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INVESTMENTS PAY OFF IN THE DMHAS BUDGET  
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It is nice to be here testifying *in favor* of something instead of protesting cuts. DMHAS did well in the governor's proposed budget, but perhaps not as well as you think. At least \$8,000,000 is a transfer from CSSD for successful *existing* programs that keep people with mental illnesses out of jail for minor offenses that are better treated (and *much* more cheaply) in the community.

Also, almost none of the new money stays with DMHAS. It goes to community providers who will submit competitively reviewed proposals to serve people currently in long term hospital and nursing home beds. As you know, non-profit community providers are even more of a bargain than they ought to be because of contracts that have not kept up with inflation for decades.

More importantly, the DMHAS budget continues the very positive direction of recent years toward **person-centered service planning** and **recovery** orientation that has made Connecticut a national leader. This promotes stability and reduces the use of expensive emergency services. It has improved the morale and work-force participation of people with mental illnesses. It *demonstrates* that recovery happens. For people with mental illnesses, **stable programs mean stable people**.

DMHAS and community providers are currently changing to a skills-teaching model of case management, called Community Support programs (CSP), in which staff will do less *for* clients and *teach* them to do more for themselves. (This has always been a goal, but this time the teachers are actually learning to teach.) The new program also uses peers—i.e. trained clients—to teach, to engage reluctant clients in services, and to monitor people who have reached a level of stability.

DMHAS increasingly uses “fidelity scales” to assure that providers follow the new models. These are detailed checklists that match an agency's performance against standards set by the people who developed the approach and collected the evidence to show that it works. Fidelity reviews do not promote blind compliance. They illuminate points of divergence that may be justified by unique circumstances, but perhaps also by advantages that we have over the places where it was developed.

DMHAS deserves credit for maintaining open dialogue with providers, especially when providers in other states are afraid of and alienated from their funders. Commissioner Rehmer and her team meet with *every* constituency, including providers, NAMI, and the Regional Mental Health Boards. We don't always agree, but we always learn what to expect and why. The biweekly meetings with those *implementing* the new CSP program are an excellent example. Over the months I have observed them, resistance has shrunk and understanding has grown.

In sum, the Governor's DMHAS budget is a vote of confidence in an efficient and effective state agency. It has good leadership that participates in *externally* funded research to develop best practices, which it then prepares its constituencies to implement and to accept. As an independent, *citizen-based* planning and evaluation agency, the Eastern Regional Mental Health Board believes that this budget is a **good investment** in reducing long-term costs and promoting the recovery and reintegration of people with mental illnesses into our communities.

Thank you very much for your time and attention.