TESTIMONY OF STEPHEN W. LARCEN, PH.D. BEFORE THE BIPARTISAN TASK FORCE ON GUN VIOLENCE PREVENTION AND CHILDREN'S SAFETY

Mental Health Services Working Group

Thank you Senator Harp, and Representative Wood, and members of the Task Force for your thoughtful review of mental health services and consideration of actions that can be taken to improve our system of care. My comments will be brief and highlight four areas I would urge you to consider:

1. **Children's Mental Health Services**. There are a range of initiatives that should be enhanced to improve referral and outreach to better serve children. This includes the Mental Health First Aid program endorsed by the President, to better equip school staff in the referral to needed services, and leveraging this national effort with a Connecticut supported initiative would make good policy sense. We can also expand some of the evidence based in-home services to support children and families as recommended by the Child Development Institute. Engaging private insurance payers to include these in-home services would make a difference in the cost shift to the State, and more importantly improve access and provide better outcomes.

   However, our child mental health safety net, including the seven hospitals that provide child and adolescent inpatient care in the state, are seriously underfunded by Medicaid, operate at substantial losses, and have maximized the cost shift to commercial payers and employers to subsidize these programs. Recent decisions by the State to close child psychiatric beds at the Solnit Center will likely only further shift the burden of these services to community hospitals. I would urge to you to reconsider this public funding policy to ensure the continued availability of these services.
2. **Services to Young Adults**. You have heard testimony about the importance for providing specialized mental health services and outreach to young adults 18-25 year of age. Specialized outpatient programs have been developed that are targeted to this special population by Natchaug, and other hospitals and mental health centers. Increased focus in developing appropriate services for this age group is clearly needed. Outreach, including assertive community treatment teams are also required to reach young adult as recommended by DMHAS.

3. **Outpatient Commitment**. I realize that this issue has been controversial. I would urge you to adopt a thoughtful approach to provide for outpatient commitment, along with the needed funding for outreach and assertive community treatment. As reported this week, there is evidence that when such legislation is combined with thoughtful connection to needed services such outpatient commitment programs are successful in reaching those that are not engaged in the treatment system and are effective.

4. **Implementing Parity Protections**. Connecticut was a leader in passing mental health parity legislation. The President included in his recent executive order, direction to his cabinet Secretaries to adopt the final rule for the Federal 2008 Mental Health Parity Act, long

overdue. I have read the OLR summary issued on January 25th regarding these laws. It overlooked a key difference. The federal law has both quantitative provisions (benefit limits and financial limits) as does the State law and qualitative provisions (not in CT law) that restrict the kind of discriminatory policies, and utilization management programs that are often very different between medical benefits and mental health benefits. It is often these utilization management practices that serve to limit access to needed care, and while the CT Health Care Advocate is often engaged on behalf of individual patients to obtain needed care, the lack of similar qualitative provisions in the Connecticut law limits her effectiveness. I would urge the Legislature to adopt the qualitative provisions of the federal law, as a clear statement of public policy to ensure access. I would also urge that you identify the appropriate state agency to enforce this provision.

5. **Access to Mental Health Care**. I think we have three major strategies to consider to actually improve access.

    a. First, we need to attract needed professionals, especially child psychiatry, and advanced practice nurses. Establishing loan forgiveness programs, targeted to medically underserved areas of the State, is the most direct way to increase access, with requirements that such professionals work in community hospitals and mental health agencies for 2 or 3 years to earn these loan forgiveness funding.

    b. The President has proposed similar programs for school based mental health professionals. Second approach would be targeted funding to our schools to help support the hiring of these professionals; it is the most direct way to ensure improved access in our schools to needed mental health services.

    c. Third, we need to examine how to treat mental health care more like primary care, since access to needed mental health care is equally crucial to ensure the public health. The Affordable Care Act provides a mechanism that increases reimbursement under Medicaid for primary care providers to Medicare rates in order to increase access and capacity as we increase coverage of the uninsured with Medicaid in January 2014. A similar approach for outpatient mental health care providers will help to increase needed access as more patients have coverage. Without this change in reimbursement, we will likely have more covered people without any promise of access to care.

Again, I thank members of this workgroup and the leadership of the Task Force for your focused and thoughtful review of the actions that can be taken to improve mental health services. If I can be of any assistance as you determine needed actions, please let me know.

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