



TESTIMONY  
APPROPRIATIONS COMMITTEE  
Thursday, February 18, 2016

Yale New Haven Health System (YNHHS) is Connecticut's 3<sup>rd</sup> largest employer with over 20,000 employees and 6300 medical staff. We appreciate the opportunity to offer testimony concerning ***H.B. No. 5044, AN ACT MAKING ADJUSTMENTS TO STATE EXPENDITURES FOR THE FISCAL YEAR ENDING JUNE 30, 2017.***

We are deeply concerned about the cuts proposed to the DMHAS budget, including the consolidation of agency operating funds. Specifically, the Governor's budget eliminates \$3 million in funding for Community Care Teams, reduces grants for mental health and substance abuse services by \$15.8 million, and consolidates behavioral health boards and councils such as the Behavioral Health Partnership Oversight Council, on which the System is represented by Steve Merz.

These reductions will further burden an already overtaxed mental health system, and decrease access for a vulnerable population to services in the community forcing them to hospital Emergency Rooms statewide. The DMHAS grants that support community mental health and substance abuse services are lifelines and should be considered "core services". Emergency room visits and hospitalization is an expensive and inappropriate alternative to community-based services.

YNHHS hospital affiliates' emergency rooms are filled with citizens with mental health needs. At Yale-New Haven, we built and staff a Crisis Intervention Unit inside our emergency department to keep these patients safe as we evaluate their acuity. On many days, patients overflow into hallways as the unit is consistently filled to capacity. Many do not require hospitalization, though they are in desperate need of ongoing community based mental health services. Many are in need of supportive housing, some need detox services. Both are in short supply.

The cuts contained in the proposed budget before you will force more patients to us as community services currently supported by DMHAS are decreased. Our ability to provide this care is limited by the hospital cuts that we shared with you last week, as well as last year's increase in the hospital tax. YNHHS hospital affiliates will pay over \$180 million in taxes to the State this year.

Despite this, we continue to focus our more limited resources on quality and patient safety initiatives, like the Crisis Intervention Unit, and efforts to improve care, like the Bridgeport and New Haven Community Care Teams which have proven to reduce the State's Medicaid expenses.

Community Care Teams play a vital role in the communities we serve. In Bridgeport and New Haven, our hospitals participate and lead Community Care Teams. Each month, hospital receives a listing of CT Medicaid patients who have had 6 or more visits to an emergency department in the prior 6 months. We host a multi-agency review of these cases with the goal of offering services to these patients so they do not need to use the ED as their primary source of care. This improves patient care and reduces cost. While we do this work with existing staff, there are many patients we have not been able to serve. The CCT funding must be restored.

For example, on January 27<sup>th</sup>, Yale-New Haven Hospital received its monthly Frequent Visitor report from the State. In this report, 24 new patients were added to our list. These 24 patients had 249 ED visits in the prior 6 months, averaging more than 10 visits per person! More than 100 of these visits were for behavioral health needs. There are many patients who need these services and we cannot serve them effectively without an expansion of these programs. To date, the New Haven CCT has served approximately 100 patients and there are more than 300 patients on our list awaiting services. Expanding the CCT will increase access to services and decrease the cost of care for CT Medicaid.

In closing, the importance of maintaining state detox bed capacity must be emphasized. A major finding in CCT efforts has been that many patients need access to detox services which are not offered in their communities by the private not-for-profit agencies. Many patients have unique clinical conditions, financial backgrounds or legal situations which make a state-operated facility their only option for care. The proposed closure of 20 state-operated detox beds at Merritt Hall and Blue Hills will significantly increase wait times for patients to get care. The current wait time for such beds for patients at Yale-New Haven, is typically 2-4 weeks and delays will only increase the number of avoidable emergency department visits and increase the use of costly medical-detox services in general hospital medical wards or acute inpatient psychiatric settings at the expense of the State's Medicaid program.

We respectfully urge you to restore DMHAS funding, specifically, Community Care Team and mental health grant funding. Together with our patients, their families, and our employees, we thank you for your consideration and support.