

**Testimony of Jennifer J. Gross, Executive Director
Eastern Regional Mental Health Board, Inc.
Before the Appropriations Committee of the Connecticut General Assembly
February 18, 2016**

Good evening Senator Bye, Representative Walker, and the members of the committee. My name is Jennifer Gross. I am a registered voter in the town of Ledyard, and the Executive Director of the Eastern Regional Mental Health Board, which has served the 39 towns in Eastern Connecticut for over 40 years, helping local citizens to make a direct impact on how and where they access mental health services.

The consolidation of the state's five Regional Mental Health Boards (RMHBs) and 13 Regional Action Councils (RACs), as proposed by Governor Malloy's budget, with its accompanying cut of \$1,277,213 (equal to twice the budget for all five RMHBs), will effectively decimate the Regional Board system.

We are actively communicating with the Regional Action Councils to open a conversation regarding the possibility of consolidation. But any consolidation effort takes time and thoughtful planning, and can take months or even years, due to the need to align missions, allow for negotiation between Boards of Directors, and deal with red tape. The RMHBs and the RACs were created at different times and for different purposes, and have clearly delineated functions, structures and missions within Connecticut state statutes. The proposed consolidation impacts not just two or three organizations, but eighteen. In the end, numerous people will certainly lose their jobs, taking with them years of accumulated experience and vital relationships in their communities, and will result in minimal savings, if any, for the taxpayer.

As you already know, the RMHBs are already operating on a shoestring budget, at an irreplaceable value to the state and its citizens. The Eastern Regional Mental Health Board, for example, has 1.5 paid staff who leverage about 100 volunteers across Eastern Connecticut, at just \$106,557 annually, truly a bargain for the people of our state, when you consider what we accomplish. Our current activities accurately illustrate how effectively we involve local citizens, many of whom have lived experience with mental health issues, in communicating vital information to the state about strengths and unmet needs in mental health services, feedback about existing programs and recommendations for improvements to the system. No other entity knows the local communities the way the RMHBs do, nor can they offer what we do at such a huge savings. For example:

- We are about to embark on our biennial Priorities and Planning Process, a community needs assessment that the RMHBs and the RACs conduct together by



region, and which is a required element in the state's application for a federal grant that brings in \$23 million annually.

- We are nearing completion on a region-wide evaluation of Young Adult Services (YAS), a state-funded program designed for young adults 18-25 with a history of mental health issues who have more complex service needs.
- Just this morning, we conducted the first of a series of young adult focus groups around Eastern Connecticut intended to gather information on how young people view mental health issues, how and where they get information, how they access services, and how they communicate with one another about mental health. This project is a companion piece to our YAS evaluation, and feedback will help us to better serve young adults in the community at large who may have unidentified mental health needs.
- We are in the planning stages of a series of Community Conversations that will address the specialized, and often unmet, mental health needs of older adults in Eastern Connecticut, and brainstorm a set of local solutions that can be carried out by participants.
- We have started filming on a video project intended to educate the community at large about how lack of affordable and accessible transportation options in Eastern Connecticut prevents those living with mental health problems and poverty from gaining independence. By including all stakeholders, we will educate the community about the complexity of this issue. We will also offer creative solutions.

Recently, I read a piece about black hole approach illusion, the phenomenon famously experienced by John F. Kennedy, Jr. nearly 17 years ago, when he lost sight of the horizon during a storm and became visually and spatially disoriented, causing his plane to nosedive into the ocean and resulting in the deaths of all three people on board. Because he had not yet learned how to use the instrument panel, he was flying under Visual Flight Rules, rather than Instrument Flight Rules. Had he known how to use the instruments, he probably would have been able to regain control of the airplane. This lifesaving skill is known as "recovery from unusual attitudes," and is based on the pilot's essential understanding that his instruments and the data they provide are the only thing that matter when the horizon is lost from view.

I'm sure you can see where I'm going with this, and that it's not really about flying an airplane. It's about preserving an existing structure (the RMHBs), keeping Connecticut's mental health system on course, and relying on its efficacy when we can't see the horizon due to a storm like this budget crisis. Defunding the RMHBs, the system's navigation panel, for the sake of short-term savings will have untold costs in the long-term, in both money and lives, and will serve only to further weaken a mental health system that is in grave danger of collapse, due to decades of chronic underfunding. The community-based independent oversight and feedback loop provided by the RMHBs is part of what makes Connecticut's state-funded mental health system a national leader in providing consumer and family oriented services, and DMHAS a uniquely responsive, effective, and innovative agency within our state.

