

**Testimony to the Mental Health Working Group  
of the  
Bipartisan Task Force on Gun Violence Protection and Children's Safety**

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In 2001 collaborative discussions began between Probate Court Administration and The Department of Mental Health, Yale University, Chief Forensic Psychiatrists and local providers regarding the effective delivery of services to persons with Mental Illnesses residing in our community.

The discussions lead to the creation of Melissa's Project which has served hundreds of persons with severe and persistent mental illnesses over the past decade.

Melissa's project has garnered national recognition for its ability to provide tangible improvements to the way in which meaningful services are delivered to the most "at risk" populations of persons with mental illnesses. Further, for the annual cost of operating one four-five person group home, Melissa's Project services over 100 individuals per year ensuring that they do not simply fade away or become forgotten after long periods of disengagement with providers.

Melissa's Project offers a non-traditional treatment model that effectively delivers appropriate and reliable services to persons with severe and persistent mental illness living in our communities.

By coordinating and monitoring the team of individuals and agencies that provide professional healthcare services to these individuals, their loved ones, and court-appointed caregivers, we stop the "revolving door" cycle that typically affects this vulnerable population—while preserving the quality of their lives.

Melissa's Project acts as a liaison between persons with severe and persistent mental illness and the range of systems and processes in which they are involved (courts, mental health service providers, community agencies, hospitals, and more), by coordinating, guiding, and overseeing all aspects of their care.

As monitors of the care-giving "team," we ensure that all parties work together and focus on the needs and goals of the individual and the plan s/he helped to design—and act as a watchdog to quickly correct any deviations from that plan. We are the first to know when the life of any individual changes or is disrupted, and can mobilize the team to respond quickly and in the individual's best interest, to adapt the plan accordingly.

We believe that individuals with mental illness are capable of leading full and fulfilling lives within their communities. We challenge ourselves and the network of service providers we work with every day—to address and remove barriers to independence, growth, and recovery.

Much of the success of Melissa's Project is due to the close working relationships we have built with the public and private organizations that make up a client's network of care.

It is essential to the success of any delivery system which purports to integrate service providers and disparate agencies to include a monitoring and reporting component to ensure the ongoing, good-faith and cooperation of the individuals and service providers. Melissa's project acts as that component in the interest of Continuous Quality Improvement.

The result of implementing Melissa's Project is staggering

Data collected for a study undertaken by Fellows at Yale University and now being analyzed by RIT are staggering.

Numbers indicate that over the first ten years of the programs operation there is 50% decrease in arrests in Melissa's Project participants.

84% decrease in incarcerations,

8% decrease in presentation to ER,

18% decrease in utilization of state hospital bed days and

51% decrease in utilization of private hospital bed days.

