

Testimony
Proposed Governor's Budget
February 27, 2015

Dear Members of the Appropriations Committee, Representative Walker and Senator Bye,

My name is Amanda Cuseo, I am a registered nurse who has worked in the behavioral health field for over twenty years. I worked for several years at Stamford hospital on the inpatient psychiatric unit but my primary job for almost 18 years has been that of a homecare nurse, primarily working with the behavioral health population. I have taken care of hundreds of patients in Bridgeport, Norwalk, Stamford and surrounding areas. The patients have been as young as seven years old up to patients in their nineties, with a variety of diagnosis such as schizophrenia, bipolar disorder, depression, PTSD, OCD, drug / alcohol addiction and many other mental illness' too numerous to list. Many of these patients would have years ago been cared for in one of the now closed state hospitals, now they are kept safe and living in the community with home care nurses and the team of other community providers.

Having experienced both inpatient and community mental health I am **very** concerned that the state could possibly-**again**-cut benefits to those that need it most. For the mental health system to be effective in providing care that keeps both individuals and the community healthy requires a broad network of providers and a collaborative effort. Most of these patients have no family or other support system and very often they lack the resources to access care. It is for the so many whom I have cared for over the years that I feel compelled to speak out...as they are vulnerable and often cannot speak out for themselves.

Has it not been researched that our mental health care system in the United States is already deficient? This lack of care only harms the society as a whole...fiscally, mentally and physically. The many that don't get needed treatment they often end up in the emergency rooms – incarcerated- hospitalized or homeless.....Thus ultimately costing the state more money than what was saved. There are many who fall between the cracks going untreated, wrongly medicated and ultimately declining to tragic consequences.

The proposed cuts targeting “med administration” visits is both unjust and naïve, as “administering medication” is an enormous understatement of what a psychiatric home care nurse does. The majority of the psychiatric patient in home care receiving regular skilled nursing visits are not only unable to take medication on their own but unable to recognize serious symptoms of decompensation- **both psychiatrically and medically**. It is important to understand that many patients although they fall under “behavioral health”, have serious medical conditions as well and because of their impairments psychiatrically are unable to seek the appropriate care at the appropriate time.

As a home care nurse I am doing so much more than “medication administration”- I am always assessing, teaching, facilitating care with other community providers, ensuring their safety, communicating with their clinicians, psychiatrist and PCP. Psychotropic medications often require multiple adjustments to find the effective dosing, as their homecare nurse I am the eyes and ears for the doctors, who often only see's their patients briefly every few months. Many of my patient have multiple medical issues as well, that left untreated would worsen resulting in higher medical costs. I have had many occasions of catching serious medical condition in my psychiatric patients early and getting them treatment.

The registered nurse who works in home care almost always has broad experience both inpatient and out in the field, their experience and knowledge gives them the ability to discern when there is a need for medication change, alternate treatment, etc. Often families who do want to assist are unable due to their own impairments. The medications many patients are on have serious potential s/e, often require monitoring, regular blood work and frequent dosage adjustments.....these clients are totally unable to

manage and their families are as well. Many of the mental illness' also cause patients to being resistant to taking much needed medication, either because of paranoia, knowledge deficit, fear of side effects....as nurses we can educate them, reassure them and with many guide them towards recovery and increased independence.

I have many examples or “testimonials” as to how my “medication administration” visits have both prevented serious injury or harm and possible much higher long term cost to the state. Although I have many I am going to site just a few examples. Due to HIPAA laws I am unable to state any personal or identifying information, but these are true events.

- Upon arrival to a patient’s home I immediately recognized the symptoms of a stroke-calling 911 immediately I got him to the hospital in time to prevent more serious consequences. Incidentally--in that case the paramedics did not believe me when I told them I believed he was having a stroke—they assumed he “was on drugs”. He was **not** on drugs but having a massive cerebrovascular accident (stroke) but because he got medical attention in a timely fashion he recovered with minimal adverse effects.
- I had a patient who was a paranoid schizophrenic, he was middle aged and lived with his elderly parents. For several days I had noticed increasingly paranoid, bizarre behavior and had made several calls to his psychiatrist expressing my concern. He had a history of “cheeking” medication (many patients when paranoid will become resistant to swallowing their medication) and I was careful to assess his adherence. My concern became increased with episodes of anger and agitation and conflict with parents, his psychiatrist at that point said “try to get him to the ER so I can paper [commit] him if needed”. I knew this was difficult as this patient became more paranoid and resistant. The law states that you cannot forcibly hospitalize someone unless they are a danger to themselves or others....as an experienced psychiatric nurse I feared him hurting his parents. Unfortunately patients don’t necessarily make a verbal threat so commitment often happens **after** they have hurt themselves or someone else. One day I arrived and he was pacing in his room and refused medication, his parents asked me to talk to them in the other room. The mother was crying and the father said he was scaring them at night screaming and banging the walls with a bat and threatening to hurt them. Although I had told the parents previously when to call 911, they were afraid and reluctant to do so. I called 911 that day and when the police and paramedics arrived the patient calmed down and denied ever threatening anyone therefore the police were not going to take him to the hospital. I asked for the officer’s supervisor and got the psychiatrist on the phone and they ended up taking him to the hospital. After a week or so inpatient with several medication changes he returned to his parents and was no longer a threat. I know without a doubt had he not had a nurse that was experienced seeing him daily that the outcome would have been tragic.

I could site so many more examples of what we do and how important it is. As a psychiatric home care nurse I am on the front lines, often putting **myself in danger** to help others. The mentally ill – especially the Medicaid population **need this care**, to cut any funding to homecare will not only put these patients and others at risk....it will ultimately cost **all of us AND the state of Connecticut** a huge price.

Amanda Cuseo RN