Eastern Regional Mental Health Board, Inc.

The citizen's voice in mental health policy.

DSS: DEPUTY COMMISSIONER KAFKA

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As Executive Director of the Eastern Regional Mental Health Board, serving the 39 towns of eastern Connecticut, and as President of the National Alliance on Mental Illness of Connecticut (NAMI-CT) the largest group of people with mental illness and their families, I commend Commissioner Bremby for acknowledging the problems at the Department of Social Services. Addressing their massive technological problems after so many years of inaction is a refreshing change. His presentation on July 12 was both realistic and optimistic, which good leaders in times of change ought to be.

However, *Deputy Commissioner Kafka* has to go. By this I mean the invisible and *perhaps* imaginary person who controls staff-customer relations and sets productivity goals at the expense of clients. Commissioner Bremby said that DSS will focus on outcomes. The technology part will take years, but the human part can start now.

Today you will hear from dozens of angry *clients, family members, and providers* who despair of getting through to DSS eligibility workers, who are blamed and punished when DSS loses their paperwork, and who cannot even complain because the phones and voicemail don't work. We all know about spend-downs, which count six months of income all at once and redeterminations that start the process all over again just as someone gets through it. For years they even took back Social Security cost of living increases as if the cost of living really did *not* go up.

DSS doesn't have to be this way. Yes, they have to enforce the rules, but they do not have to be so nasty about it. They can sympathize. But the agency's goal has always been too save a few dollars here or there at the expense of people who need it. "Oh, they'll get by, they won't die." Except that sometimes they do, like the proud man with diabetes from Norwich whose employer changed ownership, which made him a new employee on probation. He refused to go to DSS for interim help because he had been treated badly there before. He died of a technicality and a reputation. Or the many people whose tumors grow and whose heart and lungs deteriorate on spend downs. *We* see them at Soup Kitchens and homeless shelters. DSS doesn't see them at all.

Given this record, why on earth does DSS want to establish a separate program for people on either side of 133% of the federal poverty line? This line is invisible to everyone else. People move back and forth depending on the weather or on customer flow in their marginal jobs. They lose jobs when they miss a day for a sick child or their ride's car breaks down. Their lives are no more predictable. So why does DSS want to take on extra work when they cannot handle what they have? Catching a few middle class drug users under 26 will not save us more than it will cost to run the program, especially since it will all change in 2014 under healthcare reform.

So, before DSS makes more trouble for poor people, let them get their own house in order. When Bremby's Utopia comes to pass, then we can think about fine-tuning eligibility. Until then, creating separate programs for people who are substantially the same is a cruel hoax. It hurts real people to save imaginary money.

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