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Keep the Promise Coalition
Testimony before the Appropriations Committee – DMHAS Budget
February 20, 2009

Good evening Senator Harp, Representative Geragosian and members of the Appropriations Committee. My name is Cheri Bragg, Coordinator of the statewide Keep the Promise Coalition dedicated to advocating for the “Blue Ribbon Solutions” necessary to maintain and expand critical community mental health services and housing guided by the recommendations outlined by the Governor’s Blue Ribbon Commission on mental health.

We would first like to thank the Governor for recognizing the need for Young Adult Services in the DMHAS budget by proposing funding for continued large caseload growth. In concert with these efforts, we continue to strongly advocate for the planned, meaningful transition services necessary for the success of these young adults entering the DMHAS system including specific structure within and collaboration between both DCF and DMHAS. SAMHSA estimates that 29% of young adults with serious mental illness aged 18-26 are parents further underlining the need to support young adults and their families.

2006 estimates indicate that over 3,000 people with mental illness were living in CT’s nursing homes. This number continues to increase. CT MUST ensure that proposed Mental Illness Waiver dollars are used specifically to increase the number of available community waiver slots. The state recently lost approximately \$7.5 million in lost federal Medicaid payments to nursing homes because they exceeded the allowable percentage of residents with psychiatric illnesses. With the anticipated April rollout of Money Follows the Person (MFP) as well as the pending lawsuit, it only makes fiscal sense to follow through with an increase in the number of community waiver slots.

In respect to the Governor’s proposal to close Cedarcrest Hospital, the Coalition wants to ensure that any plans first include assessing the number of people who can be better served in their communities. By DMHAS’ own account, there are a number of young adults at Cedarcrest

whose discharges are only held up by a lack of appropriate community based services and housing options. We would NOT be in favor of the two proposed 15-bed housing units, as these are too large to enable true community integration. Instead we would propose more appropriate options such as scattered site or other Supportive Housing apartments or very small family-like settings. Secondly, we are concerned about the dollars proposed to renovate beds at CVH for people to transfer from Cedarcrest Hospital. We urge legislators to look at more cost-effective solutions such as Supportive Housing or smaller residential treatment options. These solutions would begin to alleviate the gridlock problem and open up short-term crisis-level beds for those who need them rather than renovating additional costly institutional beds. Failure to address the need for community based service options is a failure to address system paralysis adding costs we cannot afford.

The Coalition urges the legislature to reject the proposed \$3.2 million cut to the housing and support services line item that would fund 150 units of “shovel-ready” permanent Supportive Housing. Projects applied for across the state would serve Veterans, low-income families, and people with disabilities including mental illness. This Coalition has members who are currently homeless. Time and again they share stories about education, families, post-graduate degrees, many working and pursuing their dreams until they became ill. No one chooses to have mental illness. No one dreams about being homeless.

It has been a decade, ten years, since the Keep the Promise Coalition was formed. Even seasoned advocates have been affected by the urgency of the stories we have heard in the past year: people having to eat out of garbage cans to stay alive or living in tents or their cars while striving to work on their recovery. These are NOT wants. These are core basic needs in every community in CT. The already-starved community mental health system cannot afford the proposed \$8.26 million cuts. Cuts to a system already in gridlock will result in further spillover costs in emergency and institutional care. Further damage will be done if there are cuts to existing services before they are replaced with new models. We need to take a hard look during tough economic times at the opportunities we have to start turning our costly, crisis-oriented mental health system into a cost-effective, community system that works for CT’s citizens. It is time to Keep the Promise to people with mental illness, families, and taxpayers: Community Solutions, Not Institutions!