

Legislative History for Connecticut Act

PA 14-115

SB322

House	6959-6962	4
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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

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Those absent and not voting 6

DEPUTY SPEAKER GODFREY:

The bill, as amended, is passed.

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you very much, Mr. Speaker.

Mr. Speaker, I move that we immediately transmit to the Senate any items waiting further action.

DEPUTY SPEAKER GODFREY:

Without objection, so ordered.

Representative Aresimowicz, I understand we have another Consent Calendar.

REP. ARESIMOWICZ (30th):

Thank you very much, Mr. Speaker.

We are. We are about to list off the bills that will be included in our second Consent Calendar for the evening, sir.

DEPUTY SPEAKER GODFREY:

Proceed, sir.

REP. ARESIMOWICZ (30th):

Thank you very much, Mr. Speaker.

I move -- I'd to add the following to the Consent Calendar. Calendar 426, Calendar 308, Calendar 438, Calendar 488 --

SB 281

SB 19

SB 182

SB 330

DEPUTY SPEAKER GODFREY:

Whoa, whoa, whoa.

REP. ARESIMOWICZ (30th):

I apologize, Mr. Speaker. The first number was
427.

DEPUTY SPEAKER GODFREY:

So 427, thank you, sir. Proceed.

REP. ARESIMOWICZ (30th):

Calendar 476, as amended by Senate "A"; Calendar
445, Calendar 514, Calendar 505, as amended by Senate
"A"; Calendar 455, Calendar 456, as amended by Senate
"A"; Calendar 322, Calendar 536, as amended by Senate
"A" and Senate "B"; Calendar 430, Calendar 520, as
amended by Senate "A" and Senate "B"; Calendar 538, as
amended by Senate "A"; Calendar 424, as amended by
Senate "A"; Calendar 439, as amended by Senate "A";
Calendar 482, as amended by Senate "A"; Calendar 325,
as amended by Senate "A."

Calendar 526, as amended by Senate "A"; Calendar
509, as amended by Senate "A"; Calendar 532, Calendar
502, as amended by Senate "A"; Calendar 421, as
amended by Senate "A"; Calendar 431, as amended by
Senate "A"; and Calendar 539, as amended by Senate
"A."

- SB 194
- SB 402
- SB 324
- SB 45
- SB 221
- SB 257
- SB 201
- SB 389
- SB 418
- SB 438
- SB 427
- SB 260
- SB 208
- SB 424
- SB 241
- SB 14
- SB 106
- SB 322
- SB 410
- SB 217
- SB 477
- SB 429

DEPUTY SPEAKER GODFREY:

Is there objection to any of these items being placed on the Consent Calendar? If not, Representative Aresimowicz, would you like to move passage of the Consent Calendar?

REP. ARESIMOWICZ (30th):

Mr. Speaker, I want to remove Calendar 539.

SB429

DEPUTY SPEAKER GODFREY:

Please remove Calendar 539, Mr. Clerk.

REP. ARESIMOWICZ (30th):

Mr. Speaker, I move passage of the bills on the second Consent Calendar of the day.

DEPUTY SPEAKER GODFREY:

The question is on passage of the items on Consent Calendar Number 2.

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 roll.

The House of Representatives is voting by roll on the second Consent Calendar of the day, House Consent 2. Please report to the Chamber immediately.

DEPUTY SPEAKER GODFREY:

Have all the members voted? Have all the members
voted?

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

The Clerk will take a tally.

And the Clerk will announce the tally.

THE CLERK:

Consent Calendar Number 2.

Total Number Voting 147

Necessary for Passage 74

Those voting Yea 147

Those voting Nay 0

Those absent and not voting 4

DEPUTY SPEAKER GODFREY:

The items on the Consent Calendar are passed.

(Speaker Sharkey in the Chair.)

SPEAKER SHARKEY:

The House will please come back to order.

Will the Clerk please call Emergency Certified
Bill 5597.

THE CLERK:

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THE CHAIR:

Senator Looney.

Will the Senate please come to order.

SENATOR LOONEY:

Madam President.

THE CHAIR:

Yes, Senator Looney.

SENATOR LOONEY:

Thank you. If the Clerk will call as the next item
Calendar page 39, Calendar 265, Senate Bill 322. That
will be followed by the bill mentioned earlier,
Calendar page 14, Calendar 441, Senate Bill 29.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On page 39, Calendar 265, Substitute for Senate Bill
322, AN ACT CONNECTING THE PUBLIC TO BEHAVIORAL HEALTH
CARE SERVICES, favorable report of the Committee on
Human Services. There are amendments.

THE CHAIR:

Good afternoon, Senator Slossberg.

SENATOR SLOSSBERG:

Good afternoon, Madam President. I move acceptance of
the Joint Committee's favorable report and passage of
the bill.

THE CHAIR:

The motion is on acceptance and passage. Will you

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remark, ma'am?

SENATOR SLOSSBERG:

Yes, thank you, Madam President.

The bill before us responds to something I think that we have all heard throughout the state over the last number of years dealing with a very serious crisis of mental -- of social and emotional behavioral health issues. And so what this bill does is attempts to --

THE CHAIR:

Excuse me. I'm sorry, Senator. I'm going to ask if the Senate, all conversations bring the level down, please. Thank you.

Senator Slossberg.

THE CHAIR:

Thank you, Madam President.

So what this bill does is it requires the Office of the Health Care Advocate to establish an information and referral service to help our constituents and providers receive information, timely referrals, and access to behavioral health care providers. And it specifies what the health care advocate is required to do. In addition, it asks that the health care advocate report back to the Committee on Children and Human Services, Insurance, and Public Health, in regards to what gaps there are in behavioral health services in our state so that we can try to address some of this very significant gaps that we have found and heard from families that have been so challenged in accessing behavioral health services. So this is a very important bill that really gives us this first opportunity to try to create a clearinghouse, a place where all families know that they can call and get the services and the referrals that they need and actually have a warm hand-off to a provider. And the providers can call when they are looking for resources as well.

THE CHAIR:

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Thank you. Will you remark? Will you remark? ..

Senator Bye, good afternoon.

SENATOR BYE:

Thank you, Madam President. Good afternoon.

Madam President, I'd like to thank the Chair of the Human Services Committee for her advocacy on this bill. And she, like I, have talked to many parents who have struggled with adolescents with mental health challenges and have struggled with who is responsible for what, often getting in the way of young children getting that care that they so badly need. This is a wonderful solution that the Human Services Committee has come up with. And I know there's a group of mothers in my district I've been working with who said this would help them a great deal in the future. So I strongly support it.

Thank you, Madam President.

THE CHAIR:

Thank you. Will you remark? Will you remark?

If not, Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, if that item might be passed temporarily.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

If we might stand at ease for a moment.

THE CHAIR:

The Senate will stand at ease.

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Senator Looney.

SENATOR LOONEY:

Thank you, Madame President.

Madame President, if we could return to an item that was passed temporarily earlier and that was on Calendar Page 39, Calendar 265, Senate Bill 322 on the Human Services Committee.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Page 39, Calendar 265, Substitute for Senate Bill Number 322, AN ACT CONNECTING THE PUBLIC TO BEHAVIORAL HEALTH CARE SERVICES. Favorable report of the Committee on Human Services and there are amendments.

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Yes, thank you, good evening, Madame President.

THE CHAIR:

Good evening.

SENATOR SLOSSBERG:

I move acceptance and passage.

THE CHAIR:

Motion is on acceptance and passage.

Will you remark?

SENATOR SLOSSBERG:

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Yes, Madame President.

This is the bill we were discussing previously about connecting our constituents to behavioral health services through the Office of the Health Care Advocate.

THE CHAIR:

Will you remark? Senator Markley.

SENATOR MARKLEY:

Thank you, Madame President.

I rise in strong support of this bill and it's one of the cases where I have to say I'm reluctant to see expansion of the government and I'm reluctant to see, especially additional personnel brought on and additional expense incurred. But I think this is a case where we're doing something that needs to be done in terms of centralizing the access to information for people who are facing mental health challenges.

You know last year we passed a package that included something like \$10 million in additional spending for mental health services. And I think that was timely and I think we all saw the need for it. But I would say that this particular expenditure which is a small fraction of what we spent, I believe it's \$160,000 in the two year budget, will do -- would have been the first dollar that I would have spent out of that 10 million in looking at it. I think we're putting the department -- this in the right place by putting in the health care advocates office.

There's been considerable work on it by the administration and by the committee and I'm very hopeful that it will have the support of this Chamber and I think it's very worthy of their support and I think it's a very large step which can be taken at very lost cost by the state. So it's my pleasure to support this bill. Thank you, Madame President.

THE CHAIR:

Thank you.

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Will you remark?

Senator Kissel.

SENATOR KISSEL:

Good evening, Madame President, great to see you up there.

THE CHAIR:

Good evening, sir.

SENATOR KISSEL:

The Clerk is in possession of an amendment, LCO Number 4792.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 4792, Senate "A" offered by Senator Kissel,
Representative Mushinsky, et al.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL:

Thank you very much, Madame President.

I move adoption of the amendment, waive a reading and ask leave to summarize.

THE CHAIR:

Motion is on adoption.

Will you remark, sir?

SENATOR KISSEL:

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Thank you very much.

My Co-Chair of the Program Review and Investigations Committee in the House apparently has had some difficulty on moving forward on one of the bill promulgated by a study of the insurance industry as it relates to the underlying bill. She's asked that I offer this amendment. She's asked that I offered this amendment. I have spoken to Senator Slossberg regarding this. I understand there may be some issues at this late hour in trying to get this through.

I am hopeful that perhaps we could get it through this evening, but if not, if some way we can get that bill up from House, maybe hopefully in the next 30, 29 hours or wherever we are, certainly less than 30 hours, that perhaps we can get that bill through our Chamber as well. But at this time to sort of plant a flag, what this amendment essentially does is seek further reporting regarding these issues that are a vast importance to everybody and I would extend an olive branch to the kind Co-Chair of the Committee as to perhaps if this might be considered a friendly amendment. Thank you, Madame President.

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Thank you, Madame President.

