PA10-119

SB402

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Clerk will take a tally.

And the Clerk will announce the tally.

THE CLERK:

House Bill 5482 as amended by House "A."

Total Number Voting 148

Necessary for Adoption 75

Those voting Yea 137

Those voting Nay 11

Those absent and not voting 3

DEPUTY SPEAKER GODFREY:

Bill as amended is passed.

Representative Olson.

REP. OLSON (46th):

Thank you, Mr. Speaker. I move for the immediate transmittal of all items acted upon which require further action in the Senate, thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Without objection, so ordered.

Mr. Clerk, please call Calendar 495.

THE CLERK:

On page 26, Calendar 495, Substitute for Senate Bill Number 402, AN ACT CONCERNING the BEHAVIORAL HEALTH PARTNERSHIP, favorable reported, the Committee on Human Services.

DEPUTY SPEAKER GODFREY:

Representative Gentile.

REP. GENTILE (104th):

Thank you, Mr. Speaker. Mr. Speaker, I move for acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate.

DEPUTY SPEAKER GODFREY:

The question is on passage and concurrence. Will you explain the bill, please, madam?

REP. GENTILE (104th):

Thank you, Mr. Speaker. Before I summarize the bill, if I may, the Clerk is in possession of Senate Amendment "A," LCO 4842.

DEPUTY SPEAKER GODFREY:

Clerk is in possession of LCO 4842, previously designated as Senate Amendment Schedule "A." Will Clerk please call.

THE CLERK:

LCO Number 4842, Senate A offered by Senators Harris and Debicella; Representatives Ritter and Giegler.

DEPUTY SPEAKER GODFREY:

Gentlewoman would like leave of the Chamber to

summarize, is there any objection? Hearing none, Representative Gentile.

REP. GENTILE (104th):

Thank you, Mr. Speaker. The bill -- this amendment is technical in nature, it makes some conforming changes and technical changes to the bill and I urge adoption.

DEPUTY SPEAKER GODFREY:

The question is on adoption. Will you remark on Senate Amendment Schedule "A."

If not, let me try your minds.

All those in favor signify by saying aye..

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER GODFREY:

Opposed, nay. The ayes have it. The amendment is adopted.

Will you remark on the bill as amended? Will you remark on the bill as amended?

REP. GENTILE (104th):

Just briefly, Mr. Speaker, this bill just makes a number of changes, primarily technical, to add the Department of Mental Health and Addiction Services to the Connecticut Behavioral Health Partnership and I

urge passage.

DEPUTY SPEAKER GODFREY:

Thank you, madam.

Representative Giegler. And if I could have a straight line of sight to Representative Giegler, I would appreciate it.

REP. GIEGLER (138th):

Thank you, Mr. Speaker. I rise in support of the bill before us as amended. This bill broadens the membership to reflect the adult mentally ill population and it maintains a clinical management and joint contracting between DMHAS, DSS and DCF and I urge my colleague's support.

DEPUTY SPEAKER GODFREY:

Thank you, madam.

Will you remark further on the bill as amended?

If not, staff and guests, please come to the well of the House. Members, take your seats, the machine will be open.

THE CLERK:

The House of Representatives is voting by a roll call. Members to the Chamber. The House is voting by a roll call. Members to the Chamber.

DEPUTY SPEAKER GODFREY:

Have all the members voted? Have all the members voted? Have all the members voted? If so --

Once again, let me counsel the members to stay very close at hand.

If all the members have voted, the machine will be locked.

Representative Urban, could you please vote? Thank you, madam.

If all the members have voted, the machine will be locked.

Clerk will take a tally.

And the Clerk will announce the tally.

THE CLERK:

House Bill 402 as amended by House A in concurrence with the Senate.

Total Number Voting	148
Necessary for Adoption	75
Those voting Yea	148
Those voting Nay	0
Those absent and not voting	3

DEPUTY SPEAKER GODFREY:

Bill as amended is passed in concurrence.

Calendar 454.

THE CLERK:

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market if you can't offer something below market value to get into a market. You have that advantage. If there's a favorite-nations clause, you can't post into a market. And this one, the ceiling where there's one group that would be unregulated and another group that is, it's such a disadvantage that the innovation that comes out of private offices is going to be stymied. And the cost is going to be shifted to the higher cost of the hospital systems.

SENATOR HARRIS: Thank you very much. Very interesting. Appreciate your patience.

ROBERT RUSSO: Thank you.

SENATOR HARRIS: Next we have Terry Edelstein followed by it looks like Ken Rosenquest and then Dr. William Cimino.

And I also want to make an announcement. The cafeteria is closing at four, so people who are planning for dinner, they should plan quickly. And I think -- we do have Girl Scout cookies here, but that might not go around enough.

TERRY EDELSTEIN: Good afternoon members of the committee and, I'm Terry Edelstein the president/CEO of the Connecticut Community Providers Association. I've submitted written testimony regarding 5447, AN ACT CONCERNING CERTIFICATE OF NEED PROCESS. And I just wanted to highlight a few areas with some suggestions and some concerns not in my written comments. SB402

I have a statement or a concern about the core and reporting requirement for exempt organizations. We would ask that if this requirement, reporting even know your exempt

from CON, goes forward that the input of those exempt parties including. We're not talking about a 12 page form to complete. We would welcome completing a one-page form.
Going to my written remarks, I wanted to talk about the DC of exception which we had worked on with this committee last year. The way the bill has been rearranged, it appears that the DC of exception is no longer included in the bill. Perhaps it's that for the sake of clarity we recommend relocating the DCF exception along with the DMHAS and the substance abuse treatment exception and I indicated line numbers and suggested language.

A more serious issue relates to the fact that mental health and substance abuse are removed from the definition of health care facility unless they're connected to a health care facility through some affiliation. What this does is creates free-market for for-profit and nonprofit mental health or substance abuse treatment providers that might want to set up shop in Connecticut with no oversight from OHCA about a need for those services. No approval from DMHAS or DCF that those services are needed and yet there is still a second separate section of the bill that creates a named exemption for DCF and -- or DCF as well as DHMAS and substance abuse treatment.
So there's a, really a glaring inconsistency in the bill and a huge opening for services that may not be needed, may not be determined to be needed in the state. So that we ask that you look at this bill technically as you look at any kind of mental health or substance abuse treatment.

And finally, I have submitted written testimony on Senate Bill 402, AN ACT CONCERNING THE BEHAVIORAL HEALTH PARTNERSHIP, and relating to the bill we raised a number of

questions that need consideration.

SENATOR HARRIS: Thank you, Terry. Any questions? Thank you very much.

Next it looks like Ken Rosenquest, as I see on the testimony followed by Dr. William Cimino and then Dr. Alan Lurie.

It's interesting that the doctor sign up had the worst handwriting. Worse than mine. It's hard to believe.

KEN ROSENQUEST: By that criteria, I think I've earned my MD. But good morning Senator Harris and the distinguished members of the Public Health Committee. My name is Ken Rosenquest and vice president of operations at Constitution Surgery Centers. I'm also here today as president of the Connecticut association of ASCs.

The legislation before you is a wholesale change in how the CON process is administered in the estate and frankly, we're concerned about the fact that it creates a two-tiered system that penalizes the most efficient providers in the health care industry today, namely the ASCs.

Basically we don't see that there's any -- the fact that it does create this two-tiered system means that you're going to have a very piecemeal, unbalanced approach to allowing facilities to open, another facilities to expand and we think that that's, in the long run, probably not going to be in the best interests of patients in the state of Connecticut and really not in the interests of any of the providers.

About there's another problematic part of this

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Testimony in Favor of Raised Bill 402
An Act Concerning the Behavioral Health Partnership
Jeffrey Walter
March 12, 2010

My name is Jeffrey Walter and I am testifying today on behalf of the CT Behavioral Health Partnership Oversight Council which I co-chair with Senator Harris. The Council was established in 2006 to provide oversight of behavioral health services for children and families under HUSKY and the DCF Voluntary Services Program. The Council is constituted by statute with representation from all stakeholders, including legislative leaders or their designees, state agencies, providers, consumers and consumer advocates.

