Testimony before the Appropriations Committee

H.B. 5044 AN ACT MAKING ADJUSTMENTS TO STATE EXPENDITURES FOR THE FISCAL YEAR ENDING JUNE 30, 2017

February 18, 2016

Andrew McAllister, Windsor, CT

Good afternoon Senator Bye, Representative Walker and members of the Appropriations Committee.

My name is Andrew McAllister and I am registered to vote in the Town of Windsor.

I am here to testify on H.B. 5044 AN ACT MAKING ADJUSTMENTS TO STATE EXPENDITURES FOR THE FISCAL YEAR ENDING JUNE 30, 2017.

I am opposed to any proposed cuts to the VMHAS and any mental health services and supports.

I am opposed to the following:

Carrying forward the $17 million in cuts from fiscal year 2016.

Any grant reduction for mental health and substance abuse services.

Any funding cut to Community Care Teams.

Any cut or elimination of the Regional Mental Health Boards and Regional Action Councils.

The consolidation of the operating funds of any agency into the one-line item.

I urge you to keep crucial services available to the sentences available to the residents of Connecticut.

Statement: PREAMBLE: please consider my argument because:

1. I am bipolar and I have experienced most aspects and ramifications of this endogenous, organically-based, yet psychologically, intellectually, economically, and socially injurious disease.
2. I have undergone most forms of treatment for this disease more than once, and I have suffered from nearly all the possible, negative side effects of said expensive, ineffective, intervening treatments.
3. I desire to move forward respectfully and constructively. I wish to invest myself in life, in proper self-conduct, in morality, with proper respect for the State and its Government, with love toward the community, and I aspire to humbly struggle spiritually. If I err in my testimony, please forgive me, and know that I do not complain about existing or past State Governance, which I respect .

BELIEF: The single most important and easily addressed deficiency in mental health care in Connecticut is inadequate relief from social isolation. Funding self-empowerment community centers like Chrysalis[i] is cost-effective, beneficial for our entire community, and a good value for tax-payers who neither want mentally ill individuals to become homeless, nor wish to unnecessarily criminally administrate and/or incarcerate mentally ill people. The public also rightly does not want to support the existing cyclic (revolving-door) institutionalization of mentally ill individuals that generates a more dependent, less self-reliant, less healthy population within our community.

The "hand-holding" provided in expensive, overly supervised, over-kill facilities (facilities that also and often, by the way, house court-mandated individuals who do not want to get well) engenders dependency and further disability. Such treatment is inappropriate for patients who sincerely desire to get well. Such expensive treatment centers and programs often wrong both patients (clinically) and the community, socially and financially.

The Role of Community Self-Empowerment Centers: There exists a simple relationship between exacerbated mental illness symptoms, low self-esteem, isolation, substance abuse, and the consequences of these factors in bipolar disorder if not all mental

illnesses. With community self-empowerment centers like Chrysalis, we can socialize the mentally ill in order to lessen all aspects of mental illness.

Mentally ill people often have low self-esteem due to psycho-social histories of dysfunction. These people are ashamed of their dysfunction. As a result, they often recede into self-isolation, which they mistakenly believe to be "protective" or "insulating." More often than not, such isolation exacerbates organic symptoms. An exacerbation of symptoms like instability, depression, and mania, etc., further erodes self-esteem, leading to further isolation, a further exacerbation of symptoms, further dysfunction, and so on.

Seeking alleviation of exacerbated symptoms, misled individuals consume illegal substances and alcohol, leading to further dysfunction, and thereby eroding self-esteem more again. Also, consuming illegal substances and alcohol will most likely exacerbate the mentally ill person's organic illness and thereby, again and profoundly, increase the actual experience of any kind of dysfunction, and/or subjecting said individuals to criminal, judicial administration, worsening dysfunction further, and exacerbating organic illness again and further, thereby eroding self-esteem again. And so on . . .

By simply socializing a mentally ill person in a community self-empowerment center, we can improve self-esteem, alleviate symptoms, help the suffering individual avoid experiencing dysfunction, and reduce the likelihood that the mentally ill individual will choose (it is a choice) to consume illegal substances and/or alcohol.

All this remediation, made possible by funding community self-empowerment recovery centers like Chrysalis, can help the State avoid paying for expensive incarceration and court and police administration, expensive ambulance services, expensive and ineffective in-patient lock-down unit stays, and expensive, disempowering, institutionalizing, enabling day programs.

We must avoid such costly, ineffective, disabling, sickening, if not criminalizing measures by funding recovery centers like Chrysalis. More costly, intervening treatments do patients little good while they cost our government vast sums of tax revenues. At community centers, people find limited, *measured* support. The benefit realized from funding self-empowerment community resource centers is tremendous and realized at a fraction of the financial and social costs incurred by other, more intervening, dependence-generating, and non-self-empowering treatment regimens, interventions, and facilities like prisons, inpatient lock-down units, and day programs.

Unnecessarily taking away life responsibilities is not therapeutic and entails great costs for the community. Mentally ill people might be disabled by horrible, incurable diseases, but does this mean that these ill people benefit by enabling them to give up managing life affairs—including self-care—*when it is not necessary to do so*? What are the economic and social costs of generating and enabling a population of mentally ill people who do not even try to care for themselves and who even go so far as to break the law and consume illegal substances or alcohol, thereby making themselves more ill at the cost of the community and more burdensome for the police and the courts (who and which have more important matters to attend to)?

Legislative action to cancel funding for community centers for patients who actually and presently desire to get and stay well is, at this time, in my humble opinion, ill-advised. Please do not cancel funding for the Chrysalis self-empowerment recovery center. I believe that doing so will not only hurt many people who sincerely want to get, be, and stay well, but will also be a disservice to the community.

Thank you for your attention to these important services and supports.

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[i] The Chrysalis Center, located on Homestead Avenue in Hartford, where the Asylum Hill and the North-End neighborhoods of Hartford border upon one another is, as stated on the center's website: "a private, non-profit, socially innovative multiservice organization that serves individuals and families living in the State of Connecticut."