

**Testimony of the National Alliance on Mental Illness (NAMI) Connecticut
And Keep the Promise Coalition Children's Committee
Before the Program Review and Investigations Committee
March 3, 2014**

IN SUPPORT OF

H.B. No. 5371 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE STUDY ON ACCESS TO SUBSTANCE USE TREATMENT FOR INSURED YOUTH AS THEY RELATE TO THE DEPARTMENT OF CHILDREN AND FAMILIES.

H.B. No. 5374 (RAISED) AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE STUDY ON THE DEPARTMENT OF CHILDREN AND FAMILIES AS THEY RELATE TO PREPARATION OF YOUTHS AGING OUT OF STATE CARE.

Senator Kissel, Representative Mushinsky, and members of the Program Review and Investigations Committee, my name is Daniela Giordano and I am the Public Policy Director with the National Alliance on Mental Illness (NAMI) Connecticut. I am also staff to the Keep the Promise (KTP) Coalition. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. The KTP Coalition is Connecticut's largest group of stakeholders advocating for smart policy reforms and systems change to benefit children, youth and adults impacted by mental health challenges. I am here today on behalf of NAMI Connecticut and the KTP Children's Committee, including on behalf of Abby Anderson and Ann R. Smith, the Executive Directors of the CT Juvenile Justice Alliance (CTJJA) and the African Caribbean American Parents of Children with Disabilities, Inc. (AFCAMP), respectively, who co-chair the KTP Children's Committee. We are testifying today in support of **HB 5371** and **HB 5374** which implement the recommendations of the PRI studies on access to substance use treatment for insured youth as they relate to DCF and on DCFs' preparation of youth aging out of state care, respectively.

The goal of HB 5371 is twofold 1) to enhance programmatic offerings by certain state health agencies in order to provide more efficient and effective services to youth, adolescents and young adults who are dealing with behavioral or substance abuse issues and 2) to enhance public-private collaborations to improve access to services, including through enhanced funding opportunities. Improved access is crucial considering that although one in five of all children have an emotional-behavioral disorder, the vast majority, 70 to 80 percent of children and adolescents with a diagnosable mental health condition, fail to receive mental health services.¹ Additionally, 65-75% of youth in juvenile detention have a

¹ U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999

diagnosable behavioral health condition², making access to appropriate services even more relevant to protect our young people from entering the juvenile justice system due to the failure of systems.

One of the provisions of HB 5371 requires the Departments of Mental Health and Addiction Services (DMHAS), Public Health (DPH) and Children and Families (DCF) to develop a proposal to establish an urgent care center for individuals with behavioral health concerns to be **operated by both public and private entities**. The rather comprehensive array of mental health and substance use services available in public insurance stands in contrast to the narrow coverage for people paying for private insurance. This issue of coverage discrepancy becomes compounded by the higher denial rate for services of mental health and substance use compared to medical/surgical benefits and has been identified as an area in dire need of improvement. According to a 2013 report by the Office of the Healthcare Advocate (OHA) on access issues for mental health and substance use services "complaints about access to mental health and substance use services have exceeded all other types of clinical complaints. OHA's internal experience shows that mental health and substance use access to care issues under both fully insured and self-funded plans are denied at a higher rate than medical cases."³ Thus, enhancing collaboration between public and private entities is a necessary and welcome step in the right direction.

In order to get better data, HB 5371 requires that DCF collect information from service providers to be able to **assess the accessibility of in-home behavioral health services of privately insured children and youth** and assess the presence and extent of cost-shifting from private insurance to the state. As noted above, denial of services for mental health and substance use services occur at a disparate rate compared to denials of other health services. Pursuant to this initiative, DCF would collect information for a specified and limited amount of time in certain cases in which families seek treatment. The information would come from providers of in-home behavioral health services and would include, but not be limited to the name of the insurance carrier, acceptance or denial of coverage and cost-sharing agreements. DCF would then report an assessment of accessibility to such services, the extent of cost-shifting and potential remedies to the legislature the following year.

