STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

November 19, 2009

IN THE MATTER OF:

An Application for a Certificate of Need filed pursuant to Section 19a-638, C.G.S. by	Notice of Agreed Settlement Office of Health Care Access Docket Number: 09-31422-CON
Department of Children and Families	**Termination of Residential Treatment Services at High Meadows in Hamden**

Susan I. Hamilton, M.S.W., J.D.
Commissioner
Department of Children and Families
505 Hudson Street
Hartford, CT 06106-7107

Dear Commissioner. Hamilton:

This letter will serve as notice of the Agreed Settlement between the Office of Health Care Access and the Department of Children and Families in the above matter, as provided by Section 19a-638, C.G.S. On November 19, 2009, the Agreed Settlement was adopted as the finding and order of the Office of Health Care Access. A copy of the Agreed Settlement is attached hereto for your information.

By Order of the
Office of Health Care Access

Cristine A. Vogel
Deputy Commissioner

Enclosure
CAV:agf

Department of Public Health
Office of Health Care Access
Certificate of Need Application

Agreed Settlement

Applicant:	**Department of Children and Families**
Docket Number:	**09-31422-CON**
Project Title:	**Termination of Residential Treatment Services at High Meadows in Hamden**
Statutory Reference:	**Section 19a-638 of the Connecticut General Statutes**
Filing Date:	**August 26, 2009**
Hearing Dates:	**September 19, 2009** **October 23, 2009**
Presiding Officer:	**Cristine A. Vogel, Deputy Commissioner**
Intervenor:	**New England Health Care Employees Union, District 1199, SEIU**
Agreed Settlement Date:	**November 19, 2009**
Default Date:	**November 24, 2009**
Staff Assigned:	**Alexis G. Fedorjaczenko** **Steven W. Lazarus**

Project Description: The Department of Children and Families ("Applicant") is proposing to terminate residential treatment services at High Meadows in Hamden, with no associated capital expenditure.

Nature of Proceedings: On August 26, 2009, the Office of Health Care Access ("OHCA") received the proposal of the Department of Children and Families

("Applicant") to terminate residential services at High Meadows in Hamden, with no associated capital expenditure. The Applicant is a health care facility or institution as defined by Section 19a-630 of the Connecticut General Statutes ("C.G.S.").

On August 3, 2009, under OHCA CON Determination Report No.: 09-31422-DTR, OHCA determined that pursuant to 19a-638(b) C.G.S., it was appropriate to waive the Letter of Intent for this CON application and the Applicants were able to file their CON application between August 3, 2009 and August 28, 2009. A notice to the public concerning OHCA's receipt of the Applicant's Letter of Intent was published in *The New Haven Register* on August 7, 2009.

On August 12, 2009 and August 18, 2009, OHCA received letters from the New England Health Care Employees Union, District 1199, SEIU, as well as from other State legislators requesting that a public hearing be held in this matter.

On October 13, 2009, OHCA received a request for Intervenor status with full procedural rights from the New England Health Care Employees Union, District 1199, SEIU, and the AD HOC Organization of Families Opposed to Closing High Meadows. On October 21, 2009, OHCA granted Intervenor status with full rights of cross examination to the New England Health Care Employees Union, District 1199, SEIU, and OHCA granted Informal Participant status to The AD HOC Organization of Families Opposed to Closing High Meadows..

A public hearing regarding the CON application was held on September 19, 2009 and continued on October 23, 2009. On September 3, 2009, the Applicant was notified of the date, time, and place of the hearing. On September 4, 2009, a notice to the public announcing the hearing was published in *The New Haven Register.* Deputy Commissioner Cristine A. Vogel served as Presiding Officer. The hearing was conducted as a contested case in accordance with the provisions of the Uniform Administrative Procedure Act (Chapter 54 of the Connecticut General Statutes) and Section 19a-638, C.G.S.

OHCA's authority to review and approve, modify or deny the CON application is established by Section 19a-638, C.G.S. The provisions of this section as well as the principles and guidelines set forth in Section 19a-637, C.G.S., were fully considered by OHCA in its review.

