

Eastern Regional Mental Health Board, Inc.
The citizen's voice in mental health policy.

Testimony of
Jennifer J. Gross, Executive Director
Eastern Regional Mental Health Board, Inc.
Regarding H.B. No. 5044 AN ACT MAKING ADJUSTMENTS
TO STATE EXPENDITURES FOR THE FISCAL YEAR ENDING JUNE 30, 2017.
Appropriations Committee
February 11, 2016

Good afternoon, Senator Moore, Representative Abercrombie and members of the Human Services Committee. My name is Jennifer Gross, and I am a resident of Ledyard, Connecticut. I am also the Executive Director of the Eastern Regional Mental Health Board (ERMHB) in Norwich, Connecticut.

The Eastern Regional Mental Health Board has a statutory mandate is to evaluate state-funded mental health programs for adults, assess strengths and unmet needs, and make recommendations for improvements to the Commissioner of the Department of Mental Health and Addiction Services. We are a grassroots-style organization in the truest sense of the word, by virtue of our membership structure, which includes all stakeholders in the mental health community: those with lived experience of mental health issues, their family members, provider representatives, and concerned citizens. We serve the 39 towns in Eastern Connecticut (most of New London County, part of Tolland County, and all of Windham County), and are required to include representation from each of those towns, providing local citizens with a means for communicating their concerns directly to the highest levels of state government.

Our four Catchment Area Councils (CACs) are the most basic level for citizen involvement in planning for needed services, and meet each month. At these meetings, we receive reports of service barriers and other concerns, and among the most recurrent themes are problems experienced with the Department of Social Services (DSS) and Medicaid.

Individuals receiving services from DSS cite the following barriers to getting their needs met:

- DSS is too slow to process paperwork, and by the time they do process applications for benefits or redetermination paperwork, deadlines have often passed or benefits have expired. We regularly hear reports from staff and clients of benefits that terminated due to redetermination forms that were lost or misplaced in a stack of paperwork after submission.
- When clients need to contact DSS to resolve a problem or ask a question about benefits, it is nearly impossible to do so by telephone. Clients often wait to speak with someone for hours on the DSS automated phone system. Because many clients have cell phones with limited minutes, they often have to hang up without getting an answer. Even when clients do get an answer, they may be in crisis, and unable to deal with the stress of sorting out the red tape they are encountering.
- The lack of ability to connect with DSS staff by phone means having to make a trip in person to a DSS office to speak with someone, creating an intolerable burden for those who generally are too poor to own cars and who must rely on an inadequate bus system or on the generosity of others for transportation.

Clients and provider staff alike find dealing with DSS confusing and burdensome. DSS caseloads are too large, and the agency lacks adequate staffing to process paperwork and answer calls. DSS needs better staffing levels, and must reinstate the ability for clients to directly contact their workers by phone.

Medicaid policies and procedures are also a significant barrier to services for Connecticut's most vulnerable citizens. We had hoped that Medicaid expansion through the Affordable Care Act would alleviate problems experienced with Medicaid spend-downs, but this doesn't appear to have happened. Our members report that their spend-downs can be as much as \$1000, and that they can't afford to meet the spend-downs in order to become eligible for Medicaid benefits. Even when they do meet the spend-downs, which is rare, it takes so long that they barely have any eligibility for benefits before the process starts all over again. In Connecticut, unlike in other states, the clock starts for the spend-down process every six months.

The impact of spend-down policies is devastating, even deadly. People who have been receiving care for illnesses are forced to curtail treatment because they lack the money up front for the total cost of services. In many cases, people forgo any care at all, because they simply lack the ability to pay—for them, even a minimal spend-down can be the difference between life and death. For people living with serious mental health problems, this is particularly harmful, given the evidence that they are at risk of dying 25 years earlier than those in the general population, due to their higher risk of serious primary health conditions. Individuals on spend-down are also denied coverage for transportation (med-cab) to medical appointments, creating another barrier to care. The spend-down, while it may appear to save the state money, actually costs a great deal more than it saves in the long run. When care is delayed, health conditions are much more severe, and far more expensive.

Increased co-pays instituted July 1, 2015 for dually eligible for both Medicare and Medicaid are yet another intolerable burden for people already living far below the poverty line, and will force countless individuals to let prescriptions go unfilled in order to pay for the basic necessities of life.