The Departments of Social Services and Children and Families comprise the Partnership itself. The oversight council has worked collaboratively with the departments to achieve Partnership goals for expanding community based, family-centered services, maximizing federal revenue, and reducing institutional care. The BHP was established as a carve-out from the HUSKY program because of widespread dissatisfaction with access to, and the quality of, behavioral health care services delivered by HUSKY managed care companies. Over the past four years, the Council and Partnership Departments have worked hard to improve the service system with the result that hospital inpatient care has been reduced by more than 17% and community-based outpatient and home based services have more than doubled.

The Oversight Council supports the very important concepts in Raised Bill 402 which would bring into the Partnership the Department of Mental Health and Addiction Services along with new coverage groups, namely recipients of State Administered General Assistance, Adult, Blind and Disabled in the current Medicaid Fee for Service program, and Charter Oak Health Plan. The bill would extend oversight by the Council to these new coverage groups. The bill also adds the Commissioner of the Department of Developmental Services as a Council member.

We believe that the CT BHP Oversight Council represents a model of collaboration among the executive and legislative branches of government and all the constituencies that have a stake in the provision of accessible, high quality behavioral health care services to nearly 400,000 Connecticut children, adults and families. With the cooperation and active involvement of the Partnership agencies, we have succeeded in creating a structure, as well as an environment of trust, that promotes transparency and accountability. The inclusion of additional coverage groups will enable the Partnership and the Council to better coordinate care and reduce fragmentation, administrative duplication and costs.

On behalf of the Council, I thank you for your consideration of Bill 402. I would be happy to answer any questions.

jwalter@rushford.org
(203)238-6803

V

Community Providers Association
Caring for Connecticut.

March 12, 2010

To: Public Health Committee

From: Terry Edelstein, President/CEO

Re: TESTIMONY: S. B. 402 AAC THE BEHAVIORAL HEALTH PARTNERSHIP

Thank your for the opportunity to comment on SB 402 relating to the Behavioral Health Partnership.

CCPA has been pleased to have been a participant in the BHP process since its inception. The partnership between DCF and DSS that utilizes an Administrative Services Organization (ASO) model has expanded access to service for children and their moms and allowed for the creation of new levels of care built at rates that cover costs that are Medicaid reimbursed.

The proposed legislation would add additional populations to the BHP and allow for the coordination of services through one or more ASOs.

We support the concept of the bill in general, particularly with its recognition of the importance of a carveout of behavioral health services. Utilizing one major oversight body will enhance the coordination of care among systems and focusing clinical management in one entity will eliminate duplicate requirements, processes and procedures.

There are a number of questions that will need to be addressed as the bill moves forward

1. Will each identified service group get the attention it needs?
   - Will children's services continue as a unique focal point, one of the strengths of the current BHP, or will attention to children's services be diluted?

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- Similarly, will the needs of those opting for Charter Oak, by and large a population with more significant health issues than those of the general population, be addressed?
- Will the needs of the SAGA population, with its own set of issues in accessing and continuing in treatment, be attended to?
- Will the advisory structure provide for sufficient input from the newly added populations?

2. With the pressure to move service populations to a Medicaid-reimbursed system, what will happen to those services that are funded by the General Fund, such as residential supports and other levels of care that SAGA recipients currently receive that are not Medicaid reimbursable?
3. What will become of the SAGA carveout to DMHAS?
4. What about services provided to individuals in the CSSD system? Shouldn't they be included in the partnership?
5. Will rates continue to be based on the cost of services or otherwise reflective of the service delivery models or will the system as a whole risk across the board cuts such as has been proposed in the Governor's March 1, 2010 Deficit Mitigation Plan that would chop most Medicaid rates by 5%? Without a stable rate structure, this entire service delivery system will be put at risk.

We look forward to working with your Committee in clarifications to the proposed legislation.

CONNECTICUT HOSPITAL ASSOCIATION

TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 12, 2010

SB 402, An Act Concerning The Behavioral Health Partnership

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony in support of **SB 402, An Act Concerning The Behavioral Health Partnership.**

SB 402 expands the responsibility of the Behavioral Health Partnership (BHP) to (1) include the Department of Mental Health and Addiction Services in the BHP, (2) allow the BHP to expand coverage to include SAGA medical services recipients, Medicaid recipients, and Charter Oak Health Plan members, and (3) enable the BHP Oversight Council to review behavioral health services available under the Charter Oak Health Plan.

CHA supports the expansion of the BHP to the adult populations served by SAGA, Medicaid, and Charter Oak. The BHP has had successes with children that we believe could be replicated in adult populations. From the hospitals' perspective, the main strength of the BHP is its emphasis on developing community services and ensuring that clients connect with these services, helping to prevent inappropriate hospitalizations.

Connecticut's hospitals are committed to providing excellent services and the quality of patient care is a paramount concern. Toward that end, hospitals attempt to ensure that patients are not in an inappropriate healthcare setting and are discharged as soon as appropriate. We often find the network of community services for the adult population deficient, resulting in longer than necessary hospital stays for SAGA, Medicaid, and Charter Oak clients with mental health diagnoses frequently come to emergency departments and are admitted as patients. With appropriate care coordination, provider incentives, and access to community services, we believe these clients would best be cared for in the community.

CHA believes that SB 402 could be strengthened by stating more explicitly in the first section that the BHP is being expanded to include SAGA, Medicaid, and Charter Oak populations, rather than the expansion occurring at the discretion of the Commissioners of Social Services, Children and Families, and Mental Health and Addiction Services.

We appreciate your consideration of CHA's opinion.

For additional information, contact CHA Government Relations at (203) 294-7310.

Connecticut Department of Social Services
Making a Difference

Written Testimony before the Public Health Committee

March 12, 2010

In SUPPORT of S. B. No. 402 AN ACT CONCERNING THE BEHAVIORAL HEALTH PARTNERSHIP

Sen. Harris, Rep. Ritter and distinguished members of the Public Health Committee, thank you for the opportunity to submit written testimony on S. B. No. 402 **AN ACT CONCERNING THE BEHAVIORAL HEALTH PARTNERSHIP**

DSS supports the proposal to provide the Behavioral Health Partnership Oversight Council ("Oversight Council") with the authority to oversee the new Medicaid FFS behavioral health initiative that the Department of Social Services (DSS) is undertaking with the Department of Mental Health and Addiction Services (DMHAS). For more than four years, the Oversight Council has provided effective oversight of the Department of Children and Families (DCF) and DSS in their administration of the managed behavioral health initiative for the HUSKY A, HUSKY B and DCF populations. The Oversight Council structure, including its various subcommittees, has been an active partner in the development and review of Behavioral Health Partnership policies, quality improvement initiatives, and payment reforms and this has done a great deal to ensure the program's success. This proposed bill provides a similar opportunity for the administration of the Medicaid FFS population. It also would support greater uniformity and efficiencies (e.g., one set of clinical management guidelines) across the HUSKY, Medicaid, Charter Oak and CHIP programs. Finally, it will allow us to better address gaps in the system, such as with respect to transitions between the child and adult service systems.

While we are generally supportive, our top priority is to avoid any disruption in the work of the Oversight Council and its subcommittees with respect to the existing Behavioral Health Partnership. This work depends on the overall structure, but also the working relationships that have been developed between state agency staff and Oversight Council members.

We are evaluating the proposed language and intend to meet to discuss these proposed changes with DCF and DMHAS. It is our goal to have specific recommendations for the Human Services Committee in the very near future.