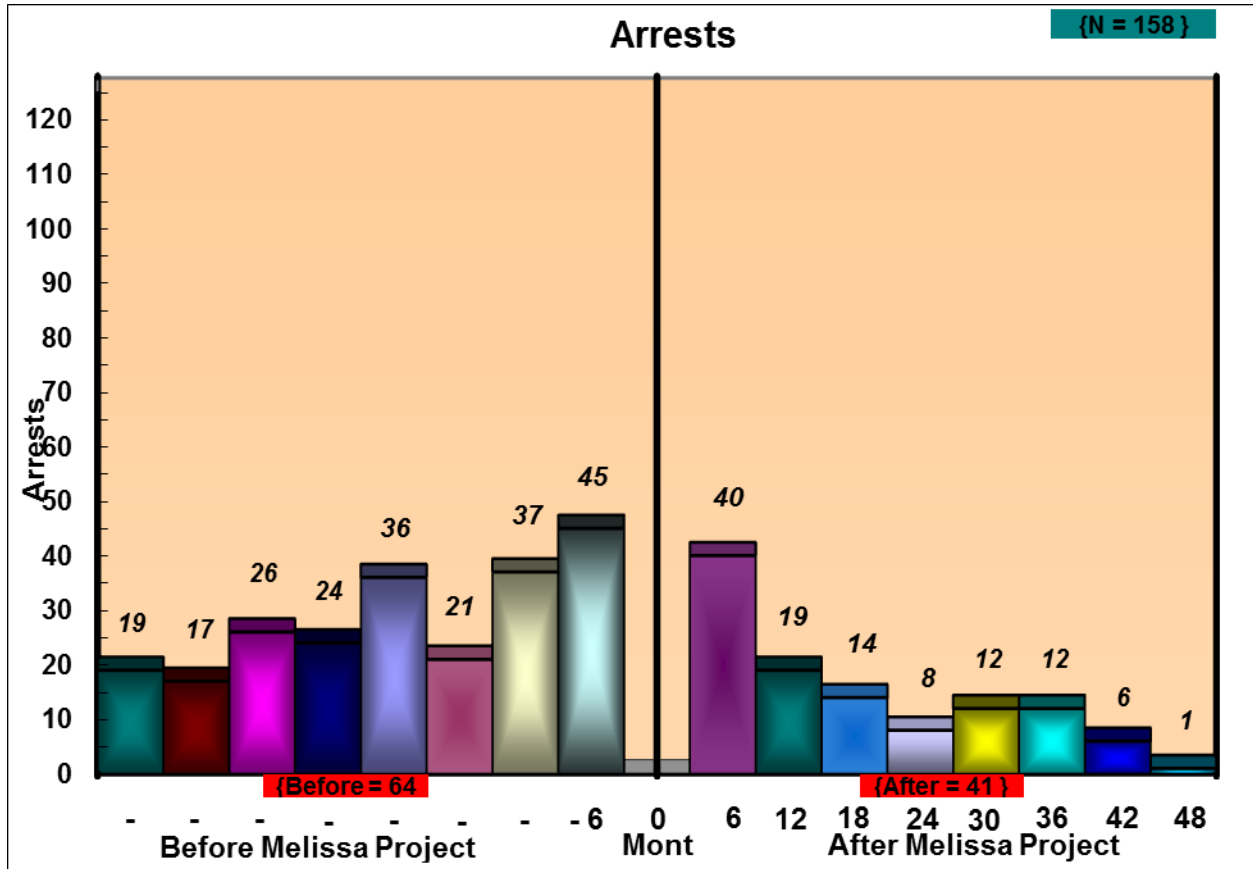
Overall this is a reduction in institutionalization of an average of 51%.

The effectiveness of Melissa's Project and the efficiency with which it enhances our mental health system is significant and needs to be explored further by this committee. The overwhelming data presented here does not speak at all to the intangible aspects of human dignity and empowerment that are preserved by implementing the concepts of Melissa's Project. The time is upon us for the paradigm shift in thinking to reach all the way to the fiscal coffers of our state lawmakers. Committees such as this MUST be Proactive and provide funding for services which are proven to be cost effective and also that provide meaningful, measurable outcomes for persons in need and for our communities.

Melissa's Project is cost effective, Melissa's Project works. For a minimal commitment on behalf of lawmakers, this program can reach to all communities across the state and provide enhancement to the mental health systems desperately needed and called upon by so many here before you today.

