



United Nurses and Allied Professionals
Local 5051, HCRS Clinicians
Health Care and Rehabilitation Services of SE Vermont



AFSCME
in the public service

AFSCME Local 1674, Howard Center
AFSCME Local 3977, Lamoille Mental Health Services

August 18, 2009

Re: FY 2010 Rescission Impacts

Testimony provided by Joyce Dion, LICSW, Chair, UNAP, local 5051

Impacts to Mental Health Services

- Reduced funding for Residential programs for children and youth
- Reduced funding for long term Medicaid waivers
- Reduced Medicaid funding in Special Education
- Reduced CRT Inpatient Services

I am a school clinician and I am chair of UNAP local 5051 at HCRS and I am here today representing 5 UNAP and AFSCME unions.

I want to tell you about the impacts of cuts to Medicaid funding reducing services in Residential placements, Medicaid waivers, and Special Education.

It is noted in the impact statement that there is a “current underutilized allocation” for residential treatment for children and youth. Last year some of our higher need children did not have access to residential care. Children whose behaviors and symptoms a few years earlier would have received residential treatment, did not. Children who needed such service had to go into crisis in order to receive these services. Medicaid waivers were reduced as well. What that means is that a child needing residential treatment, does not receive that treatment, nor does he or she and the family have access to the necessary wrap around services which could be provided by the Medicaid waiver.

Family members, siblings, and entire families are put at risk.

Add to this the possibility of cutting Medicaid funds for Special Education Services and our capacity for supporting high risk youth and children in the community is further compromised. Some of the Special Education Medicaid monies goes to support mental health clinicians in the schools. Criteria for children receiving services in schools include a high level of need, at risk behaviors, which is often complicated by an unstable home life.

By contrast I have heard from my colleagues who work in CRT at HCRS that they are pleased with the 4 bed Alternatives program which provides in community treatment to quickly treat and work to stabilize patients. One clinician with whom I spoke stated that it reduced hospitalizations and was better than hospitalization because clients could remain connected to the community while receiving treatment.

What I see on the Children's Services side is concerning. We cannot cut both residential and in community supports at the same time. From a front line view, there are no clear clinical guidelines defining who does get residential services. And there is no proactive way in which to access the higher level of care, e.g. residential.

This is what needs to happen. Stop making cuts to Children's services. Given this new economic reality, create a system of care for higher need children's cases which includes adequate supports in the community and allows for proactive in patient or residential admissions for assessment and treatment. If we do not do this, we will continue to shift costs to other institutions, DCF, Schools, Health care and Corrections. And we will continue to put children with serious mental health conditions at a higher risk including their families i.e. their parents' marriages, their siblings mental health and their extended families continued love and support. We all recognize that we need to move towards less out of home care, but we cannot do it in a hodgepodge way as we are doing it now.