

Testimony before the Judiciary Committee April 15, 2013
HB 6884, An Act Concerning the Establishment of an Intake, Referral and Intervention System
Relating to the Provision and Delivery of Mental Health Services
Submitted by: Marcia DuFore, Executive Director, North Central Regional Mental Health Board

To Senator Coleman, Representative Fox, and members of the Judiciary Committee

Thank you for the opportunity to offer testimony about HB 6884 concerning an Intake, Referral and Intervention System Relating to the Provision and Delivery of Mental Health Services.

My name is Marcia DuFore. I am testifying as Executive Director of the North Central Regional Mental Health Board (NCRMHB). Our Board, as mandated by Connecticut Statute, studies the mental health needs of people in the Connecticut North Central Region and strives to stimulate improved and expanded services to meet those needs. In order to carry out that responsibility, we do a lot of listening. We hear and hope to give voice to the stories of people in our region.

Last year about this time I testified in opposition to another bill. It was titled an act concerning care and treatment, but most of my constituents referred to it as the outpatient commitment bill and expressed strong opposition to it. In my mind, HB 6884 appropriately directs resources and responsibility for engaging people with mental health needs in treatment where it belongs. We cannot order people into care and treatment if services and supports are not adequate or effective in meeting their needs. It is us who need to be ordered if we will not go willingly. As members of the human race and citizens of our communities, we have a responsibility to care about what happens to people who struggle with chronic illness. We have to eradicate discriminatory attitudes and practices that further alienate people from systems of care. As people who are responsible for creating and maintaining a mental health system that addresses the needs of people with behavioral challenges, we need to invest in a system that is robust with proven strategies that promote recovery and wellness.

HB 6884 includes several provisions that are known effective strategies for engaging and encouraging people to take advantage of treatment and services that help them.

Some of these people find themselves in real trouble before they are able to admit they need help. We can do a better job of outreach and engagement with people who end up in the court system through collaboration between DMHAS and the Probate Courts.

Some people have great difficulty trusting and connecting with "the professionals" in our system of care. Many who are hospitalized find themselves back where they started as soon as they are discharged. Peer Bridger services provide an opportunity for them to connect with someone who has been down a similar

road before they leave the hospital and maintain that supportive relationship long enough to engage in treatment and break the vicious cycle of repeated hospitalizations.

Lack of stable housing threatens recovery and results in gridlock and tremendous cost to our system. Investing in housing and support services is an essential first step for engaging people in treatment. We have to reduce our reliance on emergency shelters, prisons, hospitals, and nursing homes as places where we send people to languish. We need to expand respite options as alternatives to emergency room and hospital based services.

We are pleased that you are considering this bill as an enhancement to our service system. We hope you will lend it your support.

Thank you for your time, attention, and consideration.