

TESTIMONY OF DEBORAH STRONG
BEFORE THE BIPARTISAN TASK FORCE ON GUN VIOLENCE PREVENTION AND CHILDREN'S SAFETY
MENTAL HEALTH SERVICES WORKING GROUP

January 29, 2013

Thank you Senator Harp, Representative Wood and members of the Task Force's Mental Health Services Working Group for allowing me to address you today.

I'd like to speak a little about Forced Treatment of People with Mental Health and Addiction Issues.

FORCED TREATMENT DOESN'T WORK!

There are well meaning people trying to push legislation through that would give the courts; Probate Judges, the power of Forced Treatment for people with Mental Health and Addiction problems.

I believe that quality COMMUNITY TRANSITIONAL services are what is needed for people to be successful, especially post hospitalization or rehab. Further, we need to Treat/Help the WHOLE Person for people to be successful. This has been my experience. This is where we should spend our money.

HERE'S WHY I KNOW IT DOESN'T WORK!

My brother and I, have serious mental illness. Unfortunately, my 50 year old brother, Mark, has long-standing Alcoholism, and a Pervasive Developmental Disorder, as well. Mark has been in alcohol treatments, hospitals and jails for much of his life. He began drinking at about twelve. He spent six months in prison in North Carolina. I don't know if he has really ever been in recovery. Mark's main problem is alcohol abuse, but he has other illnesses and a TBI that make it difficult for him to be successful.

Mark lived in CT for many years, before our father transferred to NY because of a job offer. My brother was functional for many years, worked as a blacksmith, married and had two beautiful boys, paid and still pays taxes. Mark still resides in NY and suffered a serious Traumatic Brain Injury at 43. We were told he would die, but we come from very strong stock. However, he can no longer handle all his affairs. My father and I were appointed his guardians. I am considered Guardian of the person. I am responsible for everything from his abode to services he receives.

After 3 ½ years of TBI rehabilitation and Alcohol Rehabilitation, Mark was ready to transition to the community. He had been sober for 3 ½ years while in hospitals and rehabs, although bipolar disorder and a personality disorder were still a challenge. He was part of a Nursing Home Prevention Medicaid Waiver. We set up an apartment and services for him, visited, called to check on him. It took me 6 months to set up his new home and services. A case worker checked up on him monthly. Mark went back to what he knew, there was NO transition. **This same caseworker, in a meeting with my family and her coworker and supervisor said that she felt like they had failed Mark, and should offer him an apology, because there were no transitional services for him and he went back to what he knew.**

He has been involved in the justice system of late and his land lord was in the process of evicting him back in April. He had spent two years on his own. After 6 months of living in his community, Mark started drinking again. **Mark is "the salt of the earth," when he is not drinking.** Otherwise, he has proven to be a danger to himself and others. He went to court smelling of alcohol. We, Mark and I, told the judge Mark would go to the hospital for detox and admit himself into alcohol rehab. We almost didn't make it. **I can force him to go to an Emergency Department for detox but not into rehab. Rehabs only take people who voluntarily admit themselves.** Mark initially refused treatment and after some words agreed. He did not do it for himself, but to

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get himself out of a tough situation. He was unsafely discharged after a First Step Program, took a taxi home and stopped off to buy 3 bottles of liquor. **Forced, Cajoled Treatment does not work!** When I got to him, he had consumed enough alcohol to have a blood alcohol level of .40. More than four times the legal limit.

After this incident, and a 3 month stay in a TBI Rehab, Mark was transferred to a TBI Waiver program from which he received his housing and services. Mark had an apartment, went to a day program for his TBI and had 24/7 supervision and oversight and a nurse came in once a week to make sure he was taking his medication... **forced treatment.** This was the only way to get the waiver which would provide his home and services. He essentially had babysitters he was able to intimidate. It took me six months, time away from my family, to set up his new home and services. It took him two months to have them lifted. We were told he is a danger to himself and others. The administrator felt that they could not meet his needs. I feel the frustration, but Mark wanted to feel like a man who had rights and choices.

Mark is in an excellent TBI/Alcohol Program in Orangeburg, NY. My father, his best friend, talked and cajoled Mark into going. Mark says he is working hard to turn his life around. I believe him. Mark does well in Rehabs because he has support and community. Unfortunately, there is a drop off when he is released. There are few transition services from hospitalization and rehab to community. This is where the problem lies and why the hospitals, rehabs, and court systems see people coming and going through a revolving door. Transition Services are, where we, as a community need to concentrate our dollars. I have about forty-five days to place him in a more permanent situation, or, like many others, he will be on the streets. I do not want this for my brother. I am hoping to get him into a TBI/Alcohol Program/Nursing Home in Holyoke, MA. He is at the point where there is no other place to go.

Nothing we have done for Mark, where he has been forced, coerced, or cajoled has helped him. There is no community of his **peers** to surround him and **mentor** him to **recovery** when he is released from rehab. There are few programs that successfully help people with Mental Health and Addiction problems. There are long have waiting lines. Before Mark was able to get into a transition program, he went back to what he knew.

Probate judges will continue to see the same people over again, because these people have **CHRONIC, COMPLICATED** Problems. My brother has had the benefit of comprehensive care and help and a loving engaged family, yet here I am looking for a Hospital/Rehab/Nursing Home for him to live. No amount of forced or coercive treatment is going to help him. **COMMUNITY, COMMUNITY, COMMUNITY** is what would help him. **KNOWING** that he is ill and **KNOWING** there is a **COMMUNITY** of **Mentors, People in Recovery, and Professional staff** to help him on his way. If he didn't feel alone, he would accept help. If the community would also believe Mark has a chronic illness and not someone who "just can't control his drinking," I believe he would accept help. Mental Illness and Addiction are illness like any other. We

as a community need to learn that in order to help people like Mark, people need to know he doesn't have a "character flaw." He needs a community who believes he can be productive. This, in my opinion, is why people like my brother don't get better. They are not respected. Their illness is not respected. They are expected to become different people after a 7-28 day rehab with no transition services in the community in which they live.

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We, as a community can better use our dollars to find community solutions. Research is needed to develop ways of treating these illnesses. I honestly believe my brother and many, many others would not to choose the life they are living. We, as a **COMMUNITY**, owe them treatment and transition that works and to respect people like my brother for the good people that they are.

Thank you.

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