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## **Appropriations Committee Public Hearing - February 18, 2016**

### **Opposition to House Bill No. 5044 AN ACT MAKING ADJUSTMENTS TO STATE EXPENDITURES FOR THE FISCAL YEAR ENDING JUNE 30, 2017**

Good Evening, Senator Bye, Representative Walker, and Members of the Appropriations Committee. I am Mark Cotterell, a psychiatrist at Connecticut Valley Hospital, in the Department of Mental Health and Addiction Services. I have been at the Whiting Forensic Division of CVH for fifteen and a half years, and I am primarily employed as a forensic monitor, conducting court-ordered evaluations.

We have a pressing and on-going need for adequate mental health services for our clients, both while they are hospitalized and after they are discharged from our care. Right now, we are almost completely full on eleven (11) inpatient units. In the recent months, we have seen a substantial increase in admissions for court-ordered competency evaluations. The criminal courts have an expectation that we will have beds available for these assessments. We have to fully staff our inpatient units to attend to the needs of these clients. Many of the forensic patients are unstable and require one-to-one staff observation. When we are able to recommend to the court that no further competency assessment is needed, those clients have to be transitioned to other treatment programs, and we will then make room for the next such referral from the criminal courts.

The forensic division is just one part of a larger, highly-interconnected system to provide needed care for our most impaired citizens. In any given month, you will see, on the front pages of our newspapers, another story about someone with mental health needs who has come to the attention of the court system, and has been sent to the state hospital for care, custody, and treatment. Our citizens want these clients to receive services. We all want our communities to be safe, and for our families, friends and neighbors

to receive care for their mental health problems, so that they can be safe and secure and live with dignity.

Clients with mental health and addiction problems do not choose their condition, and they are not to blame for their illnesses. Even after they are discharged from our hospitals, the clients still need services, it's just that they now need to get care through our community-based programs. When you propose to cut funding to these programs, you make it that much harder to give needed care to our sickest neighbors. You make it that much harder for DMHAS to fulfill our mandate to support the court system, both criminal and probate. When you propose to cut funding to the community-based programs, you make it that much harder to actually discharge clients from the hospital, so that they can continue to receive the care they deserve, in less restrictive and less-expensive settings.

DMHAS provides care for those who cannot care for themselves. If a client could be somewhere else, he or she would be somewhere else. We have to provide care to our clients wherever they are at that moment, and give them whatever they need at that time and place. When they can move on, we will help them to do that.

But DMHAS cannot be arbitrarily forced to cut needed care for our neighbors.

...We do not tell our citizens that they cannot have firemen to help in their time of need.

...We do not tell our citizens that they cannot have police services to keep them safe.

...We do not tell our citizens that they cannot have schools for their children and their communities.

And we simply cannot tell our neediest neighbors that they cannot have help for their mental illness, and that their families cannot help their loved ones to live with dignity, and that our communities cannot be made safe and secure and supportive for all of our citizens.