Findings of Fact

Clear Public Need
Impact of the Proposal on the Applicant's Current Utilization Statistics
Proposal's Contribution to the Quality of Health Care Delivery in the Region
Proposal's Contribution to the Accessibility of Health Care Delivery in the Region

1. It is found that High Meadows Residential Treatment Program ("High Meadows") is a state operated treatment center that qualifies as a non-profit. High Meadows is located

at 825 Hartford Turnpike in Hamden, Connecticut. *(August 26, 2009, initial CON application, pages 2 and 5)*

2. It is found that High Meadows is a 36-bed facility that provides residential treatment, 24 hours a day, 365 days a year, to boys and young men between the ages of 12 and 20 with psychiatric/behavioral health disorders who are referred by the Department of Children and Families ("DCF"). High Meadows provides a range of psychiatric, behavioral health, educational, rehabilitative, and medical assessment and treatment interventions that are bundled into a single all-inclusive residential treatment service. *(August 26, 2009, initial CON application, pages 2-3)*

3. The Applicant contends that only children and youth referred by and receiving services under an open DCF protective services or voluntary services program were eligible for admission to High Meadows. Referrals to High Meadows and other residential treatment programs are managed through the Residential Care Team at the CT Behavioral Health Partnership ("CT-BHP"). Value Options, the state contractor serving as the Administrative Services Organization for the CT-BHP, manages the referral process. *(August 26, 2009, initial CON application, pages 3-4, 22, and 25)*

4. The Applicant contends that High Meadows has traditionally served children and youth with psychiatric and behavioral disturbances who require a period of intensive treatment and supervision in order to return to life in the community. More recently High Meadows has adapted its programming to accommodate the specialized needs of male youth with:
   a. Co-occurring psychiatric/behavioral disorders and cognitive limitations and/or developmental disorders; and
   b. Co-occurring psychiatric/behavioral disorders and complex medical conditions.
   (August 26, 2009, initial CON application, pages 2-3 and 22)

5. The Applicant contends that High Meadows has an appropriate nursing/medical staff, including an on-site pediatrician and 24-hour nursing care, to serve children with co-occurring psychiatric disorders and complex medical needs. *(August 26, 2009, initial CON application, pages 3 and 34)*

6. The Applicant testified that the volume of children and youth with complex medical needs who require residential care at this level is extremely small, with perhaps three new children coming into the system each year, and that at the time of testimony there were six medically complex children at High Meadows. *(October 23, 2009, Testimony by Peter Mendelson, Ph.D., DCF Bureau Chief of Behavioral Health and Medicine)*

7. OHCA finds that although the great majority of youth served at High Meadows present with psychiatric and behavioral health disorders, the patient/physician mix of High Meadows is unique in that the facility can also accommodate the specialized population of children with co-occurring psychiatric disorders and complex medical needs.

Connecticut Children's Place

8. It is found that Connecticut Children's Place ("CCP") is a state-operated residential treatment provider located at 36 Garden Street in East Windsor, Connecticut, serving children and youth with psychiatric and/or behavioral health disorders. *(August 26, 2009, initial CON application, pages 17-18)*

9. It is found that CCP has 48 beds for boys and girls, 26 of which are male-specific beds. *(August 26, 2009, initial CON application, page 18 and October 23, 2009, Testimony by Peter Mendelson, Ph.D., DCF Bureau Chief of Behavioral Health and Medicine)*

10. The Applicant contends that DCF has plans to develop specialized nursing/medical resources for children with complex medical needs at CCP that are comparable to High Meadows. *(August 26, 2009, initial CON application, page 20)*

11. The Applicant testified that the ability to develop nursing/medical capacity at CCP is predicated in part on the transfer of staff from High Meadows, and that the details of how and when such a transfer and/or hire will occur are currently under discussion. *(September 19, 2009, and October 23, 2009, Testimony by Peter Mendelson, Ph.D., DCF Bureau Chief of Behavioral Health and Medicine)*

