**TESTIMONY OF**
**CONNECTICUT HOSPITAL ASSOCIATION**
**SUBMITTED TO THE**
**APPROPRIATIONS COMMITTEE**
**Wednesday, February 23, 2022**

## HB 5037, An Act Adjusting The State Budget For The Biennium Ending June 30, 2023

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 5037, An Act Adjusting The State Budget For The Biennium Ending June 30, 2023.** CHA supports the bill and offers recommendations for additional improvements to Connecticut's behavioral healthcare system.

Since early 2020, hospitals and health systems have been at the center of Connecticut's response to the COVID-19 public health emergency, acting as a vital partner with the state and our communities. Hospitals expanded critical care capacity, procured essential equipment and supplies, and stood up countless community COVID-19 testing locations. Hospitals have been an essential component of the statewide vaccine distribution plan including efforts to reach and serve historically under-resourced communities disproportionately affected by the virus. Through it all, hospitals and health systems have continued to provide high-quality care for everyone, regardless of ability to pay. This tireless commitment to the COVID-19 response confirms the value of strong hospitals in Connecticut's public health infrastructure and the well-being of our communities and reinforces the need for a strong partnership between the state and hospitals.

The pandemic exposed and aggravated deficiencies in Connecticut's behavioral health system. Rising numbers of people experiencing mental health and substance use issues due to isolation, delay in care, and fear caused by COVID-19, coupled with chronic staffing shortages, have stressed our system even further. The crisis is evident in hospital emergency departments (EDs), which are often the only option for people who cannot access care in more appropriate settings.

Many of the patients in our EDs are awaiting placement into an inpatient psychiatric bed. Between February 1 and February 16, 2022, the number of patients in EDs awaiting placement grew from 77 to 117 patients. Over this same period, the average daily census of patients in EDs awaiting placement into inpatient psychiatric care was 97. On average, 63 of these patients were 18 years of age or older, 28 aged between 13 and 17 years, and 6 were 12 years of age or younger. **Over this same period, on average, there were 3 available inpatient**

**psychiatric beds daily for patients 17 years and younger. On three days during the period, there were no beds available.** The need for expanded inpatient psychiatric services is clear and impacts patients of all ages, and is growing more acute with each passing day.[1]

A collaborative effort is under way among many stakeholders, including legislators, state agencies, hospitals, and other community partners to address this crisis and meet the needs of our people. These needs are occurring among child, adolescent, adult, and geriatric patients. We encourage legislators to enact measures that will make services available before a patient arrives at the hospital, while they are receiving hospital care, and after they are discharged.

The Governor proposed to spend just under $159 million on behavioral health, directing significant resources to enhance the system across the continuum of services and covering the lifespan from infant mental health to adult behavioral health services. As the General Assembly considers these and other proposals, we wish to emphasize the importance of investing first in existing hospital-based and community services in order to resolve the current crisis as expeditiously, effectively, and efficiently as possible.

**Pre-Hospital Measures**: Many of the Governor's proposed expenditures are directed to meeting the behavioral health needs of people before hospital care is needed. We commend the allocation of $15 million to fund infant and early childhood mental health services.

CHA supports the $26.4 million earmarked for the expansion of adult and pediatric mobile crisis intervention services to the Department of Children and Families (DCF) and the Department of Mental Health and Addiction Services (DMHAS). We urge the state to consider directing these resources to peak demand times, rather than simply programming services on a 24-hour/7-day-a-week schedule.

CHA recommends that Connecticut's Medicaid program adopt and provide coverage for psychiatric Collaborative Care Management (CoCM) to help address the state's behavioral health worker shortage and mental health crisis. CoCM is an evidence-based model to identify and treat patients with depression, anxiety, and a growing number of behavioral health conditions, including substance use disorders, in primary care, pediatric, and women's health settings. Twenty states currently provide coverage for CoCM, including Rhode Island, Massachusetts, New Hampshire and New York. CoCM is a key strategy to increase access to mental health, particularly within pediatric offices where Medicaid often makes up a higher percentage of the payer mix.

The Governor proposes to invest $26 million to develop two new levels of behavioral healthcare in Connecticut. One proposal regarding community-based psychiatric assessment centers has been a priority of CHA and Connecticut hospitals for several years. The other regarding 1-14 day crisis stabilization units is of concern to hospitals for reasons set forth below.