And while I greatly appreciate the spirit in which this is offered, I reluctantly rise in opposition to this amendment in that the concern obviously, is that this is still a matter that is being worked on and discussed and the underlying bill is something that has been vetted and worked on and addressed and I would be happy to work with the good Co-Chair of the PRI Committee to see if we could continue to move the amendment as proffered. But I'd hate to lose this bill because of the amendment at this time. So I'd ask for a roll call vote.

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A roll call vote will be taken.

SENATOR SLOSSBERG:

Thank you, Madame President.

THE CHAIR:

Will you remark? Will you remark?

If not, Mr. Clerk will you please call for a roll call vote and the machine will be open on Senate "A".

THE CLERK:

Immediate roll call has been ordered in the Senate.
Immediate roll call on Senate Amendment Schedule "A"
has been ordered in the Senate. Immediate roll call
has been ordered in the Senate on Senate Amendment
Schedule "A". Immediate roll call in the Senate.

THE CHAIR:

If all members have vote, all members have voted, then
the machine will be closed.

Mr. Clerk, will you call the tally, please?

On Senate Amendment Schedule "A".
Total Number voting 36
Necessary for adoption 19
Those voting Yea 15
Those voting Nay 21
Those absent and not voting 0

THE CHAIR:

The amendment fails.

Will you remark? Will you remark?

Senator Kane.

SENATOR KANE:

Thank you, Madame President.

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I rise for a few questions to the proponent of the bill?

THE CHAIR:

Please proceed, sir.

SENATOR KANE:

Thank you, Madame President.

To the good Senator Slossberg, if you'll indulge me a moment, I apologize. I wasn't in the Chamber when you brought out the bill. If you could give me the overview of the bill again and I'll explain why in a second, through you, Madame President.

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Thank you, through you, Madame President.

The bill basically addresses a problem that we've heard so much about in our state. The ability of families, in particular, parents to be able to find appropriate resources when their children are having behavioral health problems.

And so what this does is this creates what some people would refer to as a behavioral health clearing house within the Office of the Health Care Advocate where people in our state can call, get someone on the other line who is able to hear what the problem is and try to help connect them to the right resource and in addition to that, to actually not just give them a list, but to say, here is a provider who's actually accepting new patients and your payment methodology or your insurance plan -- this covers your insurance plan.

It's like someplace where they can get all of their questions answered and actually make a connection with a provider or a resource they are looking for, for the help that they need. That is the basic premise of the

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bill.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madame President.

Isn't that what we currently have 211 for, through you, Madame President?

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Yes, thank you, through you, Madame President.

Two-one-one is a crisis referral. So someone who is in crisis, they call 211 and 211 is a wonderful resource in our state and does a fabulous job. But what they do is they actually provide you with a list, a variety of places that you could go if you're asking, but they don't do what's called a warm referral where they make sure that the provider that they're giving you is actually taking new patients; they don't do anything in terms of whether your insurance covers it or whether maybe you would be eligible for some state assistance in order to get that service.

So, while 211 will continue to do crisis referral, in this instance right now 211 does refer people to the Office of the Health Care Advocate, but there's no way right now where people know to go directly to the Office of the Health Care Advocate and the Office of the Health Care Advocate is doing some of this work but not -- it hasn't been designated as such and is not set up to really handle the volume that we believe is out there for parents and families that are looking for this resource.

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Senator Kane.

SENATOR KANE:

Thank you, Madame President.

And what type of referrals are you speaking to when you talk about the underlying bill, through you, Madame President?

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Thank you, through you, Madame President.

You know, things like whether it's going to -- finding a child psychologist or a child psychiatrist or a social worker or a neuro-clinician or outpatient services or inpatient services, anybody who provides those sorts of services. We've also heard from providers as well. So sometimes pediatricians will say, well I know of five adolescent psychiatrists but none of them are taking new patients. So the family has no place to turn. That's the type of providers that we're talking about.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madame President.

And through you, how are these individuals getting to the necessary -- or through the necessary referral basis now? I mentioned a few times that my wife is a clinical psychologist and works for one of the organizations that you talk about. You mentioned they get referrals from all different ways. So how are -- as far as you know through your committee work or through the public hearing, how are people finding the referral process now? I mean this has to be happening already or is it not happening and that is why we have

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the need for the bill, through you, Madame President?

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Thank you, through you, Madame President.

Well, certainly in some instances, some people are finding the necessary resources. But in too many instances, we've heard repeatedly and I'm sure that you've heard the stories from Senator Bye's District where parents couldn't find appropriate resources. I can speak for people in my District who were referred to clinicians in our area only to be told that those clinicians weren't taking new patients and then parents are left with no place to go and a child or a family member that needs help and they don't know what to do. So there really isn't a referral system right now which is what we're trying to develop.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Well, I don't know if I agree with that. I think there is a referral system right now. But how are people going to find the Office of Health Care Advocate, through you, Madame President.

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Through you, Madame President.

The idea would be that they would be doing some additional outreach and education and potentially, if you could call it, outreach and education to let people know that this is some place that they can call to get this information and to be able to find the

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resources.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madame President.

And how will they do that outreach and education? I mean those are nice words, they sound nice in the underlying bill, but how is it actually put into action, through you, Madame President?

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Through you, Madame President.

That's something that they are going to be working out with all of the stakeholders that are listed in this bill because that is -- it makes more sense for them to sit down with the providers and with the stakeholders and with the agencies who deal with all of these various agencies and resources to come up with the most efficient and effective way to promote a public awareness campaign.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madame President.

So there was nothing in the public hearing testimony that planned out or plotted out how this would take place, through you, Madame President?

THE CHAIR:

Senator Slossberg.

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SENATOR SLOSSBERG:

Through you, Madame President.

It was determined that the smartest way to handle this is exactly the way it's drafted in the bill which is to have the Office of the Health Care Advocate establish this information referral service and then work together with the various stakeholders to address a variety of items listed in the bill, but that one including public outreach and education.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madame President.

And you're comfortable enough to allow the Office of Health Care Advocate to work with the providers in developing this plan; so comfortable that the fiscal note requires two additional people just for this service, through you, Madame President?

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Through you, Madame President.

Yes, I am.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madame President.

Could you elaborate? I mean I remember voting against this bill in the Appropriations Committee, not because

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of the Office of Health Care Advocate, I think they do a great job. I've sent many constituents over to their office. Not because there isn't a need for people to have providers and get services and not because there aren't enough providers out there, but we're talking about something that is in my mind, a bit abstract when you say there's no plan in place, we're going to let them do it, but we're going to give them two new people in order to do it. And can you make me feel better about how we are able to do that? How are we able to add two people for something that, dare I say, doesn't yet exist, through you, Madame President?

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Through you, Madame President.

All I can tell you is that right now the Office of the Health Care Advocate does some of this work where they are receiving these calls as we talked about earlier, that 211 is the first step especially in crisis situations, but then they refer people to the Office of the Health Care Advocate to do the information and referral service that we're talking about.

But in terms of -- so, if we want to expand that, we need people to be able to be able to handle the additional volume of calls and referrals and then to be working on developing this, they're going to be collaborating with the various stakeholders. So they'll be working with all the other state agencies. When we developed this we met with the Commissioner of Mental Health and Addiction Services with the Department of Children and Families, The Department of Social Services; we met with 211 and the Behavioral Health Partnership and the various community collaborative as well as the providers to put in place a bigger -- a more fully functional information and referral service so that people really have a place to call.

And then part of their job as well, will be to

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identify the gaps whether it's geographic or in service, and compile the data so that we have a better picture of what's going on in our state and make sure that people actually have access to mental health services.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madame President.

Can you speak to the additional call volume that you mentioned that you expect in this bill, through you, Madame President?

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Yes, through you, Madame President.

I don't have that data in front of me, but I do know that they take thousands of calls as it is. But the expectation would be that there would be many, many more.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madame President.

The Office of Health Care Advocate takes thousands of calls, through you?

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

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Through you, Madame President.

That is my understanding.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madame President.

And we expect additional call volume on top of the thousands that we already see, through you, Madame President?

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Through you, Madame President.

Yes, that is correct and that's also based on data -- unfortunately, I apologize, I don't have that data in front of me, but that was based on the conversations that we had with the 211 call center as to their call volume as well. The expectation is that there will be a significant number of calls and then that also this process is time intensive because you're going to be talking to somebody about what they need and then making sure that they are having a warm referral so that they're actually connecting with somebody on the other line.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madame President.

But I thought in your initial remarks, when I mentioned 211, you said no, this is not that because

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that's for crises, this is more of your everyday referrals. So now I'm confused. You're mentioning 211 as if they are taking some of this burden. Is that not true, am I misunderstanding, through you, Madame President?

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Through you, Madame President.

Yes, that's not true. Two-one-one is going to continue to do what they do but based on the amount of calls they get and referrals, the numbers are so significant that it is very clear that there will be a lot more work to be done once this is more fully expanded and we're actually providing the service and providing the education and outreach and they're doing the other things that need to happen. So they are not taking the place of what 211 is doing; we're providing a service that currently is in adequate.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Two-one-one service is inadequate, is that what you said, through you, Madame President.

THE CHAIR:

No. Senator Slossberg.

SENATOR SLOSSBERG:

Through you, Madame President.

No. Two-one-one does a great job. It is the next stage of it or the referral that is non crisis.

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Senator Kane.

SENATOR KANE:

Okay. So the referrals that are not crisis, so we've taken 211 out of the mix. The referrals that are not crisis, how many calls do we expect -- it must have come up in the public hearing, there has to be a reason for the need of this bill. Someone had to come in and say, you know what we're getting thousands of calls, we're getting hundreds of calls, we're getting ten calls. Someone had to come in and say or lobby, if you will for lack of a better word, the need for this Legislation. So, what's the numbers, where's the data that backs this up, through you, Madame President?

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Through you, Madame President.

The information that we have in terms of the numbers - - we know the numbers -- as I said, I don't have the numbers in front of me, but the Health Care Advocate testified as to numbers or we had a conversation with regard to numbers after the public hearing as did 211. And based on that -- those numbers, the call volume was very high. In addition though, that these two people will have other work to be done in terms of setting up this information and referral service and the other elements that are required in this bill.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madame President.

The existing call volume that is very high that you just mentioned, where is that right now, through you, Madame President?

