendations for the Department of Mental Health & Addiction Services (DMHAS).

I urge the Committee to support the Governor's recommendations for funding caseload growth and additional placements for several DMHAS programs, much of which will go to nonprofits that provide services in the community on behalf of the Department. DMHAS has created a successful recovery-oriented service model and has a long history of being a strong partner with nonprofits to provide services to individuals in the community in the least restrictive and most cost-effective manner possible. The Governor has recognized the strong work of the Department and recommended expanded caseload growth and community placements that will help DMHAS, in partnership with private nonprofit providers, to continue to meet the growing needs of CT residents.

To speak to the needs in this state for substance abuse treatment, I would like to highlight some of things we see everyday at SCADD. In Southeastern Connecticut we remain under siege with the influx of pure powerful South American heroin that is creating havoc in our communities. What is most troubling about that occurrence is that today we see a much younger, more educated population of addicted who originate at an entirely different socioeconomic starting point than those who came before them.

Their onset to addiction is most often precipitated by abuse of prescription pain medication or by dabbling with snorting or smoking heroin which they view as a "safer" delivery method. Unfortunately when they present for treatment at the community based, nonprofit substance abuse treatment program they have exhausted all of their family and work supports—in many case having drained their parents' savings on expensive treatment programs. They also arrive with severely compromised health and with pending legal problems.

In New London alone last year there were 1300 admissions of this variety which accounted for 5090 patient days in detox. There are other remarkable figures you will hear today or I can relate some more. Brevity demands otherwise.

What you need to know is that detoxing the heroin addicted in our community gets accomplished for \$325 per day. It remains the best bargain the State of Connecticut can get in keeping with the commitment made with the passage of the Uniform Intoxication Act passed by this legislature in 1965 which promised Connecticut would provide treatment to those who suffer from the disease of addiction regardless of their ability to pay.

CASAA also supports the Governor's recommendations for funding in FY12 and FY13 for 150 new units of Supportive Housing. Stable housing is a key factor in successful recovery as someone cannot focus on

recovery if they are worried about where they will sleep at night. We also support efforts within DMHAS and other state agencies to provide alternatives to incarceration for individuals with serious mental health and/or substance abuse issues. Providing non-violent drug offenders with proper substance abuse treatment is both necessary to reduce recidivism and a more cost-effective option than incarceration.

We do have concerns about the implementation of an "alternative benefit package and other programmatic changes under the Medicaid Low Income Adult Program (LIA)," of which few details are currently available. The switch from SAGA to Medicaid LIA was a difficult transition for many providers. It puts additional costly administrative burdens on providers in terms of documentation, supervision and potential state and federal audits. However, it provided substance abuse clients with a more expansive option for services. While we recognize that the state did not budget for the growth that it ultimately experienced with LIA, we hope that it will recognize the obvious need for these services and avoid limiting the program too narrowly while trying to bring costs under control.

CT Nonprofits and CASAA are grateful for the leadership of Commissioner Rehmer and her staff at DMHAS as we work to assist individuals and families dealing with substance abuse issues. We thank her for her continued support and the high value she places on the Department's partnership with nonprofit providers. We would also like to thank the Appropriations Committee for working hard in recent years to avoid balancing the budget on the backs of the poor. We urge the Committee to support the Governor's recommendations for the Department.

Thank you for your attention to this matter. Please do not hesitate to contact me with any questions.

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