We look forward to working with you as this issue moves forward and thank you for your time and attention to this matter

STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES

Making a Difference for Children, Families and Communities

Susan I. Hamilton, M.S.W., J.D.
Commissioner

M. Jodi Rell
Governor

MEMORANDUM

TO: Public Health Committee

FROM: Susan I. Hamilton, J.D., M.S.W

DATE: March 12, 2010

SUBJECT: S.B. No. 402 AN ACT CONCERNING THE BEHAVIORAL HEALTH PARTNERSHIP

Senator Harris, Representative Ritter and distinguished members of the Public Health Committee, thank you for the opportunity to submit written testimony on **S.B. NO. 402 - AN ACT CONCERNING THE BEHAVIORAL HEALTH PARTNERSHIP.**

The Department of Children and Families (DCF) concurs with the testimony of the Departments of Social Services and Mental Health and Addiction Services and supports the principle concept behind the proposed legislation. Also, like our sister agencies, we urge a careful approach when changing the responsibilities of the Connecticut Behavioral Health Partnership (CT BHP). We express this caution only to ensure that any changes to the composition or role of the CT BHP not undermine the tremendous progress that this remarkable collaboration of state agencies, legislators, parents and providers has achieved over the past five years.

As you know, over these past five years, multiple stakeholders comprising the CT BHP have worked very hard to better clinically manage the mental health services offered under HUSKY A and B programs in addition to our DCF grant funded services. Progress is evident and promising. Building on this progress, we believe this legislation creates an important opportunity to dialogue with members of the Committee, our sister agencies, and others, to better understand the impact the wise, but complex, public policy goal to further integrate services across the lifespan may entail. Accomplishing this goal should not compromise the gains that have been made, thwart progress toward future goals that currently focus the work of the Oversight Council, or impact the efficient functioning of the CT BHP.

Again, we share the motivation behind the bill and express support for the direction it embodies. Please know that DCF is willing to participate in any discussions with the members of the Public Health Committee if this proposal moves forward.

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STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

M. Jodi Rell
Governor

Patricia A. Rehmer, MSN
Commissioner

Memorandum:

TO: Public Health Committee

FROM: Patricia Rehmer, MSN
Commissioner

DATE: March 12, 2010

SUBJECT: **S. B. No. 402 AN ACT CONCERNING THE BEHAVIORAL HEALTH PARTNERSHIP**

Sen. Harris, Rep. Ritter and distinguished members of the Public Health Committee, thank you for the opportunity to submit written testimony on **S. B. No. 402 AN ACT CONCERNING THE BEHAVIORAL HEALTH PARTNERSHIP.**

DMHAS supports the proposal to have us be an active participant in the Behavioral Health Partnership and Oversight Committee but has some reservations regarding the bill before you. The current Partnership has been in existence for a number of years where alliances have been formed and relationships strengthened. While we appreciate the work they have accomplished over a very short amount of time, we are a little leery of coming into something that has been working so well and which has concentrated all of its efforts on the child and adolescent behavioral health population. The people we serve have very different needs and face different challenges. We would not want their needs to get lost in this process.

While we are still evaluating the current language and will have specific recommendations for changes in the near future, we do want to register some of our concerns.

We believe the membership needs to be made more reflective of persons in recovery from psychiatric disabilities and substance use disorders as well as their family members and other advocates. We would want language that allows for the holding of joint contracts with DMHAS, DSS and the administrative services organization. We remain firmly committed to our responsibility of clinical management of the contract and holding a joint contract would insure that responsibility.

We look forward to working with you as this issue moves forward and thank you for your time and attention to this matter.

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If all Senators have voted and all votes are properly recorded, the machine will be locked and would the clerk please announce the tally.

THE CLERK:

The motion is on adoption of Consent Calendar Number 1.

Total number Voting	34
Those voting Yea	34
Those voting Nay	0
Those absent and not voting	2

THE CHAIR:

Consent calendar 1 is adopted.

Mr. Clerk. Senator Looney.

SENATOR LOONEY:

Yes, Mr. President, if the clerk would continue with the call of the calendar. I believe calendar page 31, Calendar 219.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calendar page 31, Calendar 219, File Number 304, Substitute for senate Bill 402, AN ACT CONCERNING THE BEHAVIORAL HEALTH PARTNERSHIP,

Favorably Reported, Committee on Public Health.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. How are you today?

THE CHAIR:

Very well, thank you. How are you?

SENATOR HARRIS:

Good, you're looking good.

Mr. President, move acceptance of the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

The question before the chamber is the acceptance and passage of the bill.

Will you remark further?

SENATOR HARRIS:

Thank you, Mr. President, I will.

Mr. President, this bill makes a number of changes which are primarily technical to add the Department of Mental Health and Addiction Services, DMHAS, to the Connecticut Behavioral

Health Partnership. Currently, the Connecticut Behavioral Health Partnership consists of the Department of Social Services and the Department of Children and Families. When it was first established and they thought about having DMHAS be a part of it, DMHAS was left alone because at that point DMHAS was not servicing the Medicaid population. And the Behavioral Health Partnership was a Medicaid based setup.

Since then, as we all know, under DMHAS, our SAGA recipients are going to be moved towards Medicaid and the unmanaged Aid to Blind and Disabled, which were under fee for service, also will be a part now of Medicaid and managed care. So it makes sense to move DMHAS here. And, Mr. President, the clerk is in possession of LCO Number 4842, I ask that it be called and I be granted permission to summarize.

THE CHAIR:

Would the clerk please call LCO 4842 to be designated Senate A?

THE CLERK:

LCO 4842, which has been designated Senate

Amendment Schedule A. It's offered by Senator Harris of the 5th District, et al.

THE CHAIR:

Would you move adoption, please, Senator Harris.

SENATOR HARRIS:

I move adoption, Mr. President.

THE CHAIR:

The question before the Chamber is the adoption of Senate A. Senator Harris has requested permission to summarize the amendment. Is there objection? Seeing none, you may proceed, Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. Mr. President, this is an important amendment because it adds some details to the underlying file. Some of it's technical changes, nomenclature and other things. But it adds some important parts to make sure that not only is DMHAS added to the Behavioral Health Partnership, but that the oversight council contains members that reflect DMHAS' clients.

I believe in this amendment also it is clarified that DMHAS will still have the clinical control cover their clients.

I urge passage of the amendment.

THE CHAIR:

Thank you, sir.

Would you remark further on Senate A? Would you remark further? Seeing none, the Chair will try your minds. The question before the chamber is the adoption of Senate A.

All in favor, please indicate by saying aye.

SENATORS:

Aye.

THE CHAIR:

All opposed, say nay.

The ayes have it. Senate A is adopted.

Do you care to remark further on the bill as amended? Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. Through you, Mr. President, just one quick question to the proponent of the bill.

THE CHAIR:

Please proceed with your question.

SENATOR DEBICELLA:

Mr. President, for purposes of legislative

intent, the fiscal note underlying this is kind of indeterminate because it depends on the extent to which the partnership actually expands coverage. The intention of this, I think, is exactly what Senator Harris just said, which is that this bill is largely technical in nature, adding DMHAS into an already existing rubric and program. And is not meant to, as the fiscal note says, actually even bring up the possibility of further incursion of costs. So, through you, Mr. President, to Senator Harris, just to make sure my understanding of that is correct.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. Yes.

THE CHAIR:

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President. With that, I thank Senator Harris and I rise in support of this bill, adding DMHAS to the Behavioral Health Partnership makes complete sense to try to make sure that we are bringing all the departments of the state of

Connecticut to the table to make sure that we are providing this important service to some of our neediest citizens. Thank you, Mr. President.

THE CHAIR:

Thank you, sir.

Do you care to remark further?

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. If I may, through you, a few questions to Senator Harris

THE CHAIR:

You may frame your questions.

SENATOR RORABACK:

Thank you, Mr. President. And I'm trying to remember the history of the Behavioral Health Partnership, and, through you, Mr. President, to Senator Harris, can he give me a brief synopsis of how we got to where we are today in terms of the Behavioral Health Partnership? And I'm asking those questions because where we're going from today with passage of this bill, I think, is better understood if we know the context of how we started and how we got to where we are today. Through you, Mr. President.

