

**Written Testimony for the
Appropriations Committee, Subcommittee on Health and Hospitals
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Dear Members of the Appropriations Committee,

Thank you very much for the opportunity to speak about mental health and addictions services. I am currently a psychiatry trainee at Yale, and have the privilege of taking care of patients at the Connecticut Mental Health Center (CMHC), West Haven Veterans Affairs Hospital, and Yale New Haven Hospital. Working at these different institutions has taught me that organizational finances can acutely impact the healthcare services delivered.

Today, I will describe the potential impact of this year's proposed budget cuts on CMHC and other local non-profit organizations. The governor's budget plan proposes to cut \$15.8 million from mental health and substance abuse grants, \$3 million from funding from acute and emergency behavioral health grants, and \$34 million from agency operating expenses. **These are alarmingly large numbers.**

These budget cuts will tremendously diminish access to mental health services by citizens in our local communities. Currently, our nation is facing a crisis in delivering mental health services. In fact, national legislation has been proposed to bolster mental health access, to expand early intervention psychosis programs, and to integrate primary care and psychiatric care. The legislation aims to address the access problem and mental health parity.

However, federally these proposed bills won't help people in Connecticut in crisis right now. **What will help patients will be continued state-level financial support for core psychiatric services.** Even though treating mental illness doesn't generate as much money as plastic surgery, core services are needed for a healthy, emotionally well community. Investment in preventive care and rehabilitative services will reduce the number of expensive emergency visits and the likelihood of poor outcomes.

When I work at CMHC, clients often remark that someone at CMHC saved their lives. Many people tell me that they have nowhere to go when they lose insurance or lose family support. The compassionate providers in Acute Services respond to people in need by referring them to CMHC clinics, neighboring clinics, or community resources for housing and employment. In addition, the early intervention psychosis program helps young people and families receive specialized services for schizophrenia. These services highlight just some of the clinical and delivery innovations at CMHC. Clients truly appreciate the attentive staff and community feel of the place. By promoting recovery principles, CMHC clients are encouraged to pursue meaningful lives despite having

serious mental illness as peer specialists. A cut of \$15.8 million means that important collaborative services that patients praise may be gone by this time next year.

Notably, these proposed cuts to DMHAS will extend to our local communities. I am particularly worried about neighboring community non-profits that have lower operating budgets. As part of an independent research project, I found that many DMHAS-funded New Haven organizations already struggle financially and have limited resources. These are organizations work tremendously hard to provide quality mental health services to low-income, disparaged people with mental health diagnoses. Many of these organizations have had long relationships with the local communities they serve. A \$15.8 million cut will certainly mean that many of these organizations will be forced to close their doors.

Providing adequate mental health services for an entire population is hard work. However, budget cuts to DMHAS will dramatically worsen the access problem and further limit resources. Statistics suggest that if psychiatric disorders are left untreated, the implications are huge. For example, a young person with treatable schizophrenia may instead be placed in a nursing home, or worse yet, in jail. The downstream effects perpetuate homelessness, unemployment, stigma, disability, and early age death for people with mental illness.

I strongly advocate for Connecticut to continue supporting its constituents when they are mentally down and have nowhere else to turn but state facilities. As a provider, I learned firsthand the debilitating nature of mental illness. As a researcher, I now know that part of the solution will require dollars toward mental health prevention and rehabilitative services. As a concerned citizen, I hope you can help revoke the DMHAS budget cuts so people in need can get help.