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THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Through you, Madame President.

In the Office of the Health Care Advocate as well as the call volume that comes to 211 but then 211 will refer to the Office of the Health Care Advocate.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Madame President, I thought we said that we're not including 211, that we said that was crisis only. These are different referrals. I thought that you mentioned that two times when I asked that question and now we're going back to 211. I guess I'm confused. Can Senator Slossberg please clarify that for me, through you?

THE CHAIR:

Senator Slossberg, can you try again?

SENATOR SLOSSBERG:

Okay. Yes, thank you, Madame President.

I'll try to make this as simple as I can. Sometimes there are calls that go to 211 that are crisis calls. Those crisis calls --

THE CHAIR:

Excuse me a minute.

Senator Meyer, can we close the door, please? Senator Meyer? Thank you very much.

Senator Slossberg, please continue. Thank you.

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SENATOR SLOSSBERG:

Thank you, Madame President.

If it's a crisis call, it goes to 211, but then 211 will make a referral from 211 to the Office of the Health Care Advocate. So their numbers actually relate to how many numbers are then going to the Office of the Health Care Advocate. So that's one access point into the Office of the Health Care Advocate.

The second one where the numbers are relevant is people who call directly to the Office of the Health Care Advocate whether it's on their own or whether maybe as you said you direct constituents to the Office of the Health Care Advocate when they need help. So the second access point is the Office of Health Care access themselves directly. So both numbers are relevant and that's why I keep referring to both of them in looking at the call volume.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madame President

Can you tell me how many calls 211 refers to the Office of Health Care Advocate?

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Thank you, through you, Madame President.

I don't have that data in front of me.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madame President.

I'm very familiar with 211 and I am very familiar where their referrals go. This is the first time I've ever heard that 211 is making referrals to the Office of Health Care Advocate. Typically they are right to the providers and they have teams set up to respond rather quickly that handle those calls.

So my question this whole time, is not about 211 or the needs of our constituencies or the Office of Health Care Advocate, but the same reason I voted against it in the Appropriations Committee, will be the same reason I'll vote against it here. We are adding two new people to this office, yet we have no plan in place for what this process is going to look like; we have no definition of the education and outreach that we claim is in the bill, but we're going to give them two new employees. What are these two new employees going to do, through you, Madame President?

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Thank you, Madame President.

Through you, these two new employees are going to do what is stated in the bill. They will be working on creating and participating in information and referral service to help residents and providers receive behavioral health care and then they will work together with the various stakeholders labeled in the bill to do the items there, to establish -- to identify gaps in behavioral health care services and coverage, barriers to access to care, coordinate a public awareness and educational campaign and develop data reporting mechanisms to determine the effectiveness of the service amongst other things.

THE CHAIR:

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Senator Kane.

SENATOR KANE:

Thank you, Madame President.

And that all sounds wonderful, but what does that mean? I mean, are they going into the community, are they answering phones, are they going to schools, are they working with providers, are they meeting with doctors? I mean, give it to me in plain English, through you, Madame President.

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Thank you, Madame President.

Through you, what they will be doing is when that group of stakeholders gets together and decides what the most effective way is to reach our residents to give them the information about this referral service, that is what they will do. And it could be any of those things that you're talking about. I think we're all very well aware of what an educational outreach effort is. The goal will be to let providers and residents know that this service exists and it's available to people.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madame President.

Has the Office of Health Care Advocate created a job description for these two new individuals, through you?

THE CHAIR:

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Senator Slossberg.

SENATOR SLOSSBERG:

Through you, Madame President.

Not to the best of my knowledge.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madame President.

And I guess this is where I'm struggling with this bill. It seems as though we are hiring two new people for the Office of Health Care Advocate, yet we haven't created a job description for them; we put in words into Legislation that sound nice, but don't have any real meat to the bone, so to speak. I think what we should be doing is, you know, having more social workers. I think we need more people on the front lines; I think we need more people dealing with the very issues that are taking place every day in our communities.

I thank Senator Slossberg for answering my questions, but sounds to me like we're just adding a couple more bureaucrats at the Office of Health Care Advocate. And it sounds to me as if what we really need is social workers, people actually dealing with the very issues that are taking place every day in the State of Connecticut.

There are families hurting; there are families in need; there are families in crisis as you mentioned. Two-one-one does wonderful work and the providers that I run into in my District, do amazing work. We don't need any more people at the Office of Health Care Advocate, we need people working with the general public; we need people working with children; we need people working with families. That's what we need.

Madame President, I will be voting against this bill. I don't believe we need two more people in the Office

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of Health Care Advocate. I do believe we have needs and we have services that need to be provided to the very people that we represent, but this is not the way to do it. The way to do it is to have people on the ground working with the individuals who need our services most. Thank you.

THE CHAIR:

Thank you.

Will you remark?

Senator Slossberg for the second time.

SENATOR SLOSSBERG:

Yes, thank you. Through you, Madame President.

I would just like to clarify -- I actually have since learned that there are job descriptions for the people who will be serving in the Office of the Health Care Advocate are not two more bureaucrats. They are social workers and licensed clinicians, behavioral health workers and so they will be there to actually provide knowledgeable and experienced referral and information to the people who are calling. Thank you, Madame President

THE CHAIR:

Thank you.

Will you remark? Will you remark?

If not, Mr. Clerk will you call for a roll call vote?
The machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Immediate roll call has been ordered in the Senate.

THE CHAIR:

If have all members have vote, all members have voted,
the machine will be closed.

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Mr. Clerk, will you call the tally?

THE CLERK:

On Senate Bill 322.

Total Number voting	36
Necessary for adoption	19
Those voting -Yea	34
Those voting Nay	2
Those absent and not voting	0

THE CHAIR:

The bill passes.

Senator will stand at ease.

(Chamber at ease.)

(Senator Duff of the 102nd in the Chair.)

THE CHAIR:

Senate will come back to order

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, if the -- we'd move that the last enacted bill, Calendar Page 39, Calendar 265, Senate Bill 322, be immediately transmitted to the House of Representatives.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Mr. President.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**HUMAN
SERVICES
PART 2
505 – 933**

2014

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March 6, 2014

jat/mcr HUMAN SERVICES COMMITTEE

11:00 A.M.

CHAIRMAN: Senator Slossberg
 Representative Abercrombie
 Senator Coleman
 Representative Stallworth

MEMBERS PRESENT:

SENATORS: Markley

REPRESENTATIVES:

Ackert, Bowles, Butler,
 Case, Cook, McGee, Miller,
 Morris, Ritter,
 Rutigliano, Santiago,
 Wood, Zupkus

REP. ABERCROMBIE: I'd like to combine the Human
 Services public hearing for today.

SENATOR SLOSSBERG: Combine.

REP. ABERCROMBIE: Madam Co-Chair any opening --
 what did I say?

SENATOR SLOSSBERG: Combine.

REP. ABERCROMBIE: Oh, sorry. Oh, wow, if I'm
 starting this way, it's going to be a long
 hearing. Sorry about that, guys. Maybe I need
 more coffee. No comment? Okay.

So with that we'll move on to the Commissioner
 Bremby.

Good morning, sir. Thank you for being here.

COMMISSIONER BREMBY: Morning, Senator Slossberg,
 Representative Abercrombie, members of the
 Human Services Committee. I'm Rod Bremby. I'm
 the Commissioner of Department of Social
 Services, and I'm pleased to be back before you
 again to testify on bills related to the
 Department, raised on behalf of the Department,
 and we offer written remarks on several of the

HB 5443 HB 5439HB 5441 SB 324SB 252 SB 328SB 322 SB 323HB 5444 HB 5440HB 5446

bills on today's agenda which impact the Department.

In terms of bills raised by the Department or on behalf of the Department, House Bill 5443 is an act concerning Medicaid coverage for certain over-the-counter drugs. This proposal, while adding very modest additional Medicaid over-the-counter drug coverage, is necessary to comply with federal requirements for the Medicaid expansion. This change is necessary to allow cover of over-the-counter drugs that are required to be included in the benefits package for the Medicaid expansion to non-disabled, non-elderly person, adults with dependent children.

At this time, the only additional over-the-counter drugs that would be required to be covered by this change are those listed in the U.S. Preventative Services Task Force A and B recommendations. Specifically, those drugs include only, one, low dose aspirin to prevent cardiovascular disease for men ages 45 to 79 years of age and women ages 55 to 79 years of age where the potential benefit outweighs the potential harm, and, two, folic acid for women who are planning or are capable of becoming pregnant. Folic acid is already covered for women who are already pregnant.

Connecticut's Medicaid program already covers the vast majority of preventative services included in these guidelines. The only items not currently covered are the OTC that are within the USPSTF. So recognizing the benefits of this expansion outweigh the costs as well as the advantages in managing a uniform program from an administrative standpoint. This bill also extends coverage to these drugs to other Medicaid eligible. We ask for your support of this bill.

capias mittimus orders using a copy of the original documents, as state marshals and special policeman are allowed to do. The expansion of this statute to include judicial marshals would assist in reducing the capias mittimus backlogs in improving child support collections.

Providing these orders in a timely way to the judicial marshals at a courthouse where criminal and motor vehicle matters are being heard will increase the likelihood of effecting and arrest and bringing the party before a family support magistrate to address paternity or child support issues.

Approval of this provision is recommended in the final report of the Task Force to Study Methods for Improving the Collection of Past Due Child Support pursuant to Special Act 13-4. We ask for your support of this bill.

There are other legislation items that impact the agency, and I'll pick and choose some of these to go through in greater detail but not all of them.

Senate Bill No. 322, an act concerning a behavioral health clearinghouse. This proposal seeks to create a centralized repository for available behavioral health services to be located within the Office of the Healthcare Advocate.

If the goal of the bill is to create a comprehensive clearing house of publicly funded and privately funded behavioral health services, we feel that this bill has merit and should be explored.

While we do not object to this legislation in principle, we would recommend that our sister

agencies, the Department of Mental Health and Addiction Services, as the lead agency for adult behavioral health, and the Department of Children and Families as the lead agency for children's behavioral health be included in any discussions about where the clearinghouse should reside.