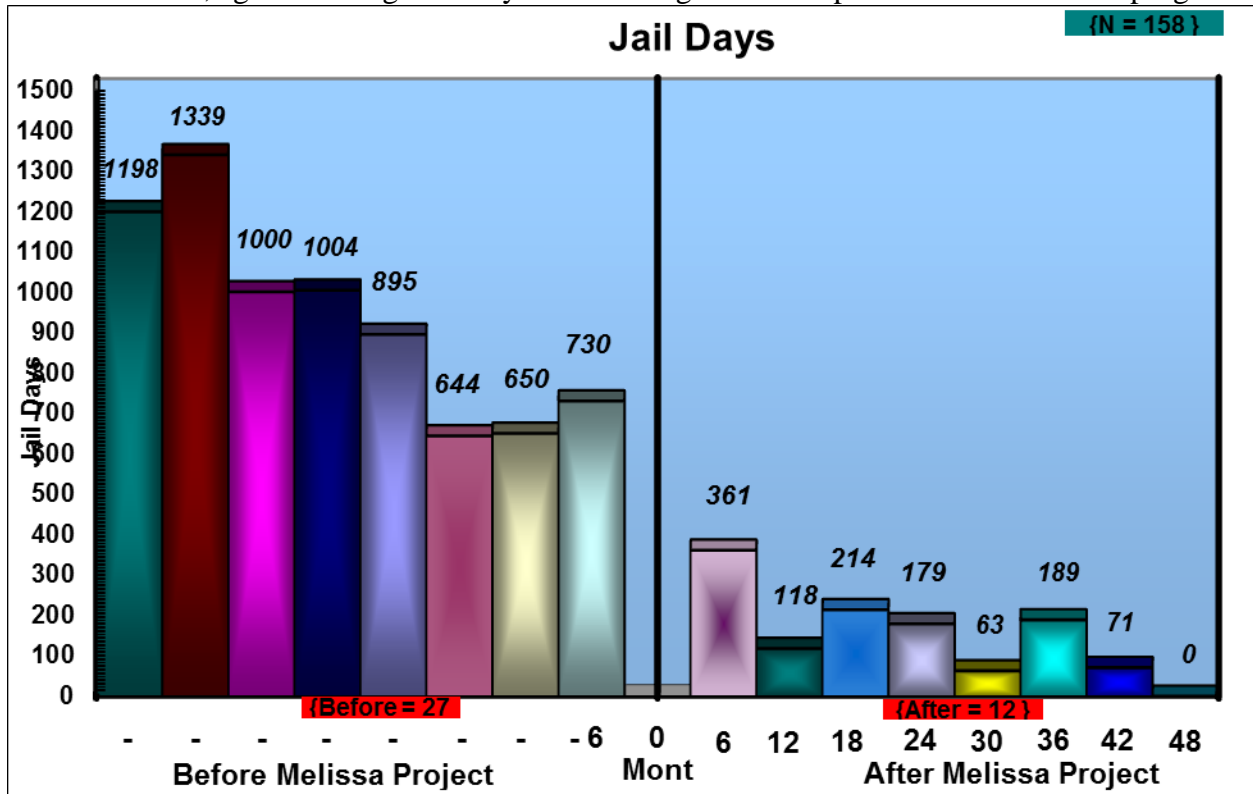
The following data is being collected as part of a study of the Melissa's Project undertaken by Yale University and the Connecticut Chief Forensic Psychiatrist's office. The charts demonstrate the impact of Melissa's Project upon individuals residing in Connecticut DMHAS regions 2 and 5 who have been working within the program for a period of at least 48 months.

Prior to involvement in Melissa's Project, 64 clients were arrested a total of 225 times. Due to the focus on engagement and structured activity as well as ensuring appropriate shelter and, where appropriate, employment, this number is reduced by approximately 50%. The chart indicates that 112 individuals were arrested a total of 104 times in the four years they were involved.



