

Testimony of James Fazio
Before the Appropriations Committee
IN OPPOSITION TO:
HB 5044
An Act Making Adjustments to State Expenditures for the Fiscal Year Ending June 30,
2017
February 18, 2016
James Fazio, Windsor, Connecticut

Good evening Senator Bye and Representative Walker and distinguished members of the Appropriations Committee.

My name is James Fazio and I am a registered voter in the town of Windsor, Connecticut. I am here to testify on HB 5044, An Act Making Adjustments to State Expenditures for the Fiscal Year Ending June 30, 2017. I am opposed to the cuts to the Department of Mental Health and Addiction Services and any mental health services and supports.

By creating a \$ 1.2 million reduction and consolidation of the Regional Mental Health Boards and Regional Action Councils, this would essentially eliminate the Regional Mental Health Boards. The system evaluation and community involvement in mental health by the Regional Mental Health Boards and the prevention and training efforts of the Regional Action Councils are separate missions and impact a diverse cross section of Connecticut. Together they bring in \$ 23 million dollars in federal funds to the State. For 41 years these unique agencies have been a vital liaison between the state, local communities and providers on diverse mental health initiatives, concerns and opportunities.

The Regional Mental Health Boards were created 40 years ago by the Connecticut Legislature and are still, now more than ever, relevant today. The Boards conduct needs assessments, evaluate the behavioral health service system (which is mandated by State

Statute 17a-483-4), provide equal representation of stakeholders, and engage and educate the community about mental health. They allow persons in recovery, family members, mental health providers, concerned citizens, town officials and social workers to meet and discuss what improvements should be made to mental health services in Connecticut. The Regional Mental Health Boards operate on a low budget, with an average of 2 staff members and 500 volunteers state wide. The Regional Mental Health Boards are the community's voice and provide independent oversight of mental health services delivery.

I personally volunteer as secretary on one of the Regional Board's Catchment Area Councils, or CAC's. I have witnessed improvements in mental health service delivery in the Local Mental Health Authorities. First, there was integration of services and easier access. Now, a holistic approach to mental health is being adopted. Persons with mental health issues often have physical illnesses and issues as well. It is now easier for consumers of mental health services to access a dentist or medical doctor, which often requires finding one who accepts state medical insurance, since many consumers' incomes are near the poverty level. One fellow CAC member was able to help start a new bus line in her town, which allows many persons without personal transportation to get around town, buy food, or access medical services, etc. These are some examples of how the Regional Mental Health Boards directly improved the quality of life for mental health consumers as well as other town residents.

The North Central Regional Mental Health Board also provided financial support and oversight for the Day in the Life Project, a ground breaking approach to telling the stories of 80 Connecticut consumers of mental health services. We worked with a Yale professor, collected and analyzed their stories and created a presentation that was heard at

CVH State Hospital and all over Connecticut. A professional DVD of the presentation was also produced by a film company. Many of the persons we interviewed were grateful for our interest in their day to day struggles with mental illness and their experiences with mental health treatment providers in Connecticut. We need the Regional Mental Health Boards.

I am also concerned about consolidating agency operating funds into one line item. Consumers of mental health services would lose accountability of how their taxpayer dollars will be spent. This could directly and adversely affect their mental health services. The “new way of budgeting” no longer allocates funding by individual line item but instead proposes combining the funds for many different programs into one large pot of money to be divided by the agency. This is problematic because no details are being provided about how DMHAS would make funding decisions. Programs whose funding would be combined into one big pot of money subject to the proposed \$34 million cut are: Housing Supports and Services, Legal Services (CLRP), Jail Diversion, Young Adult Services, Grants for Mental Health Services and Employment Opportunities, Discharge and Diversion Services, Home and Community Based Services and Grants for Substance Abuse Services.

Let our State continue to be a leader in state of the art mental health treatment. I urge the Appropriations Committee to please oppose HB 5044 and not allow it to be passed into law. I would like to thank the entire Appropriations Committee for hearing my testimony.