NAMI Connecticut

ional Alliance on Mental Illness

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Testimony before the Appropriations Committee
March 2, 2011
Support for DMHAS Budget

Good evening, Senator Harp, Representative Walker, and members of the Appropriations Committee. My name is Alicia Woodsby, and I am the Public Policy Director for the National Alliance on Mental Illness, CT (NAMI-CT). I am here today on behalf of NAMI-CT to testify in strong support of the Governor's proposed budget for the Department of Mental Health and Addiction Services.

The DMHAS budget largely protects the adult mental health system, invests in supportive housing, and expands the mental health waiver to divert and discharge people with mental illnesses from nursing homes. **We strongly support this balanced and long term approach to saving money by sustaining community programs that work.**

Specifically, we applaud the inclusion of funding for an additional 150 units of Supportive Housing, along with the dollars necessary for services and rental assistance vouchers needed to complete the solution. These dollars reflect an understanding that cutting funds for Supportive Housing does not save the state any money; in fact it COSTS us money by increasing the utilization of crisis services, such as emergency rooms, inpatient hospitalization, and incarceration. The Governor's budget wisely notes that, "Residents of supportive housing have become contributing members of their communities, their use of expensive emergency services has been significantly reduced, and once-blighted buildings have been rehabilitated, creating newly vibrant neighborhoods."

We applaud the continued funding for nonprofit community providers. They have been underfunded for years and continue to do an exemplary job with the funds they do receive. Likewise, we support the funding for additional caseload growth, as all the demographic studies we see point to increased need for the services that they provide. Of particular importance is the availability of services to meet the needs of a growing and complex population of young adults coming into the mental health system, as is recognized in the proposed budget. From 1998 to 2007, the referrals from DCF to DMHAS rose from 41 to 1,829, an increase of almost 4500%.[i] DMHAS estimates that young adults account for 35% of their incoming clients. Most youth transitioning from DCF to DMHAS have long histories of abuse and neglect, trauma, complex mental health needs, and multiple placements. If they are not engaged in age-appropriate services, they are more likely to drop out of school, become homeless and unemployed, abuse drugs, attempt or contemplate suicide, and engage in criminal activity.

Further, the expansion of community care through Money Follows the Person (MFP) and the DMHAS Medicaid Waiver for diversion and discharge from nursing homes are fiscally sound proposals that will help save money and provide options for people with serious mental illnesses placed in nursing homes or at risk of entering nursing homes because of the lack of housing and available community-based services. Some people do need nursing home care for complicated medical problems that cannot be managed in the community, or for rehabilitation for a major health problem. However, **no person should remain in institutional care, once this level of care is no longer needed.**

We should note our strong concern regarding the co-pay proposals for both Medicaid and for people who are dually eligible on Medicare Part D. These policies will restrict access to treatment and medications for many people served by the DMHAS system, and ultimately cost the state more money. **Co-pays are proven to lead to people not getting their medications.** In fact, Medicaid co-pays have been twice repealed and rejected in our state because the harm and costs are so well-documented. We expect similar harm from the reduction in State Supplement benefits for those who are "Aged, Blind, or Disabled" by any federal cost of living adjustment

(COLA) increase in and individual's social security benefit. SSI recipients cannot afford to lose any income without jeopardizing their basic survival. **These proposals will harm some of Connecticut's poorest and most vulnerable people** with incomes on average between $500 and $600 per month or about a $140 per week.

Again, we support the proposed DMHAS budget for preserving and promoting the supportive housing and community based options necessary to shift funds from costly criminal justice settings, nursing facilities, acute and crisis services and providing the opportunity for people to live at home and in their communities.

Thank you. I am happy to answer any questions.

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[i] This does not include the new young adult cases accepted directly by the adult system.