

February 2015



CHA Mental Health Recommendations



CHA

CONNECTICUT
HOSPITAL
ASSOCIATION

The Connecticut Hospital Association (CHA) supports short- and long-term solutions to improve Connecticut's mental health system. These recommendations are intended to improve health outcomes, reduce unnecessary use of emergency department (ED) services, and ensure adequate funding for key safety net services.

1. Redesign the Medicaid Program to Support Mental Health Services.

- **Establish Shared Savings:** Establish a Medicaid shared savings model for behavioral health services for children and adults, fostering improved care coordination and achieving state savings.
- **Achieve Equitable Medicaid Reimbursement:** Raise reimbursement rates for behavioral health services to levels comparable to Medicare. Ensure that reimbursement for hospital-based outpatient clinics is comparable to that for community-based clinics.
- **Expand the Behavioral Health Home Model:** Allow hospitals, federally qualified healthcare centers, and other safety net organizations to implement behavioral health homes.



2. Improve Access to State Resources by Requiring Transparent Health Outcomes and Quality Measures.

Increase transparency when accessing state funded or operated services/providers, and establish measures for meeting evidence-based standards and improving health outcomes.

3. Support Community Care Teams and Related Care Coordination Services.

Fund community care efforts in hospitals to enhance patient screening, ensure timely release of information, establish patient-centered community case management plans, and engage patients in housing and social wraparound support services. Funding options may include grant support based on ED volumes, case rates for identified high-risk utilizers, and similar support for community care team clinicians, administrators, navigators, and/or intensive case managers.

4. Assess and Accommodate Short- and Long-term Bed Needs.

It is difficult to discharge patients no longer in need of hospitalization to the appropriate level of care, and to admit people who need acute inpatient psychiatric care, due to insufficient numbers of acute, intermediate length-of-stay, and long-term inpatient units.

- **Expand Availability of Intermediate Stay Inpatient Beds:** Expand beds in each region of the state to address the need for inpatient care for intermediate stays.
- **Increase the Number of Long-term Beds for Behavioral Health Patients:** Assess inpatient bed capacity for children and adults with longer-term, serious, and persistent behavioral health disorders.
- **Determine Short- and Long-term Bed Needs:** Study and recommend the number and type of short- and longer-term inpatient beds needed, whether they should be operated by the public or private sector, and how they will be funded.



5. Develop Crisis Stabilization and Emergency Services for Children in Consultation With Hospitals.



Support plans to improve Emergency Mobile Psychiatric Services (EMPS) including minimum criteria for facilitating effective diversions and achieving appropriate placements for children in crisis, increase crisis stabilization resources for DCF and non-DCF children, and implement a psychiatric assessment center.

6. Reduce Inappropriate Opioid Use.

Support a comprehensive statewide strategy featuring multi-sector collaboration among physicians, hospitals, and the state by expanding availability of opioid antagonists, enhancing prescription monitoring to assist prescribers, increasing prescriber education, and supporting evidence-based prevention programming to reduce the misuse and abuse of opioids and other prescription drugs in Connecticut.

Hospitals and Mental Health in Connecticut

- Each day, Connecticut hospitals treat children and adults in crisis, suffering from a behavioral health disorder.
- In 2014, more than 25% of all inpatient and Emergency Department visits to Connecticut hospitals were to treat patients with a principal or secondary diagnosis of a behavioral health disorder.
 - 38% of these visits occurred among Medicaid beneficiaries.
- When considering principal diagnoses only, Medicaid beneficiaries comprised more than 48% of all patient encounters with a behavioral health diagnosis.
- Between 2010 and 2014, Connecticut hospitals experienced a 31% increase in patient visits with a behavioral health diagnosis.
- There were more than 31,000 hospital visits for behavioral health among children and young adults ages 0-19 in 2014.
 - This represents a 13% increase in visits between 2010 and 2014 for this age group.



* Data Source: FY 2014 ChimeData

About the Connecticut Hospital Association

Founded in 1919, the Connecticut Hospital Association (CHA) represents hospitals and health-related organizations. With more than 140 members, CHA is one of the most respected hospital associations in the nation.

CHA's mission is to advance the health of individuals and communities by leading, representing, and serving hospitals and healthcare providers across the continuum of care that are accountable to the community and committed to health improvement.

For more information, please contact:



Jim Iacobellis, Senior Vice President, Government Relations and Regulatory Affairs
(203) 294-7310 | iacobellis@chime.org



Karen Buckley-Bates, Director, Government Relations
(203) 294-7259 | buckleybates@chime.org



Brian Cournoyer, Director, Government Relations
(203) 294-7295 | cournoyer@chime.org



Carl Schiessl, Director, Regulatory Advocacy
(203) 294-7341 | schiessl@chime.org