



**State of Connecticut**  
**HOUSE OF REPRESENTATIVES**  
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**ASSISTANT MAJORITY LEADER**

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**MEMBER**  
EDUCATION COMMITTEE  
COMMITTEE ON CHILDREN

Co- Chairs Sen. Moore, Rep. Abercrombie and esteemed members of the Human Services Committee,

I am here today in support of HB 6637 to establish a state-wide mental health services program to provide mental health services tailored to the specialized needs of deaf, deaf-blind and hard of hearing persons.

I currently serve as a member of the legislative Committee on Children, the Education Committee and am Vice Chair of the Insurance and Real Estate Committee. I would like to thank the Task Force on Mental Health Services for Deaf, Deaf-Blind and Hard of hearing individuals for the work they have done to come forward with this legislation.

As a member of the committee of cognizant on children, it's important to me that all Connecticut children have access to necessary healthcare, which includes mental health treatment. Currently, the Connecticut Department of Mental Health and Addiction Services only sees patients 18+, which creates a barrier for deaf, deaf-blind and hard of hearing youth to obtain necessary mental health services and healthcare. Like hearing children, deaf, deaf-blind and hard of hearing children need mental health services to be accessible to them.

The report from the task force presents the following landscape of existing mental health services here in Connecticut:

- DMHAS provides regional out-patient services to deaf and hard of hearing adults with a primary diagnosis of mental illness but DMHAS does not serve children;
- Emergency Mobile Psychiatric Services (EMPS) does not provide culturally and linguistically affirmative/accessible services to deaf and hard of hearing children, and in some cases, family members have been used as interpreters;
- No organized oversight related to the competency of community-based providers of mental health services appropriate for deaf and hard of hearing clients;
- Culturally and linguistically competent in-patient (hospital level of care) treatment settings for deaf and hard of hearing children and adults are non-existent;
- In-patient treatment for deaf and hard of hearing children and adults is minimally effective due to a lack of interpreting services being provided extensively during the in-patient stay, because patients are unable to engage in treatment options (individual, group, and family);
- Deaf and hard of hearing children experience significant mental health treatment delays, often resulting in extended periods of time in emergency departments where communication and treatment accessibility are non-existent;
- Video Relay Interpreting (VRI) is over-used in emergency rooms and during crisis evaluations, without regard to an individual's language and communication needs;
- Connecticut no longer has a unified collaborative "center" of services for deaf and hard of hearing individuals; and
- Situation is much worse for deafblind children and adults.

Accordingly, the Task Force recommends proposed legislation to address the critical need for appropriate statewide mental health services for low-incidence and underserved population of deaf, deafblind and hard of hearing children and adults in the State of Connecticut.

I support the proposed legislation which calls for the following:

- Codification of a Mental Health Bill of Rights for these identified populations as guiding principles;
- Update current appropriate Sections of CT Statutes for DMHAS, Special Programs and Programs Description through this legislation;
- Establish a state mechanism for collaboration among key state agencies to provide programming, resources and funding, and oversight of statewide mental health services directly serving deaf, deafblind and hard of hearing children and adults.
- Establish a statewide advisory committee consisting of stakeholders to address the mental health needs of the population to be served and to come up with appropriate recommendations periodically as needed.

Additionally, while I appreciate the task force membership to include a variety of agencies and stakeholders, being that we are discussing children and our youngest learners, I would hope that we would include the Department of Education in this Task force so that we can benefit from a comprehensive approach to serving the needs of the deaf, deaf-blind and hard of hearing persons in all environments, including our schools and educational facilities.

Finally, there are reports of a lack of clinicians in certain areas of the state available to deaf, deaf-blind, and hard of hearing persons by region causing barriers for this community to receive adequate healthcare. In my region 2 of Connecticut, there is only one clinician covering the entire region that can work with the deaf, deaf-blind and hard of hearing community directly. The lack of accessibility in certain regions is deeply concerning, and I believe this legislation offers an opportunity for the deaf community to obtain the same mental services that the hearing community has access to.

In conclusion, identifying the gaps in the provision of services, necessary resources, and most importantly, funding, is critical to the future success of our children. We must focus on long-range planning to serve the mental health needs of the deaf, deaf-blind and hard of hearing community.

Thank you for your time and I am open questions or comments.

State Representative Robin Comey  
Branford, 102<sup>nd</sup> Assembly District