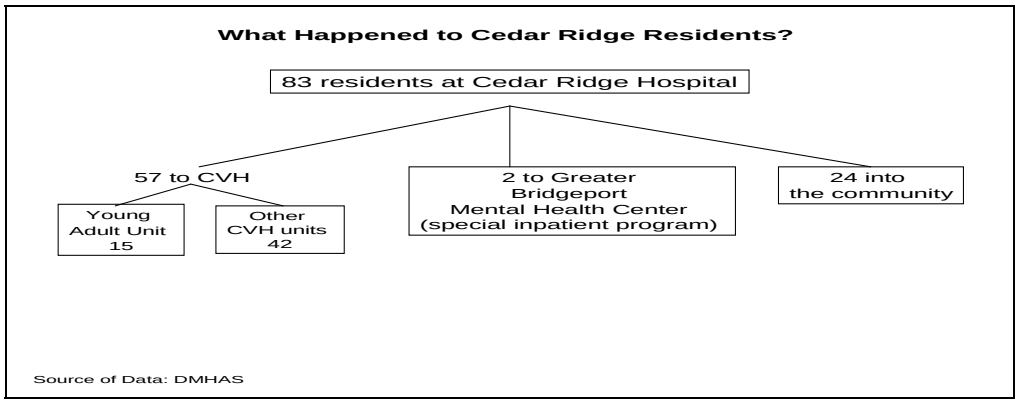
COMMISSION ON ENHANCING AGENCY OUTCOMES
SUMMARY SHEET

Follow Up on Closure of Cedar Ridge Hospital (Part of Proposal #1)
(Updates and expands upon Summary Sheet dated 6/21/10)

I. Cedar Ridge Clients

A. Where the Cedar Ridge Clients Went: In March 2010, there were 83 clients residing at Cedar Ridge.[1] As the chart below shows, over two-thirds of Cedar Ridge clients (57 individuals) had a clinical need for continued inpatient services, and were transferred to CVH. A sizeable number went into the community (24 individuals). Community living services and supports include specialized residential support programs, supervised apartments, and other residential supports.[2]



As described by DMHAS, the importance of continuity of care for individuals transitioning from Cedar Ridge to other DMHAS inpatient facilities or to the community was shown in the following ways:

- Each client was engaged in an **individualized transition plan** that took into account clinical and programming needs, in addition to personal preference
- Staff from the DMHAS inpatient service system and community Local Mental Health Authority system **worked collaboratively with clients and service providers** to ensure the best match between the individual and DMHAS inpatient/community resources
- DMHAS staff and/or community provider staff took steps to **establish relationships** with clients including:
    - Scheduling **day trips and overnight stays** six to eight weeks prior to actual discharge for clients with community discharges
    - **arranging transportation** to Connecticut Valley Hospital (CVH), as needed, so that individuals and families could visit the hospital prior to transfer (for clients with discharges to CVH)
        - having CVH staff develop and share a **"Welcome Video"** for individuals and families who could not visit CVH prior to patient transfer

[1]Cedar Ridge Hospital, located in Newington, was a 103 bed facility operated by the Connecticut Department of Mental Health and Addiction Services (DMHAS). A total of 87 beds were inpatient beds and 16 beds were decertified "step down" beds that provided community reintegration skills for individuals preparing for community placement. The hospital served persons with severe and persistent psychiatric and/or substance use disorders, who had experienced prior hospitalizations and/or support and treatment in the community for an extended period of time.

[2]Additionally, 31 clients from other DMHAS facilities were also discharged to the community during that same time period, for a total of 55 individuals.

The agency notes that the planned and routine discharge of individuals throughout DMHAS' inpatient service system has and will continue according to their specific plans of treatment. These community transitions, along with the prior discharges from the DMHAS inpatient service system, have been carefully planned and have taken into account individuals' preference, clinical and programming needs.

