



New England Home Care

Taking Advanced Care to the Home

**Appropriations Committee
Testimony of New England Home Care
Friday, February 17th, 2012**

Senator Harp, Representative Walker, and members of the Appropriations Committee, I would like to first say thank you to all participating members of this committee for inviting us to join you here tonight and share with you our unique perspective regarding the care and management of the chronically mentally ill in our neighborhoods.

My name is Kathleen Touponse and I am currently working for NEHC as a SCS and I also have many years of experience as a behavioral health nurse working in both the hospital setting and as homecare nurse in the field.

We are here to directly address the proposal before us by Governor Malloy to replace direct care nursing services for medication administration to this population and instead utilize unlicensed personnel.

The language in this proposal currently suggests that administration of medications is a simple, straight forward task that involves handing medications to an individual and ensuring they swallow them.

The reality of this nursing intervention is that the actual handing someone meds is just one piece of a very complex interaction.

Behavioral Health Nurses are the educated- informed- trained and skilled individual recognized within the medical community as capable of *assessing* this mentally ill person.

This ability to assess by nurses is paramount to the safe maintenance of the mentally ill individual within our communities. This concept of "safe" refers to the safety of the impaired individual as well as the community at large.

With this said-the Behavioral Health Homecare industry recognizes the need to change and morph itself to the evolving needs of our culture. The current financial crisis we are experiencing is global and we understand that this necessitates funding cuts and restructuring of available monies to all programs.



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As nurses, our overall responsibility is to ensure that the mentally ill individuals under our care are able to remain within our communities as our neighbors and co-exist without presenting any danger to themselves or others.

Another dimension of the behavioral health population is the impact of aging. Patients that have been maintained on heavy pharmaceutical therapies for years have very high rates of developing what we refer to as “co-morbidities”. Chronic diseases that impact their lives such as Diabetes, HTN, COPD, seizure disorders, Addictions, Cancer. Ensuring the safe and appropriate management of their care expands to include physical health as well.

This level of nursing vigilance of itself has to be one of the most cost effective strategies to minimize expensive re-hospitalizations for both psychiatric and medical issues.

In an effort to personalize this experience I would like to share a couple of stories. Sammy Silly is a male living within the community who has severe sexual obsessions/impulsive behaviors with manic moods and is not invested in his medications. He has past history of sexually assaultive behaviors. Sammy has no desire to take his medications as ordered. The nurse provides Sammy the daily assessment of mood and behaviors. A plan is developed for the day to provide him direction and structure. Any unusual or hypersexual displays are communicated to the treatment team. Medications may be adjusted accordingly. He requires daily monitoring/teaching/communication—assessment - in order to remain without incidence in the community and function at his most optimal level.

Another is that of Joe “the aluminum can man “ – he obsessively collects cans. He collects them/washes them and removes their tabs. He compulsively counts these and stacks them. He has diabetes and does not grasp the importance of following the recommended diet. The nurse frequently needs to drive around to his preferred dumpsters to locate him while he is rummaging around in the bottom. He is monitored closely as to dietary intake/blood sugar status and condition of his skin-looking for signs of infection from these forays. He has a seizure disorder from past brain injury and is often easily irritated with little impulse control. This leads to multiple interactions with the local police. Joe requires intensive daily teaching-communication with other care providers as well as community agencies, local businesses and police.

My intention here is to provide a brief snapshot of the Behavioral Health Homecare reality and hope it is educational and useful to assist you in your decision making responsibilities. Thank you for your time and attention.

