Good Evening Senator Osten, Representative Walker and members of the Committee, my name is Jaclyn Evans. I am a Licensed Psychologist who has served in multiple facets of the public mental health service system, from non-profit outpatient care to my current primary role as a psychologist in an inpatient forensic hospital. I work in the Dutcher Service of Whiting Forensic Hospital with a team of trained professionals providing education about the legal system and psychiatric care to men and women charged with crimes. This is commonly called competency restoration treatment.

Our unit is not maximum security and we typically treat people who become legally involved due to unmanaged psychiatric symptoms, housing insecurity, and socioeconomic factors. For example, we frequently treat people who have been charged with trespassing when they have no safe place to live, or those who are charged with disorderly conduct as they were behaving in a disruptive manner due to uncontrolled psychotic symptoms. The people we care for have been involuntarily hospitalized at both great trauma to themselves and great expense to us, the taxpayers.

Other areas of our hospital care for individuals who are a greater risk to the community. They may have been accused of a serious violent crime, found Not Guilty by Reason of Insanity in a serious crime, or have posed a significant enough danger to themselves or others to be involuntarily committed to the hospital by a probate judge without being accused of a crime.

As I see it, inpatient competency restoration has come to fill a gap in our outpatient services—our patients have often been scooped up by the legal system where our mental health system has fallen short. Our state has also witnessed the significant risk and tragedy that can occur when even one person falls through the cracks in our system. In recent years, we have endured numerous cuts to many aspects of our social safety net which has led to worsening outcomes for the community and individuals that we serve. This exposes our communities and the people we serve to greater risk of violence and a poorer quality of life. These cuts have occurred on top of our society’s historical short-comings: when deinstitutionalization of psychiatric care occurred, the promised build-up of community-based interventions and options was not fully executed. As many studies have shown, the responsibility for care of individuals with serious persistent mental illness was shifted from psychiatric hospitals to our corrections system. We find ourselves in another time of cultural
shift—progressive states, such as Connecticut, have identified goals of reductions in the prison population. We need to ensure that we don’t make the same mistake twice. Cutting more costly and intensive services does not mean that services are not actually needed.

Once patients have been committed to our care in the hospital, we are responsible for ensuring that they have adequate support in the community when they leave. In my experience, we are more successfully and quickly able to move our patients back into the community when their area is served by state run LMHAs (Lead Mental Health Authorities). These LMHAs include Capitol Region Mental Health Center (CRMHC), River Valley Services, Southeastern Mental Health Authority, Western CT Mental Health Network, Greater Bridgeport Mental Health Center (GBMC), and Connecticut Mental Health Center (CMHC). They consistently have the capacity to provide more intensive community-based services, such as ACT teams, respite/community beds, and a more flexible approach to engaging and monitoring our high risk population. Our team social workers always cheer when a patient’s care will be managed by one of these agencies, as their transition will be timely and smooth.

Our state psychiatric inpatient programs deliver expert comprehensive psychiatric care that is, by design, beyond the mission and scope of general community hospitals. Our colleagues in the general hospitals are often lobbying and waiting on space to open within the DMHAS system to transfer their challenging or violent patients into our care. We will exacerbate an already substantial “log jam” in the system if we consider cutting or privatizing our regional LMHA-based psychiatric inpatient locations (such as at CMHC, GBMC, and CRMHC). Moving patients from a centralized inpatient setting in Middletown to the regional LMHA inpatient facilities can provide a key step in community reintegration and the discharge process. For example, when our social workers are assisting a patient with creating a discharge plan, they often need to work with family members in addition to community-based mental health and other medical providers. The physical distance between our hospital and a person’s home and community can be a barrier to this process of collaboration—family members may not be able to get to Middletown to meet with the team and discuss the practical side of what support their loved one will need in the community. This type of local interaction can certainly speed up the process of moving people successfully out of the hospitals and successfully into a community placement.

Our state needs to strengthen our outpatient service structure and state operated service system, not weaken it. Strengthening the system will lead to a long-term reduction in costs by reducing the time needed from when someone is psychiatrically ready for hospital discharge to when adequately structured and supportive services are
available for them. This increased support network will also reduce the cost and trauma of repeated involuntary hospitalization or incarceration that the community members we serve are subject to when their care cannot be adequately managed outside of the state system.

Our goal as state employees is the same as your goal as our governing body—we all want a safer community and efficiently managed provision of care to our fellow community members. Adequate investment in psychiatric services at all levels reduces the risk of violence, increases the overall health of our communities, and sets the groundwork for a more prosperous future. State employees have a great deal to contribute as partners in this endeavor.

Thank you for your time and attention.