

**TESTIMONY OF
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WESTERN CONNECTICUT HEALTH NETWORK
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Wednesday, March 18, 2015**

SB 1089, An Act Concerning Mental Health Services.

Western Connecticut Health Network appreciates the opportunity to submit testimony concerning **SB 1089, An Act Concerning Mental Health Services**. Western Connecticut Health Network supports the bill, as it addresses improvements to the mental healthcare system in Connecticut. What we need is a strong policy and a modest investment in a plan to provide care to these patients in need.

Western Connecticut Health Network plays a critical role in providing all types of medical services to Connecticut residents, including mental and behavioral health services. We serve more than 1000 inpatients and perform over 50,000 outpatient visits each year, not including 2,500 ER visits, which includes adults and children that we treat for behavioral health-related conditions.

While our patients come from all walks of life, our largest and most vulnerable population are those with serious mental illnesses and substance abuse disorders. These patients are largely recipients of Medicaid. These patients are growing year over year and they are not receiving the care they need. Why? Our system is fractured.

The reason for the fracture is the fact that the various systems of care operate independently with no incentive to work collaboratively. Like all systems that develop in such circumstances it is a competitive market where market share determines ultimate success and the goal is to increase it to maximize profitability. But unlike the systems that compete for market share the mental health system loses money on each and every patient visit. Thus the incentives are reversed. They seek to reduce market share in order to lower costs. Under these circumstances transferring care to another system is the goal and thus patient care is delayed until a crisis develops and patients must turn to hospital emergency rooms for care. Hospital emergency rooms are the most expensive venues to treat patients with psychiatric illnesses. The budget for 2015 will only increase that incentive. Our bill seeks an alternative solution.

A patient experiencing a mental health crisis could spend days, or even weeks, in our Emergency Department (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.

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. Several of these steps are set forth in Sections 14 through 22 of SB 1089.

Specifically, Sections 14 through 22 call for the development of a Medicaid shared savings model, expansion of Behavioral Health Homes, and the establishment of a grant program to provide funds to organizations that provide acute care and emergency behavioral health services. They would call for the adoption of measures to disclose and disseminate more effectively information regarding the admission criteria, admission process, and program capacity of state-funded and supported facilities and programs that offer mental health or substance abuse services. Additionally, they would call for the establishment and implementation of evidence-based quality measures. Finally, they would increase the number of Intermediate Care (ICC) beds, establish a framework to study, assess, and accommodate the current utilization of and need for hospital beds for acute psychiatric care, and raise Medicaid reimbursement rates for behavioral health services to levels comparable to Medicare.

Western Connecticut Health Network encourages the Committee to support SB 1089.

Thank you for your consideration of our position.

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Chair of Psychiatry
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