In this time of limited resources that threatens local programs with staff and funding cuts, let us not fall victim to our own black hole illusion. Our communities need the Regional Mental Health Boards now more than ever to ensure that services are recovery-oriented, cost-effective, and accessible to all who need them. Please restore full funding to the Regional Mental Health Boards, and to other vital DMHAS funded programs.

Thank you for this opportunity to testify.



The Eastern Regional Mental Health Board, Inc.

THE CITIZEN'S VOICE IN MENTAL HEALTH POLICY

40th Anniversary Celebration June 24, 2015



The Eastern Regional Mental Health Board: Bringing Unparalleled Value to Eastern Connecticut's Communities Since 1975

Created in a visionary act of the Connecticut General Assembly in 1974, the Eastern Regional Mental Health Board serves the 39 towns in Eastern Connecticut, ensuring that all stakeholders—people living with mental health issues, their family members, town representatives, interested community members, and provider representatives—have a voice in advocating for appropriate and accessible mental health services in their communities.

- | | | | | |
|------------|-----------|------------------|------------|------------|
| Ashford | East Lyme | Ledyard | Pomfret | Thompson |
| Bozrah | Eastford | Lisbon | Preston | Union |
| Brooklyn | Franklin | Mansfield | Putnam | Voluntown |
| Canterbury | Griswold | Montville | Salem | Waterford |
| Chaplin | Groton | New London | Scotland | Willington |
| Colchester | Hampton | North Stonington | Sprague | Windham |
| Columbia | Killingly | Norwich | Sterling | Woodstock |
| Coventry | Lebanon | Plainsfield | Stonington | |

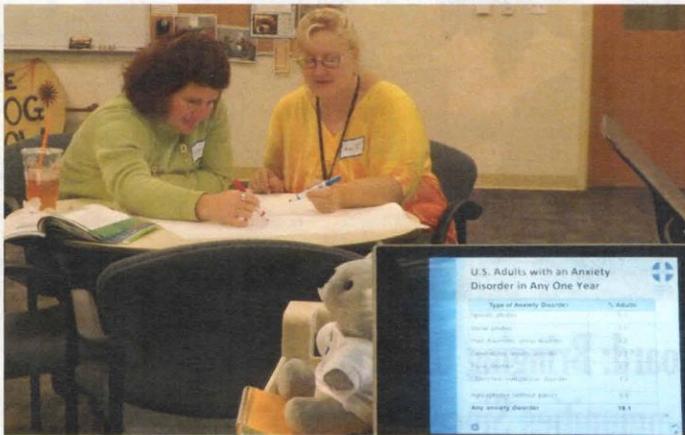
Eastern Regional Mental Health Board, Inc.
401 West Thames St., Norwich, CT 06360
Phone: 860-886-0030
Website: www.ermhb.org



For just \$106,557 in state funding each year, the communities of Eastern Connecticut get incomparable value from the Eastern Regional Mental Health Board.

With only **1.5 staff and about 100 volunteers**, we fulfill our state-mandated mission through our community-based needs assessment process (see Priorities insert for details), independent oversight of the region's state-funded mental health programs, and coalition work.

- We are currently wrapping up a 1.5 year long evaluation of **8 outpatient clinical programs** in Eastern Connecticut, and will shortly issue a comparative report outlining strengths, unmet needs and recommendations for improvements.
- We have also recently embarked on an intensive evaluation of **comprehensive young adult needs** in our region.
- During the spring of 2015, we collaborated with the Department of Mental Health and Addiction Services in conducting fidelity reviews of **Community Support Program/Recovery Pathways** at 3 agencies in our region.



Participants at a Mental Health First Aid Training facilitated by ERMHB Executive Director Jennifer Gross.

No other structure exists to replace what we do, nor can any other entity recreate what we do at such a low cost or with such a store of local knowledge & expertise.

