

Governor's Proposed Budget for FY2021-22
Department of Mental Health and Addiction Services
Tuesday March 2, 2021

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

My name is Marcia DuFore and I am a registered voter in the town of Suffield, Connecticut. I am testifying as a private citizen, Executive Director on behalf of the Amplify, Inc., and member of the Connecticut Prevention Coalition (CPN), NAMI and Keep the Promise Coalition (KTP).

I am testifying to encourage investment in the Department of Mental Health and Addiction Services (DMHAS) budget to sustain behavioral health prevention, treatment and recovery support services, including related housing supports and services for high-need individuals in the DMHAS budget.

Amplify is one of five Regional Behavioral Health Action Organizations (RBHAO) charged by the Department of Mental Health and Addiction Services to act as their strategic community partner for planning, education, and advocacy to address behavioral health needs and services for children and adults in North Central Connecticut. Our members include people in recovery, families, providers of behavioral health services, members of coalitions concerned about mental wellness and preventing, treating and responding to substance misuse in our communities.

First of all, we want to thank Governor Lamont. This proposed budget does not contain cuts to the DMHAS budget for services that are so important to our members.

Every year RBHAOs carry out a statewide needs assessment and priority planning process in order to capture regional needs and trends. Information gathered is used to inform the DMHAS Mental Health Block Grant, the DMHAS biennial budgeting process as well as the planning and priority setting process for each RBHAO.

The following is a brief summary of issues raised in recent needs assessment and accentuated by the CoVID-19 crisis we find ourselves in:

Significant issues:

- Explosion in use of electronic nicotine devices (ENDs)
- Accidental overdose deaths caused by use of Opioids and substances laced with Fentanyl
- Rising suicide rates, alcohol and substance use, high rates of anxiety, especially among youth, all in part related to COVID-19
- Concern about risk of harm to children and youth accompanying legalization of cannabis for recreational use.
- Need for collaboration between law enforcement and mental health funded crisis response for individuals in emotional distress
- Need for appropriate wrap around services to address and/or prevent homelessness for with people struggling with mental health and/or addictions challenges
- Concern about problem gambling given increased access to computer gaming, sports betting, and problem gambling

- Concern for lack of state support for RBHAOs as DMHAS' strategic community partner for planning, evaluation, education, and advocacy to address behavioral health needs and services for children and adults across Connecticut.

I would like to highlight several of issues and recommendations that related to line items in the DMHAS budget and line items missing from the DMHAS budget.

The Connecticut State budget should prioritize prevention efforts and provide state funding for RBHAOs as DMHAS' strategic community partner for planning, evaluation, education, and advocacy to address behavioral health needs and services for children and adults across Connecticut. The RBHAOs provide assistance in developing regional strategic plans that provide recommendations for prevention, treatment and recovery services and administer the Local Prevention Council (LPC) grants to municipalities to stimulate the development and implementation of prevention activities. They are critical in building the capacity of local communities to understand and address substance abuse, mental health, problem gambling and suicide prevention.

The Governor's budget relies on revenue from the legalization of cannabis for recreational purposes and the expansion of gambling through the legalization of sports wagering and internet gaming, lottery, and keno. Both of these issues involve increased opportunity for recreation for some and increased risk of harm for others. Connecticut must support public awareness and evidence-based prevention strategies that address vaping, substance misuse, problem gambling and opioid addiction, overdose deaths, and related behavioral health concerns that lead to addiction.

This requires an investment in the services of community non-profits who have fallen behind the cost of services. It requires an investment in the five RBHAOs. Currently, the state does not fund this prevention work and instead the five RBHAOs are funded via federal grant dollars through the Department of Mental Health and Addiction Services. Sustainable funding for the RBHAO role is a major gap in the current Connecticut infrastructure. Long term planning and support for prevention, especially for the issues mentioned above, is critical to reducing the social impacts related to addiction and mental health. RBHAOs are charged with the responsibility to work with local communities and build their capacity to promote mental health and prevent substance misuse. This includes creating awareness through education but also includes becoming recovery friendly communities who care for their residents in emotional distress, knowledgeable about community and treatment resources, able to address local gaps and barriers, and refer people to formal treatment as needed.

