

Legislative History for Connecticut Act

SA 14-7

HB5371

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2014**

**VOL.57
PART 5
1361 – 1680**

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HOUSE OF REPRESENTATIVES

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April 22, 2014

Necessary for passage	72
Those voting Yea	142
Those voting Nay	0
Those absent and not voting	8

SPEAKER SHARKEY:

The bill as amended passes.

Will the Clerk please call Calendar Number 134.

THE CLERK:

Yes, Mr. Speaker. On Page 43, Calendar Number 134, Favorable Report of the Joint Standing Committee on Human Services, House Bill 5371 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE STUDY ON ACCESS TO SUBSTANCE USE TREATMENT FOR INSURED YOUTH AS THEY RELATE TO THE DEPARTMENT OF CHILDREN AND FAMILIES.

SPEAKER SHARKEY:

The distinguished Dean of the House, Representative Mushinsky, you have the floor.

REP. MUSHINSKY (85th):

Good afternoon, Mr. Speaker.

SPEAKER SHARKEY:

Good afternoon, Madam.

REP. MUSHINSKY (85th):

And happy Earth Day to you.

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SPEAKER SHARKEY:

Same to you.

REP. MUSHINSKY (85th):

The Clerk has an amendment, LCO 3554.

SPEAKER SHARKEY:

Madam, if you could call the bill, first. I move acceptance of the --

REP. MUSHINSKY (85th):

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

SPEAKER SHARKEY:

The question before the Chamber is acceptance of the Joint Committee's Favorable Report and passage of the bill. Will you remark, madam?

REP. MUSHINSKY (85th):

Thank you. The Clerk has an amendment, LCO 3554. If the Clerk would please call and may I be allowed to summarize?

SPEAKER SHARKEY:

Will the Clerk please call LCO 3554, which will be designated House Amendment "A".

THE CLERK:

House Amendment "A", LCO 3554 introduced by Representative Abercrombie and Slossberg.

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SPEAKER SHARKEY:

The gentlewoman has sought leave of the Chamber to summarize. Is there objection? Seeing none, you may proceed with summarization, madam.

REP. MUSHINSKY (85th):

Thank you, Mr. Speaker. This Amendment simply adds the Human Services Committee to the list of Committees receiving the reports in the legislation.

I move adoption.

SPEAKER SHARKEY:

The question before the Chamber is adoption of House Amendment "A". Do you care to remark on House Amendment "A"? Representative Carpino.

REP. CARPINO (32nd):

Thank you, Mr. Speaker. This Amendment is self explanatory and I urge adoption.

SPEAKER SHARKEY:

Thank you, madam. Would you care to remark? Would you care to remark further on House Amendment "A"?

If not, let me try your minds. All those in favor of House Amendment "A" please signify by saying aye.

REPRESENTATIVES:

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Aye.

SPEAKER SHARKEY:

Those opposed, nay? The ayes have it. The
Amendment is adopted.

Would you care to remark further on the bill as amended? Representative Mushinsky.

REP. MUSHINSKY (85th):

Thank you, Mr. Speaker. This bill is based on Part 2 of the Program Review and Investigations Committee Study on Access to Substance Abuse Treatment for Insured Youth, which was completed in June, 2013.

It does three things. First, it requires the Department of Children and Families, Department of Mental Health and Addiction Services and Department of Public Health to develop a proposal to launch an urgent care center for behavioral health.

Secondly, it requires the Department of Children and Families to evaluate the extent of cost shifting from private insurance to the state taxpayers, and if cost shifting is documented, to take steps to remedy it.

And third, it requires the Department of Mental Health and Addiction Services and Department of Children and Families to develop a plan on how

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substance abuse, substance abuse recovery services will be provided to adolescents and young adults throughout Connecticut. Our Committee determined they are under-served and we did document that the parents' complaints were valid and these changes have to be made.

This bill has been unanimously supported by both PRI and Human Services and I urge your support for this bill to help children and youth and their families who need access to substance abuse treatment, which is a very vexing issue for these families.

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, madam. Would you care to remark further on the bill as amended?

Representative Carpino.

REP. CARPINO (32nd):

Thank you, Mr. Speaker. What is important to note here in this bill is that we're asking these three agencies to put together a proposal to serve this very important population.

Time and time again we heard some very heartfelt testimony about the need for behavioral health services for this fragile population. By forcing

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these three agencies to work together we'll best be able to serve the population before us, so I urge adoption. Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, madam. Would you care to remark further on the bill as amended? Would you care to remark further on the bill as amended?

If not, staff and guests to the Well of the House. Members take your seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by Roll.

The House of Representatives is voting by Roll.

Will members please return to the Chamber immediately.

SPEAKER SHARKEY:

Have all the members voted? Have all the members voted? Will the Members please check the board to make sure your vote is properly cast.

If all the members have voted, the machine will be locked and the Clerk will take a tally. Will the Clerk please announce the tally.

THE CLERK:

House Bill 5371 as amended by House "A".

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Total number voting	143
Necessary for passage	72
Those voting Yea	143
Those voting Nay	0
Those absent and not voting	7

SPEAKER SHARKEY:

The bill as amended passes.

Will the Clerk please call Calendar 135.

THE CLERK:

Calendar 135 on Page 44 of today's Calendar,
Favorable Report of the Joint Standing Committee on
Insurance and Real Estate, Substitute for House Bill
5373 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE
LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS
COMMITTEE CONCERNING THE REPORTING OF CERTAIN DATA BY
MANAGED CARE ORGANIZATIONS AND HEALTH INSURANCE
COMPANIES TO THE INSURANCE DEPARTMENT.

SPEAKER SHARKEY:

Representative Mushinsky.

REP. MUSHINSKY (85th):

Thank you, Mr. Speaker. I move acceptance of the
Joint Committee's Favorable Report and passage of the
bill.

SPEAKER SHARKEY:

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THE CHAIR:

The Senate will stand at ease.

(Chamber at ease.)

The Senate will come back to order. Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, we have a number of additional items to add to the Consent Calendar.

THE CHAIR:

All right. Let's go.

SENATOR LOONEY:

First, Mr. President, Calendar page 4, Calendar --

THE CHAIR:

Hold on. Let's make sure we're in order, here. Get all our bills on Consent. Please proceed, sir.

SENATOR LOONEY:

Yes, thank you, Mr. President. The first item is Calendar page 4, Calendar 273, Senate Bill 480, 4-8-0.

Next, moving to Calendar page 14, Calendar 435, House Bill 5044.

On Calendar page 16, Calendar 450, House Bill 5371.

Also on Calendar page 16, Calendar 451, House Bill 5373.

On Calendar page 18, Calendar 464, House Bill 5293.

On Calendar page 19, Calendar 471, House Bill 5374.

On Calendar page 20, Calendar 472, House Bill 5380.

Also Calendar page 20, Calendar 488, House Bill 5222.

Moving to Calendar page 23, Calendar 504, House Bill 5309.

Also Calendar page 23, Calendar 505, House Bill 5484.

And on Calendar page 23, Calendar 506, House Bill 5487.

Moving to Calendar page 26, Mr. President, Calendar 519, House Bill 5375.

Also Calendar page 26, Calendar 520, House Bill 5471.

On Calendar page 30, Calendar 542, House Bill 5378.

Calendar page 33, Calendar 558, House Bill 5459.

And also we earlier today had placed Calendar page 37, Calendar 120, Senate Bill 237.

And one additional item, Mr. President, Calendar page 45, Calendar 158, Senate Bill 209.

So this would be our proposed Consent items at this time, Mr. President.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, and if the Clerk would then read the items on the Consent Calendar for verification so we might proceed to a vote.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Page 4, Calendar 273, Senate Bill 480.

Page 14, Calendar 435, House Bill 5044.

On Page 16, Calendar 450, House Bill 5371.

Also Calendar 451, House Bill 5373.

On Page 18, Calendar 464, House Bill 5293.

On Page 19, Calendar 471, House Bill 5374.

On Page 20, Calendar 472, House Bill 5380.

Calendar 488, 5222.

On Page 23, Calendar 504, House Bill 5309.

And Calendar 505, House Bill 5484.

Also Calendar 506, House Bill 5487.

And on page 26, Calendar 519, House Bill 5375.

Calendar 520, House Bill 5471.

Page 30, Calendar 542, House Bill 5378.

Page 33, Calendar 558, House Bill 5459.

On Page 37, Calendar 120, Senate Bill 237.

And on page 45, Calendar 158, Senate Bill 209.

THE CHAIR:

Thank you. Mr. Clerk. Please announce the pendency of a roll call vote and the machine will be opened.

THE CLERK:

An immediate roll call has been ordered in the Senate.
roll call on today's Consent Calendar has been ordered
in the Senate.

THE CHAIR:

Have all members voted? If all members have voted, please check the board to make sure your vote is accurately recorded.

If all members have voted, the machine will be closed and the Clerk will announce the tally.

THE CLERK:

On today's Consent Calendar.

Total Number Voting	35
Necessary for adoption	18
Those voting Yea	35
Those voting Nay	0
Those absent and not voting	1

THE CHAIR:

Consent Calendar Number 1 passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, would move for immediate transmittal to the House of Representatives of Senate bills acted upon today.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, would yield the floor to members for any announcements or points of personal privilege before adjourning and announcing tomorrow's Session.

THE CHAIR:

Any announcements or points of personal privilege? Announcements or points of personal privilege? Seeing none, Senator Looney.

SENATOR LOONEY:

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But, yeah, that's like a breath of spring.
Here it is Shrove Tuesday; you know, we got Ash
Wednesday.

REP. ZIOBRON: Yeah.

SENATOR KISSEL: Eventually, this Siberian cold is
going to get out of Dodge, and we're going to
be in better shape.

REP. MUSHINSKY: Yup.

SENATOR KISSEL: So, thank you.

