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To: Members of the Committee on Human Services

From: Karyl Lee Hall, Esq.

Date: February 24, 2009

Re: Support for Committee Bill No. 5416

Good afternoon. My name is Karyl Lee Hall and I am a staff attorney with the Connecticut Legal Rights Project (CLRP). CLRP is a statewide non-profit agency that provides free legal services to low income adults with psychiatric disabilities on matters related to their mental health and civil rights. On behalf of the Connecticut Legal Rights Project, Inc ("CLRP"), I am writing to express our support for Committee Bill No. 5416 because it provides continuity in housing and treatment for young adults receiving state services. Our organization represents many young adult clients with psychiatric disabilities who have transitioned from the Department of Children and Families ("DCF") to the Department of Mental Health and Addiction Services ("DMHAS"). To say that these young adults represent a challenge to the agencies is a vast understatement. They are vulnerable because of their age, because of their diagnosis and because of their histories, which almost without exception, are heartbreaking and bleak. For those reasons and others, our experience suggests that the efforts of both DCF and DMHAS to provide effective treatment to young adults in Connecticut are largely unsuccessful. The pilot program by Bill No. 5416 would allow the agencies to test more coherent and comprehensive methods of treating young adults in the following ways:

1. The pilot will provide an interagency team, licensed for the treatment of both children and adults. This simple change will help to eliminate the switch in treatment personnel that commonly occurs when a young adult transitions from the child-oriented treatment administered by DCF into adult-oriented treatment administered by DMHAS. That rupture is counter to the goal of clinical engagement because it often causes disorientation and confusion and eliminates existing clinical relationships.

2. The pilot will seek to create treatment models that allow young adults to stay in supportive settings obtained under DCF custody during the transition period instead of having to relocate to different settings when under the care of DMHAS. In our opinion, such flexibility will allow the young adults programs to focus on patient-centered treatment with less distraction from jurisdictional issues.

We would also like to point out that one of the important aspects of the reporting mandated by Committee Bill No. 5416 is that DCF and DMHAS will be required to provide significant information concerning the pilot before its implementation. This will increase the likelihood that the opportunity provided by the pilot will be fully utilized by the agencies and that their plans will be vetted by the legislature and the public.