



**STATE OF CONNECTICUT**  
*DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES*  
*A Healthcare Service Agency*

M. Jodi Rell  
Governor

Patricia A. Rehmer, MSN  
Commissioner

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**Testimony of Patricia A. Rehmer, MSN, Commissioner**  
**Department of Mental Health and Addiction Services**  
**Before the Executive and Legislative Nominations Committee**  
**March 2, 2010**

Good afternoon Chairpersons Looney and Janowski, Ranking Members McKinney and Piscopo and other distinguished members of the Executive and Legislative Nominations Committee. I am Patricia Rehmer, Commissioner of the Department of Mental Health and Addiction Services. It is an honor to have been nominated by Governor Rell to serve as Commissioner of the Department of Mental Health and Addiction Services, a health care agency that provides services throughout Connecticut to individuals with psychiatric and substance use disabilities, and I appreciate the opportunity to appear before your committee today.

I would like to begin my remarks by thanking Governor Rell for selecting me for this position and then share a bit of background information with you about myself.

My career in Behavioral Health Care began in 1982 as a staff nurse at the Institute of Living (IOL). Over the ensuing 17 years, I have worked in a variety of capacities in many different settings – including inpatient, partial hospital, and outpatient – ultimately being named Clinical Director of the Institute of Living with responsibility for overseeing all clinical behavioral health operations for children, adolescents, adults and geriatric patients at all levels of care. During this time period, the Institute of Living underwent a merger with Hartford Hospital, giving me the opportunity to work with the public sector as a result of programs that served individuals through contracts IOL had with DMHAS.

In 1999, I was asked by then-Commissioner Dr. Albert Solnit to join DMHAS as the Chief Executive Officer of Capitol Region Mental Health Center, where I had responsibility for overseeing a staff of 250 individuals delivering services to 1,200 clients, as well as providing leadership to 17 affiliate agencies to ensure that access and appropriate behavioral health services were available in the greater Hartford region.

In 2003, Commissioner Thomas Kirk asked me to join his executive group as Director of Behavioral Health Care Operations to assist with strategic planning and clinical program design to ensure that

value-driven, cost-effective care was available throughout the state. I was able to draw upon my private sector, hospital and state facility experience while evaluating bed utilization across the agency's system of care, including expanded use of acute care contracts to ease system gridlock.

In 2004, Commissioner Kirk appointed me as Deputy Commissioner to continue to work closely with him in restructuring the agency's service system to ensure that services were delivered in a recovery-oriented manner. As Deputy Commissioner, I had lead oversight for directing the following DMHAS initiatives: (1) acute care/hospital services; (2) trauma services; (3) a 5-year, multi-state-agency partnership to transform Connecticut's mental health service delivery; (4) housing; (5) Young Adult Services; (6) gender-specific services; (7) vocational/ employment services; and (8) recovery focus for our behavioral health system.

A recovery-oriented system goes beyond "symptom relief." It strives to assist individuals in achieving satisfying, meaningful, and productive lives in their communities. The impact of these efforts, when successful, benefits not only individual clients, but also contributes to the well being and economic health of the communities in which they reside and the State of Connecticut overall. As an example, as DMHAS has moved to a recovery-oriented focus, we have seen consistent gains in employment among the people we serve, moving from just 20% in 2001 who were able to obtain, increase or maintain employment in the community, up to 38% in 2009. This was an increase of 90%. I want to thank our service providers, their staff, other state agency collaborators, and Connecticut employers for their contributions to this success. I am personally committed to building on this achievement and to improving opportunities for education and employment among those receiving services from our agency.

Our efforts to transition the department to a more recovery-oriented focus are guided by the input and life experiences of those whom we serve, as well as their families, loved ones and their allies in the advocacy community. In their 2009 "Grading the States Report," the National Alliance on Mental Illness awarded Connecticut an "A" in the category of Consumer and Family Empowerment. This honor is particularly noteworthy in that it was the only grade of "A" awarded to any state mental health system in any category; thus, it is an achievement of which every member of the DMHAS community should be proud.

