

Testimony to the CGA Appropriations Committee
Submitted by Jeffrey Vanderploeg, PhD, Child Health and Development Institute (CHDI)
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Distinguished members of the Appropriations Committee, my name is Dr. Jeffrey Vanderploeg, President & Chief Executive Officer of the Child Health and Development Institute (CHDI). CHDI is a nonprofit organization focused on improving the behavioral health and well-being of children, youth, and families in Connecticut.

I want to start today with a story. Imagine the DOT wanted to pave a 10-mile stretch of highway. They put out a bid to prospective asphalt contractors, and that bid states that the DOT will pay the contractor to pave six miles of that highway, but they expect the contractor to fundraise to pay for paving the last four miles themselves. Do you think there is a single asphalt contractor that would take that contract? Not a chance!

Yet, this is essentially the contract we put out to behavioral health providers, in the form of our rates and grants. And the amazing thing we should not take for granted is that they take those contracts year after year! Why would they do that? Is it because they're bad business people? **No, it's because they care so much about meeting the needs of children and families. They are absolutely all in, and completely and totally committed to doing whatever it takes. And they do it, year after year, against the odds. The scary question to consider is, "For how much longer?"**

You will hear many great ideas today. As you listen, consider how in this budget process, you may be able to address needs in three areas:

1. **Increase Rates to Expand Effective Services.** Across the board rate increases are needed. A recent DSS commissioned study found that on average Connecticut's Medicaid behavioral health rates were only **62% of the average of a group of comparison states.** This impacts most services; however, we can examine Urgent Crisis Centers (UCCs) as an example. Recent CHDI data analyses commissioned by DCF have found that **98% of youth admitted to and served by UCCs are discharged home** rather than the emergency department (ED). **A majority of youth (52.4%) served by UCCs report that they would have gone to the ED if the UCC was not available.** The current plan is to pay for UCCs through an appropriation of ~\$7.6 million in the DSS budget; however, UCCs currently receive ARPA funded grants totaling \$13.6 million annually. Furthermore, limiting funding to Medicaid leaves out the **42% of youth seen in UCCs who are not enrolled in Medicaid.** I'm advocating today for continued grant support, and an enhanced Medicaid appropriation for UCCs.
2. **Support the Behavioral Health Workforce.** A recent CHDI Policy Brief titled, "[Who Will Do the Work?](#)" found that our community-based non-profit behavioral health providers experience **39% turnover annually** and that the rates supporting salaries for our workforce is more than 21% behind inflation, based on data gathered before recent

surges in inflation and costs. CHDI recently published a comprehensive Behavioral Health Workforce Strategic Plan that outlines the many strategies we can employ to have a robust, prepared workforce.

3. **Infrastructure.** We have proposed five critical areas of behavioral health system infrastructure that need consistent attention to support a best-in-class behavioral health system. Today, I will highlight one, which is the critical role of enhancing the state's data infrastructure. Data will allow us to demonstrate a return on investment in the form of improved access, quality, and outcomes of behavioral health services and systems, for all children and families.

Three points in summary, that are each critical for Connecticut to expand effective services:

1. Increase Medicaid rates from 62% of the peer state average, to 100% or more.
2. Address the 39% turnover rate by implementing recommendations from the [State's Behavioral Health Workforce Strategic Plan](#).
3. Invest in additional data infrastructure to support our ability to measure and improve access, quality, outcomes, and return on investment.

Thank you for your time and consideration.

Sincerely,



Jeffrey Vanderploeg, PhD
President and CEO
Child Health and Development Institute (CHDI)