

# Community Providers Want a Modernized Social Safety Net

by Hugh McQuaid | Jan 30, 2012 3:00pm



The Connecticut Community Providers Association called on the state Monday to modernize its “frayed” social safety net, which has suffered from years of flat funding and increased costs.

The association, which represents community providers who serve over 500,000 residents with mental and physical disabilities, outlined its 2012 legislative agenda at a Capitol press conference. Supporting providers with fiscal stability and eliminating unfunded mandates were among the group’s top priorities.

“Our community provider infrastructure needs to maintain its stability. We need reliable funding that recognizes the cost of services and the cost of doing services,” Gary Steck, chairman of the CCPA’s board of directors, said.

Several people who receive services from community providers spoke about the importance of adequate funding. Stephanie Mimauro, a client of Community Health Resources, said community care has helped her get through tough times by providing her a network of people to reach out to. But the network is jeopardized if providers aren’t funded, she said.

“It is very, very clear and it’s been over the last 10 years, that if funding is not substantial, good, good, good people that may desperately need more services, may have hit a pit, so to speak, can’t get to the next problem,” she said.

However, the press conference comes a week after Gov. Dannel P. Malloy ordered almost [\\$79 million in rescissions](#) due to declining state revenues. Those cuts include agencies that fund the providers. The Department of Mental Health and Addiction Services, for instance, is being asked to cut nearly \$14.5 million.

Steck said the group is still assessing how the cuts may impact the social safety net.

“We’re hopeful there will be the same kind of partnership and creative solutions so that we’ll be able to continue to provide the same level of care that we’re doing right now in partnership with the legislature and the governor,” he said.

But if the cuts end up looking like what was outlined in Budget Director Ben Barnes’ letter to the governor, it could effect the care providers are able to give, according to Alcohol and Drug Recover Center President Ronald C. Fleming.

“If it falls the way it did in Barnes’ letter it could be really tough for community providers,” he said after the press conference.

More than \$9 million of the \$14.5 million DMHAS is being asked to cut comes from the General Assistance Managed Care account, which helps to fund community providers, he said.

The prospect of decreased funding puts many providers in a bind: they enter into contracts with the state to provide a certain level of services which they may not be able to uphold if they’re operating with less money.

Most providers have already cut as much as they can from their own budgets, he said. As a result many are holding their breath to see how what the rescissions look like in their final form.

“None of us know at this point. What we do know is that the fat went out years ago, if there was any to begin with,” he said.

Reached by phone, Barnes said he was meeting with commissioner of DMHAS later in the day to work on the cuts. He said the cut to the General Assistance Managed Care account represents 5 percent or less of the very large account and some of that may be lapses already figured into the budget.

However, the cuts could impact the providers, he said.

“It certainly does have the potential to reduce funding to the vendors or the providers. I’ll be the first person to admit that. I hope it doesn’t,” he said.

Barnes said agencies may find ways to avoid reducing the number of people served by reducing the costs of contracts for a short time. They have a variety of options, he said.

Terry Edelstein, president and CEO of CCPA, said that given the budgetary situation, the group wasn’t anticipating additional funding.

“We’ll be entering our fifth year with no increases in funding and cuts that I describe as cuts below the line,” she said. “We’re not expecting that with a budget debate there will be an infusion of funding this year so we’re looking at ways to make the lives of community providers more simple.”

That can be accomplished by eliminating unfunded mandates like complying with redundant reporting requirements, she said. Edelstein said if an organization is licensed by the state and provides services for several different agencies it must get licenses from each agency and comply with reporting standards that duplicate each other.

Deb Heinrich, Malloy’s nonprofit liaison has convened a work group exploring accreditation options that simplify the process, Edelstein said.

“How can we cut across the red tape and still continue to provide quality services in a much more cost efficient manner?” she asked.

Another way to simplify red tap for providers would be to establish a unified contract for state agencies, she said. Providers sign a master contract with the state but have different types of contracts with each agency, which add their own items and reporting requirements, she said.

“If our main goal is to provide services and supports for many of the people you heard from today, let’s look at ways we can also maximize service provision and continue to assure the health and safety without going through added bureaucracy,” she said.

Pamela Fields, the executive director of the Arc of Meriden- Wallingford, said the Department of Developmental Services has recently issued an unfunded mandate requiring that providers do a fall assessment of every individual receiving services from the department. Each assessment must be done by a registered nurse and could take between one and three hours per person, she said.

“It is not funded, so when this goes into effect those resources have to be pulled from something else,” she said.