



**Scott Brabant**  
Board Chair

**Luis B. Pérez, LCSW**  
President & CEO

**Testimony for:**

**H.B. No. 6637 (RAISED) AN ACT CONCERNING STATE-WIDE MENTAL HEALTH SERVICES FOR DEAF, DEAF-BLIND AND HARD OF HEARING PERSONS**

**Human Services Committee  
Thur., March 25, 2021**

Good afternoon Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case and members of the Human Services Committee.

Thank you for the opportunity to provide testimony. My name is Luis Perez and I wish to share comments in regards to H.B. 6637 An Act Concerning Statewide Mental Health Services for Deaf, Deaf-Blind and Hard of Hearing Persons.

I am President and CEO of Mental Health Connecticut (MHC), a 113-year-old nonprofit that partners with individuals, families, and communities to create environments that support long-term health and wellness. We support approximately 1,000 people per day through our advocacy, community education, and services that include housing supports and wrap around services in Stamford, Bridgeport, Danbury, Waterbury, Torrington, and West Hartford.

MHC also has the only residential program in Connecticut, founded 30+ years ago, that serves individuals who are deaf and hard of hearing and who also have co-occurring behavioral health conditions. I also serve as Board Member and Corporator for the American School for the Deaf (ASD), as well as a board member of The Alliance: The Voice of Community Nonprofits.

I am here to show my support for this bill and to offer up some insight and suggestions, based on my 20 years of direct involvement, through MHC, ASD, and also my time in my previous position as Clinical Director and then CEO of Capitol Region Mental Health Center where I helped support their Program for the Deaf and Hard of Hearing.

In my 20 years of working at organizations that serve deaf and hard of hearing individuals, I have only seen access to mental health services and support decrease. As those at ASD and in our programs know, not having language-appropriate access to mental health services has a severe impact on individuals.

Improving equity in health care is more possible than ever, as is evidenced by the legislative proposals in this current session and the multiple avenues that are being explored to make systemic changes. Connecticut can only achieve equity in health care if we put forth policies that are based on a true understanding of the challenges faced in accessing and receiving services in all cultures. The deaf and hard of hearing is a culture, as well as a physical disability.



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Some areas of the bill that deserve specific attention, include:

- "Culturally and linguistically affirmative mental health services" – this recognition in the bill is important and must inform how mental health workers and other services are funded and supported
- Telehealth expansion has been an important support for deaf/HOH individuals during the pandemic and having this option will be important moving forward; it's important to know that telehealth is not a replacement for all care, however, and it's important that this bill retain its focus on increasing options and culturally appropriate care
- Sec. (b)(3) notes that "an adequate allocation of state resources and funding" is required to support appropriate mental health services, yet designating a fiscal note of \$100,000 for "startup costs" will most certainly not result in the structural needs required to improve access to services. This means that the deaf and hard of hearing community now must wait for two fiscal years (assuming more funding is coming in FY23) to see any real changes
- Right now, Mental Health Connecticut has the only certified Peer Support Specialist for the deaf/HOH community for the entire state; as an essential component in the recovery process, we ask that Peer Support hiring/training is part of the statewide mental health program
- The recognition that strategies to address needs geographically is critical. From residential support to appointments with therapists who are culturally competent are few and far between in Connecticut, requiring individuals to choose between traveling far (if possible) to not receiving services at all
- There must be specific provisions allocated for the elderly deaf/HOH who age out of the system. Right now, Connecticut residents must leave our state to receive higher levels of care from the New England Home for the Deaf in Massachusetts; this is a great opportunity for us to support Connecticut residents in the communities they wish to live, and have lived for years

As we know for anyone in need of mental health services and recovery support, access is the key to prevention and intervention. Without access, an individual's health will decline, resulting in severe illness, higher health care costs, untimely deaths, loss of employment, increased stress and anxiety on family members, and a ripple effect of other impacts that can be nearly impossible to come back from.

Thank you for investing in the deaf/HOH community. My hope is that this is the beginning of an investment in caring for this community for the long-term.

Respectfully,

Luis B. Pérez, LCSW  
President and CEO