

**TESTIMONY OF
Terri DiPietro, Director of Outpatient Behavioral Health Services
MIDDLESEX HOSPITAL
SUBMITTED TO THE
APPROPRIATIONS COMMITTEE
Thursday, February 18, 2016**

HB 5044, An Act Making Adjustments To State Expenditures For The Fiscal Year Ending June 30, 2017

Middlesex Hospital appreciates the opportunity to submit testimony concerning **HB 5044, An Act Making Adjustments To State Expenditures For The Fiscal Year Ending June 30, 2017**. We oppose the imposition of budget cuts for mental health and substance abuse disorder treatment services. If enacted, these cuts will further destabilize an already stressed mental health care system, reduce the options for care available to individuals and families who need high-quality mental health services, and impose a greater burden on hospital emergency departments, outpatient clinics, and crisis services, at a time when Connecticut is struggling with ominous and intensifying threats to public health from heroin use and prescription drug abuse. This is exactly the wrong time for the state to withdraw its support of our mental health care system.

My name is Terri DiPietro; I am the Director of Outpatient Behavioral Health Services at Middlesex Hospital. I have had the opportunity to serve on the Behavioral Health Partnership Oversight Council since January of 2009 and as Co-Chair of The Connecticut Hospital Association's Mental Health and Substance Abuse Subcommittee since 2012. Middlesex Hospital Center For Behavioral Health Outpatient Services provides treatment to more than 3,500 outpatients with mental health and substance abuse disorders. We operate a full continuum of outpatient treatment including a Partial Hospital Program, Intensive Outpatient Program and Outpatient Mental Health Services for adults. We also have a Child Outpatient Clinic and we are the EMPS provider for Middlesex County. We are an IICAPS provider for Middlesex County and for the Meriden/Wallingford service area. Middlesex Hospital also provides several Maternal Child Health In-Home visiting programs.

The Governor is asking for a \$16 million reduction in grants for mental health and substance abuse services. These cuts will impact community and hospital-based outpatient mental health and substance abuse treatment services. Demand for these services has not abated, and grant funds are essential to maintain the person-centered, recovery-oriented care provided by these programs. Loss of these funds will lead programs to close resulting in patients being forced to seek services through the Emergency Departments. I have learned firsthand through my work on the Community Care Team that while the ED can manage the crisis in the moment, patients fall through the cracks as they require the stability and structure of adequate outpatient treatment systems to fully recover from these chronic, and often devastating medical illnesses.

This leads to another distressing budget adjustment - a \$3 million proposed cut to the grant program authorized by the General Assembly last year to establish Community Care Teams (CCTs). I have had the privilege of being a founding member of the Middlesex County Community Care Team. We are a group over 14 provider agencies that meet for an hour each week at Middlesex Hospital to address

clinical concerns for frequent visitors to the Emergency Department. Our process is simple; we identify the barriers that a patient is experiencing that lead to the patient's perceived need to present to the emergency room. Using a care coordination model we develop a care plan to connect the patient to the appropriate services within the community and then monitor that plan until the patient is established in their recovery. I have witnessed the success of community collaboration that results in better patient outcomes and financial savings to the state.

As you know, DMHAS is an important provider of mental health and substance abuse treatment services. If the proposed consolidation of agency funds is enacted, the Commissioner would be empowered to make unilateral decisions limiting access to behavioral health services for patients in need, with little or no input from the public or other community providers, and with no authorization or oversight by legislators.

Among the services at risk is the 20-bed detox unit within the Addiction Services Division of the Middletown campus of Connecticut Valley Hospital. If these beds are closed, community providers will not be equipped to address the medical and mental health needs of these patients. They will be forced to rely on hospital-based care, most likely through our emergency departments. I urge you to review how destructive the closing of these essential beds will be to the patients they serve. I believe the closing will result in higher costs as a patient receiving medical detox in a hospital setting is less likely to engage in the essential recovery services in the community that will allow them to manage this life threatening disease. These patients present with complex medical co-morbidities that necessitate the detox being provided in a medical setting. Merritt Hall functions as a hospital. While the private not for profit (PNP) community serves many of our patients for long-term rehabilitation and routine detox, these medically fragile patients cannot be safely managed in the PNP setting. We know this first hand as the detox beds at Merritt are often full and when we reach out to community providers they are not able to manage the medical acuity associated with these cases. It is my belief based on the data from the Middlesex County CCT that if the patient does not go directly into rehab following a complex medical detox they will not be successful in managing their addiction. Our experience has shown that if we develop a care plan that supports detox, rehabilitation and connection to community services, patients are able to start and maintain their journey of recovery.

Another vital component of the success we have seen in the CCT model is supportive housing. The national data has been there for years, and now our local CCT can corroborate these findings. One of the key data elements we track is housing. Forty percent of the cases we manage are homeless or housing insecure. We have watched as patients with 40-50 or more ED visits a year reduce their visits to less than 10 and on several occasions zero once they are placed in a supportive housing program. Our Middlesex CCT has representation from all of the housing providers which allows us to build a care plan that addresses lack of housing. We have seen time and again that once a patient is housed with a case manager their recovery journey can begin. Not only does this reduce unnecessary ED visits, it helps the patient to connect to vital Primary Care services and other treatment services that serve as the bridge to physical and mental wellness.

We recognize that the state is facing a challenging budget, but we ask that you do not enact cuts to mental health and substance abuse treatment services included in HB 5044. Hospitals and other community providers need your support to preserve what remains of the mental health safety net at the very time Connecticut residents are demanding improvements to the mental health system. Thank you for your consideration of our position.

I urge you to reach out to hospitals that are trying to sustain these models and ask for their data. What you will find are stories of success, but also associated cost savings for this model of care.

Thank you for your consideration of this position.