

## Testimony at the Appropriations Committee Public Hearing, 20 February 2009

Good Afternoon, distinguished chairs and members of the Appropriations Committee. My name is Thomas Burr, and I am the President of the Manchester Affiliate of the National Alliance on Mental Illness, otherwise known as NAMI. I come before you today in support of the Dept. of Mental Health & Addiction Services (DMHAS).

As you may be aware from the information provided to you by the "Keep the Promise Coalition, from 1998 to February 2007, the referrals from DCF to the DMHAS Central Office rose from 41 to 1,829, an increase of almost 4500%!

"The costs in terms of human life and safety to the community are far higher than monetary considerations justify." (DMHAS, April 2007). These figures do not include the new young adult cases that were accepted directly by the adult system. Young adults account for an estimated 35% of incoming clients in the adult mental health system (DMHAS). Lives and taxpayer dollars are being wasted at an increasing rate, as the number of referrals of young adults from DCF to DMHAS rises dramatically, and other young adults, frustrated with the bureaucracy, simply "drop out."

Despite efforts by DCF and DMHAS to meet this demand, the status of young adults with psychiatric disabilities in Connecticut is reaching crisis proportions. According to DMHAS, "The referral trends through the central office threaten to thoroughly overwhelm our system of care, elevating what has already been observed to represent heightened risks for critical incidents affecting both our clients and the community" (April 2007). Compounding this problem is the fact that many of these young people have intensive service needs related to both their serious psychiatric condition and years of institutionalization in hospitals and/or residential programs with minimal preparation for adulthood. Currently, the state "does not provide the levels of care, assessments, informed recovery plans, or staffing needs/competencies required to treat the complex and often significantly severe disorders facing our young adults" (DMHAS, April 2007).

You should also be aware that The Governor proposes closing Cedarcrest Hospital and expanding 64 beds at CT Valley Hospital (CVH) rather than looking at transferring staff and capacity to the community. In addition, thirty beds would be transferred to the community in two large 15-bed facilities. Instead of investing in these "mini-institutions," the state can use these dollars for small supported housing, group homes, or other homelike settings that promote community integration. Instead of investing in "bricks and mortar" for renovations at CVH, these dollars can be used for supportive housing. If money must be spent, please spend capital funds on housing, and not renovations!

If you add up cuts in Crisis, Community Support and Case Management, there is about \$8.26 million to be taken out of community mental health services over the next two years. When we can't get people out of hospitals, Emergency Rooms, & Nursing Homes, why would the state continue to starve the community system, even if we are developing "new" models? Reducing dollars for any community mental health services is still a damaging cut!

I ask the Committee to reinstate the funding for the Next Steps Supportive Housing Initiative, which was not included in Governor Rell's proposed Budget. While I am well aware of the current fiscal situation the state finds itself in, these "Shovel-Ready" Supportive Housing Units are critical, inasmuch as the failure to provide the this type of housing will increase state costs of homelessness by three times, through increased utilization of Homeless Shelters, Nursing Homes, Emergency Rooms, and Jails &

Prisons. Please also be aware that *the costs associated with providing these CRISIS BASED SERVICES cannot be avoided, nor deferred!* On the other hand, many people with a Mental Illness who have a stable home environment through Supportive Housing will sooner be able to enter Recovery, eventually getting jobs in their community, and therefore providing tax revenue to the State. They transform themselves from being (as perceived by some) as an expensive burden under the current system, and instead become an asset to the State, and to their community.

IN SUMMARY, providing Supportive Housing is not only the moral thing to do for one of the most vulnerable segments of our society, it is also the *Fiscally Responsible* thing to do for the taxpayers here in the great state of CT.

Respectfully Submitted,

Thomas Burr  
President  
NAMI - Manchester, CT Affiliate  
(860) 659-0052  
[thomasburr@sbcglobal.net](mailto:thomasburr@sbcglobal.net)  
[www.nami.org/sites/Manchester\\_CT](http://www.nami.org/sites/Manchester_CT)