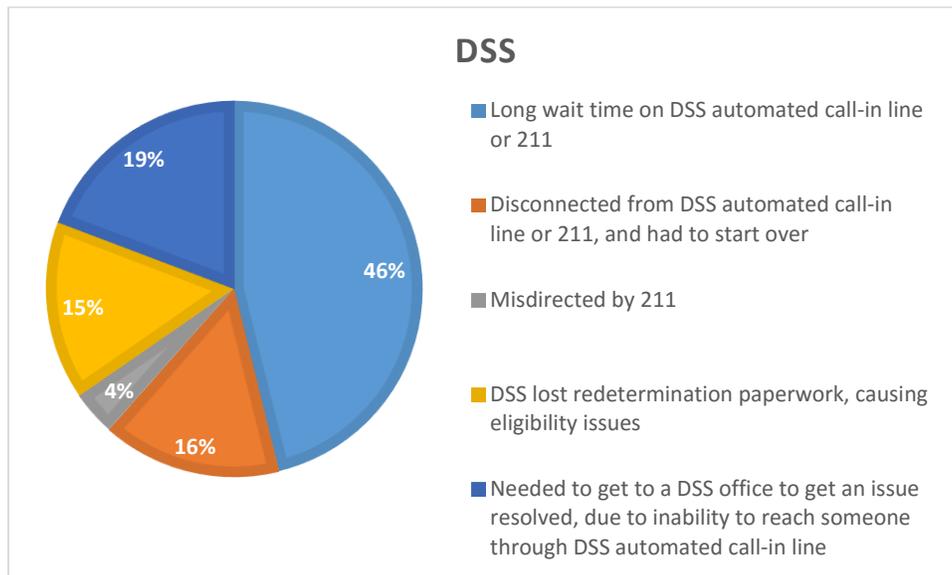
As a result of chronic underfunding, DSS services are already fragmented, difficult to impossible to access, and inadequate. The new way of budgeting, which no longer allocates funding by individual line item but instead proposes combining the funds for many different programs into a single line item that will then be cut by 5.75% will be disastrous. Programs that could be negatively affected by the proposed \$18.6 million cut are:

- Safety Net Services
- Emergency Assistance
- Services for Persons with Disabilities
- Temporary Assistance for Needy Families (TANF)
- Domestic Violence shelters

The individuals who are clients of the Department of Social Services and who rely on Medicaid are Connecticut's most vulnerable citizens. The daily barriers that they encounter in simply trying to get basic needs met are akin to punishing them for having a disability and for being poor. The system is structured in such a manner that people must spend every waking moment simply trying to get through the day and the struggles that it brings, leaving them with no time, energy, or resources to work on improving their circumstances and their lives. How can we expect people to hope for a better future when today, tomorrow, and next week seem beyond hopeless? And unlike the recent issues with DMV, largely due to the differences in clientele, there is no public outcry over the unconscionable waste of taxpayer dollars as a result of current practices at DSS. This has to change, because it ultimately affects us all.

The Eastern Regional Mental Health Board has gathered some personal stories about DSS and Medicaid barriers from residents of Eastern Connecticut, and what we have learned so far is attached. We are gathering additional data from the region, and will gladly share the information when it becomes available. Thank you for your time and attention to our concerns. Please contact me at 860-886-0030 or at jgross@ermhb.org if I can answer any questions or provide any additional information.

2015 Service Barrier Feedback from DMHAS clients in Eastern Connecticut Regarding Problems with the CT Department of Social Services.



Comments:

- Client was called by DSS and told to return call for a phone interview by 11/30/2014. The client's first attempt to return the call left them on hold for 98 minutes. The second attempt had them on hold for 43 minutes. On the third attempt they were on hold for 3 hours and 7 minutes. On this attempt their call was picked up, their ID taken, and then they were put back on hold before their call was disconnected. On a fourth attempt the client was on hold for 2 hours and 47 minutes, food stamps were interrupted because the client was unable to get into contact with DSS.
- Client waited on the DSS line for 4 hours, went down to the physical office and watched employees ignore the phone ringing.
- Client has been on hold for an hour or more waiting to speak with a representative about DSS issues, has been disconnect while waiting to be transferred or put on hold. The client has also travelled from Moosup to Willimantic to visit the physical office in order to get help.
- Client waited an hour and a half to talk with someone when calling DSS (ID #001091616)
- Client was on hold for 3 hours, left their number so they could be called back. Call again in the evening, left number again, no return call. Call again the next morning, received a return call a couple of hours later. Client was told they wouldn't get another food stamp card until the end of the month.