CONNECTICUT LEGAL RIGHTS PROJECT

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TESTIMONY OF JAN VANTASSEL, ESQ.

JUDICIARY COMMITTEE
April 15, 2013

SUPPORT: RAISED BILL 6684
AN ACT CONCERNING THE ESTABLISHMENT OF AN INTAKE, REFERRAL AND INTERVENTION SYSTEM RELATING TO THE PROVISION AND DELIVERY OF MENTAL HEALTH SERVICES

My name is Jan VanTassel. I am the Executive Director of the Connecticut Legal Rights Project, Inc. (CLRP), a statewide non-profit organization that provides free legal services to low income persons with psychiatric disabilities on matters related to their treatment and civil rights. Our clients are predominantly individuals who are eligible for state-funded services from the Department of Mental Health and Addiction Services (DMHAS).

I am testifying today in support of Raised Bill 6684, which would implement some best practices in Connecticut to assist individuals whose needs have not been met by services offered to them. The overall goals of all of these measures is to reach out to people "where they are at" and support them in finding their path to recovery. I realize that this sounds like feel good jargon, but the fact is that this approach and these programs have been found to promote stability and substantially reduce hospitalizations.

This bill mandates that DMHAS establish an intake, referral and intervention system that would involve:

*Assigning STAFF TO PROBATE COURTS in Hartford, New Haven and Middletown to link eligible persons to housing, peer support and other services.

*Developing a PEER SUPPORT PROGRAM to establish supportive relationships between persons who have shared lived experiences with mental illness, and provides assistance to persons while hospitalized which would continue after discharged to the community. A study of this program model in other states found that it reduced hospitalizations by 44% in Wisconsin and 71% in Tennessee. Connecticut already has a strong peer support system and should be able to implement this program this year.

*Implementing a HOUSING FIRST option for persons whose experience indicates that they would benefit from a supported, individualized housing intervention. This combines a subsidized apartment with services from an assertive community treatment team for persons who are not engaged in services and often have histories of extended or episodic homelessness. The individual defines his or her own

objectives and the team supports the person in pursuing those objectives, which can be small steps at first, such as making the bed or taking a shower.

A study of this model in New York found that 88% of the tenants were still in their apartments after five years, while a control group of persons in residential programs had only a 47% success rate.

*Collaborating on an ADVANCE DIRECTIVE INITIATIVE to increase understanding of the important role that these documents can play for persons who want to control the medications and treatments they receive through health care instructions and appointing a health care representative to carry out their preferences.

*Expanding RESPITE CARE OPTIONS in the least restrictive environment to prevent unnecessary hospitalizations when possible.

These best practices would focus services to persons who have historically had repeated hospitalizations and strengthen the person-centered mental health system that Connecticut has established. It is a win-win proposal and I urge you to support it.

Thank you.