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News

Riverview Hospital supporters voice concerns over possible closure

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MIDDLETOWN – While Riverview Hospital has been a target for legislators looking to cut costs in Connecticut’s budget, the hospital has no shortage of support.

State Rep. Matt Lesser and others weighed in on senate bill 198. The bill, which was referred to the relevant full committee Thursday, calls for the state to close Riverview Hospital and relocate the hospital’s patients to private facilities.

Lesser along with several witnesses are poised to testify before the Joint Committee on Children, believing such a move is not the appropriate action because Riverview is “really the hospital of last resort for some of the neediest kids in the state.”

“The workers at Riverview recognize the need to cut costs,” said Lesser, “and they’ve come up with plan after plan to save money. But the Department of Children and Families, under the previous administration, ignored those recommendations.”

Lesser conceded that the hospital is too administration-heavy, saying that one cost-cutting option would be to reduce middle management. Lesser suggested cutting back on dining services, which he said are “more elaborate than they need to be,” as well as reducing the number of residents by scrutinizing admissions more closely. Closing the hospital entirely would be overkill, he said.

“Yale’s head of psychiatry says that would be a disaster,” said Lesser. “It would be a huge disservice and it would eliminate the only option.”

The Department of Children and Families issued a statement recommending that the committee take no action, adding that a full report on the future of Riverview Hospital is due April 15. The statement describes Riverview as “a safety net for the state,” as it serves “a mostly disenfranchised and indigent population.”

Senate minority leader John McKinney quoted the bipartisan Commission on Enhancing Agency Outcome’s final report, released Jan. 3, as one of the reasons to close Riverview Hospital. The report does recommend de-institutionalizing the hospital’s patients, but also explicitly states that “with regard to Riverview Hospital, the commission does not recommend closure at this time.”

Another one of the bill's supporters, child advocate Jeanne Milstein, conceded before the committee that immediate closure would be imprudent. Milstein maintained that Connecticut should "work towards the closure of a state-operated psychiatric hospital for children," but since – in her opinion – Connecticut does not have the capacity to meet the needs of children using the hospital's services, "Riverview cannot close right now."

"We must have a continuum of services, supports and acute inpatient and sub-acute beds in place," Milstein wrote. "Until a plan is developed and implemented, children will not have the necessary options to meet their needs."

The state's chief child protection attorney, Carolyn Signorelli, opposes the bill for similar reasons. While she did not rule out private facilities, Signorelli said that not everyone at Riverview can be relocated and receive appropriate treatment.

"Whether or not private facilities, particularly for-profit facilities, can and will adequately and safely care for children with serious mental health needs, requires further study," she said.

Loretta Jay, president of Parasol LLC, was more direct, describing Riverview Hospital as "not an expendable state service," adding that "its programs cannot be adequately privatized to save money."

"This facility is the only choice for severely emotionally disturbed children who are rejected by private hospitals," Jay wrote in a statement submitted to the committee.

Another reason Jay opposes closing Riverview, according to the statement, is the number of children already placed out of Connecticut. Lesser said that if the state closes Riverview, that number – 367, according to Jay – will only increase, stating that "there is no private hospital that can take these kids in. If we closed it, we would have to send these kids out of state, and that would wind up costing taxpayers more."

The Office of the Chief Public Defender reiterated the lack of in-state private facilities that could accept Riverview's patients, submitting a statement to the committee in opposition to the bill. Executive Assistant Public Defender Christine Perra Rapillo said that closing the facility would "simply delay or shift the cost of care to a different agency, one that would be less equipped to handle a severe psychiatric issue than Riverview Hospital."

Other agencies and organizations, including the Keep the Promise Coalition, the National Alliance on Mental Illness-Connecticut, the Connecticut Council of Child and Adolescent Psychiatry and the Office of Protection and Advocacy for Persons with Disabilities, testified in opposition of the bill. The latter organization expressed concern that patients in private facilities are being abused, stating that they had "recently concluded an investigation into restraint-related injuries in one private provider's programs."

James McGaughey, the Office of Protection and Advocacy for Persons with Disabilities's executive director, did acknowledge Riverview's record of restraint-related injuries, adding that

“many of the incidents that led to use of restraint and seclusion could have been avoided.”
However, since private facilities are not necessarily any better, McGaughey wrote that
“Connecticut should not close Riverview simply to save money, and we should definitely not
transfer its clients to private hospital-level services until we have invested sufficient human and
financial resources to ensure these privately operated programs are capable of achieving truly
good outcomes.”

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