

Testimony presented by Marcia DuFore  
On behalf of North Central Regional Mental Board  
February 15, 2013

Distinguished Senators and Representatives of the Appropriations Committee,

My name is Marcia DuFore. I am testifying as Executive Director of the North Central Regional Mental Health Board. Our Board is mandated by statute to study the mental health needs of people in our region and assist DMHAS with setting priorities for improved and expanded services to meet those needs. Our volunteer evaluators include people who use services, their families and concerned citizens in the towns and cities where services are delivered.

We appreciate and thank you for your efforts and those of the Governor to preserve critical behavioral health services that maintain a safety net for some of our most vulnerable citizens. This is a difficult, but necessary task in these economic times.

We would like to speak in favor of some of the proposals in the DMHAS budget for FY 2014 that are aligned with these efforts and that continue in the very positive direction of investing in our communities and the lives of our constituents.

We especially appreciate and urge your support of a cost of living increase for nonprofit providers.

We appreciate and urge your support for new funding for the establishment of Health Homes, an initiative designed to coordinate the behavioral and physical healthcare for our constituents. This new funding, combined with in-kind support from state operated and privately provided services, will result in \$50 million in additional revenue over the biennium due to a 90% federal match available under the Affordable Care Act.

We appreciate and urge your support for the investment in affordable and supportive housing. These are desperately needed investments, especially with anticipated cuts at the federal level. Coupled with funding in the DMHAS budget for discharge and diversion

placements from institutional settings and supportive housing services for new tenants, we are in a position to offer greater safety, stability, and community life for our most vulnerable citizens. The lack of safe, affordable housing threatens recovery for individuals with behavioral health concerns and results in extra costs and gridlock for the service system. Investing in a combination of affordable housing and flexible support services is an essential first step for engaging people in treatment and promoting recovery and reduces our reliance on emergency shelters, prisons, hospitals, and nursing homes as places where we send people to languish.

**We ask that you restore funds in the DMHAS budget for legal services;** cuts to this budget item will directly impact Connecticut Legal Rights Project's ability to provide the necessary and effective legal representation to persons living with psychiatric disabilities and interfacing with the public mental health system. Of particular concern is how these cuts would disrupt the organization's ability to provide legal representation to individuals who are facing evictions and other-housing related discrimination issues. As mentioned earlier in my testimony, access to housing is an extremely effective tool in people remaining and succeeding in their recovery from serious mental illness.

**We appreciate and urge your support for funding for the increasing numbers of young adults entering our service system.** This is a group for whom Regional Mental Health Boards have long advocated and for whom we have a particular fondness. The needs of young adults who will be transitioning from DCF are complex and their numbers continue to grow. We are grateful for your continued support of these programs. **However, it must be understood that only a portion of young adults are in DMHAS Young Adult Service (YAS) programs;** over 5 times as many receive services from community providers without specialized YAS funding and still more are privately insured with no access to non-clinical recovery supports. Young people describe great difficulty with coming to grips with their illness, knowing where to go for resources, finding a point of entry, establishing eligibility, endless waiting lists, and outdated treatment modalities. These are the peak years when major mental illnesses develop and affect young peoples' future prospects for healthy, productive lives – critical years for completing education, preparing for the workforce, and living independently. Making right kinds of services available to them now is essential – for their future and ours. Their road to recovery is a journey and they will need access to variety of treatment and support services along the way. Our system operates in silos and is at or beyond capacity at

many of these access points. People are getting stuck. Making it right will require greater and a different use of resources and much creativity and collaboration among all the partners in the service system - both public and private. We must find a way to offer recovery supports like case management, supportive housing, supportive employment and education to young adults who are not eligible for public assistance - as an adjunct and sometimes alternative to clinical treatment. We must make better use of peer supports for engagement and system navigation. We must work as work partners and allow our service system to be influenced by the young people themselves, by the communities in which they live, the school systems that are graduating them, and the colleges and technical schools who are educating them.

Connecticut must also work to ensure that health insurance programs in our state are compliant with mental health parity laws and that program rules, such as prior authorizations, co-payments, and premiums do not impose barriers for accessing behavioral health care, especially for these young people who are our future.

Please invest our state's precious resources in proven approaches that engage individuals with behavioral health concerns in treatment and support services that promote recovery and wellness while honoring their full rights as citizens.

Please oppose measures, for example outpatient commitment, that would further marginalize and discriminate against persons with behavioral health challenges.

Again, thank you for your time, interest, and attention.