

Testimony of  
Yale New Haven Health System  
Submitted to the Mental Health Subcommittee  
January 29, 2013

Good Afternoon. My name is Yann Poncin, MD and I am testifying on behalf of Yale New Haven Health System. I am the Medical Director of the Children's Psychiatric Inpatient Service & Child Psychiatric Consultative Service to Pediatric Emergency Department at Yale-New Haven Children's Hospital. I am also an Assistant Professor at the Yale School of Medicine Child Study Center. Joining me today is Dr. Frank Fortunati.

Yale New Haven Health System is the State's largest provider of acute inpatient psychiatric care services. In addition, System affiliates Yale-New Haven, Bridgeport and Greenwich Hospitals provide robust outpatient psychiatric services including substance abuse and addiction, mental health emergency, and specialty areas of autism and pervasive developmental disabilities. We are testifying today on behalf of the patients and families we care for.

We work hard to provide compassionate care, delivered in a patient and family-centered environment. In 2011, we created one of the nation's first Patient and Family Behavioral Health Advisory Councils comprised of former patients and family members of patients who have been treated at Yale-New Haven Psychiatric Hospital. Every day we learn more about our patients' needs and experiences.

Part of the challenge of offering patient and family centered care is the volume and scope of the need for mental health services in Connecticut. Last year, the now joint campuses of Yale-New Haven and the Hospital of St Raphael had over 8000 psychiatric emergency department visits. And today, despite our more than 150 inpatient beds at Bridgeport and Yale-New Haven Hospitals, patients must wait unacceptably long periods of time for admission due to the 100% occupancy of those beds nearly every day. To help meet the demand, at times we admit children who require acute psychiatric care to medical pediatric floors as they await a bed in a psychiatric unit. This is unacceptable and we need your help to address issues that keep our children and adults in the hospital longer than necessary, such as developing a system that will fast track their connection to community-based services and increasing substance abuse treatment programs.

In our emergency department, we are flooded with children sent to us by schools, families and the police for psychiatric evaluations. With less than 40% of these children requiring an admission, and a seasonality to the surge in the number of children (when school is in session) there is a need for training of police and school personnel. We also need to establish enhanced urgent psychiatric assessment services in a non-medical emergency room setting. Adults and children who are experiencing a behavioral health crisis are overwhelmed by the medical emergency department environment and it does not provide the calm and private space necessary for a psychiatric assessment. In the absence of an urgent community-based assessment service, we are exploring the possibility of creating a unit that will separate children from the overly stimulating medical environment and provide safe space and privacy for psychiatric assessments to improve care. A similar initiative is being explored for adults and we welcome collaborative approaches with the State and private payor community to further develop these options.

Inpatient hospitalizations and emergency department visits are a small piece of the spectrum of mental health care, and the primary goal is not merely to discharge patients, but to pave the way for the next

part of their therapeutic journey with the resources to fully support and empower them in their paths to wellness and recovery. For many of the patients we serve, particularly those with both psychiatric and substance abuse dependence, there are often long waits for accessing such services, particularly supported housing.

We recently reviewed all adult patients at Yale-New Haven Psychiatric Hospital during a six week period that remained in the hospital for at least an additional week due to a lack of appropriate housing, awaiting therapeutic placement, or a lack of clinical treatment in the community. These patients stayed a collective seven months in the hospital due to a lack of appropriate community-based services to assist them in their continued recovery which would mean, on an annual basis, that 176 additional patients could have been treated if appropriate housing was available.

We must quickly and proactively find solutions to the challenges we are discussing today. For example, Yale-New Haven is currently collaborating with a community partner to create an innovative temporary housing program to allow patients who no longer require hospitalization to live in an open, supportive and therapeutic environment. We are also collaborating with community partners to provide medical services to people with severe and persistent mental illness. These are gaps in the system that must be immediately filled.

Patient-centered care is what we strive for, but most patients should not and do not want to stay in a hospital longer than necessary. Hospitalization is an essential element in patient care, but it must be available in a timely manner and too much of it is counter-productive.

I ask you to consider the perspective of a former patient who wrote upon discharge: “Today I leave with a plan and a purpose. It’s a new and unfamiliar life for me, a life in which I begin to love myself, for the first time.” This is a reminder of our collective, immense responsibility and ability to create change for individuals and the system as a whole.

We must assertively, creatively and immediately collaborate to assist people experiencing mental illness at every stage of their treatment and recovery. We need to improve care for patients as they shift from childhood through adolescence and into adulthood. Navigating transitions between providers and agencies as patients age can often be difficult for patients, families and providers alike. Yale New Haven Health System providers at Bridgeport, Greenwich and Yale-New Haven Hospitals stand ready to work and partner with you to identify gaps in the current system and develop creative solutions to improve the care provided to our most vulnerable citizens.

In closing, we have attached a summary of the proposed mental health system improvements contained in my testimony for your consideration. On behalf of Yale New Haven Health System, I thank you for providing an opportunity for us to share the needs of our patients and their families with you. Dr Fortunati and I are happy to answer questions.

- Establish a system that fast tracks connection to community-based psychiatric services for patients who are ready for discharge.
- Increase Substance Abuse Treatment programs for adolescents, adults and their families.
- Increase supported housing for adults.
- Establish school-based mental health services and develop training programs for police and school personnel to provide skills to better manage situations involving children in crisis.
- Establish enhanced urgent psychiatric assessment services in a non-medical emergency room setting.
- Improve system of care to better connect patients and their families with psychiatric services as they move from childhood through adolescence and into adulthood.
- Ensure that all people with severe and persistent mental illness have primary medical care providers.