We could justify our existence solely through those activities, which leverage millions in **federal funding**, along with the **time and talents** of our phenomenal grassroots volunteers (see back). **But we don't stop there.** Rather, we serve the communities and residents of the **39 towns in Eastern Connecticut** in a myriad of additional ways:

- Spearheaded legislative advocacy efforts throughout this year's legislative session that were **instrumental in the restoration of critical human services funding**, including

The Eastern Regional Mental Health Board has been an important part of my life. My involvement in the Board...has helped me to become a stronger advocate, both verbally and in writing.

*~Chris Mezzarone, Willimantic resident/
Board Member*

over **\$17M** in mental health grant funding.

- Teach **advocacy skills** to hundreds of individuals, many of whom have become **powerful voices for positive change** in our mental health system as a result.

The Regional Boards...provide a valuable service in ensuring that services being delivered are accurately targeted to the needs of their communities and responsive to changing needs in our communities. [They] can be highly effective as advocates ensuring that our citizens have access to the right care at the right time.

*~James F. O'Dea, PhD, MBA,
WW Backus Hospital*

- Conduct **media outreach** to news outlets in Eastern Connecticut, resulting in numerous articles on mental health issues, including several during this budget session.
- Write **guest opinion pieces & letters to the editor**, (including a Feb. 2015 piece in the CT Mirror) providing valuable information to the public about mental health issues, local resources, and the ability of those with mental health challenges to experience recovery, build meaningful lives, and make valuable contributions to their communities.
- Our posts on **Social Media** featuring special events, helpful resources, and research advances have reached as many as **1000 individuals**.
- Created & distributed **resource guides** on services and basic needs assistance throughout Eastern CT.
- Work with **local clergy groups** to identify appropriate tools to help them assist parishioners who are dealing with mental health issues.
- Hold **Legislative Breakfasts & Candidate Forums** to facilitate dialog between legislators and their constituents about mental health policy. Our September 2014 Candidate Forums attracted a total of **28 candidates and over 100 members of the public**. Two legislative breakfasts we held this spring to advocate for the preservation of human services funding drew **38 legislators and 143 attendees**.
- Partner with the local mental health authority in presenting the annual Spiritual Wellness Fair, which gives members of the public the opportunity to visit resource tables manned by about **25 local faith communities and wellness practitioners** and learn how they might support recovery through spirituality.
- Deliver **special presentations** on a variety of issues relevant to mental health, including Person-First Language, Stages of Change, Homelessness, and the importance of early identification and intervention to local agencies, hospitals, high schools, faith communities.
- Distribute **resource packets each May to 37 Eastern CT libraries** featuring book lists, along with helpful information about mental health issues, area resources, and advocacy opportunities.

- Partner with NAMI-Southeast Chapter and Ledyard High School on their annual “Breaking the Silence” **mental health essay contest** & awards ceremony.
- Create “**May is Mental Health Month**” calendars featuring events and trainings offered by Eastern CT agencies for community distribution.
- Conduct **community forums** on a full range of issues, most recently on the unmet behavioral health needs of older adults. This fall, we will similarly address young adult needs.
- Distribute a **weekly eNewsletter to over 500 individuals**, offering information, resources, and announcements to those who are interested in mental health and wellness.
- Founded a local **book group**, which reads and discusses fiction and nonfiction works touching on mental health and substance use issues.

On a personal level, this Board has helped me to become more aware of my circumstances and the power I have to make them better.

~Scott Milliard, Columbia resident

- **Raised nearly \$10,000 in private donations** over the past year in memory of previous Executive Director to fund initiatives that **educate the community** about mental wellbeing, address barriers to recovery from mental health challenges, and **empower people** living with those challenges. Work has begun on a project addressing the lack of transportation options in our region.
- Through our Michael Kerr Fund, **award 10-15 scholarships** each year to help residents of Eastern Connecticut with mental health challenges meet their educational goals and improve their lives.
- Completed preliminary stages of an **Oral History Project** to preserve the stories of former patients and employees of the Norwich State Hospital and their families.
- Train a broad cross-section of our community in **Mental**



Staff & members of The Lighthouse accepting their Keep the Promise Coalition’s “Clubhouse of the Year” Award for their outstanding advocacy efforts, made possible by the ERMHB.



Ledyard High School winners of the NAMI Southeast “Breaking the Silence” essay contest with judges.

Health First Aid—nearly 200 individuals thus far.

