



To: Members, Mental Health Working Group  
Bipartisan Legislative Task Force on Gun Violence Prevention and Child Safety

From: Gary M. Steck, LMFT, Chairperson, Connecticut Community Providers Association

Re: Recommendations on mental health

Date: January 29, 2013

My name is Gary Steck. Today I am wearing several hats. I am the Chairman of the Board of Connecticut Community Providers Association, CEO of Wellmore Behavioral Health and count myself among the hundreds of first responders to Sandy Hook along with almost two dozen of my staff. Wellmore is the Emergency Mobile Psychiatric Service provider for western Connecticut.

Connecticut and the nation are confronted with the aftermath of a tragedy which took the lives of innocent children and their teachers. We are faced with how we can reduce the risk of such tragedies, and what steps as a civil society we must take to prevent such violence against one another.

The Connecticut Community Providers Association represents nonprofit organizations who serve children, adults and families who are experiencing mental health or substance use disorders, as well as providers who serve those with intellectual and other disabilities. Our provider members are the heart of the community's safety net, and over 100 of the staff from our member agencies were "front line" clinical responders to the Newtown tragedy. Many continue today seeing families and children in Newtown as well as helping local schools and others in the community rebuild their lives.

The terrible events that occurred at the Sandy Hook elementary school go far beyond what we traditionally think about when we think of "mental health" services. They go to the heart of how as a society we regard violence, and how as a society we also regard those who may need to seek help for a behavioral health condition. We first and foremost must address as a fundamental public health issue how to teach our children, our families, our citizens about the resolution of conflict without resorting to violence. It is very important to understand what happened at Sandy Hook in the context of gun violence across our state and nation. The President's plan related to gun violence addresses this issue.

We also urge that as a state we not take reactive or regressive measures which further stigmatize and reinforce people not seeking treatment. We believe that it is ill advised to rush toward dramatic and heavy-handed steps, such as outpatient commitment, rather than thoughtfully consider and develop lasting solutions to the problems in the Connecticut mental health system.

We believe Connecticut can take the following steps to address some of the limitations of our behavioral health care system:

1. There must be an adequately supported and resourced community behavioral health system so that those who need treatment can access it. As President Obama said, "*We are going to need to work on making access to mental health care as easy as access to a gun.*"

2. Establish a public health campaign that removes the "shame and blame" associated with seeking mental health and/or substance use treatment, and emphasizes early identification and treatment. This campaign should be aimed to education at all levels, to churches, to community organizations, to families, to law enforcement, to the medical community and to the general public. It should include understandable language about how anyone can know if their child, a family member, or the person himself or herself is possibly facing a behavioral health disorder and also how they can get help. Any public health education program should be on-going, evidence-based, and also focus on children and youth based on their developmental stage. Areas of emphasis should include discussing the signs and symptoms of mental illness, including early signs of depression in children, youth and adults who may be at risk for suicide, the prevalence of mental health disorders, the effectiveness of treatment and how to engage troubled young people in services.

3. Expand school- based behavioral health services and encourage direct collaboration between schools and community providers to improve identification of children and adolescents who have signs and symptoms of behavioral health issues, and then link them to mental health services that are in partnership with community-based child guidance clinics. This will assure that children and their families who are identified with a problem are tied to a community system of care. This would also build on the current system of enhanced care clinics, child guidance clinics, and behavioral health emergency response systems funded by DMHAS and DCF.

4. Build on the DMHAS and DCF emergency and crisis response systems so that they can respond to anyone facing a behavioral health crisis. *211 as an access point for families for a child or young person in crisis should be as familiar to people as 911.* The DMHAS-funded crisis system and the capacity for follow-up treatment must be expanded so anyone facing a serious mental health crisis can access the system. For those who need more intensive services, we must address funding assertive outreach programs for people who need to be under treatment and who need housing, and other basic community services, which have been withering away due to lack of funding.

4. Strengthen services to 16 to 25 year old young people, when serious mental illness often manifests itself, and substance use increases, as well as suicide. Such services must be broadly available. The only targeted mental health services to this age group are through DMHAS grant programs, which target youth transitioning from DCF and are not available to the broader public.

5. Access to all behavioral health services is also hampered by lack or limited private insurance coverage for therapeutic outreach and engagement and in-home services. Such limitations in coverage must be addressed as part of the expansion of health care reform.

6. Examine the "lessons learned" from our response to Newtown and assure that the state's disaster preparedness planning includes the community response system—emergency personnel and health care professionals—who are the front- line responders.

Let us especially assure that the children, families, teachers, and people of Newtown have the ongoing support that they need to begin the process of recovery and the renewal of hope. We strongly urge that whatever steps we take as a state address the underfunding of our community safety net, which must be accessible to people who can secure treatment when they need it.

Thank you for this opportunity to testify.