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TESTIMONY OF JAN VANTASSEL, ESQ.
DMHAS APPROPRIATIONS
February 18, 2014

Good evening. My name is Jan VanTassel, and I am the Executive Director of the Connecticut Legal Rights Project (CLRP). CLRP is a statewide non-profit agency which provides legal services to low income adults with psychiatric disabilities on matters related to their treatment, recovery and civil rights. CLRP's work involves protecting clients' rights to individualized services, housing, disability benefits, self-determination, education and employment.

I am testifying this evening in support of the Governor's proposed investments in housing, residential and crisis intervention services for DMHAS clients. All of these appropriations build on proven cost-effective models that have been demonstrated to support the stability of our clients and help them rebuild their lives in the community, saving the state expenditures for hospital and crisis services.

At risk of seeming ungrateful, however, I also want to emphasize the need for additional state investments in peer supports for youth and adults, and urge the State to explore the potential for Medicaid reimbursement for these services.
Specifically, new federal regulations provide for Medicaid coverage for transition services from hospitals, and there is no question that Connecticut could enhance staffing in this regard.

Very often individuals being discharged from hospitals lack the support they need to prepare for this transition and establish themselves in the community. Peer supports have been documented to be a cost-effective way to provide consistent, flexible support for the challenges that confront a person making a traumatic change. Peer supports, including an in-home respite system assisting persons moving into their first apartment or simply adjusting to community life, can make the difference between a person's success or relapse.

At the Young Adult Mental Health Task Force hearing where youth and parents were invited to speak, the presentations of the young adults and the dialogue that developed between the speakers and the parents was remarkable. The parents recognized that they were not in the best position to talk to their children about their circumstances, and they welcomed the input from the young adults present.
I believe investments in this model could be more important than the $250,000 appropriated for another anti-stigma campaign.

Finally, I want to urge you to reject the recommendation to reduce funding for DMHAS young adult services. The current specialized young adult services program at DMHAS serves approximately 110 of the18,000 young adults served by the department., roughly 6%. In addition, the Program Review and Investigation Committee found that only 17% of the young adults transitioning between DCF and DMHAS have transition plans in place when they are 18 years old. We are setting these young adults up for failure, and that failure harms not just that

young adult, but all of us. I ask that you scrutinize the adequacy of this funding very carefully before proceeding with reductions.

Connecticut can be proud of the steps it has taken to improve mental health and housing supports in this state. However, we can never lose sight of how far we have to go.