

STATE OF CONNECTICUT
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Testimony of Jamey Bell, Acting Child Advocate,
before the Human Services Committee
re HB 6367, An Act Implementing the Governor's Budget Recommendations for
Human Services Programs

February 26, 2013

Senator Slossberg, Representative Abercrombie and distinguished members of the Human Services 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 mental health services for children and monitor the emotional and behavioral health system supports for children and their families, across the lifespan. Most of the children, adolescents and young adults with whom we work directly are in need of behavioral health services, and are, or should be, receiving them in the community, or are placed in hospitals or residential treatment facilities, committed to psychiatric hospitals, or incarcerated within the juvenile justice or adult corrections systems.

1. The OCA opposes the elimination of the Behavioral Health Partnership Oversight Council.

It is estimated that in any given year, up to 20% of children in Connecticut struggles with a mental health or substance abuse problem. One-half to 2/3 of them never receive treatment.¹ The OCA has significant experience investigating the circumstances of children with the most severe needs in the service delivery system—in residential facilities and hospitals which provide the most intensive, restrictive and expensive care-- whose life course may well have been changed if their special needs had been identified early and appropriate services provided within their home, community and school, which are the natural environments for all children and essential for their health and well being. Wise public policy dictates supporting a child's optimal social-emotional development from birth. The most cost-effective approach to optimal mental health is to start in the earliest years to promote healthy brain development and strong and nurturing attachments.

¹ NAMI State Advocacy 2010, State Statistics: Connecticut; Center for Children's Advocacy: "Blind Spot: Unidentified Risks to Children's Mental Health", 2012.

Connecticut has invested extensively during the past several years in developing capacity within the children's and young adults' mental health systems. Many improvements have been made in the development of effective in-home and community based services for some of our most vulnerable children, youth and young adults. The most significant improvements have occurred for the Our work on behalf of children across state agencies, including DCF, DMHAS, DDS, DPH, and SDE, affirms that Connecticut's care of children has improved within all of these systems but the current infrastructure is fragile and uneven. It is still reported regularly that:

- needed services are not readily available in parts of our state, too often causing exacerbation of the child's needs or that there is a referral to inappropriate, but available, services;
- school systems are overwhelmed with students who are presenting with complex behavioral/emotional issues resulting in ineffective and dangerous interventions within the school, or suspension and expulsion of students; and
- our hospital emergency departments continue to experience extremely high and often disproportionate numbers of patients with complex mental health needs who spend days in the emergency department because of lack of appropriate resources in the community or other treatment facilities. This has the unfortunate consequence of diverting critically needed medical resources to other patients with potentially life-threatening conditions;
- families in need of services or supports across state agencies still face incredible challenges navigating the disparate systems.

It is imperative that we continue to support the progress already made, and ensure that identified gaps in services are filled, that children and young people and their families have timely access to needed services, and that we provide those services in the least restrictive, most natural environments possible. State agencies must be held accountable to demonstrate their ability to work together to minimize ineffective and costly overlaps, streamline access to needed services and ensure that their resources and expertise are shared.

A part of the system that IS working is the Connecticut Behavioral Health Partnership (CTBHP). Although there has not yet been a rigorous, independent analysis of the carve-out of behavioral health services from the Medicaid program, which created the CTBHP, much evidence and our office' extensive experience suggests that the BHP has been a strong success.

A January 2013 report by the Office of the Healthcare Advocate (OHA) highlights the fact that individuals who receive their services under the Connecticut Behavioral Health Partnership experience a process that integrates mental health and substance use services into overall healthcare. The CTBHP approves services at a higher rate than private insurance plans do.² (OHA is pursuing grant funding to conduct an independent study of the CTBHP to determine whether the CTBHP and some of the associated evidence-based community-based services it offers might be model of behavioral health service delivery to all residents of the state.) Further, Community Health Network of CT (CHNCT) conducts mental health assessment of its members, which includes screening for depression resulting in early intervention.

² Office of the Healthcare Advocate, "Findings and Recommendations: Access to Mental Health and Substance Use Services January 2, 2013"

One essential element of that success has been the consistent, multi-disciplinary and independent oversight of the BHP provided by the Behavioral Health Partnership Oversight Council (BHPOC). The BHPOC is a true stakeholder council that oversees the operation of the CTBHP. The OCA participates on this council's Child/Adolescent Quality, Access and Policy Committee. The BHPOC exercises its authority under a statute that appropriately allows for a level of independent monitoring and stakeholder involvement in the delivery of mental health and substance use services that is unprecedented in our state. Such oversight is critical to continued stakeholder participation and the success of the CTBHP. There are minimal savings associated with the elimination of the BHPOC. The savings are far outweighed by value that the BHPOC brings to an integrated behavioral health delivery system for Medicaid enrollees. Elimination of the BHPOC is inconsistent with efforts to improve our state's mental health and substance use services delivery system and ensure accountability of that system.

2. 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

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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 the dental care carve-out.

Thank you for the opportunity to provide testimony.

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