REP. ZIOBRON: Yeah, I had to fix myself up
mentally, as well. The good news is driving
here, on the median I saw a lot of robins, and
I actually saw dirty grass, so I think we're on
our way.

REP. MUSHINSKY: Thank you for coming to testify.

REP. ZIOBRON: Thank you.

REP. MUSHINSKY: Any questions? Okay.

REP. ZIOBRON: I'd like to leave this passport with
you, if I could, Representative.

REP. MUSHINSKY: Thank you. Madam Clerk will take
it.

Next witness is Commissioner Patricia Rehmer,
of Department of Mental Health and Addiction
Services.

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COMMISSIONER PATRICIA A. REHMER: Good afternoon,
Senator Kissel, Representative Mushinsky, and
members of the committee that may be listening
to this. I'm here to comment on House Bill

5371, House Bill 5372, and House Bill 5378.
And I believe you have my written testimony.

House Bill 5371 requires DMHAS and DCF to develop an urgent care center for individuals were behavioral health disorders and a substance use recovery support plan for youth and adolescents. I just need to say, at the outset of my testimony, that as you know, DMHAS provides treatment for individuals over the age of 18, so we would be glad to partner with DCF on this.

We believe that the urgent care center can be established through the coordination of each agency's mobile crisis units as well as the development of substance abuse recovery support plans and really appreciate that the committee has given us sufficient time to work that through.

House Bill 5372 gives new responsibilities to the Alcohol and Drug Policy Council. The Alcohol and Drug Policy Council has not been able to meet consistently, actually, for a couple of years; and -- and that is due to a number of different issues. We have met twice. The group, as you know, is co-led by Commissioner Katz and myself; we have very little attendance, very little participation.

But I do want to comment that the department, in terms of screening for substance abuse, has implemented what is called the "SBIRT" screening and brief intervention in -- it was, it was implemented many years ago in emergency rooms. This was through a SAMHSA-funded initiative, the Substance Abuse and Mental Health Services Agency at the federal level.

They are now funding us too; we have been

REP. MUSHINSKY: Senator Kissel.

LAURA GREEN: It's important.

SENATOR KISSEL: Yeah. I just want to say thank you, so much; another -- another important story. And I'm hoping that you weren't lucky be, you were not unlucky because people just had a predetermined notion that they weren't going to hire anybody in your age category.

LAURA GREEN: There is certainly no way of knowing that. Someone would have to be an idiot to say that.

SENATOR KISSEL: That's true; they won't come out and say it. But -- but it seems like things have worked out for you, so I'm really very happy about that.

And I want to associate myself with the remark of Chairman Mushinsky; we are going to need your -- your group's efforts to help push things across the finish line in this short session.

LAURA GREEN: Yeah. I think that I can speak that we will be there. Thank you.

REP. MUSHINSKY: Thank you for coming.

LAURA GREEN: Sure.

REP. MUSHINSKY: Next speaker, Karen Zaorski, from Wolcott Crossroads, followed by Ken Welch, Wallingford Coalition for a Better, Coalition for a Better Wallingford.

KAREN ZAORSKI: Hi. Good afternoon, esteemed Chairmans and committee members.

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My name is Karen Zaorski, and I'm from Wolcott.

My son Raymond died a cocaine overdose on September 9th, in 2010. Today, I'm here representing members and executive board committee people from Wolcott Crossroads, Incorporated, in Wolcott, and Connecticut Turning to Youth and Families.

We'd like to congratulate this committee on its dedication to what life-and-death issues for Connecticut young adults and families struggling with substance abuse disorders.

In 2012, I came to the PRI Committee to encourage your members to do whatever was necessary to affect policy changes regarding the critical dilemmas associated with barriers to addiction treatment for this vulnerable population, regardless of their insurance coverage.

It is clear that time, concern, and hard work has been invested into researching solutions to the barriers of early intervention resources, access to age-appropriate drug use disorders treatment, and recovery support programs. You have gotten down to brass tacks and implemented some recommendations based on your committee's report and are about to roll out some of your plans in the form of House Bills 5371, 5372, 5373, and 5374, which we hope all are good starts to better and new solutions.

Members of the organizations I represent have already attended focus groups initiated by Department of Children and Families, so we are well aware that thinking caps are in place for how best to ensure that the system cracks are narrowed in order to better save lives. We desire a voice in more meeting rooms.

My main purpose in being here today is to thank you from the bottom of my heart for listening and recognizing that there is an epidemic of drugs in our community and this country and that our young people and families are being impacted in the saddest ways imaginable. With your continued, diligent work, we hope you will make it possible for more individuals and families in this state to timely secure appropriate help for their loved one when they need it most.

If there is any information that our organizations can provide to assist in moving these bills forward, please don't hesitate to contact us.

REP. MUSHINSKY: Thank you for coming back. I'm --

KAREN ZAORSKI: You're welcome.

REP. MUSHINSKY: -- sorry you lost your son.

KAREN ZAORSKI: Thank you.

REP. MUSHINSKY: I lost my brother so I understand.

KAREN ZAORSKI: I remember that.

REP. MUSHINSKY: But you're right, we are going to have to keep together as a coalition and move these bills, especially through the two money committees. So if we don't have your e-mail, please leave it with us.

KAREN ZAORSKI: I will.

REP. MUSHINSKY: And we can contact your organization through you as these bills move out of our committee into the other committees.

KAREN ZAORSKI: Okay.

REP. MUSHINSKY: Because it is a short timetable on the, in the even-numbered years.

KAREN ZAORSKI: And we're ready and willing to help, so we would --

REP. MUSHINSKY: Okay.

KAREN ZAORSKI: -- appreciate getting those calls.

REP. MUSHINSKY: Okay. Thank you, very much.

Questions?

Senator Kissel.

SENATOR KISSEL: Yes. And again, I just, as Co-Chair of the committee, want to say thank you. Actually, when you came and you sat and you started speaking about your loss, of which you have my deepest sympathies, I --

KAREN ZAORSKI: Thank you.

SENATOR KISSEL: -- recall your previous testimony. And it's hard. And -- and it's hard to come the first time.

KAREN ZAORSKI: Uh-huh.

SENATOR KISSEL: Here you are a second time, so it's great to know that you're still with us on this journey, and as Chairman Mushinsky said, we're going to need everybody, rowing together, to -- to make sure these things are a success, especially when it comes to -- to some of the money issues. But I think we can get there. So --

KAREN ZAORSKI: I think --

SENATOR KISSEL: -- thank you.

KAREN ZAORSKI: -- that you can, too, and I think that together, that's the key.

I appreciate your work. Thank you, so much; keep working hard.

REP. MUSHINSKY: Thank you.

KAREN ZAORSKI: You're welcome.

REP. MUSHINSKY: Ken Welch, followed by Eileen Grant.

KENNETH WELCH: Welcome, Chairpersons Mushinsky and Kissel, Senator Coleman, and Representative Carpino.

My name is Ken Welch, President of the Coalition for a Better Wallingford, a grassroots organization formed on the heels of an outbreak of substance abuse deaths, 53 over a three-and-a-half year period in our Town of Wallingford.

I'll be addressing Bills 5372, and 5374. My comments speak to the use of the word "comprehensive" in these bills. Today, this problem has made headlines in many communities throughout our country, our region, and the state of Connecticut. The identification of support services in the face of dying members of our community has been an overwhelming task for our organization.

Complications to our efforts start with the stigma of the perceived self-inflicted action

ERIC HAMMERLING: I'll -- I'll take you based on what you said, which is adding a golf course to a state park. I -- I would say that we're much more comfortable adding a golf course to a state park than taking a -- a piece of a state park that might be a forest and other use and converting it to a golf course; I think that's a -- a little bit of a different situation, but -- but I -- I agree.

And -- and having read the report, which I think is excellent -- and I, I meant to commend the staff for really doing an -- an excellent job on that -- I -- I think we are not taking advantage of those types of opportunities, and there are lot of them out there, so I hope we will.

REP. MUSHINSKY: Okay. So conversion, no, but addition of an existing golf course --

ERIC HAMMERLING: Yeah.

REP. MUSHINSKY: -- would make sense to you?

ERIC HAMMERLING: Yup.

REP. MUSHINSKY: Okay.

ERIC HAMMERLING: Yup.

REP. MUSHINSKY: All right; thank you.

ERIC HAMMERLING: Thank you.

REP. MUSHINSKY: Next speaker is Rich Figlewski, followed by Ana Gopoian.

RICHARD FIGLEWSKI: How you doing?

I'm Rich Figlewski. I'm the Executive Director

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of The Dry Dock; I'd like to thank you all for stopping in.

I'm here to speak on behalf of Bill 5371, 5372, and 5373.

Four years ago, in this very room, when The Dry Dock started, I spoke to the town at a Red Ribbon Week Celebration, and we talked about prescription drug overdoses in our community. At that time, I told them there was an epidemic of heroin use in our town; there are, and that has not stopped.

The 53 people that are referenced earlier in this testimony, the reason that we got those numbers is that we sat down and went through the medical examiner's records to find them. The medical examiner is at least six months behind in posting the -- some of those people were people that we know specific who died from drug overdose that had been at The Dry Dock.

For those of you who don't know, The Dry Dock is a safe and sober environment in the Town of Wallingford. If you're looking for initiatives for communities on what to do about how to step up their information to the community and to help people, I think you, a good example will be look at the Town of Wallingford.

Four years ago, we had, The Dry Dock supported a, an awareness night for the people who had passed, a vigil for the people who had passed from drug overdose in the Town of Wallingford or anywhere, really; eight people showed up.

During the Red Ribbon Celebration of last year, we had well over 250 people. We had the clergy; we had many, many people involved. The Coalition for a Better Wallingford, Wallingford

Youth in Social Services, The Dry Dock, the superintendent of schools have all gotten on board to let people know that there is a problem here. And we don't want any more people to die; young people, old people, whatever.