THE CHAIR:

Thank you. Senator Harris

SENATOR HARRIS:

Through you, Mr. President. Yes, I can give a brief synopsis, not having been around but from what I've been able to piece together.

We all know that behavioral health issues, psychiatric issues, substance abuse issues not only are unfortunately widespread throughout our communities, but they also have a large impact on our health care costs, both in treatment of those actual behavioral health issues, and because behavioral health issues are linked to a series of physical ailments. So a while back when we embarked on this bold experiment of managed care for some of our citizens it was determined that creating a partnership would be the best way to give behavioral health services, to provide them in a cost effective way. So that people get the services, but we don't overburden our tax payers. And initially it was thought about, if you look back at the history, to have DMHAS, DSS and DCF under the Behavioral Health Partnership Oversight Council as a part of this partnership.

It was determined back then that since the DMHAS clients were not under managed care, it wouldn't fit in to the mix. And so the managed care clients, our HUSKY A and B clients, some of the voluntary service clients under the Department of Children and Families, that behavioral health has been given through this partnership. And I will say the partnership has been very, very successful. And the Behavioral Health Partnership Oversight Council -- and I'm not saying it since I recently took over as one of the co-chairs -- it was well before I had that honor of that duty -- it was doing an excellent job of making sure that our citizens, our friends, families and neighbors get the behavioral health services that they need.

The change has come recently -- and we've been talking about this for a while -- because now the people that DMHAS services, those under SAGA, state general assistance and our aged, blind and disabled population, which was under Medicaid fee-for-service, they are now moving into the realm of managed care as a result of things that we've done in this state and as a result of federal health care reform. So now to be more cost effective, to use this model which has

worked, we're going to move those people over and underneath the Behavioral Health Partnership. But DMHAS has also been very successful in its GABHP, General Assistance Behavior Health -- and so we are not trying to take over the good work that DMHAS has done, and that's why this bill, as amended, will clarify that the clinical services will still be provided by DMHAS.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. So through you to Senator Harris, I guess I'm trying to -- the time has come then for integration of our Behavioral Health Partnership to -- we need to change the partnership to reflect the policy changes that this Legislature has adopted in terms of shifting out SAGA population into Medicaid. If we're going to be trying to bring the same efficiencies to bear on the SAGA population now that they're in Medicaid, which the Medicaid population has had the benefit of, through the Behavioral Health Partnership, it makes sense to have DMHAS there to bring their expertise as we transition

this population. Through you, Mr. President, is that the intent of the bill?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President, yes and in part -- DMHAS is actually already participated on the Behavioral Health Oversight Council. So we've been taking advantage of that expertise already on the clinical side. But again, as a way of managing the care since these patients, these people are moving into managed care, it makes sense. And you know, we always talk about the perfect storm, the convergence of elements. Perhaps here we have the perfect sunny day. So between what we've done effectively here in the Legislature to help these people, what federal health care reform will be doing to help these people and the good works that have been proven on the Behavioral Health Partnership side and on the DMHAS side, all those converge to make sense to bring this under one umbrella. Both to provide good services and to be cost effective to tax payers.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. I would appreciate it if Senator Harris could refrain to references to a beautiful, sunny day. I don't think that's appropriate at 5 o'clock on a Saturday afternoon, on a beautiful, sunny day when we are captured in this chamber and the rest of the world is, I think, doing things that might be more healthful.

But at any rate --

THE CHAIR:

Your point is well taken, Senator.

SENATOR RORABACK:

Thank you, Mr. President.

THE CHAIR:

Senator Harris, be so guided.

SENATOR RORABACK:

Thank you, Mr. President.

So Behavioral Health Partnership -- I know that at the inception there was some conversation about dividing Behavioral Health Services to youth and behavioral health service to adults, and, through you, Mr. President, to Senator Harris, does he remember how

that conversation ultimately was resolved?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. And I will refrain and I apologize to my colleagues around the circle. It will be night soon, though. And then we'll be missing other good things.

Through you, Mr. President. The way that it actually worked out, if you look at the model, the Behavioral Health Partnership tends to be a services for children because when you take HUSKY A and HUSKY B, primarily children. And of course, DCF voluntary services all children. There are some adults -- my understanding -- under Behavioral Health Partnership now, because as we know, there are some adults in HUSKY A. And now we will be bringing all the populations together under, again, one umbrella.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And for adults who were in the Medicaid program, not the SAGA population,

but the -- often elderly population Medicaid recipients, what's their relations then with the Behavioral Health Partnership up to this date? Through you, Mr. President, to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I believe what Senator Roraback is referring to is the population which we know as the aged, blind an disabled. Probably should rename that one in my estimation. And they were not under managed care, they were under fee-for-service care, which, -- there's issues of expense there and real issues as far as having a robust network of service providers. So by moving that population, which is the older population primarily into managed care, we not only are going to be able to manage their care from a cost effective perspective, but we're also going to be able to provide them with a much more robust network of providers to give them care.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And through you to Senator Harris, would that also be known as the Title 19 population, often referred to as Title 19 or is Title 19 a subset of that population? Mr. President, through you to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. Title 19 is Medicaid so Title 19 probably is the larger set and these are subsets of Title 19.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And I know that this Legislature has -- I guess in concert with the federal health reform legislation, the SAGA population is being shifted into Medicaid and I'm wondering whether the transition for the aged, blind and disabled population from a fee-for-service to a managed care model is being driven by policy changes emanating from this institution or whether it's the federal health

legislation which is behind that change, Mr. President. If I'm correctly understanding Senator Harris, that that's one of the things that we're responding to in this bill. Through you, Mr. President to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. We were talking about moving this population into managed care for several years. I believe, though, that based on the structure of federal health care reform we are going to also receive a benefit for having taken the initiative on the state level to do so.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And so the Behavioral Health Partnership will be charged with overseeing the network of providers, behavioral health providers available to serve this population, Mr. President, through you to Senator Harris, does it have any role in setting rates of reimbursement or in the allocation

of resources, Mr. President, through you to Senator Harris?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. Under the current Behavioral Health Partnership a company known as Value Options has been providing that, those administrative and the clinical services. The way that it's contemplated now, I believe that contract is going out to date anyways, good timing from that perspective. And the way it's contemplated now under the bill, as amended, is that the BHP can enter into one or more contracts with managed care organizations to manage the care of these people.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And is it fair to say that the BHP kind of serves as a clearing house or a gate keeper for the provision of behavioral health services to this population, Mr. President? Through you to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I look at the Behavioral Health Partnership as a way of bringing families, providers, patient advocates, people in government together to be able to offer the best services. And if you look at the make up of the Behavioral Health Oversight Council, which now is being changed to reflect the adult population moving into this managed care setting, it reflects that cross section. One of the reasons I believe it's been successful is because all relevant parties have had a seat at the table to make sure that we're managing care, providing care in the most humane and cost effective way. Through you, Mr. President.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President, and so that the members of the circle can understand and people that might be watching at home, the relationship between the Behavioral Health Partnership and the oversight

council, it's the partnership that really has the responsibility to do the work. It's the oversight council which is there to provide them with support and guidance and to make sure that they're doing there job? Through you, Mr. President, to Senator Harris. Is that, speaking generally, an appropriate relationship between those two bodies?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I think that's good. Almost like a board of directors in some ways over a corporate body that they have more of a 30,000 foot -- they go into details, too -- type of view, but not -- the oversight council is not on the ground on a daily basis.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President and through you to Senator Harris, the Behavioral Health Partnership doesn't itself employ any individuals or does it? Through you, Mr. President, to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I believe the way this is really structures is that you have the Department of Social Services, you have the Department of Children and Families, now you have the Department of Mental Health and Addiction Services and then there is a contract out under current conditions to Value Options to provide a lot of the -- you know -- not a lot, but the daily operations of claims administration, providing the care, but the two agencies are integral parts of that partnership to be able to provide that humane, cost effective care.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you. So the partnership itself is really comprised of representatives of agencies of cognizance for lack of a better expression and together, they put together what we need as a state in terms of the coordination of care to this community of people. And presumably, through you, Mr. President, to Senator

