



**Testimony of the Connecticut Children's Medical Center
to the Appropriations Committee regarding
*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***

March 6, 2015

Connecticut Children's Medical Center 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*.

We are John Peng, MD, FAAP, FACEP,

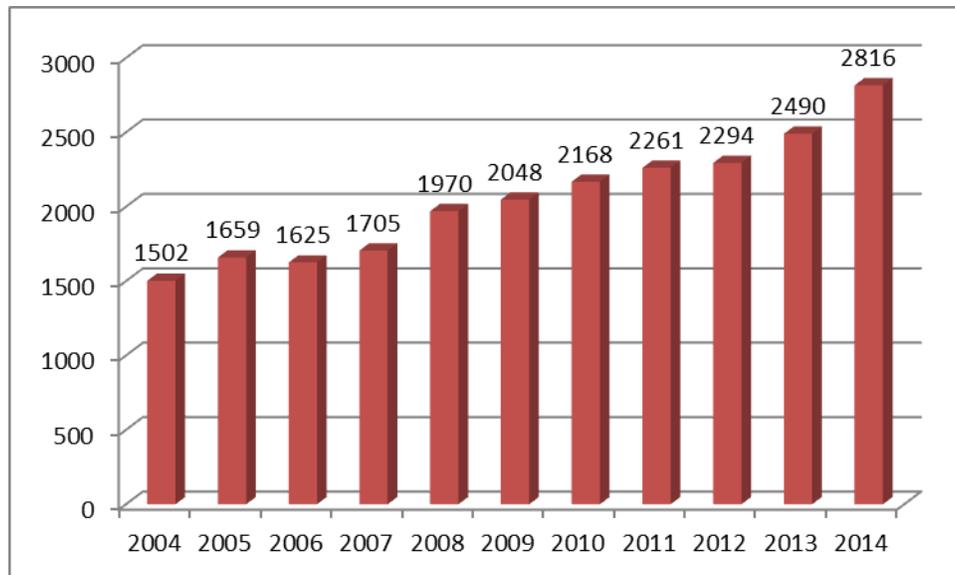
Division Head and Medical Director, Division of Emergency Medicine, and Steven C. Rogers, MD, Attending Physician, Division of Emergency Medicine, and Coordinator, Emergency Mental Health Services at Connecticut Children's Medical Center. Connecticut Children's opposes the \$25 million cut in grant funding for mental health treatment. What we need is a strong policy and a modest investment in a plan to provide care to patients in need, including the implementation of key provisions in the Connecticut Children's Behavioral Health Plan that was released last fall by the Department of Children and Families pursuant to Public Act 13-178.

Before commenting on the bill, it is important to point out the key resources that Connecticut Children's provides to children and families across our State. Connecticut Children's Medical Center is a nationally recognized, 187-bed not-for-profit children's hospital serving as the primary teaching hospital for the University of Connecticut School of Medicine Department of Pediatrics. Connecticut Children's Medical Center is consistently named among the best in the nation for several of its pediatric specialties in the annual *U.S. News & World Report* "Best Children's Hospitals" rankings.

A comprehensive array of pediatric services are available at our hospitals in Hartford and Waterbury, with neonatal intensive care units in Hartford (Level 4) and the University of Connecticut Health Center (Level 3), along with a state-of-the-art ambulatory surgery center, five specialty care centers and 10 practices across the state and in Massachusetts. Our Level 1 Pediatric Trauma Center and Primary Care Center are the busiest between Boston and New York. Connecticut Children's has 2,200 employees with a medical staff of nearly 1,100, practicing in more than 30 subspecialties.

Connecticut Children’s faces the long-term, growing, dangerous and unacceptable issue of children in mental health crisis stockpiled in our emergency room. Over the past decade, the numbers of children in behavioral health crisis presenting for care in our Emergency Department (ED) has grown dramatically and consistently. The chart on the next page shows the extent of this alarming trend.

Figure 1. Annual number of children in behavioral health crisis presenting for care at the Connecticut Children's Emergency Department 2004-2014



Note: Patients are included in these data if their visit to the Emergency Department included an order for a psychiatric evaluation.

In 2014, 2,816 children and adolescents in behavioral health crisis were brought to Connecticut Children’s ED. Connecticut Children’s does not provide inpatient psychiatric care and far too many of these children have to spend one or more nights in our ED awaiting an available inpatient bed at another facility. Children and adolescents in behavioral health crisis spent a total of 2,374 nights in Connecticut Children’s 25-bed ED in 2014. The need for children to spend the night also limits our ability to care for thousands of other sick and injured children who come to the ED for emergency care.

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 grant funding for research to determine the best way to provide those services. This problem will grow if the Governor's proposed budget is enacted. The proposed reduction in Medicaid coverage for some adults and \$25 million cut to grants that fund mental health services and research will tax the state's mental health system, intensifying the already extreme burden placed on our ED.

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. Connecticut Children's assigned two representatives to this subcommittee and we support the recommendations that CHA is putting forth today.

The Connecticut Children's Behavioral Health Plan (CCBHP), appropriately cites a need for proactive, preventive strategies to enhance our efforts to promote the early detection of young children at risk for behavioral problems and link them and their families to community-based programs and services. This is the focus of Help Me Grow, a program of the Children's Trust Fund, for which funding was also cut in the Governor's proposed budget. Connecticut Children's agrees with the report's proposal to expand the use of the Ages and Stages Questionnaire, which is administered by Help Me Grow at the Child Development Infoline. We would further recommend a commitment from the State that would enable Help Me Grow to be fully implemented and realize its optimal impact on children, families, communities and the State-at-large as a critical preventive strategy. It is important to remember that pediatric prevention services not only improve each child's ability to grow, learn and succeed, but they also have the potential to reduce demand for adult behavioral health services in the long run.

Connecticut Children's recommends several short-term strategies that could promote access to mental health services for children and the efficient functioning of Connecticut Children's ED. These strategies include creating a system for posting bed availability to increase the efficiency of behavioral health clinicians, maximizing availability of emergency mobile psychiatric services, and preventing EDs from arbitrarily refusing requests for diversion when units are overwhelmed by such patients.

A more promising long-term strategy for addressing the need involves the creation of patient care units with the capacity to evaluate and stabilize children in crisis, including but not limited to child and adolescent psychiatric emergency departments. Connecticut Children's recommends establishing a pediatric psychiatric assessment center to serve the northern half of the state. Connecticut Children's pediatric emergency clinicians are willing to provide medical clearance when needed whether or not the assessment center is located on the shared Connecticut Children's/Hartford Hospital/Institute of Living campus. It would be ideal if this center had the capacity to provide assessment services for 2,500 patient visits annually. As compared to the

status quo, this proposal would offer more timely access to a clinical care setting that better meets patient and family needs, including psychiatric care that could be provided while patients are awaiting an inpatient bed and staffing models and facility space that specifically focus on psychiatric care. This proposal would also likely result in reduced wait times at Connecticut Children's ED for medical emergencies and fewer instances of diversion status.

Thank you for your consideration of our position. If you have questions about this testimony, please contact Jane Baird, Connecticut Children's Director of Government Relations, at 860-837-5557.