The, right now The Dry Dock runs 22 classes in the high school, our Faces of Addiction program. We have Narcan trainings. I think, to go back one step, when you talk about here in Bill 5371, you talk about your statement of purpose. To read it, it says to require state agencies develop or explore certain existing or future programs in order to provide more efficient and effective services to youth, adolescents, and young adults in the state who suffer from behavioral or substance abuse issues. If you're interested in doing that, I would love to see what happened in the State of Vermont happen in the State of Connecticut, where the Governor spent his entire State of the State Speech addressing substance abuse in his state.

The issues of heroin addiction, heroin epidemic is throughout the Northeast, throughout the East. Unbeknownst to me when I started The Dry Dock -- I've now been, started to do interventions, as an interventionist throughout the country, because I've been asked by certain treatment centers -- heroin is epidemic all over the East Coast. It's not just Wallingford. It's name whatever community you're from -- I'm sorry I don't know it -- but I guarantee you I can walk into your town and I can find heroin in 15 minutes.

The, there's a, in recovery -- I'm a recovering alcoholic; I'm a recovering drug addict -- in recovery rooms throughout this country and

throughout this state, there's a thing that's said quite regularly. A definition of insanity, being, doing the same thing over and over again and expecting a different result; what I've seen is the same thing being done over and over and over again.

2-1-1 system was mentioned here. The 2-1 -- if you're in the midst of a, you've gotten out of the hospital, you're out of detox and you're trying to get someplace, trying to negotiate the 2-1-1 system does not work. You can't do it.

The -- why -- the thing about a -- a frequent flier and what constitutes a frequent flier. There's no written testimony from me here today because I was in the emergency room last night and this morning with another person that this is their third-or-fourth trip to the ER. I've never seen anybody approached about getting help from anybody in an emergency room, and I'm there pretty regularly. The, what I see is okay, you're physically stable, get out. Here's a piece of paper. Here's some phone numbers. If you don't die, we'll see you again.

When you call for a bed, detox or rehab, state facility, there's very few times that there is a bed; I haven't heard of one in a long time. Normally, the answer is there are no beds or call back tomorrow, or they'll be a bed in 40 days. If you're struggling as the people that I see every day, 24 hours a day, 7 days a week -- my cell phone never stops; I don't take days off -- what we see is exactly what you're trying to address. Programs where you can call and get help, where somebody will answer the phone, where somebody will actually care are nonexistent in the state of Connecticut.

Do I mean that people don't care? No, I believe that they do. I could hear it; they believe they care deeply. But unless you're in the hell that these families and individuals are in and see the hell and feel it, you have no idea what it's like. And these people are dying around us every day, emotionally, spiritually or physically.

Things can happen. I would love to see some changes. Whatever The Dry Dock, whatever I can do, whatever the people from the Coalition for a Better Wallingford can do, just ask; we're always around.

But I'd like to thank you all for coming to the Town of Wallingford.

REP. MUSHINSKY: Thank you, Rich, for coming again to testify.

I had the same experience you had, where people were basically just stabilized, and then when they were medically ready to be released, they were released, even though there was no bed. And I was very upset by that because there's a really good, odds are really good that there will be a relapse between when they were discharged and when the bed is open, especially if it's a long enough period of time. So I'm with you; I don't think that 2-1-1 is effective to place people either.

We -- we did recommend, in 5371, a single urgent care system for individuals and it, all three agencies would send people there, and the whole system would be interconnected, as the military does now. So do you have any thoughts on that, whether you think that would work?

RICHARD FIGLEWSKI: Yeah, I think that it, some place where people know they could go and there would be someone there to address the issue. If I'm, if I finally say I've had enough, I need to get some place now, not in two days, not in five days, not in forty days; I need to get there now. Because if you lose that window, my only recourse on how to handle my life is with substance. So if I'm not given the opportunity when I'm willing, you're going to lose me. So there has to be -- and it needs to be personal contact -- that someone actually cares.

The, when you have people, I mean the person that I -- I was with today, in the past three weeks, this is her fourth trip to an emergency room, including a two-week stay at Yale Psych -- or for a fifth trip -- and today was she was let out because she was medically stable. Within two hours, she was loaded again and needed to go back to their ER. That's, happens over and over again. And she can't find a bed; there are no beds available for her. And so her, what happens is she goes, maybe gets 24 hours, 48 hours, and the next thing you know, she's off and running again. I mean, there has to be some place for -- for them to go.

REP. MUSHINSKY: I don't know if you heard the, some of the previous testimony, but Middletown, according to our research staff, Middletown -- Middlesex Hospital in Middletown is doing intensive case managements right there in the emergency room.

RICHARD FIGLEWSKI: Yeah.

REP. MUSHINSKY: And they're having good success with it, so I know you, we don't see it yet at MidState, but --

RICHARD FIGLEWSKI: Well it's interesting. And -- and I know of that program, and it's a great program. Having someone in recovery in the emergency room, whether they're ignored or not, the people that are in recovery that are willing to step up to the plate could care less whether somebody wants to talk to them or not. They're there in case they do. Their feelings are not going to get hurt if somebody doesn't want to talk to them.

Many times -- and we've gone to MidState -- I've asked to be, bring volunteers at MidState, that we would just go. And if they need help, if somebody comes in, we'll just sit there; no was the response. I've been at ER enough in MidState where the doctors and the nurses -- mostly nurses -- know me well enough that if I am there with somebody and they're kind of okay and there's someone around the corner, they'll come and get me and I'll go talk to the person around the corner and see if there's something I do for them. But I know that that program is at -- at Middlesex.

I also know that there's a guy at Yale, that's in recovery, that's been there for a long time. And Yale finally made it a paid position; that's just a couple years ago, I think. Ana might know that answer to that better than me.

You have 80 percent of the, I mean, you have 80 percent of the prison population is there because of drugs, whether it's specific that they're specifically that time or it's the guy that stole, you know, broke into a house. Ninety percent of your domestic violence cases revert back to drug and alcohol abuse.

Sometimes I wonder if -- if the interest is in

actually solving the problem or are people afraid that too many other people are going to lose a job if you try to actually address the problem. I mean, an example of that is you have -- as I was kind of taken aback by -- we're looking at a bill here, 5372, in reference to the Alcohol and Drug Policy Council that hasn't met, except for twice in two years. So how much money? Maybe we could get a bed for somebody as opposed to worrying about this for somebody for -- for a committee that hasn't met in two years. And I understand people are busy, but it kind of gets frustrating when you're out here.

The Narcan stuff that went through a couple years ago, doctors don't even know that they can prescribe it. And, you know, there should be a Narcan kit in every police car, in every -- every place that there's an adfib, a defib machine -- what's your, adfib or them, defib, one of them -- there should be a Narcan kit.

REP. MUSHINSKY: Okay; thank you.

RICHARD FIGLEWSKI: Okay.

REP. MUSHINSKY: And just so you know where we're coming from, this -- this 5372, we're -- we're actually trying to synchronize these commissioners. They all have clients that go through their doors that are affected in the same way. And they all should be, in our opinion, they all have to work together to have intensive case management for these clients, who sometimes are under DSS; sometimes they're under Mental Health and Addiction Services; but it's all the same person. So we want the coordination to be the same.

RICHARD FIGLEWSKI: I -- I didn't mean to smile when

you said "synchronize"; I just had this vision of all the commissioners in a pool, synchronized swimming. So that, you have to -- which could be more entertaining -- you probably got a better chance of them showing up if you do that.

REP. MUSHINSKY: Well, you know what we're getting at is we're trying to have a seamless system, so that no matter how you come in the system -- you came in through DMHAS or you came in through DSS or anywhere else -- you're going to get served quickly; that's the idea.

RICHARD FIGLEWSKI: And I don't mean to sound like, and I don't mean to sound like I don't appreciate what you guys are trying to accomplish and what you're trying to do, because I really do. It's -- it's just frustrating when you're out on the street every day dealing with this, how many hurdles you have to watch people jump through.

REP. MUSHINSKY: Yeah.

Questions?

Senator Kissel.

SENATOR KISSEL: I just want to say thanks, again for -- for being so passionate and coming here again. I remember last year you were here and you were just as passionate, and that was during that big snowstorm that we had. And so although I must say if you're doing this 24/7, you need to have a little time off, otherwise you'll burn yourself out. This is a --

RICHARD FIGLEWSKI: Yeah, I've heard that before.

SENATOR KISSEL: This is a really, this is a tough

thing. So -- so give yourself a little breathing room and -- and then you'll come back even more recharged, because -- because what you're doing is -- is God's work; it's hard, hard work.

And the bureaucracy, it doesn't have an ill will, but it's -- it's just sometimes very immovable. You know, and I'm not saying in some instances there's -- there's areas where obstacles are put up on purpose; if we make someone knock ten times, they may give up after nine, but quite often it's -- it's just more something set in motion. It has a life of its own, and, you know, we're trying to get our arms around these things.

But I think Chairman Mushinsky just hit the nail on the head, where trying to get sort of a -- a seamless system that it doesn't matter how you come in, that what happens to you thereafter is equal. And it's just not easy. It's just not easy. I mean, you have fiefdoms, you have agendas, you have different computer databases, ways of filing paperwork, how different agencies operate, and try to bringing that all together, and then you have nonprofits and for-profits. But we're not going to stop until we get there.

Thank you.

RICHARD FIGLEWSKI: Thank you.

SENATOR COLEMAN: All set.

REP. MUSHINSKY: Thanks, Rich.

RICHARD FIGLEWSKI: No problem.

REP. MUSHINSKY: Ana Gopoian, followed by Peter

Stauble.

ANA M. GOPOIAN: Hello and good afternoon.

I'm Ana Gopoian and this is my first time at this platform or any of this kind, I should say that. But it's very nice that my grandmother welcomed me; she's the bottom, left corner of that quilt behind you, so I guess that was my little, my little God shot right there.

