



**KEEP THE PROMISE COALITION**  
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**Testimony before the Public Health Committee**

**March 12, 2008**

**Support for HB 5861 (Recommended Language attached)**

Good afternoon, Senator Handley, Representative Sayers, and members of the Public Health Committee. My name is Cheri Bragg, and I am the Keep the Promise Coalition Coordinator. I am here today to testify in support of HB 5861, An Act Concerning Mentally Ill Individuals in Nursing Homes.

This past year I have testified many times on behalf of the Keep the Promise Coalition, which was formed to address the mental health crisis in Connecticut and to advocate for promised community services and housing. Today I'd like to add my own experience in regards to this bill.

I am conservator of person for my mother who has bipolar disorder. Unfortunately she became ill before current diagnostic standards and proper treatment was available and was institutionalized for 32 years. Imagine the impact of being removed from society at age 31 and being institutionalized for the better part of the next 32 years or until age 63 – at an astronomical cost to taxpayers and an unimaginable cost to her personally.

In 2002, after a change in medication, she was suddenly able to move to a nursing home. At first I thought this was a victory, and after what she had been through, in part it was. She began to buy her own clothes and personal items of interest. With the medication change, her vision came back (imagine that at age 63!) and she began to write poetry and draw (she's a talented artist), sing, make crafts and enjoy life again. She even helps feed one of the residents and clean the kitchen.

Unfortunately this is not the whole picture. When my mother came to the nursing home, she received case management services for a short period of time, but was discharged from them. These services enabled her to talk to someone and ease her anxieties about the transition. They also enabled her to get out of the home on a regular basis. Even after prolonged institutionalization, she was able to enjoy shopping and the occasional chance to "eat out", a true treat to her. She was also blessed to have a visitor who had known her previously and came to take her out as well. That person is no longer able to visit. The previous nursing home social worker used to take several residents to the store in her vehicle, but the new social worker doesn't do this, unfortunately resulting in another closed avenue for my mother.

The result is that she has stopped leaving the nursing home, in part because it is locked and they have not given her the new code which they changed recently. Only smokers get the code and she quit years ago. She has not left the grounds

for 2-3 years and only ventures outside for an occasional barbeque on the grounds. She used to sit outside and sketch. I bought her a new chair in hopes that she would sit outside again, but she will not. This past weekend she agreed to go out to eat with myself and my son for the first time. As I started typing this testimony, she called to cancel our plans. I believe she has become afraid of venturing into the community after so long.

Her fears are not uncommon for anyone who has been "locked up" for such long periods. What angers me is that on her Level II preadmission nursing home screening (which I have attached), you can clearly see written: **"long-term nursing home placement is not appropriate for the client. She should receive rehabilitative services (SOME of which are recommended on the screening), enabling her to live in a more normal, less restrictive environment."** This is the general goal of mental health recovery: people DESERVE to live in the least-restrictive setting possible. We were supposed to have learned this lesson after deinstitutionalization. Instead, we are abandoning people to nursing homes, many "for profit", where most staff are not trained in mental health. Many people languish and back-slide in their recovery. It has been almost SIX YEARS since she entered those doors. I no longer see it as a place to thrive. She does not either telling me she is biding her time until she dies and can be with her God. This is no way to live. She is there solely due to her diagnosis of bipolar disorder. Her physical health is excellent. She could potentially live there for decades at an unnecessarily cost to taxpayers and at a devastating cost to my mother and her family.

Having worked in the mental health field for many years, I often saw people admitted to nursing homes only to lose their own homes. As we all know, safe, affordable housing is scarce. We need protections in place to avoid these scenarios. The level II screenings, without oversight in place, are meaningless. They are stuffed in the back of a file never to be looked at again just like my mother's was. SB 5861 would ensure that staff at nursing home facilities review and compare current treatment plans for people with mental illnesses with the recommended services from the level II screening. It would also ensure that DMHAS is notified of the admission of individuals with level two service needs and would refer them to their local mental health authority for follow up.

