



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

M. Jodi Rell
Governor

Patricia A. Rehmer, MSN
Commissioner

Memorandum:

TO: Government Administration and Elections Committee

FROM: Patricia Rehmer, MSN
Commissioner

DATE: March 17, 2010

SUBJECT: **S.B. NO. 424 AN ACT CONCERNING AGENCY CONSOLIDATION AND THE CREATION OF THE HEALTH AND HUMAN SERVICES CONSOLIDATION STEERING COMMITTEE**

Senator Slossberg, Representative Spallone and distinguished members of the Government Administration and Elections Committee. Thank you for the opportunity to provide written testimony on **SB 424 AN ACT CONCERNING AGENCY CONSOLIDATION AND THE CREATION OF THE HEALTH AND HUMAN SERVICES CONSOLIDATION STEERING COMMITTEE**.

Department of Mental Health and Addiction Services (DMHAS) is a health care agency that is dedicated to serving the needs of persons with psychiatric disabilities and substance use disorders. We serve approximately 90 thousand individuals a year in our system of state-operated and not for profit providers. While we appreciate the intent of the bill before you today we have some concerns that we would like to share with the committee before you move forward on this proposal.

There have been a number of studies done over the last few years about the pros and cons of creating one mega human services agency versus single state agencies serving the needs of certain individuals. The results are mixed and we believe that there is no empirical evidence on either side of this equation. The one piece of evidence that is clear is that whatever changes are made, you do not want to lose the expertise and clinical sensitivity to the individuals served by the agencies you are proposing to merge. A case manager from DMHAS is not interchangeable with a case manager from DDS or DCF or DSS. Our missions are separate and distinct. Our populations have different needs that require individuals providing services to them that understand the differences. We do not believe that we will serve the clients well by thinking that we can interchange one case manager with another or a clinician that has experience with individuals with developmental disabilities with a clinician that serves people with psychiatric disabilities.

We would also have concerns about how decisions are made within a mega human services agency. Where would the buck stop when making decisions about these very different populations? How quickly can one silo respond to a crisis or requests for information if there are new layers above them that did not exist before? We understand that the intent of this bill would be for the agencies to suggest how these issues would be handled, but frankly in this very challenging fiscal environment, DMHAS would prefer to spend its time and energy on insuring access to inpatient beds and quality community services for the people we serve. Thank you for your time and attention to this matter.