

**Appropriations Committee Testimony**  
**February 22, 2013**

My name is Kelly Phenix, I live in Bristol. I was appointed to the Behavioral Health Partnership Oversight Council (BHPOC) in August 2010. My role on the council is as an "Adult with a psychiatric disability". I represent the voice of the consumer. I oppose HB 6367, which calls for the elimination of the BHPOC. I have attached to my testimony information about what we do as an oversight council, but I would like to take this opportunity to ask the members of the appropriations committee a question.

At the first meeting of the Gun Violence Prevention working group, the members were given a "guns 101" demonstration by the state police. Why?...Because the working group members will be making policy and bill recommendations to the entire legislature. When the Mental Health Services Working Group held their first meeting there was no talk of "Mental Illness 101". Experts were asked to speak, however it quickly became painfully clear by the questions asked, that the Members are severely lacking in basic information about mental illness. A legislative member of that group suggested that maybe there should be a registry of "these people". As offended as I was at his suggestion, I recognize it as his ignorance and lack of education about mental illness.

How can Governor Malloy, the Appropriations Committee and the legislature as whole make recommendations, propose bills and vote on a topic that they do not understand? How many of you know the difference between a SPMI, Cognitive, Intellectual or Developmental disability? Do you understand that no diagnosis is simple and each has a whole spectrum of behaviors? Did you know that it takes on average 10 years for a person to get a proper diagnosis? Did you know that 1 in 5 people have symptoms of mental illness; while 1 in 20 have a SPMI? Do you know what services DCF, DMHAS and DSS offer for behavioral health, and then only if the person qualifies for State services? Do you know that it can take years to find the right combination of medications to achieve stability? Do you know that recovery is possible and the people you will hear testify today are a proof?

This morning I delivered a proposal to the Governor, President Pro Tempore, and the Speaker, recommending "Mental Illness 101" education be MANDATORY for every legislator. I am offering to educate you; surely every legislator can spare an hour to become better informed on a topic that is the focus of so many proposed bills. I will present basic factual, statistical and researched backed information about mental illness; I have attached the proposal to my testimony. My agenda is simple, to educate those who will be making decisions that affect over 700k residents in the State of Connecticut. Unless Governor Malloy has discovered the "cure" for mental illness, we still have a lot of work to do, on the BHPOC, as a State and Nation. We are currently in the spotlight because of Sandy Hook; please don't waste this opportunity to show that you are willing to become educated about a topic before you vote. I hope that you will all support my efforts and proposal.

Dr. Ezra Griffith recently asked at a SHAC meeting, "Where does it stop?" he was referring to safety and security measures for schools. But his question also applies to HB 6367, currently mental illness cannot be cured, but recovery is possible. Calling for the elimination of the BHPOC because the Governor feels we are duplicative is not the place to start, "Where does it stop?" When the stigma is gone, when everyone has access to the services, medications and supports they need and the State of CT stops trying to balance the budget on the backs of its most vulnerable residents.



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

I testify to express my concern that Bill No. 6367 eliminates 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.
- Key responsibilities of the council include review of proposed contracts, performance of state programs, proposals for service rates, and consumer grievance procedures. The council works to ensure quality and access to effective, community-based services across the state, while seeking to maximize federal revenues to support behavioral health services. Direct participation of consumers, youth and families has strengthened the access and understanding of the system by the people who use it.
- Council members are appointed by your office, legislative leaders of both 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, actively engage and participate in the council.
- The council holds well-attended meetings at the LOB, typically 11 months of each year. Following a recent streamlining of the committee structure, the council supports four active committees that focus on operational issues, coordination of care across the system, quality, access and policy for children and youth programs of the DCF, and 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 a 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 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, and therefore the costs associated with the council are minimal and savings to the State is 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 constituencies with a limited number of agency appointees under the auspices of 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 is 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. The use of parity for behavioral health services would unnecessarily be put at risk.
- Require transparency in how DSS sets rates and how funds are accounted for in the budget. Current budget combines various accounts with no explanation of what the impact on individual services is. **Prohibit the elimination of the Behavioral Health Partnership Oversight Council which allows transparency in how behavioral health rates are set and allows legislative oversight of this “at risk” segment of our healthcare industry.**
- Prevent cuts to DCF’s behavioral health services. After Sandy Hook we should be focusing on improving and not limiting access to mental health and substance use treatment. Also do not cut behavioral health rates in the DSS budget. These rates are already far below the costs of providing services.
- **Rather than protecting the safety net, this budget expedites the shredding of the safety net. We ask the Governor and legislators to heed our call: S O S! Save our Safety Net!**

I respectfully urge you to reconsider the proposal to eliminate the BHPOC. Thank you.

## **Mental Illness 101 Proposal**

**What:** a one hour presentation giving basic statistically and researched backed information about mental illness.

**Why:** To provide education so that all State of Connecticut Legislators can make informed decisions and votes regarding any proposed bills related to Mental Illness

**Who:** all members of the House and Senate (mandatory)

**Where/When:** TBD (at the LOB, in groups no larger than 25)

**By:** Kelly Phenix

At the end of the presentation, attendees will know the difference between a severe persistent mental illness, episodic situations (i.e., depression after a life event) Cognitive, Intellectual and Developmental disabilities. I will speak briefly about different therapies (talk, group, IOP, PHP, Inpatient, CBT & DBT), medication and recovery.

Each person will leave with a comprehensive list of resources for their own further education. I will also be available for questions, and will research and report back, or will provide an expert referral if asked something I don't know.

I will not comment during presentations on proposed bills, any legislator who would like my input can contact me directly.

It is my intent to educate legislators so they will be better prepared to vote on proposed bills, speak with their constituents and help to reduce the stigma of mental illness. I believe "knowledge is power" and to defeat the stigma associated with a mental illness proper education about what it is and is not is a great place to start.

Please contact me at [KellyPhenix@hotmail.com](mailto:KellyPhenix@hotmail.com) , or 860-202-6950, if you have any suggestions or research you feel should be included in my presentation

