

**Testimony in Opposition to Provisions in HB 6367
That Eliminate the Behavioral Health Partnership Oversight Council**

**Jeffrey Walter
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Senator Slossberg, Representative Abercrombie and members of the Human Services Committee, my name is Jeffrey Walter and I am President and CEO of Rushford Center, a non-profit behavioral health organization that serves more than twenty-five communities in central Connecticut. I have also served as a co-chair of the CT Behavioral Health Partnership Oversight Council since the program's inception in 2006.

I am here today in opposition to the provisions of HB 6367, An Act Implementing the Governor's Budget Recommendations for Human Services, that eliminate the Oversight Council. This proposal does not save money and, in fact, serves to undo years of work that has helped to improve access to behavioral health services and the cost effectiveness of those services. In a word, the elimination of the Council will cost the state significantly.

The Oversight Council is comprised of representatives from all stakeholder groups, including state agencies, legislators, consumers, advocates, and providers across the spectrum of service categories. The Office of Policy and Management, in its testimony earlier today, stated that the BHP Council represents a conflict of interest because providers are at the table and that the Oversight Council is redundant to the work of the Council on Medicaid Oversight. In fact, the BHP Council composition is well-balanced, with provision for 12 providers, 11 consumers or advocates, 12 legislators or their designees, and 9 state agencies. The Council embodies an uniquely democratic and open process. Working collaboratively with the Departments of Social Services, Children and Families, and Mental Health and Addiction Services, as well as the administrative service organization, Value Options, the Council has championed innovative approaches to the delivery of high quality behavioral health services to the more than 700,000 state residents who are enrolled in Medicaid and Charter Oak health plans. For example, the Council brought together hospital and outpatient providers to develop pay-for-performance initiatives that have resulted in a decrease in expensive inpatient care and an increase in access to cost effective outpatient services. The DSS is now considering P4P for the medical program, as well. As a result of these types of measures and careful oversight of the program in general, behavioral health costs, on a per member basis, has remained nearly flat over the past several years. This is a favorable result in comparison to the rest of the Medicaid program.

As for the argument that the two councils are redundant and uncoordinated, the very reason that the Partnership and its Oversight Council were conceived by legislative leaders in 2005 was that there was broad understanding and concern at the time that consumers were not receiving adequate behavioral health services. The Oversight Council is an important ingredient in the overall success of the Partnership. I also want to make you aware that the two councils already coordinate their activities, by holding

joint sub-committee meetings and through my participation as a member of the Medicaid Council and its executive committee.

In closing, the public accountability and transparency that the Oversight Council affords the behavioral health program is a model of open state government and an approach to be emulate, not destroyed. There can be no plausible reason for eliminating something that is working so well and, as OPM stated, for which there is no fiscal impact. In light of recent events, we need to do more in the area of mental health, not less. Taking away focus on behavioral health, by eliminating the Oversight Council, will set back the program ten years and silence an important voice of advocacy on behalf of Connecticut citizens with behavioral health disorders.

I thank you for your consideration.

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