12. The Applicant testified that there is an imminent availability, upon transfer or hire of appropriate nursing staff, to open a cottage that will allow CCP to expand overall capacity by an additional 5-7 beds. *(October 23, 2009, Testimony by Peter Mendelson, Ph.D., DCF Bureau Chief of Behavioral Health and Medicine)*

13. The Applicant testified that 24-7 nursing staff will be campus-specific, not cottage-specific, and when possible, youth with complex medical needs will be mixed into the general population at CCP, into operating units that are already in existence. *(October 23, 2009, Testimony by Peter Mendelson, Ph.D., DCF Bureau Chief of Behavioral Health and Medicine)*

14. The Applicant testified that it will take one or two weeks to orient and train High Meadows staff to CCP. *(October 23, 2009, Testimony by Peter Mendelson, Ph.D., DCF Bureau Chief of Behavioral Health and Medicine)*

15. OHCA finds that specialized nursing medical care must be available at CCP.

Volumes at High Meadows

16. The Applicant provided data demonstrating the following average daily census, average length of stay ("ALOS"), total annual admissions, and total annual discharges:

Table 1: Occupancy Data, High Meadows, Last Three SFYs

	SFY 06-07	SFY 07-08	SFY 08-09
July	39	31	32
August	39	30	32
September	39	31	29
October	42	33	33
November	44	35	36
December	43	36	35
January	44	35	36
February	43	33	31
March	43	34	33
April	39	34	34
May	37	24	36
June	34	33	33
Total	**486**	**399**	**400**
Average Daily Census	41	33	33
Average Length of Stay	203	185	193
Total Annual Admissions	67	59	55
Total Annual Discharges	75	60	55

(August 26, 2009, initial CON application, pages 26-30)

17. The Intervenor provided the number of admissions and children served at High Meadows by calendar year ("CY") from 2001 though 2008, to demonstrate that High Meadows has not experienced a decrease in admissions or children served over this period.

Table 2: Admissions and Children Served, High Meadows, Last Eight CYs

	2001	2002	2003	2004	2005	2006	2007	2008
Total Admissions	54	45	60	65	103	79	55	59
Average Per Month	5	4	5	5	9	7	5	5
Children Served	92	83	93	102	145	123	98	95

(October 13, 2009, Prefile Testimony of Dr. Victoria Soovajian, page 3)

18. Based on the Applicant and the Intervenor evidence, OHCA finds that admissions to High Meadows annually is approximately 55 children/youths and that on average, prior to June 2009, the monthly census at High Meadows was approximately 33 children/youths.

Transition Planning

19. In a letter dated October 19, 2009, Jeanne Milstein, the Child Advocate for the State of Connecticut, urged that OHCA require DCF to meet detailed discharge and transfer guidelines, and indicated that such planning "should begin at the time of admission and transition work should be planful, collaborative, family and youth centered and meaningfully implemented." *(October 22, 2009, Letter from Jeanne Milstein, Child Advocate, Office of theCchild Advocate, State of Connecticut)*

20. The Applicant contends that discharge planning for all youth at High Meadows commences on the day of admission. *(August 26, 2009, initial CON application, page 20)*

21. The Applicant testified that admissions to High Meadows were closed in June 2009, and that no admissions have occurred since. *(October 23, 2009, Testimony by Peter Mendelson, Ph.D., DCF Bureau Chief of Behavioral Health and Medicine)*

22. The Applicant provided a spreadsheet identifying the following discharge plans for the 26 youth who remained at High Meadows as of August 26, 2009:
    - 7 to be transferred to Connecticut Children's Place;
    - 12 to be transferred to an in-state Residential Treatment Center, including the Children's Center of Hamden, Justice Resource Institute, Children's Home of Cromwell, Waterford Country School, and Klingberg Family Centers;
    - 1 to be transferred to an out-of-state Residential Treatment Center due to the identification of problem sexual behavior;
    - 3 to be discharged home with community-based clinical and wrap-around services;
    - 1 to be transferred to a PASS group home; and
    - 2 with Department of Mental Health and Addiction Services placements.

