



*February 15, 2013*

*Testimony to the Health and Hospitals Subcommittee of the Appropriations Committee*

*Fran Ludwig, Parent of a son with mental illness, and Vice-President of the Board of Directors of Gilead Community Services*

### **DMHAS Budget**

Good evening Senator Gerratana, Representative Dillon, and members of the Committee. My name is Fran Ludwig. I am the parent of a son who lives with developmental disabilities and mental illness. Ben is fortunate to qualify for support through DMHAS, and extremely fortunate to receive that support through Gilead Community Services.

Ben operates within a pretty small world and does best when there is a lot of predictability in his routine and in his environment. When Ben experiences stress, he becomes anxious. If the source of his anxiety isn't addressed, his behavior can escalate, which often leads to threats and aggressive behavior. This sets in motion a whole cascade of events: Mobile Crisis is called, police are involved, an ambulance is sent, Ben is taken to the ER, and may be admitted to a psych ward for several days.

This is not only traumatic for Ben and for us, but it all takes place at great expense to the state. As you can see in the illustration attached to my testimony, one breakdown can cost tens of thousands of dollars. Robust community care can greatly reduce the need for crisis care.

In addition to being a parent, I also have the privilege of serving on Gilead's board of directors. This gives me the rare opportunity to see the delivery of services not only from Ben's perspective, but also from an administrative point of view.

For years Gilead has struggled with a widening gap between revenue and the cost of providing services. This has required reductions in both staff and services. I was pleased to see that the governor had approved a 1% increase last year. Unfortunately that 1% won't even cover the latest increase in our unemployment and workers compensation costs.

In order to just get back to baseline with our staff and services we need a **7% cost of living increase** over the next two years. The good news is that we can work with you to find that money.



**GILEAD**  
**COMMUNITY SERVICES, INC.**

**"Improving Lives, Building Futures"**

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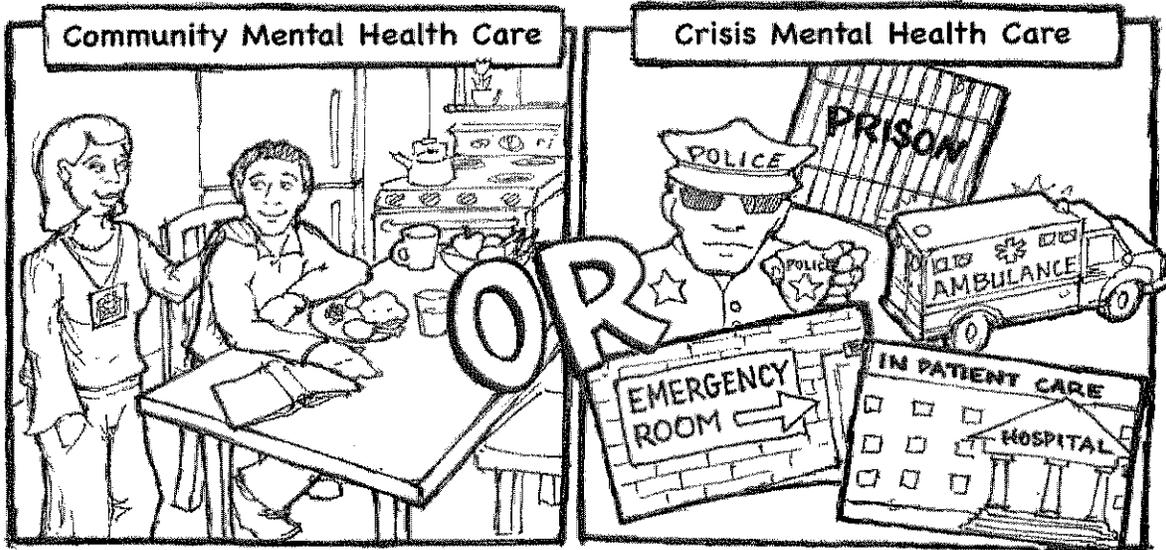
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As you can see on the attachment to my testimony, in the past two years, 13 clients have been transferred from long-term in-patient settings to specially-designed community programs at Gilead. Those transfers generated **40 new jobs**, and created a cost savings to the state of \$275,000/client/year. That's a **total savings of \$3,500,000 per year**.

The 7% increase that Gilead is requesting would come to about \$350,000/year for the next two years. Transferring just two more clients from in-patient care to community care would more than pay for that COLA in savings. This is a win for the State, a win for the clients, a win for jobs, and a win for Gilead.

Needless to say there are many other clients living as in-patients who would love to have an opportunity to move into a community setting, which could generate significant additional savings. By reinvesting a small portion of those savings in our agencies, we can build a healthy, strong community mental health care system that will improve services, improve lives and reduce the need for crisis care, all while saving the state millions of dollars.

We view ourselves as partners with you and want to be part of the solution to the funding problems. We would love an opportunity to discuss this and other cost-saving ideas with you in more detail.



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**OR**

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**\$125,000/person/yr**

(Fully-staffed supported apt. care)

**\$400,000/person/yr**

(Long-term in-patient and Crisis care)

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## **Gilead Community Services**

**2011 - 2012**

- **13** Clients Transferred from Long-Term In-patient settings to Fully staffed supported apartments
- **40** New Jobs
- **\$3,500,000** Annual Savings