



STATE OF CONNECTICUT
OFFICE OF PROTECTION AND ADVOCACY FOR
PERSONS WITH DISABILITIES
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Testimony of the Office of Protection and Advocacy for Persons with Disabilities
Before the Judiciary Committee

Presented by: James D. McGaughey
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April 15, 2013

Good morning and thank you for this opportunity to comment on Raised Bill No. 6684, An Act Concerning the Establishment of an Intake, Referral and Intervention System Relating to the Provision and Delivery of Mental Health Services.

This bill directly addresses the needs of people who are struggling with the life-impacting emotional and behavioral health issues we typically refer to as “mental illness”, but who, for a variety of reasons, do not find conventional mental health services to be useful or relevant to their needs. These individuals are sometimes portrayed as “resistant”, or “non-compliant”, and, because they can become trapped in a frustrating cycle of frequent involuntary hospitalizations, this Committee periodically hears proposals to extend the commitment authority of Probate Courts to include issuing orders to compel them to take “their” medications upon discharge. This bill would offer effective alternatives to that authoritarian approach – effective from both the perspective of the our mental health system, which is trying to find ways to engage people without slipping back into historically counter-productive reliance on coercive techniques, and, even more importantly, effective from the perspective of these people themselves.

The provisions of this bill direct the Commissioner of Mental Health and Addiction Services to establish an intake and referral system specifically geared toward people whose needs have not been adequately addressed through existing programs, and who have not remained actively engaged in receiving needed mental health services. It further directs DMHAS to make available specific programs and practices that have been shown, through a number of studies and pilot projects, to be highly successful in engaging and genuinely assisting in the recovery of people in similar circumstances. Unlike proposals for court-ordered forced medication, those approaches respect the civil rights of the individuals who are the subjects of concern, and reflect a much more holistic approach to providing genuine, relevant assistance.

More specifically, the bill calls for:

- 1) Establishing intake and intervention linkages with the probate courts, where people who are the subjects of concern often wind up.
- 2) Expanding programs that employ Peer Engagement Specialists – people who have “been there” themselves, have found pathways to recovery, and have received fairly extensive training in the dynamics of engagement and recovery and the principles of community integration. Peer Engagement Specialists engage with people on an individual basis, often prior to their discharge from a hospital, and help the person establish and sustain a meaningful presence and involvement in their communities. There is a sizable body of professional literature which recognizes the efficacy of peer engagement as a strategy for helping people who were once considered “frequent

flyers” in emergency rooms and probate courts to remain connected with sources of relevant support and invested in their own success.

- 3) Expanding permanent housing opportunities by building on experience gained through the State’s Housing First pilot program – an approach that recognizes the primacy of permanent housing as a necessary pre-condition to treatment and recovery, not as something that people have to work their way into after they have been “treated” and “transitioned” through various temporary housing steps. As with peer engagement, there is a considerable body of research evidence attesting to the efficacy of Housing First approaches.
- 4) Offering respite opportunities for people who may be temporarily experiencing a rough patch so that they do not have to turn to hospital emergency rooms, or risk losing the progress they have made toward finding their places in the world.
- 5) Encouraging people who may periodically experience episodes of acute psychiatric distress to think about and make decisions about which treatment options work best for them at such times, and to record their decisions in the form of legally cognizable advanced directives.

These measures have been successfully implemented in other states, and most have been piloted or otherwise previewed in Connecticut. By expanding their availability and committing to the recovery-oriented approach they represent, we can move our public mental health service system, and, indeed, our overall public policy forward in ways that more limited, one-dimensional approaches such as enhanced case management, or various versions of “out-patient commitment” simply cannot do. Our Office enthusiastically supports this bill, and I urge you to give it favorable consideration as well.

Thank you for your attention. If there are any questions, I will try to answer them.