    (August 26, 2009, initial CON application, pages 21 and 39-40)

23. The Applicant contends that as of September 11, 2009, 18 youth remained at High Meadows, with the following discharge plans in place:
    - 5 to be discharged home with community-based clinical and wrap-around services;
    - 6 to be transferred to CCP; and
    - 7 to be transferred to other in-state Residential Treatment Centers.

    (September 19, 2009, Testimony by Peter Mendelson, Ph.D., DCF Bureau Chief of Behavioral Health and Medicine)

24. The Applicant testified that as of October 23, 2009, there were 12 youth remaining at High Meadows. *(October 23, 2009, Testimony by Peter Mendelson, Ph.D., DCF Bureau Chief of Behavioral Health and Medicine)*

25. The Applicant contends that since July 29, 2009, all youth and families at High Meadows have been notified of the intended closure of the facility, as have DCF staff and others working with the children and youth. *(August 26, 2009, initial CON application, pages 21 and 23)*

26. The Applicant contends that staff from the CT-BHP Residential Placement Team are meeting twice weekly with High Meadows staff and identifying alternative treatment

resources. The location of family and their access to available treatment programs, specialty clinical needs, program availability, alternative community options, and other factors are being considered in the individualized planning. *(August 26, 2009, initial CON application, page 23)*

27. The Applicant contends that per standard operating procedure for the matching and referral process, once a child is matched to a program, a pre-admission interview with the youth is conducted by the matched provider. Not later than 2 business days after the interview, the provider returns a match notification form to the DCF matching team notifying of acceptance or denial. If accepted, the date of admission is specified. Admissions to current vacancies must be executed within 2 days of notification of acceptance. *(August 26, 2009, initial CON application, page 23)*

Capacity at Residential Treatment Centers

28. The Applicant listed eight providers, both state and private, that serve populations similar to High Meadows, and identified that most of these providers have capacity to accommodate children and youth from High Meadows.

Table 3: Residential Providers in Connecticut

Provider Name & Town	Age Served	Male Psych Beds, unless noted	Current Capacity	Anticipated Vacancy, next 30 days	Services Provided
STATE					
Connecticut Children's Place East Windsor, CT	12-21	26	3	3	RT to children/youth with psychiatric and/or BH disorders (propose to expand capacity to medically complex children)
PRIVATE					
Children's Center of Hamden Hamden, CT	14-18	26	3	2	RT to children/youth with psychiatric and/or BH disorders
Children's Home of Cromwell* Cromwell, CT	11-18	29 (12 DD)	7 (2 DD)	2 (0 DD)	RT to children/youth with psychiatric and/or BH disorders; also treats youth with co-occurring cognitive limitations (including mental retardation) and psychiatric/behavioral disorders
Justice Resource Institute (JRI) Susan Wayne Center for Excellence* Thompson, CT	12-20	8**	0 (approx. 13 beds coming online end of 9/09)	0	RT to children/youth with co-occurring cognitive limitations (including mental retardation) and psychiatric disability

Provider Name & Town	Age Served	Male Psych Beds, unless noted	Current Capacity	Anticipated Vacancy, next 30 days	Services Provided
Klingberg Family Centers, Inc. New Britain, CT	13-17	21	1	1	RT to children/youth with psychiatric and/or BH disorders
Learning Clinic, Inc. Brooklyn, CT	6-21	6 (DD)	4	1	RT to children/youth with developmental disability and co-occurring psychiatric disorders
Mount Saint John, Inc. Deep River, CT	11-17	32	4	1	RT to children/youth with psychiatric and/or BH disorders
Waterford Country School Quaker Hill, CT	8-18	26	0	0	RT to children/youth with psychiatric and/or BH disorders

Note: DD = Developmentally Disabled Beds, RT=Residential Treatment, BH=behavioral health
* New facility in 2008
** 8 beds for DCF youth with co-occurring cognitive limitations and psych disability, and additional 7 beds available for Department of Developmental Services clients
(August 26, 2009, initial CON application, pages 17-19 and September 19, 2009, Testimony by Peter Mendelson, Ph.D., DCF Bureau Chief of Behavioral Health and Medicine)

