Testimony before the Appropriations Committee March 1, 2019
HB 7148 concerning the state budget for DMHAS for the biennium ending June 30, 2019

Good evening, Senator Osten, Rep. Walker & members of the Committee:

My name is Margaret Watt, and I am the co-director of The Hub, the Regional Behavioral Health Action Organization (RBHAO) for Southwestern CT. I am here regarding the DMHAS budget.

First, a reminder that the overall DMHAS budget has decreased by 17% since 2012. When you discuss the current budget proposal, please bear that in mind, because DMHAS-operated sites and DMHAS-funded providers are already operating with far fewer staff—50% fewer in some cases—and higher caseloads than a few years ago. That means that budgets have long since been cut to the bone. There’s certainly no money for facility maintenance— I recently had a meeting on the CT Valley Hospital campus in a building that looked abandoned: window frames were literally lying on the ground, open holes instead of windows, flaking paint. Senior DMHAS staff go to work there every day. (You should visit!)

Positives that I saw in the governor’s proposal:

- Proposed funding for caseload growth, to support low-income adults and the Money Follows the Person program.
- Proposed maintenance of the Housing Supports and Services line. People with behavioral health disorders—like the rest of us!—require stable housing in order to successfully work, go to school, or be part of the community. Please make sure this funding is not touched.

Problems in the budget:

- There are again proposed decreases in the DMHAS lines for home- and community-based services, mental health grants, and substance use grants. Community services provide engagement, outreach, social rehabilitation, outpatient services, substance abuse counseling and treatment, and group homes—all services that keep people out of the hospital and shelters.
- Proposed decreases in the DPH budget for School Based Health Centers (again). SBHCs are proven effective in preventing and treating medical and mental health conditions, and in reaching underserved populations, particularly African-American and Hispanic males.

Solutions?

- It appears DMHAS is planning for a $3.5M increase in Workers Comp claims in the next 2 years. That’s almost a 30% increase! That amount of funding could cover the cuts to community-based services, managed care, and CMHC. This could be a place to start. We should not be prioritizing possible workers comp over actual services. Also, we should be preventing that kind of workers comp increase, which seems to indicate a seriously unhealthy environment for workers in the DMHAS system.
- Use revenue from taxes on all substances of abuse—alcohol, nicotine, vapes, marijuana, and gambling—to help fund prevention, treatment, and recovery.

I also want to note that there are line items in the DMHAS budget that don’t even exist any more, such as the 40- year-old Regional Mental Health Boards and the 25 year old RACs. The Boards and RACs have been consolidated by DMHAS over the past year and a half into RBHAOs; in Southwest CT, the merger was completed literally today. The merger is intended to create 5 regional organizations to coordinate and support all the towns in the state in mental health and substance use prevention, treatment, and recovery, across the lifespan. It’s kind of a big charge for organizations of maybe 3 people per organization, and notably, even with that small staffing level, there is NO state funding for any of it—it’s all federal and town funding (which we supplement, when possible, with foundation grants). And the federal funding is all focused on substance abuse, especially opioids—even though mental illness is an increasing problem everywhere.

There’s also no longer any state funding for the consumer watchdog function that was part of the charge of the now defunct Regional Mental Health Boards. At a time when there have been deaths and abuses at Whiting Forensic Hospital (part of the state psych hospital), and deaths in DCF teen facilities, the state HAS to allocate money to ensure the safety
and lives of CT residents who we, as a state, have put in our long-term care facilities, especially those who are behind locked doors. Consumers and families need to have an independent voice in monitoring those systems. As I testified at a recent Public Health hearing, I and others are eager to work with the General Assembly to identify a new mechanism that is preventive rather than evaluative.

Thank you.

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