

**TESTIMONY OF *Day Kimball Healthcare***  
**SUBMITTED TO THE PUBLIC HEALTH COMMITTEE**  
**Wednesday, March 18, 2015**

**SB 1089, An Act Concerning Mental Health Services.**

Day Kimball Healthcare appreciates the opportunity to submit testimony concerning SB 1089, An Act Concerning Mental Health Services. **Day Kimball Healthcare wholeheartedly 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.

**Day Kimball Healthcare plays a critical role in providing all types of medical services to Northeast Connecticut residents, including mental and behavioral health services. Each year we serve more than 4,500 inpatients, 1500 observation patients and 72,000 outpatients each year, including more than 3,000 adults and children that we treat for behavioral health-related conditions in our outpatient clinic and more than 600 adults on our inpatient unit.**

**The behavioral health needs of those residing in Northeast Connecticut are varied and extensive, and each and every day Day Kimball Healthcare tries to meet the demand.** Our adult outpatient behavioral health services, **where in 2014 we had 7248 adult outpatient visits**, include diagnostic evaluations, individual, family and group therapies, medication management, and follow-up treatment for adults with a wide variety of behavioral and psychiatric conditions. Some of our treatment modalities include insight-oriented psychotherapy, cognitive behavioral therapy (CBT), motivational enhancement therapy and dialectical behavior therapy (DBT).

**Not dissimilar from adults, the behavioral health needs of children and adolescents in our portion of the state are equally as great, both in terms of volume and complexity.** Our outpatient child and adolescent behavioral health program, **where in 2014 we saw 4165 pediatric patients**, provides a wide range of diagnostic and treatment services, programs and support groups for children and adolescents (up to age 18) and their families, for a wide variety of conditions including anxiety and fears, adjustment disorders, depression, trauma, grief and reactions to chronic and acute illness, family dysfunction, bipolar illness and other mood disorders, Autism Spectrum Disorders and other social learning deficits, ADHD, OCD, developmental delays and more. Like our adult outpatient program, we offer a number of effective treatment modalities including trauma-focused cognitive behavior therapy (TF-CBT) and dialectical behavior therapy (DBT), as well as a variety of therapeutic groups to help improve coping skills while eliminating destructive behaviors.

**Our Behavioral Health Crisis Team at the Day Kimball Hospital operates in our Emergency Department (ED) 24 hours a day, seven days a week to provide expert, compassionate care to individuals of all ages who are experiencing a psychiatric crisis.** In 2014, our crisis team **evaluated nearly 8,000 children and adults (306 pediatric and 7248 adults)** that presented to our emergency department for behavioral health concerns, many of whom are admitted to our inpatient unit, or other behavioral health facilities. Our 15-bed, inpatient behavioral health unit at Day Kimball Hospital provides short-term, intensive inpatient care for individuals who have voiced or demonstrated intent to hurt themselves or others, or who behave in a manner that is considered gravely disabled.

In some cases, unfortunately there are patients in our ED waiting for a bed in an appropriate facility (either because of condition or because our inpatient unit is full), or waiting to be transitioned to a suitable outpatient program, 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 why our new Townsend Emergency Medical Center (expected construction completion date of September 2015) includes a behavioral health wing with 5 private, specially-equipped patient rooms.

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 calls 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.

**In a part of the State that is already plagued with too few behavioral health resources to meet the needs its citizens, any cuts that further reduce capacity would be devastating. Day Kimball Healthcare encourages the Committee to support SB 1089.**

Thank you for your consideration of our position.