



Fact Sheet: Cedarcrest Hospital & Blue Hills Substance Abuse Service

- Cedarcrest Hospital is an inpatient state psychiatric facility for adults on two separate campuses. It is designed to facilitate the recovery of persons experiencing disabling symptoms of psychiatric and/or substance abuse disorders
- Cedarcrest has two divisions – **Cedar Ridge** Mental Health Service in Newington, and **Blue Hills** Substance Abuse Service in Hartford.
- Cedar Ridge Mental Health Service in Newington has three general psychiatric units and three specialty units:
 - **Young Adult Program** provides age specific psychiatric treatment services to those with a pervasive developmental disorder who might also be aging-out of children's services. Almost one third of the clients at CRMHS are young adults.
 - **Monolingual Latino Mental Health Service** provides a range of services to Spanish speakers.
 - **Transitional Supervised Living Program** offers intensive rehabilitation services for individuals that face serious obstacles to community re-entry.
- Cedar Ridge Mental Health Service operates at or near capacity. It has 103 beds and in FY 08 the average daily census was 101.3. During this time frame there were 167 admissions and 163 discharges. The mean length of stay was 183 days - the median was 109 days.
- The Hartford facility, Blue Hills Substance Abuse Service, has two distinct units:
 - The **Acute/Detoxification** unit provides care to clients whose drug/alcohol withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care services. This program offers safe withdrawal from alcohol and other drugs, and prepares the client for ongoing treatment of his or her dependence. Admissions are accepted 24 hours a day.
 - The **Intensive Rehabilitation** unit offers 24-hour intensive rehabilitative addiction services to establish, support, and promote recovery. This program has the capacity to provide health monitoring and to serve clients whose medical or behavioral health conditions are stabilized, but are in need of frequent monitoring to maintain their health status.
- Blue Hills also operates at or near its 42 bed capacity. Its average daily census in FY 08 was 38.2. There were 1379 admissions. The mean length of stay was 5 days - the median was 10.4 days.

District 1199 opposes the closure of Cedarcrest Hospital because its services are essential to provide treatment to individuals whose care would be less intensive and successful elsewhere. Closing Cedarcrest would not be cost effective from a healthcare standpoint especially considering the extent to which its services are critical to preventing mental health problems from escalating. **If Cedarcrest were to close, there would be no public mental health beds available in the Greater Hartford area**, which experiences continual demand for such services.



Fact Sheet:
Department of Mental Health and Addiction Services
Detox and Rehab Beds

	Blue Hills	CVH
# of Detox Beds	21	20
# of Rehab Beds	21	90
Detox Admissions		
2008	1,379	1,166
2009 (Jan. – June)	690	441*
Wait List for Admit?	Yes	Yes

**2009 Admissions for CVH are January through May and do not include June numbers.*



SEIUHealthcare®
United for Quality Care



Fact Sheet: High Meadows Residential Treatment Center

- High Meadows is a 43 bed facility for male youth with **significant emotional and behavioral problems and complex medical issues**, who may also have developmental disabilities. Currently, High Meadows operates at a census of 36 due to ongoing construction. High Meadows currently has 173 employees, of whom 106 are full-time.
- High Meadows admits adolescents who have disruptive behaviors from other in-state treatment facilities, adolescents returning to Connecticut from out-of-state care, adolescents who are in need of sub-acute treatment from inpatient psychiatric settings and adolescents who need specialized treatment not available in the private sector.
- High Meadows is the **only residential treatment facility in the state that provides 24 hour nursing/medical coverage**, allowing the admission of medically complex children and adolescents. This includes insulin dependent diabetes mellitus, serious orthopedic injuries, significant neurological disorders including seizure disorders. In many situations, these residents have had medical conditions identified while at High Meadows, such as genetic abnormalities, cardiac conditions or respiratory problems that had gone undiagnosed in previous placements.
- High Meadows maintains close ties to the Yale specialty clinics in order to provide **seamless medical coverage for all residents**, especially medically complex cases.
- Most recently, High Meadows converted 55% of beds to accommodate the admission of developmentally delayed adolescents upon the closing of Lake Grove School in Durham. This required a reduction in census from 43 to 36, as many of the youth require single rooms to appropriately address all treatment issues.
- High Meadows only accepts referrals that have been rejected by other facilities (by both in and out-of-state facilities). Admission criteria include having medical and psychiatric needs beyond what private residential facilities will accept.
- 20% of all admissions are CT youth returning from **out of state placements** who were unsuccessfully treated in those placements.
- 59% of all admissions are a **result of treatment failures in lower levels of care**. This includes 25% of admissions from **private residential facilities unable to manage the complex medical and psychiatric problems**
- In 2008, High Meadows served a total of 95 residents and their families from all areas of the state. However, the cities with the highest utilization are **Hartford (20%), Metro New Haven (18%), Waterbury (14%), and the Greater New Haven Area (12%)**.
- High Meadows has the ability to be **flexible around age limitations**, expanding the usual age criteria of 12-20 to 9-21 based upon the level of urgency around the need for placement – generally surrounding complex medical issues
- 90% of all residents were discharged to lower levels of care in the community.
- **District 1199, CSEA Local 2001 and Connecticut Employees Union Independent all oppose Governor Rell's proposed closure of High Meadows.**



