

**Testimony of Patricia A. Rehmer, M.S.N., Commissioner
Department of Mental Health and Addiction Services
Before the Human Services Committee
February 23, 2010**

Good morning, Sen. Doyle, Rep. Walker and distinguished members of the Human Services Committee. I am Patricia Rehmer, Commissioner of the Department of Mental Health and Addiction Services, and I am here to speak on the following bills before you today:

- **H.B. 5067, An Act Concerning the Transition of Care and Treatment of Children and Youth from the Department of Children and Families to the Department of Mental Health and Addiction Services**
- **S.B. 140, An Act Concerning Youth Transitioning between the Department of Children and Families and the Department of Mental Health and Addiction Services,**
- **H.B. 5144, An Act Concerning the Operation of Riverview Hospital and Connecticut Children's Place**
- **S.B. 32, An Act Implementing the Governor's Budget Recommendations Concerning Social Services**

We have concerns regarding S.B. 140 and H.B. 5067. Connecticut began providing services to young adults who were aging out of the DCF system in 2000, both as a matter of agency policy and also because it became apparent that many of these young people were leaving DCF without being systematically referred to DMHAS for their ongoing treatment needs. DMHAS began its collaboration with DCF and started the program with a very small number of individuals who had significant service needs. This program— known as Young Adult Services or YAS— has become the major driver in the DMHAS budget, and the individuals we are now seeing have extraordinarily complex service needs, requiring age and developmentally appropriate strategies. The number of young adults requiring our services has increased more than 1,000-fold since the program's inception and continues to increase.

At present, the Young Adult Services program is stretched for resources. It has grown considerably over the last 10 years, and we expect that expansion to continue as greater numbers of young adults

needing behavioral health services and supports enter our system. Specifically, the YAS budget has grown from \$5,379,810 in FY2000 to \$39,673,367 in FY2009, an increase of 637%. Estimates for new cases from DCF in FY10 and FY11 are for 185 additional young adults to enter our system each year, and there are no indications that the rate of referrals from DCF will ebb at any point in the foreseeable future.

Young adults currently in or projected to enter our system are individuals who have very complicated treatment needs. The clinical profiles and service needs of most of young adults admitted to DMHAS' Young Adult Services (YAS) is far more complex than was anticipated when YAS was initially established. They are not our traditional client population, and we are still learning every day about the new challenges they pose and the resources that are required to meet their service needs. S.B. 140 and H.B. 5067 would require us to allocate resources currently not available for additional services and data collection. In actuality, the funding we are currently allocated will barely cover existing services for the individuals already identified.

We must also oppose **H.B. 5144, An Act Concerning the Operation of Riverview Hospital and Connecticut Children's Place**. DMHAS is in the midst of a major systems' reconfiguration which requires considerable time and careful attention. We are in the process of developing individualized community opportunities for a number of individuals who have been in our inpatient settings and who are clinically ready for community living. We are expanding community opportunities for individuals with Acquired and/or Traumatic Brain Injury and are working with DSS to transition this population to a federal waiver. And, as mentioned earlier in my testimony, we are working diligently to manage the burgeoning Young Adult Services population and meet their unique service needs. Now is not the time to ask us to look at serving another population with which we have had no previous experience and one that, frankly, would be shortchanged if it were to be moved to DMHAS at this time.

For the foregoing reasons, we have no alternative but to oppose S.B. 140, H.B. 5067 and H.B. 5144 at this time.

Lastly, DMHAS supports Sec. 28 of **S.B. 32, An Act Implementing the Governor's Budget Recommendations Concerning Social Services**. This language would allow DMHAS to certify general hospital beds for intermediate care. This will create opportunities for individuals with psychiatric disabilities to be served in local general hospitals when they need inpatient psychiatric care lasting longer than 7 to 10 days. The use of intermediate beds in general hospitals will reduce the demand on state inpatient psychiatric beds, will sustain current inpatient capacity, and will generate additional Medicaid revenue.

The nature of mental illness is such that oftentimes individuals need to be in treatment for a longer period than that which is currently reimbursed by Medicaid. In order to allow for Medicaid payment for this care, we are currently working with DSS on a state plan amendment that would give designated general hospitals the ability to serve an individual with a psychiatric disability for an average length of stay of 45 days. This model is very similar to that which is utilized by the Burn

Unit at Bridgeport Hospital and the Transplant Unit at Hartford Hospital. This would relieve some of the demand on DMHAS beds and allow for federal match on these expenditure.

Thank you for the opportunity to address the Committee today on these four bills. I would be happy to answer any questions you may have at this time.