

**State of Connecticut**  
**GENERAL ASSEMBLY**  
STATE CAPITOL  
HARTFORD, CONNECTICUT 06106-1591

**February 8, 2011**  
**Children's Committee**  
**Testimony in Support of SB 198**  
**AAC Concerning Riverview Hospital**

Chairpersons Musto and Urban, Ranking Members Markley and Wood, distinguished members of the Select Committee on Children: thank you for the opportunity to testify today in support of SB 198, An Act Concerning Riverview Hospital.

In putting forth this proposal, Legislative Republicans are following through on our Common Sense Commitment to Connecticut, a set of principles and proposals for reducing state government spending, creating jobs, and making it more affordable to live and work in Connecticut. This particular proposal is part of a long-standing goal and commitment to restructure the state's human service programs in a way that reduces waste and bureaucracy to offer a higher quality of patient care at a lower cost to the state.

In recent years, leaders in the areas of child development and behavioral health, including Connecticut's Child Advocate Jeanne Milstein, have raised concerns about the quality and cost of patient care at Riverview Hospital for Children and Youth in Middletown, CT.

With respect to the quality of care provided by Riverview, many behavioral health experts will challenge Riverview's delivery model - the overly institutional and restrictive nature of the healing environment and the lack of highly individualized treatment plans that take into account each child's unique needs, strengths and weaknesses. These experts will correctly point out that large state-operated institutions, like Riverview, have gone the way of the dinosaurs. In fact, Riverview is the only state-run children's psychiatric hospital left in New England, and it is our understanding that less than 10 such institutions exist in the United States. This is for good reason, as a better model of patient care has been found in smaller, more developmentally appropriate clinics, hospitals, and community programs that, among other things, allow patients more frequent contact with their families and communities.

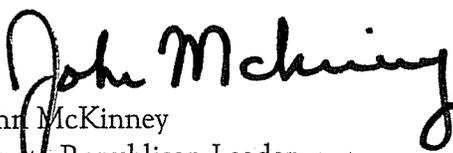
In addition, industry experts believe that private institutions across Connecticut can provide the same or better quality of care for about half the cost, potentially saving taxpayers more than \$30 million annually. For example, workers compensation claims for one year at Riverview were \$2.5 million compared to \$2,500 for the same period at the privately run Glenholme School in Washington, CT. Further savings could be realized if the Riverview campus were repurposed or sold.

The bipartisan Commission on Enhancing Agency Outcomes recently acknowledged the problems at Riverview and recommended the state look for alternative ways to care for its patients:

“...the cost per child at Riverview Hospital is \$2,330 per day, or \$850,000 annually. It is difficult to imagine that even the most expensive community-based care would approach that amount. At a time when the State is struggling to balance its budget and more people are in need of services, it is appropriate to finally answer the question of how, *without compromising care*, the State can move away from caring for its citizens in state-run institutions.”

The process of relocating Riverview's 67 patients will not happen overnight. There is no more time to waste. Therefore, we respectfully ask the committee to vote favorably on SB 198.

Thank you for your consideration.

  
John McKinney  
Senate Republican Leader

  
Lawrence F. Cafero  
House Republican Leader