

Good afternoon members of the Appropriations Committee. My name is Jennifer Gouthier. I am an active member of Prime Time House in Torrington and I am very involved with Keep the Promise, Advocacy Unlimited, NAMI and many Mental Health Boards.

I have utilized many mental health services for over 20 years. Things have definitely changed in many services since I was a young adult, but many services, especially in-patient psychiatric services and the lack of needed services and affordable housing within our communities have not.

A big goal amongst many advocates and providers is for communities to provide the appropriate and necessary services so individuals spend less time in hospitals; but this is hard to achieve when there is a huge lack of affordable housing and with the Governor taking away the funding for the 150 units of Supportive Housing she committed to two years ago and now not allocating any funding in the proposed budget for more housing. There are many people living in State Hospitals that don't need to be there and with the Governor's proposal to close Cedar Crest Hospital and spend money renovating a building at CVH and investing in two 15 bed mini-institutions to house these individuals, that money would be better spent if it went into the building of much needed housing.

It's nice to see the Governors proposed funding for Case Management in DMHAS's Young Adult Services, but Case Management isn't the only service young adults or anyone with a mental illness needs. It's good that mental health agencies offer social rec. services, but they can't be the only aspect of a young adult's life. Many young adults need classes that teach – budgeting skills and the value of money; anger and stress management; responsibilities of having and keeping a job; and sex education, included with that – safe sex; the risks of having multiple sex partners; sexually

transmitted diseases and parenting classes, especially now since the number of young adults becoming pregnant has been increasing over the years and with that the need for and increase in DCF services.

It's good to see the Governor invested in some DMHAS Young Adult services but on the other hand, you can't forget everyone else within the DMHAS system and young adults don't stay young adults.

Consumers and family members should be an intricate part of being able to tell what type of services would help them and their family and having these services implemented instead of going by data from other states as to what services would be beneficial. The needs of individuals and groups aren't all the same in all states. Services should be geared towards the needs of those being served within each community and by data from other states. Services within Psychiatric Hospitals should be looked at the same way – getting input from consumers and families and implementing that input, then a hospital stay would become more productive and the need for hospitalizations fewer.

In my own experience, and input from other consumers, families and Providers, Eating Disorder Treatment lacks big time in this state and is hard to obtain, even out-of-state if you have Medicaid. More individuals die from eating disorders and the complications from them each year than any other psychiatric disorder. And it is one disorder that Psychiatrists and workers within the mental health and DMHAS system know little about treating.

All mental health services and affordable housing are and will always be vital and any reductions, elimination or non-funding for these services for individuals and families of all ages will be detrimental and very costly in the long run for them and the state.

Could you live with yourself for the death of one individual because you took away or reduced funding for a service he or she needed? How about the lives of hundreds of individuals?

Thank you.