Memorandum

To: Lt. Governor Nancy Wyman

From: Morna Murray, Commissioner, DDS

Re: Bailit Straw Model Recommendations

Date: September 2, 2016

Thank you for the opportunity to submit brief comments on the Bailit recommendations. All in all, I agree with Commissioner Bremby that they are essentially good recommendations – not all are practical for CT though, and some, as presented, could interfere with slow but steady progress in other initiatives.

That said, I would like to comment on one issue that I believe is imperative to address at this juncture.

There is a significant problem in all state, and here in CT, involving the residential care of children with disabilities (including children with ID and/or Autism Spectrum Disorder) who present significant challenges for living at home and/or staying within their home-based school districts for the primary and high school years. As we have discussed, agencies can dispute which agency "owns" such children in terms of being responsible for funding services, and it is indeed a quandary at times. DDS has traditionally been focused primarily on adults, although we entered into a MOU with DCF with respect to the Voluntary Services Program several years ago, regarding children with disabilities and co-occurring mental health disorders. DDS has since renamed this program the Behavioral Services Program in order to educate stakeholders about what it actually addresses, since it services a very different purpose than when it began at DCF, for which it was an opportunity for parents to get help for children when there was no abuse or neglect involved.

Because these children can present suddenly (and often do) as emergencies, we have far too many children languishing in hospitals because there is not a viable placement. This can and does continue. The family may no longer feel capable of handling the stress of care or does not have enough support, or there is disagreement among the multiple stakeholders as to what will be the best option for the child – out-of-home or in-home placement and/or who would be the provider for out-of-home and who would provide funding.

Thus, I would strongly recommend that any cost containment pilot projects addressing hospital admissions for children experiencing any kind of trauma or behavioral health crises include children with disabilities. The challenges faced by the families, and the concurrent challenges to funding for these children, are

creating an excruciating and heartbreaking problem for a growing number of children and families. We do have a new committee under MAPOC slated to begin addressing this issue, which is encouraging, but this problem is immediate and very concerning, also creating enormous costs for the state in terms of hospital care and residential care when children cannot successfully remain with their families, perhaps due to lack of effective supports.

In short, there should be greater clarity and streamlining of responsibility (financial and otherwise) when it comes to caring for children with disabilities who also have co-occurring mental health disorders and cannot remain at home – either short term or longer term. These children have very complex needs and there has traditionally been debate among state agencies, and with school districts, as to who is the payer of first resort. Under federal law – the Individuals with Disabilities in Education Act, with some exceptions, school districts are responsible for educational placement of children before they graduate from high school. If there is an issue involving abuse and/or neglect, then DCF should be involved as well. While there were seemingly valid reasons several years ago for DDS entering into a MOU with DCF for DDS taking responsibility, in certain cases, for children entering voluntary services who also had a disability, the situation has become muddled at best.

I include this background since the issue of children with disabilities getting "stuck" in EDs is far more complicated than simply finding a placement, which in and of itself is difficult enough. First and foremost, we must address these needs substantively and effectively. And secondly we must do so in a way that is cost effective. With the fiscal environment we have, we must be looking to the appropriate payer.