



**KEEP THE PROMISE COALITION**  
**Community Solutions, Not Institutions!**  
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**Testimony before the Appropriations Committee**  
**February 18, 2010**  
**Re: Proposed DMHAS Budget**

Good evening distinguished co-chairs and members of the Appropriations committee. My name is Cheri Bragg, Coordinator of Keep the Promise, a statewide Coalition dedicated to investment in a comprehensive, community mental health system for children, adults and families in CT.

KTP was formed after the closure of two of CT's large state psychiatric hospitals: Norwich and Fairfield Hills. Advocates saw the devastating effects on children and adults following the failure to invest in a comprehensive community mental health system: people falling through the cracks into the correctional system or homelessness, and a costly overreliance on unnecessary emergency and residential care. **It is critical that CT not repeat these costly mistakes!**

It is time for CT to learn from the past. We are presently faced with an opportunity to do so with the closure of Cedar Ridge Hospital. DMHAS has a plan to develop intermediate care at private hospitals. If done correctly, this would ensure that people have access to this level of care. This must be in place before hospitals close.

**We must use all of the projected savings (\$15.4 million net) from the closure of Cedar Ridge Hospital to build a community-based system and housing options.** In order for a shift to community care to be successful, evidence-based, supportive housing options must be ensured. The Coalition asks that the legislature dedicate funds to DMHAS for housing vouchers for supportive housing. Supportive Housing is an evidence-based housing model offering safe, affordable, permanent rental housing with individualized supports, including employment services. The intensity of the community services can be adjusted. In fact, service needs often decline as peoples' lives and housing situations stabilize resulting in decreased reliance upon costly emergency care: a win-win for the individual and for CT.

I would refer legislators to a quote submitted by one of our Coalition members who has testified before you in the past. She rebounded from an abusive childhood, earning her Master's Degree, marrying, and starting a family. When her husband became ill, she left work to care for him. When he passed away, she sunk into a deep depression which ultimately led to losing her home and family. She obtained mental health services and shared her story here at the L.O.B. while still living

out of her car. She obtained supportive housing last year stating "For me, Supportive Housing has encompassed my *whole* person, way beyond my personal residential needs. It surrounds *all* my essential service needs. Supportive Housing has been critical in my re-acclimating to life as an individual, from homelessness back into the community. And, quite importantly, it has reunified my family."

**Keep the Promise Coalition also urges legislators to preserve funding for DMHAS' Young Adult Services Program.** This program originally suffered an \$800,000 budget cut due to the Governor's November 2009 rescissions, but the Governor's new budget adjustments will keep the dollars allocated to this population intact. This is crucial because the Young Adult Services program cannot meet the needs of a rapidly growing caseload of young adults transitioning from DCF. From 1998-2007, referrals increased almost 4,500%. We must preserve these dollars.

Young adults with mental illness have unique needs. In addition to clinical support, they need support as they enter the adult world of work, family, and community life. Preparing CT's young people to work, keep a home, cook, budget their money, and interact positively with friends and family and contribute to the communities they live in benefits everyone and prepares the adults of tomorrow to lead the way. Supporting healthy, happy individuals in the community is cost effective and decreases reliance on costly "alternatives" such as residential care, emergency care, hospitalizations, jails/prisons, and the costly impact upon people and their families.

I have often been asked if our community system can sustain such care. My reply is that our communities cannot afford *not* to provide care. The infrastructure is in place. We must stop relying on costly, crisis care and start investing in CT's cost-effective, community mental health system. An investment in the community mental health system is an investment in the health of our communities and our state.

Thank you.