



Behavioral Health Partnership Oversight Council

Legislative Office Building Room 3000, Hartford CT 06106
(860) 240-0346 Info Line (860) 240-8329 FAX (860) 240-5306
www.cga.ct.gov/ph/BHPOC

February 22, 2016

Senator Beth Bye, Co-Chair
Representative Toni Walker, Co-Chair
Appropriations Committee
Legislative Office Building
Hartford, CT 06106

Re: Governor's Budget Proposal Will Reduce Access to Behavioral Health Services for Children and Adults in HUSKY

Dear Senator Bye and Representative Walker,

We appreciate your longstanding efforts to preserve and protect publicly funded services and supports for children and adults struggling with myriad challenges. We write to you on behalf of the Connecticut Behavioral Health Partnership Oversight Council (BHPOC) to express our deep concern about the Governor's proposed budget and its anticipated impact on access to behavioral health and substance abuse services for the hundreds of thousands of children and adults on the HUSKY (Medicaid and CHIP) program, as well as the many programs and services that also support the mental and overall health of children and families.

We know that the Governor, lawmakers, providers and consumers appreciate the work of the Connecticut Behavioral Health Partnership (BHP), a partnership among the Departments of Social Services, Mental Health and Addiction Services, and Children and Families. In fact, the Governor touted the BHP as a model for another potential partnership, the Intellectual Disabilities Partnership, between the Departments of Developmental Services and Social Services in his budget recommendations.

Because the Council takes very seriously its role in advising the Partnership agencies to help improve access and coordination of services to vulnerable children, families, low-income adults, individuals with severe disabilities, and the fragile elderly, we need to speak out about the potential harm that the deep proposed cuts and block grant budgeting could cause to the BHP and other services essential to the well-being of every state resident.

We reiterate the concerns that we expressed last year when faced with almost identical, but less severe, proposals to close the FY16 budget gap. "[They] will result in some providers closing their doors, delays in accessing community-based outpatient services which in turn will lead to more individuals showing up at emergency departments, or being admitted to hospitals,

where the price tags are highest.” This latest proposal to cut behavioral health services comes in the middle of the opioid crisis – a terrible public health crisis that can only be effectively addressed through sustained treatment of affected individuals and families. The proposed budget undermines efforts to systematically address behavioral health challenges of state residents.

The Governor’s proposal, for example, would reduce these agency budgets by the following estimated amounts*:

Department of Mental Health and Addiction Services: More than \$70 million
Department of Children and Families: More than \$40 million
Department of Social Services: More than \$60 million
Court Support Services Department: More than \$70 million

*These cuts are most likely an underestimation because they don’t take into account, for example, the loss of federal revenue, the transfer of autism services from DDS to DSS, and fringe benefit allocations

We are also concerned that the consolidation of almost all operating funds within each agency budget adds a degree of unpredictability that raises the risks of greater reductions and elimination of programs without sufficient public scrutiny.

Here are several examples of how the cuts will hurt HUSKY members and other vulnerable children and adults:

1. **One Hundred Outpatient Hospital and Community Clinics** serve over 50,000 children and adults. The proposed DSS budget assumes savings of \$30 million (a \$90 million reduction to providers from the loss of federal reimbursement) in “supplemental” hospital funding. The proposed DMHAS budget reduces grant funding for mental health and substance abuse services by almost \$16 million. These reductions will result in program closures and reduced access to outpatient services.
2. **School-Based Health Centers (SBHCs)** currently serve around 44,000 children. The proposed budget would decrease their funding by \$1.25 million (on top of the over \$1 million in reductions in 2015). This is at the same time that children’s visits for mental health services at SBHCs have risen 11 percent during the last five years and accounts for 41 percent of all visits to the Centers. Early intervention is an important investment for the state to make. We have no doubt that these reductions will lead to fewer children receiving early intervention and cost-effective services provided by SBHCs.
4. **Federally Qualified Health Centers (FQHCs)** serves hundreds of thousands of children and adults, providing primary care, behavioral and oral health services. At least sixty percent of their patients are covered by HUSKY, and around 25 percent are uninsured. The DSS budget proposes to cut the health center funding by \$775,000 (\$1.9 million with the loss of federal revenue) and eliminates an additional \$422,327 in the Department of Public Health budget.
5. **Community Care Teams** have demonstrated their effectiveness in reducing unnecessary emergency department visits by individuals with serious behavioral health and other challenges. The elimination of \$3 million in acute care and emergency behavioral health

grants to support community care teams means tens of millions of dollars in savings in HUSKY and the health care system will be lost. A Community Care Team is an effective strategy to connect individuals who show up repeatedly in hospital emergency departments with housing, mental health and substance abuse treatment, and other services.

6. **The Office of Early Childhood** is tasked with creating a coordinated and quality early childhood system. The proposed cuts to this Office undermine an array of initiatives that promote healthy social and emotional development, early identification and connection to services for young children experiencing behavioral health and other challenges, investments in quality programs, and the Birth-To-Three program that services families with children experiencing developmental delays.
7. **Regional Mental Health Boards and the Regional Action Councils** include consumers, family members, providers, and interested residents. The proposed budget would decimate the Boards (The \$585,000 cut is virtually all of their funding). In addition there is a cut of \$736,000 from the 13 Regional Councils. These are effective locally based entities whose members are able to advise the BHPOC by bringing community issues and the voice of individuals to the attention of the Council to help improve behavioral health services throughout the state.

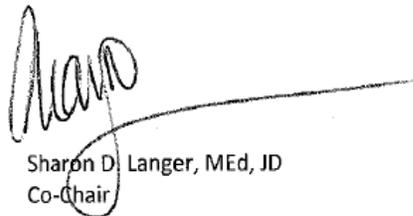
We are mindful of the enormous challenges faced by the legislature in crafting a balanced and fair budget, but as an advisory body to the Governor and lawmakers we need to speak out about the harmful consequences of accepting the Governor's budget recommendations. The proposed cuts are just too large not to have a significant impact on the provision of mental health and substance abuse services across the state.

Please let us know how we can help your committee and the General Assembly as a whole maintain and strengthen the Behavioral Health Partnership, and protect children and adults from experiencing increased trauma and more costly care due to budget cutbacks.

Very truly yours,



Representative Mike Demicco
Co-Chair



Sharon D. Langer, MEd, JD
Co-Chair

C: Members of Human Services Subcommittee, Appropriations Committee
Members of Health Subcommittee, Appropriations Committee
Behavioral Health Partnership Oversight Council
Governor Dannel P. Malloy
Commissioner Roderick Bremby, DSS
Commissioner Miriam Delphin-Rittmon, DMHAS
Commissioner Joette Katz, DCF
Anne Foley, Undersecretary, OPM
William Halsey, DSS
Colleen Harrington, DMHAS
Karen Andersson, DCF