George Karabakakis’ Testimony to House Health Care Committee

February 21, 2018

Good afternoon,

I am George Karabakakis, CEO of HCRS, the designated Community Mental Health Agency serving Windham and Windsor Counties. I’ve been invited to speak about the DMH budget. You have heard in previous testimony that the issue of funding community mental health services is an issue of parity.

I am reminded of a lone woman on a cold December day in 1955 in Montgomery, Alabama, who refused to get out of her seat and sit in the back of the bus. Rosa Parks made it very clear that she had the right to sit in the front of the bus. Likewise, I believe that community mental health services must receive the funding it deserves side-by-side with the rest of the health care system. There is no health without mental health. We speak of parity, and yet our funding priorities do not reflect that perspective.

We are very thankful for the support of Act 82 and Act 85 which has enabled designated agencies and specialized service agencies to implement a $14 minimum wage, provide increases for crisis staff, and provide support for staff across our agency.

- HCRS’ FY17 staff turnover reduced from 24% to 21%.
- HCRS’ turnover rates for FY18 seem to be decreasing.
- Over 2000 additional staff across the State now earn more than $28,000 per year.

We have some very creative and innovative programs from Police Social Work programs, blueprint and primary care collaborations, maternal child wellness, supportive housing and employment, staff co-located with law enforcement, primary care, and local schools throughout our region, Kindle Farm, our therapeutic school, and working side by side with our community partners.

We are woven into the tapestry of our community safety net. All of our innovative programs are built on a foundation of healing and trusting relationships and address the social determinants of health. The greater the turnover of staff, the greater the disruption of these relationships and connections.

Our staff are passionate and committed; yet, some work 2 or 3 jobs to make ends meet and others move on since they can make $12,000-$20,000 more in comparable positions with the State or other health care institutions.

This also creates challenges in ramping up programs. We have had positions open for as long as an entire year. This impacts access to services and creates a burden on existing staff who have to pick up the pieces to support those in need.

We have been actively involved in Health Care Reform efforts across the State – in our region we are at the table with our Blueprint for Health, ACO, and Hospitals to bring our collaborative approach to the table. We also welcome the payment reform efforts being made at DMH and DAIL and are actively involved in what a new payment structure might look like.

Last fiscal year at HCRS:

- We provided almost 2,000 crisis screenings.
- We diverted 455 people from hospitalization resulting in an estimated $26.9 million in inpatient psychiatric savings.
- We trained 131 community members in Mental Health First Aid.
- Almost 800 people were served through our Police Social Work liaisons.

Our services are cost effective and built on values that reflect the person at the center and that recovery is possible. Our staff are the ones doing that work.

We know there are many difficult financial choices ahead, and yet we know that our system contributes to savings across our State. We believe that investment in our workforce and our agencies will make a difference.

The Stage 2 Workforce Investment is critical to our success in better serving our communities. We request your support for Stage 2 of the Workforce Investment initiative, or $5.74 million in general funds, to include:

- Achieve $15 minimum wage for all designated and specialized service agency staff.
- Provide the flexibility for agencies to target compensation increases to most critical positions to meet our local needs, labor market dynamics, and fund health benefit costs.

Community mental health should not be relegated to the back of the bus. Our services and the social services we address significantly drive health care costs. We need to sit in the front of the bus if we are going to turn the curve on health care.