B. How Monitoring of Quality of Care for the Clients Transferred from Cedar Ridge Occurs: DMHAS describes a system for client monitoring that includes:

- **Overall:** there are *weekly discharge planning and progress meetings* designed to assess that the services received by an individual are at the most appropriate level of care. This weekly process also monitors the quality of care and the treatment process for clients in DMHAS inpatient facilities.
    - Issues arising for clients transitioning from Cedar Ridge hospital are brought to the attention of the *DMHAS CEO*, who then determines whether to bring it to the commissioner.
- **For Inpatient Care:** Regularly scheduled *treatment team meetings* include psychiatrists, social workers, psychologists, nurses, the client, and others involved in the day to day care of the individuals at CVH.
    - The two clients at the DMHAS Greater Bridgeport Mental Health Center are in a specialized inpatient program addressing co-occurring mental health and substance use disorders, and are also monitored by the treatment team at that facility.
    - Both facilities also have *ongoing contact with the DMHAS Medical Director* should any concerns about the care of clients arise.
- **For Community Discharges:** Monitoring occurs through the *DMHAS Local Mental Health Authorities (LMHAs) system*.[3] When a client is first placed into a community setting, there is daily contact, with the frequency of contact lessening over time based on clinical need.
- Through the *DMHAS Health Care System (HCS) and Evaluation, Quality Management and Improvement (EQMI) Divisions*, DMHAS regularly monitors the quality of care and outcomes of clients in the community (e.g., reviews *critical incident reports*, and *client outcome statistics*).

C. Preliminary Information on Outcomes for These Clients: The DMHAS commissioner's office, through its Evaluation, Quality Management and Improvement (EQMI) division, tracks client outcomes. Using National Outcome Measures (NOMs), clients are assessed every six months in such areas as employment, housing, social connectedness, and other quality of life indicators.

Because six months have not passed since the 24 clients were transferred from Cedar Ridge to the community, this follow-up assessment has not yet occurred. As of July 22, 2010, of the 55 total individuals discharged to the community, including the 24 from Cedar Ridge (see footnote 2) one client was re-admitted to DMHAS' inpatient service system. In this case, DMHAS staff worked closely with the respective LMHA to ensure that the client had access to services that were clinically indicated.

II. Cedar Ridge Staff

A. Staff Remaining at Cedar Ridge: Following the departure of the last remaining Cedar Ridge patients, all but 27 employees had left the facility by the beginning of June. Most of these staff (n=22) left at various points during the month of June as computers and medical records were moved, quality assurance paperwork completed, and transfer of facility maintenance to DPW occurred.

[3]Includes seven DMHAS-operated LMHAs and eight DMHAS-funded LMHAs operated by private non-profit providers. The LMHAs offer care coordination and an array of services and supports to individuals within their respective service areas.

As of July 15, 2010, there were five DMHAS employees at Cedar Ridge Hospital: telephone operator, administrative supervisor, maintenance person, medical director, and clinical manager (acting as CEO). (The Medical Director and the Clinical Manager currently spend approximately 40 percent of their time at Cedar Ridge,[4] and 60 percent of their time at CVH).

Once the state's application for intermediate short-term beds in general hospitals is approved by the federal government (CMS), then DMHAS should receive written acknowledgment from OHCA regarding the Department's full compliance with the applicable provisions of the CON agreement, and formally close the facility.

B. Where the Cedar Ridge Staff Went/Will Go: The table below shows where all Cedar Ridge employees will have transferred upon formal closure of the hospital.