Let's see. I'm here for many reasons but specifically the four bills that have been brought to my attention that I think I have something to say towards, hopefully to be part of the solution, 351, 5 -- yeah -- 5371 -- I'm sorry -- 5372, 5373, and 5374. I think they work together in regards to, you know, they're, it's multifaceted.

I'm a registered voter. I'm a taxpayer. I'm a homeowner. I grew up in the Yalesville side -- if we need to segregate in that way -- of Wallingford; I grew up here. I went to some of the school systems here; you know, baptized, first communion, confirmation. My -- my family was reputable in this town.

Ah; thank you. I brought tissue but I thought if I didn't bring it, I wouldn't cry.

REP. MUSHINSKY: I'll share. I'll share my water with you.

ANA M. GOPOIAN: Oh, thank you; this happens pretty regularly, and it's okay. And it's okay. I've spoken on many platforms, meetings in this town, many hundreds of meetings in this state, this country, outside of this country, and recently for a world conference. And what I haven't mentioned is I'm a woman in long-term

recovery. Okay; thank you.

My mother has a year and a month less clean time than I do, and because we had the right last name and lived in the right town, in the right community, things couldn't be happening to us. The stigma that has been mentioned more than once here, the changes that are necessary within our system, not just this town but in this state, I am directly affected, and -- and not from the now 18-and-a-half years in my recovery program as a long-term, you know, member of life and society.

At the age of six, there was already trauma going on that didn't have a vocabulary, in a school system that didn't pay attention then. I'm 50; I still feel that pain. By the age of 12, I was already participating regularly in substance abuse, but because of my last name and the inability and lack of education, nobody knew what to do. It wasn't just that; it was not knowing how to read well and getting pushed through a system. It's not using the system because we're embarrassed as a family.

What was mentioned -- I haven't even looked at my paper; sorry -- what was mentioned earlier, a couple things -- they kept coinciding as we go on -- and I will go over that beep 10 times over and as 53 lives have been lost in the last 3 years. You know, I think it was said last year at the Red Ribbon, 93 over 10, and those are just the ones they can find. And then you had mentioned that sometimes it's about 3 years to pass a bill and make a law or -- you know what I mean? If you collectively looked at that information and brought that to the table, you are directly going to attach and affect everybody at that table, one way or another, personally or indirectly.

I know for me and -- and how I've been able to get involved within my community, and I heard "you're angry" to a couple people that said, Yeah, we're angry, but that's where the -- the greatest advocates are born. So I am here angry. I am here because my phone blows up on a regular basis, and it's, directly affects me as a -- a person and a woman and a member of a recovery community. I -- I do field and learned how to balance my life with the other, extracurricular things.

I've learned to read, and I went back to school; and I got a degree, and I'm just starting. When I look at these policies and the things that are being asked for us to come here -- I haven't even looked at this thing -- I've been able to show up and -- and made new friends; Crossroads, Karen is amazing. Karen, I was invited to the board for the Connecticut Turning to Youth and Families, another amazing organization, and -- and I will feel very comfortable continuing forward with everybody that seems to be getting put right in my path.

The Coalition for a Better Wallingford hired me -- me; don't you know who I am? Don't you know what I've done? I get to give back to the town that I wreaked havoc on. What a greater opportunity, I don't know, but its desperate cases are coming to these groups. And they're not just looking for hope; they're desperate and beaten down. And we tell them to do X, Y, and Z or we understand, and we turn them over to a system that's not there for them.

As someone in recovery, I have taken people and got them loaded to get them into treatment. They're not high enough is not what you want in that window of opportunity. I know that peer-

to-peer support makes an incredible difference. I know the education, not just for the people needing recovery but the people have not maybe crossed the path of its wrath yet. Attached to those 53 people in the last 3 years are 53 families. You cannot let people leave treatment or get, after 3 days or stabilized or whatever they're calling it and tell them to go home into an environment that might be just as dysfunctional as a crack house or a -- a heroin den or -- it's not just one drug.

It's amazing things or, can happen, amazing things can happen. You have the soldiers. We're here, the peer-to-peer support. I have become a recovery support specialist and other things. I've become a lot of things. I carry many labels and many hats, and I'm incredibly grateful to take people along. What we can teach the youth are the skills needed for this, the -- the services and -- and building careers, advocacy and learning about these things, communication and education. Those have career paths attached to them, a purpose attached to them, a place to go on a weekly, regular basis attached to them.

But demographics are getting younger and younger, and they're coming, and they're becoming more and more creative. As much as I have passion for the things in society I would have never cared about before, it's really hard to sit and listen about some of the other topics and how they're collaborated in and integrated together when you can talk about the things that I love to participate in, like the forest and the parks or -- or older, elderly people -- I'm on my way to being elderly because I choose to live well; right? So like -- and then you got to talk about the life-and-death crisis, epidemic. It just doesn't even

seem like it should be on the same platform.

I -- I can talk a lot. I didn't talk for years. I didn't talk for years, and now I think I have something worth talking about. In my 18-and-a-half years clean, I have worked hard on myself. And I'd like to reverberate that you can't just leave a treatment program, if you've been so lucky to get in one, and be well. There's at least a year necessary before you've been able to start altering the patterns and behaviors of the people that have survived.

I was 32 years old when I got clean. My things started very young; 6, picking up at 12 I made my first phone call at 23 to a help line that I didn't reach back to, and I suffered for 9 more years until I found this program. And now I give back on a regular basis because it -- it fills my spirit and people are surviving and thriving. I am no longer a victim; I am the avenue to what's possible. And I think the greatest power against the disease of addiction is living well, but if we don't have the resources and the safe places to do that, we're in trouble.

So take my number. Take my e-mail. I don't have any fancy phone or Facebook, but -- and I can even hand this paper in, which I will -- I have a lot to say and I'd love to support anybody else that would like to listen and/or, you know, have your child. Give me your parents; I don't care. I'll keep talking until this epidemic is addressed, you know.

Thank you, so much.

REP. MUSHINSKY: Thank you for your testimony, very heartfelt. And thank you for working for the Coalition for a Better Wallingford; I think

they chose well.

And I think you agree with us that there's still gaps in the system when you take somebody in and they're treated temporarily for the weekend. They're not safe unless they go directly into a treatment. Coming home again is not safety. So I think you're reinforcing what our experience has been too.

ANA M. GOPOIAN: And our state, unfortunately, farms people out -- and let me say that as horrible as it sounds -- they farm people out of the state because that we cannot be served when in our own state.

I've told parents to drop their children from their insurance because they can get better services with none, and these are hard-working people.

REP. MUSHINSKY: Uh-huh.

ANA M. GOPOIAN: These are people that pay for insurance and thought they were safe to serve their families. And I'm, and I'm trying to teach them how to break their part in the hold; you know what I mean? And --

REP. MUSHINSKY: Yeah.

ANA M. GOPOIAN: -- be who they need to be.

REP. MUSHINSKY: No, we found the same thing, when in our research we found that the state system did a better job than the private insurance of taking --

ANA M. GOPOIAN: Uh-huh.

REP. MUSHINSKY: -- care of kids with addiction. So

we found the same thing.

Anyway, we -- we do appreciate your coming in and testifying. I know it's hard and appreciate that you're strong enough to do that. And even if you just send one copy of your testimony, that's fine; we can scan it in. And if you want us to get in touch with you as the bills move --

ANA M. GOPOIAN: Uh-huh.

REP. MUSHINSKY: -- give us your e-mail too; okay?

ANA M. GOPOIAN: Thank you.

REP. MUSHINSKY: Questions?

Okay; thanks.

ANA M. GOPOIAN: Thanks.

REP. MUSHINSKY: Next witness is Peter Strauble, Struble, followed by Efrain Madera.

PETER J. STRUBLE: Good afternoon, Madam Chairman, committee members.

My name is Peter Struble. I'm a resident of Wallingford, recently retired as the fire chief here in Wallingford. And the Wallingford Fire Department is, provides emergency medical services, paramedic services and transport to emergency departments. Now I'm working with the University of New Haven, doing work with prehospital care in paramedicine.

I'm speaking in support of Bill 5378, at least in concept, as it raises an important discussion we must begin to have about health care. My purpose in testifying at this hearing

what I've asked them to do is just look again and try more, try harder and try the best. You can only success if you continue on.

I would like to thank you and the rest of the Program Investigation Committee for proposing the bill of H -- H.B. 5374.

REP. MUSHINSKY: Hey; thank you.

EFRAIN MADERA: Thank you.

REP. MUSHINSKY: Are there questions?

Yeah, you exactly timed it to --

EFRAIN MADERA: Yeah.

REP. MUSHINSKY: -- the timer.

SENATOR KISSEL: I appreciate the perfect timing; that's awesome.

REP. MUSHINSKY: That's -- that's a unique --

EFRAIN MADERA: I've been watching.

REP. MUSHINSKY: Okay. Appreciate your coming in.

EFRAIN MADERA: Thank you, everyone. Have a good day.

REP. MUSHINSKY: Daniela Giordano, followed by Dr. William Doheny -- Doheny.

DANIELA GIORDANO: Good afternoon, Senator Kissel and Representative Mushinsky, and members of the PRI Committee.

Thank you, very much, for having us here today.

HB 5371
HB 5374

I -- my name is Daniela Giordano -- and I'm the Public Policy Director for NAMI Connecticut and also the staff to Keep the Promise Coalition. KTP is Connecticut's largest group of stakeholder advocating for smart policy reform and systems change to benefit the children, youth, young adults, and adults who are dealing with mental health challenges.

And I'm actually, if it be permissible, I would request to get four minutes, because I'm talking on behalf of three people? So we're trying to save you some money.

SENATOR KISSEL: I think that's a good deal for us.