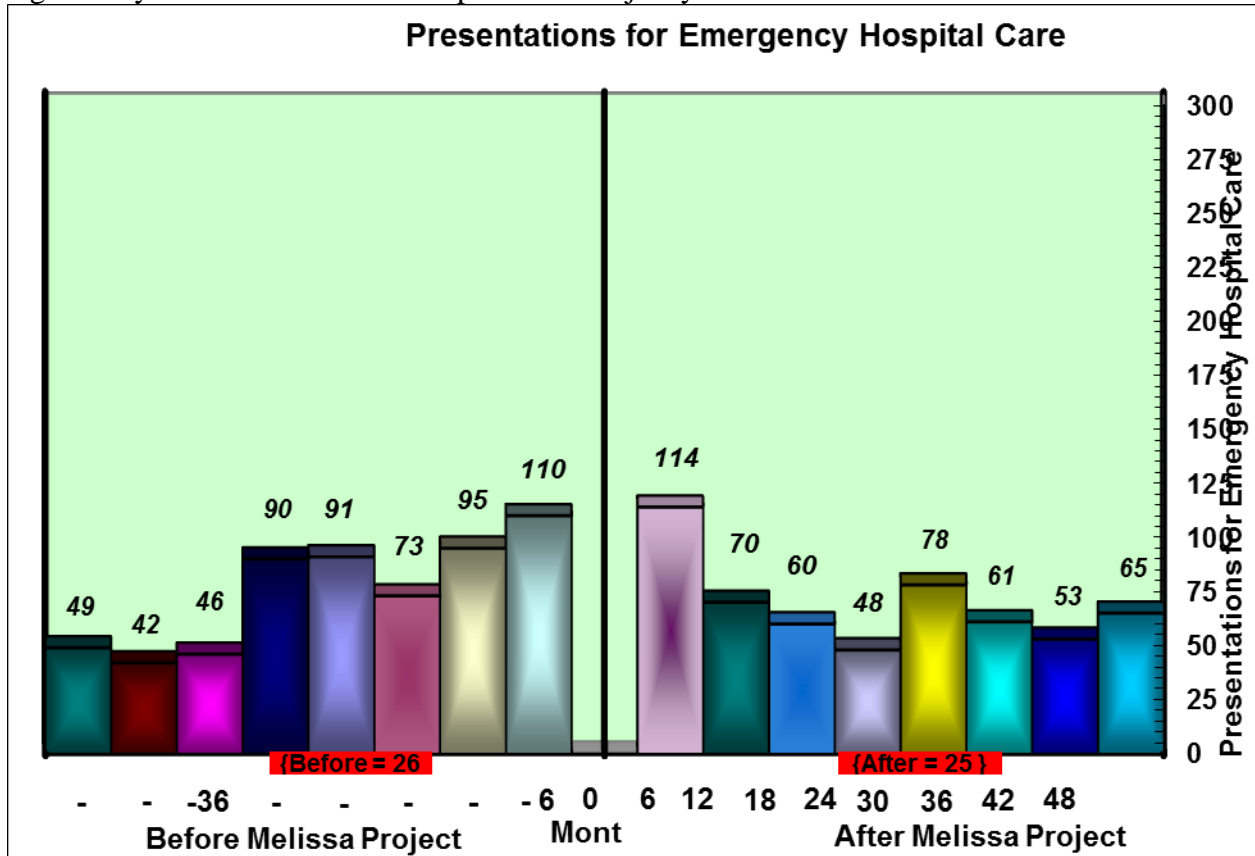
Less arrests results in less incarcerations. Involvement in Melissa’s Project has demonstrated that proactive means of interventions throughout all areas, including the criminal court process, can result in less jail time – or less frequent incarcerations and reduced lengths of stay.

Prior to involvement in the program 27 individuals were incarcerated for a total of 7,460 days. After involvement, 12 individuals were incarcerated a total of 1,195 days. Significantly, a small number of participants constitute the vast majority of incarceration days after program involvement demonstrating that the traumatic effects of incarceration are not impacting as many individuals and, again the length of stay is decreasing due to the proactive nature of the program.

