



**TESTIMONY OF  
TERRI DIPIETRO OTR/L, MBA of  
MIDDLESEX HOSPITAL  
BEFORE THE  
APPROPRIATIONS COMMITTEE**

**Wednesday December 9, 2009**

**Governor M. Jodi Rell's November 24, 2009 Deficit Mitigation Plan For Fiscal Year 2010**

Good afternoon, my name is Terri DiPietro and I am the Director of Outpatient Behavioral Health Services for Middlesex Hospital. I am testifying today on Governor M. Jodi Rell's November 24, 2009 Deficit Mitigation Plan For Fiscal Year 2010.

Middlesex Hospital is a community hospital staffed for 177 beds with a 20 bed Psychiatric Inpatient Unit and Crisis Team located within the Emergency Department (ED). The hospital provides behavioral health services for the residents of Middlesex County. We provide a full continuum of outpatient treatment for adults with behavioral health disorders including Partial Hospital Programs, Intensive Outpatient Programs, and Adult Outpatient Behavioral Health Services. The hospital also has a Child Services Division that provides Emergency Mobile Psychiatric Services for children and adolescents in Middlesex County, traditional office based outpatient services, Intensive In-Home Child and Adolescent Program Services (IICAPS) and several Maternal Child Health Programs.

I come here today to share my concerns related to the governor's proposed cuts. Middlesex Hospital is the third busiest ED in our state. A community health assessment recently conducted for the Middlesex Health System, by the Center

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for Health Policy, Planning and Research<sup>1</sup> (data range 2002 – 2006) found that ED visits and hospitalization rates for behavioral and emotional disorder, serious mental illness, and dementia related complaints (ages 18+) were significantly greater in Middletown than in comparison study areas. ED visit rates for serious mental illness (“SMI”) were highest in Middletown (438 per 100,000) in relation to Middlesex County (237 per 100,000) and peer counties<sup>2</sup> (376 per 100,000). The markedly higher hospitalization rates for patients with SMI (1,634 per 100,000) and depression (274 per 100,000) in Middletown compared to Middlesex County (773 and 165 per 100,000 respectively) and peer counties (282 and 178 per 100,000 respectively) indicates that an above average proportion of the population in Middletown requires access to mental health treatment.

I would like to highlight my concerns for the patients and families we work with:

- The potential closure of Cedar Crest, with a transfer of approximately 60 intermediate care beds to Connecticut Valley Hospital presents Middlesex Hospital with several challenges. The loss of even one bed will result in long term stays in both the ED and on the short term inpatient unit. We have presented data to DMHAS that demonstrates a substantial number of patients with greater than 15 day length of stay on our acute care unit which has a targeted length of stay of 7 days. This limits access to acute patients with short term needs who must then seek care out of the county.
- While DMHAS makes every effort to discharge patients to their home community, patients can chose to remain in Middletown. As cited above, Middletown already serves a higher number of patients with severe mental illness than other CT counties. The governor’s plan would further reduce already limited resources and put an even greater strain on access to outpatient care.

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- The plan calls for a suspension of Families With Service Needs applications through DCF effective January 1, 2010. This will pose a major barrier to care. In fiscal year 2009, the IICAPS team serviced 30 families through this process to prevent children from entering residential placement. The limitation on this essential resource would be devastating to families, and more costly to the system.
- The cuts to The Children's Trust Fund would dramatically reduce, if not eliminate the Nurturing Families Network Services. Several of my colleagues are here today to give testimony to the catastrophic effect this will have for our most vulnerable children and families.

I fully understand the direr circumstances our state is facing. I also feel compelled to remind you that many of the cuts that will go into effect have the potential to cost the state more money in high end services. I fear that the people who can least afford service reductions will be left with little or no recourse to care. Thank you the opportunity to share these concerns; I am happy to answer any questions.

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