

Statement of Michael Allen on Office of Protection and Advocacy v. State of Connecticut

Hartford, Connecticut

February 14, 2006

Lieutenant Governor Sullivan and Distinguished Guests:

My name is Michael Allen, and I am an attorney with the Bazelon Center for Mental Health Law in Washington, D.C. The Center is co-counsel in the lawsuit Office of Protection and Advocacy v. State of Connecticut, filed last week in the federal court here in Hartford to challenge the unnecessary institutionalization of people with mental illnesses in Connecticut nursing homes. The suit raises claims under the federal Americans with Disabilities Act, a 1990 statute hailed as the “Emancipation Proclamation” for people with disabilities.

I come before you today with a simple request: Let YOUR people go!

Nearly 3,000 people with primary psychiatric diagnoses find themselves trapped in Connecticut nursing homes. Many of them clearly do not need skilled nursing care. These nursing homes have become the functional equivalent of the back wards of the old state mental hospitals: Personal liberty is restricted, skills are lost, treatment is minimal and lives are wasted. We know how to do better —how to help people with mental illnesses recover their lives and their rightful place in the world. We owe these men and women more than careers as mental patients.

Our lawsuit alleges that confinement of individuals in Chelsea Place Care Center Hartford, Bidwell Care Center in Manchester and West Rock Care Center in New Haven —nearly half of them on locked wards— violates federal laws, such as the Americans with Disabilities Act, that require states to serve people with disabilities in “the most integrated setting appropriate to their needs.”

The current situation makes no sense at all—either for people with mental illnesses or for Connecticut’s taxpayers. The State is spending huge amounts of money to keep people with psychiatric disabilities where they don’t want to be —and shouldn’t be. Compare that to supportive housing programs in Connecticut and other states where, for less than \$25,000 a year, people with psychiatric disabilities can be well supported in communities that offer them a real chance at recovery, community integration and a greater measure of self-sufficiency.

It has been nearly seven years since the U.S. Supreme Court’s decision in *Olmstead v. L.C.*, which said that it is impermissible discrimination to keep people with mental illnesses unnecessarily institutionalized. Instead

of moving people back to the community, Connecticut appears to be accelerating nursing home placements. In Connecticut:

Admissions to nursing homes of adults with serious mental illnesses are increasing at a rate between 5 to 10% per year.

Fifty-three percent of those admitted are under 65, indicating a huge long-term public cost for inappropriate care.

More than 3,000 adults with serious mental illness are in nursing homes at an annual cost to the state's Medicaid program of \$60,000 to \$80,000 per person.

No one with a mental illness needs to be in a nursing home on account of mental health needs. The Supreme Court's Olmstead decision makes clear that the State should be assessing every resident of a nursing home or institutional setting and asking one simple question: What services and supports does this person need to be successful in his or her own apartment or home? Once that question is answered, Connecticut must make better use of the state and federal money currently spent on nursing home placements by fully funding supportive housing and other supports that make "community integration" a reality, rather than just a rhetorical flourish.

Lieutenant Governor Sullivan, as your own Mental Health Cabinet has concluded: "Housing in hospitals, nursing homes, juvenile detention facilities, prisons and shelters for people with mental illness is neither humane nor recovery-oriented."

Connecticut has the resources and the know-how to comply with the Americans with Disabilities Act and Olmstead, as our lawsuit requests —to serve people in the most integrated setting appropriate to their individual needs.

It is time for the State to take bold steps to provide the humane and recovery-oriented services that will enable many more of its citizens with psychiatric disabilities to live full lives in their communities.

I say once again: Let your people go!