



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
APPROPRIATIONS COMMITTEE
Wednesday, March 3, 2021**

HB 6439, An Act Concerning The State Budget For The Biennium Ending June Thirtieth, 2023, And Making Appropriations Therefor

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 6439, An Act Concerning The State Budget For The Biennium Ending June Thirtieth, 2023, And Making Appropriations Therefor**. CHA opposes the proposal by the Department of Children and Families (DCF) to eliminate beds dedicated to inpatient intensive mental health treatment at the North Campus of the Solnit Center.

Since early 2020, Connecticut's hospitals and health systems have been at the center of the state's response to the current global public health emergency. Hospitals expanded critical care capacity, staffed to meet unprecedented patient need, deployed community COVID-19 testing locations, and are now playing a key role in the administration of vaccines. 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 economy and reinforces the need for a strong partnership between the state and hospitals.

DCF proposes to close an eight-bed psychiatric residential treatment facility (PRTF) for adolescent boys located on the North Campus of the Solnit Center in East Windsor. The closing will result in the elimination of eight full-time and one part-time direct-care positions.

This is no time to eliminate state resources and personnel dedicated to the mental health of children and adolescents. As the COVID-19 pandemic drags on, mental health professionals are concerned about the impacts of prolonged isolation and stress on children and adolescents, including an increased risk of suicide. We must be mindful of the mental health impacts that a nearly yearlong pandemic has had on children and adolescents. The need is more pressing than ever to evaluate current resources in the context of the public health emergency and match available resources to meeting evolving needs across the continuum of care.

During the early stages of this public health emergency, there were fewer referrals for evaluation and treatment because schools were operating in hybrid or remote models. Parents and guardians were under intense pressure and often failed to recognize the need for

treatment, or elected to put it off, due to concerns about contracting the coronavirus. This situation resulted in children presenting at emergency departments with more intense problems, in deeper crisis, with higher percentages of behavioral health disorders, and requiring longer hospital stays and often placements into PRTFs upon discharge.

In Connecticut, a PRTF is a non-hospital facility offering intensive inpatient services through Medicaid to people who have various mental health issues and are under the age of 21. A PRTF can administer inpatient care to teenagers and children whose mental health needs are not met in other settings, such as in a school, home, or individual therapy. The goal of a PRTF is to stabilize or improve a child's condition until intensive therapeutic services are no longer needed.

There were nearly 32,000 hospital visits for behavioral health diagnoses among children and young adults ages 0-19 in FY 2020. During this same period, patients on outpatient observation status—allowing a doctor to monitor a child or young adult's condition in order to determine whether an admission into the hospital was required, versus placement in a residential treatment facility or discharge home—increased by almost 300 percent¹.

Emergency departments are well equipped to address a child's or adolescent's emergent medical condition. Once the emergency has been resolved, discharge to a PRTF is often a viable option for the mental health treatment of these patients. PRTFs provide a structured therapeutic environment, safe intensive treatment, plans based around a child's or adolescent's immediate needs, and treatment for chronic issues.

Instead of eliminating these beds and staff positions, we urge the state to anticipate potential future demands across the continuum of mental healthcare and consider how these beds and staff might be used to relieve stresses on the system and better serve the needs of children and adolescents in mental health crisis.

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

¹ Data Source: FY 2020 ChimeData