

TESTIMONY OF ERIC ARZUBI, MD  
BEFORE THE BIPARTISAN TASK FORCE ON GUN VIOLENCE PREVENTION AND CHILDREN'S SAFETY  
MENTAL HEALTH SERVICES WORKING GROUP

January 29, 2013

Senator Harp, Representative Wood and members of the Bipartisan Task Force's Mental Health Services Working group, my name is Eric R. Arzubi, M.D., and I am a child and adolescent psychiatry fellow and member of both the Executive Committee of the Connecticut Council of Child and Adolescent Psychiatry and the Schools Committee of the American Academy of Child and Adolescent Psychiatry. I am also the co-chairman of the Keep the Promise Coalition and founder of its Children's Committee, which is Connecticut's largest group of stakeholders in children's mental health, including families, advocates, and physicians, as well as school-based and community-based mental health service providers.

In the days following the Newtown tragedy, I volunteered at the counseling center that was set up at the Reed Intermediate School. There, I witnessed first-hand the unimaginable pain that was experienced by children and families in the community.

Whether a child needs services to assist in coping with life's most traumatic events or whether a child is afraid of going to school for fear of being bullied by classmates or a child is diagnosed with a serious mental illness, we must all recognize that the tragedy in Newtown highlights the need for widely accessible quality mental health services for all our children. One in 10 children lives with a serious mental or emotional disorder and only 20% will receive the help they need and deserve. Too often, adults are ill-equipped to interact with children trying to cope with an undiagnosed or untreated mental illness-, leading to unfortunate and harmful consequences, including suspension or arrest.. And, with one in 14 Connecticut high school students attempting suicide, our adolescent mental health system is particularly vulnerable to preventable tragedies.

Luckily, treatment models do exist that can meet the needs of children where they spend most of their waking hours: at school. About 80% of children who do get mental health services access them at school. Comprehensive school-based health centers (SBHCs), those offering both medical and mental health care, provide critical services regardless of the student's ability to pay. Because of their location, the clinicians at school-based health centers are first-hand witnesses to factors that impact student health and academic achievement — including bullying, school violence, depression, stress, and poor eating habits — some of which health providers outside a school setting may miss. Clinicians at SBHCs have the time and the resources to address the many challenges that students may bring with them to the classroom.

The Legislature recognized the importance of SBHCs during the 2012 Legislative Session when it approved funding for 20 new SBHCs to be located in the Alliance districts. Unfortunately, this new funding was subject to the Governor's rescissions in late 2012. I urge this Committee to reinstate the funding that was promised last year and to consider further expanding the number of SBHCs . Now, more than ever, our children need access to mental health services in schools.

Connecticut must also do a better job of holding the private insurance companies accountable for upholding the Federal Mental Health Parity and Addictions Equity Act, which prohibits insurance plans from placing

greater restrictions on access to mental health care than on medical/surgical care. This applies to medication as well as to the types of inpatient and outpatient treatments covered by insurance plans. During my psychiatry training, I've worked at 6 different hospitals, each of which has faced the same problems obtaining reimbursement from private insurers. It is not uncommon for private insurers to deny coverage for inpatient hospitalization or a partial hospital program, even for a patient who is at risk for committing suicide. By denying first and asking questions later, insurance companies often hurt patients and their families in what are often the most difficult times of their lives. I have spent countless hours speaking with insurance companies in an effort to fight denials of coverage - I only appeal these denials when they are in fact "medically necessary" in the true sense of the phrase.

Another popular strategy employed by insurance companies is "cost-shifting". Publicly traded insurance companies know that many patients have secondary or tertiary insurance coverage. In other words, if the primary insurer denies coverage, a secondary or tertiary insurance policy is likely to cover services. I've seen this dozens of times in child mental health: a publicly traded insurance company denies coverage for inpatient hospitalization in the case of a suicidal child. That insurer knows that the family has secondary coverage through the Behavioral Health Partnership, the mental health arm of HUSKY or Medicaid. The Behavioral Health Partnership often does the right thing and pays for the services, shifting the costs to taxpayers.

Thank you for taking the time to listen to Connecticut residents today as we talk about our mental health system and ways to improve delivery of services. I am happy to answer any questions you may have.

Sincerely,

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