

## **TESTIMONY – Feb. 22, 2013**

To the Appropriations Committee Re: Governor's Bill No. 6367, An Act Implementing the Governor's Budget Recommendations for Human Services

My name is Howard Drescher. I am the parent of an adult with mental illness and a member of the CT Behavioral Health Partnership Oversight Council. I was appointed to the council in 2010 to represent families with adult members suffering from a severe mental illness. I am **OPPOSED TO** the provisions of Bill No. 6367 that would eliminate the Behavioral Health Partnership Oversight Council (BHPOC).

In establishing the BHPOC, Connecticut's lawmakers created a uniquely representative body to oversee the state's publicly funded behavioral health programs for eligible children and adults. These programs are funded by both federal and state dollars totaling nearly \$1 billion annually, and serve more than 783,000 potentially eligible recipients, including my daughter.

Council members are appointed by the governor, legislative leaders of the House and Senate, executive agencies and other offices of state government. More than 30 members, representing consumers of behavioral health services, families and advocates, medical and mental health practitioners, and state agencies participate in the council.

It has been a great privilege to serve on this council and I have found its proceedings to be fair, open and democratic. It is a truly unique opportunity for citizens such as myself to advocate on an equal footing with the professional and governmental interests that often dominate such councils.

Since joining the BHPOC, I have worked on the council's committee for Adult Quality, Access and Policy, which closely monitors the BHP programs and services offered to adults. This allows me and those I represent to have an active leadership role in improving these programs on behalf of those who are served. Our committee is currently working with DMHAS to design a Medicaid-supported program to better integrate behavioral and physical health care to improve the overall well-being and life expectancy of individuals with mental illness. I am also working with other council members on an initiative to strengthen the voice and influence of consumers, youth and families in the work of the BHPOC to guide policy and action on behalf of the public.

The council and its members are engaged and active in our mission. We hold well-attended meetings at the LOB, typically 11 months of each year, and also meet regularly in our committees. The council supports four active committees that focus on (1) operational issues, (2) coordination of care across the system, (3) quality, access and policy for children and youth programs of the DCF, and (4) quality, access and policy for the adult programs managed by DMHAS.

The work of the council is considered unique among the states for its high level of transparency and accountability in a major state program. The council provides an essential and trusted forum where all stakeholders in the public behavioral health system are represented and can influence policy and system change to improve access, quality, and cost-effectiveness. The relatively high ranking of Connecticut's behavioral health programs compared with other states is due at least in part to the work of the BHPOC.

The BHPOC is supported by one paid staff member. Thus, the costs associated with the council are minimal and savings to the state significant. Moreover, the advent of healthcare reform and Medicaid expansion, bringing many new beneficiaries, providers and dollars into the system makes feedback, planning and oversight more important than ever. At this time when the importance of access to timely and effective behavioral health services is much on the minds of policymakers, we believe the proposal to replace the BHPOC and its representation of varied constituents with a limited number of agency appointees under the auspices of the Council on Medical Assistance Program Oversight is simply inadequate to meet the challenge. This action would destroy Connecticut's model of public participation and governance of what is arguably one of the most important services the state can provide.

Folding behavioral health issues into the myriad responsibilities of the Council on Medical Assistance Program Oversight would be a step back and not likely to ensure the needed oversight and improvements to behavioral health services in Connecticut. For the decade prior to 2005, the Medicaid Council had a sub-committee for behavioral health, and it was the considered judgment of both leaders in the executive branch and the General Assembly, including U.S. Senator Chris Murphy (then State Senator Chris Murphy) that the BHP Oversight Council was necessary to ensure sustained attention to a very complex and important area of health services that a sub-committee had not been able to adequately address for the first decade of the managed Medicaid initiative.

On behalf of the consumers and families we serve, I respectfully urge you to reconsider the proposal to eliminate the Behavioral Health Partnership Oversight Council.

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