



**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 Planning and Development Committee**  
**February 13, 2015**

Good morning, Sen. Osten, Rep. Miller, and distinguished members of the Planning and Development Committee. I am Patricia Rehmer, Commissioner of the Department of Mental Health and Addiction Services, and I am here today to express my concerns regarding H.B. 5618 and H.B. 6483 and SB 799.

**HB 5618 An Act Concerning Community-Based Residential Facilities and HB 6483 An Act Establishing a Task Force to Study Group Home Distribution** could seriously hamper our ability to move individuals with behavioral health disorders from the hospital into the community and would violate state and federal health care confidentiality statutes.

Background: DMHAS and Behavioral Health Care

**DMHAS is a health care agency.** We provide behavioral health services to over 110,000 individuals statewide, including inpatient hospital services, residential treatment, and community supports to thousands of individuals to assist them in their recovery from psychiatric disabilities and substance use disorders. We face many challenges in providing the best possible care to the people we serve. We want to expend our state dollars wisely to improve people's lives, as well as the communities in which they reside.

People with substance use disorders and psychiatric disabilities come to state hospitals for their care when they are not able to be managed in a general hospital setting or when they need intermediate- to long-term care. Most often, our clients are poor, and have chronic diseases which require, like any other chronic disease, ongoing care. We work with them, their families and advocates toward the best possible treatment outcome and to determine how best to assist them to achieve recovery. The challenges faced by the populations we serve are exacerbated when housing, jobs and community services are not available for those who are ready to live in the community.

While we understand the need for transparent and open government, we believe these bills would violate federal laws and impose increased costs on the state budget .

### Legal Concerns

The individuals served by DMHAS have protections under state and federal law. Their health care information is protected -- any attempt on our part to give it to the public is prohibited. We believe that **HB 5618** would not withstand the laws that protect that information and that **the State and municipalities will face costly legal challenges under the federal Fair Housing Act.**

Further, the municipal notification requirements **violate federal regulations concerning substance abuse confidentiality** which could result in the loss of federal dollars. This law **could also be challenged under the Americans with Disabilities Act**, in that they could be interpreted as targeting persons with disabilities and discriminating against them on that basis.

### Higher State Costs

While DMHAS does not have many group homes (30 statewide), we still have a very difficult time siting community services, including residential placements for the people we serve. We believe that **HB 5618** and **HB 6483** will further impede our efforts in this regard, **resulting in the continued need for higher priced beds in a hospital setting.**

In 2015, Connecticut simply cannot afford these higher costs.

**People remain in state hospital beds at \$1,200 per day if we cannot access sufficient appropriate housing for them in the community.** We fund approximately 30 group homes and 120 residential programs, but demand for such placements is great. The money the state spends to keep the individuals we serve in very expensive hospital beds while we wait for communities to accept them is not a fiscally sound use of taxpayer resources.

### Summary

I understand that some communities have been more than willing to accept persons with disabilities into their communities while others have not been as gracious. But many of the more welcoming communities have more affordable housing options, access to bus lines and other social service agencies which make it easier for the persons we serve to live in the community. Frankly, our providers usually go where they are most welcome, taking into account the wishes of the individuals and their families and advocates where appropriate.

I would also like to speak to **SB 799 An Act Concerning the South Fire District in Middletown.** In September 2011, the department, in response to budget constraints, dismantled the state operated fire department at Connecticut Valley Hospital (CVH ). The South Fire District, which already responded to all fire and medical emergency calls at CVH, now became the sole responder to these calls. We had numerous conversations with the South Fire District regarding this change, and offered to renovate the CVH Fire House for

(AC 860) 418-7000

410 Capitol Ave, 4<sup>th</sup> Floor, P.O. Box 341431, Hartford, CT 06134

[www.dmhas.state.ct.us](http://www.dmhas.state.ct.us)

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their use. They initially accepted, but staffing constraints precluded South Fire District from pursuing this offer. We have monitored the number of calls since this change. The number of fire calls has remained fairly constant. The number of medical emergency calls has increased, due to the number and types of patients served on the CVH Campus. Please understand that the South Fire District always responded to these calls so the elimination of the fire department at CVH was not the cause of the increased number of calls.

Given the current fiscal situation, it would be very difficult to find extra dollars in the department's budget to pay the South Fire District for services rendered. We understand the concerns of the legislators who proposed this bill and we are currently exploring the feasibility of not having the South Fire District respond to medical emergencies on the CVH campus. Currently, Middletown Central Dispatch will send South Fire District, an ambulance and the Middlesex paramedic (or a covering paramedic). We already have medical personnel on campus; the ambulance and paramedic response provides the necessary transportation and response level. It may be that the South Fire District currently responds to medical calls only because of protocols that are not relevant in this case. If we can successfully look at eliminating the need for the South Fire District to respond to in medical emergencies, then that would significantly reduce their burden. In the meantime our department and OPM are open to further discussions with the proponents of the bill.

Thank you for your time and attention to these matters . I would be happy to take any questions at this time.