



CONNECTICUT
LEGAL
RIGHTS
PROJECT, INC.

TESTIMONY OF KATHLEEN FLAHERTY, ESQ.
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PUBLIC HEALTH COMMITTEE
FEBRUARY 24, 2016

Support, with some concerns: HB 5265, HB 5271, SB 131

Senator Gerratana, Representative Ritter, and members of the Public Health Committee:
Good afternoon. My name is Kathy Flaherty and I'm the Executive Director of Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides legal services to low income adults with serious mental health conditions. I live in Newington. CLRP was established in 1990 pursuant to a Consent Order which mandated that the state provide funding for CLRP to protect the civil rights of DMHAS clients who are hospitalized, as well as those clients who are living in the community.

CLRP supports HB 5265, AN ACT CONCERNING MENTAL HEALTH FIRST AID TRAINING AND MEDWATCH PROGRAM INFORMATION. This bill would require that recipients of "mental health first aid" training be provided with the Internet web site address and toll-free telephone number for the federal Food and Drug Administration's safety information and adverse event reporting program known as MedWatch. As a person who has been in mental health treatment for more than 25 years, I am very familiar with adverse effects of prescribed medications. If information and resources are going to be provided to individuals who are receiving a basic introductory training to mental health and related issues, that information should be complete. It should include honest information about the realities of adverse medication effects and the steps people can take to address those effects, above and beyond working with their individual mental health provider.

CLRP supports the concept of HB 5271, AN ACT CONCERNING MENTAL HEALTH TRAINING IN STATE AND LOCAL POLICE TRAINING PROGRAMS AND THE AVAILABILITY OF PROVIDERS OF MENTAL HEALTH SERVICES ON AN ON-CALL BASIS, but is concerned about implementation. My experience of the intersection of mental health and law enforcement is informed by my membership on the Sandy Hook Advisory Commission and the Board of Directors of the Connecticut Alliance to Benefit Law Enforcement (CABLE), a coalition of police, mental health professionals, families living with mental illnesses and educators that is a model for successful police/community partnerships. The bill would

require that all basic and review police training programs include a course of not less than two hours on handling incidents involving individuals affected with a serious mental health condition, and individuals with developmental disabilities. Law enforcement personnel not only need basic information about various health conditions that the citizens they interact with may be facing. They also need skills training so they can learn to effectively de-escalate situations so they can be resolved peacefully. According to the National Alliance on Mental Illness, one out of four people killed in officer-involved shootings in the United States is a person with a mental health condition. Data from the ACLU of Connecticut demonstrates that the majority of people who died after being Tased by police in Connecticut were experiencing mental health or substance-use-related crises. Full crisis intervention team training consists of 40 hours of training. Hopefully, the curriculum of a two hour course would provide a sufficient baseline of information, especially if it includes scenario-based (role play) exercises.

This bill would also require all police departments to contract with or employ an on-call mental health services provider to be available on an on-call basis, twenty-four hours a day, seven days a week. This seems to be an unfunded municipal mandate, and may not provide the most cost-effective intervention needed for these kinds of situations. Working effectively in the front lines on the street, in the community, and in people's homes requires specialized training, something that most private mental health clinicians who usually see patients in an office simply do not have. DMHAS already has a system of mobile crisis teams, CIT clinicians and emergency mobile psychiatric clinicians trained to work with their local police departments. However, existing funds do not allow them to operate 24/7. Rather than creating another new infrastructure, it would be more sensible and fiscally responsible for the state to provide funding to enhance these teams so they can do more of what they do best.

CLRP supports SB 131, AN ACT CONCERNING THE WORKING GROUP ON BEHAVIORAL HEALTH UTILIZATION. This proposed bill would make changes to the data reported by the working group on behavioral health utilization and extend the report date. The working group would be tasked with looking at the number of prior authorization requests for behavioral health services and the number of denials for such requests compared with the number of prior authorization requests for other health care services and the number of denials for such requests, and the percentage of paid claims for out-of-network behavioral health services compared with the percentage of paid claims for other types of out-of-network health care and surgical services. I was asked by the Insurance Commissioner to serve as a member of this working group. Our chief goal is determining whether Connecticut is properly implementing mental health parity, and to recommend steps to ensure that parity is protected. Including this data in our report, and providing additional time to write a report will make the final report more meaningful.