

Good Afternoon Gov. Malloy, Senator Somers, Senator McCrory, Majority Leader Matt Ritter and members of the Appropriations and Health Committees.

I am writing once again on behalf of my son. I have spoken to some of you personally regarding my son's placement at Whiting Institute, others will be reading this story for the very first time. At this point, I have labeled my son a Whiting survivor. He left the facility about 6 months ago, relatively unscathed. He did enter the facility with a healthy mind, however, as he had been receiving therapy and wrap-around services via CHR (Community Health Resources) just prior to entering the facility.

He had been doing well in the community when the staff of Whiting all of a sudden labeled him a danger and placed him long term in their facility for reasons that remain unbeknownst to me. They gave reasons but the reasons do not make much sense. I have concluded the reasoning must be monetary. I have written an entire book detailing our family's experience with the judicial system and mental health, as the entire experience is too much to explain in 3 minutes.

I will say that my son did maintain a good spirit throughout his stay in Whiting with the exception of the day the youth, Anthony, died or was killed on his unit. His entire unit had to receive extra therapy around this incident alone. There appears to be varying degrees and sides of this story. The final story states that the youth choked.

My son is no longer in Whiting but he does remain on the campus of CVH and we are still working to have him discharged completely. I have told government officials that my son continues to waste tax payer's dollars with this placement. He had been offered a job just prior to entering the facility. In my eyes he was abruptly taken away and has been held captive to suit whatever purpose.

He has been diagnosed with a chronic illness, schizoaffective disorder. With appropriate treatment the prognosis of this illness is a good one. I am very concerned about the training of the staff of CVH. In order to work there they should be aware of diagnosis' and appropriate treatments.

I am not sure if I feel that the entire operation needs to shut down, but if staff cannot be properly trained and the culture does not change, then I am sure government dollars can be put to better use. DMHAS does fund many non-profit agencies that do good work, such as CHR, NAMI, Advocacy Unlimited and many others. Maybe more emphasis should be put into maintaining and stabilizing these resources. The State of CT has many systems that also just do not talk to each other. A more cohesive system could only be a win win for all involved. I will end my statement as I could go on and on. The larger story has already been displayed in the media. Something just needs to be done.

I do thank you for your support in addressing my lived experience.

LaShawne Houston, LMSW