



DELAWARE ASSOCIATION OF REHABILITATION FACILITIES

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Connie Hughes
Executive Director

Member Agencies

AHEDD

AIDS Delaware

Autism Delaware

Bancroft Neurohealth

Benedictine OCP

Brandywine Counseling, Inc.

Center for Disabilities Studies, UD

Chimes of Delaware

Choices for Community Living

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

Keystone Services MidAtlantic

MOSAIC Delaware

NAMI Delaware

NHS Human Services

Open Door, Inc.

Opportunity Center, Inc.

Psychotherapeutic Services, Inc.

Salvation Army

ResCare / VOCA DE

The Arc of Delaware

To: Members of the Joint Finance Committee

From: Rosanne Faust

DelARF Behavioral Health Commission

Date: March 3, 2010

Re: JFC -- Division of Substance Abuse and Mental Health
Budget Hearing

Good afternoon Senator Cook, Representative Williams and members of the Joint Finance Committee. I am Rosanne Faust and I'm here today on behalf of DelARF's Behavioral Health Commission. DelARF represents 15 behavioral health agencies, employing more than 3,500 staff and providing services in the community to more than 20,000 Delawareans with behavioral health and substance use issues.

People living with mental illness and addictive disorders are not strangers—they are our sons and daughters; sisters and brothers; husbands and wives. They are our co-workers and our friends. They are often marginalized and stigmatized in our society. Through participation in our programs, these men and women can succeed in their recovery living in their homes and communities, not in institutions. When they are able to live in their own community, they work, pay taxes, keep their families together and contribute to community life.

You are tasked with making difficult decisions that while fiscally responsible must also be humane. We understand that you may be forced to make budget cuts. **Cuts to community-based services are not cost effective. Quite the opposite, our programs are the cost effective solution for the state during these tough times.**

Let me provide several facts for your consideration:

- Community-based agencies under contracts with the state provide treatment and support for 80% of the people in the public mental health and substance use system and receive only 26% of the total funding the state spends on those services.
- Community-based agencies are able to provide services at a much lower cost due in part to our ability to access Medicaid and other sources of payment. State operated treatment programs and institutions cannot leverage these additional funds. Our access to these additional sources of funds allows us to assist the state in dealing with the current shortfall.
- Reduced funding for community-based programs would only increase the use and costs of less appropriate interventions, including emergency rooms, private psychiatric hospitals, the state's Psychiatric Center and even prisons. These alternatives would not save money but would only shift the financial burden in an inappropriate shell game.

We believe that the choices that the Governor and the Division have made as reflected in this budget proposal will help address the current budget crisis while also achieving long-term improvements in the public behavioral health system.

Our Recommendations:

1. We support the current Governor's recommended budget which reflects level funding from last year, and we ask the Joint Finance Committee to approve the amounts in the current budget in order to preserve essential core services.
2. We support DSAMH's initiative to close Ellendale Detox Center, which was funded with General Fund dollars, and develop cost effective alternatives utilizing Medicaid reimbursement.
3. We support the consolidation of the existing state-run mental health clinics with the existing contractual substance abuse clinics. This consolidation will improve service access, decrease fragmentation by diagnosis and payer, decrease waste and improve productivity.
4. We support the Division's efforts to prioritize discharges from the Delaware Psychiatric Center to community providers. In fact, we learned today that 71 individuals are ready for supervised community housing and could be moved if funding was available. Moving an individual from a facility costing the state over \$600 a day to one costing the state approximately \$100 a day or less is both cost effective and the right thing to do for these individuals.
5. We have been asked if we have the capacity to serve these individuals in community-based programs. The answer is a resounding YES if the state is able to shift funds from the institution to the community. We are ready, willing and able.

We want to publically thank the Division and the Department for their accomplishments during the past year and for their supportive leadership.

Community agencies are your partners in serving the citizens of Delaware. The current fiscal crisis provides us the opportunity to make meaningful changes in our public behavioral health system that will allow the state to meet both its fiscal and societal obligations. The provider community, working in partnership with our consumers, staff, families, DPC and the Division of Substance Abuse and Mental Health will continue to do all we can to sustain our programs and provide the supports so necessary for the health of our community.