NAMI Connecticut
National Alliance on Mental Illness

TESTIMONY BEFORE THE BIPARTISAN TASK FORCE ON GUN VIOLENCE PREVENTION AND CHILDREN'S SAFETY

MENTAL HEALTH SERVICES WORKING GROUP
January 29, 2013

Good morning, Senator Harp, Representative Wood and members of the Task Force's Mental Health Services Working Group. My name is Daniela Giordano, and I am the Public Policy Director for Adults, State and National matters with the National Alliance on Mental Illness (NAMI) of Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups across the state, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals living with mental illness and parents and family members of individuals living with mental illness.

NAMI Connecticut joins the state, the nation and the world in extending our deepest sympathy and condolences to all those affected by the tragedy that took place at Sandy Hook Elementary School on December 14, 2012. We may never know what went so terribly wrong that led to the school shooting. However, we do know that if any good is to come from this tragedy, it is in recognizing that we can and must do better in creating a community environment of well-being in which mental health is viewed as an integral part of overall health for everyone. In order to be well, each of us requires access to supports, models and services that enhance our well-being.

Mental health is essential and the fact is that mental illness affects everyone. Nearly 60 million Americans experience a mental health condition every year. Regardless of race, age, religion or economic status, mental illness impacts the lives of at least one in four adults and one in ten children across our nation. The good news is that mental illnesses are treatable and that recovery is a model that works. The recovery journey is unique for each individual. There are several definitions of recovery; some grounded in medical and clinical values, some grounded in context of community and some in successful living. One of the most important principles is this: *recovery is a process, not an event*. The uniqueness and individual nature of recovery must be honored. While serious mental illness impacts individuals in many ways, the concept that all individuals can move towards wellness is paramount.

Connecticut is a role model in the nation for its recovery-oriented system of care. In 2009, the National Alliance on Mental Illness (NAMI) published "Grading the States: A Report on America's Health Care System for Adults with Serious Mental Illness" which measures each state's progress in providing evidence-based, cost-effective, recovery-oriented services for adults living with serious mental illnesses. CT received a grade B out of only six B's and no A's in the nation. Even more noteworthy is CT's grade A

(the only one in the nation) in the subcategory of Consumer & Family Empowerment. We can be proud of this but it does not mean that we can't do better, because we can and we must.

1. **We must improve early identification and intervention and ensure that essential behavioral and mental health services and treatment are available at the earliest stages.** It is widely recognized that twenty percent of all children have a diagnosable mental health condition. There have been repeated calls by major non-partisan institutions for a national commitment to the early identification of mental health conditions and early intervention. For example, in June 2010, the American Academy of Pediatrics (AAP) called for all pediatricians to screen children and adolescents for mental illness and substance use. And, in April 2009, the U.S. Preventive Services Task Force called for physicians to screen for depression in youth ages 12-18 because of the failure to identify this serious condition in youth. However, we cannot identify children with behavioral health needs without simultaneously providing them with the services they need and deserve. Although twenty percent of all children have a diagnosable mental health condition, only a quarter of these children have access to appropriate services. That leaves about 90,000 Connecticut school children who have emotional-behavioral problems with their needs unmet. Drop-out rates among students classified as Emotionally Disturbed (ED) under the Individuals with Disabilities Education Act (IDEA) are alarmingly high, over 50%.

   We do know that about 80% of children who get mental health services access them at school, including through comprehensive School-Based Health Centers that offer both medical and mental health services. Connecticut must expand its school-based mental health programs, including the expansion of comprehensive School-Based Health Centers, and support the professionals who provide these services including school social workers, psychologists and Advanced Practice Registered Nurses (APRNs). Connecticut must also promote effective links from schools and community agencies to mental health services and supports. All too often those links do not exist and children fall through the cracks.

2. **Training is crucial for people who are in a position to help identify children and adults who show signs of behavioral or mental health issues.** We must do a better job of training school personnel, law enforcement professionals, families and members of the community. Trainings available for school personnel include NAMI's *Parents and Teachers as Allies* which is a program that offers mainstream educators and school administrators an in-service training covering the neurobiological basis of mental illness, the signs and symptoms associated with early onset of serious mental illness in children and local and state resources to share with parents. The program is delivered by a trained panel consisting of a family member, a person living with mental illness and an educator.

