



**TESTIMONY OF  
TERRI DIPIETRO OTR/L, MBA of  
MIDDLESEX HOSPITAL  
SUBMITTED TO THE  
PUBLIC HEALTH AND HUMAN SERVICES COMMITTEES  
JOINT INFORMATION FORUM**

Thursday, September 3, 2009

Privatization and Relocation of Services Delivered by the Department of  
Developmental Services and Department of Mental Health and Addiction  
Services

Good afternoon Senators Doyle and Harris, Representatives Walker and Ritter,  
and members of the committees. I appreciate the opportunity to submit testimony  
on behalf of Middlesex Hospital regarding the Privatization and Relocation of  
Services Delivered by the Department of Developmental Services and  
Department of Mental Health and Addiction Services.

Middlesex Hospital is a community hospital staffed for 177 beds with a 20 bed  
Psychiatric Inpatient Unit. As part of a full continuum of care, the hospital  
provides behavioral health services for the residents of Middlesex County. We  
work closely with River Valley Services (RVS) and Gilead Community Services,  
coordinating care for Department of Mental Health and Addiction Services  
(DMHAS) patients in our Emergency Room, on our Inpatient Unit and in our  
Adult Outpatient Clinic.

I come here today to share my expertise, and my concerns related to the DMHAS  
plan that includes the transfer of patients from Cedarcrest Hospital in Newington  
to the Connecticut Valley Hospital (CVH) campus in Middletown, and into  
community settings. As a community provider, I support DMHAS's plan to  
move beds to Connecticut Valley Hospital (CVH) campus in Middletown, and  
into community settings but caution that any reduction in the availability of  
intermediate level care beds would be disastrous. Our experience has  
demonstrated time and again that due to the current back log at Cedarcrest  
patients have been "stuck" either in the ED or on the Inpatient Unit.

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In preparation for this testimony, I reviewed the length of stay data for our inpatient unit. I would like to share the highlights of one of the cases I reviewed. I have changed the identifying information, however the story is typical of what happens on an acute care unit. Jane has been admitted to that acute care unit at Middlesex 28 times since 2001 and has an average LOS of 20 plus days. Since January of this year, she has been admitted 4 times. After her first admission she was discharged back to Gilead, admissions two and three she was discharged to Respite at RVS and finally on her fourth admission was granted admission to Cedarcrest to address her non-compliance with medications. As of June 2009 she had been hospitalized on North 7 a total of 59 days. The targeted length of stay for an acute care unit such as ours is 5 days. The back log in the system delayed the level of care that Jane needed, but also prevented other acute care patients from accessing treatment in their community. During Jane's fourth admission, 7 patients were unable to access acute psychiatric care locally and were referred to other hospitals.

I share the example as one of many that happens daily throughout our state and urge you to consider the reallocation of the bed capacity at Cedarcrest as DMHAS has outlined and ensure that not one bed is lost. For us to meet our obligation as providers we must have adequate funding of the full continuum of care. This includes, but is not limited to community resources, respite services, acute care beds, and intermediate care beds. I urge you to support the plan to create several hospital-based pilot programs be created in "high demand" areas across the state. We must prevent emergency department overcrowding, reduce crisis situations for patients and their families, and provide access to community-based care closer to families and their support systems.

Thank you the opportunity to share these concerns; I am happy to answer any questions.

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