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## NORTHWEST REGIONAL MENTAL HEALTH BOARD, INC.

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

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Testimony before the  
Appropriations Committee Public Hearing  
Health and Hospitals Subcommittee

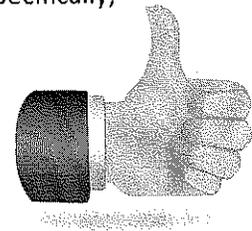
By Janine Sullivan-Wiley  
Executive Director, Northwest Regional Mental Health Board, Inc.  
February 18, 2014

Good afternoon Senator Bye and Representative Walker, as well as of the members serving on this committee. Thank you for your time and attention.

My name is Janine Sullivan-Wiley, and I am the Executive Director of the Northwest Regional Mental Health Board. The Regional Boards represent the grassroots and all of the stakeholders of mental health and substance abuse services. We conduct evaluations and assess the unmet needs for behavioral health services in our communities. We work to address stigma against people with behavioral health disorders, noting that stigma is a barrier to treatment and recovery. We try to assure that policy and funding decisions are consistent with what we see at the local and regional levels. I have been here before to speak to the needs of the people of the 43 towns of Northwest Connecticut, and how the budget as it is proposed will impact them.

First: Thank you for the support for mental health services that is evident in this budget. That demonstrates that you recognize the need for these services in our communities. Specifically, thank you for:

- ❖ The additional funding for supportive housing and RAP certificates will help people find and keep stable housing – a key component of wellness.
- ❖ I am also intrigued by the funding proposed for an anti-stigma campaign, and hope that the state utilizes the expertise already established in DMHAS, the regional boards and other organizations to develop cost-effective strategies to accomplish this.



Regrettably, that is not the end of the story for the citizens of northwest Connecticut.

What I wish to make you aware of:

The first is not new news: **The private, not-for profit agencies have become seriously eroded by years – actually over a decade - of underfunding.**

The cracks in this critical part of the safety net are widening: hours and days of services are being cut. The time of budget stretching and implementing cost efficiencies is long past.

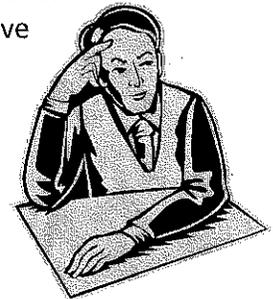


Additionally, in our region we have seen the damage done when **hiring freezes in state services** have resulted in truly necessary staff not being able to be replaced in a timely fashion. So in some cases services that look like they are there, really aren't.

But there is a **very serious situation** that you might not be aware of but need to be as it has rapidly reached the crisis stage: **the current complete inadequacy of outpatient mental health services in our region**. This is *NOT the fault of the very willing providers*. The problems are far bigger than they are.

There are two basic barriers:

1. **The reimbursement rates for Medicaid** are far below – often less than half - of the cost of providing those services. Simple fact; devastating impact.
2. There is a major workforce shortage in one critical area:  
**There are not even near the number of prescribers – primarily psychiatrists – that are needed to meet the demand.** In our region, the hospitals provide the lion's share of outpatient services. They provide excellent outpatient services. But they cannot meet the demand. Since Sandy Hook there is a real focus on people getting the help they need. **It is tragic when help is sought but unavailable.**
  - If you live in Danbury and call the Danbury Hospital Community Center for Behavioral Health, you will find that they are closed to admissions.
  - In Waterbury, both Waterbury Hospital and St. Mary's Hospitals are so far above their capacity that they scramble to provide the care that people seek. Their admissions open and close as people leave care and create a vacancy. You can imagine the misery that can cause a provider – how can they turn away the needy? But if they don't have the staff, how can they serve them?
  - As of January, we were advised that there were *seventeen* vacancies for psychiatrists in the state. That is far more than the pool from which the hospitals and even DMHAS can hire. Some of the doctors now in the system move from agency to agency, shifting but not eliminating the problem in a kind of psychiatrist musical chairs. Some of the need is addressed through what are called Locum Tenens, but that solution is expansive, temporary and not ideal.



We need everyone's help in addressing these complex situations. If these problems are not addressed we can fight stigma, we can provide Mental Health First Aid, and we can encourage people to get the help they need – but for many people it won't happen. Please help us.

Thank you.