DANIELA GIORDANO: Thank you, very much.

HB 5304

I'm here today on behalf of NAMI Connecticut, the Keep the Promise Coalition Children's Committee, and also on behalf of Abby Anderson and Ann Smith. And they're respectively the Executive Directors of the Connecticut Juvenile Justice Alliance and the African Caribbean American Parents of Children with Disabilities, also known as "AFCAMP," who co-chair the KTP Children's Committee.

We're testifying today in support of H.B. 5371 and 5374 which implement the recommendations of the PRI studies on access to substance use treatment for insured youths as they relate to DCF and on DCF's preparation of youth aging out of the state care, respectively. And you have heard already some testimony on both of these bills.

The goal -- goal of H.B. 5371 is twofold, to enhance the programmatic offerings by certain state health agencies in order to provide more efficient and effective services to youth --

and we're dealing with either behavioral health or substance use issues -- and to enhance public-private collaborations to improve access to services. Improve access is crucial considering that although one-in-five of all children have an emotional-behavioral disorder, the vast majority, 70-to-80 percent of children and adolescents with a diagnosable mental health condition fail to receive mental health services.

Additionally, 65-to-75 percent of youth in juvenile detention facilities have diagnosable behavioral health conditions, making access to appropriate services even more relevant to protect our young people from entering the juvenile justice system due to the failure of systems.

One of the provisions of H.B. 371 [sic] requires that DMHAS, DPH, and DCF to develop a proposal to establish an 'urgent care center for individuals' behavioral health concerns to be operated by both public and private entities. The rather comprehensive array of mental health and substance use services available in the public insurance, stands in contrast to the narrow coverage for people paying for services in private insurance. The issue of coverage discrepancy becomes even more compounded by the high denial rate of services of mental health and substance abuse compared to medical and surgical benefits -- and that is something that the Office of the Health Care Advocate I now have spoken to, very eloquently, over the last two years -- thus enhancing this collaboration between public and private entities we think is a very necessary and welcome step in the right direction.

In order to get better data, H.B. 5371 also

requires that DCF collect information from service providers to be able to assess the -- the accessibility of in-home behavioral health services -- may I -- of privately -- thank you -- insured children and youth and assess the presence of the extent of cost-shifting from private insurance to the state. DCF would then report an assessment of such accessibility and the extent of cost-shifting potential remedies to the Legislature the following year.

The final provision in this bill requires DMHAS and DCF to develop a substance use recovery support plan to provide services to adolescents and young adults throughout the state. Such a plan is important as mental health and substance use conditions often co-occur, meaning that individuals with substance use conditions often have mental health conditions or vice versa. Additionally, integrated care -- meaning that individuals receive care for both the mental health and substance use conditions at the same time -- has been associated with lower costs and better outcomes for both the individuals as well as the states.

H.B. 5374, as you know, requires the Department of Children and Families to submit a progress report to the Legislature on the steps that it has taken in regards to all the recommendations of the PRI report. We are clearly in favor of this and specifically in regards to the finding that a comprehensive assessment about how well DCF is preparing youth who age out of DCF care is not possible at this time and is hindered significantly by a lack of quality aggregate information on program activities and measures and the individual youth outcomes, which was one of the findings of your staff's report.

And we also really support all the

one of the things we discuss in the testimony -- and that's addressed pretty extensively in the report -- is that it really isn't just DCF who bears a responsibility for these children, because by virtue of the fact that they're aging out of care, many of them will be transitioning to the support of other state systems because of the trauma and other things involved with their foster care experience. And so we really think that it's important that, at minimum, DSS, SDE, DOL, and DOH are able to address the health care access, education, labor, and housing concerns of the report and that the report also be submitted to the relevant committees of the Legislature that have oversight over those agencies.

REP. MUSHINSKY: Okay; that's explicit enough. Thank you.

Are there any questions? Nope.

We'll check out that bill in the Children's Committee.

KENNETH FEDER: Yeah. Thank you, very much.

REP. MUSHINSKY: Dr. Laine Taylor, followed by Sonya Wulff.

SB 202

LAIN E. TAYLOR: Good afternoon. Thank you, so much.

My name is Dr. Laine Taylor; I'm a child psychiatrist. I'm representing the Connecticut Council of Child and Adolescent Psychiatry. As a child psychiatrist, a Connecticut resident and an advocate for children, I am speaking in support of House Bill 5371, 5372, 5373, and 5378.

As very well stated by Ms. Giordano, the greatest gap for access to mental health care within the state is from middle-class families with private insurance. The accessibility to provider's programs and the adequate length of treatment hits our working-class families the hardest. Connecticut has a safety net for its poor through the use of HUSKY, and the wealthy of the state are able to access fee-for-service treatment. This gap in care is relevant for all medical care but impacts mental health care to a greater extent. We're enthusiastic about the efforts within the state, both within the Legislature as well as the Governor's Office to improve access to mental health care.

With regards to House Bill 57 -- 5371, we'd like to speak, specifically speak to the in-home services as well as reporting by private insurances. To make this really brief -- it's been a long day for you guys -- we'd like to support the report, reporting the use of state funding for in-home services by those with private insurance, to provide the state with information and determine further necessary steps to make this service accessible even within that access gap I just mentioned.

In-home services are crucial for many families, and it's only accessible to those who have HUSKY insurance. Even private-pay, you're unable to access it. Many of our families wind up having to utilize our state funding in order to access in-home services.

With regards to House Bill 5372, I want to speak specifically to substance abuse. And as a clinician who cares for children and families who struggle with substance abuse, hearing the testimony earlier today from those who -- who

and I said, Who's the one that you can tell has competence and knowledge in addictions, just by the credential? And the only one you can have is the LADC. You know that they've been to school. You know they got the training, and you know they have the education.

You cannot be assured of that with an LMFT. You cannot be assured of that with a LCSW. We're the lead provider for addiction treatment and diagnosis, and we want you to know that and pass it along.

SUSAN C. CAMPION: Uh-huh.

BOBBI FOX: Thank you.

REP. MUSHINSKY: Thank you for coming.

BOBBI FOX: Thank you for your time.

REP. MUSHINSKY: And do you have any questions?

SENATOR KISSEL: No, I do not.

REP. MUSHINSKY: Oh; okay.

BOBBI FOX: Thank you.

REP. MUSHINSKY: Our last speaker is --

A VOICE: (Inaudible.)

REP. MUSHINSKY: -- Carol Renna. And if there's anyone else who did not sign up that wishes to speak, please come forward after Carol and give us your name.

Thank you.

CAROL RENNA: Good evening.

HB5371 HB5372

HB5374

Thank you for letting me talk. I'm glad to be the last one, I guess. I'm glad you, I'm sure you're anxious to get out of here.

I'm just going to give some personal testimony, and it relates to H.B. 5371, H.B. 5372, and H.B. 5374, I think; I'm not, I'm new to this. This is my first time at doing this, so bear with me.

My name is Carol Renna and my family has struggled with the disease of addiction for over four years, and although now our son is in recovery for almost two years, our battle with the disease and the associated stigma is far from over. Our struggle started with identifying what was wrong with our teenager. After a visit from 2-1-1, consulting social workers, a psychiatrist, a psychologist, and a pediatrician -- I didn't know about LC, that these -- wait -- ladies back here; I wish I did.

We were not aware that the problem was a misuse of drugs. Even these professionals told us that even though my son admitted to these professionals that he used drugs, they said they weren't a problem. So after a trip to the emergency room because of threats of suicide from our son, they found, they basically said when he left the emergency room that he wasn't sick enough to be admitted to any kind of program.

So finally, after multiple encounters with the law, our path crossed with a local interventionist who happened to testify here today, from The Dry Dock, who helped us find a treatment center and guided us in getting our son there, because we had no clue of what we

were doing at this point. After 28 days in a treatment, in a residential center that was not covered by insurance, it was recommended that our son go to a year-long after-care program, also not covered by insurance.

Thankfully, we had the resources to pay for these programs, and my son committed himself to the hard work that recovery takes. For now, our story has a happy ending; he's doing very well. But because of this experience, I've gotten involved with the Coalition for the Better Wallingford, and the coalition has helped start, I've helped start the hope and support group for parents and families who are struggling with this disease. The stigma and the misunderstanding about addiction makes it hard for families to admit or realize they have a problem until they are desperate for help.

When they get to this point, they may manage to get some their child some help but still don't understand that addiction is a chronic disease and recovery takes more than a five-day detox or two times a week in therapy.

I've heard stories of daughters being let out of emergency rooms with no resources after an overdose, stories of retraining orders against sons and other acts of betrayal that don't fit with the upbringing of their children. These are children from loving homes whose brains have been hijacked by drugs. Many times, the only way they get help is to be ordered into it by the Criminal Justice System. Is this the most efficient use of resources?

I believe with better education starting in elementary school and continuing into adulthood, we can reduce the stigma and implore more people to get help. If more people seek

help, our public and private systems need to be ready with more treatment options that provide the whole family with services and support during and after treatment.

Thank you.

REP. MUSHINSKY: Thanks.

Carol that was very good and I'm glad you had a happy ending.

CAROL RENNA: (Inaudible.)

REP. MUSHINSKY: Not everybody did, does, and I'm really happy that your son is saved.

CAROL RENNA: Yes. I met up with the right people at the right time.

REP. MUSHINSKY: Yup.

Do we have any questions?

Senator Kissel.

SENATOR KISSEL: I just want to thank you.

First of all, you were succinct; it was a great story. I'm very happy for you. It's something you'll always have to keep an eye on, absolutely, but whenever I hear a story that's got a -- a good ending, it just, you know, makes -- makes us all thank our lucky stars because there but for the grace of God go any one of us with someone that we love by --

CAROL RENNA: Right.

SENATOR KISSEL: -- that's how pervasive these issues are.

So thank you for taking the time to be a -- a,
be here all afternoon.

