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# NORTHWEST REGIONAL MENTAL HEALTH BOARD, INC.

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Testimony for the Appropriations Committee

On the Governor's Proposed budget

## DSS expenditures and recommendations

February 27, 2015

My name is Janine Sullivan-Wiley and I am the Executive Director of the Northwest Regional Mental Health Board, Inc. As background, the Regional Boards were established by state statute 40 years ago to provide a community-based assessment, planning and oversight entity for mental health services.

In that capacity we have a long history of assessing and improving services and identifying unmet needs and working to bring what is needed into our communities. We also have a committee of persons in recovery from mental illness called the Consumer Action Group that has met to consider mental health services, systems and needs for over 23 years. This work gives us a window into not just DMHAS services, but a broad range of community issues that cross agencies and purposes.

Based on information from our evaluations, needs assessment and a series of workgroups of the Consumer Action Group, **we are opposed to the following changes in the Department of Social Services budget:**

- **Medicaid provider rates:** Proposed changes would limit access to services for people on Medicaid by reducing provider rates that *are already inadequate* to cover the cost of services. **Rates need to be increased, not decreased.**
- **Closure of the Torrington DSS office:** This office is essential for access to DSS for people from the many towns in the northwest corner of the state, not only Torrington. There is NO public transportation from Torrington to Waterbury. The suggestion that this access could be done by phone ignores the fact that phone access already is a barrier with wait times routinely over 60 minutes. This population often relies on prepaid cell phones; they cannot afford to waste 60 minutes or more of that time on hold. **The Torrington DSS office must be retained.**
- **Reduction of DSS staff.** There are already too few staff to do the work needed. **Further staff reductions will only make the situation worse.**

A process was begun several months ago wherein the input of over 100 DSS clients who also have mental health issues and are served by DMHAS providers was used in identifying the many issues that pertain to DSS services and processes. Their findings made it clear that the already bad situation for them will only be **made worse by the proposed cuts**. These are detailed below so that you may have a

**clear sense of their experience of the problems** that already exist and will only be made worse by the proposed cuts.

Points noted by consumers:

- “Anxiety worsens when simply thinking about dealing with DSS, exacerbating our symptoms of frustration, anxiety, hopelessness, helplessness, disappointment and anger. “
- The process is problematic for people with a history of trauma.
- “There are long ‘hold & wait’ times on the phone, which leads to loss of our limited minutes on our cell phones and our batteries dying.”
- “Having to go to DSS can take up a whole day, and often we have to come back due to not having enough of, or the correct, documentation.” That can also mean “having to take time off from work as we move towards independence.”
- “I went to the office to apply for cash assistance, but after waiting in line outside for ½ hour, I heard the security guard say to someone else they were not taking any more cash applications that day. “ The day was wasted, and I was not able to make my application.
- Even staff have had the same issues with contacting staff at DSS.
- Handicapped /physically ill people waiting at DSS may have diabetes, urinary issues or other medical conditions- but there is no food/drink allowed in lobby. This can also interfere with mothers with their babies & infants.
- It’s not easy for average person, let alone a person with any type of disability, to know what questions to ask, due to their anxiety or inability to wait in the long line, or crowded waiting room.
- Some feel unsafe while waiting in the lobby, due to other’s behaviors. “We feel afraid to go by ourselves, and have to find someone to come with us. “ That means two people have a whole day lost to a process that may not even work then.
- “DSS loses paperwork on a regular basis. This means that the process has to be done all over again, and can result in being “kicked off” benefits that are essential for day to day living. “

Consumers have noted that “once we do get in the back to speak with them, most of the staff are nice and helpful, and our problems or questions have been resolved.”

The consumers in the workgroup suggested the following system changes:

- “Please go back to having a case manager/point person who clients can become familiar with and feel comfortable with, rather than the process that is becoming increasingly impersonal and anxiety-provoking. “
- “Develop have a “call back” system like SSA, so that the individual does not have to waste literally hours on hold.”
- “Find a way to schedule appointments with a window of time to be seen.”

In conclusion it is clear that increased rather than decreased provider rates, some reform of the DSS processes, retention of the existing Torrington office and more rather than fewer DSS workers is indicated.

**On behalf of the many voices that these comments represent, thank you.**