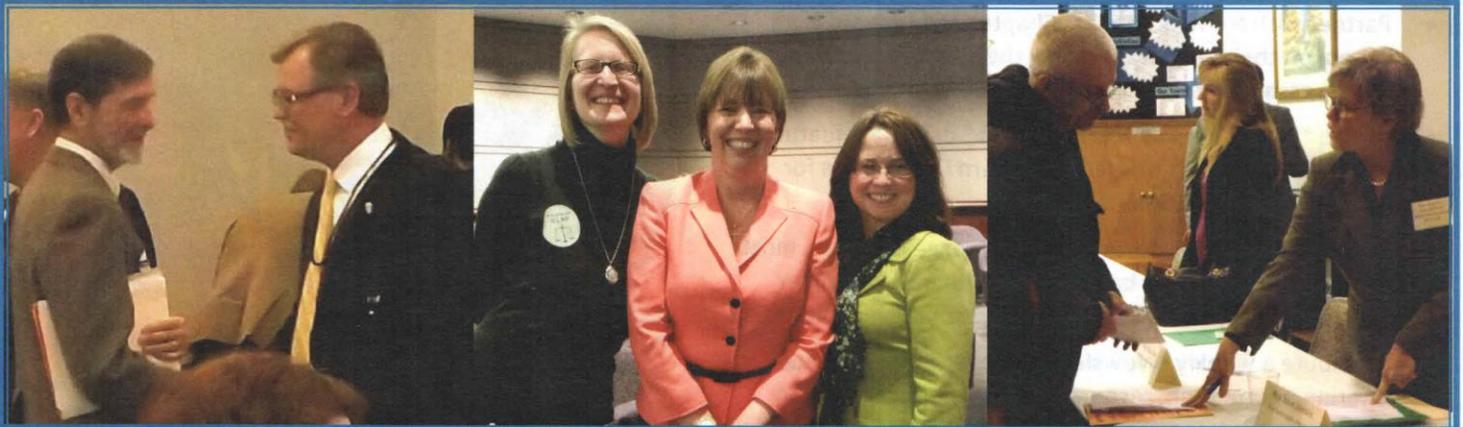
- Meet face-to-face with **town officials** in Eastern Connecticut to learn more about mental health issues impacting their communities and to offer helpful resources.
- Serve as **Client Rights Officer** for two local providers, ensuring that client grievances are aired and resolved in a fair, objective, and timely manner.
- Help countless individuals and families to **navigate a service system** that is fragmented and confusing even for people who are at their best, but presents insurmountable barriers for those who are struggling.



Notable RMHB Contributions to Connecticut’s Mental Health System

Activities of the Eastern Regional Mental Health Board were directly responsible for the adoption of the **Crisis Intervention Team (CIT) model** by local police departments, ensuring that our town have police officers appropriately trained to respond to emergency calls involving those in psychiatric distress. Not only does this model significantly reduce injuries to police and to members of the public, it also ensures that those with mental health issues, when appropriate and possible, are diverted from the criminal justice system to services that will help them.

Connecticut’s five Regional Mental Health Boards were also responsible for making recommendations that led the Department of Mental Health & Addictions Services (DMHAS) to create its **Young Adult Services Program (YAS)**. Serving individuals aged 18-25 who are transitioning from the Department of Children & Families to the adult mental health system, the program helps them to build the skills needed for adulthood, and ultimately to achieve independence.



What are the Regional Mental Health Boards (RMHBs)?

- A visionary grassroots structure created 40 years ago by the Connecticut legislature and still relevant today.
- Connecticut's system for involving all stakeholders in planning and monitoring mental health and addiction services.
- The community's voice in oversight, coordination, and evaluation of the behavioral health system.

Needs Assessment & Planning for Behavioral Health Services

- **The RMHBs help leverage \$23M in federal funding.** The RMHB and Regional Action Council (RAC) needs assessments, and our participation in the Planning Council, are required in the state application for federal funding.
- **The RMHBs are vital to Connecticut's behavioral health planning.** Together with the RACs, we collect the regional information and develop priorities required by the Department of Mental Health and Addiction Services plan.
- **The RMHBs respond to local, regional, and state needs.** RMHBs develop community partnerships and funding to forge solutions to a full gamut of issues: young adult needs, transportation, wellness, and health equity.

