

Martha C. Roy, 12 Cornfield Lane, Enfield, Connecticut Appropriations Committee Hearing
Testimony – DMHAS February 20, 2009

Good afternoon, members of the Appropriations Committee.

As the sister and Conservator of Person and Estate to a 49 year old with lifelong mental illness, thank you for considering my remarks. Seven different psychiatric diagnoses cause my brother to do things that are harmful to himself and potentially others. Only since he has been at Cedarcrest for the last three years has there been any improvement stability.

A bit of history: For the first 44 years of my brother's life, my parents were his sole caretakers. Despite having no professional help other than brief group medication sessions and a requisite quarterly visit to the doctor, managed not only his diseases and their symptoms, but also his 7 - 13 different medications.

At age 42, the Mental Health District Center where he was a client banished him from Their Own Social Activities because of his increasingly harmful behavior. Yet, he continued to live in the community with my parents because it was the most fiscally attractive thing for the State to do.

For the next two years, I watched his diseases escalate to the point of my parent's total exhaustion and ultimately became his Conservator. Energy was needed to navigate the system, and I promised my brother I would give it all to keep everyone safe. He knew he was a danger, but had no idea how to manage it. No one else knew how, either.

18 Months, four nursing homes, three acute care settings, and finally 11 days straight in the St. Francis Emergency led us to Cedarcrest – the one place with the talent, dedication, medical resources and 24/7 support he needed. It was disconcerting to feel glad that my brother's was sick enough to be admitted. If he hadn't been, he would've ended up in jail given the anti-social predilections of his illness.

He has been at Cedarcrest for three years and it's time for him to go no matter what. He won't benefit from the hospital staying open, and probably will be going to CVH given his behavior, but is important for me and my commitment to him to be here today on behalf of folks just like him.

All of these facts relate to the proposed closure of Cedarcrest Hospital.

Current # of Cedarcrest Beds:	108
Number of Transfers to CVH given proposed increase in beds:	63
Balance of Clients to enter Community:	45

Anticipated Savings through Cedarcrest Closure	\$3.6Million
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Proposed Change in Community budgets to serve 35 new clients in addition to ever-increasing numbers of new clients:	DECREASE of at least \$5Million
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These numbers represent virtual elimination of support for of critically mentally ill people.
Where will they go?

At Cedarcrest, clients learn to ask for and receive professional help when symptoms arise. It is understood there that the diseases are diseases and the clients are treated as such. They will be going from a secure, safe, medically controlled residential setting to where? No one seems to know where the clients who are ultimately “bumped” will go. Remember the numbers.

Somewhere between discharge from Cedarcrest and inevitable re-entry into the mental health system, someone will get hurt. It will not be the client’s intent – just their illnesses showing their predilections, usually causing emotional, mental or physical pain to themselves, their family members, or the community.

So let me throw out this idea: Because there are 52 members of the committee, each of you only need volunteer 30 weeks per year to be “on call” to clients and law enforcement officials when diseases escalate. Because caring for such folks is a 24/7 proposition, though, and Cedarcrest will be closed, the short respites will quickly not be enough, and other arrangements will need to be made.

It appears the State has the answer:

With the INCREASE IN PRISON BUDGETS AND BEDS, it is clear that the State’s intent is to have mentally ill people go to prison, where it is less expensive to care for them. It has been estimated by experts that nearly 20% of the current prison population is currently mentally ill so this provision will accommodate an even larger percentage of many people guilty only of having a disease. Imagine having cardiac problems and being put in jail because of it.

Keeping Cedarcrest open will allow appropriate clients the TREATMENT, MEDICATION and SUPPORT they need to safely live with their diseases. We all wish hospitals like Cedarcrest weren’t necessary, but that thought is a fallacy. Closing Cedarcrest doesn’t seem like a very safe thing to do to either people with diseases for which no other treatment is available, and the community in which they are suddenly expected to live.

Please. Reject the recommended budget and restore funding to appropriate levels to deal with critical mental illness. Thank you for your consideration.