



STATE OF CONNECTICUT

OFFICE OF PROTECTION AND ADVOCACY FOR
PERSONS WITH DISABILITIES
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Testimony of the Office of Protection and Advocacy for Persons with Disabilities
Before the Public Health Committee
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Presented by James D. McGaughey
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Good morning and thank you for this opportunity to comment on **Committee Bill No. 6921, AN ACT CONCERNING BEHAVIORAL HEALTH**. This bill would: 1) allow expense reimbursements for consumer members of the Behavioral Health Partnership Oversight Council; 2) change the deadline for the Council's annual report; and, 3) establish a two-year pilot program that would call on participating hospital emergency departments and the Behavioral Health Partnership to jointly develop new approaches to resolving some of the problems associated with emergency department visits by children with psychiatric care needs. The bill also calls for an appropriation of \$500,000 to fund the first year of the pilot.

Our Office supports reimbursing consumer members of the Oversight Council for their expenses. Consumer participation is vital to the success of the Partnership, just as it is to the success of other planning and oversight bodies such as the 25 System of Care Community Collaboratives that are in various stages of development around the State. There is mounting evidence that those behavioral health service systems that develop the capacity to genuinely help people recover their lives rely on extensive consumer involvement in their direction. In fact, they also frequently employ people who have been consumers as "peer mentors" and in other direct helping roles. By reimbursing expenses, the Oversight Council will be demonstrating respect for the contributions of its consumer members and awareness of the real economic costs they incur by serving.

The pilot program outlined in Section 3 of the bill seems promising. However, emergency departments are only the most easily visible manifestation of a children's mental health service system that is characterized by gridlock at many levels. Last summer, the Children's Services Section of the State's 2007 Mental Health Block Grant Application noted:

Service gridlock is evident across the traditional levels of care including emergency room, inpatient psychiatric, psychiatric residential treatment (PRTF), residential, group home, partial hospitalization, intensive outpatient, in-home, extended day treatment, and child guidance clinic services. It is also evident in the existence of wait lists for "wrap around" services including non-traditional and supportive services. The lack of accessibility is multilayered and includes a shortage of existing services, extensive waiting lists, barriers to accessing flexible financing for services, and in some instances policies that negatively impact access. (Strengths and Weaknesses; Key Issues, page 20.)

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Connecticut's decade-long interest in child and family centered "systems of care" and its recognition of the importance of developing local community collaboratives reflect evidence-based, state of the art policy concepts. But they are only functioning in some parts of the State. Likewise, the Connecticut Behavioral Health Partnership's ability to leverage Medicaid dollars and to coordinate and manage services holds great promise. But if reimbursement rates are too low to encourage innovative, culturally competent providers to grow, and if the standards set through the Partnership do not positively influence private insurers, we will see only marginal improvements. The gridlock we are experiencing has many facets. We need to look beyond the problem of overcrowded emergency departments and invest adequate resources in the types of program development that we know children and their families need.

Thank you for your attention. If there are any questions, I will try to answer them.