CAROL RENNA: And thank you.

REP. MUSHINSKY: Is there anybody else that wish to
speak? No?

Okay; if not, the hearing is adjourned.

Thank you, very much.

Program Review and Investigations Hearing
March 3, 2014
Testimony in SUPPORT of HB 5371
Submitted by: Karen Bermudez, SCSU Social Work Student

Hello members of the Program Review and Investigation Committee and thank you for the opportunity to voice my opinion. My name is Karen Bermudez and I am a senior-level social work student at Southern Connecticut State University. I am writing in support of HB 5371.

Currently I am an intern at an agency within the Lower Naugatuck Valley that provides mental health services to children and adolescents. Many times there are barriers such as the lack of adolescent substance abuse treatment centers in the area which accept all insurances. The lack of such services results in youth leaving these issues unattended and untreated. Some of the adolescents have predisposition to depression and other psychiatric problems which in turn, lead them to our agency for mental health treatment.

The agency where I am interning, does not provide substance abuse evaluations or treatment and it seems there are not enough agencies which do AND accept all insurances in the area. While attempting to make referrals, I recall coming across just two agencies in the whole state that provided such services to adolescents and accepted their insurance. Unfortunately these agencies were so far out of the client's way, that the family did not even consider it an option because they would have had to drive about 45 minutes to an hour toward either of these two agencies to receive treatment. Many times, we have no choice but to provide services to this population, depending on the severity of the substance use, because the need for mental health treatment is so great. We have a few adolescents who have history of using marijuana and with the knowledge that this drug may worsen depression and cause lack of motivation in users, we question how effective our treatment really is.

I have also encountered many cases where children are in need of services for longer periods of time but need to be cut short because of the lack of insurance coverage for the recommended time periods. There have been times where a client is clearly in need of more sessions but is forced to end therapy because insurance is simply not authorizing any more sessions.

As a future social worker who will be in charge of handling cases like these, I know that it is imperative for committees such as this one to take action on this matter because the youth in our communities greatly depend on it in order to live productive lives and perform to their full potential. I hope that you bring this bill up in the meeting and take steps to ensure that our youth, the generation of people who will be in charge of taking care of us when we are elderly and in need of their help, are being given the opportunity to maintain good mental health regardless of their ability to pay due to insurance caps.

Thank you,
Karen Bermudez
SCSU Social Work Student



STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES

Public Hearing Testimony

Program Review & Investigations Committee

March 4, 2014



HB 5374

H.B. No. 5371 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE STUDY ON ACCESS TO SUBSTANCE USE TREATMENT FOR INSURED YOUTH AS THEY RELATE TO THE DEPARTMENT OF CHILDREN AND FAMILIES.

The Department of Children and Families offers the following comments regarding H.B. No. 5371, An Act Implementing the Recommendations of the Legislative Program Review and Investigations Committee Study on Access to Substance Use Treatment for Insured Youth as They Relate to the Department of Children and Families. We appreciate the thoughtful analysis of the Committee and their professional staff in preparing this report.

Section 1 of this legislation would require DCF, the Department of Mental Health and Addiction Services (DMHAS) and the Department of Public Health to develop a proposal to establish an urgent care center for individuals with behavioral health concerns to be operated by both public and private entities. DCF is willing to work with our sister agencies to develop such a proposal but would suggest a more cost-effective approach may be to suggest that agencies develop a plan to improve coordination of existing resources and identify options to address service gaps in the area of substance abuse treatment for youth and adolescents.

Section 2 requires DCF to compile information regarding private insurance coverage for youth receiving voluntary services from the Department. While we agree that compiling the data suggested in the bill would be beneficial, we're concerned that imposing such a requirement on our contracted providers may go beyond the scope of our current contracts. We're also concerned that we currently lack the resources to analyze the data and report back to the General Assembly the results of such analysis.

Finally, section 3 requires DCF and DMHAS to develop a substance abuse recovery support plan to provide services to adolescents and young adults. DCF is prepared to collaborate with our colleagues at DMHAS to develop such a plan.

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**Testimony of the National Alliance on Mental Illness (NAMI) Connecticut
And Keep the Promise Coalition Children's Committee
Before the Program Review and Investigations Committee
March 3, 2014**

IN SUPPORT OF

H.B. No. 5371 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE STUDY ON ACCESS TO SUBSTANCE USE TREATMENT FOR INSURED YOUTH AS THEY RELATE TO THE DEPARTMENT OF CHILDREN AND FAMILIES.

H.B. No. 5374 (RAISED) AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE STUDY ON THE DEPARTMENT OF CHILDREN AND FAMILIES AS THEY RELATE TO PREPARATION OF YOUTHS AGING OUT OF STATE CARE.

Senator Kissel, Representative Mushinsky, and members of the Program Review and Investigations Committee, my name is Daniela Giordano and I am the Public Policy Director with the National Alliance on Mental Illness (NAMI) Connecticut. I am also staff to the Keep the Promise (KTP) Coalition. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. The KTP Coalition is Connecticut's largest group of stakeholders advocating for smart policy reforms and systems change to benefit children, youth and adults impacted by mental health challenges. I am here today on behalf of NAMI Connecticut and the KTP Children's Committee, including on behalf of Abby Anderson and Ann R. Smith, the Executive Directors of the CT Juvenile Justice Alliance (CTJJA) and the African Caribbean American Parents of Children with Disabilities, Inc. (AFCAMP), respectively, who co-chair the KTP Children's Committee. We are testifying today in support of HB 5371 and HB 5374 which implement the recommendations of the PRI studies on access to substance use treatment for insured youth as they relate to DCF and on DCFs' preparation of youth aging out of state care, respectively.

The goal of HB 5371 is twofold 1) to enhance programmatic offerings by certain state health agencies in order to provide more efficient and effective services to youth, adolescents and young adults who are dealing with behavioral or substance abuse issues and 2) to enhance public-private collaborations to improve access to services, including through enhanced funding opportunities. Improved access is crucial considering that although one in five of all children have an emotional-behavioral disorder, the vast majority, 70 to 80 percent of children and adolescents with a diagnosable mental health condition, fail to receive mental health services.¹ Additionally, 65-75% of youth in juvenile detention have a

¹ U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999



diagnosable behavioral health condition², making access to appropriate services even more relevant to protect our young people from entering the juvenile justice system due to the failure of systems.

One of the provisions of HB 5371 requires the Departments of Mental Health and Addiction Services (DMHAS), Public Health (DPH) and Children and Families (DCF) to develop a proposal to establish an urgent care center for individuals with behavioral health concerns to be **operated by both public and private entities**. The rather comprehensive array of mental health and substance use services available in public insurance stands in contrast to the narrow coverage for people paying for private insurance. This issue of coverage discrepancy becomes compounded by the higher denial rate for services of mental health and substance use compared to medical/surgical benefits and has been identified as an area in dire need of improvement. According to a 2013 report by the Office of the Healthcare Advocate (OHA) on access issues for mental health and substance use services "complaints about access to mental health and substance use services have exceeded all other types of clinical complaints. OHA's internal experience shows that mental health and substance use access to care issues under both fully insured and self-funded plans are denied at a higher rate than medical cases."³ Thus, enhancing collaboration between public and private entities is a necessary and welcome step in the right direction.

In order to get better data, HB 5371 requires that DCF collect information from service providers to be able to **assess the accessibility of in-home behavioral health services of privately insured children and youth** and assess the presence and extent of cost-shifting from private insurance to the state. As noted above, denial of services for mental health and substance use services occur at a disparate rate compared to denials of other health services. Pursuant to this initiative, DCF would collect information for a specified and limited amount of time in certain cases in which families seek treatment. The information would come from providers of in-home behavioral health services and would include, but not be limited to the name of the insurance carrier, acceptance or denial of coverage and cost-sharing agreements. DCF would then report an assessment of accessibility to such services, the extent of cost-shifting and potential remedies to the legislature the following year.

The final provision in HB 5371 requires DMHAS and DCF to **develop a substance abuse recovery support plan to provide services to adolescents and young adults** throughout the state. This plan is to include ways to increase community support for adolescents and young adults, alert them that this support is available, and lay out options for the implementation of this plan, including securing access to public and private funding. Such a plan is important as mental and substance use conditions often co-occur, meaning individuals with substance use conditions often have mental health conditions and vice versa. Additionally, integrated care, meaning individuals receive care for both the mental health and substance use conditions at the same time, has been associated with lower costs and better outcomes.⁴

² Teplin, L. Archives of General Psychiatry, Vol. 59, December 2002.

³ Findings and Recommendations. Access to Mental Health and Substance Use Services. January 2013. Victoria Veltri, JD, LLM, State Healthcare Advocate. Available at: http://www.ct.gov/oha/lib/oha/report_of_findings_and_recs_on_oha_hearing_1-2-13.pdf

⁴ Substance Abuse and Mental Health Services Administration (SAMHSA). About Co-Occurring. Retrieved March 4, 2014 from <http://www.samhsa.gov/co-occurring/default.aspx>

NAMI Connecticut

National Alliance on Mental Illness

HB 5374 requires the Department of Children and Families (DCF) to submit a **progress report to the legislature on the steps it has taken to comply with the recommendations contained in the 2014 Program Review and Investigations (PRI) report on DCF Services to Prepare Youth Aging Out of State Care**. The report proposed in this bill is due February 2015 and will allow legislators, advocates, families receiving services and the public to have better data regarding DCF services and gaps in services. This is particularly crucial in light of the Program Review and Investigations report's overall finding that "a comprehensive assessment about how well DCF is preparing youth who age out of DCF care is not possible at this time, and is hindered significantly by a lack of quality aggregate information on program activities and measures, and individual youth outcomes."⁵ The PRI recommendations are numerous and cover issues that youth aging out of foster care, providers and advocates have been voicing for some time, e.g., permanency, housing, education, employment, healthcare, life skills, youth empowerment and already required data collection (of the federal National Youth in Transition Database and statutorily mandated cost analysis report on the federal Fostering Connections).

