



March 17, 2014

Joette Katz, Commissioner  
Connecticut Department of Children and Families  
Commissioner's Office  
505 Hudson Street, Hartford, CT 06106

Re: State of Connecticut Behavioral Health Plan General Assembly Public Act 13-178

The Connecticut Chapter of the National Physicians Alliance commends Governor Malloy and all elected officials for proceeding with the enactment of Public Act 13-178, a comprehensive and integrated plan designed to meet the behavioral health needs of all children in the state. As a multispecialty group of physicians committed to improving the health of all citizens, we have special interest in ensuring that the most vulnerable among us – our children – have a robust system to meet all of their developmental needs.

The multifaceted approach to comprehensive reform is both laudable and timely. Members of NPA-CT, including pediatricians, family physicians, psychiatrists and others stand ready to contribute expertise and experience to the process as it develops over the course of 2014.

We believe that mental health is an integral part of a child's overall health and wellbeing. Unfortunately, more than 1 out of 10 children (0–17 years old) suffer from a mental health disorder and less than 20% of those with mental health disorders receive treatment. As the Surgeon General stated in 2000, mental health disorders are “a major cause of morbidity, mortality and disability.” (Surgeon General's Conference on Children's Mental Health, 2000)

While appreciating the complex and nuanced objectives that PA 13-178 seeks to enact, as physicians who care for the children of our state on a daily basis, we feel that three distinct aspects of the proposed plan should receive particular attention.

1. Use evidence-based practices and treatments to guide reform.

There are many models of care that show promise in different settings. Proposed care model changes should be based on the highest-quality outcomes evidence available and be designed to achieve the goals of the “triple aim”: improved quality, decreased costs and improved patient satisfaction. In this arena, “patient satisfaction” is both child and parent satisfaction with timely and thorough care. Care should also be coordinated between families, schools, psychologists, psychiatrists and other area service agencies. Efficient and confidential mechanisms of knowledge transfer should be established to allow for real-time action on changes in status, treatment or concern. While around-the-clock service delivery is likely unrealistic for all agencies serving all children, information technology should be exploited to achieve improved communication within and across disciplines.

2. Focus on the family as a unit for training, improvement and intervention.

Children are first and foremost influenced by their caregivers. In most cases this means their parents, while in other situations it means family members or others charged with child protection and development. Reform that seeks to teach caregivers about mental illness, involve them in comprehensive care plans, and empower them more fully to impact the positive development of our children should be supported. Because schools are units of social development and many children spend many hours a day at schools, the education and training of school personnel should also be a priority.

3. Invest in workforce development to train, recruit and retain psychologists and psychiatrists in the healthcare workforce.

Children need more immediate access to mental health specialists. In many instances, there are month-long wait lists for children to establish care with a psychologist or a psychiatrist. Access simply must improve and efforts to increase the mental health workforce should be supported. The NPA has done much national work around the topic of workforce reform, recognizing the important need that robust, outpatient primary care services delivered by practitioners at all levels can have on improving the health of our citizens. This is no more true than for mental health. NPA, in July 2013, issued a policy statement entitled "Support of Comprehensive Health Workforce Reform to Improve Access, Quality, and Cost-Effectiveness of Healthcare" that among other things detailed the important role that nurse practitioners, physician assistants and physicians working as part of a interconnected team, ideally within a patient-centered medical home, can have on overall quality delivery of evidence-based healthcare.

With an estimated 6 million children and adolescents in the United States suffering from mental illness and only 7,400 practicing child and adolescent psychiatrists, the Mayo Clinic calculates that this translates into an "impossible caseload" of 811 patients for each available psychiatrist. Innovative care delivery models that improve timely access for children to psychiatric providers is needed.

In summary, NPA-CT is optimistic that Connecticut is a national leader among states trying to systematically improve the mental health delivery services to all children of our state. We feel that focusing on evidence-based, cost effective methods of reform with caregivers and schools at the center of integrated care delivery models comprising innovative methods to achieve and sustain these services has a best chance for success. We look forward to helping with these efforts.

Sincerely,

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