Where Did Cedar Ridge Employees Go?			
Agency/Division	**# of Staff who are:**		
	Total	**Direct Care**	**Non-Direct Care**
DMHAS:			
CVH	214[a]	182	32
Blue Hills Hospital	6	2	4
Community Mental Health Center (New Haven)	1	1	
Capitol Region Mental Health Center	24	19	5
Western CT Mental Health Network	6	5	1
River Valley Services (Middletown)	8	8	
Commissioner's Office	1		1
Subtotal:	**260**	**217**	**43**
Other Agencies:			
DPW	2		2
DPH	1		1
Subtotal:	3	0	3
TOTAL	**263**	**217**	**46**
Transferred to Other State Agency in fall 2009	16		16
Left State Government	12	9	3
Adjusted Total	**291**	**226**	**65**

[a]154 of these 214 staff continue to be involved in the care of the 57 former Cedar Ridge clients who transferred to CVH.
Source of Data: DMHAS

Note, of the 263 staff at Cedar Ridge in spring 2010 and currently in state government:

- All the direct care staff (n=217) remained within DMHAS
    - The largest number (182) transferred to CVH (84 percent)

- Over two-thirds (69 percent) of the non-direct care staff remained within DMHAS (43 of 62)

- Of the 214 staff who transferred to CVH, approximately 72 percent (n=154) continue to be involved in the care of the 57 former Cedar Ridge patients who had transferred to CVH

[4]Including closing out the Medical Records Department, overseeing plant closure activities, and following state guidelines regarding disposition of nursing, pharmacy, staff education, physician, hr, and other records/files.

RIP Refills: Apart from the 53 former Cedar Ridge Young Adult Services Unit staff who transferred with the unit intact to CVH, as well as the 207 vacant DMHAS positions filled by other former Cedar Ridge staff,[5] DMHAS was also authorized 83 refills from the 310 DMHAS employees who retired in the 2009 RIP. At this time there are 39 unfilled RIP positions that are currently in the recruitment process.

As of July 15, 2010, 37 RIP Refill positions were filled, 22 of them with current DMHAS employees, which resulted in recruitment for 22 backfill positions. Additionally, 13 of the RIP Refills were filled by employees impacted by closures at the Department of Children and Families (High Meadows) and the State Department of Education (LPN program at the technical high schools).

III. Cedar Ridge Facility

A. Oversight/Responsibility for the Facility: On July 1, 2010, the Cedar Ridge facility/property reverted to the Department of Public Works (DPW). Although DPW has responsibility for the daily operations of the physical plant of Cedar Ridge, DMHAS continues to maintain capacity to provide services at Cedar Ridge Hospital until written acknowledgment to terminate services is received from OHCA.

B. Condition of the Facility: The 75-acre Cedar Ridge campus contains 16 buildings totaling over 272,000 square feet, including the hospital main building (113,120 sq. ft.), and the Division of Revenue Services building (46,000 sq. ft.).

In their facilities evaluation, DPW reported that the "building conditions range from very good, good, fair to deteriorating."[6] Heating occurs via a central boiler plant (requiring two state employee Boiler Tenders and four contracted boiler tenders), and all but the DRS building receive electricity from a distribution system owned and maintained by the state. None of the occupied buildings have sprinkler systems, although they do have fire alarm systems. Each building has its own air conditioning/ventilation system, and sewer/water is handled by MDC. The roads are in fair condition and no environmental issues were reported.

Including contracted security guards, property manager, general trades worker, and contracted and state employee boiler tenders, DPW projected a total operating budget of $1.3 million to maintain the Cedar Ridge facility:

Boiler Plant Staffing	$475,000
Utilities	$275,490
Life Safety Maintenance	$43,000
Property Preservation	$510,000
Total	**$1,303,490**

C. Plans for the Facility: Possible future plans for the campus reported by DPW include:

- Construction of new data center for the Department of Information Technology (DoIT) to replace existing data center located in leased spaced in East Hartford (which currently has insufficient power and cooling)
    - Status: General Assembly approved $2.5 million in design funds; however, no bonding has been approved for building construction (estimated to cost approximately $21 million)
- Renovation of hospital building to house DoIT staff offices
    - General Assembly would need to approve $8 million in bonding
- Determination of whether residential homes on campus could be converted into office space

[5]Staff went to fill opportunities (vacancies) designated in accordance with the 2009 SEBAC Agreement.
[6]Department of Public Works Facilities Evaluation of Cedarcrest Hospital Campus (Received Via email on 7/23/10).