In addition, it is our hope that this initiative would not be redundant of or impact any services already being provided by 2-1-1 Infoline, the state's contracted informational and referral partner.

House Bill 5444, an act concerning Medicaid coverage of chiropractic services. This proposal requires the Department to add chiropractic services to the Medicaid state plan as an optional service. Currently there are no funds included in the Governor's recommended budget adjustments to support this addition. Therefore, the Department must oppose it.

And I believe the last bill we have in front of you -- next to last in front of you is House Bill 5440, an act concerning Medicaid reimbursement for emergency department physicians. This bill would allow ED docs to enroll independently as Medicaid providers, thereby, qualifying to be directly reimbursed for professional services provided to Medicaid recipients in hospital emergency departments.

Under this legislation, physicians would bill and be paid using applicable current procedural terminology codes rather than the all-inclusive revenue center codes currently paid to hospitals, which includes the physician's reimbursement. Such reimbursement change under this bill would expose the state to significant additional costs in several ways.

couple of my old colleagues here as well.

The RCC codes though were even more byzantine in nature, and if we tried to take a look at it historically. I am aware of the costs, you know, or that they established them. But my recollection is that the reimbursement for emergency room visit, what is the average? Do you have any sense of that currently as it stands now? I know it varies from hospital to hospital.

COMMISSIONER BREMBY: We would be taking a shot in the dark. We can get that level of detail to you.

REP. BOWLES: That information together with how those RCC, the revenue code, particularly for the emergency room visits I think would be very helpful, and I know you're going to be providing additional information on that. But I would be very, very interested. There may have been some further clarification on that since I've worked at the agency.

The second issue I just want to touch upon briefly is 322, the behavioral health clearinghouse. I see there's quite a bit of testimony, including from your colleague, Commissioner Rehmer from DMHAS and 2-1-1 Infoline. I certainly share your comments relative to not being redundant.

The one -- and this is more a comment than a question. But if you could please take a look at the work or at least invite DCF to incorporate in their discussions about the possibility of setting up this clearinghouse. The work that the Child Health and Development Institute has done, CHDI, they have spent a number of years now working particularly in trying to create a family-friendly website for

children's behavioral health services, and I think they're to be commended for the work they've done on that. And I think that work could be incorporated if, in fact, this particular initiative moves forward. So I thank you.

Thank you, Madam Chair.

REP. ABERCROMBIE: Thank you.

I just have a couple of quick questions for you, Commissioner, and thank you, again, for being here.

SB 324, which has many sections. Section 1, which has to do with the energy assistant program. Can you walk me through what the thought is changing from August 1 to October 1st? I know we talk about this year after year, and I'm still not convinced this is the way to go. So if you could explain it to me; that would be great.

COMMISSIONER BREMBY: Sure. This reflects what is current practice now. The federal government releases its allocations so late that we typically get the plan -- I mean, we can't meet the August 1st deadline. So we're just trying to true up what's in the statute with what happens in practice.

REP. ABERCROMBIE: Okay. Okay. Have to think about it.

Moving on to Senate Bill 328, which is the capias orders. We've gotten a couple of calls on this issue, having to do with the relationship with the state marshals. Can you walk through if you know the difference in their job descriptions and what, under this legislation, where the separation is between

support the direct payment to residential care homes.

We are very, very concerned about Section 4 of the bill that would unfairly penalize homes for a delay in the cost report, and I think that what happens many times is that perhaps it is forgotten that we are the smallest of business handling the neediest people; and we just have penalties that are excessive for our situation.

So I will hand in my testimony. If there are any questionable, I'd be happy to answer them.

REP. ABERCROMBIE: Thank you, and thank you for your testimony. Questions from committee members? Thank you very much for being here. We appreciate it.

ELAINE COLE: Thank you.

REP. ABERCROMBIE: Now we will go back to the public officials' portion of the hearing and Commissioner Pat Rehmer. Good morning. Nice to see you. We don't normally see you before our committee, so it's nice to have you here.

COMMISSIONER REHMER: Thank you. Thank you. It's good to be here, but I think it's afternoon. Good afternoon.

REP. ABERCROMBIE: Oh, now don't put the cloud out on my sunshine, please.

COMMISSIONER REHMER: Your day is moving faster than you thought. Good afternoon, Senator Slossberg, Representative Abercrombie, and members of the Human Services Committee. I'm Commissioner Patricia Rehmer, and I'm here to speak on Senate Bill 322, an act concerning a behavioral health clearinghouse. You have my written testimony.

So there are currently two funded programs that DMHAS funds that provide information regarding behavioral health services in Connecticut. One of them is the Connecticut clearinghouse, which is a library and resource center. This is a program of Wheeler Clinic, and is funded by us, and as you can see in my testimony if you have it, it logs to half a million visits; and onsite telephone and written request for information and materials total just over 5,000 requests.

In addition, 2005, through the legislative PA 05-80, provided DMHAS with funding to develop a website to provide behavioral healthcare information and assistance, and then the Department received a transformation grant, which helped us with this and, in fact, included CHDI in the development of this website.

It's called Network of Care. It's a single website. It's actually very easy to use. The one thing that I would say -- sorry -- the only maybe criticism is that it's too inclusive. So in an attempt to really make sure people know about resources for recovery, it has information about housing. It has information about assistance for heating. It has information about anything that somebody might need for recovery. It's a system that it has both child, and adolescent, and adult services on it, and it gives you -- you can go in and query the site.

So if you go to the site, you can put in, for example, substance abuse adolescents, and if you search, it then brings up everything in the state that's available that has anything to do with adolescents and substance abuse. And, again, the only problem is that it's so

inclusive, that people may find it difficult to -- as I'm looking through it, you know, it's alphabetically organized, and so there's a lot of information.

So we contract with 2-1-1, who keeps us updated, which is very, very hard to do. As you can imagine, this kind of thing goes through multiple changes. And, again, in my testimony, you can see the number of sessions and page views, and it's gone up, not surprisingly in the last two years. The numbers of visitors to this site has really gone up. And we spend about \$11,000 a year to maintain this website.

So the other thing that I would say is that when the transformation grant was given to Connecticut, we had all of our sister agencies in the room. You can link to the site on our website. I'm not sure that that has followed through with other sister agencies, and we can look at that because that may be very helpful.

But it is a pretty comprehensive website. The thing that is not available on it is private providers.

So I'd be glad to answer any questions that you have.

REP. ABERCROMBIE: Great. Thank you, Commissioner. We appreciate your testimony. Senator Slossberg.

SENATOR SLOSSBERG: Thank you, Madam Chair, and thank you Commissioner. It is a pleasure to have you here. We don't normally get you in front of Human Services. So we're delighted to have you here, and thank you for all of the work that you do on behalf of those of our constituents who have mental health and

substance abuse problems.

You know, the purpose of this legislation is to try to get at something that I think many of us in this building have heard an awful lot about, and that is, you know, people being unable to really figure out where to go for when they need help. And I appreciate that you mention, at the end of your testimony, that this, you know -- a lot of the websites that are out there don't include private pay. And so if you are -- you know, we've got -- as a matter of fact, I almost there may be too many public websites. It can be very overwhelming and very confusing for somebody in the public system, but eventually if you can get to, you know, BHP or some of the other networks, you at least have a place to get to.

If you are, you know, a private insurance -- if you have private insurance and you're private pay, it's really hard to find a provider. So, for example -- and I'll tell you, I think, you know, both of these websites are terrific to have. So -- but there are places that are missing. And so, for example, if you go to the Connecticut Clearinghouse, and I put in provider for adolescent behavioral health in New Haven, it comes up with two providers.

COMMISSIONER REHMER: Right, right.

SENATOR SLOSSBERG: It doesn't even come up with the Yale Child Study Center. It's not there, and once you start clicking links from one place to the other, you end up in circles going around; and you never actually get any help.

You know, I'm hopeful that -- I guess probably my question to you is even with these two things we do have, do you see other holes and challenges, you know, places that we need

additional help? I mean, I think the vision for this clearinghouse was to have one place that's well known.

I don't know. I know if I go into my -- you know, back into my community and I ask them, do you know what Network of Care is? They have no idea.

COMMISSIONER REHMER: Right, right.

SENATOR SLOSSBERG: You know, you're not -- if I'm a parent looking for behavioral health services, they don't -- you know, it's not -- it doesn't obviously come up. So, you know, do you see some other holes here that we need to be plugging, and I think one of the pieces here is to be able to pick up the phone and call somebody who has some knowledge --

COMMISSIONER REHMER: Right.

SENATOR SLOSSBERG: -- who can help direct you.

COMMISSIONER REHMER: Right.

SENATOR SLOSSBERG: Can you speak to that a little?

COMMISSIONER REHMER: I mean, I think, Senator Slossberg, you've addressed the issue that, as I looked at this again, I was concerned about, which if you're looking, especially, as you know, for child and adolescent -- I mean, you hear this all the time-- psychiatrist in particular but even a therapist, it's very hard to find.

And I think that what I have heard is that -- and this is for adults as well -- that especially -- even if it's not an imminent crisis, even if you're -- it's not like you're looking for a mobile crisis team, which I do

think these are good websites for, it's really hard to -- unless you have a name, you know. It's just hard to figure out where to start. And I think that it is the privately insured population that, at least in this year, I'm hearing that the most -- or in the last two years I would say I'm hearing that the most from.

SENATOR SLOSSBERG: Yeah. I would agree. That's what we're hearing as well because when I go on to Network of Care, generally, as you said, it's mostly public -- you know, providers for the public system. It's not like there's some place that you can call, but you can also -- you know, so let's say you get a name, and you call someplace; and you get there. Then there's no -- you know, you hit a brick wall. There's no one to call back and say, okay, this didn't work out.

COMMISSIONER REHMER: Right.

SENATOR SLOSSBERG: They're not the right place. Where do I go from here? That's -- you know, that's obviously not something that's available on that website.

COMMISSIONER REHMER: I do think the interaction that you're talking about -- excuse me. I didn't mean to interrupt you. But the interaction that you're talking about -- because we do receive calls from a lot of families and individuals, and we try to respond with a conversation. But it's not always possible, or we may not know, for example, the private providers. We may be able to say go to the Yale Child Study Center, and they probably can then direct you maybe to individuals that are practicing in that area, but I think that we may not be able -- we don't have all the information about --

Actually, the other issue is who's accepting new clients. So they may be on a list, but they may not be accepting new clients. So I think there are some bumps.

