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Testimony
Public Health Committee – Wednesday March 20, 2013
S.B. No. 1136 AN ACT CONCERNING MENTAL HEALTH SERVICES

Submitted by Barry Kasdan Pres & CEO Bridges...A Community Support System Inc.

Good day Senator Slossberg, Representative Miller, Public Health Committee Vice-Chairs, and committee members.

I am Barry Kasdan, the CEO of a behavioral health non-profit agency serving 9 towns and cities in the greater Milford/New Haven region. Let me give you some context to my testimony on SB 1136 An Act concerning Mental Health Services.

Bridges provides an array of mental health, substance abuse and primary health care services to over 5,000 area residents encompassing children, families, young adults, adults and senior adults. Since 1957 Bridges has become a leader in the provision of comprehensive community based behavioral and healthcare services that includes psychiatric assessment and treatment of adults and children, community support services, prevention, Mental Health First Aide, case management, along with vocational and residential services for adults. We provide a growing array of home based services for adults and children including Emergency Mobile services. We are the DMHAS designated Local Mental Health Authority for our catchment area and one of the lead agencies in our region for DCF funded children's community based mental health services. We are partner member in non-profit corporation called CommuniCare that was one of 13 systems in the country federally funded to be the first to pilot the integration of primary healthcare into an adult behavioral health setting. CommuniCare also runs a statewide Tobacco Cessation Program and a regional after- hour's crisis service. We are designated as an Enhanced Care Clinic by DSS to provide mental health services to children and adults with a focus on improving coordinated care between mental and primary health care providers (PCP) to address referrals to and from the ECC's and PCP's, communication guidelines to support co-management of clients and psychiatric medication management.

I reference all these service to make an over-riding observation about the two core components of SB 1136

The two service models, with their conceptual framework, and promising outcomes are laudable and impressive. But key elements already exist within the array of services that the state and private funding currently support. I recognize that in the shadow of the Newtown tragedy there is a public outcry to fix the system and make it responsive to the pressing mental health needs that have been so painfully exposed. Yes our system is fragmented and even broken in places. But that is true because we react we don't strategize, we plug gaps not build and enhance on what we have learned with comprehensive system wide planning, and we underfund to the point that we are then forced to react once again to another crisis.

As you consider this legislation I would urge you to emphasize and incorporate existing systems of care and avoid proliferation of potentially disparate services that will dilute and only further fragment a struggling and inadequately funded mental health system. Use your ECCs and Child Guidance/Psychiatric services as the bases for a regional behavioral health consultation system. It is a network that already covers most of Connecticut. It is Connecticut's Children's Psychiatric system. Bring Young Adult services, Youth Service Bureaus, Child Guidance Clinics and Prevention services to the table to create a State of Connecticut youth mental health foundation type program. Include and utilize your providers who are at ground zero and know the mental health needs of your constituents.

Let me emphasize that I laud the focus and intent of this legislation, but it needs a comprehensive strategy that will not simply set up two new systems but will address a systemic human service planning problem here in Connecticut that encourages the fragmentation not the uniting of mental health and other community based services.