Harris, has the RPF which has just been put out, does that contemplate passage of this bill in terms of the range of services that we're looking for from a third party administrator? Through you, Mr. President, to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I'm not certain actually whether the Representative is out. I think it actually might be going out in the future. I don't recall one being issued yet. I do know that we are towards the end of a contract with Value Options.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And I ask that question obviously because -- well, through you to Senator Harris -- I would imagine that the contract -- the work that's being done now by the third party administrator is a lesser work load than what will be required if this bill is passed. If this bill is passed, there will be more lives that are brought

under the umbrella of Behavioral Health Partnership, presumably populations with different needs and my guess -- or I would ask Senator Harris, through you, Mr. President, whether the responsibilities of the third party administrator would be great with passage of this bill or whether they would be different in any way?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. We don't know that yet. There could be, for instance, one managed care organization, there could be two, there could be, I believe, multiple, the way this is written.

There definitely will be more lives covered under this managed care based system. But as I also said at the beginning, DMHAS is still going to have clinical management over their people. So that will not foist extra work on the partnership. That's already being done and it will continue to be done well by DMHAS, I'm sure.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And just, through you to Senator Harris, the clinical work that DMHAS will retain ownership of, for lack of a better word, through you, Mr. President, to Senator Harris, that's not the exclusive -- individuals who receive clinical services from DMHAS don't necessarily only receive those services through DMHAS. They may -- from DMHAS employees -- they may also receive them from private providers overseen by DMHAS? Is that correct, Mr. President? Through you, to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. Yes.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. I was wondering, the fiscal note for the bill -- I'm trying to call it up, but -- is it anticipated that the state will have to pay more when we -- more to the third party administrator -- well, actually, let me back up, Mr.

President, and through you to Senator Harris, presumably the state has a contract with a third party administrator and we're paying them money to coordinate this care. Through you, Mr. President, to Senator Harris, would that be his understanding?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. If I heard correctly, yes. We are currently under contract with a third party administrator, Value Options.

SENATOR RORABACK:

And through you, Mr. President --

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President, through you to Senator Harris, is it likely to be the case that we'll have to pay our new administrator, if there is a new administrator, more if this bill passes and we bring additional lives under the umbrella of the Behavioral Health Partnership? Is that not likely to represent a greater work load from the third party administrator

and additional costs to the state? Through you, Mr. President.

(Senator Gaffey in the chair.)

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. You look different, Mr. President, you took off your tie.

Through you, Mr. President. I think a lot of that is speculation. I mean, obviously, you're going to have a larger number of lives, there will be more people that you're going to be paying a capitated rate on. But perhaps the volume actually could improve the level of the capitated rate. We might be paying less per person because of negotiations. If we divide it up maybe there's a way that you can save on that end. And of course, we're already providing these services under the current model through DMHAS, so there's costs there that will not be expended. So it's really tough to figure out at the end of the day when you rack it up, is it going to be a little more or a

little less. We do know that BHP has worked well, it has been cost effective, it has provided care. There's no reason to think that it won't continue to do so for both the people it provides services to and the tax payers of Connecticut.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And through you, I don't know whether Senator Harris has had an opportunity to review the fiscal note for this bill, which I'm reading. And it's an interesting fiscal note because it -- it's somewhat vague in terms of identifying the degree to which there's going to be an impact, a state impact going into the future.

And through you, Mr. President, to Senator Harris, does Senator Harris understand the reasoning behind the fiscal note of why we can't tell how much this change might cost? Through you, Mr. President, to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. Yes, Senator, because I think I just explained there's a lot of different moving parts, different contracts that might be entered. We don't know about how that will affect the capitated rate. It's not clear exactly right now what the saving might be on the DMHAS side from having us move into managed care. And so there's a lot of question marks, so it's really impossible to tell the fiscal impact.

Suffice it to say, though, again, I'm confident based upon the cost effective and humane way that the Behavioral Health Partnership has provided these services, it will continue to do so and will be a benefit, not a detriment, to the tax payers of Connecticut.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And I would agree with Senator Harris. Because I think our experience has been with the existing Behavioral Health Partnership that it has brought value, most importantly to the individuals who fall under its umbrella. But as an

added bonus, I think there's pretty wide consensus that there have been efficiencies achieved, better coordination of care. So it's kind of been a win-win for the state, of the individuals who are receiving these services and for the providers as well, who now have a centralized place to turn.

And just a couple more questions for Senator Harris about the Behavioral Health Partnership Oversight Council.

Through you, Mr. President, to Senator Harris, did Senator Harris say that he was now one of the chairs of that council? Through you, Mr. President, to Senator Harris.

THE CHAIR:

Senator Harris, did you say that?

SENATOR HARRIS:

Yes, Mr. President. When you had your tie on, I did.

THE CHAIR:

Thank you, Senator Harris.

Senator Roraback, you have the floor.

SENATOR RORABACK:

Thank you, Mr. President. And through you, Mr.

President, Senator Harris, as chair of that body, does he know approximately how many individuals serve on that body?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I can do the count. I can picture the table in the committee room and I can do the count under existing -- the existing law, but what I do know is that we have added, I believe, four new members, I believe, on the amendment.

SENATOR RORABACK:

And that's -- and that's where I'm going --

SENATOR HARRIS:

And so we've gone, I believe, from about 14 now to, I believe, 18 members.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And where I was going with this line of questioning is that the four new members are appointed by the chairs of the council and through you, Mr. President, to Senator Harris, I was

wondering if all the members of the council are appointed by the chairs or whether it's just these four new members who are going to appointed by the chairs?

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. First, I -- back at Senator Roraback, I'd like to know if he's interested in being on the council, first of all, but he can answer in his follow up.

I believe that they are the traditional appointments of either an official, the Commissioner of DPH, Commissioner of DSS or their designees. And, of course, then we have legislative appointments. These four are the ones now that will be appointed actually by the chairs of the council.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. And through you to Senator Harris, I'm wondering if Representative Ritter, the very capable House chair of the Public

Health committee is the other co-chair with Senator Harris or whether it's somebody else. Through you, Mr. President, to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. You are correct about Representative Ritter's capabilities, but it is another very capable person, a provider, Jeff Walter, who's done an excellent job with the oversight council.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Who's -- through you, Mr. President, who's the co-chair with Senator Harris?

THE CHAIR:

Senator Harris, the question is who the co-chair is besides you. I believe you said Mr. Walter is the other co-chair; is that correct?

SENATOR HARRIS:

Through you, Mr. President, yes.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

I thank -- Mr. President, and are you serving in that capacity? Through you, Mr. President, to Senator Harris, by virtue of having been appointed by someone or by virtue of your status as the chairman of the Public Health Committee.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I was appointed, I believe, by the president of the Senate.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President and through you, Mr. President, to Senator Harris, was his co-chair -- I'm going to go out on a limb and guess that perhaps his co-chair was appointed by the speaker of the House. Through you, Mr. President, to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. That sounds logical. I can look for it in here, but I don't recall offhand.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President. It could be the Governor, I don't know. What I'm trying to understand -- it's unusual -- you have individuals that are appointed by different appointing authorities and then they, in turn, are given additional appointment power to appoint additional members of this committee, so kind of by extension, the original appointing authorities are given an opportunity to exert greater influence over a body than might originally have been contemplated when the body was created. So it's not a criticism, it's just an observation. I've seen a lot of different structures for boards and the like, but -- through you, Mr. President, to Senator Harris, I was just wondering if that was by design or the product of negotiations? Through you, Mr. President, to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I did find the answer here in current law in front of me. I did -- was asked by our esteemed President of the Senate, Don Williams, to serve in this capacity, but the actual appointing authority, which you can see in the file on lines 133, beginning there, are the chairpersons of the Advisory Council on Medicaid/Managed Care actually select the chairpersons of the Behavioral Health Oversight Council from among the members of the council. And both my co-chair, Representative Ritter and I, by virtue of our positions of being the co-chairs of Public Health are members of the BHPOC. This, in itself, actually, in my mind, is also a unique way of appointing chairs. You don't see that in a lot of other areas of statute.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President, and I tried to follow -- I think what I gleaned from Senator Harris' answer was that he and Representative Ritter, by virtue of their being -- they being chair people of the Public

Health Committee, both are given membership of the Behavioral Health Partnership, which would stand to reason, if that's the case.