29. The Applicant contends that beyond the providers listed above, there are an additional 27 treatment slots for males with co-occurring psychiatric/behavioral disorders and cognitive limitations and/or developmental disorders in therapeutic group homes across the state. *(August 26, 2009, initial CON application, page 19)*

30. The Applicant contends that DCF has engaged in preliminary discussions with a non-profit provider of behavioral health services to develop an existing, but currently vacant, facility for the purpose of serving 12-14 adolescents with co-occurring cognitive limitations and psychiatric/behavioral disorders. The Applicant indicated that the facility has been zoned and utilized for residential treatment in the past and passed a preliminary licensing review of the physical plant. *(August 26, 2009, initial CON application, page 20)*

31. The Applicant testified that there are currently 111 new beds under various stages of development in Connecticut, 60 of which will be dedicated to serving children and youth with mental retardation. Some of the 111 new beds will be open as early as this month, with others opening through the early part of 2010. *(October 23, 2009, Testimony by Peter Mendelson, Ph.D., DCF Bureau Chief of Behavioral Health and Medicine)*

32. The Applicant testified that there has recently been an agreement between the Department of Social Services and the providers of Psychiatric Residential Treatment Facilities ("PRTF"), consistent with federal regulation, that 24-hour nursing will be provided and that continuation of funding and licensure will be contingent upon compliance with that. *(October 23, 2009, Testimony by Peter Mendelson, Ph.D., DCF Bureau Chief of Behavioral Health and Medicine)*

33. OHCA recognizes that system changes are on-going and at various stages, however, it appears these changes are responsive to the overall shift in the delivery of care.

34. The Applicant contends that DCF utilizes out-of-state residential treatment programs to serve special populations that cannot be effectively served in Connecticut, including children and youth with sexual behaviors or fire-setting behaviors that require specialized treatment, or children with co-occurring psychiatric/behavioral disorder and cognitive limitations and/or developmental disorder that require specialized treatment. *(August 26, 2009, initial CON application, page 4)*

Shift From Residential To Community-Based Treatment

35. The Applicant provided citations to recent research and national initiatives supporting the advantages of serving children in their homes and communities versus placement in residential care whenever possible and consistent with the child's individual needs and circumstances. *(August 26, 2009, initial CON application, page 5)*

36. The Applicant contends that over the last several years, DCF has engaged in a systematic strategy to reduce reliance on residential levels of care and to support and expand community-based treatment options. *(August 26, 2009, initial CON application, page 5)*

37. The Applicant provided a list of community-based services that DCF has expanded over the last 6-7 years to serve children and youth in their communities when they have less need for residential or other forms of out-of-home care. *(August 26, 2009, initial CON application, page 13-16)*

38. The Applicant provided data demonstrating that between January 2000 and December 2008, there was an overall downward trend in the number of children and youth in out-of-home care in Connecticut's Child Welfare System, and that the total number of children in DCF placement (includes residential care, foster care, etc) during this period declined from 7,002 to 5,200, a 26% reduction in use of out-of-home care. *(August 26, 2009, initial CON application, pages 6-7)*

39. The Applicant provided data demonstrating that specifically for children and youth in residential care (a subset of the total population of children in out-of-home care in Connecticut's Child Welfare System), an overall downward trend can be seen between April 2004 and August 2009, and that during this period, the number of children in residential care declined from 947 to 445. *(September 30, 2009 Additional Information Submitted by the Applicant)*

40. The Applicant provided data demonstrating that there has been an upward trend in the number of in-home service cases (children and youth that are served in the community and are not in out-of-home care including residential treatment) in Connecticut's Child Welfare System, and that between January 2003 and December 2008 the number increased from 2,917 to 4,090, representing a 40% increase in in-home cases. *(August 26, 2009, initial CON application, pages 7-8)*

41. The Applicant provided data demonstrating that the proportion of children and youth in residential placement, out of the total number of children and youth in DCF care, declined by 33% from the first quarter of 2004 to first quarter of 2009, from approximately 14% to approximately 10%. *(August 26, 2009, initial CON application, pages 8-9 and September 19, 2009, Testimony by Peter Mendelson, Ph.D., DCF Bureau Chief of Behavioral Health and Medicine)*

