



# BEHAVIORAL HEALTH COMMUNITY COLLABORATIVE

*Working together to promote quality lives*

Senator Ingwerson, Representative Meyers and good members of the Health and Human Services Committee,

My name is Betsy Sweet, and I am here on behalf of the Behavioral Health Community Collaborative. In support of LD 1239.

The genesis of this bill, for me, comes from an issue this committee has considered and which has created both some havoc and unnecessary tension in the behavioral health community, which is the “no eject, no reject” policy regarding admission into psychiatric hospitals and, while not included in this bill, all residential care facilities.

During those deliberations, there has been conversation that psychiatric hospitals and residential care facility providers reject patients at their whim, that they “cherry pick” and only take the “easiest clients” and it goes on. The frustration is that for service providers every rejection is difficult and is totally based on the staff and facility capacity as well as the physical infrastructure and the safety of other clients at the facility.

The DHHS gets this information from providers. Providers do not just say “nope, sorry, not taking this person”. But the reasons WHY they cannot take the patient is not provided to the patient (when appropriate), the patient’s family or guardian, or the patient advocates. So, it is easy to assume that the providers just don’t want to do that admission.

This bill ensures that the reasons are given and substantiated, *and*, that the information as to why is publicly available.

These two things are critical for two reasons ~ one it ensures that patients, patient advocates and providers become allies in finding the best level of care.

Secondly, this information is critical on the macro level. We need to see what it would take for these admissions so the legislature and the DHHS can identify any service gaps and direct limited resources to the areas where they will have the most positive impact.

The most frustrating thing is that this information already exists somewhere in some form. This bill is intended to ensure that the info is aggregated, evaluated, and made public so we can all have the benefit of the information and the ability to prioritize the gaps that need to be filled in the most efficient, effective and collaborative way.

Thank you for your time and always for your commitment. I appreciate you. I would be happy to answer any questions.

*The members of the Behavioral Health Community Collaborative are Sweetser, Inc., Opportunity Alliance, Volunteers of America, Shalom House, KidsPeace, Spurwink, Community Concepts*