



Good Afternoon, members of the Appropriations Committee. My name is **Domenique Thornton**. I work for the **Mental Health Association of Connecticut, Inc.**, a one hundred year old non-profit organization dedicated to service, education and advocacy for people with mental health disabilities. I am also here today as a member of the **Connecticut Association of Nonprofits** to speak in opposition to the cuts to the **Department of Mental Health and Addiction Services**. The governor declared that her budget did “not propose across-the-board reductions to private provider funding, and instead recognizes the need to maintain as much continuity as possible in these areas in order to benefit those in need of assistance from the state during these trying times.” We know that private non-profit providers have subsisted over the last 20 years on an average of 1.1% increase to sustain services to Connecticut’s most vulnerable people. Every year that the actual cost of living rises more than 1.1%, the non-profit providers experience a cut because they still have to meet their increasing obligations for salary and overhead, healthcare, insurance, rent, gas, heat, etc. It will be much worse next year. Services provided to consumers will be substantially less. We must speak out when the reality of the budget does not match the promise of the words in its presentation.

The proposed budget reduces **Mental Health Case Management Services** by **\$3.5 Million** over the next two years. This process will be accomplished through rebidding current service contracts for less money. Ask yourself if you reduced your current service contract by a total of **\$3.5 million dollars** over the next two years, could you reasonably still expect to receive the same level of service? Considering that the private non-profit providers are already stretched paper thin, is it reasonable to believe that the state’s most vulnerable citizens can expect equivalent services for **\$3.5 Million less**? A rose by any other name is still a rose, and a cut is a cut. Converting Case Management Service to a different service delivery model called **Community Support Programs** still cuts case management.



The budget details show that Community Support Services will be “enhanced” to save the department money. Ask yourself how can services be “enhanced” and also save money? Services will be rebid, repackaged, shuffled and ultimately less service provided. The budget describes Community Support Services will take the place of some of the Assertive Community Treatment (ACT) teams, thereby reducing the total number of teams from 27 to 3 and saving the State another \$3,360,000 over the biennial. Instead of requiring all ACT teams to follow the model faithfully, people in crisis in the state can expect that the services they receive will be less than those who do follow the model. Also, Mobil Crisis, Respite and Acute Psychiatric Inpatient Services will be “bundled” rebid and redirected to a less restrictive level of care saving \$1.4 Million over two years. This is not current service for less, it is less service for less. People in crisis across the state reasonably expect less crisis service after rebidding for \$1.4 Million less.

As it is now, when consumers of mental health services decompensate to the extent that they do need to be hospitalized, there is no place they can go after they have been stabilized in the hospital causing gridlock. If the hospital needs the bed for someone else in crisis, those who are stabilized may get dumped in a shelter. The lucky ones will be diagnosed as “not ready for discharge” until a placement can somehow be found. That means more costs to the state for longer hospitalization because there are no stepped down units. This budget calls for more units at CVH. That means more expensive state run facilities, isolation, “dumping” and stigma. The State saved \$12 Million dollars the year they closed two of the three psychiatric hospitals and promised consumers they would be provided services in the community to support de-institutionalization. The community needs more intensive services to transition those coming out of the hospital not less. The Governor promised that the budget would not be balanced on the backs of the most vulnerable, but this budget will do exactly that through rebidding, bundling, cutting current services by redirecting and redefining service delivery systems for less money. This is a shell game with the lives of people with disabilities in the balance. People who have a disability do not have a choice whether or not to have that disability. But, you do have the choice to support them. Will you?