



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

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Governor

Patricia A. Rehmer, MSN  
Commissioner

**Testimony of Patricia A. Rehmer, M.S.N., Commissioner**  
**Department of Mental Health and Addiction Services**  
**Before the Human Services Committee**  
**March 1 , 2011**

Good morning, Sen. Musto , Rep. Tercyak and distinguished members of the Human Services Committee. I am Patricia Rehmer, Commissioner of the Department of Mental Health and Addiction Services, and I am here to speak on **SB 959 AN ACT CONCERNING THE TRANSITION OF YOUTH FROM THE DEPARTMENT OF CHILDREN AND FAMILIES TO THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES.**

Connecticut began providing services to young adults who were aging out of the DCF system in 2000, both as a matter of agency policy and also because it became apparent that many of these young people were leaving DCF without being systematically referred to DMHAS for their ongoing treatment needs. DMHAS began its collaboration with DCF and started the program with a very small number of individuals who had significant service needs. This program— known as Young Adult Services or YAS— has become the major driver in the DMHAS budget, and the individuals we are now seeing have extraordinarily complex service needs, requiring age and developmentally appropriate strategies. The number of young adults requiring our services has increased more than 1,000-fold since the program's inception and continues to increase.

Young adults currently in or projected to enter our system are individuals who have very complicated treatment needs. The clinical profiles and service needs of most of the young adults admitted to DMHAS' Young Adult Services (YAS) is far more complex than was anticipated when YAS was initially established. They are not our traditional client population, and we are still learning every day about the new challenges they pose and the resources that are required to meet their service needs. S.B. 959 would require us to allocate resources currently not available for additional services and data collection. In actuality, the funding we are currently allocated will barely cover existing services for the individuals already identified much less the additional data requirements set out in the legislation before you.

Much of this bill focuses on tracking information on referred youth at age 16 - the truth is, we are minimally involved with these individuals at age 16. We receive the referrals on some of the 16-year olds and are sometimes able to get updates from DCF regarding the individual's progress but we do not determine eligibility until much closer to age 18. We would also like to point out that these young adults can and do refuse services offered to them through the YAS programs. The legislation before you does not account for those individuals that do not want our involvement in their lives.

I do not want to leave you with the impression that we do not collect any data regarding this program. Within the resources of our program we can tell you how many people we serve, who has been denied services, and the average length of time between someone turning 18 and that same individuals getting appropriate placement. But to be honest with you, we do not have the ability to produce much more than that. As an example, we received a request from the Office of Fiscal Analysis about individuals served by the YAS program who currently have involvement with the criminal justice system. We had to poll each program, look up each record individually, and compile the list. It took us 3 weeks to get that information. It was not a simple task and the numbers we gave to OFA a little over a week ago, will not be the number we give today and would require the same work on our part.

The requirements set out in this legislation are not possible for us to meet without new resources, including an electronic medical record for all the individuals being served in the program and a new understanding that DMHAS would be working with and managing the care provided to someone at 16 years of age as opposed to the age of 18 as is now in the statute. We do not have the clinical or financial resources to accomplish that goal

I thank you for your time and attention and would be happy to take any question at this time