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**KEEP THE PROMISE COALITION**  
**Community Solutions, Not Institutions!**  
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**Testimony before the Human Services Committee**

**February 24, 2009**

**In Favor of: HB 5416 & HB 6415**

Good morning/afternoon Senator Doyle, Representative Walker, and members of the Human Services Committee. My name is Cheri Bragg, Coordinator of the statewide Keep the Promise Coalition. The Coalition is dedicated to the creation and expansion of community mental health services and housing needed to address the crisis in mental health services in our communities.

The Coalition is in favor of two bills before you today: HB 5416 & HB 6415. The first bill, HB 5416, concerns the transition of care and treatment of children from DCF (Department of Children and Families) to DMHAS (Department of Mental Health and Addiction Services). This bill would require those agencies to develop and implement interagency agreements to ensure that young adults with mental illnesses transition appropriately. It would set specific timelines for the process and require transition meetings to identify services needed for these youth to develop the skills necessary to transition to adulthood and engage in the mental health system. It would also require the commissioners to jointly assess and plan for the anticipated service needs and to submit a report to the Human Services and Appropriations Committees and the Select Committee on Children describing the transition process.

In addition, HB 5416 would, utilizing existing funds, develop and implement an interagency pilot program, administered jointly by the departments, that would provide age-appropriate housing and services to youth and young adults that allows them to transition between departments without the currently mandated changes to their housing or services at age 18. This pilot would include interagency staff with expertise in adolescent and young adult behavioral health. Participants would be young adults aged 16 years of age by October 1, 2009 who will transition to DMHAS and who will require intensive interventions in order to acquire the adult living skills necessary for successful community living. Core components include continuity of housing, services, and staff and interdisciplinary services that address the young adults' individual developmental needs including education, vocation, socialization, mentoring, recreation, independent living skills and treatment for behavioral health needs, including trauma and addiction. There are reporting requirements including findings and outcomes in accordance with the legislative emphasis on results-based accountability.

Without a planned, thoughtful transition plan in place, many youth and young adults walk away from services at or before age 18. Without needed services, many end up homeless or in jail or prison. If you take into account the fact that SAMHSA estimates that 29% of

young adults with serious mental illness aged 18-26 are parents, we must also acknowledge that we are affecting new, young families who have added needs for support. Without continuous services, DMHAS is faced with an influx of adults and young adults with more complex needs than they might otherwise have. The Governor acknowledged the alarming increase in need for young adult mental health services by proposing funding in the DMHAS budget. Planned transitions would help ensure that services are as smooth and cost-effective as possible.

I attended a meeting with families of youth last week. A parent told me that she has been trying to get a transition plan in place for many months for her daughter who is now 17. She never receives calls back and is increasingly concerned about how her daughter will make the transition to DMHAS services upon turning 18. This story underlines the fact that while a Memorandum of Understanding is in place, transition services are not always happening. Something more is needed and we urge you to consider HB 5416 to address this problem.

We are also in favor of HB 6415, an Act establishing a PILOT program for DCF to place abused and neglected children in the care of families rather than institutions. This bill would improve outcomes for children in custody of DCF and realize cost savings to the state by placing children in a family setting with qualified foster parents or relative caregivers rather than in expensive institutions such as group homes, hospitals, state institutions, and other residential treatment facilities. This pilot program allows for children already in institutional settings to be transferred into family settings and requires DCF to submit a report concerning the results to the Appropriations Committee and the Select Committee on Children. Keep the Promise Coalition reminds everyone of the cost savings already realized since the mid 1990's when roughly 90% of CT's children in need of behavioral health services were in expensive residential settings or institutions, hundreds even placed out of state. Connecticut was spending money on crisis, not recovery. Although there have been improvements, we can still do a better job of ensuring that children and youth that can be served in the home or in a less restrictive community setting receive their care there rather than in expensive institutional settings.

Connecticut's mental health systems must address the critical needs of the individuals and families who require services in the least costly and least restrictive settings possible for the wellbeing of people and communities. Unnecessary incarceration and institutionalization continue. We continue to be a costly, crisis-responsive system rather than a cost-effective, preventative system. We cannot afford to keep doing business this way.

Thank you for your time today. I would be happy to answer any questions you might have.