For example, the following are several of the many valuable recommendations in the PRI report. Under the rubric of **transition/discharge planning**, it is recommended that "DCF should develop enhanced discharge tools and checklists to ensure planning occurs in an earlier, well-timed, and orderly manner to allow for periodic assessments to address any developmental delays in particular for educational and post-secondary readiness. A multidisciplinary approach should be used to address permanency, education, life skills, and medical/mental health issues." In order to improve youth' access to housing "DCF should examine its existing placement options to ensure current and future residential needs are being met in the least restrictive setting. The department must ensure social workers and regional offices are aware of local housing assistance services available to young adults. DCF and local housing authorities and community-based organizations should continue to leverage resources to assist youth locate affordable, safe, and stable housing." The need for much better housing transitions is highlighted in a recently published report on youth homelessness that found that of the almost one hundred youth interviewed half reported family contact with DCF.⁶ In order to improve access to and management of health care issues, "[i]mprovements should be made to ensure better data-sharing occurs in a timely fashion for youth transitions to DMHAS and DDS." Understanding progress made in the different areas where gaps in services, communication or access have been identified seems like a logical and necessary next step.

We thank the PRI Committee for choosing to conduct both of these important studies and appreciate the hard and thorough work of both the committee members and the PRI staff.

Thank you for your time and attention. We are happy to answer any questions you may have,
Daniela Giordano

⁵Department of Children and Families Services to Prepare Youth Aging Out of State Care. Final Staff findings and Recommendations Report. February 2014.

Available at <http://www.cga.ct.gov/prj/docs/2013/DCF%20EXECUTIVE%20SUMMARY.pdf>

⁶ Invisible No More: Creating Opportunities for Youth Who Are Homeless. Derrick M. Gordon, Ph.D. and Bronwyn A. Hunter, Ph.D. The Consultation Center. Yale University School of Medicine. December 2013.



March 4, 2014

RE: Raised Bill Nos. 5371, 5372 and 5373

Dear Members of the Program Review and Investigations Committee:

We are Traci Cipriano (Director of Professional Affairs), and Barbara Bunk (President) of the the Connecticut Psychological Association (CPA). CPA ***supports R.B. Nos. 5371, 5372, 5373 and 5374.***

Raised Bill Nos. 5371 and 5374 address the great need for access to substance abuse treatment by insured youth, as well as the issue of continuity of care for youths aging out of the state care system. This Committee issued a report which was approved in December 18, 2012, addressing the tremendous inadequacy of substance abuse treatment options for Connecticut's insured youth. In addition, Connecticut's Healthcare Advocate, Attorney Victoria Veltri, released a report on January 2, 2013, which also highlights problems within the system. The mental health and well-being of our youth and those aging out of state services should be a top priority; early intervention through access to appropriate mental health services leads to the best outcomes and increases the likelihood that those youth in need of services will later lead healthy, productive lives.

Raised Bill No. 5372, establishes a Connecticut Alcohol and Drug Policy Council, as well as membership criteria. We note that, other than the Commissioner of the Department of Mental Health and Addiction Services, there is no other seat for a mental health professional on this council. Considering the tasks set forth in the proposed bill (reviewing policies and practices concerning substance abuse treatment and prevention), we recommend adding a seat for at least one additional mental health professional, such as a clinical or counseling psychologist (Ph.D., Psy.D, or Ed.D).

Raised Bill No. 5373, addresses reporting requirements of certain data by managed care organizations and health insurance companies to the Insurance Department. The provisions of RB 5373 increase transparency related to coverage decisions and complaints, which will facilitate evaluation of the review process, including compliance with federal parity law, which requires equal treatment of medical and behavioral health providers and conditions, as well as network adequacy.

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Comments for Public Hearing
March 4, 2014
Re: HB 5371, HB5372, HB5374

Chairperson, committee members, and all concerned attendees,

My name is Carol Renna. My family has struggled with the disease of addiction for over 4 years and although now our son is in recovery for almost 2 years, our battle with the disease and the associated stigma is far from over. Our struggle started with identifying what was wrong with our teenager. After a visit from 211, consulting social workers, a psychiatrist, a psychologist and our pediatrician we still were not aware that the problem was misuse of drugs – even told by these professionals that the drugs my son admitted to using “were not a problem”. A trip to the emergency room because of threats of suicide only told us that our son was not “sick enough” to require placement in a residential treatment facility. Finally after multiple encounters with the law our paths crossed with a local interventionist, who helped us find a treatment center and guided us in getting our son there. After 28 days in a residential treatment center, that was not covered by insurance, it was recommended that our son go to a yearlong after care program – also not covered by insurance. Thankfully we had the resources to pay for these programs and my son committed himself to the hard work that recovery takes. For now, our story has a happy ending but there are many other stories that don’t end as well. A year ago I joined the Coalition for a Better Wallingford. I have helped to start a hope and support group for families who are struggling with this disease. The stigma and misunderstanding about addiction makes it hard for families to admit or realize they have a problem until they are desperate for help. When they get to this point they may manage to get their child some help but still don’t understand that addiction is a chronic disease and recovery takes more than a 5 day detox or therapy 2 times a week. I have heard stories of daughters being let out of emergency rooms with no resources after an overdose. Stories of restraining orders against sons and other acts of betrayal that don’t fit with upbringing the child has been provided. These are children from loving homes whose brains have been hijacked by drugs. Many times the only way they get help is to be ordered into it by the criminal justice system. Is this the most efficient use of our resources? I believe with better education starting in elementary school and continuing into adulthood we can reduce the stigma and implore more people to seek help. If more people seek help our public and private systems need to be ready with more treatment options that provide the whole family with services and support during and after treatment.

Thank You
Carol Renna
18 Hemingway Drive
Wallingford, CT



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March 4, 2014 - Testimony of Karen Zaorski at the Program Review and Investigations (PRI) Committee public hearing in support of:
H.B. No. 5371, H.B. No. 5372, H.B. 5373, H.B. 5374

Good afternoon esteemed chairs, Mary Mushinsky, Joe Markley and members of the PRI Committee. I am Karen Zaorski from Wolcott. My son Raymond died of a cocaine overdose on 9/09/2010. I am here today representing the members and executive boards of Wolcott Crossroads, Inc. and CT Turning to Youth and Families. We'd like to congratulate the committee on its dedication to what are life and death issues for CT youth, young adults and families struggling with substance use disorder issues.

In 2012, I came before the PRI committee to encourage members to do whatever was necessary to effect policy change regarding the critical dilemmas associated with barriers to addiction treatment for this vulnerable population regardless of insurance coverage. It is clear that time, concern and hard work has been invested into researching solutions to the barriers of early intervention resources, access to age appropriate drug use disorders treatment, and recovery support programs.

You have gotten down to brass tacks and implemented some recommendations based on your committee's report and are about to roll out some of your plans in the form of H.B. 5371, H.B. 5372, H.B. 5373, and H.B. 5374 which we hope are all good starts to new and better solutions. Members of the organizations I represent have already attended a focus group initiated by DCF so we are well aware that thinking caps are in place for how best to ensure that the system cracks are narrowed in order to save lives. We desire a voice in more meeting rooms.

My main purpose in being here today is to thank you from the bottom of my heart, for listening and recognizing that there is an epidemic of drugs in this country, and that our young people and families are being impacted in the saddest ways imaginable. With your continued diligent work, we hope you will make it possible for more individuals and families in this state to timely secure appropriate help for their loved one when they need it most. If there is any information that our organizations can provide to assist in moving these bills forward, please don't hesitate to contact us.

Most sincerely,

Karen Zaorski, 203-879-5526
36 Hempel Dr. Wolcott 06716

Representing: Wolcott Crossroads, Inc. and
CT Turning to Youth and Families

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Ana M Gopoiian

March 4, 2014

St. Of Ct. General Assembly

Testimony and support of Bills No. 5371,5372,5373,5374

Hello, my name is Ana M. Gopoiian, I'd like to thank you all for being here and giving me the opportunity to give testimony in support of the bills listed above. I grew up in this town Wallingford, CT. baptized, first communion, confirmation and elementary school, junior high, a couple of attempts at high school, alternative school and adult education night school, my family was comprised of two good hard working families, my parents were children having children. I'm now 50, a tax payer, a register voter, a home owner, and last but not least a woman in long term recovery.

I am here in support and also working with CTYF (Connecticut Turning to Youth and Families), The Coalition for a Better Wallingford and new on my path, Crossroads from Wolcott, CT. I believe it is these grassroots organizations that will help support the intentions of these bills and help to serve the young adults, adolescence and their families collaboratively. We are the front line soldiers and we need funds and resources to strengthen the paths to successful treatment, aftercare, housing and education within our state and our communities.

As a woman in long term recovery I've seen our systems dwindle down to nothing over the past 18 ½ years. I had available to me 18 ½ years ago 17 days treatment inpatient and two weeks of an outpatient relapse prevention program I begged for. I was high for 20 years and I couldn't get more time, more support, I didn't have information and my family dynamics were challenged at best. I couldn't get more than the 17 days, but I could discharge, get high and if I lived through it come back for 17 more days the next day. At this time I also worked for the insurance company that carried my insurance plan.

Fast forward 18 ½ years later, IT'S WORSE, really bad! If you're lucky to get into detox it's mostly 3-5 days only to be turned out to the streets after you've stabilized. The possibility of being farmed out of state with no real reentry plan to your community might be an option if you have insurance. If you a hard working family with insurance you're actually so limited that the out of pocket costs are crippling. I have been in position to desperately suggest a parent to drop their young adult children from their insurance because there were more services available to their children. I've taken desperate addicts to get high or higher to qualify entry to treatment; one person openly said they were going to kill themselves just so they had a safe place to be and one facility told an addict strung out on cocaine that it wasn't addictive.

