

To: Members of the Committee on Human Services

From: Karyl Lee Hall, Esq. Connecticut Legal Rights Project, Inc.

Date: March 1, 2011

Re: Raised Bill No. 959

On behalf of the Connecticut Legal Rights Project, Inc. ("CLRP"), I am writing to express our support for Raised Bill No. 959. Our organization is a statewide non-profit agency that provides free legal services to low income adults with psychiatric disabilities which represents many young adult clients with psychiatric disabilities. A large number of these clients have transitioned from the Department of Children and Families ("DCF") to the Department of Mental Health and Addiction Services ("DMHAS"). Among them is a significant subset of especially fragile individuals who are moving from an institutional setting under DCF's jurisdiction to an institutional setting under DMHAS's jurisdiction. It is no doubt accurate to say that youths transferring to DMHAS who are already being treated inpatient are in a more acute phase of their illness than those who have been discharged and are being treated in the community and are especially in need of good transition planning.

1. DCF SHOULD CONTINUE TO PROVIDE SERVICES TO CLIENTS WHO HAVE NOT COMPLETED THEIR TRANSITION PLANNING.

It is our experience that an unacceptable number of these especially fragile clients are ill prepared for their transfer from DCF institutions and experience unnecessarily stressful transitions that impair their progress toward recovery. A major reason for the lack of transition support services for individuals admitted to DMHAS facilities, especially the Young Adult Unit at Connecticut Valley Hospital, is that DCF is insisting on the transfer of youths at age 18 whether or not that individual has received the services that will enable him or her to successfully adapt to the new setting. This practice allows DCF to use the age factor to delay or

ignore transition planning requirements and to transfer fragile clients without the appropriate supports. The results are injurious.

A Memorandum of Agreement, signed by both agencies in 2006, directs DCF to provide DMHAS with the names of potential transitioning clients at age 16. It directs DCF to focus on increasing the youth's Independent Living Skills. Finally, it directs DCF to provide extensive information to DMHAS about each transitioning client. Early in this process where there are complex clinical issues that affect transition, DMHAS and DCF are directed to meet and work together to produce a written transition plan that will address the client's individual needs, a process that includes an opportunity for the client to participate in the planning. Especially where the client is transitioning from one in-patient setting to another, it is essential that the client know where he or she will be living and who the new treating staff will be. Given the difficulties associated with even the best transitions, it is also advisable to allow the transitioning individual to begin to make connections to new staff before the final transfer, and to become familiar with the structure and rules of the new program. Good transition planning allows DCF facilities to support and prepare the client for change and for DMHAS to work with the client to accommodate his or her needs ahead of time, not after a chaotic and precipitous transition.

DCF and Riverview Hospital for Children and Youth ("Riverview") staff have routinely discharged clients to Cedarcrest who have not been adequately prepared using the excuse that "licensing" requirements necessitate a patient's transfer on or before her eighteenth birthday. This explanation is specious. Riverview is not licensed. It is certified as a Psychiatric Residential Treatment Facility ("PRTF"). A PRTF is a non-hospital facility with a provider agreement with a State Medicaid Agency to provide inpatient services to individuals **under the age of twenty-one**. Furthermore, DCF's authorizing statute mandates the Department of Children and Families to provide services to "children and youths" who are mentally ill. Conn. Gen. Stat. § 17a-3. As used in this statute, "youth" is defined as "any person at least sixteen years of age and **under nineteen years of age.**" Conn. Gen. Stat. 17a-1(6). (Emphasis added) Finally, Riverview is accredited by the Joint Commission on the Accreditation of Health Care Organizations ("JACHO"). We are not aware of anything in the JACHO standards that would prevent Riverview from retaining a patient beyond his eighteenth birthday so that appropriate transition plans could be implemented.

Not long ago, a DCF client was discharged from Riverview to the Young Adult Unit, then at Cedarcrest Hospital, without appropriate transition planning because Riverview claimed that all clients who attain the age of eighteen **MUST** transfer to an adult facility. Cedarcrest staff on the YAS unit was only marginally familiar with the client's history, and had not met the client. Little more than an hour after her arrival at the YAS unit, the client was in restraints and seclusion – an outcome that could surely have been avoided by more sensitive and robust transition planning. These flawed transitions are harmful to our young adult clients because they make treatment more difficult with the result that our clients require longer and more expensive

hospitalizations. They also result in barriers to the client's engagement with treaters that often cause our clients to ultimately refuse treatment entirely with heartbreaking results.

2. DCF AND DMHAS SHOULD PROVIDE INFORMATION CONCERNING THE TRANSITION OF YOUNG ADULT CLIENTS BETWEEN THE TWO AGENCIES SO THAT THE PROCESS CAN BE MONITORED, MEASURED AND IMPROVED.

Advocates for young adult clients have been requesting the information described in Raised Bill No. 959 for several years. In the past, a fiscal note has hampered our efforts even though such information is essential to measuring the success or failure of DMHAS and DCF's practice and policies. Unlike the former bills, Raised Bill 959 limits the proposed mandated reporting to that which can be accomplished within budgetary restraints. Furthermore, the State of Connecticut is now contracting with Value Options to manage behavioral health services. As part of their responsibilities Value Options should be in a position to regularly report the information that is set forth in Raised Bill No. 959 with no additional cost.

In short, CLRP supports Raised Bill No. 959 because the information that the Bill seeks in the form of reports on young adult transitions is essential to monitor agency progress and it can be accomplished within existing resources. Furthermore, we believe that a requirement that both DCF and DMHAS agree that appropriate discharge planning has been accomplished **before** the transfer of a young adult client would encourage **both agencies** to take formal responsibility for assessing the client's readiness for adult services. Second, it would provide an incentive to DCF and DMHAS to do the appropriate transition planning and implementation in a **timely and effective** way. Finally, it would prevent further distress to the fragile youth who are ejected from one system and dropped into another with insufficient attention to their clinical needs for preparation and support. We therefore ask you to support this bill.