

Testimony of Jeanne Milstein, Child Advocate
In Support of Raised Bill No. 959, AN ACT CONCERNING THE TRANSITION OF YOUTH FROM THE DEPARTMENT OF CHILDREN AND FAMILIES TO THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES and Raised Bill No. 6360, AN ACT CONCERNING NOTICE BY THE DEPARTMENT OF SOCIAL SERVICES OF A DECISION TO DENY PAYMENT FOR A PRESCRIPTION DRUG UNDER THE MEDICAID PROGRAM.
March 1, 2011

Good morning, Senator Musto, Representative Tercyak, and members of the Human Services Committee. My name is Jeanne Milstein and I am the Child Advocate for the State of Connecticut. I appreciate the opportunity to testify in **support of Raised Bill No. 959, An Act Concerning The Transition Of Youth From The Department Of Children And Families To The Department Of Mental Health And Addiction Services.**

I unequivocally support Raised Bill No. 959. This bill is necessary because despite the existence of an interagency agreement between the Department of Children and Families (DCF) and the Department of Mental Health and Addiction Services (DMHAS) establishing protocols for transitioning youth from the care of DCF to DMHAS, youth with serious mental health needs continue to fall through the cracks.

When children are in need of continued mental health treatment as they enter adulthood, the Young Adult Services (YAS) program operated by DMHAS is critical. Between 1998 and 2005, the program saw a 1,122 percent increase in the number of young people served. The number of youth transitioning from DCF to DMHAS continues to increase. While the YAS budget has increased, the increases have not kept pace with the number of young people entering their service system. Without adequate funding and strict attention to quality transition planning, the needs of these youth go unmet.

The existing memorandum of agreement between DCF and DMHAS provides a framework for the bureaucratic transfer of a child's case from one agency to the other. It includes, however, few timeframes and is often not followed. Often, youth are not referred to DMHAS in a timely fashion. For example, while the MOA states that youth who may require transition from DCF to DMHAS should be referred at the age of 16, DMHAS continues to receive referrals for youth who are 17, 18, and sometimes 19 years old. Once youth are referred, it can take as long as 8 months before DMHAS determines whether the youth may receive services and several more months before a transition meeting occurs. Even when youth are referred and transition meetings occur, transition plans are often not implemented or poorly implemented. Youth who have been in residential settings for years deteriorate in those settings as they contemplate their uncertain futures. Often, when youth transition into DMHAS care, they do not have the

skills to be successful in the types of placements currently offered through DMHAS. Sadly, some of these youth become homeless and/or incarcerated.

To transition successfully to adulthood, each youth needs a carefully designed transition plan that outlines how and when they will receive skills training, services, and supports tailored to their individual needs. These plans must be made as early as possible; the youth must be engaged; and youth need to know where they are going to live and on whom they can depend when they leave DCF care. The bill holds DCF and DMHAS accountable and can help the legislature design targeted solutions by requiring DCF and DMHAS to report information about youth in transition and any barriers to meeting their needs.

Sec. 2 of Raised Bill No. 959 requires DCF to provide services to each youth who has been referred and accepted at DMHAS until all elements of the plan are successfully implemented. My office has reviewed cases and intervened on behalf of numerous youth who did not receive adequate transition planning from DCF to the adult mental health system or who had their DCF cases closed too soon and without appropriate adherence to their treatment plan or completion of their individualized transition services. In addition, we must ensure that transition planning from our child mental health to our young adult mental health system adheres to clear and consistent standards. DCF must have clear and consistent written policies regarding the age of discharge for youth receiving services at state-funded and operated facilities such as Riverview and Connecticut Children's Place. Most of these youth have experienced a childhood and adolescence marked by trauma and inconsistent opportunities to develop the skills critical for successful adulthood. They need our support to develop and access an individualized transition plan and our continued support until all aspects of that plan have been adequately fulfilled by the agencies responsible for their well-being.

While it is reasonable to anticipate that DCF might introduce a fiscal note in response to Raised Bill No. 959, I would point out that DCF is already legally responsible and funded for the assessment, treatment and planning of the youth that it serves. The referral and acceptance to DMHAS should not halt or stall their responsibility to implement an individualized treatment that addresses the needs of its youthful clients. DCF staff can not simply wait to turn the youth over to DMHAS on his or her 18th birthday. I enthusiastically agree with this bill's intent to increase the incentive for DCF to act as a responsible "parent" and ensure that youth in its care are prepared to face the challenges of adulthood and to maximize their ability to transfer safely to adult systems of care.

I also support Raised Bill No. 6360, An Act Concerning Notice By The Department Of Social Services Of A Decision To Deny Payment For A Prescription Drug Under The Medicaid Program. In January 2008, Attorney General Richard Blumenthal and I sent a letter to Commissioner Starkowski to advocate for DSS to adopt three basic consumer protections as the agency assumed responsibility for prescription drugs from the HUSKY HMOs. This letter urged that a temporary supply of the prescribed medication be provided whenever drugs were electronically denied at the

pharmacy for lack of prior authorization; that DSS advise the prescribing physician that authorization must be requested or a different drug prescribed; and that the enrollee is to be notified in writing within 24 hours whenever a drug is electronically denied for any reason, as is required by federal Medicaid law. These improvements in practice will help to reduce or eliminate the emotional and legal disputes by which the administration of HUSKY benefits has been characterized for many years. I therefore urge you to report favorably on Raised Bill No. 6360.

Thank you for the opportunity to testify before you this morning; I am happy to answer any questions you may have.