

**Testimony of Margaret Kelly
Before the Appropriations Committee
February 21, 2020**

Department of Mental Health and Addiction Services (DMHAS) budget

**H.B. No. 5005 AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING
JUNE 30, 2021**

Good evening Senators Osten, Representative Walker, and members of the Appropriations Committee. My name is Margaret Kelly, and I am also a member of the National Alliance on Mental Illness (NAMI) Farmington Valley. NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental health conditions. NAMI Connecticut, and its local affiliates provide support groups, educational programs, and advocacy for individuals, families, and children impacted by mental health conditions.

My son's journey began long before he encountered any mental health services. He self medicated his way through high school and 3 years of college with alcohol before he tried to take his own life in September 2014 for the first time. Since that time he has had several suicide attempts, many hospitalizations and taken part in several rounds of Intensive Outpatient Treatment. When private health insurance refused to pay for further treatment, the doctors at IOL made repeated appeals based on the extreme suicidal risk and severe depths of depression he was experiencing (he had made his second major suicide attempt and was in middle of receiving ECT because his depression and suicidality was so treatment resistant). He was forced onto Medicaid due to failure of the private health insurance industry and was transferred to Connecticut Valley Hospital. I agreed he needed long term treatment, however I was fearful of him going there. The Young Adult unit is much too small, there were no beds and he was placed with a much older, sicker and sometimes violent population. The need for better access to proper treatment and a safe environment for the YA population is not being met. He had been started on a last resort med at IOL for his suicidality and depression, it comes with high cardiac risk. I firmly believe he would not have survived if I had not been educated on my own about his risks and monitored and intervened on his behalf. His cardiac status was not closely monitored until I forced them to perform an EKG based on his heart rate which I checked when I visited almost daily, his med had to be discontinued immediately as he was in great danger of cardiac crisis, I honestly don't think they would have been equipped to handle that fall out when it happened. He was discharged home after three months and became a client of DSS and Intercommunity Health in East Hartford. One good thing that came from his admission to CVH was that an astute social worker or client advocate immediately saw the severity of my son's case and began the process of getting him on disability. This advocate called me for my son's work history but he took care of the rest of the process of getting him on SSDI. I am very grateful for that man, receiving government and state disability benefits made it possible for my son to afford living in a sober house while continuing therapy and learning to live sober thanks to AA. The YA program associated with Intercommunity was very attentive and beneficial for my son. However, his psychiatrist in behavioral health never really learned much about him, did not seem to care and never returned my phone calls as a concerned conservator and mother. That psychiatrist left after about 1 ½ years and almost every visit there after it was someone new. His therapist at Intercommunity was great with him for quite some time, however, he was also head of the department with many responsibilities and after a longer duration of treatment he was lacking in responsiveness to phone calls and appointment scheduling. By this time, my son had

been switched to medicare because he had been on disability for two years, we decided with a Medicare Advantage Plan we could begin to look elsewhere for continuing treatment where he could have a more caring and consistent psychiatrist. There were many relapses and bumps in the road, and the last time my son began spiraling, he tried to get out on his own and that it flopped terribly. However, the silver lining is that this time he knew he needed and wanted more intense help, more than what any state or federal medical plan would help pay for. Therefore in April 2018 he asked and I paid out of pocket for him to go to High Watch Recovery Center in Kent, CT. He spent 90 days there, they opened his eyes to true in depth acceptance and workings of the 12 step program and gave incredible therapy to guide his mental health. Upon discharge we sought out that new psychiatrist and found one covered by his advantage plan. His progress since High Watch has been beautiful, such an incredible blessing. He has now worked his way up to a full time job with benefits and is officially off all support services from DSS and SSA, that has been his goal for quite some time as he has always wanted to be independent and able to support himself. nd cost more in the long run.

My journey through all of this has been very difficult to say the very least. A story for another day. I must just say NAMI was a Godsend when my life was turned upside down. The support I continue to receive is priceless yet is provided for free to all. I am proud, honored and humble to volunteer now as a Family to Family Teacher for NAMI Farmington Valley and to serve on their board.

My son and I are both very grateful for the beneficial support services he received, I'm not quite sure how we would have survived without them, however, as you heard here there are a few places those services are sometimes lacking. If services are cut or underfunded they become less effective, when services are not effective people do not progress and are hospitalized more often which costs more money, also when people do not have the options for the type of services they need, such as private recovery centers, they do not progress and become self supporting which means they stay on services longer alt's a difficult challenge for you all, mental health is a unique challenge because we do not completely understand it but the mental health care challenge is one that demands priority and equality. We must remember, mental illnesses are biological illnesses of the brain and therefore effect almost all aspects of daily living. The brain is one of our most vital organs to survive; just like cardiac disease is to the heart or pulmonary disease is to the lung, mental illness is to the brain and where would you be without treatment for that?

I understand the state's continuing fiscal challenges and the difficult decisions facing legislators and I appreciate that the Governor has flat-funded and not significantly cut the DMHAS budget. At the same time, certain state services and supports must be prioritized because of the increasing needs for services and the greater health care and human costs resulting from short-term funding cuts. I am asking you to consider increasing the funding for DMHAS behavioral health services, for related housing supports, and for services for high-need individuals in the DHMAS' budget.

I support the following items in the Governor's budget proposal:

- The additional \$280,880 for private nonprofit providers to reflect the impact of minimum wage increases on their costs.
- The Housing Supports/Services maintained at \$23 million for FY 21.

- The \$3 million dollars in new funding to fund community placements for individuals at Connecticut Valley Hospital who are ready for discharge. This funding would support twenty placements during fiscal year 2021. The funding would cover both rental subsidies and funding for wraparound services and supports.
- The Young Adults Services that are maintained at levels of the enacted budget, \$78 million in FY 21.
- The maintaining of the Managed Service System, (Federal) Grants for Substance Abuse Services, and (Federal) Grants for Mental Health Services line items; that all help fund NAMI Connecticut's work at NAMI Connecticut.

Thank you for your time and attention.

Sincerely,

Margaret Kelly
Newington, CT