March 1, 2019
Kim Warner, Rehab Therapist 2
Dutcher Service, Whiting Forensic Hospital
Before the Appropriations Committee

Good Evening Senator Osten, Representative Walker and members of the Committee. My name is Kimberly Warner and I have been a state employee for sixteen years. I have worked in the Department of Mental Health and Addiction Services for 7 years and have also worked in Department of Corrections and the Department of Children and Families.

I’m a Rehab Therapist 2 (RT2) – my primary function is to assist my clinical treatment team to help patients acclimate back into community setting for discharge. We do this in various ways in my job function; we do it in skill based ways in house and community integration. I work in Dutcher with patients who have been found Not Guilty by Reason of Insanity and civil patients who are deemed from the courts to come to us from Whiting’s system to Dutcher. I help patients transition back into community settings.

These patients have posed some significant risk to themselves or others – so part of my role is protecting the community because if a patient is prepared to reintegrate they are less likely to relapse or re-offend.

We do this in various ways – One way is to take them into the community and help them with skills necessary to function healthily in the community. Things like attending shopping trips and learning how to engage verbally with the public or a worker in a setting like that. Another way is by increasing skill sets, like taking them to a library to build skills and give them more options for what to do in their free time or helping them attend activities – like a concert, that we as the public take for granted.

As of right now we’re managing to keep the re-offense rate very low but if DMHAS funding gets cut, the rate of recidivism will go up. It becomes a cyclical problem in our communities and it compromises the oath to aid we take when we take this job.

As a rehab therapist in the state across different systems – from juveniles, to women, to coed youth on units in Dutcher - it’s imperative that we look at the entire picture. Cutting funding creates a bigger problem of recidivism. Patients are admitted, don’t get the services they need to maintain longevity in a community setting, they re-violate, they get arrested and they come right back through the system. If our funding is less, we won’t be able to provide the services that we’re already struggling to provide now.

Thank you for your time.