   Training available for law enforcement professionals includes *Crisis Intervention Team* (CIT) trainings, a unique collaboration between police officers and mental health professionals that promotes safety for all involved and also links the person in crisis to services in the community

whenever possible. NAMI Connecticut partners with the CT Alliance to Benefit Law Enforcement (CABLE) to offer CIT trainings.

NAMI Connecticut also stands ready to work with probate court judges to offer training on mental illness.

People in position of help need to know about available community resources including Emergency Mobile Psychiatric Services (EMPS) and the helpline service 211.

3. **We must strengthen services to our 16-25 year old young people as this is the age when serious mental illness often manifests itself.** The Department of Mental Health and Addictions Services' (DMHAS) Young Adult Services (YAS) are designed to support young adults making their journey into adulthood successful. Types of support include clinical services, case management, residential services and educational and employment services. However, these services are only available to young people transitioning from the Department of Children and Families (DCF) and are not available to the broader public. At the same time, there is insufficient data to evaluate the effectiveness and long-term outcomes of those who transition from DCF to DMHAS as well as those who do not. The state must report on the status and outcomes of these young adults to ensure that all youth with mental health needs receive appropriate supports and services.

4. **We must ensure adequate insurance coverage and thus access to services and treatments.** Insurance plans, both private and state-funded, must cover necessary mental health treatments. We need to monitor and ensure the full implementation of the mental health parity law (Paul Wellstone and Pete Dominici Mental Health Parity and Addiction Equity Act), as passed in 2008. A 2013 report by the Office of the Healthcare Advocate's (OHA) ("Findings and Recommendations: Access to Mental Health and Substance Use Services") states that "[…] denial of coverage by managed care plans and the limited number of providers accepting certain kinds of private plans have hindered access to care for those with private insurance coverage." Further, we must ensure that evidence-based mental health practices are adequately reimbursed with enhanced rates to ensure that providers are adequately compensated for the time and resources necessary to provide quality services. Insurance companies routinely deny coverage for mental health treatment, even when the patient's physician determines such treatment to be "medically necessary." For example, it is not uncommon for a private insurer to deny coverage for an inpatient psychiatric hospitalization of a patient with ongoing and persistent urges to commit suicide. Similarly, outpatient treatment is often limited to three or four visits a year. It is not clear which treatment the company believes is medically necessary, but they almost give the impression that they expect the problem will resolve itself. Service gaps exist in our state-funded program as well. For example, our state-funded Medicaid program does not provide coverage in a meaningful and accessible fashion for Applied Behavior Analysis (ABA), a kind of therapy now well-recognized as an appropriate treatment for children with autism. Connecticut must also ensure that DSS

adhere to their legal mandate under federal Medicaid law to ensure that pediatric and family medicine providers conduct mental health screenings at every well child visit to children under 21 who are insured in the state's Medicaid program.

5. **We must recognize supportive housing for what it is — a proven and cost-effective way to provide stable housing and quality services** (ranging from counseling to life skills training to transportation) for people living with mental illness, including families, young adults and adults. Investing in supportive housing means a reduction in hospital expenses, prevention of homelessness and promotion of self-sufficiency. A safe, affordable and supportive place to live is an essential part of recovery.

6. **We must incorporate and strengthen services and models that work, including peer support services and engagement.** "Peer supports" refer to a process of helping based partly on a shared lived experience or identity and the experience and knowledge acquired by overcoming or managing challenges encountered when dealing and managing a mental illness. Benefits of organized peer support programs can include increased treatment retention and adherence, decreased use of acute care services, and self-reported hope and optimism regarding managing one's health conditions.

7. **As a state, we must not take reactive or regressive measures which would further stigmatize and discriminate against people with mental illness and reinforce people not seeking treatment.** We oppose reactive and regressive measures such as involuntary outpatient commitment for numerous reasons including that it conflicts with Connecticut's recovery-oriented system of care, is expensive and diverts funds from needed and effective services, and singles out persons with mental illness. What we should do instead is replicate and expand the services and models we know work well (including the ones pointed out previously) so that they are more widely available and can serve more people effectively.

