

**Testimony before the Appropriations Committee
February 15, 2013
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 Adult, State, and National matters for the National Alliance on Mental Illness (NAMI) Connecticut. I am here today on behalf of NAMI Connecticut to thank the Governor for his continued understanding and support of supportive housing and his proposals of increased funding for vitally important programs and services in the Department of Mental Health and Addiction Services (DMHAS). We are very concerned about and oppose proposed cuts or elimination of funding for other, equally vital programs and services, in the DMHAS and the Department of Public Health (DPH)'s budgets.

We oppose the proposed cuts to housing advocacy and inpatient legal services, provided by the Connecticut Legal Rights Project (CLRP). The governor's proposal decreases CLRP's funding by \$280,000 each fiscal year in the FY2014-15 biennium. These substantial cuts do not include an additional \$38,000 in rescissions for a total cut of nearly forty percent. These cuts would eliminate funding for housing advocacy and reduce inpatient representation by twenty-two percent.

We oppose proposed elimination of funding for the expansion of School Based Health Centers (SBHC), funding which was originally appropriated in FY 2013. This elimination of funding will actually result in decreased resources for operating expenses for existing SBHCs. Connecticut's School Based Health Centers currently serve approximately 40,000 students each year. The proposed cuts would translate into cut staff hours, early closings during the year or reduced accessibility from the current access of 5 days/week. This proposal is in stark opposition to the state's current focus on increased mental health services to children. The governor's rescissions in December 2012 included more than \$500,000 from School Based Health Centers as part of the deficit reduction plan. This \$500,000 was taken from the \$1.3 million that had just been allocated by the Legislature for the new/expanded sites. Since the entire allocation for new or expanded health centers has been proposed for elimination in FY2014-15, the continued reduction is being taken from operational funding to existing School Based Health Centers.

School Based Health Centers provide comprehensive primary health care on school grounds, making services accessible at low cost and 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. Many groups and individuals advocated hard last session informing people of the vast and long-lasting benefits of School Based Health Centers. This advocacy resulted in appropriating twenty-two new or expanded School Based Health Centers which would support many more students in achieving their goals of health and educational success.

We oppose the proposal to eliminate funding for research at the CT Mental Health Center. Research is imperative to evaluating and determining best practices in the field of mental health.

We oppose the proposal to annualize the rescission and mitigation cuts as this will further weaken a mental health system that has proven programs and services but all too often lacks capacity to meet people's needs resulting in waiting lists for vital services and people falling through the cracks.

We are very concerned about the savings associated with the Affordable Care Act. This option adjusts various grant accounts, effective January 1, 2014, to reflect a reduction in need for state subsidies for under- and un-insured individuals and services as a result of the Affordable Care Act (ACA). This substantial reduction in grants, over \$21 million in FY 2014 and over \$42 million in FY 2015, seems to be based on the assumption that the implementation of the Affordable Care Act will reduce the need for such services as people will be insured through different venues including the Health Insurance Exchange, employer-based insurances etc. We are interested in the sources of these projections as there still seems to be a lot of uncertainty regarding the implementation of different components of the ACA including how many people will be adequately insured starting in 2014.

We applaud the governor for his continued commitment to making Connecticut a place where affordable and supportive housing is an essential part of the state's housing inventory. The proposed authorization of \$20 million to develop 100 new units of supportive housing with an annualized \$1 million for rental assistance subsidies and \$1 million for services will continue to bolster the comprehensive approaches to deal with CT's housing crisis. This is a significant advancement toward meeting the need for 600 units over the next two years. 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 support the increase in funding for DMHAS Young Adult Services (YAS), a program that supports young adults who transfer from the Department of Children and Families (DCF) to DMHAS. With successful transitions plans these individuals 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. The program currently serves approximately 1,000 young adults with many more young adults being eligible for such services. Additionally, we urge legislators to consider making this successful model available beyond the currently eligible group, for example to youth who have private insurance, and to figure out a process to do so successfully.

We support the new funding for Health Homes, an initiative to provide a comprehensive system of care coordination for some individuals receiving DMHAS services. Health Home services include comprehensive care management, care coordination, comprehensive transitional care from inpatient to other settings, individual and family support, referral to community and social support services and the use of health information technology (HIT). The goal is to integrate beneficiaries' behavioral health, medical and community services and supports through a person-centered care plan.

We affirm the needed and earned support for private non-profit providers, the proposal to annualize the one percent Cost of Living Adjustment (COLA) and the establishment of \$40 million in bond funding, while acknowledging that this is only a good start of giving non-profit providers the tools to operate sustainable service delivery models and places of employment.

We furthermore support the increase in funding for the following programs and services: Additional waiver slots for individuals with Acquired/Traumatic Brain Injuries (ABI/TBI) leaving Connecticut Valley Hospital (CVH); placements in the Home and Community-Based Services waiver for individuals with mental illness transiting from nursing homes; support services for patients declared discharge-ready to leave CVH; behavioral health services for single low-income adults up to fifty-five percent of the federal poverty level.

The important take-away is to consider the entire continuum of care and to ensure that all parts of this continuum are available and accessible to all age groups. The continuum of care for people with mental illness has many components including community-based services, school-based services, supportive housing, peer support and engagement, education, training and support services, legal services, outpatient services, residential treatments, hospital and inpatient treatments, specialized emergency room services et cetera. Improving access to one part of the system will have positive effects on all other parts of the continuum. And conversely, cuts and decreased services in one area will have detrimental effects on all other parts of the community.

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

Respectfully yours, Daniela Giordano