



**Testimony of the Alliance for Children's Mental Health (ACMH)
Before the Public Health Committee
March 1, 2018**

OPPOSITION TO:

HB 5162: *An Act Requiring a Study of Funding for Mental Health Services*

Good afternoon Senator Gerratana, Senator Somers, Representative Steinberg, and members of the Public Health Committee, my name is Susan Kelley, and I am Director of the Alliance for Children's Mental Health (ACMH) (formerly, KTP Children's Committee). ACMH is a statewide policy and advocacy group in that focuses solely on children's mental health issues, including the critical overlap of mental health with child-serving systems such as education, child welfare, and juvenile justice in Connecticut. Through our collective voice, we advocate for smart policy and better outcomes for all children in the state. I am testifying in opposition to proposed HB 5162.

We are mindful of our state's fiscal crisis, and very much appreciate all of your many hours of hard work to find workable and balanced solutions in the face of so many competing yet compelling interests.

ACMH's opposition to HB 5162 is framed in terms of questions and concerns we have about the proposed study's narrow focus on funding of in-patient bed capacity in the state, and the efficacy of such a study when considered against several efforts already underway in the state which will impact issues of funding of children's mental health services and behavioral health data collection/sharing.

HB 5162 would require the Department of Mental Health and Addiction Services (DMHAS), the Department of Public Health (DPH) and the Department of Children and Families (DCF) to, among other things:

"study the funding of mental health facilities and other mental health service providers in the state. Such study shall include an evaluation of the availability of inpatient beds for treatment of children diagnosed with mental health or substance use disorders and the admission of such children to the emergency department when such beds are unavailable."

On the one hand, the availability of inpatient beds and delays in the ER for children with complex mental health needs continues to be a problem in the state which suggests that a study focusing on funding around these issues would be a good one. On the other hand, DMHAS and DCF recently studied inpatient bed capacity, as required by 2016 legislation, and they produced reports and recommendations to the legislature last year. Here is link to the report: [DMHAS Psychiatric Services Study Report](#). (DCF portion of report begins on p. 49). While funding was not the express focus of these reports, the study took a deep dive into the issue. ACMH is further concerned with the narrow focus of the study when there are other important funding and interrelated issues facing the state which impact not only the inpatient

bed capacity issue but the overall effectiveness of our children's mental health system as a whole , such as the availability of step down services which are necessary to provide a full continuum of community based services so children with complex needs do not need to resort to the ER in the first place and/or have services available to them when they leave the ER; and the need to coordinate services and funding of services between child serving agencies, particularly concerning children with developmental disabilities and co-occurring disorders, including mental health issues, so that children with complex needs can get the services they need.

The question of whether the proposed study would be appropriate and a good use of time and resources of the three agencies should also be considered in light important initiatives already underway in the state. These efforts will have the ability to address the sought after information and/or will have significant impact on inter-related issues such as those referenced above. For example, the Children's Behavioral Health Plan Implementation Advisory Board currently has a subcommittee conducting fiscal mapping of mental health services across child serving agencies, which would include DPH, DCF, and DMHAS as well as the Department of Developmental Services, Department of Social Services, and the State Department of Education. There are certainly challenges to getting agencies to provide information for this fiscal mapping project but the ultimate goal is to quantify funding of all state agency-funded mental health services, including in-patient psychiatric beds. It is not known whether there would be an appropriate intersection between the proposed study of HB 5162 and the fiscal mapping work already begun by the Advisory Board, or whether it would be duplicative.

Similarly, the Developmental Disabilities workgroup of the Medical Assistance Oversight Council has been addressing how to achieve effective service delivery for children with developmental disabilities and co-occurring disorders, such as mental health challenges, and their families. The workgroup recently issued its July 2017 report to the Legislature which included recommendations regarding "how to better evaluate the quality of state-funded services to children, and how best to address gaps in services so that Connecticut can realize a comprehensive and coordinate service system for children and their families." Here is a link to the report: [July 2017 Developmental Disabilities Workgroup Report](#) . Since many children with developmental disabilities and co-occurring disorders too often end up in the ER and may require in-patient psychiatric care, the workgroup's report is fundamentally related to the information sought from the proposed funding study. The workgroup is continuing to meet and will be addressing in the coming months the " potential for bundled/braided payment or other pooled funding models for medically-necessary and *other critically needed* home and community support services for children and youth with developmental disabilities."

Another noteworthy initiative is the Health Information Exchange that is underway by the new Office of Health Strategy led by executive director Vicki Veltri. This exchange would be comprised of data obtained across child serving agencies, behavioral health providers in the community, and hospitals. The concept is to have an overall network comprised of networks that can read each other's data, such that a hospital or provider could track a consumer of behavioral/mental health services wherever and whenever they come into the system. Ultimately, data will be able to be extracted and analyzed in order to glean information on hot spots, funding of services, and gaps in services.

While this system is not yet in place, it would appear that the exchange could have significant impact on various efforts to address funding of services and other important aspects on current reform efforts in children's mental health in the state, including the proposed HB 5162 study.

It appears that the health exchange and the other aforementioned efforts will most likely shed significant light on what is needed and how best to accomplish children's mental health reforms, including the funding questions posed by the proposed study. Therefore, ACMH believes that under the current circumstances, the proposed study should not be required.

Thank you for your time and attention.

Respectfully submitted,

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Director of Children's Policy, NAMI Connecticut

ACMH is housed at NAMI Connecticut; NAMI Connecticut is a member participant and fiduciary for AMCH

Organizations/individuals joining in the above testimony:

NAMI Connecticut

CTJJA

Empowering Children and Families

Lori Clemente, Parent (Killingworth)

ACMH Member Participants

This list of member participants does not indicate that each organization or individual joins in the above ACMH testimony.

Connecticut Juvenile Justice Alliance (CTJJA)

CT Legal Services

CT Community Non Profit Alliance

Family Forward Advocacy CT

CT Voices for Children

Center for Children's Advocacy (CCA)

African Caribbean American Parents of Children with Disabilities (AFCAMP)

Connecticut Alliance of Foster and Adoptive Families (CAFAF)

National Alliance on Mental Illness, Connecticut (NAMI Connecticut)

National Association of Social Workers, Connecticut

Family and Children's Aid, Danbury (FCA)

Dr. Irving Jennings, child psychiatrist, FCA

Child Guidance Center of Southern CT
Clifford Beers
The Village of Children and Families
Jesse Lewis Choose Love Foundation
Susan Graham, Family Champion and CONNECT consultant
Christine Rowan, Parent (Newtown)
Lori Clemente, Parent (Killingworth)
Grace Grinnell, Parent (Canton)
David Marcus, Parent, Innovative Advocacy Solutions LLC
Connecticut Association of School Based Health Centers
Yale School of Public Health
Child Health and Development Institute (CHDI)
Child First
Office of the Child Advocate
Stamford Youth Services Bureau
Early Childhood Alliance
Empowering Children and Families
Kids in Crisis
Academy of Child and Adolescent Psychiatry
Dr. Frank Fortunati, Yale
CT Council of Child and Adolescent Psychiatry