

Testimony for Public Hearing
Members of the Human Services Committee
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Good Morning Representative Tercyak and Senator Musto and members of the Human Services Committee. I thank you for your time and dedication for your service to Connecticut and to this bill.

My name is Lyne Stokes and I am the program director of Young Adults at Advocacy Unlimited. I am in charge of a program funded by the Department of Mental Health and Addiction Services Young Adult Services Young Adult Program called Super Advocacy. I am also part of collaboration for transitioning youth for the New Britain DCF/DMHAS -YAS that already addresses most of the issues listed in the bill.

Young Adults are the key to the future of Connecticut. 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 is a great idea in theory. Unfortunately it doesn't represent all the facts to be considered when putting this bill into action. It is not realistic with the current funding and staff. The purpose of the Bill is to ensure that youth successfully transition between the Department of Children and Families and the Department of Mental Health and Addiction Services. Yet the bill creates a lot of data collection and definition of services that are already in place.

Money is a key factor in this bill. Governor Malloy had targeted part of the budget for the current YAS caseload increase that has been identified due to the demand for more services for problems that are identified daily. This bill will identify more work and issues that are really not necessary to service this population.

This bill states that DCF and DMHAS within existing budgetary resources, prepare a joint report. The bill further identifies what this in depth report shall include. It mentions as part of the report the diagnostic and behavioral issues for each POTENTIAL referral to DMHAS -There are currently over 12,000 young adults services by DMHAS with over 440 referrals (2008) a year from DCF. The unlimited potential number of referrals is staggering as more and more children are identified as desperately needing these services. For years the 'aging out child' has simply disappeared into the communities ending up in prison, homeless or floating from house to house in critical need of a place of stability. How can a system with a budget already to the limit be accountable for more criteria without funding and use of already existing programs in place.

Representative Tercyak-it is interesting that you are the co-chair of this bill. The Advocacy Unlimited Community Mental Health Affiliates Super Advocate Graduation that you were the keynote speaker at represented the first generation of the active participants in a collaboration program that is making strides to create transition plans for any child that DCF has identified that will be in need of DMHAS YAS services. The collaboration is with The New Britain DCF office and the DMHAS -YAS represented by CMHA. None of this work was identified or studied when the bill was raised.

Yesterday I attended the Connecticut Partnership for Strong Communities Forum on How Housing Insecurity can Unravel Families, Opportunity, and Educational Success. A fact presented stated that on any given night 500 children in HARTFORD are identified as homeless on any given night. These facts were supported by a study done within the Hartford Public School system. A high percentage of these children had at one point in time been in DCF care. Their studies pointed out that there was no agency to refer these children to once they had "aged out" of the system. At times it is within days of the "age out" period these children are identified and the information is communicated to the transitioning young adult that they are no longer eligible for the DCF system of care. The transitioning young adults are notified that to be part of the DMHAS system of care a mental health or substance use issue must be identified. There are not many young adults or their support systems that are educated enough or prepared to be marked with the discrimination of these issues.

While it is true that:

- There is ^{NOT} a lack of appropriate services and transition planning for youth and young adults transitioning into the adult mental health system. ^{based on current resources}
- Both Departments are ^{to} ~~should~~ create and execute transition plans for each young adult that is moving from DCF to DMHAS care. ^{TAP for 90%} ~~Plans are often not written or, when they do exist, are not followed.~~ The plans are also written without the best needs of the child considered or the child's input in the plan
- This bill begins a process of holding DCF and DMHAS accountable for timely transition planning and collaborative programming by seeking the data necessary to gain a full understanding of the population, and the barriers to appropriate transitioning and treatment.
- The bill also prevents transitioning youth and young adults from falling through the cracks by requiring both Departments to agree that all of the elements of the youth's transition plan that directly relate to a safe and therapeutic transition have been successfully completed before DCF can terminate their services.

- Youth transferred to DMHAS with successful transition plans are more likely to make positive adjustments, require fewer services, and be stable and productive. Furthermore, addressing the needs of these children and youth will avoid the more complex needs of a growing population of young adults who are failed by the DCF system.

This bill does not address an accurate description of what needs to be done. For the most part the Department of Education has already developed an IEP for each of those children which should be part of the collaboration of the action plan. The IEP identifies the child's mental health issues and substance use issues. DCF is not an agency that can establish mental health issues. Instead of creating new plans and new reports each agency should utilize each indenified state resources and service this population.

Most of the data has been collected. The action plan is simple and the process has already been started.

These two agencies should and are willing work together child by child to indentify the needs to be part of the healthy community in which recovery young adults can be independent and functioning members of society.