



## **2/4/09: CCPA Commentary on the FY10-FY11 Biennium Budget**

We are pleased that the Governor has shown her support for community providers, but at the same time, even level funding represents a cut. We appreciate the commitment to expanding services for individuals with disabilities as reflected in her budget.

Debate at the Capitol is already focusing on whether or not the Governor's budget takes into account the full extent of the revenue shortfall, with estimates that the deficiency for FY10 and FY11 will be \$2 B greater than projected.

Now that we have had an opportunity to review the budget in detail we need to highlight a number of critical issues which will have an impact on service provision. The budget "flat funds" most private provider line items, but there are some program shifts that result in spending reductions/ aka cuts – and there is no "cost of services" increase.

### **JUDICIAL**

- Raise the age is deferred
- Funding for diversionary beds removed

### **CORRECTION**

- Community-based programs intact

### **DMHAS**

- New funding - 185 young adults
- New funding - GABHP 5% caseload growth a year
- New funding - ABI/ TBI 17 clients/ \$3.7M
- New funding - Home and Community Based Waiver – 158 placements
- The DMHAS budget reflects spending reductions in substance abuse and methadone services as programs are restructured:
- Developing tiered methadone maintenance treatment

**CCPA**

- Eliminating “excess capacity” in medically managed detox system
- Eliminating funding for zero tolerance program
- Developing ambulatory detox
- There are a number of other programmatic cuts/ or restructured programs in the DMHAS budget that reduce spending such as:
  - Eliminating all but three ACT teams and “enhancing” community support programs
  - Converting MH Case Management to CSP
  - Bundling mobile crisis, crisis respite and acute psychiatric inpatient services
  - Delaying forensic housing startups
  - The Governor proposes to close Cedarcrest. The revised bed configuration recommends two fifteen bed facilities operated by private nonprofit agencies.

## **DSS**

- HUSKY A – 10% Growth over biennium, \$70M
- Medicaid fee-for-service – 8.5% growth over biennium, \$105M
- Charter Oak Health Plan – 26,000 state-subsidized (under 300% FPL) cases by the end of the biennium
- The DSS budget defers cost of living adjustments for consumers and individuals on public assistance and defers the increase in the State Supplement for boarding home clients
- The DSS budget shows additional rate reconfigurations for methadone services reducing funding.
- The DSS budget increases copays and deductibles and changes eligibility standards for people served by HUSKY. These changes may serve to reduce access to healthcare and providers may bear the brunt of copay collections and receivables.

- Room and Board rates in the DSS budget are frozen, no longer reflecting cost reports
- ICF-MR rates are frozen, eliminating the GNP deflator
- AIDS/HIV waiver deferred
- The budget shifts Independent Living Centers to federal funding

## **DDS**

- \$35.7 million in FY2010 and an additional \$20.4 million in FY2011 is recommended to support caseload growth over the biennium.
  - Funds will support day programs for 351 individuals who are graduating from high school or aging out of services provided by the Department of Children and Families or local education agencies
  - There is funding for 85 placements into residential services provided under DDS' adult service system in FY2010 and an additional 324 individuals in day programs and 87 residential placements in FY2011.
  - Funding also supports 6 forensic (court involved) cases
  - There is funding of \$12.6 M to support caseload growth under the Birth to Three early intervention program.

## **DCF**

- Suspension of rate increases for inflation usually determined by Single Cost Accounting for Residential Treatment Facilities.
- Close High Meadows
- Eliminate funding for proposed new programs including: Safe Harbor Respite, Juvenile Justice Group Homes, Uncommitted Wrap Around Funding, and a Supported Work, Education, Treatment Program

- Eliminate Funding for Non-Core Services Grants including: Behavioral Health Partnership Evaluation, Neighborhood Centers, Community Emergency Services Grants, and other smaller programs
- Reduce supports for services to young adults past their 21st birthday
- Eliminate funding for Young Adults aging into the DMHAS system
- Revise Foster Care Rates in order to better recruit and retain foster families/ 456 subsidized adoptions and guardianships each year / 140 new foster placements each year
- Consolidate prevention programs to include programs managed by the Children's Trust Fund to become part of DCF including: Nurturing Families Network, Help Me Grow, Family Empowerment Initiatives, Family School Connection and Kinship Funds

## **DPH**

- Reduce AIDS Services funding levels
- Reduce funding for School Based Health Centers
- Reduce funding for Community Health Services
- Reduce funding for needle and syringe exchange programs, programs dealing with genetic diseases, tuberculosis and venereal diseases, and programs for children affected by AIDS or with special health care needs