



## Testimony before the Human Services Committee and Select Committee on Children

December 18, 2008

Re: Department of Children and Families

Good afternoon, distinguished chairs and members of the Human Services Committee and Select Committee on Children. My name is Alicia Woodsby, and I am the Public Policy Director for the National Alliance on Mental Illness, CT (NAMI-CT). I am here today to speak on behalf of our 3,000 members across the state and thirteen state affiliates, as well as the families, consumers, and other stakeholders from the broader mental health community who frequently share their stories and concerns with us related to the Department of Children and Families (DCF).

Much progress has been made at DCF over the past several years, particularly related to reducing out of state placements and increasing the capacity of the community based service system. Despite this progress, there are three specific areas of concern that I would like to address today, which include the lack of an adequate continuum of community services and continued use of out of state placements for our children with serious mental health needs, the lack of appropriate services and transition planning for youth and young adults transitioning into the adult mental health system, and the secondary status of the Department's behavioral health charge in the daily culture and structure of the DCF system.

The lack of an appropriate and accessible continuum of community based behavioral health and substance abuse services for kids has resulted in significant numbers of children utilizing inpatient and residential services and being sent out of state. The state has close to 75 beds at Riverview at \$2,369 per person per day or \$864,685 per year, and a cost of \$1,214 per person per day or \$443,110 per year for residential beds at High Meadows Residential Treatment Center. The state also has 104 beds at Cedarcrest, many of them filled with young people who have come from DCF and have no community housing or programming to which they can be discharged, which cost \$1,179 per person per day or \$430,335 per year. NAMI-CT urges the state to spend DCF money differently and more productively through specialized services that wraparound the child and the family and are based on individual need. We continually hear stories of children who are placed in a particular service type or level of care because it was the only slot available, and not because it is actually what the child needs.

A second and major area of concern is the crisis in services for youth and young adults with mental illnesses. **From 1998 to February 2007, the referrals from DCF to the DMHAS Central Office rose from 41 to 1,829, an increase of almost 4500%.** These figures do not include the new young adult cases that were accepted directly by the adult system. In addition, DMHAS estimates that young adults account for an estimated 35% of incoming clients in the adult mental health system.

The scarcity of individualized, age appropriate mental health and support services for youth and young adults has led many to become trapped in a cycle of homelessness and/or involved with the criminal justice system. This places our communities at risk at a much higher cost to the state.

Many of these young people have intensive service needs related to both their psychiatric conditions and years of institutionalization with minimal preparation for adulthood.

In addition, the state lacks the necessary interagency collaboration to support youth who are transitioning into the adult system. We often hear from families that their children are simply cut off from services provided by DCF, and then they are left to navigate the adult system where they often come to find that there are no services appropriate to meet the needs of their child. We have young people who are sitting at Cedarcrest and CVH as we continue to staff beds in inpatient settings for services that could be provided in the community. Currently, the state **“does not provide the levels of care, assessments, informed recovery plans, or staffing needs/competencies required to treat the complex and often significantly severe disorders facing our young adults”** (DMHAS, April 2007).

Despite efforts by DCF and DMHAS to meet this demand, **the status of young adults with psychiatric disabilities in Connecticut is reaching crisis proportions.** According to DMHAS, **“The referral trends through the central office threaten to thoroughly overwhelm our system of care, elevating what has already been observed to represent heightened risks for critical incidents affecting both our clients and the community”** (DMHAS, April 2007).

The mental health and services needs of adolescents do not just disappear on their 18<sup>th</sup> birthdays. If young people with histories of trauma, neglect, abuse, and violence do not receive appropriate interventions, they are nearly 60% more likely to be arrested as juveniles, more likely to be arrested as adults, and more frequently commit violent offenses relative to others in the general population.<sup>1</sup>

Lastly, in the wake of increasingly overwhelming behavioral health service needs for at risk youth, the broader mandate of DCF as the children’s public behavioral services system has been buried in child welfare needs at the expense of families and children in the state. This role of managing behavioral health services should hold a central and upper-echelon focus within the agency. DCF is statutorily mandated as the designated agency for mental health and substance abuse related services for children under age 18 and families. It is our experience that this mandate is not a primary focus of the agency and is not embedded in the overall culture and orientation of staff as evidenced by interactions with families and children and in critical service decisions. There are several parents here today who will speak to this problem in more specific detail.

Thank you for the opportunity to participate in this dialogue.

I am happy to answer any questions that you may have.

Alicia Woodsby, MSW  
Public Policy Director

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<sup>1</sup> B.T. Kelley, T.P. Thornberry & C.A. Smith, *In the Wake of Childhood Maltreatment*, OJJDP JUV. JUST. BULL. (1997).