



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Wednesday, March 13, 2024**

**SB 370, An Act Concerning Peer-Run Respite Centers  
For Persons Experiencing A Mental Health Crisis**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 370, An Act Concerning Peer-Run Respite Centers For Persons Experiencing A Mental Health Crisis**. CHA supports measures that will increase access to mental health services for persons age 18 and older who are experiencing emotional or mental distress, either as an immediate precursor to or as part of a mental health crisis. CHA urges the Committee to support measures such as these and take additional actions to address the state's current behavioral health crisis.

Connecticut hospitals are critical to their communities. They are confronting the challenges posed by a post-pandemic healthcare system with an exemplary healthcare workforce that continues to provide outstanding care. But challenges remain. Hospitals are treating sicker patients, it continues to be challenging to hire and retain staff, and the financial headwinds are grave. Through it all, hospitals are steadfast, providing high-quality, 24-hour care for everyone who walks through their doors, focusing on making Connecticut's healthcare system more equitable, and driving world-class innovation right here in Connecticut.

Hospitals are doing their part to support the system of care, but the growing demand for mental health and substance use services, coupled with a severe behavioral health workforce shortage, has resulted in an ongoing crisis in timely access to care for patients of all ages.

- During 2023, the average daily number of patients in emergency departments (EDs) seeking treatment for behavioral health disorders was 161 patients
- During that same year, the average daily number of evaluated adult behavioral health patients awaiting an inpatient bed was 53 patients

These numbers provide some insight into the breadth and scope of this crisis.

CHA supports current efforts underway at the Department of Mental Health and Addiction Services (DMHAS) to place mental health peers and peer recovery coaches in EDs, to grow the

behavioral health workforce to enable 24-hour coverage in community organizations, and to invest in a 24-hour crisis intervention center for adults in New Haven. CHA also supports increased funding in the DMHAS budget for supportive wraparound services for persons with complex medical and behavioral health concerns that are included in **HB 5048, An Act Adjusting The State Budget For The Biennium Ending June 30, 2025**. CHA urges the committee to support existing initiatives, enact the proposed budget adjustment, and take additional actions described below to address the state's current behavioral health crisis and improve access to services.

First, CHA urges the state to leverage the impact of existing investments in the behavioral health system and enact additional measures to improve access to care. Hospitals support the establishment of Medicaid rate structures for new initiatives, such as the peer-run respite centers for adults experiencing a mental health crisis as proposed in SB 370, mobile crisis care for adults, statewide emergency mobile psychiatric services, children's behavioral health urgent crisis centers, and other community-based and school-based services.

Second, CHA urges the state to implement Medicaid reimbursement for collaborative care model (CoCM) services, as authorized by Connecticut General Statutes Section 17b-307a, originally enacted as Section 59 of **PA 22-47, An Act Concerning Children's Mental Health**. No action has been taken to date to implement this requirement.

Third, CHA urges the Department of Social Services (DSS) to extend *both* the Interim Rate Add-On for Acuity and Revised Discharge Delay Policy and the Pediatric Inpatient Psychiatric Services: Interim Voluntary Value-Based Payment Opportunity beyond their current expiration date of December 31, 2024.

Finally, CHA asks the state to direct additional financial resources to support the timely and safe discharge of patients with sufficient home-based, community-based, and hospital-based outpatient services. For hospitals, increasing Medicaid rates for partial hospitalization programs (PHP), intensive outpatient programs (IOP), and in-home psychiatric care programs will enable timely and safe discharge from hospitals, reduce waiting lists, and improve timely access to behavioral health services.

The immediate need for additional funding to support the behavioral health system is clear, and CHA believes that the increases and extensions detailed above should be provided now, even as DSS completes its comprehensive study of Medicaid rates.

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