

TESTIMONY OF MARGARET WATT BEFORE THE APPROPRIATIONS COMMITTEE

PUBLIC HEARING HELD FEBRUARY 21, 2020

REGARDING HB 5055, AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2021

Senator Osten, Representative Walker, Senator Formica, Representative Lavielle and distinguished members of the Appropriations Committee:

My name is Margaret Watt and I am the co-director of The Hub, which is the Regional Behavioral Health Action Organization (RBHAO) serving Southwestern CT. I am here to urge you to support funding to nonprofits generally. I would also like to comment on aspects of the behavioral health budget.

First, please support the CT Nonprofit Alliance's proposal to increase funding to nonprofits over the coming years. The long-time flat funding, which due to the rise in operating costs is really a decrease in funding, has made its impact all too evident. Every agency's caseloads are maxed, staff are stressed, and ability to respond is minimized.

In the case of mental health services, providers report increased need and increased acuity of need. It makes no sense to essential defund services at a time when depression, anxiety, suicidality and overdose deaths are increasing! I do thank you for the \$3M increase in the DMHAS budget to allow ~20 people who are ready to finally be discharged back to the community from psychiatric hospitalization.

However, we have watched the erosion of services for too long. A few examples from the Southwest Region:

- The state-operated agency serving 8 of our towns lost half its staff in a couple of years. They continually have trouble hanging onto a psychiatrist. Most recently they had to refer their Spanish-speaking clients out because they didn't have a bilingual clinician—but to where? *They* are supposed to be the bottom of the safety net!
- The two Transitional Residential Programs in the region were lost a couple of years ago—an entire level of care that's missing to serve people with severe mental illness at risk of homelessness, often used as a stepdown or diversion from a psychiatric hospitalization.
- Our adult mobile crisis services had their hours and staffing cut back. For a while they too didn't have a Spanish speaking clinician. Mobile crisis is now only available Mon-Fri 8-4:30pm. Unfortunately, psychiatric crises don't observe that schedule.
- The Residential Support Services programs were transformed into Community Support Programs that have higher caseloads, worse ratios of staff to clients, and diminished services.
- Medicaid Rehab Option group homes for people with mental illness currently have wait lists of 1-1 ½ years.

Next let's talk about the area of prevention. Logically, the more early prevention we do--the healthier communities and schools and systems we build--the less *intensive* and *expensive* treatment we need to provide downstream. However, as my colleagues Pam Mautte and Marcia Dufore have testified, the state doesn't fund prevention—it's all federal funding.

Just this morning I was at a forum with Congressman Himes highlighting the new Drug-Free Community grants received by some of the towns in our region. We are celebrating the fact that towns are getting \$125,000 per year to try to prevent substance misuse and change social norms. And it *is* worth celebrating, because normally towns get tiny grants of a few thousand dollars, provided to *volunteer* coalitions who are then tasked with preventing enormous social issues. But think about that number: \$125,000. One staff person who receives benefits would eat up most of that before paying rent or doing any program work. Shouldn't we be investing *more* – much more – in building healthy communities?

Our social services are used to making do with so little that such an amount is a big deal. Meanwhile that annual amount is less than the average compensation of a pharmaceutical sales rep—such as those who did such a great job promoting the prescription of opioids.

Another example: This week at the State Mental Health Board we were celebrating the reopening of the Valley View Café at the CT Valley Hospital. This is a job training program where psychiatric patients run a very small scale café that

provides them with job skills and a social environment, while also feeding both staff and patients of the hospital. A low cost program that provides multiple benefits and supports recovery. How was it ever even on the chopping block?

So as you deliberate how to appropriate funding, I ask you to really consider what our society's priorities should be and to allocate funding accordingly.

1. Our tax dollars should support healthy communities first and foremost. Preventing social ills and promoting wellness, protecting the vulnerable, and keeping people in their communities rather than in institutions should be your top priorities.
2. If you are considering relying on "sin taxes" such as marijuana or gambling to provide revenue for the state, be aware of the impact on our communities. It is a fact that marijuana is dangerous to the developing teen brain and also that it is addictive, but the very concept of "medical marijuana" has already contributed to widespread perception that it is not risky to anyone.
3. If you do legalize retail marijuana, please lock down use of the revenue for prevention—as I'm sure you've heard—but also for treatment and recovery. Treatment will be needed! We're already seeing an increase in marijuana-induced psychosis. (Currently CT only has two programs for First Episode Psychosis—a long standing need.)
4. Index future funding increases to inflation.
5. Implement the funding increases outlined by the CT Nonprofit Alliance over the next few years.

Thank you for the hard work you do on behalf of our state's residents.