

*Testimony Submitted to the Appropriations Committee*

**H.B. No. 5044:**

An Act Making Adjustments to State Expenditures for the Fiscal Year Ending June 30, 2017

Submitted by: Linda Buchanan, Hartford, CT

Mother of Nicholas Harrity, 1981 – 2013, and John Harrity, 1990 - 2012

February 18, 2016

Senator Bye, Representative Walker and distinguished members of the Appropriations Committee, my name is Linda Buchanan. Here we are again, in our annual deliberations on how to keep holding our collective finger in the dike, for all of the agencies and programs that support the most vulnerable populations in our State.

This is my third appearance before the Committee, as a parent of and advocate for people living with mental illness. Or, in my personal case, people who have lost their battle as a direct consequence of flat-funding, rescissions and cuts. After more than two decades of inadequate investment (“Keep the Promise” has become a hollow, ironic phrase), 10 years of flat-funding and five years of rescissions and cuts, make no mistake – our front-line community behavioral health agencies are bleeding out. If further cuts pass in this budget year, some will not survive, denying critical service to not only clients in desperate need of support and treatment, but sacrificing jobs as well, on the altar of our criminally penny-wise and pound-foolish state budget.

I appeal to you, both personally and professionally, to be the champions that we need, that we deserve. I especially want to emphasize three critical areas today:

**Firstly, Assertive Community Treatment (ACT) programs are demonstrably the most cost-effective approach to enable people with mental illness to live, and even thrive, in the community.** ACT Team programs offer intensive outpatient services that allow their clients to not only live with dignity and security, but to even recover. We *know* this; expanding these programs has been high on our wish list for a long time, in order to improve our State’s mental healthcare system, to reach more people in more communities. **But the cuts already sustained in the last four years mean that, not only have we *not* been able to expand these proven, outstanding programs, ACT Teams already in place have had to both reduce the number of people they are able to serve and reduce services available to existing clients.**

**Secondly, frontline staff are also the undeserving victims of our budget ax.** Community behavioral health agencies **employ thousands of Connecticut residents**, dedicated to providing essential services to our most at-risk citizens. Our behavioral health agencies are not able to attract or retain the staff they need – each year every agency loses dozens of dedicated, well-trained staff to other non-profits, healthcare agencies, even (still) state jobs deemed essential that are able to offer better wages and benefits. These are amazing people committed to the mission of serving clients like my son, Nick, but who have their own families to support, their own futures to consider, who cannot sustain pay and benefit freezes year after year. The result is a revolving door of frequent staff vacancies and changes, vacancies that go unfilled for long periods, and cutbacks of critical positions and personnel due to lack of funds. It is important that

I emphasize a key element of successful treatment here – in order to succeed, treatment programs for people living with mental illness, who are fighting every day to live independently in our communities, depend on one thing – **TRUST**. It takes *time* for staff, for case managers and clinicians, to build trust with clients, many of whom struggle with paranoia and other disabling symptoms. Frequent staff changes, positions left vacant causing increased caseloads for remaining staff, service reductions, do not only erode this trust, they can destroy it.

**Non-profit community behavioral health agencies are not only critical treatment programs, they are job creators.** Ask the many union members that use their own time to come here every year, for their clients, for their families.

**Thirdly, our short-sighted funding cuts to community behavioral health *cost us more money* – a LOT more – in far more expensive services.** People in need who are precluded from care will result in more homelessness, more people in already overcrowded shelters – people with mental illness are at high risk in our shelters, easily victimized – and a demand for far more costly services, including police, emergency rooms, and other state services. In addition to these tragic and untenable – unconscionable – consequences, inadequate Medicaid reimbursement rates, with more cuts threatened, mean that the ability of community behavioral health outpatient clinics to continue to serve the thousands of state Medicaid recipients that now receive life-saving treatment and care is at grave risk.

Some of you know my story, have heard my story, my sons' stories, before. Both of my beautiful sons suffered from serious mental health issues, but my oldest son's was most severe, starting at an earlier age than his little brother's, with more devastating effect. Nick was a DMHAS client who received services from Capitol Region Mental Health from the age of 16, qualifying for Social Security's Supplemental Security Income, Medicaid and State Administered General Assistance (SAGA) at 18. In the last three years of his life, after sustaining his first full psychotic break at 17, with seven years of ensuing repeated in-patient hospitalizations, our whole family lurching from crisis to crisis, followed by six years of stability on the only anti-psychotic medication that ever worked to control his delusions and hallucinations, Nick, as is so very, tragically, common, became non-compliant with his medication when his dosage was not increased while he was still clear enough to partner in his treatment. They missed the window... and Nick returned to darkness and pain. A year later, it was no longer safe for him to live with family, and he was at risk of homelessness, in critical, emergent need of services.

One of the best community behavioral health agencies in the state, **Gilead Community Services of Middletown**, stepped up and accepted the challenge of providing Nick the support and services that he needed through their ACT Team, enabling him, for the first time in his life at the age of 30, to live in his own apartment, to live independently. I will be forever grateful. Nick was so proud of that apartment. He hung his paintings on the wall, displayed his collections on shelves (and the top of his refrigerator), set up his "altars," all so carefully positioned, so important to him.

**But the budget cuts and rescissions that we have passed since 2012 forced Gilead to reduce ACT client services.** Instead of meeting with his case manager every week for 30 minutes, Nick was reduced to *15 minutes every two weeks*. The case manager who spent months getting to know him, gaining his trust, left for a better-paying job. The ACT program manager changed three times in the course of a year.

Nick died on August 7, 2013, at the age of 31. Nine months after his little brother, who died in 2012, at 21. I am here for Nick, for all the Nicks. As you deliberate, as you make the hard choices before you, remember them. I hate traffic jams as much as the next person, but if I have to choose between people and roads, I will choose people every time.

**Remember Nick. Honor him. Thank you.**

*Linda Buchanan, Senate Clerk's Office*



**NICHOLAS DEMAIO HARRITY**  
**November 20, 1981 - August 7, 2013**  
**He lived with so much courage and love.**



**Nick and Johnny**  
**1990 - 2013 and 1990 - 2012**  
**Big Brother, Little Brother**