



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

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Testimony by Miriam Delphin-Rittmon
Commissioner
Department of Mental Health and Addiction Services
Before the Public Health Committee

Good Morning Senator Gerratana, Senator Somers, Representative Steinberg, and distinguished members of the Public Health Committee. I am Commissioner Miriam Delphin-Rittmon of the Department of Mental Health and Addiction Services (DMHAS). Thank you for the opportunity to provide testimony on Raised House Bill 5149 AN ACT CONCERNING SOBER LIVING HOMES.

Last year the DMHAS system of care served over 60,000 people seeking substance use disorder treatment. Overdose deaths continue to be a tragic outcome of the crisis we are facing. The Department is committed to reducing all negative outcomes of addiction which may include the loss of positive social supports, unemployment, intersections with the criminal justice system and the stigma and discrimination that many individuals experience during the trajectory of this illness. We have been and will continue to address addiction through best practices and methods that do not perpetuate the discrimination of individuals with this illness.

Sober housing may play an important role for many people journeying through recovery. A sober house is not an institution or service provider. Many sober houses are a group of unincorporated persons who live together under an agreement not to use drugs or alcohol and enforce their house rules under a voluntary agreement. Sober housing is not treatment. In Connecticut, halfway houses and residential treatment programs are state licensed living arrangements that provide treatment for individuals with addiction. Sober housing is often the next step when progressing from a structured residential program that provides treatment. It can provide affordable housing in one's community of choice. It can offer valuable peer support while an individual participates in recovery services and outpatient treatment.

The bill before you proposes that homes may voluntarily register with DMHAS. While permissive, this language raises potential concerns regarding violations of privacy for sober home residents. If the intent is for this registry to be publicly available or subject to the Freedom of Information process, those residents who live at the registered sober homes will have their diagnoses exposed, merely because of the location in which they choose to live. .

The bill also mandates DMHAS to establish criteria for the acceptance and revocation of sober home registration. Monitoring the established criteria to ensure compliance and to determine the need for revocation will not be possible within existing DMHAS resources.

Over the past year some sober home owners have joined together as voluntary coalitions, working together to ensure sober homes meet established criteria. These owners have harnessed the power of the recovery community and are working to protect people in early sobriety from unscrupulous sober home owners. The Department is supportive of these efforts and believes they will yield more powerful dividends than the registry proposed in this bill.

DMHAS has worked to ensure that people with an opioid addiction have access to Narcan in accordance with statutory parameters. The Department will continue its efforts to promote Narcan and its lifesaving ability. We are happy to continue to work with sober houses who express an interest in acquiring Narcan or training about medication.

Thank you again for your efforts to address the opioid crisis and allowing me the opportunity to weigh in on this important topic. As a Department we are committed to working with you to educate the public about sober housing, the vital role it can play in recovery and the contribution people living with substance use disorders can bring to every community. I would be happy to answer any questions you may have regarding this testimony.