



National Alliance on Mental Illness

**Testimony before the Appropriations Committee  
February 18, 2010  
DMHAS Budget**

Good evening, distinguished chairs and members of the Appropriations Committee. My name is Alicia Woodsby, and I am the Public Policy Director for the National Alliance on Mental Illness, CT (NAMI-CT). NAMI-CT is the largest member organization in the state of people with psychiatric disabilities and their families.

NAMI-CT strongly urges the Legislature to use all of the projected savings (\$15.4 million net) from the closure of Cedar Ridge Hospital to build a community-based system with housing options. A significant portion of the Cedar Ridge savings must be used to allocate funds to DMHAS for housing vouchers for Supportive Housing to ensure that more people are stabilized in housing, lives are improved, and the reliance on expensive state services is decreased.

The community mental health system must be funded adequately, not only to serve the 40 individuals currently in inpatient facilities, but to address the long-term systemic needs of individuals who may have otherwise been served by Cedar Ridge in the future. The issue relates to the capacity of the entire system and options for community-based services and housing aligned to the greatest extent possible with the Supreme Court's *Olmstead* decision.

It is estimated that 30% of Cedar Ridge patients do not require hospital level of care. This is directly related to an overburdened community system that lacks the services and housing necessary to place patients no longer in need of inpatient care from ALL state facilities.

Providers will expand their services if they are funded to do so, but there already is a major shortage of existing supportive housing and services.

**Some examples of an overburdened system:**

- In FY 2008, 150 adults were held two or more nights in the Hartford Hospital ED, most waiting for intermediate level care.
- It was last estimated in 2006 that 3,000 nursing home residents had serious mental illnesses. The number was rising at an average of 10% per year since 2000, which would bring the state to 3,900 in 2009 (please note that DMHAS has transitioned approximately 20 people to the community through the Medicaid Waiver and Money Follows the Person Demonstration Grant and additional people within existing resources). However, the question is whether or not they have stopped ongoing admissions, or even the rate of increase of admissions, to nursing homes.

- As of October 2007, the Department of Corrections reported that there were 1,428 persons with moderate to serious mental illnesses incarcerated for low-level, non-violent offenses<sup>1</sup>.

With the community system effectively receiving close to no increase over the past decade, services have shrunk and the current budget has forced more contraction. Prior to this last round of cuts, providers had received no cost of living increases in their basic grants, leading to cutbacks in services.

These recent rescissions are in addition to the reduction of \$31 million in the DMHAS budget from the 2010 biennium budget cuts and the loss of 311 state staff from the 2009 Retirement Incentive Program (DMHAS Fiscal Office).

The fundamental need when the two large state hospitals closed and the even more critical need today, given the shrinkage of the community mental health system, is for permanent supportive housing and services tailored to the needs of those with serious and severe and persistent mental illness. The state must also **ensure that adequate inpatient capacity is in place before the hospital is closed**. DMHAS and DSS are currently developing a plan to provide Medicaid coverage for extended intermediate care at private hospitals. If done correctly, this could reduce the demand for state hospitals, maintain the current inpatient capacity, and generate more Medicaid revenue.

A further challenge is the fact that Young Adult Services (YAS) cannot meet the needs of a rapidly growing caseload of young adults transitioning from DCF. There are an estimated 185 new referrals each year from DCF. From 1998 – 2007, referrals increased almost 4,500%. 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).

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” (DMHAS, Office of the Commissioner, April 2007, Young Adults Services Status Report).

We urge the state to use the savings from Cedar Ridge to finally build a comprehensive community mental health system with housing options and to preserve DMHAS Young Adults Services.

Thank you for your time and attention.

---

<sup>1</sup> As of October 2007, the Department of Corrections (DOC) reported that of the 3,897 inmates with mental health issues classified as level 3, 4 and 5, 1,741 were not convicted of, or on bond for, a violent or serious offense. The DOC reports the Mental Health level 3 numbers to be inflated by approximately 20% because they include inmates with problems that are probably not directly attributable to serious psychiatric illness. This still leaves 1,428 inmates with moderate to serious mental illnesses who are in prison for low level offenses.