



**Testimony of Howard Sovronsky, LCSW
Chief Behavioral Health Officer at Connecticut Children's Medical Center,
to the Children's Committee regarding:**

Department of Developmental Services Five Year Draft Plan (2022-2027)

January 12, 2022

Commissioner Scheff, thank you for the opportunity to share my thoughts regarding the Department of Developmental Service's (DDS) five year draft plan. We appreciate you and your department's commitment to serving individuals and families with developmental and intellectual differences and wish to offer some thoughts and suggestions for your consideration.

As the state's only independent hospital focused exclusively on the needs of children, Connecticut Children's often provides care for children with emotional challenges, some who are in crisis in our emergency department and others whose behaviors are intertwined with developmental and/or physical health conditions. We know that the coronavirus pandemic has been especially challenging for these children and their families, which makes this plan all the more critical in terms of its potential to assist families in need of support. While we recognize that DDS serves both children and adults, because of our pediatric focus, our feedback will be focused on services provided to children and their families and is noted by topic area below:

Diversity, Equity and Inclusion Director

We are pleased to learn that DDS plans to hire a diversity, equity, and inclusion director that will ensure programs and services are accessible, safe, and effective for the diverse population of Connecticut residents. Similarly, health equity remains a key focus for Connecticut Children's as we know that the realities of systemic racism and socio-economic inequities impact the health of children, their families, and communities at-large.

Plans for Collaboration with Other State Agencies

We would appreciate a more explicit explanation of the ways in which DDS intends to collaborate with its partner state agencies and departments when it comes to providing care for children. Kids who receive DDS services are often also involved with the Department of Children and Families, the Department of Social Services, and the Department of Education. We understand that each department is statutorily limited in terms of what programs and services each is able to provide, however, this approach can lead to siloing and bureaucratic challenges. As a children's health system, Connecticut Children's views children's health broadly and holistically and we would encourage state leaders to take a similar approach.

Care at Home

In-home supports are critically important for many of our patients with complex medical and behavioral health conditions. Unfortunately, there is a significant shortage of adequate in-home supports currently available to meet the specific needs of this group of children and families. Enhancing the training of providers and staff and increasing the level of support available would make a significant difference in the lives of these children. Many times when children are unable to receive sufficient, higher-level medical care in their homes, they are forced to visit our

emergency department. This is obviously not ideal for the child's health or well-being, is inconvenient and traumatizing for the family, and more expensive for the state. We would like to see the department's plan address the need for expanded in-home supports so more children can receive adequate, specialized care in their familiar home environment where they are happiest and more comfortable.

Support for Behavioral Health Needs

The plan references a step-down unit for individuals with behavioral health needs who are transitioning from higher-levels of care to community settings. It is unclear whether this step-down unit is solely for adults or if adolescents or children may also benefit from this program. We would like to see more specificity when it comes to the support the department offers to families of young children. We know that when behavioral health needs in children go unaddressed they can become more acute when they age and eventually reach adulthood. It is critically important that this plan specifically address the behavioral health needs of children with special needs because not only is there a growing need for pediatric behavioral health services, but ensuring that kids receive the care they need early on helps prevent higher-level issues from occurring as children grow.

Reimbursement Rates for Private Providers

Private residential providers have also shared with our organization that lack of sufficient reimbursement has negatively affected their ability to maintain residential slots and provide higher levels of care for children with complex needs. It would be great to hear from the department about their plans to ensure the long-term viability of private residential providers so that much-needed slots and services are maintained for the children who need them. We recognize that much of the direct care for developmentally and intellectually disabled individuals are provided by private agencies as opposed to being directly delivered by DDS. However, the plan does not provide much detail as to the level of oversight, coordination, and accountability for the entire system of care that DDS provides. This population deserves accessible, high-quality, and affordable services and it would be helpful to better understand how DDS works to ensure this standard of services.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Emily Boushee, Connecticut Children's Government Relations, at 860-837-5557.