



Johnson Memorial Medical Center

**TESTIMONY OF
JOHNSON MEMORIAL HOSPITAL
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

Johnson Memorial Hospital 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**. Johnson Memorial Hospital 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.

Johnson Memorial plays a critical role in providing all types of medical services to Connecticut residents, including mental and behavioral health services. Last Year we served more than 608 inpatients and in excess of 109 outpatients, which accounts for 878 visits each year. This includes a population of all adults that we treat for behavioral health-related conditions.

Johnson Memorial provides Behavioral Health Services which includes mental health, substance abuse and dual diagnosis. More than half of our patients have substantial dual diagnosis and substance abuse conditions.

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 a mental health specialist.

Since 2011, Johnson Memorial Hospital's Behavioral Health census has increased by more than 30 percent for all mental health services. With respect to our inpatient services, our census has, in essence, doubled since 2011. Under the current DSS formula, however, we are being compared to the base year 2011, whereby the longer the length of stay, the greater the hospital's penalty. Since our census has doubled, our length of stay is of course higher. Yet the Administration would have us provide healthcare services for this population while essentially penalizing us for doing so. For example, last year our funding for these services was reduced by approximately \$300,000. Prior to last year it was a similar number. This year it is proposed that our reduction will be as the result of the newly established DRG system. We are caring for a population that is in desperate need, and we need to be funded adequately.

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.

Respectfully submitted,



Stuart E. Rosenberg
President/CEO