

Testimony before the Appropriations Committee

February 22, 2012

DMHAS and DPH Budget

Good afternoon, Senator Harp, Representative Walker, and members of the Appropriations Committee. My name is Daniela Giordano, 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 support the Governor in his work regarding supportive housing and to testify in opposition to proposed changes in the Governor's budget for the Department of Mental Health and Addiction Services (DMHAS) and the Department of Public Health (DPH).

We applaud the governor for his commitment to making Connecticut a place where affordable and supportive housing is an essential part of the state's housing inventory. The proposed new 150 scattered site supportive housing program vouchers will bolster the continuation of comprehensive approaches to deal with CT's housing crisis. We want to ensure that rental assistance certificates are readily accessible for people with mental illness and, are connected to supportive housing services. Supportive housing allows the state to save Medicaid expenses for hospital care, increases the participation of tenants in education and employment activities and contributes to improved property values in neighborhoods where it is located.

We oppose the proposed changes to the Medicaid's low income adult services (MLIA). Providing Low-Income Adults, meaning a person with a monthly income of no more than \$521, with adequate health coverage is vital to their health and the health of their community. The expansion of this Medicaid program has been a major success in addressing the needs of uninsured and underinsured CT residents. There is no reason to turn back the clock, particularly now that enrollment has stabilized. The proposed changes to HUSKY D would turn it into a second-class Medicaid program specifically by 1) limiting benefits and 2) counting family income in establishing eligibility for adults between ages 19-26.

Under the proposed benefit changes, HUSKY D participants would receive less adequate health care coverage than other Medicaid participants, creating a two-tier system, which is inconsistent with current state health care policy. Arbitrary caps on services, including limiting the number of physician visits, limiting home health services and having dollar caps on medical equipment other than wheelchairs, would shift the costs from early care to higher-cost care and crisis interventions later including ER visit and hospital stays. Counting income of individuals in the family who are not applying to the program and who are not financially responsible for the person who is applying is inconsistent with established Medicaid eligibility rules. The proposal is aimed at young adults with other health care options, but it is unclear how the policy would be

structured to target this group. Additionally, it is unclear whether the proposal would achieve substantial savings, particularly since young adults are generally the least expensive to cover.

We oppose the cuts to the DMHAS Young Adult Services (YAS) by \$480,000. Youth transferred to DMHAS with successful transitions plans from the Department of Children and Families are more likely to make positive adjustments, require fewer services and be stable and productive citizens of our state. Most youth who transition from DCF to DMHAS have long histories of abuse/neglect, trauma and complex mental health needs. If these young adults at this critical place in their development are not engaged in age-appropriate services, they are more likely to drop out of school, become unemployed and homeless, contemplate or attempt suicide and engage in criminal activity. Young Adult Services is a program that works: this client-centered approach that includes clinical, case management, residential and educational/employment services gives young adults a safe, supportive and effective place to create their futures for the benefit of the individual and the entire community.

We oppose the cuts to the School Based Health Centers (SBHC) by over \$400,000. School Based Health Centers provide comprehensive primary health care on school grounds, making services accessible at low cost bolstering early identification of physical and mental health issues. In fact, mental health needs are one of the top eight reasons students access Health Centers. SBHCs support the holistic approach that children who are healthy, both physically and mentally, are more readily able to learn, which leads to enhanced educational outcomes and greater success in life. Services offered include counseling, coordination of community care and referral and follow-up for specialty care. This approach supports a continuum of care which helps prevent more costly alternatives such as emergency visits or hospitalizations which would result if we didn't address students' needs including mental health needs.

Further, we oppose the cuts to inpatient legal services, provided by the CT Legal Rights Project, by \$100,000. These legal services provide patients in hospitals the essential supports to advocate for their rights in regards to their privacy, safety, medications, and restraint and seclusion.

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

Respectfully yours, Daniela Giordano