Fact Sheet:

State-Operated Groups Targeted by DDS for Privatization

	Region	Address	Town	Senator	Representative
1	West	676 White Plains Road	Trumbull 06611	Musto	Hwang
2	West	114 Hilltop Drive	Trumbull 06611	Musto	Rowe
3	West	22 Clapboard Ridge Road	Danbury 06811	McLachen	Godfrey
4	West	193 Second Hill Rd	New Milford 06776	Rorback	Chapin
5	West	82 Chestnutland Road	New Milford 06776	Rorback	Chapin
6	West	90 McDonnell Road	Watertown 06795	Kane	Sean Williams
7	West	263 Migeon Avenue	Torrington 06790	Witkos	Cook
8	West	Tunick House, 660 E Main St.	Torrington 06790	Witkos	Cook
9	North	167 South Main St.	West Hartford 06107	Harris	Bye
10	North	Scalise/Deerhill, 16 Scalise Dr	Columbia 06237	Prague	Lewis
11	North	4A Scalise Drive	Columbia 06237	Prague	Lewis
12	North	977 Upper Maple St.	Dayville 06241	Williams	Johnston
13	North	49 Tunnel Rd.	Vernon 06066	Guglielmo	Janowski
14	South	4 Pelham Avenue	Hamden 06514	Looney	Sharkey
15	South	Serramonte Apts., 95 Kayview Dr	Hamden 06514	Crisco	Villano
16	South	225 Sandquist Circle	Hamden 06514	Crisco	Villano
17	South	1220 Little Meadow Rd.	Guilford 06437	Meyer	Widlitz



Fact Sheet

Non-Profit Private Provider Agencies

- The State of Connecticut spends about **\$1 Billion annually** on services provided by private non-profit agencies to clients of the Departments of Developmental Services (DDS) and Mental Health and Addiction Services (DMHAS).
- More than 19,000 infants, children and adults (and their families) receive services and supports from DDS. More than half reside with their families or in their own home; the remainder live in group homes or other supported living arrangements.
- There are 180 qualified DDS provider agencies, providing residential, day and/or employment supports to approximately 7,000 of those individuals.
- The annual expenditure for these private agencies is about \$450 Million annually, with another \$160 Million expended on day programs. On average, contracts with the State provide 97% of the funding for a private non-profit DDS agency.
- Between FY1987 and FY2009, the compounded increase in the Consumer Price Index (CPI) was **95.4%**.
 - During that same 22-year period, the compounded increase in the Cost of Living Adjustments (COLA) made to the rates paid to private non-profit agencies was **33.16%**.
 - The average COLA for these agencies has been **only 1.19% annually**.
- The results of this enormous and ever-growing gap between provider costs and provider funding has been deeply damaging to the mission of providing the best services in the least restrictive settings. Agencies have been forced to:
 - continually shift costs to employees by cutting staff, reducing staff training, slashing benefits, increasing employee benefit costs, and freezing or cutting wage rates
 - limit services for clients; delaying or refusing admission to new clients
 - delaying building and equipment maintenance and upgrades
 - cutting day programs and other services essential to real community integration