



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

Commissioner

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

Good afternoon Chairpersons Looney and Janowski, Ranking Members Fasano 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 Malloy to serve as Commissioner of the Department of Mental Health and Addiction Services, a health care agency that provides services throughout Connecticut to over 100 thousand individuals with psychiatric and substance use disabilities on an annual basis. I appreciate the opportunity to appear before your committee today.

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

I began my career in Behavioral Health Care at the Institute of Living (IOL), where over a period of 17 years I held a variety of positions, including head nurse, Program Director for Partial Hospital, Director of Adult Programs, and Clinical Director of Operations. My clinical responsibilities included inpatient, outpatient, partial and residential services for Children/Adolescents, Adults, and Geriatric patients.

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. I applied my experience with general hospitals, private sector and state facilities to assess the use of all DMHAS-operated hospital beds, resulting in recommendations for more clinically appropriate and fiscally responsible utilization of state beds.

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. Since November 2009, I have served as DMHAS Commissioner.

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During my tenure as Commissioner and Deputy Commissioner, I have worked in partnership with individuals in recovery, families, advocacy groups, and service providers to ensure that individuals have a meaningful life in the community. 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, I had 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 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.

Our efforts in transforming Connecticut's mental health system were recognized in 2009, when the National Alliance on Mental Illness, in their "Grading the State Report" 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.

Our partnerships with other state agencies and our private not-for-profit providers are increasingly important. 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.

Under my administration, much emphasis has been placed on maximizing federal resources, including leading conversion of the State Administered General Assistance Behavioral Health Program, in partnership with the Department of Social Services, to the Medicaid Low Income Adult expansion. This conversion went into effect on April 1, 2010, with Connecticut being the first state in the country to implement. Additionally, I've led DMHAS' implementation of the Medicaid Rehabilitation Option for individuals in group homes and the Home and Community Based Waiver to move individuals with behavioral health disorders who do not need nursing home care into the community.

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Over the years, DMHAS has excelled at supplementing state resources and services through successful competition for federal grants. Thus far in FY11, we have obtained approximately \$15 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.

DMHAS has undertaken many new initiatives in the past year. We successfully closed Cedar Ridge Hospital in Newington, moving over 40 individuals back into the community with an array of community living services and supports.

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.

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, community support programs, Assertive Community Treatment teams, etc. The list is extensive. As Commissioner, it is 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 embed 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.

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 12 years of which have been with DMHAS. I pledge in continuing to help 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.