42. In a letter dated October 19, 2009, the Office of the Child Advocate made a statement that "children should not spend months and years of their childhoods at state-run facilities and residential institutions. When children must be placed outside their homes and communities, the time they spend in congregate care should be focused, short-term and intensive to meet the needs of the children and prepare them for lower levels of care." *(October 22, 2009, Letter from Jeanne Milstein, Child Advocate, Office of the Child Advocate, State of Connecticut)*

Financial Feasibility and Cost Effectiveness of the Proposal and its Impact on the Applicant's Rates and Financial Condition
Impact of the Proposal on the Interests of Consumers of Health Care Services and the Payers for Such Services
Consideration of Other Section 19a-637, C.G.S. Principles and Guidelines

43. The project has no associated capital expenditure.

44. The Applicant contends that High Meadows is a state-operated facility that does not generate revenue from private insurance or federal reimbursement, and that funding for High Meadows is provided through appropriations from the State of Connecticut General Fund. *(August 26, 2009, initial CON application, pages 32, 33 and 46)*

45. The Applicant has no formal research responsibilities. The Applicant contends that High Meadows has provided internship and practicum opportunities that will no longer be available with the proposal. *(August 26, 2009, initial CON application, page 34)*

46. The Applicant contends that the proposal will have little impact on consumers because of the availability of other placement options, and that the proposal will have little impact on payers because High Meadows is not eligible for and does not receive reimbursement from either Medicaid or private insurers. *(August 26, 2009, initial CON application, page 31)*

Rationale

The Office of Health Care Access ("OHCA") approaches community and regional need for Certificate of Need ("CON") proposals on a case-by-case basis. CON applications do not lend themselves to general applicability due to a variety of factors, which may affect any given proposal; e.g., the characteristics of the population to be served, the nature of the existing services, the specific types of services proposed to be offered, the current utilization of services and the financial feasibility of the proposal.

High Meadows Residential Treatment Program ("High Meadows") is a non-profit and state owned facility, operated by State of Connecticut's Department of Children and Families ("DCF"). High Meadows operates 24 hours a day, 365 days a year ("24/7"), offering psychiatric/behavioral health services to children and youth between the ages of 12-20. DCF is proposing to terminate residential services at High Meadows.

The Applicant proposes to offer services for children and youth with complex medical needs at an existing state owned and operated provider, Connecticut's Children Place ("CCP"). The Applicant testified that the ability to develop nursing/medical capacity at CCP is predicated on the transfer of staff from High Meadows; and that there is an imminent availability, upon such transfer or employment of appropriate nursing staff, to open a cottage that will allow CCP to expand overall capacity. Although an estimated number of children requiring such specialized nursing/medical services annually was difficult for OHCA to confirm at the hearing by the Applicant and the Intervenor, it was apparent to OHCA that a need for such services does exist and therefore must be provided by the Applicant at CCP. The Applicant must also allow for flexibility of availability to those services as no other providers offer these specialized nursing/medical services.

Based on the Applicant and the Intervenor evidence, OHCA finds that annual admissions and monthly census at High Meadows were approximately 55 and 33, respectively. The Applicant testified that as of October 2009, High Meadows was providing care to 12 children/youth as other clients reached their care plan goal and have been discharged or an appropriate transfer to another residential treatment center had occurred. The Applicant demonstrated that the demand for residential treatment care for children and youth has declined from 947 in 2004 to 445 in 2009. Meanwhile, the demand for in-home or community based services has increased by 40% from approximately 2,900 in 2003 to 4,000 in 2008. This shift in the way care is delivered is responsive to recent research and national initiatives that support serving children in their homes and communities opposed to placement in residential care whenever consistent with the child's individual needs. No person or Intervenor at the hearing disputed this fact. Moreover, in a letter from the Office of the Child Advocate, reference was made to how children should not spend months and years in residential institutions; and when necessary the care should be focused, short-term and intensive to meet the needs of the children and prepare them for lower levels of care.