I believe these bills will get the changes needed started in the right direction, helpful in so many ways, affecting so many people. We really need to look at what is already in place in our systems and collaborate, not waste valuable resources and TIME reinventing what so many of us know we need. TIME is wasting, people are dying. If Wallingford alone lost 53 people over the last 3 years to drugs, most of those young adults and it takes three years to line up the powers to be to pass a bill, try wrapping around the reality of 53 people times the number of towns in our state over the next three years...

Many will die or continue to suffer and attached to each one of those people are their families, there needs to be complete care, care that not only treats the person needing recovery but recovery for the families too. Recovery only starts in treatment, it has greater success and it can be sustained when it has the support as any other disease would have.

- Peer to peer support, people with lived experiences and places to share it, including schools, community centers, recovery clubs
- Safe and available treatment in state that is age and gender specific
- Programs that bring into consideration the families and their need for recovery also
- Safe residential programs that are regulated, gender and age specific
- Education on topic and programs in schools with availability in our communities that can also nurture communication skills, life skills, work ethics, integrity, and job opportunities

So even though I had many privileges as seen by society in our small town there were many secrets, and stigmas that assisted in keeping the shame, guilt and disease in control. My mom has a year and a month less clean time than me and I know she has her own pain and story to heal from. At the age of six I had a trauma that had no vocabulary, I felt different and alone, I experimented with alcohol and cigarettes, at 12 I was using other drugs, by the end of junior high I was selling drugs, hanging out with a subculture of like minds. By 16 I was already pregnant once and by 17 I was no longer welcome in my home. I wandered for a while, lived in a car I borrowed and never brought back and tangled with a motorcycle club. I called a 12 step helpline at the age of 23 but never showed up and suffered for 9 more years. By the time I made it to treatment I was 32 years old, I jockeyed many different drugs over time, I had been pregnant four times and I was hopeless. I did acquire a GED along the line but struggled with learning disabilities and reading. There is much more to this story, but I'm no longer a victim of it, I'm a survivor.

I am a responsible productive member of society that lives in the solution today. I am a state certified RSS (Recovery Support Specialist) and I co-facilitate a group for parents of children that are in active addiction or active recovery for The Coalition for a Better Wallingford. I am the first one in my immediate family to graduate college and now have a BA in Social Science, and just recently completed a state certification to be a Hypnotherapist. I believe my path is full of people supporting, guiding and serving a greater good. The disease of addiction has no prejudice; no matter of age, race, sexual identity, creed, religion, or lack of religion, it has no mercy. I believe there is a movement happening though, a movement that will help to break the stigma of the disease of addiction in society and have healthcare and the systems supporting it come together and treat this disease as a disease.

Thank you for your time, thank you for your service and I look forward to continued change on these topics.

Sincerely,

Ana M. Gopalan

Nalove16@aol.com

203-213-0329

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**Connecticut
Council of
Child and
Adolescent
Psychiatry, Inc.**

March 4, 2014

Testimony in Favor of HB 5371, 5372, 5373, 5378

Good afternoon Senator Kissel, Representative Mushinsky and Program Review and Investigations Committee Members



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I am Laine Taylor, DO, and am speaking today in my capacity of Executive Committee Member of the CT Council on Child and Adolescent Psychiatry. The greatest gap for access to mental health services within this state is for the middle class families with private insurance. The accessibility to providers, programs, and adequate length of treatment hits our working class families hardest. Connecticut has a safety net for its poor in the form of HUSKY and the wealthy of this state can access fee for service treatment. This gap in care is relevant for all medical care, but impacts mental health care to a greater extent. The state of Connecticut is realizing the importance and wide reaching impact of mental health and access to mental health care for all individuals over the past year. Much of the effort to improve access has been for children and their families. This is seen in our state legislature's enactment of several laws including PA 13-3 and PA 13-178 which deal in the innovative efforts at delivering mental health screening and interventions to children. This is also seen through the Governor's administrative efforts and collaboration with the Office of the Health Care Advocate. As a Child and Adolescent Psychiatrist, representative of the Connecticut Council of Child and Adolescent Psychiatry, and a Connecticut resident, I am speaking in support of HB 5371, 5372, 5373, and 5374.

Our statements in support of each bill are as follows:

Regarding HB 5371:

As any parent is aware, a child does not exist in a vacuum. The environment of a child includes school, peer interactions, and family. One of our most effective therapeutic interventions is the In-Home therapeutic service. This entails a licensed clinician entering the home to evaluate and address the behaviors of a child within the family structure. It provides the child, family, and clinician with a perspective unavailable through clinic visits. This intervention is not appropriate for all children, but is reserved for children with whom other interventions have been unsuccessful. Currently this is only available to family with HUSKY insurance or DCF voluntary services. The only current access to Intensive In-Home Child and Adolescent Psychiatric Services is through the use of state funding sources. It is the position of the Connecticut Council for Child and Adolescent Psychiatry that this level of care be available to all children within the state, including those with a private insurance payer. Reporting the use of state funding for in home services by those with private insurance will provide the state with information to determine further necessary steps to make this service accessible even within the access gap.

Testimony in Favor of HB 5371, 5372, 5373, 5378

From: Laine Taylor, DO of Connecticut Council of Child and Adolescent Psychiatry

To: the members of the program review and investigations committee

The greatest gap for access within this state is for the middle class families with private insurance. The accessibility to providers, programs, and adequate length of treatment hits our working class families hardest. Connecticut has a safety net for its poor in the form of HUSKY and the wealthy of this state can access fee for service treatment. This gap in care is relevant for all medical care, but impacts mental health care to a greater extent. The state of Connecticut is realizing the importance and wide reaching impact of mental health and access to mental health care for all individuals over the past year. Much of the effort to improve access has been for children and their families. This is seen in our state legislature's enactment of several laws including PA 13-3 and PA 13-178 which deal in the innovative efforts at delivering mental health screening and interventions to children. This is also seen through the Governor's administrative efforts and collaboration with the Office of the Health Care Advocate. As a Child and Adolescent Psychiatrist, representative of the Connecticut Council of Child and Adolescent Psychiatry, and a Connecticut resident, I am speak in support of HB 5371, 5372, 5373, and 5374.

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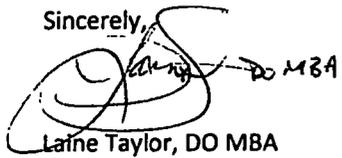
Regarding HB 5372:

The council also supports the development of a council in the administration to review policies and access to substance abuse care for all individuals. There is a deficit of services for

Medicaid is eligible for Intensive In-Home Child Psychiatry Services, if the employment or income status of the family changes such that they are not Medicaid eligible, the In-Home service ends. This disrupts treatment for the child and family. A month bridge of care will allow for adequate planning based on what is offered by the new insurance company.

Thank you for the opportunity to voice our support for these bills. Please contact our organization for further communication.

Sincerely,

A handwritten signature in black ink, appearing to be "Laine Taylor", with a large, stylized flourish. To the right of the signature, the text "DO MBA" is written in a smaller, less stylized font.

Laine Taylor, DO MBA

Legislative Liaison for the Connecticut Council of Child and Adolescent Psychiatry

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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

Memorandum:

TO: Senator John Kissel
 Representative Mary Mushinsky
 Members of the Program Review and Investigations Committee

FROM: Commissioner Patricia Rehmer, DMHAS

DATE: March 4, 2014

SUBJECT: Written Testimony on HB 5371, HB 5372 and HB 5378

Senator Kissel, Representative Mushinsky, and distinguished members of the Program Review and Investigations Committee: thank you for the opportunity to submit written testimony on HB 5371 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE STUDY ON ACCESS TO SUBSTANCE USE TREATMENT FOR INSURED YOUTH AS THEY RELATE TO THE DEPARTMENT OF CHILDREN AND FAMILIES, HB 5372 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING THE ALCOHOL AND DRUG POLICY COUNCIL and HB 5378 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING MEDICAID-FUNDED EMERGENCY DEPARTMENT VISITS. We commend the Committee for its comprehensive work on these very complex issues but have concerns regarding the cost of the implementation of these proposals as well as the prescriptive language that may prevent us from meeting the individual needs of the people we serve.

HB 5371 requires DMHAS and DCF to develop an urgent care center for individuals with behavioral health disorders and a substance use recovery support plan for youth and adolescents. It is important to state from the onset that DMHAS provides treatment to adults 18 years of age and older. We do not have the facilities, resources or clinical expertise to treat youth and adolescents. That being said however we are more than willing to collaborate with DCF on both development of an urgent care center which we believe can be established through the coordination of each agency's mobile crisis units as well as the development of a substance use

recovery support plan and appreciate that the Committee has given us sufficient time to work that through.

HB 5372 gives new responsibilities to the Alcohol and Drug Policy Council (ADPC), and the ADPC is not a functioning organization. The last two meetings of the Council had very little attendance and the legislative appointments to the council frequently have not attended meetings so the end result will be that the work necessary to carry out the new responsibilities outlined in this legislation will fall to DMHAS. We have not had the money in our budget to fill the administrative and planning positions that would be necessary to carry out the new provisions in this bill.

HB 5378 requires DMHAS to contract for intensive case management services through our ASO for Medicaid clients who frequently use hospital emergency departments due to behavioral health needs. This practice replicates successful local efforts in the state which have regional teams currently in place and supports efforts already underway to start up additional teams based in community with the heaviest usage of Emergency Departments for behavioral health. Value Options currently has intensive case managers in place to implement these activities and can use Advanced Behavioral Health as a model to provide targeted case management for individuals cycling in and out of inpatient detox services. We do not believe it is necessary to spell out how often these teams should meet as teams that have been working together for a long time may decide they will meet less often than teams that are just coming together.