CONNECTICUT HOSPITAL ASSOCIATION

TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
APPROPRIATIONS COMMITTEE
Tuesday, February 18, 2014

HB 5030, An Act Making Adjustments To State Expenditures For The Fiscal Year Ending June 30, 2015

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 5030, An Act Making Adjustments To State Expenditures For The Fiscal Year Ending June 30, 2015.** We are pleased to testify in support of increased funding for mental health services, given the critical role that Connecticut hospitals and healthcare systems play as the safety net that provides all medical services to patients in Connecticut, including mental and behavioral health services.

Connecticut hospitals offer mental health services in both inpatient and outpatient settings, as well as in their emergency departments. All hospitals have some level of mental and behavioral health services—some through a distinct behavioral health department and others through a separate institution or division within a hospital system. Still others focus on outpatient and community support.

Connecticut hospitals and other providers have been engaged in a decades-long conversation about the lack of access faced by patients in need of mental and behavioral health services in Connecticut, and the very real and negative results of ever-diminishing funding for these vital services in our state. And, while funding levels shrank, the number of patients coming to hospitals grew. Notably, we have witnessed a spike in the number of younger patients requiring mental health services.

- From 2008 to 2013, inpatient mental health discharges from hospitals increased by 9%, with the largest increases occurring among children ages 12 and younger (a 35% increase) and adolescents ages 13-20 (a 29% increase).
- Over that same period, emergency department non-admissions involving a mental health disorder increased by 49%, with the largest increases occurring among adults ages 21-64 (a 54% increase) and children ages 12 and younger (a 45% increase).

Connecticut hospitals shared the frustration felt by many in the care continuum that, even when the key problems we face in addressing mental illness are well-defined and identified, there seemed to be a paralysis in moving toward solutions. The reality in Connecticut is that there are often long waits and financial or resource limitations to accessing (1) therapeutic/residential placement, (2) appropriate clinical treatment services in the community, or (3) appropriate supportive housing.

A patient experiencing a mental health crisis is often forced to spend days or even weeks in a hospital emergency department waiting for a bed in an appropriate facility, or waiting to be transitioned to the right outpatient setting simply because there are not enough resources available to meet the constant need. Others who are struggling, but who have not yet reached crisis level, have few places to turn as a result of a failed and fractured healthcare delivery infrastructure that allows a known need to go unmet. This unmet need is not new, and is well known to hospitals, community providers, and social welfare agencies.

Extended stays in the emergency department, a highly stimulating and potentially stress-inducing environment, can exacerbate a patient's condition rather than improve it. This problem is particularly acute for children and adolescents, for whom the need for services greatly outstrips the number of available beds and trained specialists.

The problem of insufficient supply can be seen throughout the care continuum. It can take months to schedule an outpatient visit with an adolescent mental health specialist. While waiting for that important visit, the family is forced to rely on the hope that the situation does not escalate to the point of emergency room care, but sadly it often does.

The $4.25 million proposed to be appropriated in FY 2015 is an important step to restore state funding for some of these essential services. The addition of 110 supportive housing units for people with mental illness, coupled with increased supportive services in DMHAS, will offer some needed relief. Providing $1.75 million for residential and transitional services for high-risk populations such as young adults will also begin to address another critical area of need. We also applaud the state's proposed investment in an anti-stigma campaign. Initiatives aimed at effecting change and educating the public will help eliminate the misperceptions and biases that keep people with mental illnesses from living, working, and participating in the community.

While there remain long-standing defects in the payment system structure for mental health services such as the need for parity with reimbursement for physical medical services, and much work must be done to address the need to provide care to patients in the most appropriate settings, we support this step in the right direction.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.