

Testimony for DMHAS Public Hearing before the Appropriations Committee 02/15/2013

Respectfully Submitted by Kristie Barber, Executive Director of the Region II, Regional Mental Health Board and Vice Chairperson of Keep the Promise (KTP)

Good Evening Senator Harp and Representative Walker, and members of the Appropriations committee. My name is Kristie Barber, I am the Region II Regional Mental Health Board Executive Director and I am the Vice Chairperson for The Keep Promise (KTP) Coalition. This is a significant time to discuss mental health services because more than ever good quality care is increasingly important to sustain and improve and especially in the youth and young adult population. Early Intervention is one of the best indicators for a successful recovery from mental health conditions.

So, therefore, the money being pulled for funding for twenty-two new or expanded School Based Health Centers which was a huge victory for the advocacy community last year is an incredibly big loss for Connecticut Citizens this year. The dollar amount is approx \$5.5 million. I realize it is easier to take money away from a new endeavor but this is *not* the time to pull money from mental health emphasis in our school systems. Many young people get pushed aside during the most critical time period in which to help them, and early intervention and treatment for mental health conditions is vitally important. Also, teachers, administrators, and other staff in schools need the clinical expertise and support in this area.

Other areas of Concern for our mental health system are:

1. Concern over the annualized deficit mitigation and recession cuts for DMHAS. The cuts that were made to DMHAS in this fiscal year will be an annual reduction, total dollar amount \$1.5 million. Those deductions will affect staffing and the service system at Connecticut Mental Health Center (CMHC, New Haven), DMHAS, and additional programs supported by DMHAS.
2. Approximately \$50 million dollars is proposed to be cut in the grant accounts to providers that currently pay for clinical services. The rationale from Governor Malloy is that the Affordable Care Act (ACA) will enable people to have insurance or Medicaid coverage for these services. I say, it is too soon to pull this money as these funds are critical for the private non profit providers to deliver quality care.
3. Reduction of legal services which will directly affect Connecticut Legal Rights Project (CLRP) legal representation for inpatient clients at Connecticut Valley Hospital (CVH) and for people with housing issues. The cuts impact the Inpatient Advocacy and Housing Advocacy budget line items. Last year CLRP served 363 people with these critical services. Many times people with mental health disorders are not adequately represented or have an advocate to help them navigate a grievance process or housing issue. These are vital services.
4. There are some models that have proven effectiveness and would benefit from additional or new money from the State Government. It is important to note that the Housing First model is effective for the "hard to serve" clients. This model gives people a safe place to live and builds clinical supports around them. There is also a Peer Bridger model that is effective for patients that have challenges engaging in services. This model uses a peer (someone with lived

experience, used in the mental health field) to be a mentor to someone who has recently had a hospital stay and needs supports when they leave. Also, Advanced Directives are valuable to assist someone who is in crisis and is deemed not capable of making a clinical decision. Advanced Directives allow a client/patient/person to appoint a person that they trust to make their medical treatment decision in the event they cannot.

5. Kudos in the budget.....Increases funding for ABI/TBI placements, Increases funding for YAS, Increases funding for the Discharge Fund for patients at CVH. Annualizing the 1% COLA for non private providers. Increased funds for Supportive Housing which is a successful and cost-effective approach to addressing homelessness by creating permanent affordable housing with mental health services.
6. Young Adult Services (YAS) needs to be available to young adults throughout the state, currently; YAS is not available in every catchment area. There are also many young adults that could benefit from YAS that are not DMHAS eligible so this program really needs to be expanded beyond the DMHAS service system.
7. In this budget, there are many areas where funds are combined or "rolled up" into a more general account, one example of this is funds for a children's mental health line item is rolled up into a kid care account which covers medical and psychiatric services. It is more difficult to track and help protect the money if you cannot locate it under its own special line item.

One more thing....a phrase to help guide us in the aftermath of the Sandy Hook Tragedy.... **Not everyone with a behavior problem has a mental health diagnoses.....Not everyone with a mental health diagnoses has a behavior problem...focus on the behaviors of the individual**

Many thanks for your time and attention!! It makes a positive difference!!