



**TESTIMONY
OF
CONNECTICUT HOSPITAL ASSOCIATION
HUMAN SERVICES COMMITTEE
Tuesday, March 18, 2003**

**SB 1097, An Act Concerning Inpatient Data For Children And Youth In Need Of
Behavioral Health Services**

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony on **SB 1097, An Act Concerning Inpatient Data For Children And Youth In Need Of Behavioral Health Services.**

CHA supports the intent of SB 1097, which would require hospitals to report daily to the Department of Children and Families (DCF) information regarding children with psychiatric diagnoses examined and treated at the hospital. The information to be reported would include the number of children seen in the emergency department, reason for admission, length of stay and demographic information. The purpose of the data collection would be to allow DCF to “assess and manage the behavioral health needs of children and youth in this state.”

In light of recent events, however, we believe the bill is premature. Marc Ryan, Secretary of the Office of Policy and Management (OPM), recently convened a large group of hospitals, insurers and state agencies to discuss the mental health crisis and the need for a tracking system. A work group is in the process of being formed to develop a tracking system and CHA is looking forward to the opportunity to work collaboratively with OPM, DCF and others in designing a system that will effectively identify the barriers to mental health placement and aid in the development of solutions.

Should this Committee decide to move forward with a mandatory tracking system rather than allowing the OPM work group to voluntarily create such a system, CHA has some specific concerns regarding the bill. First, the bill would require hospitals to report any child who has a psychiatric diagnosis. Many children with psychiatric diagnoses are seen in the emergency department for medical concerns unrelated to their psychiatric diagnosis. Therefore, we respectfully suggest that the bill be amended to apply only to children who are seeking psychiatric treatment at the hospital. In addition, we respectfully suggest that in order to achieve its goal of facilitating placement, the bill should be expanded to track information from residential care providers treating children for psychiatric illnesses and to designate children occupying inpatient psychiatric beds who are ready for discharge. Finally, the tracking system should be designed in a way that minimizes the burden on already overwhelmed hospital emergency departments. Daily tracking of all of the data elements identified in the bill is unnecessary and should be streamlined. For example, hospitals could be required to report to DCF on the date of inpatient admission and on the date of discharge, rather than reporting the same information every day during the patient’s inpatient stay.

Thank you for your consideration of our position.