

**Testimony before the Select Committee on Children
February 3, 2011
Support for HB 6225
Opposition to HB 6227**

Good afternoon Representative Urban and members of the Select Committee on Children. My name is Alicia Woodsby, and I am the Public Policy Director for the National Alliance on Mental Illness, or NAMI-CT. We are the largest member organization in the state of people with mental illnesses and their families.

NAMI-CT is in support of HB 6225, AN ACT REQUIRING A RESULTS-BASED ACCOUNTABILITY REPORT CARD ON OUT-OF-STATE RESIDENTIAL TREATMENT OF CHILDREN, and opposes HB 6227, AN ACT CONCERNING CHANGES TO THE GENERAL STATUTES CONCERNING THE DEPARTMENT OF CHILDREN AND FAMILIES.

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. Children and youth with specialized treatment needs have extremely limited access to in-state treatment programs and are routinely referred out of state.

According to a recent article in the Hartford Courant, it cost the state at least \$35 million last year to care, treat, educate and visit the 367 children in out of state placements. Millions of dollars are flowing out of Connecticut to pay for intensive inpatient mental health care.

This makes it more difficult for parents to visit their children and interferes with effective discharge and transition planning back into the child's home and community.

All funds used to treat high needs children using inpatient hospitalization or residential placement should be spent in Connecticut, in order to bolster the state's child mental health infrastructure and create more jobs in our state. Furthermore, investing in community-based services using evidence-based programs will help divert children from expensive inpatient hospitalization or residential placement, **saving hundreds of thousands of dollars per child per year.**

Although we support this legislation, a results based accountability report card does not go far enough – the state should develop a DCF led and coordinated planning process with CT's Child Guidance Clinics, children's residential providers, families and advocacy organizations, and other relevant stakeholders to bring out of state placements back into Connecticut and strategically plan for the mainstreaming of these children back into their communities.

We also urge 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 repeatedly 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.

Lastly, **we oppose the elimination of the annual reporting for Connecticut's Behavioral Health Partnership as outlined in HB 6227.** The annual report is only way the advisory council and the public can gain an understanding of the program. The state already rescinded the funding for an independent evaluation of the Behavioral Health Partnership in 2009. Repealing both the independent evaluation and the annual report will leave the state and public stakeholders with no clear picture of the program or the use of over \$150 million in state funds. This is unacceptable and not at all in line with the state's focus on results based accountability and transparency.

Thank you for time and attention. I am happy to answer any questions that you may have.