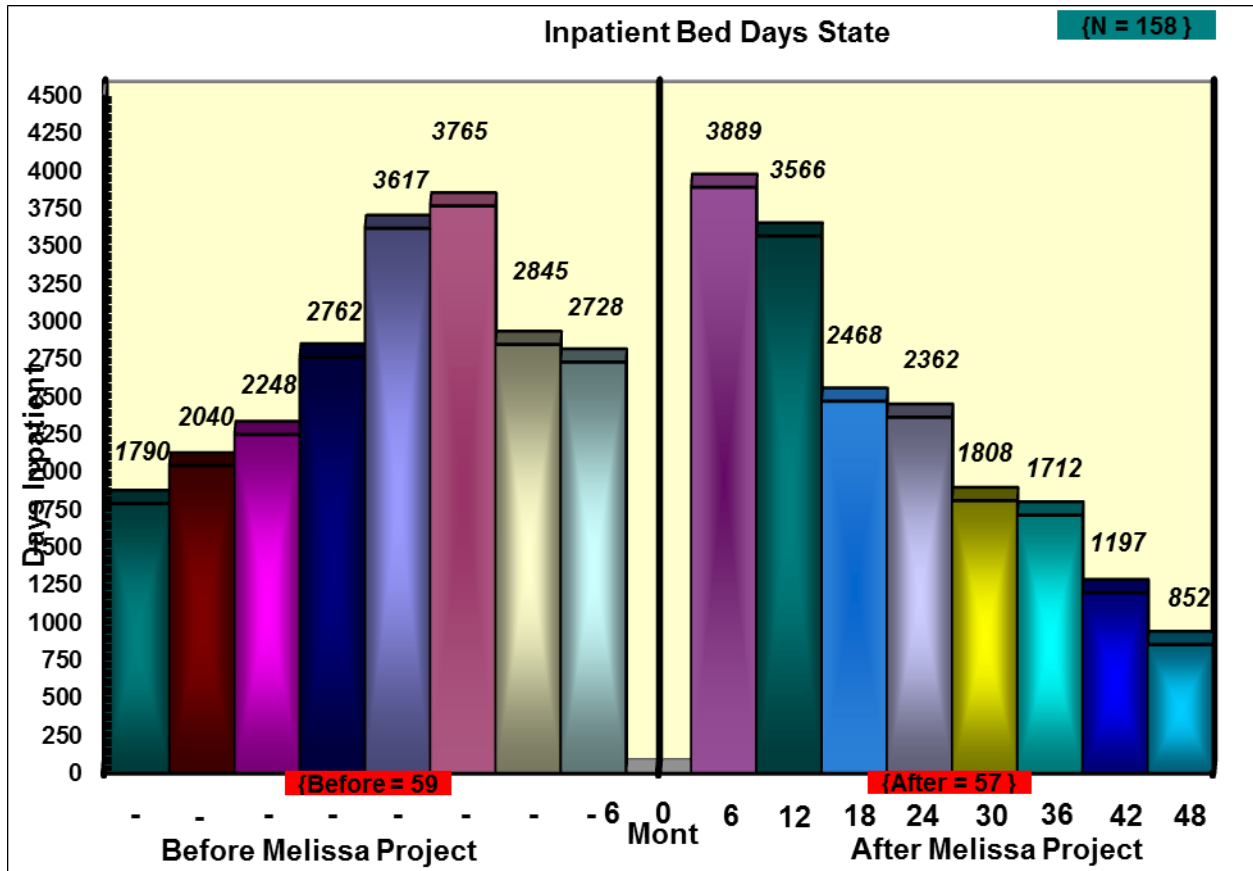


Very often persons with mental illnesses residing in our communities have no insurance and/or lack insight as to how to go about obtaining medical care. Emergency rooms and ambulances are frequently misused as primary sources of care by a great number of individuals.

Prior to involvement clients utilized the Emergency Room 596 times. After Melissa's Project was employed medical care was better coordinated with providers, this number dropped to 549. Again very few individuals make up the vast majority of these ER Presentations.

