

NORTHWEST
REGIONAL MENTAL HEALTH BOARD, INC.

Central Naugatuck Valley Catchment Area Council #20
Housatonic Mental Health Catchment Area Council #21
Northwest Mental Health Catchment Area Council #22

969 WEST MAIN ST., Suite 1B
WATERBURY, CONNECTICUT 06708
TEL./FAX (203) 757-9603
nwrmb@snet.net website: www.nwrmb.org

**Testimony for the Appropriations Hearing
On the Governor's Deficit Mitigation Plan
March 11, 2010**

**by Janine Sullivan-Wiley, Executive Director,
Northwest Regional Mental Health Board**

Good evening, Sen. Harp and Rep. Geragosian, and members of the committee.

My name is Janine Sullivan-Wiley, and I am the Executive Director of the Northwest Regional Mental Health Board, covering the 43 towns of Northwest Connecticut. Our work, as mandated by the CT General Statutes since 1975 – and which we take very seriously – is to:

- evaluate publically funded mental health services (we evaluate over 20 programs every year)
- assess unmet needs
- and plan for and endeavor to stimulate services that are needed.

We do this with a very tiny paid staff and a very large group of volunteers– consumers, family members, general citizens and providers. During the 17 years I have been with the Board, I have had occasion to come before the legislature to make sure that you understand what we have found and what the needs are in our region.

That's why I am here today. I am deeply concerned about the effect that the Governor's mitigation plan will have. First, I truly understand that the state has got to find ways to control and reduce spending. You know that and I know that. But you should not implement this plan as it is proposed. It addresses far too much of the deficit through reductions to human service programs.

First, ANY cuts to the community providers should be unthinkable. I spoke with members of the Human Services Committee when they held a hearing in Newtown in January. I told them what I say to you now: the private non-profit providers have already given blood. They have been so underfunded for so many years. They have already been forced to shave services. They are already making at least 40-50% less than their state counterparts. They are already struggling to cover insurance, utility and rent costs, increased reporting requirements and paperwork, with funding that has been essentially level for many years, and for some – cuts that have already been made. They are already providing wonderful and cost-effective and essential services to so many of Connecticut's most needy and vulnerable citizens.

Co-pays for medications and psychiatric medications: I know you have heard a great deal about this, or you will. Psychiatric medications are not ones that can go through a "fail first" or "preferred drug list" process. In our community meetings we have already heard about people who stopped their medications because they did not have the co-pay. Those

co-pays may not sound like much, but we are talking about people on very limited incomes. The hoops to jump through with the preferred drug lists only add another barrier to people who already struggle with the side effects and histories of medications not working. The Medicaid and Medicare process should make it as easy and inexpensive as possible for people to get and stay on psychiatric medication that works. That is much cheaper than lost mental health, lost jobs, and the increased expense of higher levels of care.

We have found, through our reviews, that DMHAS-funded services are very good, across-the-board. Both state-operated and PNP. And especially in the PNP sector, these are very cost-effective services. The DMHAS leadership works well with the community and groups like our own to listen to the needs and provide what works to sustain people in the community. They have helped so many people move forward in their recovery. *That affects in a positive way every family and every community.*

I know that the budget problem is one of balancing revenue and expenditure. While the revenue side is not the responsibility of this Appropriations Committee, you all serve on the legislature as a whole. I would suggest, therefore, that some more attention be paid to revenue.

While I know that speaking in support of increased taxes is heresy in some circles, I'm sorry – it just seems more fair to ask the people with really high incomes (for example someone making over \$500,000 a year) to pitch in a bit more. To put it in perspective, I know many people in the DMHAS system whose **total monthly income is under \$1000**. It can be as low as \$800/month. **They are the ones being asked to pay those additional co-pays, and not able to get the medications that they have been successful taking.** When I compare that to **\$41,666 a month**, (for the person making \$500,000) it just seems fair that **the latter could do a bit more**. They are making in a week what many DMHAS clients get in a year.

So my theme as you consider – and hopefully reject – the Governor's proposed Mitigation plan is:

**PLEASE BE FAIR.
FAIR TO THE PEOPLE WITH DISABILITIES
AND FAIR TO THE PRIVATE NON-PROFITS.**

Thank you.

