Testimony presented by Marcia DuFore
On behalf of North Central Regional Mental Board
February 22, 2012

Distinguished Senators and Representatives,

Thank you for the opportunity to speak to you this evening. My name is Marcia DuFore. I am here as Executive Director of the North Central Regional Mental Health Board. Our Board, as mandated by CT Statute, conducts independent public evaluations of mental health services funded by DMHAS. Our volunteer evaluators include people who use services, their families and concerned citizens in the towns and cities where services are delivered.

We appreciate your efforts and those of the Governor to preserve critical services that maintain a safety net for some of our most vulnerable citizens. This is a difficult, but necessary task in these economic times.

We would like to speak in favor of some of the proposals in the DMHAS budget for FY 2013 that are aligned with these efforts and that continue in the very positive direction of investing in our communities and the lives of our constituents.

We especially appreciate and urge your support of a cost of living increase for providers in the non-profit sector. Funding for their services is critical for sustaining a community mental health system that addresses the needs of our constituents.

The proposed DMHAS budget provides critical dollars for supportive housing. A combination of affordable housing and flexible support services is essential to reduce our reliance on emergency shelters, prisons, hospitals, and nursing homes as places where we send people to live. The Governor's budget provides for 300 new Rental Assistance Vouchers, and the construction or rehabilitation of new housing units. These are desperately needed investments, especially with anticipated cuts at the federal level. Coupled with funding in the DMHAS budget for discharge and diversion placements from institutional settings and supportive housing services for new tenants, we are in a position to offer greater safety, stability, and community life for some of our most vulnerable citizens. We urge you to remember, however, that some of our citizens remain institutionalized in DMHAS facilities.

We urge you to restore funds in the DMHAS budget for legal services to ensure their rights are protected.

The proposed budget supports funding for increasing numbers of young adults entering the system. These are the peak years when major mental illnesses develop and affect their future prospects for healthy, productive lives. These are also the times when challenges are great for completing education and preparing for the workforce and their own families. Making the right kind of services available to our young adults is a good investment - it can change the course of a lifetime and result in overall savings for our system. We ask you to support the proposed increase for FY 2013 and to reconsider the $480,000 reduction in the 2012 budget for young adult services.

We have concerns about one aspect of the DMHAS budget -- the proposal to reduce coverage and access to care for low-income adults in the Medicaid Husky D program. Our constituents on Husky D are living at or below 56% of the federal poverty level. Statistics say they are dying at an early age of chronic medical conditions that are preventable given good health care. Reducing coverage for these individuals further undermines their health and quality of life. It also increases the likelihood they will require more costly interventions and hospitalizations as their health declines. This is not a cost savings, but a cost shifting. Ensuring affordable health care to these vulnerable citizens is a good investment - in people and in overall savings for our system. Some of the ideas for restructuring the Husky D program make sense to us. Re-instituting an asset limit is reasonable. It may also be that young adults who are still covered by their family's health insurance do not need this benefit at this time in their lives. It is unclear to us, however, how many young adults would be impacted by this aspect of the restructuring, whether they truly have access to other health care coverage, and whether this aspect of the proposal would result in substantial savings. And so, we ask you to reconsider aspects of this restructuring that are premature, will have such an impact on people's lives and are likely to cause increased administrative and financial burdens in our already over taxed system.

Again, thank you for your time, interest, and attention.