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Good afternoon Victoria Veltri, representatives of the Office of the Health Care Advocate and all others present for this vital public hearing concerning, **Mental Health and Substance Abuse: Access to Prevention, Treatment and Coverage**,

My name is Ann Nelson. I am the parent of a 19 year old daughter, Emmy, who has been diagnosed with a serious mental illness since the age of 7. I am grateful to have the opportunity to share my story concerning access to and coverage for mental health care for my daughter- or shall I say **lack** of access and coverage to appropriate mental health care. I have articulated this story numerous times at public hearings for previous Connecticut legislation, and have included a list of these bills for your review along with my testimony.

Since the age of 7, Emmy has received every possible diagnosis in the psychiatric manual including attention deficit hyperactivity disorder (ADHD), childhood onset bi-polar disorder, anxiety, oppositional-defiant disorder, psychosis and rule out schizophrenia. During the past 12 years, she has been hospitalized three times, each for a period of over 30 days, in addition to being institutionalized in a residential setting for more than 5 years. I have advocated relentlessly for quality mental health care for my daughter, and have found the private managed care industry to be the largest stumbling block to obtaining the appropriate care for my daughter. They incessantly failed to authorize the necessary inpatient, as well as evidence-based outpatient treatments for Emily, citing various reasons including but not limited to:

- the treatment is not medically necessary,
- she does not meet the criteria for inpatient admission or on-going hospital stay,
- she has been admitted recently, so we are allowing her only 48 hours of inpatient stay,
- we do not cover community-based services.

As a result of our private HMO's refusal to pay for Emmy's contracted mental health services, our family turned to the Department of Children and Families'(DCF)Voluntary Services Department in order to obtain mental health services for my daughter.

The most effective, as well as cost containing treatments offered by the DCF to our family were the intensive home-based services. Our family received respite care, intensive in-home behavioral management, therapeutic mentoring and parent training to help all of us navigate the journey of caring for a child living with a mental health disorder. These preventative, community-centered and evidence-based interventions provided our family with the tools and resources that allowed our family to stay together, as well as offered an extremely cost-effective alternative to expensive institutionalized care. As you can see from our family's cost analysis sheet, community- based mental health services are a winning solution for families, children and Connecticut taxpayers.

With mental health parity laws in effect in Connecticut as well as nationally, the private insurance company should be held accountable to provide similar community and evidence-based mental health services to children insured under their plans. With an ongoing collaboration between mental health advocates, individuals in recovery, family members, mental health providers, the Office of the Health Care Advocate, the Office of the Child Advocate, the Attorney General's Office and other mental health partners and stakeholders, we need to collectively design a system which monitors as well as holds the private insurance industry accountable to their contracts concerning mental health care as outlined in mental health parity law.

CT Legislation Concerning Private Insurance Accountability for Mental Health Care

- HB 6455 (2003), *An Act Concerning Patient's Rights and Managed Care Accountability*
- SB 688 (2005), *An Act Concerning Intensive Behavioral Health Services for Children*
- SB 1(2007), *An Act Concerning HealthFirst Connecticut Initiative*
- SB 238 (2007), *An Act Concerning Coverage for Community-Based Mental Health Programs for Children*
- The Charter Oak Health Plan Advocacy Meeting (2007),
- Elimination of the Offices of the Child Advocate and Health Care Advocate (2009)
- Governor Rell's Mitigating Plan to suspend Voluntary Services intakes with the intention and to decrease the budget to DCF Voluntary Services and the Office of the Child Advocate (2009)