So through you, Mr. Chairman -- Mr. President, to Senator Harris, he and Representative Ritter both serve on the council and so Senator Harris being selected as a chair, that's a designation that comes from the Medicaid advisory council if I understood him correctly. Through you, Mr. President, to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, yes, the chairpersons of the advisory council of Medicaid/Managed Care appoint the chairs of the Oversight Council.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Senator and through you, Senator, they appoint those chairs from the membership of the Behavioral Health Partnership. What I'm trying to understand, through you, Mr. President, they couldn't

go out and pick up somebody who doesn't otherwise serve on the Behavioral Health Partnership and ask them to chair. They have to look at the people who are already at the table and then choose them -- choose from amongst them for the chairmanship -- if that's -- is that Senator Harris' understanding of how the process works? Through you, Mr. President, to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. Yes.

THE CHAIR:

Senator Roraback.

SENATOR RORABACK:

Thank you, Mr. President, and so I guess -- through you, Mr. President, to Senator Harris, does he know who the chairs of the Medicaid oversight advisory -- does he know who appointed him? Through you, Mr. President, to Senator Harris.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I believe the co-chairs -- because I do go to those meetings, too -- or did at least before the session got in full swing -- are -- Senator Harp is one of the co-chairs and I believe Senator Prague is the other co-chair of the Medicaid managed care. So I have them to thank. Hank you, Senator Harp. Through you, Mr. President.

THE CHAIR:

An august group, indeed. Senator Roraback.

SENATOR RORABACK:

And it's just -- through you, Mr. President, I'm not trying to play six degrees of separation. What I'm trying to kind of trace all this appointing authority back to the source and we might not have enough time this evening to do that because each layer of the onion we peel back there seems to be another layer and it's not a criticism, it's just kind of a -- and I didn't know when I -- I thought was asking a simple question. This turned into to be -- less simple than I had originally anticipated. But I guess I have -- to me the more important thing is not who's appointing these members but what these new members represent. And I think the -- I'd like to applaud

Senator Harris because I think having representation on the oversight council of the home health care agency, of a substance abuse provider, somebody who's suffered with a psychiatry disability and who's in recovery and a family member of an individual who's struggling with a psychiatric disability is going to give greater weight to the work of the oversight council.

You know, I think we do a disservice when we create bodies that don't have representation from people that are actually benefiting from the services or have experienced this themselves. So I appreciate Senator Harris' explanation of the importance of this bill. I look forward to supporting it and I thank him for his indulgence. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator Roraback.

Would you remark further on the bill as amended?

Senator Kane.

SENATOR KANE:

Thank you, Mr. President, good afternoon.

THE CHAIR:

Good afternoon, sir.

SENATOR KANE:

Through you, a couple of questions to the proponent of the bill.

THE CHAIR:

Please proceed.

SENATOR KANE:

Thank you, Mr. President.

I guess not too similar to Senator Roraback's questions in regards to the appointments of the actual council, but similar in the notion that I like to talk about the underlying bill and the actual behavioral partnership health council. In section 2 it talks about creating or establishing a community system of care. And -- well, I guess -- let me take a step back. How long has this council been in service or been in existence? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I don't know exactly. It's been around for all of my tenure here of six years. I would imagine the Medicaid managed care council started after managed care came into

existence in the late 90's so somewhere after that. So it's probably coming on ten years.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. And the reason I ask that question is because, again, I refer back to section 2 about the community system of care and under section 2 it talks about item 1 of subsection b, "alleviate hospital emergency department overcrowding." And I'm wondering if the council through its work is able to talk about that, have they helped in that regard? How are they doing that? Is there -- are there some outcomes that are measurable to that particular activity? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. Yes. I could show the good Senator that we have a lot of statistics on the success of the Behavioral Health Partnership, but it's a pretty simple equation. When you provide

people their services, wellness and prevention, particular in behavioral health with immediate problems, if you provide them with the services they need so they can help themselves, so they can be stable, so they can be productive members of our communities, they don't go into crisis. And when people go into crisis and have nowhere to care for, one of the whole reasons that we're talking about health care reform is that they pay for it, we pay for it, they present at the emergency room. And so there was over utilization. So the more that we can provide care on the front end, you stop the hospital visits.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. And I thought so and that's why I was curious about that.

One the next, number 2, it says "reduce unnecessary admissions and length of stay in hospitals and residential treatment settings." and I found that interesting because I'm wondering at that point of an individual being admitted to a hospital or residential treatment program, how through the council are they

able to reduce the length of stay? Is that just through discussions that they're having with the actual providers, with the people doing the actual work? How are they able to work on that particular item? Through you, Mr. President

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. Of point of clarification, it's not really the council per se. That's sort of an oversight group that brings together families, providers, people in the government agencies, patient advocates so you have everybody with different perspectives sitting around the table to make sure that the Behavioral Health Partnership, which consists of DSS, DCF and will soon, I hope, also have DMHAS on it, and in partnership now with a third party administrator, Value Options, that's the partnership. So the work of those organizations to provide behavior health services has done the things that you list in the original bill, in current law.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. Well, I ask that because it says the department "shall direct the activities of the administrative service organization." So I would imagine that they would have direct effect on those issues, because they are, according to the bill, directing the actual activities.

The next one talks about "increase the availability of outpatients services." Does that mean -- do they have any budgetary recommendations? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. All of this ultimately is part of the state budget. I believe what this is trying to get at is specific areas that the partnership, which, of course, consists of the departments and now one administrative service organization, but under this bill, if it passes, perhaps two or more administrative services organizations, these are the areas that they should

try to focus on to get improvement so we have fewer people going to the hospital. So we have fewer unnecessary admissions and lengths of stay at hospitals and residential settings. So that we increase the availability of outpatient services, have a more robust network for people to get their services on the front end as opposed to, as we do all too often in Connecticut and in this country, wait until people go into crisis an pay for it more on the back end.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Agreed. I agree with that. And the last question, in regard to section 2 talks about "promote community based system of care." and I'm wondering - because I know a lot of individuals on this side of the aisle have talked about private providers and shifting a lot of our social service programs from state agencies to the private providers. And I think, personally, that they do provide a wonderful service for the people in the state of Connecticut. They do it very efficiently, at a lower cost and with less resources, of course, as well. So my question, I

guess, is how can -- well, two parts, I guess. How can we promote that part of it and is that part of what this section number 4 does, which is promoting community based system of care? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I believe that the details of how to do the new language in line 58, the new number 4 will be left to the partnership and the oversight council. I believe what that means is we're not going to use institutional models where we gather people and put them in big buildings and basically have them all together, but we are going to try more and more, as we have been doing, to provide care in the community. It could be through state services, it could be through private provider services. And that the recovery oriented system of care, also -- which I don't know a lot about at this pint and I hopefully will be learning more about -- is also a way to provide care, again, so that we have people that are stable and are productive members of our communities.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. Well, and again, the reason I ask that question -- and I agree with you. I agree that we're moving away from that institutionalization and more towards the community based system. And I agree with that wholeheartedly. I guess my thinking is that we can do that through private providers. And I'm just curious -- cause I know that in the social services aspect, there's only a few, maybe a handful of states that do it the way we do it, meaning a duality, if you will, where we have state run services and private services. Most states choose one or the other. So I was wondering if -- for efficiency models -- and, really, because I believe that the private providers do a better job on the street and, you know, at that level directly, that maybe this is something that this council should be looking at, and are they? And that's why I asked the question, really. Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. Care is currently given through Value Options to a host of -- through a host of providers that are private providers. I'm sure that there will be the need for more of that as you bring more lives under the Behavioral Health Partnership. DMHAS, as I told a couple of my other friends on your side of the aisle earlier, DMHAS will be maintaining clinical management over many of their patients, the people that they serve. So there still will be, under the BHP, a mix where you have private providers and -- through DMHAS and through DCF, they will be providing some services, too.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. I appreciate those answers and I agree with that. I was just wondering if there was just a way of looking at it from that side of the angle.

