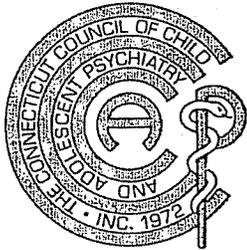


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**Connecticut
Council of
Child and
Adolescent
Psychiatry, Inc.**



**Connecticut
Chapter of the
American
Academy of
Pediatrics**

SB 198 AAC Concerning Riverview Hospital

I am Dr. Jill Barron, President of the CT Council of Child and Adolescent Psychiatry. I am here to testify on behalf of our 225 member organization as well as the CT Chapter of the American Academy of Pediatrics, with nearly 1000 members.

As the legislature is faced with the current economic crisis, the idea of closing Riverview Hospital has been brought to the forefront by some lawmakers. We would like to take this opportunity to explain why this is not a viable option for the state of CT.

Riverview Hospital is an accredited 88 bed hospital that provides mental health treatment for children 5 to 18 years of age with extreme emotional and behavioral difficulties. It was formed in part by the consolidation of four mental hospitals into one state-of-the-art facility, designed to treat this ill childhood population. The children at Riverview have been diagnosed with illnesses such as schizophrenia, bipolar disorder, and depression, and often pose a chronic danger to themselves and/or others. As part of admission criteria, they have failed treatment in other acute inpatient settings. RH patients come from places like Yale-New Haven, Institute of Living, CCMC, and Natchaug hospitals. The window of opportunity for chronic stabilization, improvement, or a cure in many cases, is at this young age; otherwise, inevitably many will fill our prisons and hospitals as adults -- becoming a much larger financial and emotional burden for generations to come.

Because of the severity and chronicity of the illnesses, and sometimes the difficulty in finding a suitable placement upon discharge from the hospital, the average length of stay during 2009 and 2010 was less than 120 days -- as opposed to one to two weeks in the acute hospital settings.

Instead of reducing medically necessary care of the most severely ill children in our state, lawmakers might consider requiring private insurers to reimburse for psychiatric care, to relieve the burden on taxpayers and private and public hospitals

We emphasize that this problem will not be solved by closing important and necessary institutions such as Riverview Hospital. This singular move would unduly burden an already overburdened community system of care, Enhanced Care Clinics, general emergency rooms, and shorter terms psychiatric units around the state. There needs to be direct acknowledgment that there are indeed very sick children who need hospital stays that Riverview offers with tremendous capacity to offer cogent interdisciplinary evaluations and collaborative discharge plans; something that has become a rarity in other hospital settings.

Lessons from the past about closing state hospitals to divert funds to the communities are sorry lessons indeed. How many of you still see the mentally ill homeless who line the streets of our cities. Some of them once lived in mental health facilities, but were forced out due to budget cuts. Shall we do this again with our children, this time?

We, the providers of children's mental health services in Connecticut's communities, must speak loudly on the behalf of those who cannot. RH must not close.

Community hospitals and treatment settings cannot provide the care in our communities that RH has been able to do so capably these past decades. Many children have been stabilized or improved by the unique and high level of care at this hospital, which is not only regarded highly at the state level but also at the national level. Last year, the recidivism rate was 1.8% in 30 days post discharge--4 children-- which is much lower than community hospitals, thus saving huge amounts of money preventing rehospitalization and successful transition to lower level of care. Sadly, anecdotal and out of context reports that occur in state institutions make good press and diminishes the impact of so many whose lives have been saved and helped. Politics and anecdotal media commentaries must not force the closure of RH's treatment programs which community hospitals and other treatment settings have shown consistently that they are not able to provide.

We would be more prudent to explore ways to achieve cost savings and increase revenues without crippling children's mental health care in Connecticut. Balancing the budget in the short term at the expense of eliminating essential services to Connecticut's most vulnerable children for the long term, can not be an option.

As such, we are very dismayed about the pronouncements that Riverview Hospital, once DCF's flagship institution, should be closed because of cost. This single hospital has helped countless children through the decades. Presently, there is not a seamless care delivery system in any community that could easily absorb those clients, several other hospitals continue to rely on Riverview to help when they can do no more and the community is already overburdened with high volumes of cases that warrant higher levels of care that are not available. In essence, closing Riverview would cause the system to likely implode.