

## Testimony

### **Public Hearing on Governor's Bill No. 6367, An Act Implementing the Governor's Budget Recommendations for Human Services**

Testimony of Galo A. Rodriguez, MPH, President and CEO,  
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to the Human Services Committee

February 22, 2013

Senator Slossberg, Representative Abercrombie, and Members of the Committee:

The Village for Families and Children is a multi-service agency that provides children's mental health treatment and integrated support services for families in the Hartford region and the state of Connecticut. As president of this 204-year old community-based organization, I am writing to recommend that the CT Behavioral Health Partnership Oversight Council, which is slated for elimination under the Governor's budget proposal, be maintained. I have served as a member of the Oversight Council for the past five years, and can attest to its value.

As background, the Connecticut Behavioral Health Partnership was established by the legislature in January 2006 as part of a major reform to improve access to mental health services. Clearly, in the wake of the tragedy at Sandy Hook Elementary School, this issue continues to require our focused attention.

The Partnership's primary goal is to develop an integrated public behavioral health services system for children and families enrolled in the state's Medicaid program and selected DCF behavioral health funding through an administrative services organization (ASO). These programs are funded by both federal and state dollars totaling nearly \$1 billion annually, and serve more than 783,000 eligible children and adults. Other goals include better management of state resources and increased federal funding for behavioral health services.

The Partnership consists of the Departments of Children and Families, Social Services, and Mental Health and Addiction Services; ValueOptions, the ASO; and members of the Oversight Council.

The legislature called for creation of this Oversight Council to monitor and guide the work of the Partnership. Council members are appointed by leaders of both the House and Senate, executive agencies and other offices of state government. More than 30 members – clients, families, advocates, mental health and medical providers, and state agencies – actively participate in the Council.

This broad representation is key to the Council's success. It brings together those providing services and those receiving them. Direct participation of consumers, youth and families has strengthened the access and understanding of the system by the people who use it. In addition, their voices services are extremely useful to ensuring that services meet the needs they are intended to meet.

The Council provides an opportunity to review regulation, guidelines and service rates proposed by the state agencies and make recommendations. We also review data, including about consumer satisfaction, which reveals how well the state programs are performing. With a variety of service providers at the table, we often discover ways to work better together, using our precious resources more effectively, and providing better service to our clients. Specifically, we can achieve our mutual goals of providing more individuals with services *within their communities*, which results in cost-savings to the state and better outcomes for clients.

With minimal expense (\$40,000 a year for one part-time staff person and stipends to allow consumers to attend meetings) and time (well-attended monthly meetings), this Oversight Council, in my opinion, results in greater efficiencies within the behavioral health delivery system.

The committees of the Oversight Council – with no additional funding from the Council – do actual work for the Partnership, leveraging all of the additional resources of its members. Examples of this are highlighted in an evaluation of the Partnership (CT BHP) conducted by the Connecticut Child Health and Development Institute and presented to the General Assembly in 2006.

Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS), developed by the Yale Child Study Center, is an intensive home-based model designed to prevent children and adolescents from requiring hospital or residential care or to support discharge from these settings. The intervention focuses on the child with psychiatric problems as well as the child's family, school and community. IICAPS was the first clinical service that had been subsidized through grants funded by DCF to be converted to a full fee-for-service model under CT BHP. The issues of determining a fair and reasonable rate and managing the transition process for this service were complex, requiring extensive data gathering, analysis, and negotiation. Much of this work was accomplished in 2006 with the assistance of the Behavioral Health Partnership Oversight Council's DCF Advisory Subcommittee. Much was learned from the process and methodology, which will serve as a model for future DCF grant to fee-for-service conversions.

Again, the tragedy in Newtown, CT illustrates the critical importance of a laser-like focus on improving access to mental health services, and any effort to merge this Oversight Council with a broader Medicaid council is going backward. For the decade prior to 2005, the Council on Medical Assistance Program Oversight 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 – behavioral health.

The Oversight Council provides for transparency, accountability, and the opportunity to improve a critical service system. In this era of great need and limited resources, this collaborative effort is what we as a state need more of – not less.