Evaluation of the Behavioral Health Service System (State Statute 17a-483-4)

- **The RMHBs are responsible for evaluating state-funded services for adults with mental illness and addiction.** We provide independent and external oversight representing all constituent groups.
- **The RMHBs inform and influence best practice, policy, and access to services.** Our work helps public officials assess the impact in their communities of rapidly changing models of care, funding levels, and emerging needs.

Equal Representation of Stakeholders

- **The RMHBs provide a structure for grassroots engagement.** Our Catchment Area Councils (CACs) offer common ground for consumers, family members, and providers to work together in support of their communities.
- **The RMHBs ensure outreach and consensus building** among diverse segments of the population. We coordinate countless initiatives, projects, opportunities, and meetings each year for our community members.
- **The RMHBs empower people and families living with mental illness,** enabling them to advocate effectively for themselves, for others, and for improved services for all.

Community Education & Engagement

- **The RMHBs provide and coordinate Mental Health First Aid training, Community Conversations, and other presentations** to raise community awareness. We highlight emerging issues, best practices, and models of care.
- **The RMHBs provide information, resources, and linkages** to community members, providers, and town leaders. Our resource guides, newsletters, and TurningPointCT.org website for young people are highly sought after.
- **The RMHBs connect people to services.** We serve as the point of entry for many people seeking or reluctant to enter services. We help those who are lost in the system. We provide mental health screenings.

"The Best Bargain in the System"

- **The RMHBs produce results and touch thousands of lives on a low budget.** With an average of 2 staff members each, and ~500 dedicated volunteers across the state, we make a difference for individuals, families, and systems.
- **The RMHBs represent an impressive return on investment.** The \$584,000 in state funding to the RMHBs helps bring in \$23 million in federal funding.

NO OTHER STRUCTURE represents the community's voice in mental health policy!



Priority Needs & Recommendations for Connecticut's Mental Health and Addiction Services

Every two years, the Department of Mental Health and Addiction Services (DMHAS) Planning Division is required to carry out a statewide needs assessment and priority planning process in order to capture needs and trends on the local, regional, and statewide basis. Regional Mental Health Boards (RMHBs) and Regional Action Councils (RACs) spearhead this process, gathering local and regional feedback from all stakeholders, using a range of data collection methods. Information gleaned from this process fulfills a requirement for the DMHAS Mental Health Block Grant, and informs the DMHAS biennial budgeting process, as well as the planning and priority setting process for each RMHB and RAC. The findings below are summarized based on the 2014 Priority Planning Process:

AWARENESS: Individuals who are developing behavioral health or substance use disorder may not recognize what is happening. Lack of understanding and discrimination are huge barriers. People don't know where to go for help.

Community Education:	Those with mental health problems continue to face misconceptions and discrimination in the community. To combat negative attitudes and promote early intervention, increase number and type of media campaigns; continue/expand Community Conversations, increase evidence-based education such as Mental Health First Aid and Applied Suicide Intervention Skills Training (ASIST); expand & increase ways to provide info on how to get help.
Prevention Initiatives:	Prevention saves lives AND money, and improves outcomes: Ensure sufficient funding. Mandate use of prescription monitoring program; revisit confidentiality laws; incorporate behavioral health screenings into routine medical care; develop & disseminate behavioral health resource kits for towns & school districts (DMHAS, DCF, SDE). Target at-risk groups. Promote care for the caregiver.
Community Outreach:	Expand effective outreach programs: mobile crisis, Assertive Community Treatment, homeless outreach; ensure safety of those receiving in-home care; use social media for online outreach.
Peer Supports:	Fully integrate peer positions into service system; expand clubhouses; increase warm lines; expand innovative programs such as Hearing Voices Network; target at-risk groups.

SYSTEM & SUPPORTS: System capacity has been shrinking rather than expanding, despite increased need. Without adequate funding, no provider, no matter how willing or motivated, can provide good services.

Financing:	Implement Medicaid rates that reflect the cost of providing treatment. Restore grants that offset the difference until the rates are fixed.
Workforce Development:	Implement creative solutions to address the insufficiency of prescribers. Ensure all police departments have Crisis Intervention Team trained officers. Link primary care providers with behavioral health providers. Increase cultural competency of providers.
Supported Employment:	Expand & broaden types of employment support. Increase job skills and other training for consumers at all levels. Increase outreach and education to potential employers.
Alternative Treatment Models:	Expand use of Community Care Teams. Explore non-medical models such as peer-run respite programs. Create intermediate level of care as bridge from hospitalization, detox or crisis programs. Provide longer pre- and post-hospitalization care services.

