

Stacey McHenry
109 Aspen Drive
South Glastonbury, CT 06073

Appropriations Committee Hearing - February 18, 2016

**Oppose House Bill No. 5044 AN ACT MAKING ADJUSTMENTS
TO STATE EXPENDITURES FOR THE FISCAL YEAR
ENDING JUNE 30, 2017**

Good afternoon, Co-Chairs Senator Bye and Representative Walker and distinguished members of the Appropriations Committee. My name is Stacey Moody McHenry, Ph.D. and I am a psychologist at Connecticut Valley Hospital, the DMHAS-run mental health hospital in Middletown. Over the years, I have witnessed a decline in the ability to provide services to individuals as a result of monetary challenges, and I believe that the proposed budget cuts to DHMAS and (DDS) will cause harm to the most vulnerable citizens of this state.

I would like to provide some concrete examples of the impact budgetary issues are already having on mental health care and believe these are cautionary examples for the future.

1. On any given day on the unit I work on, choices are being made about which services should be provided due to inadequate staffing. For example, patients have medical appointments every day including cancer treatments, follow up for treatment of HIV, hepatitis, heart disease, diabetes, etc. In addition, patients have psychiatric appointments for ECT and neurology and once staff are assigned to transport individuals to these appointments, there are seldom enough staff remaining on the unit to assist with showers and other tasks of daily living in order to assign staff to transport patients to the therapeutic appointments like the clinical groups or implement interventions under the behavioral programs for which they are in the hospital. We are making choices to provide the kind

of active treatment that the Dept. of Justice required when CVH was under their scrutiny! Budget cuts that result in layoffs will surely make this problem worse.

2. Several positions for psychologists have not been filled at CVH and some are destined not to be filled leaving less than one psychologist per unit. I personally see patients on three different units. There are approximately 23 patients per unit and when one considers me as an example, I personally run three therapeutic groups, see five patients in individual therapy, write and implement more than one behavioral plan and perform psychological testing, am responsible for program development and numerous administrative tasks---there is not enough of me to go around. There are many more patients that require the kind of services I can provide—the kind of services that help patients succeed in the community---but many of our patients do not have access to the quantity of psychological services they need due to budgetary constraints.

3. Based on my past and present experiences working at DHMAS and DDS, I have encountered multiple patients who could not be discharged from expensive inpatient settings due to the fact that money was not available to create the type of outpatient housing and programming needed to sustain them in the community. Recent budget cuts and the proposed budget cuts will surely make this problem worse and will ultimately lead to waiting lists in both inpatient and outpatient programs generating costs for patients to remain at the wrong and possibly more expensive level of care.