SENATOR SLOSSBERG: So would you be able to work with us to try to, you know, shore this up so that we are all trying to get --

COMMISSIONER REHMER: Sure.

SENATOR SLOSSBERG: -- to the same place. Then, certainly, nobody wants to duplicate anything.

COMMISSIONER REHMER: Right, right. Sure, absolutely.

SENATOR SLOSSBERG: Okay. Thank you so much for your testimony and for being here today.

REP. ABERCROMBIE: Representative Wood.

REP. WOOD: Thank you, Madam Chair. And like everyone else, I'm really pleased to have you here today. I signed up for this committee thinking there'd be more mental health, so thank you.

(Inaudible remark from audience.)

I'm going to just let that one lie.

COMMISSIONER REHMER: I'm not going to say anything.

REP. WOOD: I also had a question on the private providers. So under the Network of Care, at some point could private providers be listed?

COMMISSIONER REHMER: I mean, I think that's a really good question. I think that probably we could do that. I think one of the challenges,

even when we brought this site up, is the whole issue of keeping it updated and making sure that the information on it is accurate. The last thing we want to do is put information on there that's not accurate, and that would be a challenge; but it is certainly something that we would be willing to look at.

REP. WOOD: Just sort of a related question. How many people seek mental healthcare from word of mouth?

COMMISSIONER REHMER: I don't have the answer to that question, but my hunch is, given the calls that I get, a lot.

REP. WOOD: Right. Most people ask a friend. It's almost like --

COMMISSIONER REHMER: Yeah, yeah.

REP. WOOD: -- any kind of doctor. You say --

COMMISSIONER REHMER: Yeah.

REP. WOOD: -- "I need some help with this."

COMMISSIONER REHMER: Right, right. I mean, I ran into a woman at the nail salon a couple weeks ago, who -- we were waiting, and she started talking about her son, who had mental health needs. And it turned into a whole where can I go?

REP. WOOD: Mm-hmm.

COMMISSIONER REHMER: And so I think it happens everywhere, including in nail salon, and, you know, people are really -- it is -- there is no doubt it is a difficult system to navigate, and we need to work to make it less difficult.

REP. WOOD: But it's not -- probably not any different than any other doctor, any other field of medicine.

COMMISSIONER REHMER: I think the difference is the number of psychiatrists -- if I just think about psychiatrists, while New England and Connecticut are very, very lucky in terms of the number of psychiatrists we have because we have more than West Virginia, who I think has one. So we have more, but if you look at the majority of child adolescent psychiatrists, they are either full, or they won't accept insurance.

And so there are some nuances with behavioral health that I think, and also the nature of a behavioral health issue for some people -- again, while it might not be a true crisis in the moment, I think it tends to feel more like a crisis.

And that, frankly, is also related, in my mind, to the discrimination. It is word of mouth. If you're talking to somebody that you trust and that you think is not going to talk about it outside of that conversation still, which is truly unfortunate.

REP. WOOD: Right. Well, that's what we're hoping over time to reduce the stigma of that.

COMMISSIONER REHMER: Yes, absolutely.

REP. WOOD: Big effort.

COMMISSIONER REHMER: Absolutely.

REP. WOOD: And then there's also the piece of the psychologist versus psychiatrist.

COMMISSIONER REHMER: Right.

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REP. WOOD: People don't understand the difference between the two sometimes.

COMMISSIONER REHMER: Right. Or social workers or APRNs.

REP. WOOD: Correct.

COMMISSIONER REHMER: I think just understanding who can do what and what you need is part of the issue as well.

REP. WOOD: And is that listed anywhere on the website, those different -- to differentiate between some of that? I've just got the website up here right now. I haven't had a chance to look at it.

COMMISSIONER REHMER: I think if you searched, for example, by psychologists, it would give you psychologists, but it might not say that a psychologist is not able to prescribe medication, for example.

REP. WOOD: Mm-hmm.

COMMISSIONER REHMER: So I think that it would give you where to go, but, again, some of that is incumbent on whoever is receiving the call to help you through that.

REP. WOOD: Right. And cognitive behavioral therapy is a very effective as a list.

COMMISSIONER REHMER: Right, right.

REP. WOOD: So that might be something for the future --

COMMISSIONER REHMER: Right.

REP. WOOD: -- to be able to outline some of those. I'm assuming from your testimony you oppose this bill to -- the title of it is --

COMMISSIONER REHMER: I don't think that we -- I don't think that we oppose it.

REP. WOOD: You're just outlining what you offer.

COMMISSIONER REHMER: We just want to make sure that everybody is aware of what's already there so that we don't duplicate efforts.

REP. WOOD: All right.

COMMISSIONER REHMER: I think that's really where we stand.

REP. WOOD: Fair point. Thank you very much, and, again, appreciate you being here.

Thank you, Madam Chair.

REP. ABERCROMBIE: Representative Ritter.

REP. E. RITTER: Thank you, Madam Chair.

Commissioner, it's fun to see you here in this committee as well.

COMMISSIONER REHMER: Thank you.

REP. E. RITTER: Thank you for your testimony. I also am aware that the BHP has an initiative, the Access BHP initiative, I believe, it's called, and I wanted to specifically make the committee of that as well because my concern might be --, and I think we're all actually talking about the same concern, and that is proliferation or more than one place to go to get all this information.

COMMISSIONER REHMER: Right.

REP. E. RITTER: It's very frustrating to see that. It's actually frustrating -- I also have the opportunity to hear some of this discussion in appropriations, and, quite honestly, I'd like to see one and only one, my opinion -- one, only one, that has everything. I don't think I care where it's housed or any of that, and I think that we want to -- certainly, if we're going to continue this discussion, we need to hear about and understand what's happening at the BHP, or the next thing we know we're going to be up to four.

And there's a cranky comment for the afternoon because I haven't had lunch. So get me lunch. We could go on.

But at any rate -- so it's my hope, and whether it's this committee or how we choose to carry on these discussions, we don't -- I think we all want the same thing, the right thing. We want to do just it well. So I'm hopeful to keep hearing from you on this.

COMMISSIONER REHMER: Okay. That would be fine. I mean, actually, I just noticed when I went on Network of Care, there is a link to the BHP. So there are links, but, again, having one may make more sense.

REP. E. RITTER: And, thank you. Actually, that describes perhaps some of our frustration well, as Senator Slossberg was saying. And I'll tell you, honestly, if I were looking today for some of these services for myself or a family member, I don't think I'd know where to go, and, you know, while I might call you, I bet you don't want everyone in the state in that position calling you. That isn't the point.

COMMISSIONER REHMER: Right.

REP. E. RITTER: So I'm not sure we're quite ready to do this well yet. Thank you.

REP. ABERCROMBIE: Representative Bowles.

REP. BOWLES: Yes. Thank you, Madam Chair.

It's good seeing you, Commissioner. Thank you for joining us today. I think this is an important topic, and, you know, my experience has been, you know, in the 30 years working in a number of different state agencies and other community providers is that things worked really well when 2-1-1 was first launched; and there was a regional presence. You actually had regional staff from 2-1-1 that were located in the individual communities; that they were in touch and had a real breath of knowledge about what was available to resources in the individual regions, however, they were constituted at the time.

And I would suggest, you know, that in taking a look at it that, you know, in response to some of the comments and your comments about having a centralized place is that that was the whole idea of 2-1-1 to begin with, and I think you obviously are taking advantage of them in terms of updating Network of Care and everything.

But I do want to share my concerns about the redundancies that are available. It is a very difficult system to navigate, despite all my experience as a, you know, therapeutic foster parent. I had trouble finding services within the last two years for -- you know, it's just not readily available.

So I just really commend you for going ahead and just trying to work with your colleagues.

I think the BHP has done a fantastic job with the agencies that have been involved.

I would ask that as we -- you know, we kind of move forward with some of these initiatives on a regional basis, the council governments who are consulting down to nine, that there may be mechanisms on a decentralized basis. And I guess I would just ask your response to that. Do you see that as being -- because the whole idea of peer navigators or, you know, family support personnel, DCF certainly has taken advantage of this I think. DMHAS has a history of using care advocates in terms of helping people personally navigate, but then the idea to centralize and then regionalize that system makes a lot of sense to me. And I just ask for your comments about that. Thank you.

COMMISSIONER REHMER: I would -- we are increasingly using peer navigators and peer supports, and I think that's a very important part of our system. And because of the way the local mental health authorities are set up, the regional -- I would agree with you, I guess, that the regional knowledge is probably better if you all Southeastern Mental Health Authority than if you call, for example, the Office of Committee in Hartford. They know the providers. They can be more specific about what are you looking for and be helpful, and I think we try and do that, again, specifically probably through our mobile crisis teams. But I think these websites also help people get to those.

But, again, my thought is -- this is antidotal so I'm not sure -- that most of the calls that we get tend to still be public sector calls.

REP. BOWLES: Thank you very much. Thanks.

REP. ABERCROMBIE: Thank you, Representative. Any further questions or comments?

Thank you, Commissioner.

COMMISSIONER REHMER: Thank you.

REP. ABERCROMBIE: We so appreciate you being here. Now, we will go back to -- wait. We should have a quick break.

REP. WOOD: Question on what your definition of public sector is in that context.

COMMISSIONER REHMER: Sure. So I guess when I think about public section, the service system is private non-profit providers, state providers, providers that tend to be funded through us that accept Medicaid and Medicare or uninsured individuals.

REP. WOOD: Oh, it can be some private non-profits?

COMMISSIONER REHMER: Absolutely.

REP. WOOD: But the key is that they take Medicaid, Medicare?

COMMISSIONER REHMER: Correct.

REP. WOOD: Great.

COMMISSIONER REHMER: Or uninsured.

REP. WOOD: Uninsured. Thank you very much.

COMMISSIONER REHMER: Okay.

REP. ABERCROMBIE: Thank you, again. I do appreciate it.

Now, we'll be going back to the public portion

of this hearing, and we are moving on to Senate Bill 328. Lisa Stevenson. She's not here? Okay. We will move on to Vicki Veltri.

