



## United Services, Inc.

*Creating healthy communities*

Appropriations Committee Hearing  
Testimony Related to the DMHAS Budget  
From Diane L. Manning, President/CEO of United Services, Inc.

Good evening. I am Diane Manning, President and CEO of United Services, the non-profit DMHAS contracted LMHA for the Quiet Corner in Northeastern Connecticut. In addition to the adult behavioral health services we provide and manage, we are also a major provider of services for children and families through contracts with DCF, provide supportive housing, and operate a Center for Autism, the Youth Service Bureau and the Domestic Violence services in our area. Our services are all community based, and we pride ourselves on integrating our services with other professional and natural supports in our communities to insure that we are providing cost-effective, non-duplicative services that meet the needs of our local residents.

I am before you this evening to carry three messages regarding the impact of the proposed FY2016-17 DMHAS budget on your constituents.

First, the extraordinary cut of \$25 million per year to the grants for mental health and substance abuse services will devastate a non-profit service system that is already precariously overloaded and underfunded. You in the Legislature, and DMHAS leadership, recognized the potential impact of this proposal in the last budget cycle, and replaced most of the funding with one-time funds. Time has shown that the underlying reason for the proposed cut, which was the expected increase in payments from insurance and Medicaid due to the Affordable Care Act, has not materialized. Individuals who are served in DMHAS contracted programs have been eligible for Medicaid based on their disability and income for years. The promised increases to the rates for Medicaid services have also not been implemented, and the proposed budget leaves those rates in danger of actually being reduced.

What does this mean to a community service system? As the Local Mental Health Authority, we are responsible for insuring that anyone with severe and persistent mental illness who needs our help can receive it. This cut means that the outpatient services that those with the most severe and prolonged mental illnesses rely on to help them manage medications and symptoms, access physical health care, maintain their benefits, and keep their homes and jobs will be cut. We at United Services already have long waiting lists for case management services; those waiting lists will get longer. We already struggle to meet the needs of individuals in the Quiet Corner for Psychiatric services. Medicaid pays less than half what it costs for a medication visit now. We will need to make the wait for psychiatric evaluations longer, and the time between medication checks longer as well with cuts.

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And what will all of these holes in the system mean? It means the second impact, on the lives of individuals and their families and communities. There are no other community options to take up the slack when services are not available from non-profit providers like us. People will access care at the hospital Emergency Departments, and options for diverting them to outpatient care, rather than costly inpatient, will not be available. Individuals will struggle to manage both their psychiatric and medical issues, costing more in the long run because of inadequate care now. They may lose benefits and housing because they had no help to complete required applications or to assist them in budgeting for and paying their bills. So landlords will need to deal with unpaid rent and employers and merchants will not feel comfortable offering jobs to individuals we serve without our being available for support. Some will get their care in jails and prisons, when the services they need to help them avoid problem behaviors are not available. The downward spiral in terms of lost life opportunity will continue, and the cost to the state will increase as the cost effective services we provide are replaced with crisis-oriented and more expensive responses.

Last, but certainly not least, is the impact on the staff that so heroically provide these services, sometimes earning less per hour than the consumers they support. My staff are professionals who have bachelors and masters and doctoral degrees (and the student loans to prove it), and who are experienced and creative in taking the few resources we have to provide options for their clients. They work long and hard to insure that everyone has their basic needs met, that their fears and concerns about their psychiatric and medical illnesses are addressed, that they and their families understand their issues and the options they have for living and working in the community despite their diagnosis. My staff are represented by District 1199, and despite that, have gone more than 5 years without raises, since without a COLA, and with increased costs for all our operating expenses, there just has been no funding to support an increase in their salaries. They have taken on higher and more complicated caseloads, learned new skills and treatment technologies, and still, they have not been given the recognition of funding by the state to meet the increased cost of living and working in this state.

When I talk to our clients and their families, when I meet with staff, they have come to the conclusion that government doesn't care about them. Years of no increases in funding, and now huge cuts, just proves to them that they are not important to you. I ask you to correct those impressions. Restore the cuts, insure adequate funding, and prove them wrong. Prove you do care!