

Human Services Committee JOINT FAVORABLE REPORT

Bill No.: HB-6637

AN ACT CONCERNING STATE-WIDE MENTAL HEALTH SERVICES FOR

Title: DEAF, DEAF-BLIND AND HARD OF HEARING PERSONS.

Vote Date: 4/1/2021

Vote Action: Joint Favorable Substitute

PH Date: 3/25/2021

File No.:

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SPONSORS OF BILL:

Human Services Committee

REASONS FOR BILL:

This bill establishes a state-wide mental health services program tailored to the specialized needs of deaf, deafblind and hard of hearing (D/HH/DB) persons. It also establishes a bill of rights for these identified populations as guiding principles. The bill requires various state agencies to assign not less than one staff member to implement the provisions of this program. It also requires various state agencies to establish an advisory committee to address the mental health service needs of D/HH/DB persons. The bill requests \$100,000 be appropriated to DMHAS for program startup costs. The substitute language removes the funding request, and the requirement for dedicated staff at each agency. The new advisory committee is tasked with advising the state Americans with Disabilities Act coordinator. The coordinator is appointed by the Governor, and the coordinator appoints representatives to the advisory committee as proscribed in the bill. The JFS language also adds deafblind persons to the advisory board, creating The Advisory Board for Persons Who are Deaf, Hard of Hearing or Deafblind. This bill seeks to address the disparity in mental health services for D/HH/DB individuals throughout the state.

RESPONSE FROM ADMINISTRATION/AGENCY:

Deidre Gifford, Commissioner, Department of Social Services supports the intent of the bill. The Department is committed to ensuring that "individuals who are deaf, deaf-blind and heard of hearing have equal access to high-quality behavioral health services." The Department does not currently have the required staff necessary to support the activities proposed in this bill. Specifically, the Department does not have the capacity to assign, at the minimum, one

staff member to participate in a state-wide mental health services program. Commissioner Gifford emphasized the Department's commitment to work with other state agencies, and various stakeholders, to examine and work towards the goals highlighted in this bill.

Vannessa Dorantes, Commissioner, Department of Children and Families (DCF), opposes this bill for two reasons. Commissioner Dorantes notes that the Statewide Deaf and Hard of Hearing Advisory Council meets monthly to improve supports for DCF staff in servicing deaf or hard of hearing persons. The Council recently took on a new project focused on creating a training program for staff on how to best accommodate persons who are deaf. DCF believes "this bill would be duplicative of these efforts and is unnecessary." Commissioner Dorantes also notes that due to the small population of hearing-impaired individuals who are served by DCF, it would be fiscally imprudent to dedicate a full-time employee to oversee mental health services.

Miriam Delphin-Rittmon, Commissioner, Department of Mental Health and Addiction Services (DMHAS), notes DMHAS's concern regarding the proposed structure for the delivery of services to D/HH/DB individuals. Specifically, they believe that the centralized structure "would negatively impact the person-centered, localized services that are currently delivered by agency treatment teams of behavioral health experts in an effective, cost-efficient manner." Commissioner Delphin-Rittmon comments that DMHAS lacks the funds needed to implement this structure. She notes that although DMHAS does not currently have the resources to develop and staff an advisory committee for the state-wide mental health program, the agency is committed to addressing these issues through other avenues, including continued participation on the Advisory Board for Persons Who are Deaf or Hard of Hearing.

Jordan Scheff, Commissioner, Department of Developmental Services (DDS), notes DDS's concern with hiring a dedicated staff person to implement the provisions of the program outlined in the bill. Since DDS is not primarily a mental health agency, Commissioner Scheff believes it would be difficult to find an employee who fulfills all of the qualifications outlined in the bill. He also explains that if DDS were to hire an additional employee for this purpose, they would still need to provide accommodations for individuals who are D/HH/DB through approved contractors. Commissioner Scheff notes the absence of funding in the Governor's budget for this additional position.