That's okay. We're so good in this committee. We just, you know, move them out.

VICTORIA VELTRI: Good afternoon, Senator Slossberg, Representative Abercrombie, Senator Markley, Representative Wood, and members of the Human Services Committee. I'm Vicki Veltri, and I'm the State Healthcare Advocate.

SB 322

The Office of the Healthcare Advocate, for those of you who are not as familiar with it, is an independent state agency. We have a three-fold mission. We assure consumers have access to medically-necessary healthcare. We educate consumers about their rights and responsibilities under their plans, and then we take the data that we generate. We come to you, and we make suggestions about how to improve, whether it's access, or payment, or changes in statutes to enable access to healthcare.

So last year we helped about 5,700 people. We saved them about \$9.6 million in our individual casework.

We've had a unique focus the last few years, our Mental Access to Mental Health and Substance Use Services. We have worked quite well and quite often with DMHAS, DCF, insurance department 2-1-1, and our community advocate partners, NAMI, the Mental Health Association, Keep the Promise Coalition, the Regional Mental Health Board, et cetera, on trying to do something about the private side.

Really, most of our work is on the private side, so as you know a year ago we issued a

report about gaps in Access to Mental Health and Substance Abuse Service. One of the largest gaps we identified was network issues and lack of system capacity on the private side of the equation.

So when the concept of this idea came for the floor, we sort of readily agreed to have this discussion because of the private -- the issues around the private side. And when I say "the private side," I'm not really talking about -- there's a lot of people covered in private care or private health plans in the state of Connecticut. In fact, the majority of people covered by private health plans in the Connecticut are on what we call self-funded plans, and those are plans that are regulated by the federal government. We have no real authority over them. However, OHA does help residents who have these plans, which represent 59 percent of the covered lives of private health plans or in these plans that are regulated by the federal government.

So we do see those folks all the time. We also see people with Tricare and Medicare, and the issues keep coming up that, you know, it's hard to find a provider. It's not an easy thing to do. In crisis situations, people do rely on 2-1-1, which provides an incredibly valuable service, and we do refer people, actually, out of our office, to 2-1-1 when there are crisis interventions that are necessary. We also get referrals from 2-1-1 when people have private insurance issues, and they need navigating through the private insurance system.

So when the opportunity presented itself around this issue, we sat down with our community advocate partners, 2-1-1 well, discussed with DMHAS around these gaps in accessing providers and tried to formulate some idea.

As you know, the language -- the language of the bill may not perfectly capture what we're trying to do right now, but I think what people are talking about, which you heard Commissioner Rehmer talk about and what Commissioner Bremby had mentioned earlier, is somehow we got to get a handle on what's going on for people covered by these private plans and get them a way to get access to providers for the longer-term services they need in real-time.

And that's the biggest issue that I wanted to talk about today is the real-time issue. It's one thing to have a list of providers. It's another thing, as Commissioner Rehmer said, to know who's taking patients at any particular point in time, whether or not they're covered by their insurance plan or not.

So the idea was really to centralize, kind of resource around an entity that could, in fact, take the information about who's taking coverage, who isn't taking coverage, have it in one place. When people call and they need help, we'd be able to know in real-time who's taking what coverage and navigate, help those people navigate through the system.

Obviously, we have no intent, and I'm the first one who will be there to testify to you. I have no desire to duplicate any of the great programs that are out there running right now, but we do need -- what we do need is a way to make them all work together and to get to the crux of this other issue, which is access on the private health plan side.

So I would just tell you that I know about every single one of the sites that are out there. They all are tremendous. They all provide great services, and for me, sitting

here personally is not an issue of where it has to be. It's just that it has to be in some way.

So I would just suggest that -- I would offer my help on whether it's an OHA, DCF, DSS, DMHAS, 2-1-1, wherever this resides, we are committed to making it work.

So I guess that's all -- the rest of it is in my testimony. I don't want to repeat myself, except to suggest also it's not just the consumers. It's the providers who are often trying to find other providers who they can send their patients to for other services, and we get lots of those calls because of what we do, the nature of our job. So it's putting all that together that is really the key. Who owns it is really the issue, but --

REP. ABERCROMBIE: Thank you. Thank you for your testimony.

VICTORIA VELTRI: You're welcome.

REP. ABERCROMBIE: And I'd like to just take this opportunity to really thank you and your office for all the work that you do on behalf of our residents here in Connecticut, you know. We've seen the numbers. We know how you help these people, and, you know, we can't say enough good things up here about what your office does. So thank you.

And on a personal note, you know, you've helped me tremendously with constituents and, you know, our issues around autism and stuff, and you're just a great resource. So for people out there that aren't aware of your office, it's a great place to go. So thank you.

With that, Senator Slossberg.

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SENATOR SLOSSBERG: Well, you know, I don't want to pile on, but I agree with everything she said. How's that?

And, you know, thank you so much. We've been working on this, and I know that you have so many things you're working on that are relevant. But I just wanted to ask you a little bit about one section in the bill regarding the issue of private insurers.

VICTORIA VELTRI: Mm-hmm.

SENATOR SLOSSBERG: And, you know, part of the intent of the bill, as we understand it, is to really identify the gaps in services, and barriers, and how do we make sure we have an adequate provider network, regardless of who's paying or how someone is getting -- you know, how their services are being paid for, but primarily on the private side.

Can you tell me, is this duplicative of what the Connecticut Insurance Department does?

VICTORIA VELTRI: Well, I mean, the insurance department is the regulator for what we call the commercial plans. So they have -- so the claims that are regulated by the state, which represent the other -- and the number may be slightly off, but the other 40 or so percent of people who are in plans regulated by the state. The insurance department has jurisdiction over those plans.

I don't believe the insurance department has jurisdiction, at this point, over a network -- you know, the network monitoring and the network adequacy piece to ensure that the networks, in real-time, are actually accessing patients. I don't believe they do. I don't want to, you know, overstate.

We do work with them on these kinds of issues, and I know that they have been working with DMHAS, with DCF I believe also, in identifying some of the differences in the coverage options between lots of the plans that are covered by private and commercially insured insurance, the ones we regulate -- not the big employer plans but the fully insured ones -- and the public system because there are differences in the coverage. Who covers what? Why does the public system cover this and the private system doesn't? And I know they've been doing a lot of work on that piece.

I think this -- and what was meant by this is not that issue. It's really about is someone available to take that client on that particular day. So I don't think it's duplicative in that sense.

We certainly don't want to undermine, obviously, what the insurance department's regulatory authority is by doing this. This is merely a complementary activity.

SENATOR SLOSSBERG: Right. As I see it and my understanding is that, the insurance department, in addition to relating the market though, only in relationship to those that they actually come under their regulations. So my understanding is that the numbers are 59 percent of the people in our state who are seeking mental health services, are in plans that are not regulated by the Connecticut Insurance Department.

So I think that this particular language here is to try to make sure that the vast majority of Connecticut residents has someplace to call in regard to the -- you know, to be able to get access and then -- you know, as you had talked

about with the provider network. It's not just a question of who covers what and how much. It's the whole -- it's the whole shebang.

So I thank you for that clarification, and, again, for the great work that you do and look forward to working with you and the other agencies to make this work and not be duplicative.

VICTORIA VELTRI: Thank you.

SENATOR SLOSSBERG: Thank you.

REP. ABERCROMBIE: Representative Wood.

REP. WOOD: Yeah. My question has been answered, but thank you, certainly, for your great work. I, too, have found you to be a great resource for constituents. So thank you.

VICTORIA VELTRI: Thank you, Representative.

REP. WOOD: Thank you, Madam Chair.

REP. ABERCROMBIE: Any further questions or comments? No? Thank you very much.

VICTORIA VELTRI: Thank you all.

REP. ABERCROMBIE: We appreciate you being here today.

VICTORIA VELTRI: Thank you. Take care.

REP. ABERCROMBIE: Rick Porth.

RICK PORTH: Thank you, everyone. I appreciate the opportunity to come in and testify on SB 322, an act concerning a behavioral health clearinghouse.

I follow two of our really important partners, Commissioner Rehmer and Vicki Veltri from the Office of the Healthcare Advocate, and I want to emphasize that I, too, feel that much of the service and infrastructure we have in place is providing a good service to people in need of mental health -- access to mental health, but that more could be done, particularly in the area of private providers and private insurance for those providers.

United Way and 2-1-1 comes to this with some firsthand knowledge of the need across the state.

Last year we recorded 41,000 requests for outpatient mental health services. We worked closely with DMHAS on the website that Commissioner Rehmer mentioned, and about half of the calls we recorded for mental health, behavioral health were related to the work we do with the Department of Children and Families for their emergency mobile psychiatric service. The other half were through helplines, and suicide prevention hotlines, and warm lines, and domestic violence hotlines, general counseling, and other issues, including substance abuse.

I think that people have been calling us for many, many years now for a couple primary reasons. One, 2-1-1 is a number that is easy to remember. No matter where you live in the state, if you have a health and human service need, and you don't know where else to turn, you could start with 2-1-1, and we could work as quickly as possible to get you where the help you need will be provided.

But also, as Commissioner Rehmer alluded to, we work really hard every day to keep our database up to date on the services that are available

because it's important not to be giving out incorrect information to people who need help.

The other thing about what we do that is important is the crisis intervention work that we do, and we field thousands and thousands of calls in crisis intervention each year. And what we try to do is stabilize the person, whether they're in a situational crisis or a behavioral crisis, or something triggered by housing needs, or food needs, or lost jobs, or lost employment. And we try to stabilize it at that point, and then move people to the mental health providers that might be able to help them out over the long run. And what we find is people call us with unique needs, and often times those needs can't be met, at least not directly. And I think that that's what this legislation attempts to address.

And so we applaud your efforts to try to address this, and we'd say, as I think Vicki Veltri has said, that the part of the system that can benefit the most can be strengthened the most, again, is the private side, where more could be done to collect information on private providers, you know, not only the contact information, but the level of care, and the insurances that are accepted, and the practice type, and specialty, and they're availability, whether they're still accepting clients. All of those things need to be collected in one place.

