



**STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES**

**Public Hearing Testimony
Human Services Committee
March 1, 2011**



**S.B. No. 959 (RAISED) AN ACT CONCERNING THE TRANSITION OF YOUTH
FROM THE DEPARTMENT OF CHILDREN AND FAMILIES TO THE
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**

The Department of Children and Families has concern regarding 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.

This bill would require the Department of Children and Families (DCF) and the Department of Mental Health and Addiction Services (DMHAS) to submit annual reports to the Behavioral Health Partnership Oversight Council and the Human Services, Public Health and Appropriations committees of the General Assembly on the transition process for young adults from DCF to DMHAS.

Both DCF and DMHAS have worked on similar legislation with the Office of the Child Advocate over the past several sessions, seeking a reporting mechanism that can be accomplished within existing resources. Unfortunately, this bill as written is similar to the language from 2010 Substitute House Bill No. 5067 (File 13) that the Office of Fiscal Analysis determined to have a significant cost. The OFA fiscal note on last year's stated:

"The Departments of Children and Families (DCF) and Mental Health and Addiction Services (DMHAS) would incur costs to comply with extensive reporting mandates contained within this bill.

The DCF would require an additional 2 positions (1 Clinical Social Worker, 1 Clinical Services Manager) at an FY 11 cost of \$153,390 (annualized cost of \$166,172) to annually screen an additional 500 children, and analyze and report varied data on an estimated 2,000 children and youth who may require DMHAS's services at age eighteen. Additional fringe benefit costs would be incurred (\$40,894 FY 11; \$110,521 FY 12).

The DMHAS would require a Research Analyst at an FY 11 cost of \$51,718 (annualized salary of \$56,028) to compile, analyze and report specified data on transitional youth (with additional fringe benefit costs of \$13,788 in FY 11 and \$37,264 in FY 12). Approximately 340 youth are formally referred by DCF to DMHAS each year.

In order for the DCF and the DMHAS to track, analyze and produce the required data, they would each need the above mentioned positions. Due to the bill's

provision that the departments meet the reporting requirements within existing budgetary resources, they will either: 1) shift resources from other existing agency priorities; 2) run a deficiency; 3) not be able to fully meet the reporting requirements; or 4) delay implementation until resources are made available."

DMHAS has developed an array of Young Adult Services to provide specialized, age and developmentally appropriate supports for young people -- many of whom are transitioning out of the DCF system of care and diagnosed with a major mental illness. Age-specific programs have been developed at both state-operated and private non-profit local mental health authorities throughout Connecticut to assist young people to transition successfully into adulthood. Young adults who are referred to these specialized services must meet DMHAS' target population eligibility criteria.

Individuals with a history of involvement with DCF may be referred to Young Adult Services as early as age 16 by DCF, or they may be referred by family members, local mental health authorities, schools or other providers. In general, services do not begin prior to age 18, and, in some cases, they may not begin until age 21. For youngsters referred by DCF, DCF area office workers send a complete referral packet to the DCF Central Office Transition Coordinator who in turn forwards the referral packet to the Clinical Director of DMHAS Young Adult Services to review. If a youngster is also a client of the Department of Developmental Services (DDS), the DDS Regional Director must decide whether the individual will be referred to DMHAS' Young Adult Services.

Highlights of the program include:

- 1,333 referrals given to DMHAS in fiscal years 2005-2008 (an average of 333 compared to 97 for the two preceding fiscal years);
- Standardized screening process utilized statewide to determine the need for DMHAS referrals;
- Centralized process to track and monitor referral submission and completeness;
- Local DMHAS/Area Office joint meetings for the purposes of coordination, transition planning and problem resolution;
- ACCESS database with the potential for improved monitoring of referral, eligibility, transition and funding of youth going to DMHAS;
- Bi-weekly administrative meetings between DCF and DMHAS Commissioner Office staff and the Office of Policy and Management;
- Specialized group home for young adults transitioning to DMHAS with co-occurring psychiatric, neuropsychological and/or neurological deficits being developed;
- Protocol in place with DMHAS for review of referrals with co-occurring psychiatric and traumatic/acquired brain injury.

This bill also requires DCF to provide all necessary and appropriate services to a youth who is transitioning between the custody of DCF and the custody of the DMHAS until the Commissioners of both agencies agree that all elements of the youth's transition plan have been successfully completed. Unfortunately, as written, the bill would inappropriately expand DCF's statutory authority to adults with no limitation until

DMHAS is ready to assume responsibility regardless of whether the young adult is engaged with DCF or not, and regardless of what is in the individual's best interests.

This language is similar to legislation considered last session, 2010 Senate Bill No. 140 (File 27). The OFA fiscal note on that bill stated:

"Prohibiting the transfer of any client from the care of the Department of Children and Families (DCF) to the Department of Mental Health and Addiction Services (DMHAS) until such time that each agency agrees that he or she has successfully completed all elements of a transition plan may result in extended lengths of stay in DCF care, and significant costs for the department.

Actual costs would depend upon: (1) the number of cases on which agreement would not be reached within current time frames for transition; (2) the length of time that would elapse before final agreement is reached; and (3) services provided during the interim period.

In addition to the potential for increased utilization of existing services, development of new programming to accommodate the unique needs of this population and address service gaps in the present continuum of care may be required. Further significant costs would be associated with such program development.

It should be noted that a significant portion of transitioning youth are served in high cost, intensive out-of-homes settings, such as therapeutic group homes (at about \$190,000 per year), or residential treatment centers (at about \$105,000 per year).

The bill could also result in a shift of DMHAS costs to the extent that youth transition to DMHAS later than they otherwise would have.

Various programs of the Department of Social Services may experience indeterminate savings to the extent that better preparing a client for transitioning reduces the frequency of use of publicly funded health care, such as inpatient hospitalization.

Federal reimbursements would be affected to the extent that enactment of this bill changes the values of claims submitted under either the Medicaid or Title IV-E programs."

Frequently, youth who turn 18 may not be in agreement with and/or may not be cooperating with the DCF treatment plan while they are in the process of transitioning to DMHAS. We support the goal of ensuring that young adults have timely access to the services they need but are concerned that this legislation could hamper the transition process.

We recognize that this is a vulnerable population that needs our attention and both DCF and DMHAS are committed to efforts to effectively ease the transition of care for youth moving into the adult mental health system.