



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
APPROPRIATIONS COMMITTEE  
Thursday, February 23, 2017**

**HB 7027, An Act Concerning The State Budget For The Biennium Ending June Thirtieth 2019, And Making Appropriations Therefor**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 7027, An Act Concerning The State Budget For The Biennium Ending June Thirtieth 2019, And Making Appropriations Therefor**. CHA opposes the imposition of budget cuts for mental health and substance use services, given the critical role that Connecticut hospitals play in providing all types of medical and behavioral health services to patients in Connecticut.

Before commenting on the bill, it's important to point out that Connecticut hospitals provide high quality care for everyone, regardless of ability to pay. Connecticut hospitals are finding innovative solutions to integrate and coordinate care to better serve patients and communities, as well as achieve health equity. These dynamic, complex organizations are working to build a healthier Connecticut. That means building a healthy economy, community, and healthcare system. By investing in the future of Connecticut's healthcare and hospitals, rather than continuing to cut away at them, we will strengthen our economy, put communities to work, and deliver affordable care that Connecticut families deserve.

This is no time to cut services for mental health and addiction services. We agree with DMHAS Commissioner Delphin-Rittmon that "heroin and prescription drug abuse remain a significant problem in our communities."<sup>1</sup> For the second year in a row, heroin was the most frequently reported primary drug upon admission for substance use treatment. Drug overdose deaths continue to climb in our state, with drugs such as Fentanyl taking an increasingly deadly toll on our citizens.

While Connecticut citizens continue to wrestle with prescription drug abuse and heroin epidemics, the demand for mental health treatment services at hospitals continues to rise.

- More than 28% of all inpatient and Emergency Department (ED) visits to Connecticut hospitals were from patients with a diagnosis of a mental health disorder.

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<sup>1</sup> DMHAS press release posted on [www.ct.gov/dmhas/](http://www.ct.gov/dmhas/) last modified on 1/6/2017 12:18:31 PM.

- Between FY 2010 and FY 2015, Connecticut hospitals experienced a 32% increase in patient visits with a mental health diagnosis.
- There were 33,346 hospital visits for mental health among children and young adults ages 0-19 in FY 2015. This represents a 12% increase in visits between 2010 and 2015 for this group.

The proposed reduction in grants for mental health and substance use services by \$4.7 million each fiscal year will put additional financial pressure on community providers, including hospitals. The proposed reduction in funding to the Connecticut Mental Health Center in New Haven by \$1 million and the relocation of a twenty-one bed program from Hartford to Middletown will impact access to care for the people who live in the New Haven and Hartford areas.

Hospitals and other community providers in these regions will be required to answer the call to care for these patients. Our EDs are already filled on any given day with patients who are in crisis, living through and, unfortunately, often dying as a result of substance abuse.

Those communities that continue to embrace the Community Care Team (CCT) model of integrated care are doing amazing and effective work to reduce avoidable ED visits and stabilize high-utilizing patients, even housing many of these patients. But the needs are growing, and these programs remains unfunded by the state.

CHA has determined that an appropriation of \$3 million to DMHAS will be sufficient to support grants to hospitals across the state for CCTs and related care coordination services, specifically for administrators to manage the CCTs and navigators/intensive care managers to coordinate the mental health and social service needs of each patient.

We ask that the Appropriations Committee renew the commitment it made on two occasions during the last biennium to fund the CCT program to enable more communities to implement these care coordination programs. CCTs are a proven integrated care model that will result in improved patient outcomes, reduced pressure on care providers, including DMHAS, and fewer ED visits by Medicaid clients, which will save the state money.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.