And I will tell you, while we work very hard and we take this work very seriously in terms of mental health access, we do not currently provide that service on the private side, nor do we have the information that people need to know whether their private insurers will cover different services.

So we applaud you on this. We hope that we could be part of the ongoing planning on this, and that we could build on what's in place already.

Thank you.

REP. ABERCROMBIE: Thank you. And, I have to tell you, I've done a tour at 2-1-1. It's impressive. I mean, just what you guys do over there. It's just amazing, all the different pieces, and how you are able to bring it together. So thank you for what you guys do over there. It's really great, and if anybody hasn't had the opportunity, if you, you know, want to take a field trip, it's impressive to see what they do over there. So thank you.

With that, Senator Slossberg.

SENATOR SLOSSBERG: Thank you.

Thank you. And thank you so much for being here today and for the great work that 2-1-1 does for so many people.

Really more a comment than a question just because, you know, obviously you've been a part of these discussions in terms of implementation, and I just wanted to state publicly that, you know, 2-1-1 plays a very important role in our system. And we would continue to be working together to try to develop this so that we're not doing anything that's duplicative, but we are cooperative in trying to continue to provide the best services we can to all of the people in the state of Connecticut.

So really just a thank you and a reassurance that we, you know, continue to want to work together collaboratively to make this happen and appreciate your knowledge and expertise in

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making that happen.

RICK PORTH: Thanks, Senator Slossberg. Thank you.

SENATOR SLOSSBERG: Thank you.

REP. ABERCROMBIE: Any further -- Representative Bowles.

REP. BOWLES: Thank you, Madam Chair.

I share my admiration for the work that you've done. I did have the opportunity to take a tour of the facility and was very impressed with the Southeastern United Way folks.

But I guess in conjunction with that I would just ask, given all the conversations we've had, a couple Commissioners, the health advocate here, what kind of initiatives and what kind of vision do you have within the context of this conversation, moving forward, not only for this clearinghouse but in general as a repository, as a go-to place for citizens of the state of Connecticut for all kinds of services? Could you just talk just very briefly about, you know, some upcoming initiatives that you see yourselves embarking upon in a year or two? Thank you.

RICK PORTH: I'd be glad to, Representative Bowles. I think the most recent example of an effort to address -- to provide for better access to mental health services is what the Department of Children and Families did with its emergency mobile psychiatric service. About two years ago they worked with us to make us the entry point, 2-1-1 the entry point, for crisis for young people, no matter where in the state they might live or be going to school.

And it has become a very good model for how to

access health during crises for children and young people, so that parents, and teachers, and other caregivers, police officers, whomever, all they have to know is to call 2-1-1 if a child is in crisis at the school steps or at home, or wherever it is, whatever time of the day. And we can connect, after a really quick triage, that child with a series of mobile response teams all across the state and connect them with the closest one, and get them care typically within 30 to 40 minutes. And I think it's been a good success story, and I think that's the kind of thing that we're good at in terms of crisis intervention.

Again, I think the strength of 2-1-1 is that it's not hard to remember that number. We're - - and you don't have to know a number if you live in Eastern Connecticut versus Fairfield County. All you have to know is dial 2-1-1, and eventually -- and hopefully quickly, you'll get connected to the place that will be able to help you directly.

So that's one recent change that I think could serve as a model going forward.

REP. BOWLES: And, actually, that's an excellent example. I hadn't even thought of that, but I'm aware that there was a relative seed change in terms of the access to EMPS services across the state, whereas it was floundering for a period of time. I know with the work that you did in conjunction with DCF, that proved to be a very successful model. So I do commend you on that effort. Thank you.

RICK PORTH: Thanks, Representative Bowles.

REP. BOWLES: Thank you, Madam Chair.

REP. ABERCROMBIE: Any further questions or



March 6, 2014

RE: Raised Bill No. 322

Dear Members of the Committee on Human Services:

The Connecticut Psychological Association (CPA) **supports R.B. No. 322, AN ACT CONCERNING A BEHAVIORAL HEALTH CLEARINGHOUSE.** "[A] central information and referral clearinghouse to increase public access to information regarding behavioral health services and offer referrals to residents to appropriate services," is an important service for Connecticut residents. Such a clearinghouse would serve to centralize fragmented information, help residents identify and understand their treatment options, and allow residents take control of their mental health needs by seeking appropriate treatment. Importantly, the proposed legislation also provides for mechanisms to identify gaps in the mental health system, which will be informative and allow for the most efficient allocation of resources in the future. The provision for quality review of the effectiveness of the clearinghouse overall is also important, facilitating change and adaption of the clearinghouse as needed.

We encourage your support of RB No. 322. Thank you for your time.

**United Way of Connecticut**

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**Human Services Committee Public Hearing
March 6, 2014**

**Testimony on SB 322
Submitted by Richard Porth, United Way of Connecticut**

My name is Richard Porth and I serve as CEO of United Way of Connecticut. This testimony is provided for SB 322, An Act Concerning a Behavioral Health Clearinghouse.

We applaud state leaders in DMHAS, DCF, the Office of the Healthcare Advocate, and the legislature for the ongoing efforts to strengthen and improve access to behavioral health services. Through our 2-1-1 health and human services contact center, United Way of Connecticut knows first-hand of the importance of this work. In 2013, 2-1-1 recorded more than 41,000 requests for outpatient mental health services. In fact, in 2013 accessing mental health services was the third most prevalent reason people across the state called 2-1-1, after housing/shelter and utility and heating assistance. About half of these calls were related to the work 2-1-1 does for the Department of Children and Families' Emergency Mobile Psychiatric Services for children and youth. But 2-1-1 also fielded thousands of calls and requests over helplines, suicide prevention hotlines, domestic violence hotlines, general counseling services, and for substance abuse services.

Connecticut residents in the thousands have turned to 2-1-1 for years now, for crisis intervention and to learn about and access a multitude of behavioral health and substance abuse services provided by government agencies and non-profits. They do it because the 2-1-1 call in number is easy to remember no matter what the nature of their health and human service need is and because 2-1-1 works hard all year to make sure that our database of health and human services is accurate and up to date.

As you continue your efforts to improve access to behavioral health services, we hope that you will build on the infrastructure that already exists as provided through DMHAS, DCF, 2-1-1 and others. One useful way to think about this is that 2-1-1 is generally seen as the go-to place for crisis intervention (in conjunction with public safety agencies accessed through 9-1-1 as necessary) and the connection to

safety net services. The demand for assistance is great; last year over 450,000 callers contacted 2-1-1 for help finding and accessing needed services.

People's situations are unique and sometimes there are no services that address the need(s) of a caller. From our experience as the entry point for many Connecticut residents seeking help with behavioral health concerns, the greatest existing need is for access to longer term mental health care, especially when that care is provided by private providers and/or paid for through private insurance.

The Office of the Health Care Advocate has done an excellent job advocating on behalf of Connecticut's privately insured residents having trouble accessing health care services and/or getting their insurers to pay for health care services. The state can build on this OHA role and complement the existing mental health service infrastructure by authorizing OHA to develop a comprehensive, searchable directory of private sector behavioral health providers that could include up to date information on provider practice type and specialty, insurances that are accepted, level of care, service availability, contact information and so forth. United Way of Connecticut supports the recommendation that OHA do this work and will collaborate with OHA on this work. Again, a focus on behavioral health services offered by private providers along with guidance and assistance for those who are privately insured and having trouble getting their insurance to cover behavioral health services would address a real need in the current behavioral health services delivery system.

We look forward to working with OHA and all of our partners to support the State's efforts to strengthen Connecticut's behavioral health services infrastructure.

Thank you.

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Office of the
Healthcare
Advocate
STATE OF CONNECTICUT

**Testimony of Victoria Veltri
State Healthcare Advocate
Before the Human Services Committee
In support of SB 322
March 6, 2014**

Good afternoon, Senator Slossberg, Representative Abercrombie, Senator Markley, Representative Wood, and members of the Human Services Committee. For the record, I am Vicki Veltri, State Healthcare Advocate with the Office Healthcare Advocate ("OHA"). OHA is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

Last year, OHA directly helped 5,683 consumers and recovered \$9.6 million for Connecticut consumers in our individual case work, in addition to the intensive focus on systemic advocacy, including the elimination of barriers to access to mental health and substance use services. Because OHA freely advocates and pushes for reforms that benefit consumers, we often challenge ourselves and the state as a whole to do better for its residents.

Last year, we pointed out in our report, Findings and Recommendations: Access to Mental Health and Substance Use Services,¹ significant gaps in Connecticut. Some of those findings were addressed in last year's legislative session. One of the largest gaps we identified in our report was lack of access to robust provider networks and lack of system capacity.

I would like to testify in support of SB 322, An Act Concerning A Behavioral Health Clearinghouse. This bill strives to ensure that consumers in need of substance use and behavioral health services and treatment can easily identify readily available services, programs and resources, as well as find a provider or treating facility for non-crisis situations for people with private healthcare coverage. Connecticut currently has a multitude of outstanding resources that offer guidance and other assistance for consumers. However, many of these initiatives have a specific population focus or are primarily geared towards public programs and

¹ http://www.ct.gov/oha/lib/oha/report_of_findings_and_recs_on_oha_hearing_1-2-13.pdf. (2013).

services, leaving consumers with private healthcare coverage with fewer options for real time service location.

SB 322 strives to promote collaboration between OHA and existing clearinghouses and resources. Notable among them, United Way's 2-1-1 and the Departments of Mental Health and Addiction Services and Children and Families, already collaborate with each other and multiple government and community providers to inform consumers about available public and nonprofit services and resources and to help them access these services.

When OHA was asked to take on this role, it was with the recognition that our office advocates for people across the spectrum of healthcare coverage. OHA advocates for people with public and private coverage, including those enrolled in self-funded plans that include most large employer plans, many mid-size employer plans, municipal plans and the state employee plan, among others. Several meetings with a range of advocacy community organization representatives and 2-1-1 led to this proposal.

The Network of Care provides valuable resources, including types of services available and a list of non-profit or other public providers. However, with respect to private healthcare coverage, it does not provide detail on the many types of private coverage offered or the private providers participating in private health plans, particularly for individuals enrolled in self-funded healthcare coverage, which represents the majority of privately covered people in the state.

