Testimony before the Appropriations Committee
February 29, 2018

Testimony before the Appropriations Committee - March 1, 2019

Department of Mental Health and Addiction Services (DMHAS);
Department of Public Health (DPH)
Department of Developmental Services (DDS); Department of Social
Services and Department of Housing (DOH)

HB 7148 concerning the state budget for the biennium ending June 30,
2019

Good afternoon Senator Osten, Representative Walker and members of the
Appropriations Committee.

My name is Thomas Burr, from Glastonbury, CT. I am the Community and Affiliate Relations Manager,
and part of the Public Policy Staff at the Connecticut Chapter of the National Alliance on Mental Illness.
I am also the parent of an adult child who is in recovery from bipolar disorder, after 8 years' worth of
repeated psychosis, suicide attempts, hospitalizations, incarcerations, and homelessness. Currently he
is living on his own; he is in recovery, working full time, and doing very well; he has been clean and
sober and working for the past 11 straight years! NOTE: Some of the best care he received during his
illness occurred right here in Hartford, at the Capital Regions Mental Health Center.

I am here today to speak regarding our Mental Health safety net, as outlined in HB 7148
concerning the state budget for the biennium ending June 30, 2019.

SPECIFICALLY:

• Behavioral health and substance abuse services must be maintained at current budget levels. We
can't afford to turn our back on the needs of many of our most vulnerable citizens while the numbers of
persons needing services continues to grow and providers have reduced their services due to budget
cuts over the past several years. Failure to adequately fund these services contributes to greater
human and health costs.
• We oppose the proposed 2M cuts to grants for substance abuse and mental health services. Federal
dollars, though not enough, are addressing the opioid epidemic but there are no new federal dollars for
needed mental health services.
• We support the housing supports and services line item—approximately 23M—which provides
supportive services for those high-need individuals who enter permanent supportive housing needing
supports to remain stable, and which continues to help CT towards its goal of ending chronic
homelessness.
• We support maintaining funding at current budget levels for DMHAS Legal Services which protect the
rights of people with mental health conditions; and young adults who need supports to help them in
recovery as they become adults.
• State or federal dollars, or a combination, must fund the Regional Behavioral Health Action Organizations (RBHAOs), which were created last year to integrate system operations for DMHAS’s behavioral health and substance abuse services.

Further, please be aware that by adding additional barriers to supporting people to live in the community with relevant services and supports will not address our citizen’s needs AND make budget issues worse, by adding over a $1,000 PER person PER day to the state’s expenses*; as people with mental health challenges who cannot access care in their communities will often wind up using expensive crisis-based services, such as the Emergency Room, inpatient psychiatric hospitals; or worse, ending up in our jails and/or prisons.

IN SUMMARY: Cutting these core services and supports is bad policy for our citizens, AND bad policy for our budget, so I urge you to protect the health and wellbeing of our Connecticut residents by restoring the cuts to the DMHAS budget, and maintaining the funding for the items I have outlined in my testimony today.

Prevention Works, Treatment is Effective, and People Recover. My son is just one of countless examples of people who have recovered, and who are now leading meaningful lives, working, and paying taxes!

Thank you. I will now gladly answer any questions you have.

Respectfully submitted,

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* Typical per diem costs for ER ($2,152), inpatient psychiatric ($1,157), or hospitalization ($1,089) costs; data courtesy of the Connecticut Legal Rights Project.