Testimony of NAMI Connecticut (National Alliance on Mental Illness)
Before the Appropriations Committee
March 1, 2019

Department of Mental Health and Addiction Services (DMHAS) and
Department of Public Health (DPH) budgets.

HB 7148, AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIIUM ENDING JUNE 30, 2021

Good evening Senators Osten, Representative Walker, and members of the Appropriations Committee. My name is Susan Kelley. I am the Director of Advocacy and Policy for the National Alliance on Mental Illness (NAMI) Connecticut. NAMI Connecticut is the state chapter of national NAMI, the nation’s largest grassroots mental health organization dedicated to building better lives for all those affected by mental health conditions. NAMI Connecticut offers support groups, educational programs, and advocacy for individuals, families, and children impacted by mental health conditions.

We understand the state’s continuing fiscal challenges and the difficult decisions facing legislators and other policy makers regarding the state budget. We also recognize that budget cuts are tough on all state agencies and the people they serve. At the same time, certain state services and supports must be prioritized due to 1) increasing needs for services, and 2) greater health care and human costs that result from short-term funding cuts. I am here today asking that you prioritize certain DMHAS behavioral health services, and related housing supports and services for high-need individuals under DHMAS’ budget, which means avoiding any reductions in funding of these services; and prioritize funding of School Based Health Centers (SBHCs) under the DPH budget by maintaining, not cutting, these essential services which help meet the growing needs of school children with behavioral health challenges.

DMHAS Budget
DMHAS Line items of Grants for Mental Health and Substance Abuse Services Must Be Maintained at Current Levels. We oppose the proposed $2million cuts to grants for substance abuse and mental health services. As a state, we can’t afford to turn our back on the needs of many of our most vulnerable citizens when 1) the numbers of persons needing services continues to grow, and 2) providers have reduced their services due to budget cuts over the past several years, which have decreased access to needed services. Failure to adequately fund these services contributes to greater health care costs in the long run due to higher cost of acute intervention services including trips to the Emergency Department, and human costs.

Federal dollars, though not enough, are addressing the opioid epidemic but there are no new federal dollars for needed mental health services. Co-occurring mental health and substance abuse disorders are very common. According to a 2014 National Survey on Drug Use and Health, 7.9 million people in the U.S. experience both a mental disorder and substance use disorder simultaneously.¹ Integrated intervention is the best treatment for dual diagnosis. As a result, additional granting funding must be allocated specifically

¹ https://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Dual-Diagnosis
to mental health services, including community outpatient services and supports, to address mental health conditions at the same time as treatment of opioid abuse and other addiction disorders.

The DMHAS young adult services line item should be maintained at current budget levels. We oppose the approximate $900,000 decrease over two years in young adult services which include clinical, case management, educational and/or employment supports and residence assistance. 75% of all mental health conditions begin by age 24. It is critical for young adults to be able to access mental health services, and to help them achieve and maintain recovery as they become adults.

Regional Behavioral Health Action Organizations (RBHAOs) Require Funding. Whether funded by state or federal dollars, or a combination, there must be funding for RBHAOs. They were created last year through combining of existing Regional Mental Health Boards with Regional Action Centers to integrate system operations for DMHAS’s behavioral health and substance abuse services. The RBHAOs play a critical role as regional hubs for adults to access and obtain information on behavioral health services, and for consumers to evaluate and improve programs and services.

We Support the Rise in DMHAS’s line item for Housing Supports and Services. While a slight increase, we are pleased with the rise in the housing and services line item to approximately 23M. This increased funding recognizes the importance of supportive wrap around services for high-need individuals who enter permanent supportive housing requiring supports to maintain their stability and remain in their communities. The combination of supportive services and permanent supportive housing continues to help Connecticut towards its goal of ending chronic homelessness. Based on the critical importance of this funding, the housing and supports line item should be restored to FY2017 levels (24.2 million).

The proposed line item for services under "Managed Service System" which increases to $64.9M in 2021 should be preserved. This line item accounts for funding of imperative mental health services provided by private non-profit organizations. These services are essential to complete the spectrum of community behavioral health services for both mental health and substance abuse. We very much support the increase from current levels, particularly because of past cuts in funding to these providers.

The slight budget increase for DMHAS Legal Services is an important boost. Legal services provided by the Connecticut Legal Rights Project are extremely valuable services addressing education, housing, and employment discrimination experienced by individuals with mental health conditions. Housing advocacy saves the state money by avoiding unnecessary hospitalization costs and trips to the emergency room and helps prevent homelessness; discrimination advocacy helps individuals keep their financial stability and remain in their communities.

**DPH budget**

We oppose the proposed cut to the SBHCs line item. The 96 state-funded SBHCs in Connecticut serve approximately 40,000 children, providing a wide spectrum of clinical services, including primary care, behavioral health services and, in some sites, oral health services. While the reduction is relatively small (approximately $200,000), the detriment of the cut is magnified when considering that SBHC funding has

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been reduced by over $3 million during the past four years. Because SBHCs provide services where kids are—in schools—they are an effective means for children to access behavioral health services, particularly for children who live in low-income and underserved communities.

One of the rationales for past cuts was the increase in families covered by insurance under the federal Affordable Care Act. This reasoning is misguided however because 1) the viability of the ACA is no longer assured, and 2) many people whose children receive SBHCs have high deductible plans such that services are not being covered for many families. Moreover, Connecticut must have a variety of ways to meet the increasing mental health needs of children. This means maintaining, and if possible, growing SBHCs alongside other options for integrated mental health care such as primary care. Robust practices in both of these settings are necessary because schools are an optimal place for children to receive services and parents need options for therapists, type of care, and cost of services for their children.

SBHCs are making a significant difference in reducing health inequities among children of color and ethnic diversity. They are a prime example of how health inequities among children are reduced by integrating physical and mental health care in settings like schools that are highly accessible to them. SBHC funding should be maintained and/or expanded to increase children's access to mental health services, not reduced in any amount.

The health and wellbeing of our state residents help make Connecticut a strong and desirable place to live. We must prioritize behavioral health services and refrain from cutting funding for these services that already have been severely reduced over the past several years.

Thank you for your time and attention. I would be happy to answer any questions you may have.

Respectfully submitted,

Susan R. Kelley
Director of Advocacy
NAMI Connecticut