CHA endorses the development and financing of one or more children's behavioral health urgent crisis centers, which are 23-hour settings to receive, triage, stabilize, and assess

[1] Derived from Connecticut Hospital Behavioral Health (BH) Census and Capacity Summary. Connecticut Hospital Association

children in crisis. Rather than investing $21.5 million in four such centers around the state as proposed by the Governor, CHA recommends that the state invest $10 million to establish pilot programs in one or two high-demand areas, in order to address the current overcrowding crisis, obtain process and outcome data, and assess the potential effectiveness of such centers in other areas of our state.

We acknowledge the interest in exploring the viability of another new model of care delivery known as crisis stabilization units, which are short-term (1-14 day) sub-acute facilities with 8-12 beds for children who need additional time for stabilization when in crisis. Rather than investing $4.5 million in a new and untested level of care as proposed by the budget, we urge the state to expand the capacity of existing levels of short-term care, e.g., inpatient psychiatric care and psychiatric residential treatment facilities (PRTF), before dedicating resources to this new level of care, especially given chronic shortages in the behavioral health workforce.

We propose that the state (1) immediately invest up to $10 million in a behavioral health urgent care pilot program, rather than the $20.5 million proposed by the Governor, (2) refrain from investing $4.5 million in crisis stabilization units, and (3) invest, as we describe below, the balance of the remaining funds, amounting to $15 million ($10.5 million plus $4.5 million), to expand inpatient psychiatric bed capacity and PRTF beds.

**In-Hospital Measures:** The need for additional bed capacity is clear. It will take a whole-system approach to meet the ongoing need for inpatient psychiatric beds. The state, unfortunately, has been reluctant to expand bed capacity in state-operated inpatient psychiatric hospitals and PRTF facilities. Hospitals are ready to enhance support for patients in need and we implore the General Assembly to adopt a more bold, immediate, and direct approach to incenting hospitals to increase bed capacity and eliminate growing waiting lists for beds.

CHA supports increased spending on in-hospital behavioral health services, including the allocation of $15 million to Connecticut Children's to develop a new 12-bed psychiatric/medical unit. **We urge the state to offer financial assistance, both capital and operating assistance, to any hospital committed to dedicating additional space, equipment, and workforce to accommodate the increasing demand for mental health and substance use services.**

As an example, the Commonwealth of Massachusetts recently offered hospitals Expansion of Inpatient Behavioral Health Capacity Supplemental Payments of $120,000 to $150,000 per each new psychiatric bed and a Pediatric Inpatient Behavioral Health Per Diem Supplemental Payment rate of $330 per day for new child and adolescent care provided. Bolder financial incentives such as these will encourage more hospitals to invest in facilities, equipment, and staff to meet current and future needs.

CHA acknowledges and appreciates the proposal by the Governor to earmark $6.4 million to the Department of Social Services (DSS) to annualize inpatient pediatric mental health rate increases for bed expansion and acuity add-on to address emergency department overcrowding. We urge the General Assembly to do more to address the current crisis.

Patients in need of inpatient and outpatient behavioral health services would benefit sooner from meaningful and immediate investments by the state in financial incentives to expand bed capacity.

**Post-Hospital Measures:** CHA endorses the Governor's proposed investments in post-hospital services, including $2.4 million to DMHAS for mental health peer support in our busiest emergency departments and $1 million to explore universal home visiting sustainability.

CHA is prepared to support allocating $4.3 million for 12 additional forensic respite beds and $2.5 million for 26 new community placements for individuals in Connecticut Valley Hospital and Whiting Hospital, provided our state-operated hospitals dedicate any increased bed capacity resulting from these measures to fortifying existing psychiatric inpatient bed capacity, in order to shorten or eliminate waiting lists for these services.

These investments are a good and modest start, but insufficient to resolve the current challenge of safely discharging patients from hospitals into appropriate outpatient programs and in-home services. CHA urges the state to direct additional resources to enhancing post-hospital services, including Medicaid rate increases for intensive outpatient programs, partial hospitalization programs, and other outpatient behavioral health services, including home care.

Finally, increasing staffing capacity is an essential component of the solution. In addition, to the direct financial assistance we encourage above for staffing, we urge the General Assembly to enact educational incentives, training and education programs, and Medicaid reimbursement rates that are sufficient to enable hospitals to recruit and retain providers of these services.

We urge the Committee to consider our recommendations as we continue to work together to improve Connecticut's behavioral healthcare system.

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