

# Testimony before the Appropriations Committee on the Governor's Proposed Biennial Budget

Public Hearing Date: March 6, 2015

Margaret Watt, Executive Director, Southwest Regional Mental Health Board, Norwalk, CT

Re: Proposed cuts to Regional Mental Health Boards

Senator Bye, Representative Walker, and members of the Appropriations Committee:

My name is Margaret Watt and I am writing to oppose the inadequate funding of mental health services generally. **I also want to speak specifically to the importance of restoring the Regional Mental Health Boards (RMHBs).**

**The 5 Regional Boards are a vital component of the mental health system, and they pay for themselves *many times over* through the \$23M in federal funding they help bring in, together with the Regional Action Councils. But if their already small budget (just over \$100K each) is "reduced" as proposed, the Regional Boards will shut down forever, which will silence the community's voice in mental health.**

Full disclosure: I am the Executive Director of the Southwest Regional Mental Health Board. It's odd for me and my colleagues at the 4 other Regional Boards to be talking about ourselves, because we usually play a supporting role: *making sure the behavioral health system is working well, and that it's headed in the right direction.*

We are the **state's guidance system for mental health**, established 40 years ago by the legislature so that the community could provide **independent oversight** of a system that was then perhaps best known for the abuses suffered by many people with mental illness who were institutionalized for life.

Someone told me this week that, to the outside community, we're invisible. Our work is behind the scenes. We're the ones organizing people at the grassroots level to identify needs and evaluate state-funded programs. We're developing the priorities that are used at the regional level and required at the state and federal level—both for planning and for that \$23M in funding. We do what you legislators do: outreach, community conversations, coalition building, and planning!

We bring together people with mental illness, their families, and service providers to do program evaluations, training, education, and advocacy. We fight stigma and discrimination—issues identified in the Sandy Hook report—through Mental Health Awareness Month, trainings, and presentations. We connect the people who are falling through the cracks with programs that can help them—and we connect programs with each other to learn about new models and best practices.

That's "invisible," just like air. But what happens when the air goes away?

**If the Regional Boards lose their funding:**

- Who will help the 80 year old mother I spent an hour with Wednesday, who's concerned about her 48 year old son with schizophrenia who lives at home and doesn't drive or work? He sees a therapist and takes medication, but she didn't know about the case management, travel training, day program, and cognitive remediation options available to him.
- Who will be there to guide and advocate for the additional people who fall through the cracks once services are cut to the bone across the whole range of health and human services?
- Who will help DMHAS focus their reduced funding on the services that represent the community's priorities?
- Who will do the needs assessment and planning that bring in the federal grants for mental health and substance use?
- Who will hold community conversations, provide free mental health screenings, organize anti-stigma campaigns, or provide training and resources?

I realize that you have lots of programs to fund, and not enough money to fund them fully. **But if you de-fund the Regional Mental Health Board structure, you will silence the community's voice in mental health, risk losing \$23,000,000 in federal money, and never rebuild the coalitions that exist now.** Are those losses worth \$584,000?

## Additional Comments on the Value and Cost-Effectiveness of the RMHBs:

**I believe that the state's \$121,202 investment in my organization, the Southwest Regional Mental Health Board, is amply repaid through our community-based needs assessment and coalition work alone. Yet we do so much more than that,** leveraging the time and talents of volunteers throughout the region as well as making our staff available 7 days a week. A few examples:

- During the month of October alone, our Wellness Month activities reached 2400 people, connecting many with supports and services. Our mental health screenings identified 312 people at risk, including one who was actively homicidal and several who were contemplating suicide. **What value do you place on a homicide averted, on suicides prevented?**
- During Mental Health Awareness Month, we organized 53 presentations, trainings, films, talks, and other activities to foster education in the community. **What value do you place on consciousness-raising that enables individuals to seek help and families to ask for or offer support?**
- Our TurningPointCT.org website was developed based on outreach to teens and young adults who have struggled with mental illness and addiction. The design and content of the site were entirely developed by young people in CT for young people in CT. **What value do you place on empowering young people to show that recovery is possible, to become advocates for others?**
- Our Community Conversations on Mental Health initiative identified the need for early detection; we responded with new free online mental health screenings, an expanded mental health screening program, and a new pilot test to incorporate behavioral health screenings into medical check-ups. **What value do you place on prevention and early identification?**
- Our biannual Regional Needs Assessment identified problems with access to outpatient behavioral health services. We are now conducting a study to determine the system capacity, define barriers to access, and make recommendations. **What value do you place on action-oriented research?**

**Please be aware that virtually any budget cut to the Regional Mental Health Board budgets will eliminate us.** The SWRMHB program budget is just over \$150,000, with \$121,202 from the state and the remainder (which varies annually) from the towns we serve. To hold our expenses down, we do not provide staff with benefits; I work double the hours that are in my job description; and we rely on the dedicated volunteers from our Catchment Area Councils to expand our reach and participate in all our work.

If the state "reduces" the RMHB funding to save \$584,000 across all 5 Boards, none of the RMHBs will be able to survive. Replacing the RMHB by hiring a for-profit organization or university to conduct the regional needs assessment or a single evaluation will cost more than our whole year's budget, while accomplishing none of the other initiatives we currently provide.

Please see the attached list of accomplishments over the past year and a half, achieved with the equivalent of 1.75 staff members.



## Recent Accomplishments (2014-15) at Southwest Regional Mental Health Board

- Study of barriers to accessing outpatient behavioral health services underway
- Development of online service locator map underway
- Planning for pre-test to integrate behavioral health screenings into medical clinics underway
- Biannual regional needs assessment conducted (jointly with Regional Action Councils) and used to develop regional and state priorities (see [here](#))
- Region's needs represented at State Planning Council, State Board, and monthly meetings with Commissioner of Mental Health and Addiction Services
- Teens and young adults mobilized to create [TurningPointCT.org](http://TurningPointCT.org), the new wellness resource for young people in CT
- Region-wide advocacy coalition organized involving participants from across the region and throughout the lifespan
- Free advocacy training provided to 30+ community members
- SW CT Regional Legislative Forum on Mental Health attended by 130 community members and 13 legislators
- 2400 individuals reached during the revised Wellness Month
- 900+ free mental health screenings provided, with referrals made for 30% of participants
- Mental health presentation organized for Food, Fuel & Shelter coalition
- 73 hours of Community Conversations on Mental Health for 190 members of 14 communities
- *Healthy Minds, Healthy Communities* [report](#) published and widely disseminated
- 53 events, trainings, and proclamations offered during Mental Health Awareness Month
- Mental Health First Aid training provided free to 80 town & shelter staff
- 5 suicide prevention trainings provided (English and Spanish)
- Study conducted of Medicaid Reimbursement Option group homes
- Presentations organized on peer programs, advance directives, 211, mobile crisis, Melissa's Project, and more
- College mental health collaborative forum organized around legal rights
- Consumers and providers given a venue for collaboration through Catchment Area Councils
- Community members connected to services, supports, groups, and programs
- Cross-fertilization of ideas among groups and coalitions throughout the region
- Video-based awareness campaign developed
- Film screenings, health fairs, and trainings offered with our partner agencies
- Online mental health screenings and Mental Health Events Calendar maintained at [HealthyMindsCT.org](http://HealthyMindsCT.org) website
- Resource guides revised, expanded and translated into Spanish
- 1000s of educational brochures and resource guides distributed