

CONNECTICUT LEGAL RIGHTS PROJECT

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TESTIMONY OF JAN VANTASSEL, ESQ.

PUBLIC HEALTH COMMITTEE

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SUPPORT SB 1136 WITH AMENDMENTS

My name is Jan VanTassel, and I am the Executive Director of the Connecticut Legal Rights Project, Inc. (CLRP). CLRP is a statewide non-profit organization that provides free legal services to low income adults with psychiatric disabilities, generally persons who qualify for DMHAS services. We represent clients who are institutionalized in state hospitals, as well as those residing in the community. Our practice is limited to matters which relate to the individual's treatment, recovery and civil rights under state and federal laws and regulations and the Constitution. I am also the founder and co-chair of the Keep the Promise Coalition, a statewide advocacy group that supports measures to promote access to a comprehensive community based mental health services for all Connecticut residents as part of a safe and healthy community.

CLRP supports the intent of the proposals in SB 1136, An Act Concerning Mental Health Services. We represent young adults who are transitioning between DCF and DMHAS, as well as those who are experiencing their first psychiatric episode. The data increasingly indicates that behavioral health problems are being identified at a very early age and that early intervention can have beneficial results in controlling the impact of disorders. In addition, we know that young adults is the fastest growing segment of Connecticut's homeless population, and that we need age appropriate interventions to support them.

Headspace, the Australian program for serving youth between the ages of 12 and 25 is definitely a model that Connecticut should consider replicating. In doing so, however, we must modify the concept to meet Connecticut's existing systems. At a minimum, DMHAS, which has expertise and experience for serving adults, should not have sole responsibility for this project. It must be done in conjunction with DCF which is responsible for mental health services for children.

CLRP and KTP support maintaining the existing structure for providing mental health services to children and adults, believe that making structural changes at this time would disrupt an already fragile service delivery system and distract from the fundamental systemic needs. That being said, we have been concerned for years about the lack of transparency and accountability to monitor the interaction of these agencies. This committee must include provisions in this bill which will assure specific agency responsibilities with timelines, sufficient data collection and regular reporting, and oversight to provide the information needed to assess outcomes.

In addition, we encourage this committee to support interim measures to integrate mental health services into existing community "wellness" systems, including schools, community centers and other local or regional sites. We must keep in mind that we do not want to utilize approaches that could promote labeling and stigma. What we want to do is create a safe, accessible, supportive environment that provides an opportunity for persons who are experiencing range of challenging experiences, from domestic violence to dementia, to discuss it in a non threatening way. That is the important first step. Then, with appropriate training and adequate services, further interventions can be initiated when they are appropriate. As a first step, we believe that funds should be made available to hire more social workers for these community sites while the State considers other measures.

Finally, I would recommend that the committee include a provision in this bill which mandates that DCF and DMHAS collaborate with the Office of the Health Care Advocate to explore the potential for making non medical evidence based practices available to families and persons in recovery on a sliding scale basis.

SB 6594 SUPPORT WITH ONE AMENDMENT

CLRP supports the provisions of SB 6594 which clarifies the role of residential care homes. However, Section 32 of this bill must be amended to include discharges from residential care homes within the bill of rights. This can be done by simply amending Subsection (22) to include 19a-535a between the reference to 19a-535 and 19a-535b.

SB 1069 AN ACT CONCERNING THE JOINT PRACTICE OF PHYSICIAN AND PSYCHOLOGISTS.....SUPPORT