



December 18, 2008

To: Human Services Committee and the Select Committee on Children

From: Terry Edelstein, President/CEO

Re: Public Hearing regarding the Department of Children and Families

Please accept this testimony regarding the Department of Children and Families as part of your ongoing review of the agency.

The Connecticut Community Providers Association represents organizations that provide services and supports for people with disabilities and significant challenges including children and adults with substance use disorders, mental illness, developmental, and physical disabilities.

We convene a large and active Children's Mental Health & Substance Abuse Division. Our members provide a full range of behavioral health services and supports for children and their families in all types of DCF licensed and funded settings. In addition, our members provide services through the Behavioral Health Partnership to children and adults eligible for HUSKY and we have an ongoing relationship with the BHP, the Administrative Services Organization and DSS.

We represent the Child Guidance Clinics, also known as the outpatient psychiatric clinics for children and many other private providers that support children and their families in residential treatment, foster care, group homes, substance abuse treatment, Extended Day Treatment and in-home services, plus many other levels of care. Models for providing behavioral health services for children are constantly evolving and we have been pleased to have participated in the development and provision of emerging models for providing community-based services and supports.

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Access to DCF

As an Association we have had a long history of working with DCF. We have worked closely with the current DCF administration on many matters including budget priorities, legislative proposals, contracting policies, fiscal accountability and management, licensing, bonding, program development and contract reprocurement. We have regular meetings with the Department through a committee representing leaders of our Association and we have a series of meetings with DCF and other trade associations focusing on contracting issues in particular. DCF officials have met regularly with our Division and our related subject matter committees such as our clinical directors and behavioral health chief financial officers.

Reprocurement

While we have ready access to leadership in the Department, we are also representing the needs of our members so that they can provide services and supports in the most effective manner to children and their families. We are not always in accord with DCF officials, but we have ready opportunity discuss and debate issues together. For example, as the state moved to wide-scale reprocurement of human services contracts, we struggled with DCF for a mechanism to be able to discuss emerging models of service delivery with the Department while DCF interpreted that upcoming contract reprocurement prohibited the Department from discussing ideas for service provision with potential vendors.

This process was extremely frustrating since we were precluded from giving advice in the area in which we have tremendous expertise – strategies for providing and restructuring behavioral health services for children in a way that can best meet the needs of the children and their families.

Over time and after considerable pressure, the Department began to utilize a “Request for Information” process prior to the issuance of “Requests for Proposals” that has given an opportunity for input and discussion of service delivery models. The Department has also convened meetings of those providers offering specific services such as Extended Day Treatment in order to discuss and determine “best practices” recommendations.

Behavioral Health Service Delivery

DCF administration has presented plans for reorganizing the Department. We have reviewed these plans with top officials on several occasions. To us a key element is missing in these plans – there are few references to behavioral health services. We have been told that behavioral health services run throughout the Department’s structure, however, we recommend that behavioral health services be included front and center in the reorganization plan. The plan should state explicitly that behavioral health services are key to supporting children and their families.

Financing Children’s Behavioral Health Services

There are many upcoming challenges in the provision of services for children. DCF is making the transition from grants and contracts to fee-for-service payments, in many cases transferring the fiduciary and programmatic responsibility from DCF to DSS and the BHP. While we commend state government for seeking to maximize Medicaid reimbursement, it is essential that grants remain in place to bridge the transition and to support those children who are not Medicaid-eligible who seek our services.

An adequate reimbursement system is essential to assure the success of the private provider service delivery system. As grants and contracts migrate to a FFS arrangement, the rate structure must reflect the cost of providing the services and these rates must match the rate of medical inflation going forward.

The 0% cost of living adjustment in FY09 represents an essential failure in the system of providing services to children and to other Connecticut residents with disabilities and other challenges. It makes no sense to expect that services can be provided for deeply challenged children and their families with reimbursement that doesn’t begin to cover the cost of services. We ask that when you look at the success of DCF in meeting its challenges you also look at the adequacy of the reimbursement system to support community-based services.

Thank you for considering our testimony. There are many details that we can focus on when discussing DCF. We have chosen only a few but welcome the opportunity of speaking with you at greater length in other forums.