



## DELAWARE ASSOCIATION OF REHABILITATION FACILITIES

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**Connie Hughes**  
Executive Director

### Member Agencies

AHEDD  
AIDS Delaware  
Autism Delaware  
Bancroft Neurohealth  
Benedictine OCP  
Brain Injury Association of DE  
Brandywine Counseling, Inc.  
Center for Disabilities Studies, UD  
Chimes of Delaware  
Choices for Community Living, DE  
Cleanworks Janitorial Services  
Client Assistance Program  
Community Integrated Services  
Community Interactions, Inc.  
Connections CSP, Inc.  
DE Council on Gambling Problems  
Delaware Mentor Healthcare  
Delmarva Community Services  
Dove Pointe  
Easter Seals Delaware and Maryland's Eastern Shore  
Elwyn Delaware  
Freedom Center for Independent Living  
Gaudenzia Fresh Start  
Goodwill Delaware  
Homeless Planning Council of DE  
Horizon House Delaware  
Independent Resources, Inc.  
KenCrest Services  
Kent Sussex Counseling Services  
MOSAIC Delaware  
NAMI Delaware  
Open Door, Inc.  
Opportunity Center, Inc.  
Psychotherapeutic Services, Inc.  
Salvation Army  
ResCare / VOCA DE  
The Arc of Delaware

**To: Ms. Ann S. Visalli, Director**  
**Office of Management and Budget**  
**From: James Bratt, Chair**  
**DelARF Behavioral Health Commission**  
**Date: November 23, 2009**  
**Re: Governor's FY11 Budget Hearing**

Good afternoon, I'm James Bratt, Chair of the Delaware Association of Rehabilitation Facilities' Behavioral Health Commission and Director of Delaware Programs for Psychotherapeutic Services, an agency providing community-based treatment services for severely and persistently mentally ill Delawareans for over 20 years. I want to thank you today, for the opportunity to speak on the behalf of our DelARF member non-profit organizations, their over 3,000 staff and the more than 12,000 Delawareans with serious mental illness, substance abuse and addiction disorders who we serve.

In the past year, the men and women who participate in our programs were able to live, work and continue their recovery in their communities because funding levels were preserved for community-based services. The continuation of this funding was also critical to improving the State of Delaware's financial situation as it alleviated the need for the state to pay for more expensive and less appropriate alternatives to community-based services.

We all agree that with an expected revenue shortfall of over \$300 million, our state continues to face a financial crisis. We appreciate the willingness of DSAMH and its staff to include community providers in the decision-making process to ensure that core services continue to be available during this fiscal crisis. Our involvement has set the stage for future collaboration and meaningful discussions around the costs and benefits of changes in the provision and funding of services in Delaware.

It is our hope that the final approach taken in this budget process will be forward looking as well as cost-effective. And in this regard, community-based programs are the most fiscally sound, sustainable choice that insures accessibility to services for our vulnerable population. For example, our Substance Abuse member agencies are able to provide medication-assisted drug treatment at an average cost of \$13.00 a day, per person. Our Mental Health member agencies are able to provide comprehensive mental health support services, including housing, for approximately \$150 per day per person as compared to a one day stay in the Delaware Psychiatric Center at a cost of approximately \$800. It is important to note that DPC is funded entirely from the General Fund while community programs are a shared expense with Medicaid.

We know these are serious economic times for the State of Delaware and its citizens. Working in concert with our consumers, staff, families, DSAMH and our fellow providers, we will continue to do all we can to provide the services that enhance the health of our community. Your continued support of current funding levels for the core services provided through our community programs—combined with budget cuts that focus on the reduction of high-cost emergency services, inpatient hospitalizations and state operated services—will save our State money while continuing to offer real opportunities for change for individuals and the system as a whole.

We ask that you support DSAMH's budget request and preserve funding for community-based programs.