



Good Afternoon Senator Osten, Representative Walker, and members of the Committee, my name is Jaclyn Evans and 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 came before you last session to advocate for maintaining or increasing funding to DMHAS services. Thank you for rejecting the budget cuts suggested in the Governor's budget. Despite these efforts, our mental health care system remains in a state of near-crisis.

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 great trauma to themselves and great expense to us, the tax payers.

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.

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.