

**TESTIMONY OF
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CONNECTICUT HOSPITAL ASSOCIATION
BEFORE THE HUMAN SERVICES COMMITTEE
Tuesday, February 17, 2004**

**HB 5194, An Act Concerning Inpatient Data Regarding Children And Youth In
Need Of Behavioral Health Services**

Good morning Senator Handley, Representative Villano, and members of the Human Services Committee. My name is Carrie Brady and I am Vice President of Patient Care and Regulatory Services at the Connecticut Hospital Association (CHA). CHA appreciates the opportunity to testify in support of **HB 5194, An Act Concerning Inpatient Data Regarding Children And Youth In Need Of Behavioral Health Services**.

The Connecticut behavioral health system is in crisis. Connecticut hospital emergency departments are overwhelmed by patients who need inpatient behavioral health services, including children for whom an inpatient bed cannot be found for days or even weeks. At the same time, patients who are ready for discharge wait in inpatient beds because there are no appropriate placements in the community. Such backlogs are detrimental to the entire healthcare system, but are devastating to the patients in need of care. It is imperative that we develop a system in which all patients seeking behavioral health services receive the right care in the right setting at the right time.

HB 5194 is an important first step toward this goal. The bill would require the Department of Social Services (DSS), the Department of Children and Families (DCF), the Office of Health Care Access (OHCA) and CHA to work together to develop a system for hospitals to track children awaiting behavioral health placement so DCF can effectively “manage and monitor the resources and performance of the behavioral health service delivery system for children and youth.”

CHA is enthusiastic about the opportunity to work with DSS, DCF and OHCA on the design of the tracking system and respectfully recommends the following modifications to the bill that would facilitate the development of an effective system. Section 1(b) of the bill identifies specific data elements that DCF may require hospitals to submit. CHA recommends that Section 1(b) be amended to state that DCF shall require hospitals to provide any information it deems necessary to facilitate tracking and placement of children seeking behavioral health treatment, including patient identifiable information. This section will facilitate hospitals disclosing patient information to DCF in accordance with the federal confidentiality requirements of HIPAA.

Language that allows for flexibility in data collection also will ensure that the data collected is tailored to what the state needs to effectuate appropriate placement. Not all of the data elements listed in section 1(b) are likely to be necessary for the tracking system. For example, it may not be necessary for DCF to track the number of children with a psychiatric diagnosis seen in emergency departments because many children with psychiatric diagnoses visit emergency departments for medical reasons unrelated to their diagnoses, such as broken bones. In addition, daily tracking may not be necessary for all data elements. A tracking system will impose administrative burdens on already overwhelmed emergency departments; hospitals are willing to accept this burden to facilitate solutions to the behavioral health crisis, but the data collection and timing should be designed in a way that minimizes the burden.

Although a tracking system is an integral part of a solution, it is not the solution. It is critically important that the bill include a requirement that the data collected is used to obtain appropriate placements for patients. CHA respectfully suggests that DCF be required to visit any child waiting more than twenty-four hours for inpatient behavioral health placement and to find suitable placement for such child within forty-eight hours. In addition, CHA recommends that the bill also authorize DCF to mandate payment (by the state or private payors) for such services and require DCF to produce quarterly reports to the legislature regarding the number of children awaiting placement for more than twenty-four hours, the placement of such children and the payment for such placements. These modifications to the bill will ensure that the tracking system is a tool for concrete system improvements, rather than merely a new data collection burden without tangible results.

Thank you for your consideration of our position.

CCB:pas