



CONNECTICUT
HOSPITAL
ASSOCIATION

**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
APPROPRIATIONS COMMITTEE
Thursday, February 18, 2010**

**HB 5018, An Act Making Adjustments To State Expenditures And Revenues For The Fiscal
Year Ending June 30, 2011**

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning **HB 5018, An Act Making Adjustments To State Expenditures And Revenues For The Fiscal Year Ending June 30, 2011.**

Connecticut's hospitals are among the finest in the nation. Focused on quality and patient safety, and providing access to the most skilled professionals, the highest quality of care, and the latest technology, Connecticut hospitals deliver. Providing care to all who need it, regardless of ability to pay, 24 hours a day, seven days a week year-round, hospitals are integral to the quality of life and health in our communities. Thus, we appreciate the opportunity to comment on proposed legislation that will have a significant impact on the delivery of mental health services in Connecticut.

HB 5018 proposes to make two significant changes to the FY 2011 budget of the Department of Mental Health and Addiction Services (DMHAS). The budget provides funding to establish 40 DMHAS community placements (to support the closing of Cedarcrest Hospital) and to shift the use of partial hospitalization services in the general assistance behavioral health program to intensive outpatient services.

Earlier this year, CHA testified in opposition to the closing of Cedarcrest Hospital. Cedarcrest provides a key level of behavioral healthcare that is otherwise generally unavailable to the citizens of Connecticut, including access to longer-term and intermediate length of stay care. These levels of care are important parts of the continuum of care that includes emergency services, outpatient services, case management, supportive housing options, intensive outpatient services such as a partial hospitalization program (PHP), and short-term inpatient care for patients with behavioral healthcare needs. Many of the general hospitals in Connecticut have programs designed to provide multiple forms of behavioral healthcare to the residents of their communities. However, there are times when patients require a level of care that is inappropriate in a general hospital environment, which may not have staff and resources dedicated to this kind of specialty care. The closure of beds at Cedarcrest would terminate both inpatient care, as well as intermediate care services.

CHA applauds the funding of 40 community placements to support the closing of Cedarcrest Hospital. However, CHA urges the committee to increase funding to DMHAS to ensure that the patients currently receiving care at Cedarcrest have access to long-term and intermediate care services, emergency services, outpatient services, case management, supportive housing options, and intensive outpatient services such as partial hospitalization.

In addition, Governor Rell's midterm budget adjustment reduces partial hospitalization in the SAGA program through increased utilization of intensive outpatient services, for a reduction of \$316,255. CHA opposes this reduction, as it will limit the number of patients who have access to partial hospitalization, thereby denying them this critically needed service. Partial hospitalization is an essential service for those in need and the intensive outpatient service is not an appropriate substitute for many individuals. The goal of moving patients from inpatient or partial hospitalization settings into community and outpatient settings is well intentioned. Unfortunately, though, those good intentions do not eliminate the real life clinical need for hospital services to be available to certain psychiatric patients. Making too drastic a shift in the care delivery model will put many patients who are in need of intensive services at significant risk. The choice of which services DMHAS provides should be based on real life clinical needs, which necessarily include inpatient and partial hospitalization programs. For many patients, these are the only models that can help them.

Thank you for your consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.