

Connecticut Nonprofit Human Services Cabinet

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Children's League of Connecticut

Connecticut AIDS Resource Coalition

Connecticut Association for Community Action

Connecticut Association for Human Services

Connecticut Association of Area Agencies on Aging

Connecticut Association of Nonprofits

Connecticut Coalition Against Domestic Violence

Connecticut Coalition to End Homelessness

Connecticut Community Providers Association

Connecticut Consortium of Legal Services

Connecticut Council of Family Service Agencies

Connecticut Sexual Assault Crisis Services

Connecticut Women's Consortium

End Hunger Connecticut!

Mental Health Association of Connecticut

Oak Hill

Planned Parenthood of Connecticut

The Connection, Inc.

Wheeler Clinic

Testimony before the Commission on Enhancing Agency Outcomes

Re: Proposed Areas of Focus

December 14, 2009

The Connecticut Nonprofit Human Services Cabinet (“the Cabinet”) is a statewide coalition comprised of 20 nonprofit human service associations and organizations representing approximately 800 providers. Its mission is to advance a strong and unified nonprofit human services system to effectively meet community needs. The Cabinet has worked with state agencies on critical contracting issues and business practices that impact over 1,900 Purchase of Service (POS) Contracts valued at approximately \$2 billion annually. Members play a vital role in addressing the critical health and human services needs that face so many Connecticut residents – they provide the safety net that *anyone* can find themselves in need of when least expected.

The Cabinet applauds the Commission for looking at new ways for the state to do business. Now more than ever it is critical that the state spends each dollar wisely and properly supports essential services, such as those provided by nonprofit human services providers. The state simply cannot afford to decimate the human services safety net in a time of great economic uncertainty. Reviewing and, where necessary, re-organizing how the state does business will allow the state to direct limited resources to the most critical areas.

Below, the Cabinet addresses several of the Commission’s “Proposed Areas of Focus.” Many of the proposed areas will impact nonprofit human services providers who contract with the state. The Cabinet is available to assist the Commission throughout this process to ensure that any recommendations and resulting actions are beneficial to both the state and the nonprofit providers it relies on for the delivery of health and human services.

Area of Focus #1 – Review delivery of state human services

Currently there are five major human services agencies (DSS, DCF, DPH, DMHAS, DDS) operating in Connecticut to both provide and contract out health and human services. For the most part, there exist five distinct methods of data collection, contracting and billing, among many other administrative functions. As you can imagine, this is quite arduous for nonprofit providers that contract with these agencies to provide services on the state’s behalf.

While we urge very careful deliberation around any proposals to create one behemoth human services agency, there is clearly some streamlining that can be done. Furthermore, there exists a need for some form of consistent oversight and direction from a single agency such as OPM. The Cabinet has been the lead provider organization to work with OPM on several projects related to purchase of service (POS) contracts, as well as with the Legislature on clean contracting in 2007. OPM has created guidelines for many POS processes, but does not ensure uniform implementation across all state agencies, which ultimately leaves much of the fractured practices unchanged.

While there are specialized services and expertise within each distinct human services state agency that benefits those particular services, there is no need for five different data

collection systems, five different contracting processes and five different billing mechanisms. For example, many services are provided with funding from multiple state agencies meaning that providers may need to enter the same data multiple times in multiple systems, send multiple bills for services, etc. This is a drain on both the time and resources of nonprofit providers that could otherwise be directed towards the provision of services, as well as a drain on the time and resources of the state agencies that duplicate work.

We recommend that the Commission focus on the streamlining, oversight and direction of the basic administrative functions associated with both POS contracts and personal service agreements across all state agencies.

Area of Focus # 6 – Streamline licensing processes

As with the basic administrative functions discussed above, there currently exist numerous and varying licensing requirements across multiple state agencies. Providers must fill out duplicative forms and staff from multiple state agencies each must travel to the site for separate inspections. Currently, DPH is working to combine the licensing regulations for both substance abuse treatment and mental health treatment providers to create one behavioral health license. While this process has taken several years, providers are confident that, once complete, the streamlined approach to licensing behavioral health services will relieve significant burdens on both providers and state agencies. While it would certainly take time and effort, a similar approach across all state agencies to combine licensing requirements for all types of health and human services resulting in one set of guidelines, one inspection and one point person would greatly benefit the time and resources of both nonprofit providers and state agencies.

Area of Focus #16 – Consolidating the “steering” function

This area of focus speaks to our earlier recommendation regarding the streamlining, oversight and direction of the basic administrative functions associated with both POS contracts and personal service agreements across all state agencies. All state agencies have similar goals behind the basic administrative functions of providing health and human services, yet each has a distinct method of achieving that goal. This is costly both to nonprofit providers and the state.

Again, while the answer is not necessarily one large bureaucracy, there must be clear and consistent guidelines for basic administrative functions across all state agencies, as well as consistent oversight and enforcement by a single entity. There is no benefit to the state in allowing each state agency to function in a silo as it relates to basic administrative functions, such as contracting. It is neither efficient, nor accountable, nor transparent.

Area of Focus #17 – Providing community services to approximately 1,400 persons in prison

The Cabinet firmly supports the widely held notion that Connecticut’s prisons currently house many individuals who were incarcerated for actions taken as a direct result of addiction and/or mental illness. Both these individuals and the state as a whole would be better served by treatment in the community by nonprofit providers that addresses the issues which caused the illegal behavior. Because such treatment is not readily available in prison, many individuals simply re-offend upon release because the underlying issue was never properly addressed – while we may want to believe that prison is an automatic deterrence to illegal behavior, it cannot deter, but often exacerbates, addiction and mental illness. Not only is treatment in the community much more inexpensive than prison, but it also better addresses the issues that cause some individuals to re-offend, thereby preventing further incarceration and cost to the state.

Areas of Focus #25-27 – Federal revenue

Given the financial crisis in our state and continued proposals for draconian cuts to basic health and human services, the Cabinet strongly encourages the state to direct substantial time and effort to capturing increased federal revenue. With a workforce of over 50,000 state employees, surely there exists the ability to target and apply for more federal revenue than we have in recent years. Possible federal revenue reaches far beyond Medicaid dollars for behavioral health services and includes substantial dollars that have been left on the table in both ARRA and TANF, among several other pots of money.

However, it is important to note that federal dollars, especially Medicaid, bring an increased level of scrutiny and accountability to the services these dollars fund. Nonprofit providers welcome the increased accountability *if* there is increased funding to address the additional administrative burdens. The Cabinet supports holding nonprofit providers accountable no matter the funding source as long as the accountability results in realistic funding for successful programs.

Specifically as it relates to the proposed SAGA waiver, it is important for the Commission to realize that while Medicaid rates are certainly higher than SAGA rates, the increased rate does not necessarily cover the increased reporting and audit requirements that accompany Medicaid dollars and; therefore, has the potential to put the provider further in the red. Also, Medicaid does not cover all residential substance abuse services, which, if not addressed prior to submission of the waiver, will result in the closure of those programs.

For questions, please contact Liza Andrews, Project Director, at (860) 525-5080 or landrews@ctnonprofits.org.