Transportation for Consumers: Change DSS policies and address Logisticare/Med-cab operational issues that create barriers to care. Encourage alternatives such as ride-sharing, consumer-owned businesses. Improve public transportation, including addressing identified barriers & discrimination.

ACCESS TO CARE: Once a person recognizes the need for behavioral health care, access should be timely, straightforward, and simple. It is not.

Information & Referrals: Improve all access networks (211, Office of the Healthcare Advocate, etc.) so that there is no wrong door. Ensure an easy gateway to services in both the public and private sectors. Increase community awareness of 211.

Insurance & DSS: Continue to advocate for Medicaid rate increases. Advocate for legislative remedies to gaps in eligibility. Use chain of custody model. Refine Affordable Care Act to assure that behavioral healthcare is affordable for those with insurance.

Outpatient Services: Despite increasing demand, outpatient programs are closing or not accepting clients due to insufficient reimbursement: Increase Medicaid rates so providers can afford to see clients. Provide adequate funding to private nonprofits whose funding has been flat for a decade.

HOUSING AT ALL LEVELS OF CARE: A stable, safe, and supportive living environment is fundamental to clients' recovery—and it's cost effective. There is a statewide shortage of all types of housing: affordable, supportive, crisis/transitional, long-term residential.

Housing & residential programs: Advocate for supportive housing. Investigate alternatives: Supportive Neighbor, age-specific housing. Expand transitional residential programs. Address need for long-term therapeutic residential housing to break bottleneck in hospital discharges. Increase training for residential staff. Address inappropriate location of many housing options.

Homelessness: Offer more training & on-site support to shelter staff. Monitor new Coordinated Access Network carefully. Improve outreach to couch-surfing young adults. Support Community Care Teams.

UNDERSERVED POPULATIONS: Certain populations have specific needs requiring targeted supports.

Young Adults: Young adults who do not meet DMHAS eligibility criteria cannot find appropriate supports in outside community or private sector: Expand access to DMHAS's Young Adult Services Program and provide training to other providers. Increase partnerships with colleges.

Sandwich Generation: Many people are caring for both their children and their parents. The middle ages—the largest segment of the DMHAS population—have the highest suicide rates: Integrate behavioral health screenings into urgent care clinics where Asset Limited Income Constrained Employed (ALICE) population gets care. Increase evening/weekend hours. Ensure funding allocation is adequate.

Older Adults: This population is growing but services are not. Address co-morbid medical & behavioral health needs. Support new DMHAS initiatives such as Gatekeeper, Senior Wellness Program (SWELL).

Criminal Justice System: Expand jail diversion and Alternatives in the Community (AIC) programs. Increase access to Narcan. Expand CIT training and collaboration among mental health authorities & police.

Co-Occurring Disorders (COD): Continue to improve integration of mental health with substance use treatment, including provider training. Increase COD support groups. Expand hours.

Cultural Groups: Ensure community education & services meet cultural & language needs of minority populations, including refugees. Involve community leaders. Promote national standards. Develop linguistic competencies.



passage of the legislation that created the RMHB structure. She served for nearly 10 years, and was a driving force in the early activities of the ERMHB, which included overseeing the gradual transition of countless individuals into supportive community settings throughout the 1970s, 80s, and 90s.

The ERMHB also played a key role in the establishment of the Southeastern Mental Health Authority in Norwich, to bring fiscal, administrative, and clinical authority together in a single structure, promoting individualized service plans based on system-wide standards.

Since our inception, the ERMHB has evaluated hundreds of mental health programs in Eastern Connecticut, representing a full range of state-funded services for adults, fostering positive changes that promote recovery and independence. Our biennial needs assessment process helps to garner the state \$23M in federal funding and ensures vital improvements to services in the region. Our legislative activities bring new mental health service funding to the region and protect existing funding.



DID YOU KNOW?

Author Wally Lamb attended the 1997 Annual Meeting to present the Michael Kerr Memorial Scholarship awards.

Past Executive Director Robert Davidson once testified at a legislative hearing dressed as the Governor's Blue Ribbon Commission Report "wrapped in red tape."

