

DCF Can Do Better For Taxpayers, Troubled Kids

Rick Green, *The Hartford Courant*

December 9, 2008

I wanted to know what taxpayers get for \$860,000 per year to take care of a single child.

But when I posed this question, in so many words, during a recent visit and tour of Riverview Hospital, top staff members had an equally difficult question.

Where do you take a severely autistic teenager, a child who speaks no English and that no hospital in the state can handle, for long-term treatment?

In recent months, Riverview and the state Department of Children and Families have come under fire for the exorbitant cost to treat children at the state psychiatric facility in [Middletown](#).

Build them luxury homes instead, said Attorney General [Richard Blumenthal](#).

Do what other states do and use private, outside providers, Jeanne Milstein, the child advocate, told me.

Be prepared to face the budget knife, a legislative leader warned.

Doctors and administrators at Riverview, however, argue that it's not like they have much of a choice.

"Most of the time, there aren't any other options available," Dr. Waqar Azeem, Riverview's medical director, told me as we walked through the hospital. "Other hospitals can refuse, but our mission is 'we will take these kids.'"

The hospital sits on a bluff overlooking the [Connecticut River](#), a complex of large, low buildings. For some — children who have spent days or weeks in emergency rooms, and families stressed to the breaking point — it is the final stop, where it might take one, two or even three staff members to work with a single patient over stays that average three to five months.

These are children with greater needs than any others. "They have extreme emotional and behavioral difficulties resulting from acute psychiatric disorders, including schizophrenia, psychosis and bipolarity," DCF Commissioner Susan Hamilton told legislators in October.

Milstein and Blumenthal look at Riverview and see an overstaffed facility. They believe private operators, such as the Institute of Living in Hartford, could do the job for far less, if DCF would begin to plan more for the future.

"We haven't seen any urgency for having children not living in a psychiatric hospital. Some kids have been there for years," said Milstein, whose office is monitoring Riverview at the request of Gov. Rell.

Milstein is alarmed at the hospital's over-reliance on restraints and seclusion, an "urgent" problem that Riverview has failed for years to correct. Even with Riverview — the only remaining state-run psychiatric hospital for children in New England — DCF also sends more

than 300 children to facilities and programs outside of Connecticut.

"In the long run, we don't need this hospital," Milstein said. "They are spending too much money. It is top-heavy in management. Too much money forces us not to be creative," she said. "For \$860,000, you get restraint."

I don't pretend to know as much as Milstein and Blumenthal or, for that matter, Dr. Azeem of Riverview and DCF Commissioner Susan Hamilton. But if other states have less costly care by relying on, and financially supporting, private psychiatric hospitals, why can't Connecticut?

Certainly, we desperately need Riverview for now, but we must count on DCF to develop a long-term strategy that doesn't rely on a costly state-run psychiatric hospital.

Because there was no other alternative, Riverview had to take the severely autistic teenager the staff told me about when I visited.

For \$860,000 per child, we get a hospital that takes children that no one else wants. It's an expensive penalty for failing to plan.

• ***Rick Green's column appears on Tuesdays and Fridays. Read his blog at courant.com/rick.***