



CONNECTICUT
ASSOCIATION
of NONPROFITS



#2

**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 Domenique Thornton and I am the General Counsel and Director of Public Policy for the Mental Health Association of Connecticut (MHAC). MHAC is a 100-year old private nonprofit dedicated to service, education and advocacy for people with mental health disabilities.

I am also here representing Connecticut Association of Nonprofits (CT Nonprofits) behavioral health providers. CT Nonprofits represents over 500 nonprofits, 100 of which hold purchase of service (POS) contracts with the Department of Mental Health & Addiction Services to provide health and human 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).

As you know, the Governor has recommended funding caseload growth and additional placements for several DMHAS programs, much of the funding which will go to nonprofits that provide services in the community on behalf of the Department. Over the years DMHAS has built an incredibly successful, recovery-oriented service model. There has been a growing desire to serve individuals in the community in the least restrictive and most cost-effective manner possible. As such, the Governor has recommended caseload growth in General Assistance Managed Care and Young Adult Services, as well as additional placements under the Medicaid Waiver for persons with mental illness and for individuals with traumatic or acquired brain injury. Further, an additional 18 community placements per year is funded in response to the closure of Cedarcrest hospital, as well as 30 additional slots under the Mental Health Waiver to divert from nursing homes those individuals who present in emergency rooms and shelters. We urge the Committee to support the expanded caseload growth and community placements so that DMHAS, in partnership with private nonprofit providers, can continue to meet the growing needs of CT residents.

The Governor also recommended funding in FY12 and FY13 for 150 new units of Supportive Housing. This funding is of critical importance to MHAC and other behavioral health providers. There are few human services that are more basic than housing. Having a roof over your head is one of the most important keys to recovery. Individuals simply cannot focus on recovery from mental illness if they have to worry about where they are going to sleep at night. I urge the Committee to support this funding in the DMHAS budget as well as housing dollars in other areas of the budget.

CT Nonprofits and MHAC continue to support efforts within DMHAS and other state agencies to provide alternatives to incarceration for individuals with serious mental health and/or substance abuse issues. Proper behavioral health treatment is an important part of reducing recidivism and a more cost-effective option than incarceration.

We urge the Legislature to continue to fight for expanded and improved healthcare for all CT residents. The reforms now being considered by the Legislature will put Connecticut at the forefront of national health reform that slows growth and delivers better coordinated and higher quality healthcare for residents throughout the state. Lowering costs for emergency room services and other costly institutional settings and making health insurance more affordable and accessible is cost effective policy and must continue to be a goal for our state.

I would also like to briefly comment on a few areas outside of the DMHAS budget that are related to its clients. CT Nonprofits and MHAC have concerns about the Governor's proposal to implement cost-

sharing on certain individuals receiving Medicaid services. These individuals are the least able to afford a co-pay. No matter how insignificant a \$3.00 co-pay may sound to you and me, I can assure you that it is not insignificant to most individuals on Medicaid. Further, there will be a negative impact on nonprofit providers that serve Medicaid clients because very few nonprofits will refuse to serve those who cannot afford the co-pay and will therefore lose that portion of their funding. This will only compound years of underfunding of the private provider system.

Finally, we would like to voice support for funding smoking cessation services under Medicaid. Persons with serious and persistent mental illness live a lifespan that is 25 years shorter on average than the general population due to treatable co-morbid chronic conditions. Smoking cessation will certainly improve their prospects for living longer and healthier lives. I also commend the governor's budget for improvements to the eligibility management system under Medicaid. Streamlining and simplifying the Medicaid eligibility system as called for in the Department of Social Services budget will not only make the system more consumer-friendly, but it will also make the state eligible for 90% federal reimbursement.

CT Nonprofits and MHAC urge the Committee to protect supportive health and human services to the state's most vulnerable residents. We support the revenue recommendations of the Better Choices for Connecticut coalition as an alternative to any deep cuts to human services. Connecticut state government remains lean and Connecticut spending ranks among the bottom 10 states for education, social services and housing. We urge a balanced approach to deficit reduction that includes sensible revenues from those who can most afford it.

The Appropriations Committee has fought hard during recent years to avoid balancing the budget on the backs of the poor. We thank you for those efforts and remain supportive in any manner possible. We also thank Governor Malloy for his recognition of the important services provided by DMHAS and its nonprofit partners and urge the Committee to support his recommendations for the Department.

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

Domenique Thornton, Esq.
General Counsel
Mental Health Association of CT
(860) 529-1970 x11
dthornton@mhact.org