



Testimony before the Program Review & Investigations Committee
2/10/09

**HB 6319, AA Implementing the Recommendations of the Program Review & Investigations Committee
Concerning the Financial Viability of Providers of Substance Abuse Treatment for Adults**

**HB 6320, AA Implementing the Recommendations of the Program Review & Investigations Committee
Concerning Substance Abuse Treatment for Adults**

Good afternoon Senator Kissel, Representative Mushinsky and members of the committee. My name is Cinda Cash and I am the Executive Director of CT Women's Consortium, a statewide policy, training and advocacy organization specializing in women's behavioral health. I am also Chair of the CT Association of Substance Abuse Agencies (CASAA) and a member of CT Association of Nonprofits. I am here today to testify on House Bills 6319 and 6320.

CASAA has concerns that both bills will result in increased administrative and reporting burdens for nonprofit providers. Both bills call for the Department of Mental Health and Addiction Services (DMHAS) to collect and report additional data on top of the extensive data collection the department already does. This will only result in additional nonprofit provider dollars being directed to filling out forms instead of providing services to clients. We recognize that during the current fiscal crisis the state will be unable to offer private providers any cost-of-living adjustments or increased funding and therefore feel it is irresponsible to require providers, or DMHAS for that matter, to redirect dollars and time to data collection rather than to the provision of services.

Another major concern we have is with Section 6 of HB 6320. This section calls for DMHAS to "encourage the use of staff licensed or certified by the Department of Public Health when providing a clinical service in any state-funded or state-operated substance abuse treatment program." Requiring that all clinical staff be licensed or certified would be cost prohibitive for private providers and would ultimately result in fewer nonprofits able to provide clinical substance abuse services. Currently, the common practice among many providers is to hire licensed or certified individuals as program directors/managers who supervise other clinical staff members. One Hartford-area substance abuse provider pays a minimum \$2-3 per hour more for a licensed or certified staff member. This provider has 35 counselors, 10 are licensed/certified (this in addition to his licensed program directors) and 25 are not licensed. If instituted, this policy would cost the provider, at a minimum, an additional \$104,000 per year in salary expenses for the 25 newly licensed staff. It should also be noted that increased educational and licensing requirements will hit minority staff the hardest, further jeopardizing diversity in substance abuse programs.

We support Section 9 of HB 6320, which calls for DMHAS and the Department of Public Health to implement a dual licensure program for behavioral health care providers who provide both mental health and substance abuse services. This is a welcome change as several nonprofits provide both services yet their facilities have to be licensed separately, resulting in additional time and costs. At some levels of care, lack of a dual license often results in providers being unable to provide both services at one site, causing clients to have to be transported between various sites at great costs to all involved.

We appreciate the time that PRI Committee staff took to come out and talk with private providers about substance abuse treatment and we appreciate the efforts they put into their findings and recommendations. However, as I stated before, CASAA and CT Nonprofits must caution about the unintended consequences that portions of these bills will have on the private provider system. Again, DMHAS already requires extensive data collection from providers about both our clients and services. Commissioner Kirk is well aware of the financial constraints that providers are facing at this time and he and DMHAS staff have come to the table for discussions with providers about our concerns over the existing amount required reporting. Additional data collection and licensing requirements would be mandates that would accrue to providers without any additional funding to support them. Private nonprofit providers are a partner with the state in the delivery of health and human services, and while we fully support the state developing the most efficient and effective substance abuse delivery system possible, we hope that it will not be done by placing additional stress on the private provider system.

Thank you for the opportunity to testify.

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