

**Testimony before the Appropriations Committee
March 2, 2021
DMHAS BUDGET HEARING
H.B. No. 6439 AN ACT CONCERNING THE STATE
BUDGET FOR THE BIENNIUM ENDING JUNE
THIRTIETH, 2023, AND MAKING APPROPRIATIONS
THEREFOR.
KAREN HEALY**

Hello Senator Osten, Rep Walker and members of the Appropriations Committee.

My name is Karen Healy, I live and vote in Hartford and I am here to share my personal testimony regarding the governor's budget.

I would like to say thank you to the Governor and the legislators for maintaining the budget this year and I hope you increase supports and services considering the budget surplus. If I did not have services through DMHAS I might still be sitting as an inpatient at CVH and not in my own apartment in the community.

I was institutionalized between Poughkeepsie, New York and Hartford, Connecticut. I spent most of my time in State Hospitals for self-injurious behavior from the 1989, until December 2014. I was put into psychiatric hospitals off and on, since about age 16 up until December 4, 2014.

State funded services are important to me because I am able to live in a community setting successfully since

December of 2014, which I believe is less expensive than if I were in a psychiatric hospital.

My current level of support from Goodwill Incorporated, a residential support program, allows me to live in the community which is less costly than a state psychiatric hospital bed. I am able to live in the community and contribute to my day to day living expenses which I couldn't do if I were in a state psychiatric hospital.

I want to continue to live in the community and not return to a state psychiatric hospital that would cause the state to pay for my day to day needs. I am a successful person when I am able to make my own contributions. Perhaps someday I won't require state financial help. I am working hard every day to make my dream come true. That is, to be able to meet my day to day needs completely independently.

When I moved to the community with my current level of support, people doubted me. They felt I would always be a screw up and institutionalized. However, there was a number of staff who did believe in me. It was through their efforts, as well as my family, that I was able to be discharged from CVH December 4th of 2014. During my final case conference at CVH, my mother, who at the time, was my conservator of person and estate was told to never let me have my hip surgery because it was believed that I could not handle the surgery. They

expected me to be back at CVH in one or two weeks following my December 4th 2014 discharge.

I was discharged from CVH 6 years ago. I had my hip surgery and walk successfully without a walker. I also volunteer at my church. I have gone through many weeks of withdrawal from the high dose of narcotics I was given while at CVH.

People should not be judged because they have a long-term psychiatric illness, addictions or physical limitations. Everyone deserves the chance to be treated well and have as normal a life as possible.

Also, I am asking the legislature for six million dollars the first year, and five million in subsequent years for the starting and continuing operation of **five peer respites**. I ask that five respites be allocated one per DMHAS region and be staffed by persons with lived experience in the mental health field and **certified in Intentional Peer Support**

Thanks for listening to my testimony today.

What is a peer respite?

A peer respite is an alternative support for individuals who are in distress. A peer respite is a voluntary, short term overnight support for up to a week that is in a home-like environment—usually a residence—with all trained peer workers. Peer support is the main service provided in a peer respite.

Peer respites also:

- Are voluntary and self-referred. Not an alternative to homeless shelters.
- Do not provide medical services, such as prescribing medication or medication management.
- Often serve as hospital diversions. Emergency care is the most expensive form of care. Will save the state large amounts of money.
- Offer one on one and group peer support, sometimes with additional learning opportunities and supports.
- Empower people to discover what is best for their wellness.
- Are trauma-informed and rooted in recovery values.