



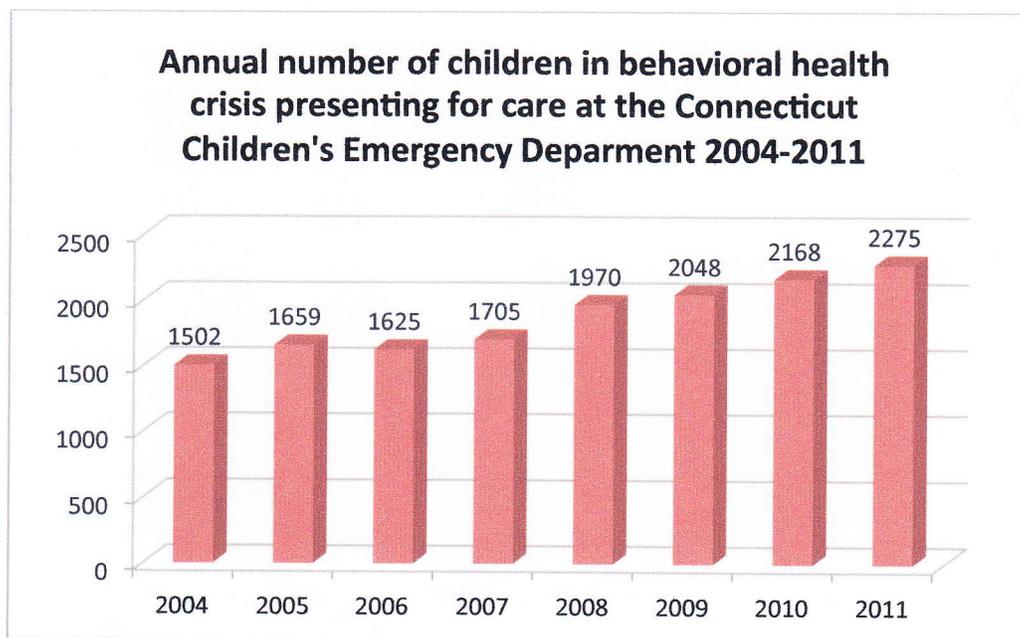
**Testimony of Paul H. Dworkin, MD, Physician-in-Chief,
Connecticut Children's Medical Center
to the Mental Health Services Working Group**

January 29, 2013

Senator Harp, Representative Wood, members of the Mental Health Services Working Group, thank you for the opportunity to share my thoughts with you today.

In 2012, Connecticut Children's provided care to children and families in 18 different locations around the State. All of that care is designed to promote children's healthy development. As Connecticut's only academic medical center dedicated exclusively to children, we have unique resources and perspective to share with State leaders as you attempt to address the significant shortcomings of our behavioral health care system.

As I cited in a recent Op-Ed in *The Hartford Courant* (attached), 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 has grown dramatically and consistently. The chart below shows the extent of this alarming trend.



Many short-term strategies could partially address the negative impact that this trend has on these children, their families, and the efficient functioning of Connecticut Children's Emergency Department. 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.

The 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. When the six-bed CARES unit opened on The Institute of Living campus in October 2007, the positive impact on children in behavioral health crisis in the Connecticut Children's Emergency Department was notable in terms of decreased average length of stay and decreased numbers of children spending one or more nights. Unfortunately, the continued increase in numbers of children presenting for care as depicted in the chart above has overwhelmed the capacity of CARES. A partnership with the State is needed to create more capacity.

There is simultaneously 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, of course, the focus of Help Me Grow, a program of the Children's Trust Fund. 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 is a critical preventive strategy. Connecticut Children's Medical Center is committed to our continued collaboration with State leaders and we appreciate the opportunity to share our views with the Mental Health Services Working Group on this critical issue.

Disturbed Kids Stuck In Emergency Room Limbo

OP-ED

December 27, 2012|By PAUL DWORKIN

Today, in Hartford, I see 16 children traversing the all-too-familiar tortuous path of mental illness, failing to receive the care they most desperately need.

Yet how can this be, in the immediate aftermath of the most horrific of events in our own state?

How can this be only a few short days after President Obama implored us to do everything possible to protect our children and to prevent another Newtown tragedy?

How can this be, as we are so vividly reminded of the unquestionable relationship between mental illness and violent behavior?

I am the physician-in-chief at Connecticut Children's Medical Center. Because of my training in the field of developmental and behavioral pediatrics, I am particularly sensitive to emotional disorders and the dysfunction rampant within our behavioral health system.

However, no specialized training can prepare me or my colleagues for the daily onslaught of children with severe behavioral problems who are continuously brought to our emergency department in ever-increasing frequency.

As I prepare this commentary, 16 children are in our emergency department — a unit designed to address the medical and surgical needs of ill children in an institution that is not licensed to provide psychiatric inpatient care. They sit in an unconscionable and unhealthy limbo, awaiting mental health evaluation to determine their needs.

Ironically, these children include some who are unable to be managed in a state psychiatric facility, because they're too aggressive and difficult to handle, and are therefore shipped to our general emergency department for care.

For those requiring hospitalization, access to psychiatric inpatient beds may take days to weeks, depending on the availability of beds and the proclivities of our state agencies, hospital administrators and managed-care plans. How can this be?

Our state has taken a number of steps to alleviate this mental health crisis and address the chronic gaps in our behavioral health system.

•A program called **CARES** (Child and Adolescent Rapid Evaluation and Stabilization unit) sits on the adjacent Institute of Living campus, able to receive a modest number of patients requiring extended evaluation and stabilization while awaiting discharge or hospitalization.

•Also, **emergency psychiatric services** may be summoned by a phone call, and mental health clinicians will be sent to homes, schools and other venues to provide acute intervention.

•**Enhanced-care clinics** facilitate the referrals of children with emotional problems from primary care providers to behavioral health clinicians.

The beneficial impact of all these commendable and important initiatives is undeniable. Yet despite such efforts, the number of children referred to our emergency department, only to be stockpiled awaiting disposition, continues to grow, year after year, at an alarming rate.

At this moment, our emergency department, with its capacity of 26 beds and a four-bay fast-track unit, is attempting to treat 16 patients in behavioral health crisis, while also providing care to 20 medical-surgical patients in examination rooms, as 18 patients await care in the waiting room, four patients are in the halls on stretchers, and four other patients are being seen in our adjacent primary care center.

How can we be so lacking in the capacity to respond to the urgent needs of these patients?

Yet today, in the midst of this distress, a call to the head of a state agency yields no immediate assistance. State directors responsible for authorizing care when a proper facility is identified with the capacity to relieve some of this gridlock, refuse authorization of such care. How can this be?

While many contributing factors will undoubtedly be identified, Newtown will unquestionably be seen as a consequence of untreated mental illness. Our response to children with serious emotional illness continues to be deplorably inadequate.

Today, I see 16 children traversing the treacherous path of mental illness, failing to receive the services they need. How can this be?

Paul Dworkin, M.D., is physician-in-chief at the Connecticut Children's Medical Center and professor and chairman of pediatrics at the University of Connecticut School of Medicine.