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Letter to the Editor by Patrick Phelan, President/CEO Sinnissippi Centers

Termination of Funding Results in Inability to Provide Medications to Approximately 500

The state budget crisis is affecting real people in real ways. For example, as a direct result of the loss of state funding to support psychiatric services, Sinnissippi Centers will no longer be able to provide mental health medications to a significant portion of those in need, perhaps as many as 500.

A grant that allowed community behavioral health agencies to provide psychiatric services to individuals with mental illness was not included in state appropriations for the current fiscal year (FY16). For Sinnissippi Centers, this **meant a loss of over \$350,000 in funds** that supported a service that already cost more to provide than the funds awarded. Without these resources, the annual deficit for these critical services grew much larger. For the first nine months of the fiscal year, the agency has continued to provide psychiatric services at previous levels at our own cost. However, the continued lack of funding, due to the budget impasse, coupled with a lack of affordable service providers will now lead to a dramatic reduction in psychiatric services.

Sinnissippi currently employs two full time psychiatric providers. However, one of the current providers leaves the agency in May, and the agency will be forced to reduce provider time by half. Although the hope would be that funding returns and a second provider could be hired in the future, the current budget impasse and outlook for the near future do not hold a lot of promise.

The impact will be significant both for Sinnissippi clients and the community. The two prescribers provide medications for approximately 2,300 individuals a year. In response to losing a provider, the agency will seek some new efficiencies, but **approximately 500 individuals will be informed that they will have to seek their prescriptions from another provider.**

In addition, this will limit the number of new clients who will be able to access psychiatry. For those who continue to receive psychiatric services, appointments may be shorter or less frequent. Over the course of a year this change may result in approximately 800 individuals who cannot receive these critical psychiatric services.

Although SCI will make efforts to ensure that these individuals receive their medications from another provider, there exists an overall lack of psychiatrists in our area, and those who do practice are often overwhelmed by the need. Primary care physicians, although they prescribe many mental health medications, are often not as comfortable in this area of practice. The greatest concern is that these individuals will experience increased crisis and hospital utilization if they are unable or unwilling to seek another provider. The toll of this ongoing budget stalemate continues to be calculated in real lives and human suffering.