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

DANNEL P. MALLOY
GOVERNOR

PATRICIA A. REHMER, MSN
COMMISSIONER

Testimony by Patricia Rehmer, MSN, Commissioner Department of Mental Health and Addiction Services Before the Public Health Committee February 9, 2011

Good morning Sen. Stillman, Rep. Ritter, and distinguished members of the Public Health Committee. I am Commissioner Patricia Rehmer of the Department of Mental Health and Addiction Services, and I am here this morning to speak in favor of **SB 883 An Act Concerning Various Revisions to Statutes Concerning the Department of Mental Health and Addiction Services.** I want to thank the Committee for your assistance in raising this bill.

SB 883 An Act Concerning Various Revisions to Statutes Concerning the Department of Mental Health and Addiction Services would make a series of technical changes to the DMHAS statutes. We propose to eliminate all references to Cedarcrest Hospital. DMHAS has received written acknowledgment from the Department of Public Health's Office of Health Care Access (OHCA) regarding the Department's full compliance with the applicable provisions of the settlement agreement to terminate psychiatric inpatient services at Cedarcrest Hospital. January 6, 2011 is the effective date of termination. As of June 2010, we successfully moved over 50 individuals from Cedarcrest and other DMHAS inpatient facilities into the community.

The bill would create the addictions division of Connecticut Valley Hospital (CVH) to accurately reflect the addition of Blue Hills Hospital into the administration of CVH and the general psychiatry division to reflect the longer term care division for persons with serious psychiatric disabilities. The bill would also eliminate references to the Community Mental Health Strategic Investment Board, which has not met in over 2 years and has completed its original functions, as well as eliminate the statute that created the State Administered General Assistance Behavioral Health Program which was successfully transitioned to the Medicaid Low Income Adult (LIA) program effective April 1, 2010.

The bill would eliminate the need for duplicative regulations for methadone maintenance programs and allow us to use our state facilities to continue host meetings for persons in recovery, such as AA and ALANON, without mandated regulations.

The last change in the bill would make a change to PA 10-60 which allowed for DMHAS to contract for intermediate care beds in general hospitals. The federal Medicaid language requires us to refer to these beds in statute as "intermediate **duration acute psychiatric** care beds". And so we have requested that change.

Thank you for the opportunity to address the Committee. I would be happy to answer any questions or concerns you may have at this time.

(AC 860) 418-7000
410 Capitol Avenue, P.O. Box 341431, Hartford, Connecticut 06134
www.dmhas.state.ct.us

An Equal Opportunity Employer