

March 2, 2021

TESTIMONY SUPPORTING SB-572:
AN ACT CONCERNING COMMUNITY CRISIS RESPONSE TEAMS
AND REENTRY CENTERS

Dear Co-Chairs Senator Osten, Representative Walker, Vice-Chairs Senator Hartley, Representative Dathan, Representative Nolan, Ranking Members Senator Miner, Representative France and all distinguished members of the Appropriations Committee:

My name is Debra Trueax and I am a registered voter in the Town of Wethersfield. I am writing to support funding for alternative options for people who experience a mental health crisis- options other than going to the emergency department or other restrictive hospital settings and in many cases involving a 911 police response. **I write in ardent support of funding of Five Peer Respite houses in each mental health district in CT.** Peer respites, as a needed option for the community, offers a safe, welcoming environment, staffed by trained professionals with lived experience who can offer the individual a chance to work through a crisis in a supportive, least restrictive, dignity-affirming way. It is exactly the help I could have used, over the many years I wanted and needed help- but was not there. I ask for support of this vital service through initial and sustained funding to meet the needs of so many like me.

I am a person who has experienced a number of mental health crises which was made much worse by believing I had no other community-based options than going to the hospital. For me, reaching out to family and friends was not helpful--many people in our lives who have not experienced this type of crisis can't understand.

When I moved to CT newly married and soon after with two small children, leaving them to get help was an impossible choice. If I had someone or somewhere to go in my community- to talk, to be heard about the torment I was feeling living with a spouse whose drinking was out-of-control and in an environment that was unhealthy for me and the children- talking to "authorities" or presenting at the hospital, I considered, would invite in a DCF investigation and further crisis for me and the children. And within the current system, entering into the mental health system would require I be given a diagnosis of a disorder- simply for asking for help. I knew I did not have the skills to cope alone with my situation and I simply needed help to find those skills. I did not need a diagnosis, or confinement. When entering into the system, being labeled with a disorder and subsequently being treated as a sick, broken person is further damaging and the opposite of the kind of support and encouraging environment that can exist as a service.

For many years, sincerely wanting to get better, I was in and out of traditional services at great cost financially and in terms of the toll on my children- and my productivity. I learned eventually that speaking with someone who has a shared experience was most profoundly helpful to me. What I needed is what we can create-- a peer-respite house. If you all consider the cost of an emergency room visit, psychiatric stays and 45-day treatment programs--on the tax-payers' dime, imagine the savings in cost of hundreds of people getting what they need- comfort, safety and space to learn and heal, within their community setting. Imagine the savings in terms of human dignity. When I learned from another that I could be heard and that I could develop self-efficacy skills to take care of myself and my family--I returned to living and giving as a productive mother, employee and community member. That is the ideal goal of healthcare. I support the funding of Five Peer Respite that accept that people are not necessarily sick when experiencing a crisis- rather we are humans who can be there for each other in deliberate, intentional ways- within the community, in partnership with others. Thank you for reading my testimony.