My last question to you is in regard -- well, actually, I shouldn't say that -- I have a couple, but I have a question in regard to section 7, if you want

to pull that up and it talks about the annual evaluation of the Behavioral Health Partnership. I was just wondering if you could just speak to that, if you would. Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. This is in current law, an evaluation that's being done now by the commissioner of DCF and social services and will be done after this bill passes, as I believe it will, by the additional state agencies, the Department of Mental Health and Addiction Services, with a report to the General Assembly just to, again, to show -- we want to not only turn over the keys, if you will, to this partnership and fund this partnership, but we want to make sure that there are results and that our taxpayer's hard earned dollars are actually achieving good care for people and savings for all the tax payers.

THE CHAIR:

Senator Kane, you have the floor.

SENATOR KANE:

Thank you, Mr. President. And one last question because I appreciate that answer is in regard to rate setting. And it talks about in the bill that the council -- I'm sorry. That the committees of cognizance, Appropriations, Human Services, Public Health can hold public hearings on the proposed rates, but not on the rate setting methodology. Can you explain to me the difference, what that is? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. Again, as a legislature having constitutional authority over the power of the purse, we have oversight role over rates. But the rate setting methodology, actually putting together the rates, negotiating the rates with the third party administrators, the administrative organizations, now one, but under this bill, could be two or more, that would be still in the hands of the Department. But the Legislature would maintain oversight role.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. And that's what I thought you were going to say, but I just wanted a clarification of that.

And I appreciate Senator Harris for his time and answering my questions.

I will be voting in favor of this bill as I do serve as the ranking member of the Human Services subcommittee and appreciate that this bill had come through both the committees of course, because they are the committees of cognizance and adding DMHAS to this council, I think makes a lot of sense. So I will be voting in favor of it. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator Kane.

Will you remark further on the bill as amended? Will you remark further?

Senator Boucher, do you seek the floor? Okay. Please proceed, madam.

SENATOR BOUCHER:

Thank you very much, Mr. President. Mr. President, after listening to this debate this

afternoon, there was some answers that clarified the bill, but there were also some questions that created, for me, some lack of clarity. And through you, Mr. President, if I could ask, again, the proponent, the actual rational and reason that we have this bill before us, why these changes were made? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. If I could just have clarification. I apologize, I distracted myself. I have only myself to blame. But was the question why we're moving DMHAS into the Behavioral Health Partnership?

THE CHAIR:

The question was why is the bill before us? What is the reason we need to make the change, as I recall Senator Boucher's saying.

SENATOR BOUCHER:

And in addition to that, Mr. President -- yes, sir -- in addition to that, the rationale for this particular council and outside group and partnership

to be in statute? For us to have this oversight, as was just explained that we're one of the few states that do do this, through you, Mr. President.

THE CHAIR:

Thank you, Senator Boucher, for clarification, Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I don't know where to start because we've been talking about this now for well over an hour, I believe, and I've gone through all these details -- I don't want to say ad nauseum because I think it's been a good exercise. But the purpose of the Behavioral Health Partnership was to provide behavioral health services, people with psychiatric issues, people with substance abuse issues. One, because it's the right thing to do, and, two, because if you provide care and services to people with these behavioral health issues, you actually save money. Because people that don't get services, they go into crisis, they go to the emergency rooms, we've heard the stories more often, they get institutionalized, they become permanent wards of the state, if you will, permanently on the

taxpayer dollars. Where our goal is to make sure people get the services they need, are stable, and not only don't go into those expensive settings, but can be productive members of our communities. Civic participation, tax payers, you name it.

The managed care model started back in the 90's and it was thought that we could use the managed care model to also help with behavioral health issues. So we set up a behavioral health partnership with the Department of Social Services, the Department of Children and Families contracting with an administrative services organization, typical managed care as you see under HUSKY, the Medicaid population. And as a matter of fact, HUSKY A and B and the DCF Voluntary Services clients are a part of the current Behavioral Health Partnership. And then we, on top of it, put a behavior health oversight council, which brings together not only the state agencies, legislators, families, consumers, providers, patient advocates to be able to oversee and make sure that the Behavioral Health Partnership is working effectively, to provide all those perspectives to make sure that care is being given and that we are saving tax payer

dollars.

THE CHAIR:

Thank you for that explanation, Senator Harris.

Senator Boucher.

SENATOR BOUCHER:

Mr. President, that was extremely helpful in that clarification, but it still brings to mind that we've created another oversight body and added some layers. And I'm working hard to reach the conclusion that this has been additive and helpful rather than, again, just creating another oversight body.

There was some confusion in my mind when this was being discussed on the individuals that were a part of the oversight that might actually be -- to which these bodies report to in our own legislative committees, such as Appropriations and Human Services and so forth. Is there any duplication of individuals in that oversight that might be in a position to be reporting to their own committees? Through you, Mr. President.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. I would take issue, first of all, about this idea of layers of oversight. I know it's a common refrain from some in this building to somehow make government like this evil thing.

The alternative, I guess, could be that we don't provide any care. Anyone with behavioral health issues can be in their communities, do what they want and somehow, it will never affect us in our lives, both morally or the tax payers, because, of course, they'll never get sick, they'll never go to the emergency room, we'll never have to pay for them, so we might as well not come up with a system of care. That's kind of the logical extent of some of the arguments I'm hearing.

This is not duplicative. This is a way to manage care of a population that wasn't being managed in this way. And there are on the oversight council, which I might say, is a voluntary council, appointed but voluntary, not paid, it's not like tax payers are shelling out big bucks to have me be co-chair of a voluntary body, or anybody else that sits on there, the family members that come out of care for their

children and families and others. So I don't know what you mean by duplicative. This is the way that we've figured out and have -- people across the board, providers, family members, consumer advocates, Democrats, Republicans, legislators, executive branch members said that this actually has been a good thing for the people of Connecticut. So we're taking this good thing and now that we've changed the populations being served under DMHAS to a managed care situation, the SAGA recipients, state administered general assistance and the unmanaged care fee-for-service, the aged, blind and disabled, because of what we've done in the state an because of federal health care reform, they're going under managed care, it makes sense now to have DMHAS be a part of the Behavioral Health Partnership.

DMHAS has always, as said before, sat on the oversight council and participated and provided their expertise, but now has a way of providing service through third parties. Remember this isn't really a government program per se. This is government based, but we contract out to a private provider, Value Options, the contract to serve the population in large

part. So this is a public/private partnership at its best.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you very much, Mr. President. And I think we are all, in this body, both sides of the aisle, in total agreement that these are very necessary services, and have supported them. It's the providing of those services -- it's absolutely necessary. What I'm just trying to get to is the transparency of the process, the amount of the various -- and we tend to do that a lot as you well know in this particular building, is that we continue to build more and more advisory boards. I know we have that problem even in the transportation area, where some have actually sat idle for years, that haven't done as much. And of late, we certainly changed that and they've become much more active and it is important to have that oversight. The issue is of transparency and that we don't necessarily have the same people on all of these boards that absolutely are going to be reporting to themselves later on on these issues.