NATURE AND SOURCES OF SUPPORT:

Robin Comey, CT State Representative supports this legislation and the critical need for appropriate statewide mental health services for the underserved population of D/HH/DB children and adults in CT. Rep. Comey recommends adding the Department of Education to the task force. This is one step towards ensuring that the state is meeting the needs of D/HH/DB persons "in all environments, including our schools and educational facilities." Rep. Comey also explains that the lack of accessibility to clinicians in certain regions of the state must be addressed within this bill.

Jeffrey S. Bravin, Executive Director, American School for the Deaf
Thomas Hinchey, VP of Governmental Affairs, Connecticut Academy of Audiology (CTAA)
Karen Wilson

They urge the support of this bill. This bill is necessary to help fulfill the unmet mental health needs of D/HH/DB children and adults. When providers are unfamiliar with the unique needs of these populations and are ill-equipped to provide culturally and linguistically affirmative services, it can lead to misdiagnosis and poor outcomes. They note that this bill has various provisions to ensure that D/HH/DB persons have increased access to appropriate mental health services.

Dr. Harvey Corson, Member, Chair of Education & Legislative Committee, Connecticut Association of the Deaf, supports this bill for various reasons. Dr. Corson believes there is a definite need to have a continuing state mechanism to provide appropriate statewide mental health services for D/HH/DB citizens. This bill creates a designated place in state government for this population, as well as parents/family members or the general public, to “get information, assistance or seek resolution for some concerns or issues” regarding mental health services.

Tammy Ennis, American School for the Deaf
Karen Wilson

They support this bill because there is a critical need to provide access to quality mental health services for deaf youth. They note that deaf individuals experience greater mental health risk factors than their hearing peers. She explains that deaf children are not receiving adequate care during their stays in the psychiatric ward. This keeps youth stuck in an “unbreakable circle” where they are forced to return to the hospital. They both note that no agencies in Connecticut offer mental health services for deaf persons under the age of 18. In the rare case that private practitioners work with deaf youth, they often do not accept Medicaid, nor do they pay for interpreters.

5 Clinicians that work with Deaf, Hard of Hearing, and Deafblind Adults, strongly support this bill. Throughout the past few decades, the number of Deaf staff in clinics across the state has declined dramatically; the D/HH/DB community has been failed by the state. The clinicians testify that when Deaf clients reach a clinician who understands their language and culture, there’s an “immediate therapeutic connection” which “validates their experience as a first step towards their recovery.” This bill is necessary in creating a state where Deaf consumers can confidently seek mental health care.

Kourosh Parham, President, CT Ear, Nose and Throat Society, supports this bill because hearing health and mental health are interrelated. Overwhelming evidence has shown that “hearing loss is associated with cognitive impairment, depression, anxiety disorders, and psychoses.” Because of the hearing loss-mental health relationship, members of the CT Ear, Nose and Throat Society believe there is an immediate need to address the accessibility of mental health services.

Luis Perez, President and CEO, Mental Health Connecticut (MHC)
Kathleen Flaherty, Executive Director, CT Legal Rights Project

They support this bill because the lack of language-appropriate and culturally affirmative access to mental health services have severely detrimental impacts on individuals. Mr. Perez notes that telehealth expansion has been, and will be, an important support for D/HH/DB

individuals. He points out that the \$100,000 allocation for “startup costs” will not result in the structural needs required to improve access to services. Mr. Perez requests that Peer Support hiring/training is part of the statewide mental health program, as it is a key component in the recovery process. He also believes there must be provisions allocated for D/HH/DB elders who age out of the system.

Melissa Render supports this bill. Ms. Render explains her first-hand experience seeking mental health services in her community. Since there were no Deaf therapists in her area, she moved to Hartford to receive the care she desperately needed. Ms. Render believes that the state needs to increase Deaf services across the state because many individuals simply cannot access the care they need. She comments on the importance of having access to a Deaf therapist who understands Deaf culture, rather than relying on an interpreter.

NATURE AND SOURCES OF OPPOSITION:

None expressed

Reported by: Gianna Vollano

Date: April 12, 2021