

Shorting Providers — And The Needy

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January 4, 2008

In Connecticut, we are looking at strong and clear evidence of benign neglect and a 20-year history of habitual under-funding of a vital part of our health care system. Connecticut's community providers offer services to approximately 500,000 men, women and children with developmental disabilities, mental illness and substance use disorders.

As president of Oak Hill, one the largest community providers of care for people with developmental disabilities in the state, I have seen how the state's neglect of the system has threatened our state's fragile safety net.

Over the past two decades, the state has offered state contracts to community providers with an average funding increase of 1.4 percent, even as we struggle with double-digit increases in gas, heating, electricity and health care costs.

Oak Hill is running a more than \$5 million deficit and our charitable sources are at their limit. A review of our agency's budget over the past four years shows gasoline and oil bills increasing 123 percent. Our electricity costs went up 14.93 percent annually on average for a total of 74 percent. Heating fuel went up 6.9 percent on average for a total this year of 53 percent.

Our health care costs are now within 1 percent of exceeding our administrative costs. We received a 3 percent increase in our state contracts this year. After 10 months of union negotiations, our employee bargaining unit agreed to a 1.75 percent wage increase in order to maintain the workers' health care coverage. Thus wages and health care alone exceeded the 3 percent state contract increase. In the next fiscal year the state is offering no increase at all.

In law there is something called the "reasonable person" rule. What would a reasonable person do?" It is our hope that the reasonable leaders in the administration of Gov. M. Jodi Rell and the General Assembly will say that something needs to be done and support the proposed Community Provider Rescue Fund, which is due to be considered during the next session of the legislature beginning in February.

The provider rescue fund calls for an immediate infusion of \$135 million to stabilize the system — a reasonable request given the history of under-funding.

The plan also calls for the formation of a commission consisting of industry representatives, state administration officials and health care experts to consider a long-term method of including cost of living and other fiscal adjustments in the state's annual payments to community providers. The measure also includes a capital improvement fund for community providers maintained at an annual level of \$65 million.

Community providers are the bridge provided to our state's most vulnerable residents to ensure their safety and quality of life. When the bridge collapses, it is too late and much more expensive to repair. The governor, her budget office and legislators know what the problem is, but frankly they have put off dealing with it because the budget shortfalls have been borne by our workers and have resulted in reduced services. That is the wrong approach.

Up until the last century, the people now served by community providers were to be found begging with tin cup in hand, living in abject poverty.

Today, that is no longer the case. Community providers have become the surrogate beggars pursuing powerful people to help those we serve and seeking charity to supplant what is the state's fundamental responsibility.

What often gets lost in the never-ending budget battle is the people we serve. When you say zero in next year's budget, you are saying zero to the most vulnerable. The decisions made in this year will be a statement about who cares and how much they care about those who cannot care for themselves.

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