And I did have a question with regards to the membership where -- and I must be reading this incorrectly -- maybe you can help me with this. In the explanation of this that we were provided, that the Behavioral Health Partnership Oversight Council advises the Department on the partnership's planning and administration, but the bill removes from the council's voting membership DMHAS Commissioner and/or her designee and a member of the Community Mental Health Strategy Board. And then it adds to the council, non voting, ex official membership. Why would they be removed from the voting membership? Through you, Mr. President

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Through you, Mr. President. First of all, I would say that I'm in agreement with Senator Boucher. I totally agree that oftentimes we set up too many councils, task forces and have unnecessary oversight. We do, actually, too much legislating of these things and other things, and not enough real oversight that works. And the BHPOC, this oversight council and the

Behavioral Health Partnership, actually, have worked. But if you could just point to me -- and I'll look at the specific parts. I mean, we've expanded this board. I mean, maybe the best way to say it is that there have been some change in the board -- in the oversight council, I should say, based upon experience.

But we have actually added because we are adding new population to the board for new appointments, which you can see in the amendment. And they are divided up so that they will reflect the newer populations, the needs and the perspectives of the newer populations. Because the theory behind, and the way it has actually successfully work, this oversight council, is that we have people from all different parts of the equation. So it's not just a typical task force where you throw a bunch of people together, it is one where we've thought, "Well, we need someone representing a family member here on the new piece. We need someone that has the perspective of a home health care agency providing behavioral health services," because that's something that would be important to the new people coming into the Behavioral

Health Partnership. So that's what's always been important and I think these changes reflect trying to keep that intact, that everybody has a seat at the table.

SENATOR BOUCHER:

Mr. President, that's --

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

-- welcome news, for sure, and I very appreciate it. I guess I was just reading from the OLR bill analysis on this bill and the area of membership when they said that the bill, although adds, also removes the voting membership of DMHAS to the Behavioral Health Partnership Oversight Council. And that was just the question is, did they go from a voting to a non voting membership? I would think that -- and absolutely, it is appropriate for this legislation to address the inclusion of DMHAS. It is absolutely appropriate. I think there's no one that would quibble with that.

The question is are they now non voting members or voting members of the council? Through you, Mr.

President.

THE CHAIR:

Senator Harris, voting or non voting.

SENATOR HARRIS:

I believe -- and I'm trying to find the place in the file, but if the OLR report is accurate, it is -- as it says, that it removes from the council's voting membership the DMHAS commissioner or designee. And a member of the Community Mental Health Strategy Board. So they'd become ex officio.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

I thank you for that answer. I don't know that I'm altogether comfortable with that. I think that they would be a very important voting member of this organization, given how much is at stake and the population that they serve. And I hope that maybe someone would take a look at that.

Thank you, Mr. President. Much appreciate it.

THE CHAIR:

Thank you, Senator Boucher.

Senators -

SENATOR HARRIS:

Through you, Mr. President. The reason for that is if you look at the current law, the current commissioners are all ex officio members. There are eight non voting members appointed, I believe they're ex officio. So I think it's trying to make it consistent, but we can -- I can clarify that for you later, Senator. Thank you.

THE CHAIR:

Thank you, Senators.

Will you care to remark further on the bill as amended?

Senator Debicella.

SENATOR DEBICELLA:

Thank you, Mr. President, for the second time.

First, I would just like to thank Senator Harris, not just for his work on this bill and the discussion today. But I've had the pleasure of serving with him in this term on the Public Health committee and I think his answers today demonstrate the depth of knowledge that he has around some of the health issues that are facing some of our neediest citizens.

And, Mr. President, I just wanted to stand to

speak on behalf of this bill, because if you look at it, much of the conversation we've had has surrounded -- one quote that Senator Harris had, which is the responsibility we have as a society to make sure that the people who can be helped, are helped. And the purpose of the Behavioral Health Partnership is to make sure that all the structures of government are brought to bear, to actually help those people who can recover from different behavioral health problems. DMHAS obviously has a key role to play in that, which is why they've been included in this bill.

But, Mr. President, one of the most important things that we haven't talked about yet is in section 2 of this bill. And it's tucked away. And we haven't talked about it that much yet, but it's actually adding in a new goal, if you will, for Behavioral Health Partnership. And it's one that's been there, but has not been explicit, which is to promote a community based, recovery oriented system of care. And this goes to what Senator Kane was describing before that, you know, we are one of four states who rely on a dual system of both state care and non-profit community provider care. In fact, over 80

percent of our clients are handled by community not-for-profit organizations. And by relying on community based care, we are trying to ensure that folks who are going in for help are not going into a massive, state, faceless building where they're going to be treated like another number. They are being treated in their community by nonprofits who are actually able to tailor their services towards those patients. And usually can do it at a much cheaper rate that the state could.

And we've had that discussion with the budget. But the bill before us today makes sure that as the Behavioral Health Partnership is actually considering the type of care that we should be offering, that it is community based and recovery oriented.

Because the other important thing that we talked about and Senator Harris mentioned was that the people who can be helped should be helped, is for many of the folks who are going through these programs, there are issues that with proper treatment, they can return to society as fully functioning members. And we don't want them to become wards of the state. We don't want them to be forced onto government programs for the

rest of their lives. The community aspect of this will actually help more people reintegrate into society faster.

Mr. President, I believe that the bill before us today, while largely technical in nature, actually carries the spirit of much of what we've been trying to accomplish with it. And I think Senator Harris in describing -- you know, we talked a lot of the technicalities of voting versus nonvoting and a lot of the details of how this Behavioral Health Partnership works. I think the most important thing that it does is it makes sure that our government agencies are coordinated. And that they're coming to the patient community, the client community in a way that is not stepping on each other's toes.

Senator Boucher quite correctly said, we want to make sure that this is not duplicative. We want to make sure that we are not, as a state, wasting tax payer money by having DMHAS and DSS and DCF all doing the exact same thing for clients. And having a partnership that actually coordinates the departments will actually give us a much better way to approach that client community in a unified way.

So, Mr. President, today I rise in support of this bill. Again, I thank Senator Harris for his work on it and urge its adoption. Thank you.

THE CHAIR:

Thank you, Senator.

Will you remark further on the bill as amended? Will you remark further?

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President, if there's no objection I ask that this matter be placed on the consent calendar.

THE CHAIR:

Seeing no objection, the item is placed on the consent calendar.

Mr. Clerk.

Senator Looney.

SENATOR LOONEY:

Yes, Mr. President, thank you. Mr. President, if the clerk would call next calendar page 35, Calendar 278, Senate Bill 400.

But before that, Mr. President, if we might -- I believe we're now in possession of Senate Agenda

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192.

Calendar 219, Substitute for Senate Bill 402.

Calendar 220, Substitute for Senate Bill 325.

Calendar page 32, Calendar 234, Substitute for Senate Bill 167.

Calendar page 35, Calendar Number 278, Senate Bill Number 400.

Mr. President, that completes the items placed on consent calendar number 2.

THE CHAIR:

Thank you, Mr. Clerk, the machine will be open.

THE CLERK:

Mr. President, there's one correction. Calendar page 2, Calendar 118 was not placed on consent, that was referred to Finance, Revenue and Bonding.

THE CHAIR:

Thank you, Mr. Clerk.

Senator Fasano.

Have all members voted? Have all members

voted?

Please check the board to make sure your votes are properly recorded? Have all members voted?

The clerk will announce the tally.

THE CLERK:

The motion is on adoption of the consent calendar number 2.

Total number Voting	32
Those voting Yea	32
Those voting Nay	0
Those absent and not voting	4

THE CHAIR:

The consent calendar passes

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, I believe the clerk is now in possession of Senate Agenda Number 5 for today's session.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Mr. President, Clerk is in possession of