

Testimony before the Insurance Committee re: HB 6887, An Act Expanding Coverage for Mental Health Care Services and Substance Abuse Services, February 16, 2017

Good morning, Senator Kelly, Senator Larson, Representative Scanlon, & members of the Insurance Committee:

My name is Margaret Watt and I am the Executive Director of the Southwest Regional Mental Health Board, based in Norwalk. Our role is to engage the various stakeholder groups in our communities in the planning and monitoring of the behavioral health system.

I am here in support of HB 6887, An Act Expanding Coverage for Mental Health Care Services and Substance Abuse Services. This act specifically responds to issues raised in our communities by promoting insurance coverage for case management services and for services provided by certified peer support specialists. Both these types of services are of demonstrated value, improving outcomes, expanding access to a range of recovery supports, saving money on more costly services such as inpatient hospitalization, and—in the case of peer support services—providing meaningful employment to people in recovery.

Case Management

In our recent regional needs assessment, case management services were compared to Maslow's "basic needs." If you have ever been in the position of caregiver for someone with special needs, whether an adult with a chronic mental illness, a child with autism, or a parent with dementia, then you've personally experienced the frustrations of trying to be your own case manager: having to make time to educate yourself, research programs, advocate for services from education to employment to housing, coordinate transportation and home care, and find ways to cover costs. Case management is part of the service provided to people served in the public behavioral health sector, but not in the private sector; it is an equity issue. In addition, we hear from many private providers who want to help their clients with case management but can't afford the unpaid service hours.

Peer Support Services

Peer supports are services delivered by someone who has lived through a similar experience and can therefore connect and relate on a different level from a clinical provider. I am always struck by how often people cite peer supports as *the most important aspect* of their recovery journey. Peer services have been shown to be not only effective but to save money (*please see attachment*), and they benefit both the peer who is receiving support and the peer providing support.

Peer support includes a range of programs. For example, CT's Community Bridgers are peers who help people transition successfully from hospital to community settings. In Massachusetts, the Afiya peer respite program is an effective and low-cost alternative to hospitalization. These programs work well precisely because they are delivered by peers; they would be unlikely to be as effective if delivered by clinicians.

Unfortunately, in CT relatively few people can benefit from peer support services because of the reality that people get the help that their insurance company covers. In CT, peer supports are primarily available through the Mental Health Waiver program, which serves Medicaid-eligible people with severe mental illness as a nursing home diversion program, or through DMHAS grant-funded programs which do not reach all parts of society (and which are at risk of cuts, especially in this budget climate).

Another reality is that our traditional mental health workforce is stretched thin. In the Southwest part of the state, there is a ratio of 62 clients per social worker, compared to the national standard of 40:1-50:1, which is likely to get worse as budgets shrink and programs cut back on staff. At the same time, we have a workforce of some 800 trained Recovery Support Specialists who have not found employment. Insurance reimbursement would support programs and organizations, including in the private sector, to hire these trained, certified peers. This is an opportunity that has the potential to improve people's quality of life and whole health, expand the mental health workforce, increase employment for people who have been labeled with a psychiatric disability, and reduce costs.

Thank you for your consideration of these services for people with mental health and/or substance use challenges. We would be happy to help further these discussions.