



**TESTIMONY  
OF THE  
CONNECTICUT HOSPITAL ASSOCIATION  
HUMAN SERVICES COMMITTEE**

**Thursday, February 28, 2002**

**SB 249, An Act Increasing Appropriations To The Department Of Children And Families To Expand Mental Health Services To Children**

CHA supports **SB 249, An Act Increasing Appropriations To The Department Of Children And Families To Expand Mental Health Services To Children**, which would appropriate additional funds to the Department of Children and Families to increase inpatient child psychiatric beds, establish two child psychiatry crisis intervention units, and develop a child psychiatric tracking system.

This bill is critically important. Children and adolescents in crisis are still spending days or even weeks in hospital emergency departments waiting for inpatient beds. Over the past year, stays in the emergency department for children and adolescents experiencing mental health crises have been as long as 16 days. Extended stays in the emergency department, which is a highly stimulating environment, exacerbate the patient's condition rather than improve it. Placing children in crisis on medical-surgical pediatric units for their extended stays also is problematic, in part because the units are not physically structured to handle psychiatric patients and the staff does not have expertise in child psychiatry.

The current system is failing both the children and the providers. Emergency departments nationwide and in Connecticut are severely overcrowded. Emergency departments struggle on an hourly basis to find space and staff to care for the constant influx of patients. Patients who stay for extended periods in the emergency department make this task even more difficult because they occupy beds and utilize considerable staff time that could otherwise be devoted to dozens of patients. This use of resources is not only inefficient, it is counter-therapeutic because a child with mental illness should not be exposed on an ongoing basis to the daily trauma of an emergency department.

A centralized tracking system for these patients does not currently exist and CHA supports the development of such a system. CHA also supports an increase in child psychiatric inpatient beds and development of additional child psychiatry crisis intervention units. These measures, in addition to the Department of Children and Families' KidCare program, should help move children more quickly to the most appropriate level of care. CHA has been discussing with DCF the possibility of tracking children with mental illness waiting in emergency departments. CHA is willing to work

with DCF in developing the tracking system and implementing other initiatives to improve the care of children with mental illness. Should the development of such a system prove to be too costly or administratively burdensome for the agency, CHA is willing to implement some type of tracking system in order to help improve mental health care for children.

Thank you for your consideration of our position.

CCB:mb