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GOVERNOR

# STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH  
AND ADDICTION SERVICES  
*A HEALTHCARE SERVICE AGENCY*

PATRICIA A. REHMER, MSN  
COMMISSIONER

## **Testimony of Patricia A. Rehmer, MSN, Commissioner Department of Mental Health & Addiction Services Before the Appropriations Committee February 18, 2010**

Good afternoon, Sen. Harp, Rep. Geragosian and distinguished members of the Appropriations Committee. I am Patricia A. Rehmer, Commissioner of the health care services agency known as the Department of Mental Health and Addiction Services.

I am pleased to be here to discuss the Governor's proposed budget for FY 2011. As Connecticut continues to deal with its budgetary problems, the department remains committed to its core mission of promoting wellness, preventing illness, and developing a recovery-oriented system of care for people with serious psychiatric and substance use conditions. This budget continues to preserve our safety net function and allows us to respond to our mission and meet the goals stated above.

The Governor's Recommended FY 2011 Budget for DMHAS provides increased caseload growth for our General Assistance Behavioral Health Program and maintains the funding for an anticipated increase in the Young Adult population. This budget also provides annualized funding for community placements and the development of intermediate care bed capacity needed to support the closure of Cedar Ridge Hospital.

Let me take a moment to describe some of the significant recommendations in the budget:

- The \$5.8 million annualization for community placements funds: These funds will be used to facilitate the discharge of patients who no longer meet the inpatient level of care criteria from our inpatient facilities into individualized community placements and to develop intermediate care capacity in general hospital settings.
- Additional funding for caseload growth in the General Assistance Behavioral Health Program account to support caseload growth beyond the 7% originally budgeted for FYs 10 and 11.

Recommendations for the Proposed Services reconfiguration include:

- The closure of Cedar Ridge Hospital. This will result in a bed reconfiguration plan to move 53 beds to the CVH campus, 10 beds to Greater Bridgeport Mental Health Center, and the transition of 40 clients within the DMHAS system to the community with the discharge dollars explained above. The department is acutely aware of the impact of this proposal on patients, families, staff and communities and will continue to work with all stakeholders to ensure their input during this transition.
- A proposed reduction to the Connecticut Mental Health Center in the amount of \$1.2 million by eliminating funding for research.

Other reductions to the DMHAS budget are the result of savings related to the reconfiguration and service model enhancements the department initiated in the first year of the biennial budget that will continue to be achieved in the second year of the biennium.

- Additional savings will be realized by a shift from Partial Hospitalization to Intensive Outpatient in the General Assistance Behavioral Health Program — \$316,000.
- Savings will also be achieved by eliminating redundancy between Methadone Maintenance co-occurring screening contracts — \$251,000; elimination of Child Study contract — \$124,000; and reduction of administrative functions of the Eastern Region Service Center — \$280,000.

Thank you for the opportunity to address the Committee today. In these difficult fiscal times, the budget before you allows DMHAS to continue to transition individuals who are clinically ready for community living into the community, meet the needs of a growing Young Adult service population and continue to work in partnership with our provider community in delivering services and supports to an expanding population presenting through the General Assistance Behavioral Health Program. We will be happy to take any questions you may have at this time.