The Eastern Regional Mental Health Board was a founding member of the statewide Keep the Promise Coalition.

RMHB activities helped bring CIT to the region & led to the creation of Connecticut's Young Adult Services Program.

Our "Celebration Recovery" and "Voice Your Opinion" events in 2002 were central to early efforts in the region to educate the public and empower consumers.



Past & Current Board Presidents

Margaret Wilson: 1980-81
James Anderson: 1981-83
David Wicklund, PhD: 1983-87
Curt Beck: 1987-92
Eleanor Faber: 1992-93
Margaret Ayer: 1993-95
Karen Noel-Freda: 1995-97
Arthur Bondy: 1997-2004
Howard Beatman: 2006-Present

Past & Current Executive Directors

Michael Kerr: 1980-85
Martin Krugman, PhD: 1986-88
Susan Barry: 1990-92
Karen Bugler: 1992-94
Carolyn Adams: 1995-97
Karen Noel-Freda: 1997-98
Margaret Ayer: 1998-99
Robert Davidson, PhD: 1999-2013
Jennifer Gross: 2013-Present



**The Eastern
Regional Mental
Health Board, Inc.**

THE CITIZEN'S VOICE IN MENTAL HEALTH POLICY

40th Anniversary Celebration

Serving communities in Southeastern Connecticut since 1975

June 24, 2015

Program of Events



Eastern Regional Mental Health Board, Inc.
401 West Thames St., Norwich, CT 06360
Phone: 860-886-0030
Website: www.ermhb.org

REGISTRATION & HORS D'OEUVRES

WELCOME GUESTS

Jennifer Gross

Executive Director, Eastern Regional Mental Health Board

DINNER

Please wait for your table to be called to the buffet line

ELECTIONS & OTHER BUSINESS

Slate of Officers for 2015-16

President: Howard Beatman

Vice President: Arthur Bondy

Treasurer: David Burnett

Secretary: Oliver Jones

State Board Representative:

Margaret Ayer

Adoption of Contracting Resolution

KEYNOTE ADDRESS

Elizabeth Ritter

Commissioner, CT Department on Aging

SPECIAL PERFORMANCE

The Second Step Players

AWARDS & RECOGNITIONS

Michael Kerr Memorial Scholarship Program

Created shortly after Executive Director Michael Kerr was lost at sea, this program has helped hundreds of individuals pursue and attain their educational goals. The scholarships are intended as a living memorial to a man who was a driving force in shaping the region's community-based mental health system during the era of deinstitutionalization.

2015 Recipients

Melanie Nagode

Jessica Goodman

Leslie Calkins

Michael Marshall

Jennifer Brownlee

Marie "Beth" Donohue

Shemekia Garcia

"Extra Mile" Volunteer Awards: JoAnne Richards & Bruce Bayne

Each year, in recognition of the spirit of the volunteerism that is foundational to the success of the Regional Mental Health Boards, the ERMHB recognizes two individuals who have consistently gone above and beyond the basic responsibilities and expectations of Catchment Area Council membership.

Robert E. Davidson Advocacy Award: Bonnie Eldridge

Robert E. Davidson served as Executive Director of the ERMHB for 14 years. During that time, he worked tirelessly to educate the community about mental

health issues, and to advocate for a community-based mental health system that could adequately and effectively meet the needs of those it serves. In his work, he showed compassion and respect for those living with psychiatric illnesses. His dedication to and passionate belief in the concepts of recovery and empowerment helped countless individuals find their voices.

Leadership Award: Elizabeth Ritter

Betsy Ritter was appointed Commissioner of the State Department on Aging in January 2015, after serving 10 years as the State Representative from the Towns of Waterford and Montville. In that time she served as Deputy Speaker, Co-Chair of the legislature's Committee on Public Health, and Co-Chair of the Medical Assistance Program Oversight Committee. Her legislative focus centered on healthcare reform, access to health and human services, provision of safe and reliable home and community based services, and healthcare regulatory issues. Throughout her service in the General Assembly, she was a champion for adequate, appropriate and accessible mental health services for all.

CLOSING REMARKS

Jennifer Gross



Our History

Connecticut's five Regional Mental Health Boards (RMHBs) and their Catchment Area Councils (CACs) were created by the General Assembly in 1974, and according to state statute (CGS 17a 463-464), "shall study the needs of the region and develop plans for improved and increased mental health services."

