

## CONNECTICUT LEGAL RIGHTS PROJECT

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**TESTIMONY OF JAN VANTASSEL, ESQ.  
of the Connecticut Legal Rights Project  
To the Program Review and Investigations Committee  
October 3, 2013**

On behalf of the Connecticut Legal Rights Project, Inc. ("CLRP"), I am writing to express our views on the transition of young adults from services under the Department of Children and ("DCF"). Our organization is a statewide non-profit agency that provides free legal services to low income adults with psychiatric disabilities. We represent many young adult clients who are 18 to 25 years of age. Among them is a significant subset of especially fragile individuals who are moving from the jurisdiction of the DCF to the Department of Mental Health and Addiction Services ("DMHAS"). CLRP supports, among other things, a mandate that would require permanency plans for youths who are sixteen years of age or older which would include crucial information concerning DCF's efforts to teach the youth independent living skills, the steps taken by DCF to develop a personalized transition plan for the youth, DCF's treatment history and recommendations, and benefits information that will assure benefits screening and timely determination of eligibility in advance of reaching eighteen years of age.

1. DESPITE A MEMORANDUM OF AGREEMENT BETWEEN THE AGENCIES, YOUNG ADULTS CONTINUE TO TRANSITION FROM DCF TO DMHAS WITHOUT APPROPRIATE LIVING SKILLS OR ADEQUATE TRANSITION PLANS.

A memorandum of agreement, signed by DCF and DMHAS directs DCF to focus on increasing the independent living skills of transitioning youth and to provide extensive information to DMHAS about these transitioning clients. Good transition planning allows DCF to support and prepare the client for change and for DMHAS to work with the client to accommodate his or her needs ahead of time, not after a chaotic and precipitous transition. Unfortunately, the Memorandum of Agreement has not been adequately implemented by DCF with the result that youths are ill prepared for the rigors of community life. The lack of planning impairs DMHAS's efforts to engage these young people and it often causes a delay in their psychiatric recovery. DCF should be required to do what is essential for a good transition from DCF services in a way that was not accomplished by the Memorandum of Agreement.

Experience has shown that some young adults who are transitioned from Riverview Hospital and other DCF settings to the Young Adult Unit at Connecticut Valley Hospital have not received treatment that is adequate to reduce very acute symptoms. Instead of robust treatment, these young adults are confined and secluded to ensure their safety and that of other patients. As a

result, they carry their behavioral challenges to DMHAS settings. We have had at least two clients who have transitioned to DMHAS who were ultimately placed as civil patients in a high security unit at the Connecticut Valley Hospital within a very short time of leaving DCF custody. These cases are treatment failures attributable to DCF, not DMHAS.

2. DCF FREQUENTLY TRANSITIONS YOUTHS TO THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES WITHOUT DETERMINING THEIR ELIGIBILITY FOR BENEFITS

In our experience, many young persons leave DCF jurisdiction without any preliminary benefits screening and without any effort to prepare a benefits application. This can delay a client's access to housing, health care and even certain treatment programs. Without appropriate benefits, young adults are at risk for all the temptations that society offers to those whose judgment is immature, who lack job skills and who have little in the way of family support. This is not just a missed opportunity; it is an invitation to tragedy. Benefits planning, eligibility and access should be seamless. DCF should be required to acknowledge its responsibility for benefits screening, planning and preparation in the body of a permanency plan document that is available to courts, clients, families, advocates and guardians. Such transparency will encourage the agency to provide transitioning youth with the services that are universally agreed to be essential.