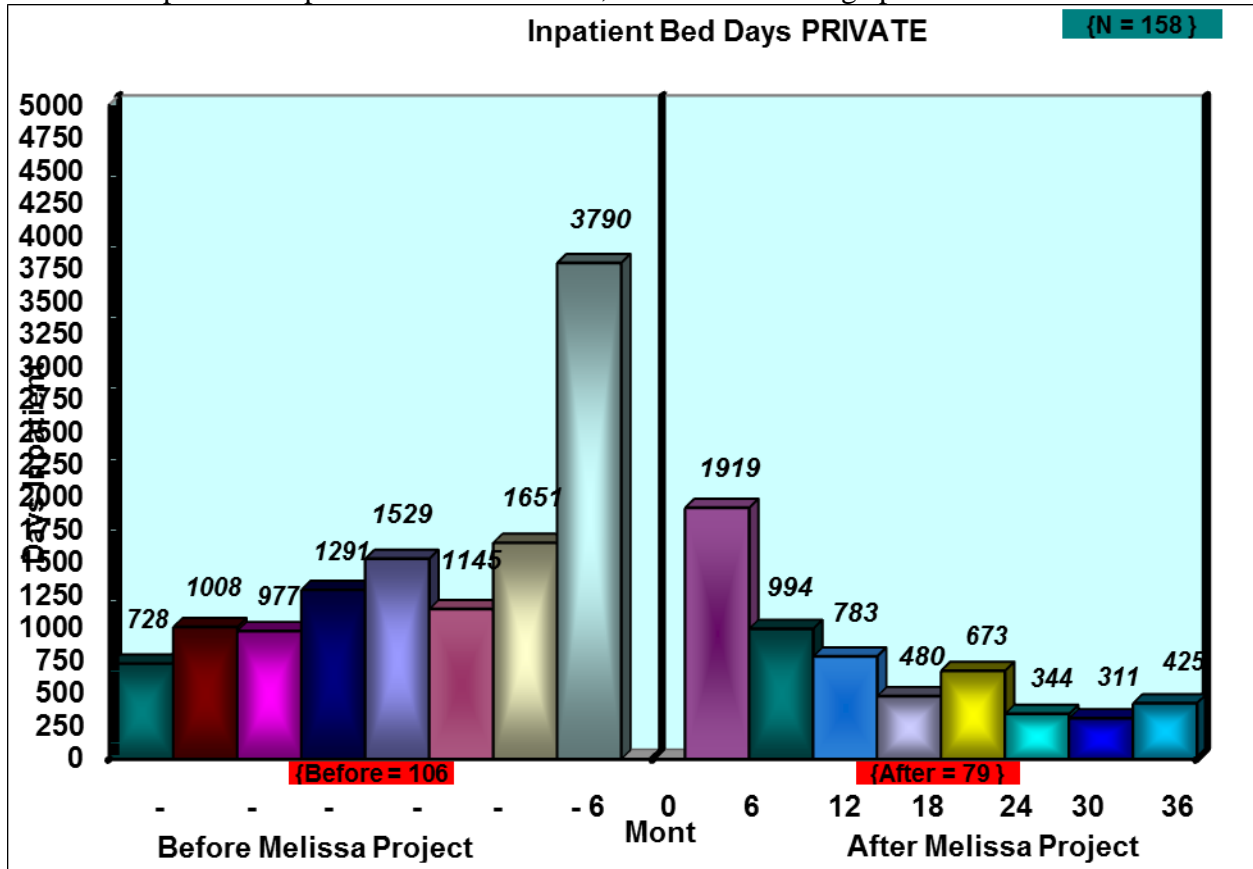


Many individuals are referred to Melissa’s Project at a time of crisis, during a prolonged period of decrease in cognitive/behavioral functioning. Therefore, just before and immediately after involvement, individuals are utilizing state and/or private hospitals on a more frequent basis. Four years prior to involvement with the model, state hospitalization totals for 59 clients were 21,795 total days. For four years after our involvement, this number decreased to 17,854 days. After these initial hospitalizations, clients are enjoying more time between hospitalizations and the duration of hospitalizations has decreased.



It bears repeating that when a client begins working under the model they are typically in a crisis state, either at risk for hospitalization or incarceration

Prior to Melissa’s Project involvement, 12,119 days were spent in private hospital beds over a four year period by 106 individuals. After enrollment this number decreased to 5,929 days and only 79 individuals were, in fact, hospitalized. Melissa’s Project works closely with team members at private hospitals to create realistic, attainable discharge plans.



Our goals must be straight forward and clearly enunciated:

- Inclusion: Ensure ongoing involvement of persons with Mental illnesses in deciding the course of their treatment.
- Outreach: Identify those who are in need of care which goes far beyond the traditional case management models available and reach out to them
- Collaboration and Communication: Among disparate service providers, the lack of collaboration among agencies results in duplication of failed services, treatments and interventions. Thus, the system is limited to that which can be provided independently, not cohesively, by many disparate agencies this lack of cooperation also results in the “blame game” or the shuffling of responsibility from agency to agency.
- Information Sharing: the successes and/or failures of one agency are not shared with others. We must provide a mechanism for information sharing across diverse systems of care. Such a monitoring agency will be the constant source of information throughout Consumer’s lives no matter where their particular needs may fall along the ever changing continuum in any service system.
- Paradigm Shift: Melissa’s Project, and the model it has designed, creates a significant change in the approach to mental health treatment. No longer is it acceptable for providers to wait for any individual to seek them out and ask for treatment. Instead, the Onus is placed upon providers to Providers do the work that many are unable to due to their debilitating illnesses, lack of insight or lack of ability to organize.
- Fiscal efficiency and responsibility: For the cost of approximately 6,000 per year per individual enrolled, Melissa’s Project provides comprehensive monitoring and coordinating services to state agencies, providers those in need and their loved ones. If just one individual is kept out of jail or prison for one week per year, the program more than pays for itself.
- Proactive vs. Reactive: The most efficient use of resources in terms of effectiveness and actual fiscal savings is seen in preventative, thoughtful planning. The volume of clients and the fiscal constraints placed upon agencies limits their ability to proactively treat individuals resulting in a system which simply reacts to acute moments of crisis and does not proactively move toward recovery. To politely reach out to an individual and offer help is profoundly more effective than to treat an individual after he has decompensated and injured himself or harmed countless others.