The final provision in HB 5371 requires DMHAS and DCF to **develop a substance abuse recovery support plan to provide services to adolescents and young adults** throughout the state. This plan is to include ways to increase community support for adolescents and young adults, alert them that this support is available, and lay out options for the implementation of this plan, including securing access to public and private funding. Such a plan is important as mental and substance use conditions often co-occur, meaning individuals with substance use conditions often have mental health conditions and vice versa. Additionally, integrated care, meaning individuals receive care for both the mental health and substance use conditions at the same time, has been associated with lower costs and better outcomes.⁴

² Teplin, L. Archives of General Psychiatry, Vol. 59, December 2002.

³ Findings and Recommendations: Access to Mental Health and Substance Use Services. January 2013. Victoria Veltri, JD, LLM, State Healthcare Advocate. Available at: http://www.ct.gov/oha/lib/oha/report_of_findings_and_recs_on_oha_hearing_1-2-13.pdf

⁴ Substance Abuse and Mental Health Services Administration (SAMHSA). About Co-Occurring. Retrieved March 4, 2014 from <http://www.samhsa.gov/co-occurring/default.aspx>

HB 5374 requires the Department of Children and Families (DCF) to submit a **progress report to the legislature on the steps it has taken to comply with the recommendations contained in the 2014 Program Review and Investigations (PRI) report on *DCF Services to Prepare Youth Aging Out of State Care***. The report proposed in this bill is due February 2015 and will allow legislators, advocates, families receiving services and the public to have better data regarding DCF services and gaps in services. This is particularly crucial in light of the Program Review and Investigations report's overall finding that "a comprehensive assessment about how well DCF is preparing youth who age out of DCF care is not possible at this time, and is hindered significantly by a lack of quality aggregate information on program activities and measures, and individual youth outcomes."⁵ The PRI recommendations are numerous and cover issues that youth aging out of foster care, providers and advocates have been voicing for some time, e.g., permanency, housing, education, employment, healthcare, life skills, youth empowerment and already required data collection (of the federal National Youth in Transition Database and statutorily mandated cost analysis report on the federal Fostering Connections).

For example, the following are several of the many valuable recommendations in the PRI report. Under the rubric of **transition/discharge planning**, it is recommended that "DCF should develop enhanced discharge tools and checklists to ensure planning occurs in an earlier, well-timed, and orderly manner to allow for periodic assessments to address any developmental delays in particular for educational and post-secondary readiness. A multidisciplinary approach should be used to address permanency, education, life skills, and medical/mental health issues." In order to improve youth' **access to housing** "DCF should examine its existing placement options to ensure current and future residential needs are being met in the least restrictive setting. The department must ensure social workers and regional offices are aware of local housing assistance services available to young adults. DCF and local housing authorities and community-based organizations should continue to leverage resources to assist youth locate affordable, safe, and stable housing." The need for much better housing transitions is highlighted in a recently published report on youth homelessness that found that of the almost one hundred youth interviewed half reported family contact with DCF.⁶ In order to **improve access to and management of health care issues**, "[i]mprovements should be made to ensure better data-sharing occurs in a timely fashion for youth transitions to DMHAS and DDS." Understanding progress made in the different areas where gaps in services, communication or access have been identified seems like a logical and necessary next step.

We thank the PRI Committee for choosing to conduct both of these important studies and appreciate the hard and thorough work of both the committee members and the PRI staff.

Thank you for your time and attention. We are happy to answer any questions you may have,
Daniela Giordano

⁵Department of Children and Families Services to Prepare Youth Aging Out of State Care. Final Staff findings and Recommendations Report. February 2014.

Available at:<http://www.cga.ct.gov/pri/docs/2013/DCF%20EXECUTIVE%20SUMMARY.pdf>

⁶ Invisible No More: Creating Opportunities for Youth Who Are Homeless. Derrick M. Gordon, Ph.D. and Bronwyn A. Hunter, Ph.D. The Consultation Center. Yale University School of Medicine. December 2013.

