

**Testimony of Thomas A. Kirk, Jr., Ph.D., Commissioner
Department of Mental Health and Addiction Services
Before the Planning and Development Committee
March 6, 2009**

Good afternoon, Sen. Coleman, Rep. Sharkey, and distinguished members of the Planning and Development Committee. I am Dr. Thomas A. Kirk, Jr., Commissioner of the Department of Mental Health and Addiction Services, and I am here today to speak in opposition to **H.B. 6596, An Act Concerning Notification Requirements for Halfway Houses.**

DMHAS is in the health care business. We provide behavioral health services to over 90,000 individuals statewide, including inpatient hospital services, residential treatment, and community supports to thousand of individuals to assist them in their recovery from psychiatric disabilities and substance use disorders. We face many challenges in providing the best possible care to the people we serve. We want to expend our state dollars wisely to improve the lives of the people we serve, as well as the communities in which they reside.

People with substance use disorders and psychiatric disabilities come to state hospitals for their care when all other options have failed them. Most often, our clients are poor, without health insurance and quite ill. Our goal is to work with them, their families and advocates toward the best possible treatment outcome and to determine how best to assist them to achieve recovery. The challenges faced by the populations we serve are exacerbated when housing, jobs and community services are not available for those who are ready to live in the community. It should be emphasized that restricted access to community placement affects not only those who are well enough to make the transition, but also those individuals who are ill, but are unable to enter treatment because of the resulting system gridlock.

DMHAS already has a very difficult time siting community services, including residential placements for the people we serve. We believe that H.B. 6596 will further impede our efforts in this regard, resulting in the continued need for higher priced beds in a hospital setting.

We know that the top three reasons why people remain in state hospital beds at \$1,200 per day are because we cannot access sufficient appropriate housing for them in the community. We currently fund approximately 30 group homes and 108 residential programs, but I can tell you right now that demand for such placements is great, and the money the state is having to spend to keep the individuals whom we serve in very expensive hospital beds while we wait for communities to accept them is not a fiscally sound use of taxpayer resources.

If H.B. 6596 is passed, we believe: (1) that Connecticut and individual municipalities will face costly legal challenges under the federal Fair Housing Act; (2) the municipal notification and statewide database requirements of the bill violate federal substance abuse confidentiality regulations which could result in the loss of federal dollars, and (3) our inability to transition those well enough to move into the community means that they will remain in very expensive state hospital beds without giving them the benefit of a real recovery. The latter could conceivably also be challenged under the Americans with Disabilities Act, in that the bill could be read to target persons who have psychiatric or substance use disabilities and discriminates against them on that basis.

Thank you for the opportunity to address the Committee regarding this bill. I would be happy to answer any questions you may have at this time.