WESTERN CONNECTICUT HEALTH NETWORK

DANBURY HOSPITAL • NEW MILFORD HOSPITAL

TESTIMONY OF

Danbury Hospital and New Milford Hospital
As the Western Connecticut Health Network

SUBMITTED TO THE OFFICE OF THE HEALTHCARE ADVOCATE
Public Hearing - October 17, 2012

Western Connecticut Health Network appreciates the opportunity to submit testimony concerning
Barriers to Accessing Mental Health and Substance Abuse Services

Pursuant to section 38a-1041 of the general statutes

Western CT Health Network is a two-hospital network operating in DMHAS Region 5. As a psychiatric case coordinator, and as Danbury Hospital's liaison to the Western Connecticut Mental Health Network in Danbury, I see the needs of people living in our community, each and every day.

While we have long been advocates for increased access over many years, the barriers to appropriate treatment for those we serve are still present. This is a growing frustration as a discharge planner, and for those at risk in our community. I'd like to highlight our perspective on those barriers in our region.

- There is an increasing lack of accessible professionals to address the needs of those with mental illness and substance abuse, particularly for those with low income or state assistance. While there are plenty of healthcare professionals in our communities, the reimbursements for the care needed are inappropriately low, and they don't allow for ongoing treatment. Hospitals have long subsidized in-patient and out-patient behavioral health programs. The economic reality is that many private practitioners choose to take only commercially insured or self-pay patients.
- Instead of appropriate programmatic funding and grants, especially for high-performing programs in identified gap areas, we experience, year-over-year cuts to hospital and community programs.
- There is a significant lack of intermediate and long-term in-patient care facilities in region 5. Region 5 is the only region in the state that does not have an in-patient psychiatric hospital for the chronic adult and pediatric populations, dating back to the closure of Fairfield Hills in 1995.
- The unit I work on is an acute Psychiatric unit. Our purpose is to stabilize and refer to the next level of care. Our average length of stay is a little more than a week but some patients stay as long as 4 months. Often times, chronically ill patients require a longer hospitalization. In those cases, an involuntary commitment hearing is scheduled, and if committed, the patient is put on a waiting list for the next state bed. While we've always prided ourselves on our commitment and care for those at risk, we are not the optimal point of care for this patient. An in-patient facility designed specifically to treat the mentally chronically ill is the most appropriate solution.

- There is a lack of affordable, stable and supportive housing in a supervised setting. The ability for patients to move to wellness and stability is greatly hampered without supportive housing in place.
- Often times we have patients who are ready to be discharged to supportive housing, but the few residences in the Danbury area have long waiting lists, and I'm told the wait for section 8 housing in Danbury can be 2 years or more.

We see evidence of budget tightening in light of this difficult economic environment, and it's clear that the mentally ill and substance abusing population are marginalized at best. I have to believe that if we put our heads together, we could come up with viable alternatives leading to an improved delivery of care for our patients and community.

I hope you'll give full consideration to my testimony here. As in the past, Western Connecticut Health Network is a willing volunteer for any committee or board shaping the future of the delivery system, and ensuring appropriate reimbursements, allowing for improved access to those at risk in our community and across our state.

Thank you for your consideration.

Respectfully submitted on October 17, 2012
By
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