Connecticut has a comprehensive array of a continuum of services. However, access to services is varied in a system that is fragmented and inconsistent. Consequently, we need to ensure that these proven and cost-effective services are available and accessible to everyone who needs them, when they need them and regardless of (1) which health care system they are involved with, private or public; (2) what age they are, child, adolescent or adult; and (3) where they live in the state.

Taking these steps will help Connecticut create a "culture of caring" that recognizes mental illness like any other affliction and is a culture in which everyone feels wanted, healthy and valued. Our children will enjoy safer, more rewarding educational experiences on the way to reaching their full potential, families will avoid tragic and needless suffering brought on by mental illness, adults will lead more productive and satisfying lives and make meaningful contributions to their communities. Our state and communities will be healthier places to live and our resources will be used more wisely with better results for all.

Thank you for your time. I am happy to answer questions you may have.

Selected Resources List

- **Parents and Teachers as Allies – Professional Development for Mainstream Educators**

  Contact information:
  Paloma R Bayona
  Family & Professional Education Program Manager
  NAMI Connecticut
  241 Main Street, 5th Floor
  Hartford, CT 06106
  Phone: 860-882-236 x 22
  E-mail: familyeducation@namict.org

- **Helpline 2-1-1**

  United Way 2-1-1 is a one-stop connection to local services, from utility assistance, food, housing, child care, after school programs, elder care, crisis intervention and more. Access to the helpline: 1) dial 2-1-1 or 2) search online at www.211ct.org
  Resource referrals/providers are usually listed by town.

  Sample Menu of Referrals

  - Central Intake/Assessment for Psychiatric Services
  - Mental Health Evaluation
  - Mental Health Hotlines
  - Mental Health Related Support Groups
  - Psychiatric Day Treatment
  - Psychiatric Resocialization (clubhouses and social clubs)
  - Case/Care Management
  - Children's State/Local Health Insurance Programs
  - Community Mental Health Authorities
  - Health Insurance Information/Counseling
  - Health Screening/Diagnostic Services
  - Home Based Mental Health Services
  - Individual Advocacy
  - System Advocacy for Mental Health Issues
  - Job Finding Assistance
  - Low Income/Subsidized Private Rental Housing for Disabilities and Health Conditions
  - Outpatient Health Facilities
  - Outreach Programs for Chronic/Severe Mental Illness
  - Adult Psychiatric Inpatient Units
  - Children's Psychiatric Inpatient Units
  - Children's/Adolescent Residential Treatment Facilities
  - Psychiatric Mobile Response Teams
  - Psychiatric Mobile Response Teams for Youth

- **Emergency Mobile Psychiatric Services (EMPS)**

  2-1-1 has a listing of Psychiatric Mobile Response Teams by town or by provider

  - **33 locations offer EMPS** in Fairfield, Hartford, Middlesex, Windham, New Haven, New London, and Litchfield counties

  http://www.211ct.org/referweb/MatchList.aspx?k;;0;;N;0;1871401;Psychiatric%20Mobile%20Response%20Teams~;EMPS

  - **15 of these locations offer EMPS for children and youth** in Fairfield, Hartford, Middlesex, Windham, New Haven, New London, and Litchfield counties

  http://www.211ct.org/referweb/MatchList.aspx?k;;0;;N;0;1871401;Psychiatric%20Mobile%20Response%20Teams%20*%20Youth;EMPS

  EMPS for children and youth has a website dedicated to this service: www.empsct.org

  EMPS is available to all Connecticut residents and can be accessed by dialing 2-1-1 and, at the prompt, pressing "1" for "crisis." Callers are connected to a crisis specialist who triages the call and transfers to a local EMPS provider who gathers information in order to dispatch a trained mental health clinician to the location of the child/youth, arriving no more than 45 minutes.

  Following the initial crisis, the clinician and other members of the EMPS team will meet with the family for up to six weeks, develop a Crisis Safety Plan, and connect them with additional mental and behavioral health resources within the community.