



TESTIMONY OF *DAY KIMBALL HEALTHCARE* SUBMITTED TO THE  
Appropriations Committee FRIDAY, MARCH 6, 2015

**HB 6824, An Act Concerning The State Budget For The Biennium Ending June Thirtieth 2017,  
And Making Appropriations Therefor And Other Provisions Related To Revenue**

*Day Kimball Healthcare* appreciates the opportunity to submit testimony concerning **HB 6824, An Act Concerning The State Budget For The Biennium Ending June Thirtieth 2017, And Making Appropriations Therefor And Other Provisions Related To Revenue**. *Day Kimball Healthcare* opposes the proposed reduction in Medicaid coverage for some adults and the \$25 million in grant funding cuts for mental health treatment. What we need is a strong policy and a modest investment in a plan to provide care to these patients in need.

*Day Kimball Healthcare* plays a critical role in providing all types of medical services to Connecticut residents, including mental and behavioral health services. **We serve more than 4500 inpatients and 72,000 outpatients each year.** In 2014, we had **306 pediatric and 7248 adults visits in our emergency department; 4165 pediatric and 7248 adult outpatient visits; and 4300 patient days in our inpatient unit for behavioral health-related conditions.** *Day Kimball provides 24/7 behavioral health crisis services for both children and adults in our new (construction complete August 2015) emergency medical center, which was designed with a behavioral health wing because of the increasing number of patients we are seeing with these conditions (in fact, sometimes patients – including children – spend days in our emergency department while we work to secure safe care for them. Our hospital also has a 15-bed inpatient unit for adults which is consistently at capacity and our behavioral health center provides outpatient services for children, adolescents and adults. We provide services to treat such conditions as anxiety, depression, trauma, reactions to chronic and acute illnesses, bipolar and mood disorders, obsessive compulsive disorder, attention deficit hyperactivity disorder (ADHD), and parenting challenges and family dysfunction.*

A patient experiencing a mental health crisis could spend days, or even weeks, in our ED 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. Extended stays in the ED can be stressful and 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.

This is a problem in all care settings. There are long waits and financial or resource limitations to accessing therapeutic/residential placement, appropriate clinical treatment services, and supportive housing. It can take months to schedule an outpatient visit with an adolescent mental health specialist.

These are some of the very real and negative results of ever-diminishing funding for vital behavioral health services, and the problem will grow if the Governor's proposed budget is enacted. The Governor's proposed budget would reduce Medicaid coverage for some adults and cut close to \$25 million in grants to fund mental health treatment. These reductions will tax the state's mental health system, intensifying the already extreme burden placed on our ED and outpatient clinics as we deliver mental health services.

In 2014, the Connecticut Hospital Association convened a Subcommittee on Mental Health, comprising hospital behavioral health directors, emergency medicine physicians, chief executives, chief financial officers, and government affairs experts charged with developing recommendations to improve health outcomes, relieve the burden on EDs, and improve the adequacy of funding for key mental health safety net services.

The Connecticut Hospital Association has determined that an appropriation of \$3 million to the Department of Mental Health and Addiction Services will be sufficient to support grants to hospitals across the state for CCTs and related care coordination services, specifically for administrators to manage the CCTs and navigators/intensive case managers to coordinate the mental health and social service needs of each patient.

We are asking you to oppose cuts to the mental health system and, instead, invest in turning this innovative, community-based solution into a statewide best practice that will benefit patients, relieve pressure on providers, and achieve savings for the state.

Thank you for your consideration of our position.