



STATE OF CONNECTICUT

OFFICE OF THE CHILD ADVOCATE

999 Asylum Avenue, Hartford, Connecticut 06105

5230

Jeanne Milstein
Child Advocate

Good morning Senator Doyle, Representative Walker, and members of the Human Services Committee. My name is Jeanne Milstein and I am the Child Advocate for the State of Connecticut. I appreciate the opportunity to testify in support **Raised Bill No. 5230, An Act Concerning A Pilot Program To Provide Housing And Services For Transitioning Young Adults.**

This bill would require the Department of Children and Families (DCF) and the Department of Mental Health and Addiction Services (DMHAS) to develop and implement a pilot program to provide age-appropriate housing and services to youth and young adults to transition between the agencies without the need to change housing and treatment providers.

Despite the existence of an interagency agreement between the DCF and DMHAS establishing protocols for transitioning youth from the care of DCF to DMHAS, youth with serious mental health needs continue to fall through the cracks. The memorandum of agreement between DCF and DMHAS includes few timeframes and is often not followed. For example, while the MOA states that youth who may require transition from DCF to DMHAS should be referred at the age of 16, DMHAS continues to receive referrals for youth who are 17, 18, and sometimes 19 years old. Once youth are referred, it can take as much as 8 months before DMHAS determines whether the youth may receive services and several more months before a transition meeting occurs. Even when youth are referred and transition meetings occur, transition plans are often not implemented or poorly implemented. Youth who have been in residential settings for years deteriorate in those settings as they contemplate their uncertain futures. Often, when youth transition into DMHAS care, they do not have the skills to be successful in the types of placements currently offered through DMHAS. Sadly, some of these youth become homeless and/or incarcerated. Tragically, in 2007, one such youth was murdered by several other youth in a DMHAS program for young adults. All of the youth had been involved with DCF prior to transitioning to DMHAS.

Youth who age out of DCF care and require services from DMHAS have frequently grown up in DCF care. All have significant mental health needs. Many have lived in residential treatment settings for years. Because of their mental health needs, often resulting from traumatic experiences at very young ages, they have not had an opportunity to experience typical adolescence or to learn basic living skills. They need to be taught how to set an alarm clock, earn money, buy groceries, cook food, pay bills, and use public transit. Most have no permanent adult connection, no relatives, and few friends. They need to be connected with adults upon whom they can rely for support – emotional, moral, and financial. To transition successfully to adulthood, each youth needs a carefully designed transition plan that outlines how and when they will receive

Phone (860) 566-2106 • Toll Free (800) 994-0939 • Fax (860) 566-2251

Web Site: www.ct.gov/oca • E-Mail: Jeanne.Milstein@ct.gov

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skills training, services, and supports tailored to their individual needs. These plans must be made as early as possible; the youth must be engaged; and youth need to know where they are going to live and who they can depend on when they leave DCF care.

Over the last few years, my office has worked extensively with a growing number of youth in the process of transition. Last year, one young lady had absolutely no idea where she would be living until only a few weeks before her 18th birthday. Even when a placement was identified, no one could tell her when she might be able to go there because DCF and the provider had to negotiate a rate. The uncertainty caused her to deteriorate. After 2 ½ years in Riverview Hospital, and after having made great progress over the prior year, this youth resorted to self-injurious behaviors, in which she had not engaged for over 8 months, just days before her 18th birthday, resulting in hospitalization. Only then did DCF finally reach an agreement with the provider and discharge her to an adult setting. This young lady is one of many. This is simply unacceptable and it cannot continue.

Proposed Bill No. 5230 would require both agencies to give children who will transition to DMHAS stability and continuity. Having a living setting where youth can live prior to aging out of DCF care and remain when they age out, make friends, keep the same mental health provider, and develop basic life skills would have a tremendous impact. Youth could be identified early. Staff at DMHAS would develop relationships with youth prior to their transition to DMHAS. Youth would have an opportunity to transition, in the full sense of the word, into adulthood.

That is why I strongly support Proposed Bill No. 5230.

Thank you for the opportunity to testify. I would be happy to answer any questions you may have.