



STATE OF CONNECTICUT

ASIAN PACIFIC AMERICAN AFFAIRS COMMISSION



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March 6, 2015

Senator Beth Bye
Representative Toni E. Walker
Appropriations Committee
Legislative Office Building Room 2700
Hartford CT, 06106

Testimony Opposing the Governor's Proposed FY 2016-2017 Biennial Budget
Regarding the Elimination of the DMHAS Mental Health Regional Boards

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Mui Mui Hin-McCormick

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Dear Senator Bye, Representative Walker, and honorable members of the
Appropriations Committee,

My name is Mui Mui Hin-McCormick, I am the Executive Director of Asian Pacific American Affairs Commission (APAAC). I also serve on multiple boards and coalitions; in particular the Commission on Health Equity (CHE) serving as the Treasurer and Chair of the Data Committee, the Connecticut Multicultural Health Partnership (CMHP) serving as the Vice Chair for Membership Services and Co-Chair of the Ad Hoc Committee on Race, and the North Central Regional Mental Health Board and Vice-Chair of the Catchment Area Council (CAC) 23. CAC's offer a common ground for consumers, family members, and providers to work together in support of their communities. On behalf of the Asian Pacific American Affairs Commission, the Commission on Health Equity, the Connecticut Multicultural Health Partnership, and the North Central Regional Mental Health Board I am submitting testimony opposing the Governor's FY 2016-2017 Biennial Budget regarding the proposed DMHAS cuts that would eliminate the Mental Health Regional Boards.

It is important to provide some background information on APAAC, CHE, and CMHP. Similar to other agencies, these agencies have limited funding and resources; welcoming opportunities to collaborate with agencies and communities. These agencies also share common goals of addressing disparities in underserved communities. APAAC represents one of the fastest growing minority populations. U. S. Census reported Asian Pacific American (APA) population grew in Connecticut from 95,368 in 2000 to 157,088 in 2010, which is remarkable as this is a 65% increase in just ten years. APAAC represents almost fifty countries and numerous Asian languages. APAAC makes recommendations to the Governor, General Assembly, state agencies, service providers, etc. on health, safety, education, economic self-sufficiency and efforts to remain free from discrimination within the APA community in Connecticut. APAAC focuses on APA issues; partnering with various agencies, groups, communities etc. to address the rising concerns in education, business & economics, health care, behavioral health, legal, and housing. Our APA community struggles with finding appropriate cultural and linguistic behavioral health services to access because there is a lack of providers that address APA needs.

CHE was signed into legislation in 2008 under Public Act No. 08-171, "an Act Establishing a Commission on Health Equity." The purpose of CHE is to affect legislation to improve the health outcomes of residents based on race, ethnicity, gender and linguistic ability. In establishing CHE, the Connecticut General Assembly acknowledges that: (1) equal enjoyment of the highest attainable standard of health is a

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human right and a priority of the state, (2) Connecticut residents experience barriers to the equal enjoyment of good health based on race, ethnicity, national origin and linguistic ability, and (3) that addressing such barriers requires data collection and analysis and the development and implementation of policy solutions. The Connecticut Commission on Health Equity was established to eliminate disparities in health status based on race, ethnicity, gender and linguistic ability, thereby improving the quality of health for all of the state's residents.

CMHP was launched in July 2008, through the Connecticut Department of Public Health Office of Multicultural Health (DPH-OMH). CMHP was established to draw together expertise, resources, and programming to eliminate health disparities in Connecticut. With financial support from the US Department of Health and Human Services, Region 1 Office of Minority Health, CMHP focused on an organizational structure that relied on voluntary resources to serve in executive level positions and a large member base of men and women dedicated to eliminating health disparities through policy and program initiatives. In 2009 and 2010, federal funds were dedicated to DPH-OMH staffing and CMHP product development. In 2013, CMHP received a grant from the Office of Minority Health to continue its work in promoting the adoption and implementation of CLAS standards (National Standards on Culturally and Linguistically Appropriate Services) in Connecticut. CMHP mission is to develop and implement a state plan to identify and address health disparities and multicultural health issues through the effective and systematic collaboration of a diverse, multidisciplinary group.

For over 40 years Regional Mental Health Boards (RMHBs) have evaluated hundreds of programs, assessed the needs of the community, been the voice for the community and influenced the mental health and addictions service system continuously. The RMHBs produce results and touch thousands of lives on a low budget. With an average of 2 staff members each, and about 500 dedicated volunteers across the state, RMHBs make a difference for individuals, families, and systems. The RMHBs represent an impressive return on investment. The \$584,000 in state funding to the RMHBs helps bring in \$23 million in federal funding for mental health and addiction services.

NCRMHB is one of five regional mental health boards established by the Connecticut General Assembly in 1974 to study local needs, evaluate state funded mental health programs and make recommendations to the Department of Mental Health and Addiction Services (DMHAS), local providers, and government officials for improved and/or expanded services. NCRMHB seeks to involve consumers of behavioral health services (local citizens living with mental health or substance use disorders, family members, and others who know and care about them) in its review, evaluation, and advocacy activities.

NCRMHB has the ability to successfully partner with various agencies and the community, utilizing limited resources to produce positive outcomes. For example, APAAC, CHE, and CMHP had the opportunity, with other agencies, to collaborate with NCRMHB and conduct various Community Conversations throughout the state, during the summer of 2014. Community Conversations are a nationally-recognized, effective model to engage people in grassroots community dialogues about mental health and healthcare reform. The information gathered from these group dialogues are shared with stakeholders and legislators to help craft relevant policy proposals for

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health equity. Among the partnering organizations, this partnership created a network of community leaders who served as culturally relevant facilitators, and who engaged diverse groups of participants. Each trained facilitator became health literacy leaders in their community, and they facilitated group dialogues that involved participants in discussions ranging from health coverage to mental health. In addition, people shared stories and learned from one another's experiences. Through these small group conversations we were able to share some health navigation tools, we gathered qualitative stories, and from the surveys we gathered quantitative data, all of which can inform systems change. This information served as the basis for a final report (Community Conversations About Health Care Reform), which was released by NCRMHB.

In my previous work as a clinical director of a community based outpatient program, I know firsthand about the existing barriers providers are challenged with on a daily basis. There is so much more work that needs to be done in all of our diverse communities when it comes to mental health and addiction issues. The work can't be done with the restricted funding and lack of resources. This is why, the RMHBs are needed in our communities as they are not only a resource but an advocate for those that are not able to advocate for themselves.

Thank you for the opportunity to provide written testimony. I hope you strongly consider reinstating funds for the Mental Health Regional Boards as they are critical supporters of our diverse communities; focused on improving the quality of life for all of our Connecticut residents, valuing the skills and experience of each person.

Sincerely,

Mui Mui Hin-McCormick