

**TESTIMONY OF  
Catherine Rees, Director, Community Benefit  
Middlesex Hospital  
FOR THE  
APPROPRIATIONS COMMITTEE  
Thursday, February 18, 2016**

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

Good afternoon members of the Appropriations Committee. My name is Catherine Rees, Director of Community Benefit at Middlesex Hospital, and I appreciate the opportunity to provide testimony regarding **HB 5044**. I am here on behalf of Terri DiPietro, Director of Outpatient Behavioral Health Services, whose written testimony you have received.

For those of us who focus on community health, meeting the clinical and psychosocial needs of those who struggle with mental health and addiction issues continues to be an area of critical importance. The proposed \$16 million reduction in grants for mental health and substance abuse services will have highly adverse repercussions for the well-being of our communities.

Today I will talk about utilization and ultimately the increased costs that will result from the proposed budget cuts. But this isn't about utilization and costs – this is about people whose lives have oftentimes been shattered by the devastating, life threatening affects of mental health struggles and substance abuse, who wake up every day wondering where their pain came from and when it will end. Nobody chooses to have mental health issues or addictive disease. But everybody deserves to have the chance to lead stable, balanced and meaningful lives. These budget cuts will have profoundly negative consequences for someone's mother, father, daughter, son, brother, sister.

Among the services at risk is the 20-bed detox unit at Connecticut Valley Hospital in Middletown. We urge you to consider the highly negative impact the closing of these essential beds will have. The CVH Merritt Hall detox unit is an important partner in patients' recoveries and provides the critical step prior to engagement in recovery services in the community. These beds meet the needs of high-acuity patients who present with complex medical co-morbidities and require detox to be provided in a medical setting. Without them, hospitals would need to

provide medical detox, which will increase costs, but more importantly, will interfere with progress along the continuum of recovery from detox to rehab to outpatient services.

Another distressing adjustment is the proposed \$3 million cut to the grant program authorized to establish Community Care Teams. Over the past several years hospitals and community services have worked extremely hard, despite limited resources, to build effective and efficient infrastructures that connect complex behavioral health patients to appropriate services. The Community Care Team model has a proven track record for improving quality of life and reducing costs. The Middlesex County Community Care Team is comprised of 14 provider agencies that meet every week for an hour at Middlesex Hospital to address the critical clinical and social determinants of health concerns for frequent visitors to the ED who struggle with mental health issues and addiction. We work together to identify the barriers and challenges our patients experience and, using a care coordination model, develop wrap-around care plans to connect patients to appropriate services within the community, followed by monitoring until patients are well-established in their recovery. When “slips” happen, the team quickly coalesces around the patient to re-establish recovery as quickly as possible. We are an intervention and prevention model. Costs are ultimately reduced by decreasing ED visits, but the real testament is the extraordinary personal successes for our patients: reconnection with family, obtainment of jobs, feelings of self-worth. Quite simply: Community Care Teams work.

The proposed budget cuts would collapse the strong and meaningful progress that has been made by our Community Care Teams and other critical partnerships and programs; would negatively impact lives; and, again, would ultimately dramatically increase the State’s costs via increased ED utilization. While EDs are expert at managing crises in the moment, they are not equipped to provide the kinds of services that patients experiencing mental health and substance abuse need to achieve recovery and manage their chronic illnesses.

Continued funding for adequate outpatient treatment programs are needed for people to start and achieve their journey in recovery. Those who struggle with serious mental health issues and addictive disease desperately need support and appropriate care. It is critical to sustain the successful yet already resource-poor systems that are in place for this vulnerable population, not jeopardize them through de-funding.