

Bill Number: 6637
Honorable
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Committee Members

My name is Karen Wilson, and I thank you for the opportunity to share my experiences as a mental health provider to Deaf, Hard of Hearing and DeafBlind (D/HH/DB) children, youth and adults for the past 38 years.

The proposed agency collaboration in Bill 6637 would significantly impact the current difficulty D/HH/DB children, youth and adults experience when trying to access culturally and linguistically accessible mental health care. The State of Connecticut was at one time a much more effective provider of mental health services to these citizens from an agency in Bridgeport, the Department of Mental Health and Addiction Services (DMHAS) regional satellite locations, and the CT Commission on the Deaf (formerly referred to as the CT Commission on the Deaf and Hearing impaired, or CDHI). Although DMHAS continues to have satellite locations, these services are limited to citizens 18 years of age and older. The agency in Bridgeport discontinued mental health services to D/HH/DB individuals in 2018, and the CT Commission on the Deaf, which provided statewide services, was closed by the State in 2011. Due to the unfortunate loss of these services, D/HH/DB persons struggle to find an agency who can provide culturally and linguistically accessible mental health care. In addition, consumers report that they experience difficulty accessing mental health services from private providers when they request interpreting services.

Equally compelling and concerning is the lack of mental health services for D/HH/DB children and youth. The well-documented emphasis on the benefits of early intervention and Social-Emotional Learning (SEL) is a significant challenge for these children, unless they are in a linguistically and culturally accessible educational program. Specialized schools and programs have staff trained to work with D/HH/DB children and provide early intervention for mental health concerns, and support SEL competencies in all milieus. However, school-based services cannot provide all that may be necessary to address a child's mental health needs. Additionally, family therapy is often needed since approximately 90 % of families with D/HH/DB children and youth do not learn how to effectively communicate with their child. Unfortunately, State and private agencies do not currently have the specialized training required to provide culturally competent, accessible, and effective in-home services to support the unique needs of these children and youth. Given all of these service deficits, this population is at an increased risk to develop mental health problems. Later, as adults, they continue to experience inadequate mental health care, and just as with other populations, this contributes to significant societal concerns regarding homelessness, crime, and drug and alcohol abuse.

Please consider passage of Bill 6637, The Statewide Mental Health Services for Deaf, DeafBlind and Hard of Hearing Individuals Act. Thank you very much for your time.

