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OFFICE OF THE CHILD ADVOCATE
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Testimony by Jamey Bell, Acting Child Advocate
Re DSS and DCF Budgets
Before the Appropriations Committee

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Senator Harp, Representative Walker, distinguished members of the Appropriations Committee:

The mandate of the Office of the Child Advocate (OCA) includes evaluating the delivery of state funded services to children and advocating for policies and practices that promote their well being and protect their special rights. Over 50% of the work we do—including responding to individual calls for assistance or information, and individual and systemic advocacy-- seeks to improve access to health services for children and their caregivers and monitor the general health and behavioral health system supports for children and families, across the lifespan. Many of the children, adolescents and young adults with whom we work directly are either placed in hospitals or residential treatment facilities, committed to psychiatric hospitals, or incarcerated within the juvenile justice or adult corrections systems.

I. The Governor's budget proposals regarding DSS present concerns for the continued well-being of the nearly 300,000 low-income children receiving HUSKY benefits in Connecticut.

First, eliminating HUSKY coverage for parents with income between 133% and 185% of the federal poverty level (($25,399 to $35,317 for a family of three) as of January 1, 2014, with the expectation that they will instead purchase coverage through the new health insurance exchange, poses risks to children in these families. Parents who try to purchase coverage through the exchange will have to pay premiums and co-payments, with subsidies. But even with subsidies, independent research suggests that many individuals and families in this income range will not be able to afford insurance coverage through the exchange. Lack of insurance is likely to contribute to individuals delaying or foregoing needed health services, leading to greater incidence of illness and debilitation, all of which contributes to greater risks for children in their care. Furthermore, research also shows the positive effects of covering whole families—enabling children and their parents to be covered in the same plan simplifies enrollment and makes it more likely that children will have healthcare coverage and access, and actually receive services.

Second, the proposal to reduce funding for the 211/United Way HUSKY Infoline by 50% in FY 2014 and eliminating all funding in 2015 means that families will lose essential, effective, one-on-one assistance with information and obtaining needed healthcare. Although much progress has been made in simplifying navigating the HUSKY program in the past several years, the OCA's experience is that it is still critically important to have an outside, independent source of information, trouble-shooting and individual assistance.

Third, eliminating funding for independent monitoring of the HUSKY Program through the contract with Connecticut Voices for Children and the Hartford Foundation for Public Giving would mean that Connecticut would wholly lack *independent* monitoring of the state's investment of nearly $1 billion in its publicly funded health insurance program, which overwhelmingly covers low-income and otherwise vulnerable children. Policy makers and advocates for children would no longer have the benefit of information and analysis directly relevant to program administration and design, such as who is enrolled and what factors contribute to gaps in coverage, what are the effects of coverage for higher income pregnant women and their babies, and how effective are design changes such as "carve-outs".

II. The Governor's budget proposals regarding DCF present concerns regarding appropriate services for and treatment of children in its care

The budget proposal reduces funding to the Department of Children and Families compared to the level of funding required to maintain current service levels, apparently reflecting DCF's commendable efforts both to reduce its reliance on serving youth in expensive congregate care settings and to increase the number of youth who are served in their homes and communities. Yet, the cuts attributable to these adjustments and reforms greatly outweigh the investments targeted to community-based services to meet the needs of the children and youth affected by these changes. For instance, the $846,792 *increase* in Community Based Child Protective Services is only 12% of the $6.9 million recommended *cut* in Out of Home Child Protective Services. Similarly the recommended increase of $1.1 million in Community Based Behavioral Health Services is only a fraction of the $8.3 million cut recommended in Out of Home Behavioral Health Services. In the last year, the OCA has been contacted multiple times with reports that Connecticut's hospital emergency departments are experiencing extremely high and often disproportionate numbers of children and youth with complex mental health needs who spend days in the emergency department because of the lack of appropriate resources in the community. Although it is to be expected that community-based services are less expensive (as well as better for children and families), while the program model transitions are taking place it is still critically important that the community-based infrastructures in both the child protection and behavioral health realms have the necessary resources to grow and adapt to meet children's needs.#

Thank you for the opportunity to provide testimony.