Although this bill would not address all of the needs of serving this population, it would be a step in the right direction, ensuring that people get adequate treatment that they have a right to, delivered in the appropriate service system in a way that promotes recovery. My mother and many other people in the same situation deserve no less. These are our community's parents and grandparents, our siblings, and one day our children. People with mental illness do not deserve to be locked up and forgotten. Keep the Promise to my mother and the citizens of Connecticut by passing HB 5861 and setting us on the road to humane, cost-effective solutions for individuals with mental illness in nursing homes.

Thank you for taking the time to listen today.



JOHN G. ROWLAND  
GOVERNOR

**STATE OF CONNECTICUT**  
**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**  
*A Healthcare Service Agency*

THOMAS A. KIRK, JR., PH.D.  
COMMISSIONER

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**PREADMISSION SCREENING DETERMINATION**

Determination Date: 07/07/2002

Nursing Facility:

Name of Client: [REDACTED]  
Date of Birth: [REDACTED]  
Social Security #: [REDACTED]  
DSS Office: [REDACTED]

Based on a Level II evaluation, the above-named client meets the State Medicaid Plan criteria for nursing home level-of-care and does not require specialized mental health services to treat an acute episode of serious mental illness.

The client may choose admission to, or continued stay in, a nursing facility.

However, long-term nursing home placement is not appropriate for the client. He/she should receive rehabilitative services (some of which are recommended below) enabling him/her to live in a more normal, less restrictive environment.

**PLEASE NOTE:** For clients waiting for admission, this determination notice is valid for only 60 days; that is, the client's admission must occur **WITHIN 60 days** of the above date. If the admission does not occur in the next 60 days, a new evaluation and determination **IS REQUIRED BEFORE** the client can be admitted to the nursing home.

No further evaluations are required unless the client experiences a change of condition related to his/her mental illness. Report a change-of-condition promptly to the Change of Condition Coordinator, Advanced Behavioral Health, Inc. at (860) 638-5320.

**Mental Health Services Recommendations**

- Ongoing evaluation of the effectiveness of current psychotropic medications on target symptoms.
- Supportive counseling from nursing facility staff.
- A conservator of person.
- Leisure/recreation activities.
- Case management services (specify Responsible Agency).  
River Valley Services
- Other (specify):  
Kind, gentle, tolerant care, continuous communication with CVH staff
- Consider possible follow-up and consultation with ABH

Please file in the Client's current Medical Record

*Jennifer Glick*

Jennifer Glick, Nurse Consultant  
Division of Community Services and Hospitals  
ARM / Ref 39522

Be it enacted by the Senate and House of Representatives in General Assembly convened:

The Department of Public Health shall consult with the Department of Mental Health and Addiction Services prior to finalizing its sample of residents to be reviewed in conducting its annual survey of a nursing home to identify persons admitted to the nursing home who were identified in the preadmission screening process as having a mental illness and had a level two assessment conducted to assure that a sample of these residents is included in the survey.

The survey for such residents shall include a comparison of the services recommended in the level two assessment with the plan of care currently being provided by the nursing home, and make specific findings with regard to the need for services to address the person's mental illness and potential for discharge to the community. The survey sample of residents who had level two assessments, shall include the greater of two files or twenty percent of the total number of resident files in the survey.

Nursing home staff shall notify the Department of Mental Health and Addiction Services or its contractor, within two weeks of the admission of individuals administered a level two assessment which confirmed a psychiatric diagnosis, and the Department of Mental Health and Addiction Services shall refer such individuals to the appropriate Local Mental Health Authority for follow up. Persons being admitted for short term placements shall have their housing protected to the fullest extent possible to allow for timely discharge.

***Statement of Purpose:***

To ensure that the staff at nursing home facilities review and compare current treatment plans for people with mental illnesses with the recommended services from section H of the Level II Preadmission Screening termed "Recommendation for Client's Nursing Facility Care Plan", in order to ensure the adequacy of treatment, the right to treatment in the appropriate service system and level of care, improve service delivery, and promote recovery.