

Testimony before the Public Health Committee
SB 471--An Act Concerning Mental And Behavioral Health Services
March 19, 2014

Good Morning Senator Gerratana, Representative Johnson, and members of the Public Health Committee. My name is Elizabeth Grady and I am grateful for the opportunity to testify before you in support of certain provisions found in SB 471.

It is not possible to summarize my family's story over the past several years in the time allotted to individual testimony. Simply put, we have been held hostage by the mental and behavioral health of our only child, and our lives have been put on hold trying to find him the services he needs. Our journey was much easier before our child turned 18. I assure you that the mental and behavioral health concerns did not fly out the window on the day he reached that magic majority age. While chronologically an adult, we know we are still dealing with an adolescent, and are disturbed by the lack of services for those in this age range.

We have swallowed the alphabet soup of outpatient services—EMPS, DBT, MST, and MDFT, learned about FWSN, FSC, CSSD and CJR's TRAC through the Juvenile Court System. We have been assigned excellent clinicians as well as providers who clearly were out of their element. Because of our private insurance and our lack of involvement with DCF, the maze of services and obtaining follow up care has been navigated by me. The promise of after care services has been broken so many times I no longer believe it when I hear it. The most difficult tasks left in the absence of good aftercare services had been finding a therapist and a psychiatrist to prescribe the medication our son takes as a result of his journey. (Sadly, when Wheeler Clinic, for example, discharges a patient from one of its programs, the docs are no longer allowed to continue to see the client for medication only appointments.)

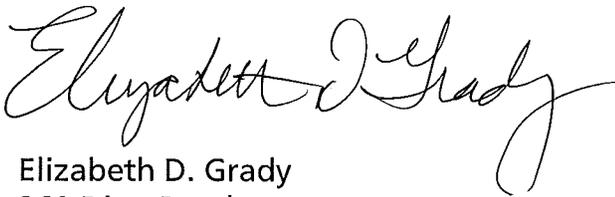
The establishment and implementation of a regional behavioral health consultation and care coordination program for primary care providers who serve young adults eighteen to twenty-five years of age would provide some relief for parents like me. Our child's pediatrician tried to be as accommodating as possible, but clearly—and correctly—stated he was not comfortable prescribing psychiatric meds because he was not a psychiatrist. Providing this doctor timely access to a consultation team including a psychiatrist might have made a difference in our case. Certainly had the doctor (or others in his practice) received training and education concerning patient access to behavioral health services, I would have been able to make one phone call, and saved myself hours of internet surfing.

My fear regarding this bill is that the access to the regional behavioral health consultation and care coordination program would be reserved for clients served by the Department of Mental Health and Addiction Services' Young Adult Services program. If that is the intent, I respectfully submit that would be a disservice to all the families like mine who are struggling to find appropriate care for a child. In addition, I fear that while this sounds good on paper, without adequate funding, this program will never achieve its potential to serve those of us who need it so desperately.

I also support the provision to facilitate access to 2-1-1 for young adults in crisis, while stating the same concern that said access should be for all Connecticut youth in crisis, not simply those who are receiving state services.

Finally, while not specific to this bill, I would like to state that I am encouraged by the increased awareness of the problems faced in finding mental and behavioral health care for older adolescents and am optimistic that the work of the Public Health Committee's Task Force To Study The Provision of Behavioral Health Services For Young Adults will result in long-term solutions and provide long overdue relief for families seeking support and care for a loved one suffering because of mental health concerns which are frequently exacerbated by substance abuse. Requiring private insurance carriers to cover quality, researched-based inpatient treatment for substance abuse when recommended by a medical professional would be a good place to start.

Thank you for your time.

A handwritten signature in cursive script that reads "Elizabeth D. Grady". The signature is written in black ink and is positioned to the left of the typed name and address.

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EMPS—Emergency Mobile Psychiatric Services
DBT—Dialectical Behavioral Therapy
MST—Multi-systemic Family Therapy
MDFT—Multi-dimensional Family Therapy
FWSN—Families With Service Needs
FSC—Family Support Center
CSSD—Court Support Services Division
CJR's TRAC—Connecticut Junior Republic Therapeutic Respite Assessment Center