



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**

Good Morning Senator Gerratana, Representative Ritter, and distinguished members of the Public Health Committee. I am Commissioner Patricia Rehmer of the Department of Mental Health and Addiction Services (DMHAS), and I am here today to ask for your support for HB 6708, AN ACT CONCERNING VARIOUS REVISIONS TO THE MENTAL HEALTH AND ADDICTION STATUTES. This bill is part of DMHAS' legislative package and I would like to thank the committee for raising this bill on our behalf.

The bill as written makes a number of technical changes to the DMHAS statutes. These changes are as follows:

- Clarifies and strengthens our ability to collect data from behavioral health providers in Connecticut;
- Gives the Commissioner statutory authority to designate someone other than the Commissioner to sign contracts; and
- Eliminates the prescriptive language for the appointment of deputy commissioners and a medical director.

Data collection is an important component of our treatment system. It is a necessary requirement for our federal Mental Health and Substance Abuse Block Grants and can be a determining factor in how much funding we receive from those grants. It allows us to examine our treatment system to identify gaps and best practices, and gives us the ability to be very successful when we apply for discretionary dollars in order to make the case for new resources from the federal government. The language changes before you regarding data collection mirrors our ability in statute to collect this information from our substance use providers. As the Affordable Care Act continues to be implemented, our ability to track data will become limited because more individuals become insured and less individuals are paid for by our grants. This language will allow for DMHAS, as the state mental health authority, to collect information necessary for the care and treatment of individuals with behavioral health disorders.

The language allowing the commissioner to designate an individual to sign contracts gives me, or whoever follows me as commissioner, the ability to continue to move business along should the commissioner not be available and a deputy commissioner position not be filled.

The last change would remove the very prescriptive language regarding the appointment of deputy commissioners and a medical director. This language was put into statute when we merged the Department of Mental Health with the CT Alcohol and Drug Abuse Commission in 1995. It was to reassure both communities that their voice would be equally represented in the new agency. I currently have the authority in 17a-451 (l) to appoint professional, technical and other personnel necessary for the proper discharge of the commissioner's duties. We are a very different agency than we were 20 years ago. Our system is no longer a bifurcated system of care. DMHAS has been working with the provider community (state operated as well as private not for profits) to be co-occurring ready since 1995 when our agencies were combined. We have used various strategies, consultants, and trainings over past 20 years and our efforts were buoyed in 2005 with a 5 year federal SAMHSA grant (COSIG – co-occurring state incentive grant). We have not had two deputies in our agency for a number of years, and the language pertaining to the medical director has created difficulties in our ability to assign certain duties laid out in the statute to other professionals in the department.

Thank you for your time and attention. I will be happy to answer any questions you may have regarding these proposed changes.