

**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Wednesday, March 22, 2023**

**SB 1211, AN ACT ESTABLISHING A MENTAL HEALTH
CRISIS CENTER PILOT PROGRAM**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 1211, An Act Establishing A Mental Health Crisis Center Pilot Program**. CHA supports the goals of this bill, and urges the state to do more to address the behavioral health crisis.

Connecticut hospitals continue to meet the challenges posed by the COVID-19 pandemic and are now facing new challenges of treating sicker patients than they saw before the pandemic, with a dedicated but smaller workforce who are exemplary but exhausted. They are also experiencing significant financial hardships brought on by record inflation. Through it all, hospitals have been steadfast, providing high-quality care for everyone who walks through their doors, regardless of ability to pay.

SB 1211 would require the Department of Mental Health and Addiction Services (DMHAS), in consultation with the Department of Children and Families (DCF), to establish a mental health crisis center pilot program in one region of the state for the purpose of enhancing mental health outcomes for persons experiencing a mental health crisis by redirecting such persons away from the hospital emergency department and toward a facility dedicated to the provision of mental health services to persons in crisis.

This pilot program would be another in a series of actions recently taken by the state to address the increasing demand for mental health and substance use crisis services for people of all ages. Last year, the General Assembly adopted Public Act 22-118 that:

- Appropriated \$21 million to support the establishment of child behavioral health urgent crisis care centers with the capacity to evaluate and stabilize children in behavioral health crisis, and sub-acute crisis stabilization units for stays of 2-14 days
- Appropriated \$3 million in American Rescue Plan Act (ARPA) funds for mental health peer supports in the 12 busiest emergency departments
- Expanded Emergency Mobile Psychiatric Services (EMPS) for children to 24/7 statewide coverage for children through an appropriation of ARPA funds of \$8.6 million
- Expanded mobile crisis services for adults with an appropriation of \$6 million in ARPA funds as well as \$1 million in funds for case management

- Authorized the Department of Public Health (DPH), in consultation with the Department of Social Services (DSS), to establish a pilot program to expand behavioral healthcare by pediatric providers in private practice, fortified by \$2.5 million in ARPA funds

CHA applauds these efforts to address the current crisis in demand for behavioral healthcare services before a patient must be admitted to a hospital. But there are equally pressing needs for support and expansion of behavioral healthcare services for those patients who must be admitted to a hospital for inpatient psychiatric care, and for those patients who are discharged from a hospital and require hospital-sponsored outpatient services to support their recovery. We implore the state to do more to address the growing demand for these services.

Connecticut's behavioral health crisis continues — afflicting our families, friends, neighbors, and coworkers. Without help, this crisis will continue to claim too many of our fellow state residents. There is an urgent need for timely access to behavioral health services for both children and adults in need. The demand for inpatient psychiatric services is well above the number of available inpatient beds. This fact is demonstrated by the following information derived from daily reports received from hospitals on inpatient psychiatric bed census and available capacity.

Child and Adolescent Patients: There are 118 staffed inpatient psychiatric beds available for children and adolescents in Connecticut. Since January 1, 2023, on average, there have been 26 child or adolescent patients who were in need of an inpatient psychiatric bed on each day above the current inpatient bed capacity, and the number has been trending upward. During the most recent fall peak period of October 15, 2022 and November 15, 2022, on average there were 41 child and adolescent patients awaiting placement each day in an inpatient bed above the inpatient bed capacity. We also identified seasonal trends in inpatient bed demand, noting that the number of children and adolescents needing an inpatient bed were lowest during the holidays and school vacations, (e.g., April vacation, summer vacation, Christmas/New Year's vacation).

Adult Patients: There are 653 staffed inpatient psychiatric beds available for adults in Connecticut. Since January 1, 2023, on average there have been 53 adults needing an inpatient psychiatric bed every day above the current inpatient bed capacity. Since hospitals began reporting these data on October 8, 2021, on average 59 adults were awaiting placement in an inpatient psychiatric bed on each day above the inpatient bed capacity. During the fall peak period of October 9, 2022 through November 22, 2022, on average there were 67 adults needing an inpatient psychiatric bed each day awaiting placement above the inpatient bed capacity. While the demand for adult inpatient psychiatric beds is not subject to the dramatic peaks and valleys like child/adolescent patients, it remains consistently high for adults.

The demand for behavioral health services continues to impact patients of all ages, while the workforce is strained and contracting. As mentioned above, more needs to be done.

Neighboring states continue to invest in their behavioral health systems, and Connecticut should do the same. We must build on what was done last year by making additional investments in our system of care to meet current, critical needs and achieve system

improvements to meet future demand. We ask that you consider taking the following important next steps to meet the demand for behavioral health services.

Expand Access to Acute Psychiatric Care by Increasing Medicaid Reimbursement Rates:

Connecticut's Medicaid reimbursement rates do not cover the increasing cost of care. The state must increase the Medicaid reimbursement rates payable to providers in order to achieve a sustainable behavioral healthcare delivery system. Such support will enable hospitals to retain existing skilled behavioral health professionals and expand the pool of qualified clinicians to meet the increasing demand for care. Massachusetts, New York, and Vermont have each invested in their behavioral health systems through generous rate increases and supplemental payments. Connecticut should take similar action.

Increase Inpatient Psychiatric Care Capacity: Access to timely care is essential for patients at imminent risk for acute medical status deterioration, suicide, self-injury, harm to others, or are gravely disabled and require 24 hours of daily care in structured, intensive, and secure settings. The state must increase the number of staffed and available acute, intermediate, and long-term inpatient beds in state-operated psychiatric hospitals and provide direct operating and capital assistance to any hospital committed to dedicating additional space, equipment, and workforce to meet the increasing demand for psychiatric care. The state should also invest in increasing hospital-based inpatient psychiatric care capacity. Massachusetts offered their hospitals a one-time supplemental payment for each new psychiatric bed and a per-diem supplemental payment for new child, adolescent, and adult care provided to staff such beds. Connecticut should consider making a similar investment.

Enhance Hospital-Sponsored Outpatient Services: We ask the state to direct additional financial resources to increase access to hospital-based outpatient services, including Medicaid rate increases to partial hospitalization programs (PHP), intensive outpatient programs (IOP), and in-home psychiatric care programs, to enable timely and safe discharge from hospitals, reduce waiting lists, and improve timely access to behavioral healthcare services.

Provide Equitable Medicaid Reimbursement of Collaborative Care Model (CoCM)

Services: Last year, the General Assembly authorized Medicaid reimbursement for CoCM, an evidence-informed 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. On December 29, 2022, the President signed the Consolidated Appropriations Act into law. This federal law authorizes the establishment by the U.S. Department of Health and Human Services of a grant program including cooperative agreements with states to support integrated care models such as CoCM. We urge the Connecticut Department of Social Services to avail itself of this new federal support for this model, and to establish rates for CoCM services that are at least commensurate with the rates payable under Medicare and by commercial payers in order to cover the cost of providing these services.

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