In 2005 I was appointed as Chairperson of the Mental Health Transformation Grant, a 5-year, \$13.65 million award received from the Substance Abuse and Mental Health Services Administration. DMHAS is the lead agency on the grant, working in collaboration with 14 state agencies and the Judicial Branch with the goal of transforming the mental health system of care in Connecticut. This position has afforded me the opportunity to accelerate the redesign of Connecticut's mental health system into a recovery-oriented format and to facilitate the transformation change called for by the President's New Freedom Commission. Some benefits from this collaboration include strengthened involvement with the recovery community and closer relationships with our state agency partners for mutual benefit, as well as achievements in the areas of workforce development, technology improvement, expanded roles for consumer, family, and youth in policy development and quality

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improvement, public awareness campaigns to reduce prejudice and discrimination, health and wellness initiatives, and many other initiatives that address the behavioral health needs of Connecticut's citizens across their lifespan. It is my intention to sustain and expand upon the gains we have made to date in all of these areas. Again, I wish to express my appreciation to each and every person who has helped to achieve the gains realized under this grant.

The DMHAS system is responsible for all levels of care provided throughout Connecticut to our target population — including, but not limited to: inpatient beds, partial hospital programs, outpatient services, recovery services, housing, transportation, case management, Assertive Community Treatment teams, etc. The list is extensive. As Deputy Commissioner, it was my responsibility to ensure that when an individual needs any level of care, we can make it available. Critical to the success of having care available when it is needed is ensuring that individuals are able to move to less restrictive care settings as they are well enough to do so. The task is really one of ensuring that people have access to the right level of care, at the right time, in the right amount. This demands a system that is flexible, can wrap supports around individuals in the community, and can increase or decrease those supports as needed.

It is my hope to hire more individuals in recovery as peers to assist us with this work. People who have traversed the road toward their own recovery can often provide valuable insight in assisting service providers and those in need of care on their journey toward recovery.

Our partnerships with other state agencies and our private not-for-profit providers are increasingly important in these difficult fiscal times. The department has a strong history of working well with our sister state agencies — including the Departments of Correction, Children and Families, Developmental Disabilities and others, as well as the Judicial Branch. Our collaborations on prison and jail overcrowding initiatives, serving Young Adults and meeting the needs of a population with multiple disabilities, are models that place Connecticut on the “cutting edge” nationally and which are being replicated in other states. We are justifiably proud of our accomplishments to date.

The private not-for-profit agencies with which we contract for services are integral partners in our treatment system. They have worked side by side with us in realigning service delivery to ensure that we can provide services that are both evidence-based and cost-effective. Many of these agencies may be the only service provider in their area of the state; thus, we must continue to work closely with them to ensure the availability of needed services throughout Connecticut.

Over the years, DMHAS has excelled at supplementing state resources and services through successful competition for federal grants. Thus far in FY10, we have obtained approximately \$12 million in new federal funding to support implementation of innovative enhancements to Connecticut's behavioral health system. These funds will enable the department to expand our prevention and treatment capacity, enhance recovery-oriented services, and address the needs of high-risk individuals, including criminal justice populations. Federal funds offer DMHAS the opportunity to dramatically move our system and services toward a value-driven, culturally responsive, and recovery-oriented system of care. Under my administration, I pledge to continue strong emphasis on pursuing available federal resources to the fullest extent possible.

In closing, I would add that my entire professional career has consisted of positions of increasingly greater responsibility in the health care industry — and, in particular, in the provision of psychiatric and substance use disorder services — the last 11 years of which have been with DMHAS. I pledge to follow in the footsteps of my predecessor, Dr. Kirk, in helping those whom we serve to achieve their highest potential in terms of recovery. I respectfully ask for your confirmation of my appointment so that I can continue that work. Thank you and I'd be happy to answer any questions you have.