

**Testimony of the National Alliance on Mental Illness (NAMI) Connecticut
Before the Appropriations Committee
March 6, 2015**

**IN OPPOSITION TO
Department of Mental Health and Addiction Services (DMHAS) budget cuts
in Governor's proposed FY 2016-17 biennial budget**

Good evening Senator Bye, Representative Walker and members of the Appropriations Committee. My name is Daniela Giordano and I am the Public Policy Director for the National Alliance on Mental Illness (NAMI) Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental health conditions. NAMI Connecticut offers support groups, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals who live with mental illness and parents and family members of individuals living with mental illness. I am writing to you today on behalf of NAMI Connecticut to oppose the cuts to the Department of Mental Health and Addiction Services (DMHAS) in the Governor's proposed FY 2016-17 biennial budget.

Connecticut has made some great strides in expanding the range of services, supports and treatments offered and provided to people with mental health conditions, especially in the public sector, and by doing so has supported these individuals in having lives in the community that are healthier, of higher quality and more productive. **This proposed budget would do great damage to this accomplishment and to individuals who are our neighbors, friends, family members and colleagues.** Besides the laudable proposed investments in supportive housing and funding of case load growth for important programs, many of the proposed cuts will ultimately lead to increased costs to the state when individuals can't take care of their health and other essential needs early on and are thus more likely to experience crisis situations requiring higher levels of care. There are numerous grave cuts in this budget.

We strongly OPPOSE the following cuts:

- **Debilitating cuts to Legal Services/CT Legal Rights Project (CLRP):** The \$450,000 cut (includes the annualized rescission) would *eliminate* this dedicated housing advocacy for low-income CT residents with serious mental health conditions who still face discrimination in daily life, including discrimination related to their basic need of housing. Stable and safe housing is essential for individuals to be able to thrive in the community. Housing advocacy's cost-effectiveness speaks for itself: if advocacy is eliminated, it could cost the state about 250% more to deal with just one likely consequence of a person losing housing (and thus community integration and stability), such as an emergency room visit.¹

¹ Using average numbers for costs of CLRP Housing Advocacy at \$806 per case plus average cost for permanent supportive housing at \$54 per day for a total of \$860, compared with just one emergency room visit at \$2,152 per visit.

- **Elimination of Regional Mental Health Boards:** The \$585,000 cut would *eliminate* all five regional mental health boards, that with an average of only two staff mobilize 500 volunteers to fulfill the visionary grassroots mission of involving all local and regional stakeholder groups in the planning, monitoring, coordination and advocating for the best behavioral health care system possible. The Boards help bring \$23 million in federal funding to the State for mental health and addiction services, and identify and work on a full range of important issues, including relevant services for young adults, older adults, wellness, transportation and health equity issues. Supporting people who live with mental health conditions in realizing and using their voices for their own and the communities' benefit, alongside other stakeholder groups (including service providers, family members and interested town residents), is unique and crucial and cannot be lost.
- **Annualizing FY 2015 rescissions,** including for DMHAS' Managed Care Services, would reduce outpatient care and worsen access issues for individuals in the community. This would ultimately increase the human costs individuals pay AND increase system's costs as impacted individuals will have to access more crisis-oriented/higher-cost care.
- **Cuts to Connecticut Mental Health Center (CMHC):** Annualizing rescission cuts in clinical programs would reduce access to psychiatric care for Connecticut's low-income citizens. Additional cuts in CMHC's research programs would diminish the Center's advances in treatment and cost the state federal dollars, which are brought in by the Center. Even early intervention programs such as STEP (Specialized Treatment Early in Psychosis) could be impacted. Individuals could lose access to this innovative and proven model and future innovations would be stifled.
- **Elimination of Gatekeeper Program:** This low-cost, timely and hands-on assessment and advocacy program keeps senior residents out of high-cost settings such as hospitals and nursing homes by connecting them with community based medical, social and mental health services and including follow-up. Eliminating this unique service will cost seniors AND the State.
- **Continued cuts to mental health (and substance use) grant accounts:** Services provided through these grants, received a reduction in the last biennial budget based on projections of state residents gaining health care coverage at a faster pace than actually materialized. Although funding appears to stay the same, this in reality represents a cut (as funding was offset last year but isn't this year) and would result in reduction in safety net services by programs being closed or services dramatically reduced, specifically outpatient services.

It has been made clear in many reports, from the Governor's Blue Ribbon Commission on Mental Health fifteen years ago to the current Sandy Hook Advisory Commission report, that we need to INVEST more into community based mental health services and supports, not take them away. We strongly urge you to restore these damaging cuts and protect vital services and supports in the DMHAS budget, for the sake of individuals who are dealing with health conditions and for the sake of Connecticut's short and long term prosperity.

Thank you for your time and attention. Please let me know if I can answer any questions for you.
Daniela Giordano, MSW, *Public Policy Director*