The Applicant demonstrated an overall shift in the way psychiatric/behavioral health care is delivered for children and youth in their proposal and provided OHCA with details regarding future developments. Information contained in Facts 30, 31, and 32

demonstrate how additional availability of programs that address specific needs will be deployed without enabling excess capacity of generalized residential care. OHCA remains concerned about those children who are referred out-of-state and strongly encourages DCF to develop services; however, OHCA is also aware through Applicant testimony that the proposal to terminate services at High Meadows does not exacerbate the out-of-state referrals as High Meadows does not typically admit children for these diagnosis.

OHCA recognizes that in order to maintain a financially strong residential treatment network the system needs to remove excess capacity as "empty beds" result in additional overhead costs for public and private providers; and loss of revenue with an inability to use those "beds" for programs that may be more in demand. Therefore, OHCA concludes that the termination of residential treatment services provided at High Meadows will financially strengthen the network of existing service providers and that the Applicant's proposal is financially feasible. However, OHCA concludes that services for children and youth with medically complex diagnoses must remain within the State and that DCF is required to maintain 24 hours/7 days a week access to such services at the CCP location.

Order

NOW, THEREFORE, the Office of Health Care Access ("OHCA") and Connecticut Department of Children and Families ("DCF" or "Applicant') hereby stipulate and agree to the terms of settlement with respect to the Applicant's request to terminate residential treatment services at High Meadows in Hamden.

1. The Applicant's proposal to terminate residential treatment services at its High Meadows facility in Hamden, Connecticut, is hereby approved, conditional upon the Applicant's full compliance with the following agreed upon stipulations **prior** to the termination of services:

    a. The Applicant agrees that nursing/medical services for children and youth must be available at Connecticut Children's Place ("CCP") 24 hours per day/7 days per week;

    b. The Applicant agrees that CCP must have available capacity to admit children and youth with specialized nursing/medical needs prior to the termination of services at High Meadows;

    c. The Applicant agrees to file a comprehensive patient transfer plan with OHCA which will include, at a minimum, the following:

        1) A discussion of the continuity of patient services during patient transfers from High Meadows to CCP;

        2) A discussion of the transfer or hire, including training timeline, of nursing/medical staff necessary to provide direct patient care at CCP;

        3) A discussion addressing DCF communication with patient families regarding these transfers, including how pertinent information will be disseminated in a timely manner to families and how travel issues for families will be addressed; and

        4) A discussion and completion timeline of any needed physical plant changes for CCP as a direct result of the increase in patient population.

    d. The Applicant agrees that it will provide OHCA with identification of the out-of-home statewide bed capacity as of the day subsequent to the signing of this agreed settlement. Such identification of capacity will be provided by provider name and location, by service category, and by number of beds available for females and for males;

    e. The Applicant agrees that it will provide OHCA with an estimate of the need for out-of-home statewide bed capacity for each year for a three-year period (FYs 2010 - 2012), and will provide OHCA with a discussion of how DCF foresees this capacity being maintained for patients;

2. The Applicant further agrees that it must receive written acknowledgment from OHCA regarding the Applicant's full compliance with the above stipulations 1(a) through 1(d) **prior** to the termination of residential treatment services at High Meadows.

3. The Applicant agrees that it will provide, within 15 days of the termination of services at High Meadows, an actual bed count at CCP, by service category and by gender, as of the date of the final transfer of patients from High Meadows to CCP.

OHCA and DCF agree that this Agreed Settlement represents a final agreement between OHCA and DCF with respect to this request. The signing of this Agreed Settlement resolves all objections, claims and disputes, which may have been raised by the Applicant with regard to Docket Number: 09-31422-CON.

This Agreed Settlement is an order of the Office of Health Care Access with all the rights and obligations attendant thereto, and the Office of Health Care Access may enforce this Agreed Settlement pursuant to the provisions of Sections 19a-642 and 19a-653 of the Connecticut General Statutes at the Applicant's expense, if the Applicant fails to comply with its terms.

11/19/09
Date

Duly Authorized Agent for
Department of Children and Families

The above Agreed Settlement is hereby accepted and so ordered by the Office of Health Care Access on November 18, 2009.

11-19-09
Date

Cristine A. Vogel
Deputy Commissioner