



Human Services Committee Public Hearing
March 6, 2014

Testimony on SB 322
Submitted by Richard Porth, United Way of Connecticut

My name is Richard Porth and I serve as CEO of United Way of Connecticut. This testimony is provided for SB 322, An Act Concerning a Behavioral Health Clearinghouse.

We applaud state leaders in DMHAS, DCF, the Office of the Healthcare Advocate, and the legislature for the ongoing efforts to strengthen and improve access to behavioral health services. Through our 2-1-1 health and human services contact center, United Way of Connecticut knows first-hand of the importance of this work. In 2013, 2-1-1 recorded more than 41,000 requests for outpatient mental health services. In fact, in 2013 accessing mental health services was the third most prevalent reason people across the state called 2-1-1, after housing/shelter and utility and heating assistance. About half of these calls were related to the work 2-1-1 does for the Department of Children and Families' Emergency Mobile Psychiatric Services for children and youth. But 2-1-1 also fielded thousands of calls and requests over helplines, suicide prevention hotlines, domestic violence hotlines, general counseling services, and for substance abuse services.

Connecticut residents in the thousands have turned to 2-1-1 for years now, for crisis intervention and to learn about and access a multitude of behavioral health and substance abuse services provided by government agencies and non-profits. They do it because the 2-1-1 call in number is easy to remember no matter what the nature of their health and human service need is and because 2-1-1 works hard all year to make sure that our database of health and human services is accurate and up to date.

As you continue your efforts to improve access to behavioral health services, we hope that you will build on the infrastructure that already exists as provided through DMHAS, DCF, 2-1-1 and others. One useful way to think about this is that 2-1-1 is generally seen as the go-to place for crisis intervention (in conjunction with public safety agencies accessed through 9-1-1 as necessary) and the connection to

safety net services. The demand for assistance is great; last year over 450,000 callers contacted 2-1-1 for help finding and accessing needed services.

People's situations are unique and sometimes there are no services that address the need(s) of a caller. From our experience as the entry point for many Connecticut residents seeking help with behavioral health concerns, the greatest existing need is for access to longer term mental health care, especially when that care is provided by private providers and/or paid for through private insurance.

The Office of the Health Care Advocate has done an excellent job advocating on behalf of Connecticut's privately insured residents having trouble accessing health care services and/or getting their insurers to pay for health care services. The state can build on this OHA role and complement the existing mental health service infrastructure by authorizing OHA to develop a comprehensive, searchable directory of private sector behavioral health providers that could include up to date information on provider practice type and specialty, insurances that are accepted, level of care, service availability, contact information and so forth. United Way of Connecticut supports the recommendation that OHA do this work and will collaborate with OHA on this work. Again, a focus on behavioral health services offered by private providers along with guidance and assistance for those who are privately insured and having trouble getting their insurance to cover behavioral health services would address a real need in the current behavioral health services delivery system.

We look forward to working with OHA and all of our partners to support the State's efforts to strengthen Connecticut's behavioral health services infrastructure.

Thank you.