The Connecticut Clearinghouse also provides many valuable services, including links to locators of services and other very important information for consumers.

2-1-1 also provides tremendous benefit to CT residents by directly assisting individuals with crisis services, as detailed in its testimony, among its many other duties. 2-1-1 also acknowledges in its testimony the gaps with private provider monitoring and access to care for those with private coverage and longer-term needs.

Importantly, no site and no entity provides real-time measurement of the availability of providers for privately covered individuals, something that has been repeatedly identified as a barrier to access to care for those with private healthcare coverage.

As OHA understands the intent behind this bill, it was to complement the assistance already offered by existing resources, assessing caller's needs and providing appropriate guidance, information, advocacy or referral as indicated, including to 2-1-1, state agencies and our community partners, while collecting data on gaps in access that can then be addressed by OHA's mission to monitor existing laws and make recommendations for improvement in private coverage. This bill does not seek to replicate or replace the already well established and excellent existing services, such as those offered by 2-1-1, DMHAS and DCF, but build upon OHA's already existing partnerships with them to promote greater consumer access to assistance.

Another critical function that this bill would provide the development and maintenance of a comprehensive, searchable directory of private sector behavioral health providers and facilities that could include real time information about provider practice type and specialty, insurances accepted, availability, open beds including level of care, contact information and more. To our knowledge and after researching the sites mentioned above, there is no entity that provides this function.

We have talked to providers and the hundreds of patients we assist each year with mental health and substance use issues who have long been seeking a comprehensive list of all behavioral health providers and facilities, and this clearinghouse envisions the creation and maintenance of such a directory. Such a resource would greatly enhance the ability of both consumer as well as providers to identify available and appropriate treatment options, but would have the added benefit of providing data concerning the experiences of the those covered by private coverage, as well as transparency concerning Connecticut's behavioral health behavioral health networks.

OHA believes that by working with 2-1-1 and our community partners, we can suggest revised language for the bill that better reflects the intended focus of the bill,. And as always, we will work with you and others to ensure that we all take the best path forward on this issue.

Finally, SB 322 dovetails with OHA's core advocacy work and, by collaborating with existing entities, this will allow Connecticut to create a seamless mechanism for consumers in need of assistance, collaborating with all stakeholders and advocates to ensure that consumers are directed to the resource most appropriate for their needs, identifying and filling gaps in that support network, primarily around those in private healthcare coverage, and maintaining a comprehensive real time database of behavioral health providers. This is the core of advocacy work.

Thank you for providing me the opportunity to deliver OHA's testimony today. If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.



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STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

Dannel P. Malloy
Governor

Patricia A. Rehmer, MSN
Commissioner

Testimony by Patricia Rehmer, MSN, Commissioner
Department of Mental Health and Addiction Services
Before the Human Services Committee
March 6, 2014

Good Morning Senator Slossberg, Representative Abercrombie and distinguished members of the Human Services Committee. I am Commissioner Patricia Rehmer of the Department of Mental Health and Addiction Services, and I am here today to speak on Senate Bill No. 322 **AN ACT CONCERNING A BEHAVIORAL HEALTH CLEARINGHOUSE.**

DMHAS currently funds two programs that would meet most of the criteria laid out in this bill. The Connecticut Clearinghouse is a library and resource center for information on substance use and mental health disorders, prevention and health promotion, treatment and recovery, wellness, and other related topics. A program of the Wheeler Clinic, Connecticut Clearinghouse is funded by the Connecticut Department of Mental Health and Addiction Services. From July 1, 2012 through June 30, 2013 the Connecticut Clearinghouse logged 422,526 website visits. Onsite, telephone, and written requests for information, materials, and other services totaled 5,031.

In addition, in 2005 the legislature enacted PA 05-80 which provided DMHAS with funding to develop a web site to provide behavioral health care information and assistance. This web site is called the "Network of Care" and it is a single resource web site that provides timely access to behavioral health care information and assistance for children, adolescents and adults. The website includes (1) directory information on available federal, state, regional and community assistance, programs, services and providers; (2) current mental health diagnoses and treatment options; (3) links to national and state advocacy organizations, including legal assistance; and (4) summary information on federal and state mental health law, including private insurance coverage. The website also has an optional, secure personal folder for web site users to manage information concerning their individual mental health care and assistance. The Network of Care site is updated on a regular basis by information provided by 211. We contract with 211 to provide change files to Network of Care on a monthly basis.

We asked for a breakdown of visits to the site and have the following information:

Connecticut MH	2013-14	2012-13	% Change
July	69,974	58,823	19%
August	77,074	71,441	8%
September	89,542	71,701	25%
October	87,415	83,870	4%
November	77,836	84,308	-8%
December	66,874	76,481	-13%
January	83,417	78,443	6%
Sessions	552,132	525,067	5%
Page views	12,583,339	5,496,600	129%
Hits	14,283,394	7,906,752	81%
Avg Length of Session	0:07:18	00:14:35	--

- *Session*: A series of visits to your site over a specific period of time by one visitor.
- *Page view*: A request to the web server by a visitor's browser for any web page; this excludes images, JavaScript, and other generally embedded file types.
- *Hit*: Any successful request to a webserver from a visitor's browser.

As you can see, this website is a valuable resource and CT residents are using the site at increasing levels. DMHAS spends approximately \$130,000 a year for the Network of Care and approximately \$11,000 a year for 211, and ensures that there is coordination between the two programs.

Thank you for your time and attention to this matter.



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Testimony before the Human Services Committee
Roderick L. Bremby, Commissioner
March 6, 2014

HB5439 HB5441
SB324 SB252
SB328 SB322
SB323 HB5444

Good morning, Senator Slossberg and Representative Abercrombie and distinguished members of the Human Services Committee. My name is Roderick Bremby and I am the Commissioner of the Department of Social Services. I am pleased to be before you today to testify on several bills raised on behalf of the Department. In addition, I offer written remarks on several other bills on today's agenda that impact the Department.

HB5440
HB5446

Bills Raised on Behalf of DSS:

H.B. No. 5443 (RAISED) AN ACT CONCERNING MEDICAID COVERAGE FOR CERTAIN OVER-THE-COUNTER DRUGS.

This proposal, while adding very modest additional Medicaid over-the-counter drug coverage, is necessary to comply with federal requirements for the Medicaid expansion. This change is necessary to allow coverage of over-the-counter drugs that are required to be included in the benefits package for the Medicaid expansion to non-disabled, non-elderly adults without dependent children (Medicaid Coverage for the Lowest Income Populations or HUSKY D) earning up to 138% of the federal poverty level. At this time, the only additional over-the-counter drugs that would be required to be covered by this change are those listed in the U.S. Preventive Services Task Force A and B recommendations. Specifically, those drugs include only: (1) low-dose aspirin to prevent cardiovascular disease for men ages 45 to 79 years of age and women ages 55 to 79 years of age when the potential benefit outweighs the potential harm; and (2) folic acid for women who are planning or are capable of becoming pregnant (folic acid is already covered for women who are pregnant).

The Medicaid expansion is governed by federal law, pursuant to section 2001 of the Affordable Care Act. Beginning January 1, 2014, federal law requires the benefit package provided to individuals in the Medicaid expansion to offer ten Essential Health Benefits. These requirements apply both to newly eligible individuals under the Medicaid expansion and also to individuals previously included in Connecticut's partial expansion of Medicaid to low-income adults beginning in April 2010, pursuant to 42 U.S.C. § 1396a(k)(2).

Connecticut's Medicaid program already covers the vast majority of the preventive services included in those guidelines. The only items not currently covered are the over-the-counter medications recommended for individuals with certain diagnoses in the U.S. Preventive Services Task Force ("USPSTF") recommendations. Those over-the-counter drugs are not currently covered because Conn. Gen. Stat. § 17b-280a, which was adopted in 2010, prohibits such

Other Legislation Impacting the Department:

S.B. No. 322 (RAISED) AN ACT CONCERNING A BEHAVIORAL HEALTH CLEARINGHOUSE.

This proposal seeks to create a centralized repository for available behavioral health services to be located within the Office of the Healthcare Advocate. If the goal of the bill is to create a comprehensive clearinghouse of publicly funded and privately funded behavioral health services, we feel that this has merit and should be explored. While we do not object to this legislation in principle, we would recommend that our sister agencies, the Department of Mental Health and Addiction Services, as the lead agency for adult behavioral health, and the Department of Children and Families, as the lead agency for children's behavioral health, be included in any discussions about where the clearinghouse should reside. In addition, it is our hope that this initiative would not be redundant of or impact any services already being done by 2-1-1 Infoline, the state's contracted informational and referral partner.

S.B. No. 323 (RAISED) AN ACT CONCERNING CAPITAL EXPENDITURES AT RESIDENTIAL CARE HOMES.

This bill would allow DSS to reimburse Residential Care Home (RCH) providers for "land, building or non-movable equipment, repair, maintenance or improvement" to the facility that cost \$10,000 or less per year. The reimbursement would be included in the fair rent component of the RCH rate for five years or less, depending on the useful life of the improvements.

DSS does not oppose the general concept of the bill, but "maintenance" activities are not a cost that can be capitalized and, as such, references to maintenance activities should be removed from the bill. The Department believes this change will only standardize the useful life to five years for costs of \$10,000 or less, and that any additional costs would be negligible if "maintenance" is removed.

H.B. No. 5444 (RAISED) AN ACT CONCERNING MEDICAID COVERAGE OF CHIROPRACTIC SERVICES.

This proposal requires the Department to add chiropractic services to the Medicaid State Plan as an optional service. There are currently no funds included in the Governor's recommended budget adjustments to support this addition; therefore, the department must oppose it.

H.B. No. 5440 (RAISED) AN ACT CONCERNING MEDICAID REIMBURSEMENT FOR EMERGENCY DEPARTMENT PHYSICIANS.

This bill would allow emergency department (ED) physicians to enroll independently as Medicaid providers, thereby qualifying to be directly reimbursed for professional services provided to Medicaid recipients in hospital emergency departments. Under this legislation, physicians would bill and be paid using applicable Current Procedural Terminology (CPT) codes, rather than the all-inclusive Revenue Center Codes (RCC) currently paid to hospitals and