

Testimony before the Public Health Committee

Public Hearing November 13, 2017

Dear Senator Gerratana, Senator Somers, Representative Steinberg, and esteemed members of the Public Health Committee:

My name is Margaret Watt and I am the Executive Director of the Southwest Regional Mental Health Board. Our role is to engage the various stakeholder groups in our communities in planning and monitoring the mental health system.

I was shocked and distressed to hear of the alleged abuses that took place at the Whiting Forensic Institute at the CT Valley Hospital. Individuals who are incarcerated and subjected to forced treatment are probably the most vulnerable members of our society, hidden behind locked doors. Their cries cannot be heard, which is why our society has recognized and tried to create mechanisms to protect them and give them a voice.

At the same time, we recognize that anybody who was in such a situation would be wary of reporting complaints, because they are in a precarious position and would be afraid of potential retribution. It's all the more important, then, to ensure that there are adequate mechanisms in place for the individual to speak out, for others to provide advocacy, for *internal* supervision and *external* oversight, for open reporting to the community, and for follow-up with patients after their discharge to seek feedback on their experiences.

In the 1970s, the CT legislature created a system to provide community oversight in response to the types of abuses in the state hospitals that we are hearing about once more. That system consisted of Catchment Area Councils (CACs) created to involve consumer representatives of every town in the state, along with providers and other stakeholders, whose volunteer efforts are directed, staffed, and supported by the five Regional Mental Health Boards (RMHBs).

Last year the five Regional Mental Health Boards in the state were planning a joint collaborative effort to conduct a community-based review at CVH. Although the planning of the review took place, the review was not carried out due to scheduling delays at CVH that (most likely) reflect the extent to which the mental health system is overburdened.

That overburdening of the system is being seen more and more throughout our communities as the impact of old and new budget cuts accumulates. The gaps in the system are growing, services are shrinking, and providers' caseloads are increasing.

DMHAS tried to protect their direct services for as long as they could, and they did so by absorbing budget cuts at the level of their administrative services. We saw the impact in areas such as contract development and financial reporting, as well as department managers who wore multiple hats and were responsible for supervising many distinct functions and staff. All of that is problematic for the system because it means that important internal management controls are not operating well; however, this was the price of protecting direct services from the budget cuts.

More recently, the budget cuts have begun to impact direct care as well. As providers are asked to do more with less, to increase their caseloads, to convert programs they see as valuable to other models simply to save money, they burn out.

We now have a system where at every level there is more work than staff—a tremendous burden to put on caregivers. This is a system where all the internal mechanisms for training, monitoring and supervision are shrinking. **A system that is ripe for abuse.**

And abuse is now what we're seeing at Whiting. My concern is not just for individuals at Whiting, both identified and unidentified, who may be subject to an abusive or negligent system. My concern is that we could be seeing the tip of the iceberg.

That's why it's so critical to ensure that protective services remain in place. And yet, at this very same time, not only has the funding for the Regional Mental Health Boards been cut, but our function is being done away with—to be replaced by a new Regional Behavioral Health Action Organization which we may participate in as staff, but which will *not* be responsible for ensuring the community's voice, prioritizing consumer feedback, or monitoring services. Similarly, the CT Legal Rights Project, which provides legal advocacy for low-income individuals with mental health disorders, has had significant budget cuts.

I can't even stand before you to say that our own consumer review process would have protected anyone at Whiting. We've been minimally funded all along and our mandate is within our region, not statewide. But at least we are a place where people can call for assistance, can speak and know they are heard, and where they can review services and make recommendations.

I urge the legislators to use this terrible situation as an opportunity to:

- review the existing statutes around the CACs and Regional Boards as well as the current RFP for the Regional Behavioral Health Action Organization (RBHAO);
- consider what types of agencies, services, and levels *should* have a consumer review process and what that process could look like; and
- make any modifications you see as necessary to protect the critical function of independent community oversight of state-funded programs and services.

It may be that this function belongs in the new RBHAO or elsewhere in the state; it may be that it should be restructured. One thing is certain: it should not be eliminated.

Thank you.