

MEMORANDUM

**TO: Senator Doyle
Representative Walker
Members of the Human Services Committee**

**FROM: James Mc Creath, Ph.D.
President/CEO, Hall-Brooke Behavioral Health
Services**

Date: February 23, 2010

RE: Section 28 of SB 32

I am the President/CEO of Hall-Brooke Behavioral Health Services. Located in Westport and is a part of the St. Vincent's Health System. We respectfully offer our recommendations for Intermediate Care Beds.

1. Intermediate care beds are consistent with Ct.'s Transformation goals in that:
 - Care that remains close to the community is critical for consumers
 - The length of stay in intermediate beds is shorter than a state hospital stay
 - Local care facilitates re-integrating the patient into the community
 - Family will have an easier time visiting their family member
 - Community providers will be able to maintain frequent contact to facilitate discharge planning
 - Care provided in intermediate beds is consistent with the "least restrictive" preferred model

2. In regards to standards and regulations we recommend:
 - Average stay be 45 to 60 days
 - Admissions must be DMHS approved
 - DMHS must establish criteria for prioritizing admissions
 - The provider must have some input into accepting patients
 - Patients can be referred from the intermediate care provider (from their acute beds) or outside providers
 - Referrals to intermediate care beds are limited to acute care units
 - All admissions must be eligible for DMHS care management
 - Discharges from intermediate care beds must have priority for community services
 - Intermediate care patients who do not stabilize during the 45-60 day LOS must be a priority for transfer to DMHS state hospital beds

- Reimbursement for intermediate care beds must meet the provider's demonstrated cost

Thank you very much for the opportunity to present our recommendations.