



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

Dannel P. Malloy
Governor

Patricia A. Rehmer, MSN
Commissioner

Testimony of Patricia Rehmer, Commissioner
Department of Mental Health and Addiction Services
Before the Government Administration and Elections Committee
February 28, 2011

Good Morning Sen. Slossberg, Rep. Morin and distinguished members of the Government Administration and Elections Committee. I am Commissioner Patricia Rehmer of the Department of Mental Health and Addiction Services, and I am here this morning to testify to our concerns in regards to **SB 1059 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE COMMISSION ON ENHANCING AGENCY OUTCOMES.**

Section 21 of the bill calls for DMHAS to create a plan for the deinstitutionalization of children receiving services at Riverview Hospital. We want to inform the committee that Riverview Hospital is not a DMHAS Facility. It is operated by the Department of Children and Families. DMHAS provides services to adults with behavioral health needs and Riverview serves children under the age of 18.

Section 22 would ask OPM to create a plan to reduce the manager and supervisor to employee ration to a 1 to 10 ration. We are certainly willing to work with OPM to achieve these savings but would ask that you make allowances for agencies that run hospitals and need certain management structures to comply with federal regulations and certification standards as well as collective bargaining agreements that use the word "supervisor" in the job title. DMHAS would fall well below the ratio currently recommended in the bill if the unionized employees in supervisory job titles were taken out of the mix.

Section 301 would require that DMHAS and the Department of Veteran Affairs enter into an agreement that allows for sharing of information regarding veterans receiving services from DMHAS. As stated in the past, we would be happy to share that information, but cannot do so without the consent of the individual. Many people need to be encouraged to access psychiatric and substance abuse treatment services out of fear that doing so might impact their career. Because there is still an incredible amount of stigma that holds people back from seeking such assistance, anything that threatens the confidentiality of the clinical relationship does not serve the individual or society very well, and it could keep some veterans from asking for and obtaining help. We are also prohibited from sharing behavioral health information without an individual's consent by federal statutes.

One additional caution to the Committee concerns Section 308. DMHAS and DSS are currently exploring the possibility of applying for a 1915(i) waiver. One of the considerations that we are confronted with is that when a state looks towards a waiver that is being offered by the Federal Government, it may impact other services that are already receiving match dollars. The state must balance funds that would be lost from existing federal funding against funds that would be gained from a waiver.

The state also needs to assess the impact that the change can have on the provider system. The demands on our not for profit human service providers increase as we look towards waiver expansions yet they receive no monetary benefit. All of these factors need to be weighed when we look at Medicaid waiver expansions. DMHAS has been working closely with DSS to explore a number of waiver opportunities and will continue to pursue whatever dollars may be available from the federal government.

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