

Testimony for the Appropriations Committee  
Of the Subcommittee on Health and Hospitals  
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Senator Bye, Representative Walker, and Members of the Appropriations Committee, thank you for this opportunity to offer my views about HB 5044, An Act Making Adjustments to State Expenditures for the Fiscal Year Ending June 30, 2017.

We are current psychiatry trainees at Yale, and have the privilege of taking care of patients at the Connecticut Mental Health Center (CMHC). Today, we 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. What will help patients will be continued state-level financial support for core psychiatric services.** 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. Studies show that these Community Care Teams are one of the most effective approaches for delivering services to people with severe and persistent mental illness. This community based service saves the state costly inpatient stays and ER visits that could be better served with a timely, sensitive and team-oriented approach.

**In addition, CMHC provides an early intervention psychosis program to help young people and families receive specialized services for schizophrenia.** The clinicians working in the program are truly dedicated and caring, and participate in a variety of community outreach efforts to find youth with psychosis as early as possible. They have ongoing collaborations with local religious leaders, sponsored benefit runs, and educational flyers locally and online. Young people and families are able to learn about the diagnosis of psychotic disorders and receive wrap-around care, meaning that they are able to get help with anything from finding a job to getting treatment. Years of international and national research show enormous returns to investment in children and adolescent mental health. Recently, the Center for Medicare and Medicaid Services sponsored a 5-year demonstration program showing a cost savings to each state's Medicaid programs by an average of \$40,000 per youth served by the program.

These programs offered by CMHC are just a few examples of the community mental health services in Connecticut that serve over 145,000 residents with serious mental illness. **A cut of \$15.8 million means that important collaborative services that patients praise may be gone by this time next year.** Therefore, I strongly advocate for Connecticut to continue supporting its constituents when they are mentally unwell and have nowhere else to turn to but our 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.