In addition, we must preserve the role of individuals in recovery and families to share feedback, raise issues, and inform DMHAS about gaps in services and the service system. Support for their role used to be funded and carried out by Regional Mental Health Boards. Support must be sustained in the newly structured RBHAOs and supported by state funds.

In addition we must address the increasing number of individuals in need of crisis response exasperated by circumstances related to the pandemic. We were pleased to see bills being considered by this body promoting collaboration between law enforcement and DMHAS funded providers for responding to crisis. There has been a significant investment on the part of CT to train CT law enforcement officers in crisis intervention and an approach to crisis intervention that requires collaboration between law enforcement and behavioral health providers. This training, provided by CABLE, funded by DMHAS, and offered to both law enforcement and mobile response teams, provides excellent support for this collaboration. However, the truly collaborative programs operating in North central Connecticut have been developed with other grant funding to ensure sufficient mobile crisis response staffing from clinical mobile response teams. These are grants that are meant

to be short term and require plans to sustain the funding and collaboration. Collaboration requires more than a philosophy. It requires a commitment of resources to ensure that more than one entity comes to the party. Mobile crisis services funded by DMHAS have been underfunded for at least the past 10 years. As a result providers have reduced their hours of operation and limited availability for arriving to the scene when a collaborative approach to crisis is needed. The funding for grant funded mobile response services must be increased to provide for a 24/7 response to behavioral health crises. In a previous testimony I have described outcomes that result from an approach that is left to rely primarily of law enforcement response to behavioral health crises. I attached that testimony here.

DMHAS Mobile Crisis Response is only one of the DMHAS grant-funded services to be concerned about. Given rising suicide rates, alcohol and substance use, high rates of anxiety, especially among youth, all in part related to COVID-19, this is not the time to reduce funding in any way to DMHAS or DCF funded behavioral health services. Comprehensive access to mental, behavioral and physical health care is critically needed in response to the pandemic.

As well, housing concerns continue to be one of the top priority issues that impact people seeking recovery from behavioral health challenges in our region. People with mental health and addiction issues face housing discrimination and encounter many barriers to accessing stable, permanent housing. This has been exacerbated by the COVID-19 epidemic. Homeless and housing providers describe a desperate need for wrap around services to ensure that people with significant mental health and addictions challenges can access and remain stable in housing We must address the gaps in the continuum of care for supportive, supported, and residential housing for individuals with mental health and addiction challenges. DMHAS asked for a little over \$23 million for Supportive Housing services. The budget reduces this amount by over 350,000. But the need exceeds both the requests and authorization. It includes the highest levels of need offered by state funded and community mental health grant funded providers. This is a similar level of need identified in the line item for discharge planning for people ready to transition from institutional care to community support. The line item recommended by the Governors' budget is \$4 million less than requested by DMHAS. DMHAS' inability to discharge people from institutional care due to lack of funding for appropriate supports leads to gridlock. Gridlock means that new people needing higher levels of care become stuck in hospitals, settings unable to meet their needs, or worse, homeless. The requests (from the Reaching Home campaign should be considered as a portion of solution to this issue are attached).

Finally, In support of DMHAS' request, we support HB 6398 an Act Concerning Various Revisions to the Statutes Concerning the Department of Mental Health and Addiction Services- This proposal allows patients in the maximum-security building at Whiting Forensic Hospital to be present during routine searches of personal belongings. It also requires the appointment of people with lived experience to the Whiting Advisory Board. The bill designates DMHAS as one health care entity to allow the use of one electronic medication record with an order entry and prescribing system that all clinical staff can use for consistent documentation across all DMHAS clinics and hospitals. Digitalization of Personal Health Information in an electronic medical record has been shown to have many advantages. DMHAS patients could benefit from safe care and the Department could realize an increase in efficiency and cost savings from the passage of this bill.

Thank you for all you do and for the opportunity to provide testimony.

Sincerely,
Marcia DuFore
Executive Director, Amplify, Inc.