



**Testimony of Glenn Focht, MD, President of Connecticut Children's Specialty Group
to the Public Health Committee regarding HB 5162,
An Act Requiring a Study of Funding for Mental Health Services
February 28, 2018**

Senator Gerratana, Senator Somers, Representative Steinberg, members of the Public Health Committee, thank you for the opportunity to share my thoughts about HB 5162, An Act Requiring a Study of Funding for Mental Health Services.

My name is Dr. Glenn Focht, and I am President of the Connecticut Children's Specialty Group. I am submitting this testimony in support of this proposed legislation given the persistent and pervasive lack of access to behavioral health services for children.

Before commenting on the bill, I want to provide some background about Connecticut Children's. We are a nationally recognized, 187-bed not-for-profit children's hospital serving as the primary pediatric teaching hospital for the University of Connecticut School of Medicine and the Frank H. Netter MD School of Medicine at Quinnipiac University, as well as a research partner of The Jackson Laboratory. Connecticut Children's is the only hospital in the State dedicated exclusively to the care of children and has a medical staff of nearly 1,100.

While driving innovation in pediatrics, Connecticut Children's offers a continuum of care for children, from primary prevention and health promotion to disease management. We are partnering with hospitals in our region so our experts can provide more of the care children need closer to home. In the last year, for example, we expanded the scope of our statewide newborn services network. Our neonatologists currently staff the Neonatal Intensive Care Units (NICUs) at the Eastern Connecticut Health Network and the Hospital of Central Connecticut and the well newborn nurseries at Backus Hospital, Midstate Medical Center and Windham Hospital. In July 2018, we will add NICU services at Western Connecticut Health Network in Danbury and Norwalk. This partnership strategy, including our launch of the State's first pediatric telehealth network in 2018, will allow more families to benefit from the unique expertise of Connecticut Children's clinicians and access the programs and services their children need to grow, learn and succeed.

Connecticut's children and young adults are experiencing avoidable deaths. By far, the main cause of these deaths are due to suicide, substance use disorders, and accidents with substance use disorders as a contributing cause. Together, these three issues account for 74% of deaths in 15-24 year olds. Despite this grim reminder, the State has policies in place that limit children's access to behavioral health clinicians in primary care practices, as well as acute hospital and

school settings. Policies that functionally make it difficult for children to receive care in trusted settings such as these are a root cause of this mortality.

Connecticut's challenge to provide adequate services for children and youth in behavioral health crisis is a longstanding problem that demands a comprehensive solution. The time from onset of symptoms to active evidence-based treatment in children exceeds seven years. Adults, on the other hand, experience average delays in mental health treatment measured in months, not years. This is despite the mandates of the Affordable Care Act in 2014 and Mental Health Parity Act of 1996, that require Medicaid and private insurers to offer mental health and substance abuse coverage that is on par with other medical benefits. Much of this delay for children is due to the lack of clinical behavioral health competencies deployed in settings where children are or visit. This is structurally reinforced by a system of delivery in Connecticut that forces kids and families into unfamiliar mental health settings. Literature identifies 1 in 5 children will have at least one behavioral health diagnosis in the first 18 years of life. Forcing them to receive care outside of primary care and school settings is irrational.

Examples of the deficiencies in Connecticut's behavioral health delivery system that negatively impact children and families includes:

- required authorizations for psychiatry consults for patients in the Emergency Department,
- no reimbursement for behavioral health telemedicine services offered to Connecticut's Medicaid patients,
- required authorizations for behavioral health care in an ambulatory setting where there are no similar requirements for medical services, and
- numerous fiscal and regulatory barriers to deploying integrated behavioral health clinicians in primary care school and specialty care settings.

Providing the type of care that children and adolescents deserve calls for the implementation of an integrated behavioral health delivery ecosystem. Connecticut Children's would welcome the opportunity to collaborate with State leaders to consider models from other states that could provide changes our children deserve. In one such model in Massachusetts, a pediatric integrated behavioral health model was recently developed and deployed as a new clinically and fiscally sustainable model. This initiative involved the integration of behavioral health care practitioners into more than 70 primary care practices, dramatically expanding access to care for a wide range of conditions including anxiety, depression, adjustment disorder, situational stressors, and the behavioral health needs of patients with chronic medical illnesses and substance use disorder.

A sustainable behavioral health ecosystem requires the creation of new capacity to provide care in new ways and new settings via integration. The model should include components such as:

- leveraging the ability of primary care medical homes to participate in population health models and care coordination,
- realizing the capacity for telehealth to support primary care providers and pediatric subspecialists in delivering integrated behavioral health care,
- increasing the availability of inpatient care, inpatient alternatives like partial hospitalization programs and specialty care psychiatry,

- implementing key care process innovations such as providing the graduates of inpatient units with 120-day access to telepsychiatry care, and
- removing payment and policy barriers which prevent the deployment of new clinically and fiscally sustainable care models.

The status quo is an unacceptable practice from every perspective. Connecticut, as a payer, has not updated its own policies or those of its behavioral health carve outs to achieve the necessary parity in the administration of behavioral health benefits. A legacy system that says no to patients and creates unnecessary administrative burdens for providers continues to be in place with no process or timeline for the sunseting of these archaic, misaligned and harmful policies. It is suboptimal for bed availability, healthcare costs, and the healthcare system. We urge legislators to prioritize the transformational change that will allow our children to become the thriving adults who will lead our future and we welcome the opportunity to partner with you in that effort.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Jane Baird, Connecticut Children's Senior Director of External Relations, at 860-837-5557.