Though the original intent was to oversee the transition from a hospital-based to a community-based mental health system, the RMHBs remain a powerful and relevant structure to this day. Unique to Connecticut, this consumer and family-driven, independent oversight body is the embodiment of a grassroots-style advocacy organization.

Forming the foundation of our purely volunteer membership, the town appointed representatives elect other at-large members, and bring local concerns about gaps and unmet needs in services to the CACs. The RMHBs serve as a direct line for two-way communication between state officials and local communities. Our membership structure ensures that all stakeholders—providers, people with mental health issues, their families, and concerned citizens—all have a place at the table. Moreover, according to state law, no more than 49% of CAC members may be provider representatives.

Margaret "Peg" Sullivan Wilson, an early Board President and the first person to represent her town on the CACs, was instrumental in the writing and

The Bulletin

By Adam Benson The Bulletin

Print Page

June 24, 2015 3:58PM

After 40 years, Eastern Region Mental Health Board still has 1 challenge left

NORWICH - Hanging in a small conference room at the Eastern Regional Mental Health Board's Norwich offices in the Uncas-on-Thames complex is a picture of the building as it stood in 1913 as a sanatorium for people with tuberculosis, a rainbow spanning across the frame.

The organization's long-time executive director Robert Davidson, who died in 2014, acquired the painting because he believed the burst of color was an apt metaphor for the agency's mission.

"If you're diagnosed with a mental illness, it doesn't mean you can't enjoy the good things in life," Executive Director Jennifer Gross said. "Our last remaining challenge is to have mental illness viewed with the same compassion and understanding as you would treat someone who's suffering from cancer or a chronic disease."

For the past 40 years, the mental health board – one of four such entities across the state created through a 1974 legislative act – has worked to bring accessible services into the 39 communities it represents. On Wednesday, officials gathered to celebrate its 40th anniversary at the Southeastern Mental Health Authority.

"What we do is based on the possibility of recovery and the involvement of each individual in making sure the services promote a person's ability to recover," Gross said.

On a shoestring \$106,557 budget crafted through a combination of federal and state grants, the board is powered mostly by a group of dedicated volunteers and focuses on areas of need such as homelessness, workforce development, peer supports and access to transportation.

"If someone doesn't do it, it won't get done," said Woodstock resident and past board chairman Arthur Bondy. "We have played a very important role because of the fact we don't work for the state, so we can tell them what they think we need to do, and they pay attention to us. And if they don't, we yell."

Unlike its three counterparts across the state, the eastern board does not receive any local funding from the communities in its coverage area. But the organization has a much stronger Internet foothold than its peers, which has helped to compensate for a lack of marketing dollars.

Much of the work has been done by Gales Ferry resident Katie Pietras, a recent graduate of William & Mary in Williamsburg, Va., who has used her training in marketing and public relations to create an online presence for the board.

In addition to a Facebook page, it has accounts on Instagram and Twitter.

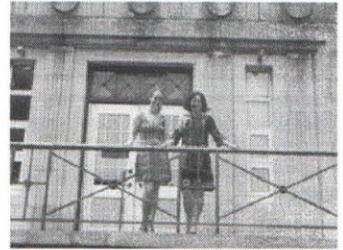
"In some of the communities of clients where the services reach, their primary access point is a mobile phone and it's really important to reach your target market. You actually have to be where people are looking, and I've found that having a digital presence is very useful," she said.

Gross said one of the most important roles her board plays is educating people about the need for mental health services across a person's lifespan.

"It's pointless to identify a problem early if you can't offer some sort of immediate intervention," she said. "You can't just say, 'this person's 18, so my responsibility for him or her is over and now it's somebody else's job.'"

Davidson said as much himself in a Feb. 10, 2002, column in The Norwich Bulletin.

"Let us treat people as individuals, not categories ... Fifty years ago, we exiled people to Uncas-on-Thames for tuberculosis. Let us not send their children there for other blameless illnesses," he wrote.



Eastern Regional Mental Health Board intern Katie Pietras, left, and executive director Jennifer Gross stand in front of the organization's Norwich facility. The board is celebrating its 40th year serving 39 towns in the region. Adam Benson/NorwichBulletin.com