



NAMI Connecticut

Testimony before the Appropriations Committee

March 4, 2011

DSS and DCF Budget

Good evening, distinguished chairs 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). NAMI-CT is the largest member organization in the state of people with psychiatric disabilities and their families. I am here tonight to testify on the Governor's proposed budget for the Departments of Social Services and Children and Families for FY 2012 and 2013.

Overall, we believe that the Governor has used a balanced and long term approach to saving money by sustaining community programs that work. We strongly support the new supportive and affordable housing dollars in the proposed budget. 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. A lack of housing remains a key factor in the inappropriate placement of people with mental illnesses into nursing homes and the prison system, as well as in preventing discharge from hospitals and other inpatient settings.

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.

We also think that converting Medicaid from a managed care option with capitation to a non—risk Administrative Services Organization will have significant savings (and provide better care) for the affected people here in Connecticut.

We must 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 **Co-pays are proven to lead to people not getting their medications.** In fact, Medicaid co-pays have been twice repealed and rejected in our state because the harm and costs are so well-documented.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 an 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.**

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A recent report from December 2010 from the Robert Wood Johnson Foundation reinforces what multiple studies have indicated over the years – *cost-sharing increases are associated with adverse outcomes for vulnerable populations*. The report cites increased costs for emergency department visits and hospitalizations when cost sharing for prescription drugs was increased.¹

These new cuts would add to numerous cuts agreed to in the last biennium budget that are already impacting the same population of very low-income seniors and people with physical and psychiatric disabilities. These co-pays would also impact some children and most adults in HUSKY A.

We also have strong concerns regarding the limitations proposed for the Low-Income Adult Medicaid benefit package. All Medicaid enrollees should have the same benefit package. Low Income Adults (or LIA) are the most low-income, and are in no position to pay for health services that will no longer be covered under the proposed new “alternative Medicaid benefit.” We believe that this will set a dangerous precedent for different classes of Medicaid benefits going forward, which is the opposite direction than where the state and federal government are moving on our path toward health care reform.

With regard to children, the “Raise the Age” proposal is one we firmly believe will have a positive impact on the youth of Connecticut, and particularly those who are struggling with mental health needs. We strongly support the Governor’s proposal for continued implementation of the “Raise the Age” legislation and the inclusion of funding for this initiative, which will place seventeen year-olds in the juvenile court system.

Lastly, we are concerned by the recommendation to decrease Family Support Services and eliminate the program for homeless youth in the DCF budget. Another great concern is the elimination of 7 out of 9 positions within the Office of the Child Advocate (OCA). The OCA has worked tirelessly for years to protect Connecticut’s children and has become a major force in advancing the rights of children who are at risk for, or are struggling with mental illness. They are the only independent agency with the authority and ability to support and protect children and families in need. They are also a critical support and resource for advocacy organizations and community members with nowhere else to turn.

Thank you for time. I am happy to answer any questions.

¹ The Synthesis Project, Policy Brief NO. 20, December 2010. The Robert Wood Johnson Foundation, *Cost-sharing: Effects on spending and outcomes*.