HB 6637

Good morning to all:

This letter is a joint statement to represent 5 Clinicians who work with Deaf, Hard Of Hearing , and DeafBlind Adults (age 18 and up) who have acute or chronic mental health needs. We are all linguistically and culturally proficient with lived experience. Collectively we have over 100 years of experience in this area of work. While we work for the Connecticut Department of Mental Health and Addiction Services (DMHAS) this testimony is being given as private citizens and does not necessarily reflect DMHAS's position.

We would like to share with you a bit of history about our DMHAS program.
In 1982 The State of Connecticut set up a Pilot Program at Connecticut Valley Hospital to provide inpatient and outpatient services to Deaf and Hard of Hearing Adults. 7 satellite clinics offered outpatient services provided by a centralized program staff that were proficient and specially trained to work with this population. This was funded by a line item in the DMHAS budget. The program was able to offer comprehensive services to our Deaf residents in locations close to their homes.

In 1992 it was decided to "decentralize" the program by closing the Unit at CVH, defund the line item, and assign staff to various outpatient clinics. We became employees of these clinics, all with different rules, philosophies, and motivation to provide these needed services.

In some areas of the state the unique needs of Deaf /HOH programs are supported and fully funded. For example, in Hartford we currently have 3 Deaf Clinicians who serve roughly 90 clients. Our numbers are large because Deaf consumers know we are there. If a consumer needs services, they can contact us via a video phone, phone, email, or text message to be triaged by a clinician who understands their language and culture. This helps to establish an immediate therapeutic connection. Thus clients feel hope and a sense that their needs can be met by becoming a client of our agency.

Unfortunately, other areas in the state have not been so supportive. As Deaf program staff have left or retired their positions are frequently left vacant.

Currently, out of the original 7, there are Deaf clinical staff in only 3 outpatient clinics across the state.

Over the years the Deaf DMHAS program staff have worked diligently with DMHAS trying to sell the need to reestablish services where there are gaps. The main argument seems to be that there are few Deaf consumers in these areas and it is not worthwhile to spend limited resources to fund these programs. We personally feel if you help reduce the pain, fear, and isolation of even just one person then this is worthwhile. And as we see in Hartford , the "if you build it they will come" concept is true.

Often by the time a client reaches out for help for mental health services at the state level they are despondent. Can you imagine being depressed, psychotic, a victim of abuse, or even suicidal and calling a clinic for help only to be hung up on by an untrained clinician who doesn't understand that a Deaf/HOH person was calling? Or to be told that an appointment for an intake will depend on the ability for the clinic to hire an interpreter?

The Deaf community has endured oppression from the medical profession throughout history. Like the other marginalized and oppressed communities, it takes time to trust providers enough to take the step needed to seek help for a medical or mental health problem. This Bill offers hope that service gaps can be filled so that the Deaf consumers in the State of CT can reach out with confidence for mental health care. Hope that consumers who are scared can pick up the videophone, text, or email and connect with a professional who speaks/signs their language, understands their culture, and validates their experience as a first step towards their recovery.

Thank you.

Respectfully Submitted,

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