

Testimony by Marcia DuFore
On behalf of the North Central Regional Mental Health Board
Before the Insurance and Real Estate Committee
In support of HB 5270: AN ACT CONCERNING PEER SUPPORT SPECIALISTS AND REQUIRING HEALTH
INSURANCE COVERAGE FOR OUTPATIENT PEER SUPPORT SERVICES PROVIDED BY CERTIFIED PEER
SUPPORT SPECIALISTS.
March 5, 2019

Senator Lesser, Representative Scanlon and distinguished members of the Insurance and Real Estate Committee,

My name is Marcia DuFore and I am a registered voter in the town of Suffield, Connecticut. I am testifying as a private citizen, Executive Director on behalf of the North Central Regional Mental Health Board (NCRMHB) and member of the Connecticut Prevention Coalition (CPN) and Keep the Promise Coalition (KTP).

I am testifying in support of HB 5270: AN ACT CONCERNING PEER SUPPORT SPECIALISTS AND REQUIRING HEALTH INSURANCE COVERAGE FOR OUTPATIENT PEER SUPPORT SERVICES PROVIDED BY CERTIFIED PEER SUPPORT SPECIALISTS.

Our Board's responsibility, established by Connecticut statute over 40 years ago, is to study the mental health and addiction needs of people in our region and assist the Department of Mental Health and Addiction Services (DMHAS) with setting priorities. So, on a professional level, this is a topic of great concern to me and one that our members identify as a top priority in all our needs assessments. But the Opioid epidemic has reached such proportion of late, that it is hard for any of us to view the problem from a distance – a problem that does not touch someone we hold dear. That happened for me last year – with a close family friend I will call Abigail.

Abigail was first treated in a hospital emergency department and came home with discharge paperwork recommending she seek follow-up treatment for her opiate addiction. During the time she was in the emergency department, she was just there, waiting for them to release her. There was no one to talk to her about recovery, offer direction for next steps, or a connection to follow-up treatment. Now it would be different. The hospital she was sent to has a connection to Connecticut Community for Addiction Recovery Coaches (CCAR). They would have called for a recovery coach and they would have connected her to many of the treatment options we had to find on our own.

When I ask Abby what she would want me to say about the addiction treatment system, she tells me that I should tell you how screwed up it is. Hopefully, she would not say that same thing today. The good news is that Abby found recovery. She participated in a partial hospitalization program, then intensive outpatient and medication assisted treatment with Suboxone. She hasn't relapsed. This is different than many of the stories I was and am still hearing from desperate family members who call my office. Their stories are about repeated detox and rehab, constant hear of or response to overdose. But Abby had timely access to good treatment and she had access to peer guides who engaged, encouraged, and offered hope. She had access to all of that because of all of that because of who I am and who I know. It was a peer who helped her find appropriate treatment, encouraged her to try Suboxone, exposed her to holistic approaches like yoga and massage, validated her concerns about

Suboxone and a desire to work her way off medication. Most commercial insurances do not offer reimbursement for peer services, but DMHAS offers grant funding to organizations like Advocacy Unlimited and CCAR and providers who integrate peer services into an array of recovery-oriented services. Because of federal funding due to an Opioid crisis, DMHAS is able to respond in this way.

Shift the focus to a loved one who enters the emergency department for a psychiatric crisis, suicide ideation, or suicide attempt. The scenario Abby encountered, is still all they encounter. There is no DMHAS-funded recovery coach. The emergency staff are busy with heart attacks and patients bleeding out from the attacks of gun violence. Abby is left alone. No one to talk to. A check in to see if she is still feeling suicidal, assessment to see if needing inpatient or ready for discharge. We are so focused on the Opioid crisis. I am so focused there with you. But we have left behind people who are seriously hurting. People who are also at risk. People who are also facing death without our help.

We have proven, with people struggling with addiction, that peer support services are a key piece of the puzzle. There is a similar benefit to people experiencing psychiatric or suicidal crisis. The benefit to our communities and financially includes decreased dependency in acute emergency medical services (many of which are ineffective), greater continuity across the continuum of recovery supports and treatment, reduced rate of readmission, reduced cost of care and per patient cost savings, recovery orientation, culturally and trauma responsive.

It is time for insurance to learn from the experience of Abby and others like her. This is a service worth certifying and paying for via insurance reimbursement. The cost savings is obvious. The life savings is also obvious.

Please, as a committee start your part in the process in motion? Your ARE a piece of the puzzle!