TESTIMONY OF
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SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Wednesday, March 18, 2015

SB 1089, An Act Concerning Mental Health Services.

Good afternoon. I am Dr. Jim O'Dea, a Regional Director of the Hartford Healthcare Behavioral Health Network. Our network of care includes the Institute of Living, Rushford Treatment Center, Natchaug Hospital, and the behavioral health programs at our acute care hospitals – Hartford Hospital, Backus Hospital, Windham Hospital, MidState Medical Center, and The Hospital of Central Connecticut. We are the largest provider of behavioral healthcare in the state of Connecticut.

I have worked in behavioral healthcare in Connecticut over the last 25 years and have experience as a clinician and administrator in inpatient, partial hospital programs, outpatient treatment, emergency and crisis services in both psychiatric and substance abuse programs. I am here to offer testimony on SB 1089. I am urging support of this collection of initiatives that will improve health outcomes for children and adults, ensure access to services for patients in need, and achieve the most efficient use of limited financial resources.

Specifically, I would like to take a moment to address the need for intermediate care beds as one component of the raised bill. It may be productive for me to take a moment to describe to the committee what is meant by the term "intermediate care," as this is sometimes misunderstood. Some perceive "intermediate care" as something less than traditional inpatient care, as a step-down of sorts. That would be incorrect. Indeed, "intermediate care" is better understood as "inpatient care *PLUS*" in that it provides access to specialized services that are generally not required in traditional inpatient care.

Performed correctly, intermediate care is much more than simply extending the length of time that a patient is treated on an inpatient setting. While a lengthier time is part of this level of care – commonly understood as between 30 – 60 days of inpatient care – that time allows for the deployment of specialized individual, group, and family therapies that are not customarily available in standard inpatient care. It also is commonly associated with enhanced case management services to ensure that treatment gains made during this course of treatment carry effectively to the next step in a patient's recovery process. For these programs to be successful, they are commonly associated with dedicated staff and resources that have education, training, and knowledge about how best to leverage these care options to best assist our patients.

In the eastern region of Connecticut, our citizens have had access to a highly successful Intermediate Care Program at Natchaug Hospital. This program has been highly effective in creating successful discharge plans back into our communities with individuals with very specialized needs. In the absence of these programs, these patients might have been referred to the very limited number of state-operated beds at Connecticut Valley Hospital or other state programs. More likely, they would have stayed on general inpatient units that are not designed to provide such specialized care.

Let me briefly describe what would otherwise happen. On a typical 18 bed inpatient program with the state average length of stay, there will be 60 some people admitted and discharged in any given month. Please take a moment to imagine yourself as the patient needing specialized intermediate care in that setting. In the time you have been receiving care, you have seen over 100 individuals be admitted, stabilized, and discharged to home settings – while you remain in that same setting. My patients have told me that this is disheartening and demoralizing for them.

All our citizens in Connecticut deserve access to the Right Care at the Right Time. Five years ago, on behalf of the Connecticut Hospital Association I offered testimony regarding the closure of Cedarcrest Hospital. I cited then in my opposition to that closure, the need for these intermediate care resources in multiple sites across Connecticut. We were promised that these would be put in place to address our citizens' needs with the closure of the hospital. We were promised that there would not be long delays in accessing appropriate, specialized care for our patients.

These programs have not been put in place. Cedarcrest Hospital is closed. I hold here a copy of a print-out from the DMHAS website from yesterday, March 17th. It shows a waiting list of 41 citizens of our state – waiting for access to specialized behavioral healthcare. 41. Imagine that is your loved one. And then please decide to support SB 1089.

As my dear, recently departed friend Bob Davidson would tell you - There's still time to keep that promise you made.

Respectfully submitted,
James F. O'Dea, Ph.D., MBA