

Testimony presented by Marcia DuFore
On behalf of North Central Regional Mental Board
Before the Appropriations Committee
Department of Mental Health and Addiction Services (DMHAS) budget
February 18, 2014

IN SUPPORT OF
H.B. No. 5030 AN ACT MAKING ADJUSTMENTS TO STATE EXPENDITURES FOR THE FISCAL YEAR
ENDING JUNE 30, 2015

Senator Gerratana, Representative Dillon and 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 (NCRMHB). Our Board's responsibility is to study the mental health needs of people in our region and assist the Department of Mental Health and Addiction Services (DMHAS) with setting priorities for improved and expanded services to meet those needs. Our constituents include people who use behavioral health services, their families and concerned citizens in the towns and cities where services are delivered.

We would like to speak about some of the proposals in the Governor's budget for FY 2015 that are aligned with our efforts and that continue in a positive direction of investing in our communities and the lives of our constituents. We very much wish to thank you for your efforts and those of the Governor for the attention you have maintained on critical mental health services and supports. At the same time, we are acutely aware of people in our communities who are struggling to find and access the services they need to live safe and independent lives - so we wish to highlight some of their concerns as well.

First on our list is supportive housing. We applaud and strongly support the additional 110 units of supportive housing that are included in the Governor's budget. The lack of safe, affordable housing threatens recovery for individuals with behavioral health concerns and results in extra costs and system gridlock. Supportive housing is a proven, effective approach for addressing peoples' basic needs and goes the extra mile of providing supports and services that promote their recovery and wellness. We also applaud and strongly support the Governor's Mental Health Initiative that provides additional funding for underserved and high-risk populations - at both ends of the age spectrum - whose needs are more complicated and,

as a result, often fall between the cracks. There are places of major gridlock in our system. As a result, we have people who linger in inpatient settings or state hospitals and cycle through our emergency rooms, courts, or worse yet, our prisons, because we are not investing adequately or smartly in a continuum of care that addresses the needs of people at all levels of care. Increased investment in supportive housing and transitional and residential services will help. We urge you to support these initiatives.

We would be remiss if we did not put in a special plug for two underserved populations of concern to us at opposite ends of the age spectrum. There has been much talk since the tragedy in Newtown about young adults. CT has been extremely supportive of DMHAS Young Adult programs over the years and we are extremely grateful for your responsiveness to their needs. Unfortunately, there is a large and growing number of young adults who are not served by that program and not eligible for DMHAS services. Of the approximately 18,000 young adults in our system, only about 1,100 are currently served in DMHAS Young Adult Programs. We recommend expanded DMHAS grant funding for young people who may be experiencing their first mental health break or are in need of some of the outreach, engagement, and other supportive services that only DMHAS provides.

At the other end of the age spectrum are older adults. Unfortunately the majority of older adults with mental health or substance use problems do not receive treatment. Only one third of those living in the community who need services receive them. Of those who receive treatment, most go to a primary care physician who often has minimal expertise in geriatric behavioral health. There are a multitude of reasons why behavioral health services are often overlooked (ageism, lack of awareness and stigma, workforce shortages, reimbursement issues), but the reality is that we baby boomers are getting older. We anticipate that by 2030, the number of older adults with psychiatric disorders will equal or exceed the number of younger adults with similar disorders. Of grave concern is the fact that people living with serious mental illness are dying 25 years earlier than the rest of the population, in large part due to unmanaged physical health conditions. Three out of every five persons with serious mental illnesses die due to a preventable health condition. Persons living with serious mental illnesses have significantly higher prevalence of major medical conditions that are in large part preventable. This is a group whose needs must be considered in the Governor's Mental Health Initiative. We are hopeful that CMS will approve Connecticut's applications for Health Reform Initiatives such as "Health Neighborhoods" and "Health Homes," and that these

initiatives will provide some of the resources needed to address the concerns for this growing population who need specialized, coordinated, and integrated care. But we ask you to pay attention to the way our scarce resources are distributed and make sure that this group of people is not overlooked.

We ask you to support the Governor's proposal and dedicated funding for an anti-stigma campaign. Stigma is a significant barrier to individuals and families for seeking the help they need. There is great demand in our communities for educational and awareness approaches that dispel negative perceptions and misinformation and promote, instead, environments where people who are struggling with mental illness are not ashamed to seek treatment. Educational programs such as Mental Health First Aid, Parents and Teachers as Allies, Community Conversations about Mental Health, and QPR for Suicide Prevention have been well received and should continue. We urge your support as well for Crisis Intervention Team (CIT) training for police officers - a program that has proven effectiveness for developing the awareness and skills needed to de-escalate and respond appropriately in situations they encounter involving people with mental illness who are in distress.

Lastly, we are concerned about system capacity. With the implementation of the Affordable Care Act, a significant portion of DMHAS grant funding, funds that have previously been directed toward services for people who were uninsured, was transferred to the DSS budget. The assumption was that, with expanded Medicaid coverage, the number of uninsured would drop significantly, so there would no longer be a need for those funds in the DMHAS budget and a greater need to fund Medicaid programs. This assumption concerns us on several levels: First, given the difficulties that people are describing with establishing or maintaining eligibility in Medicaid programs, how can we assume such a large proportion of the uninsured will quickly become insured - or even remain insured? How do we preserve adequate funding for life-sustaining supports such as coordination of care, case management, vocational, and housing supports that are not funded by Medicaid? How do we address the fact that Medicaid rates are wholly inadequate for covering the cost of care? And finally, how do we keep a fragile system of care stable while all of this is being sorted out? We ask you to look carefully at the proportion of DMHAS grant dollars that are needed, at least in the short term, to ensure the stability of the community mental health system. For the long term, we ask you to take a serious look at our Medicaid rates and our ability to attract and maintain a stable and adequate workforce that can address the behavioral health needs of our communities.

Again, we want to thank you for all your efforts and for caring about the concerns of some of our most vulnerable citizens. We hope you will consider these comments in your deliberations.

We do thank you for your time, interest, and attention.

Sincerely, Marcia DuFore