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Fact Sheet: **High Meadows Residential Treatment Center**

- High Meadows is a 43 bed facility for male youth with significant emotional and behavioral problems, 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 outof- 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/SEIU and CSEA/SEIU Local 2001 oppose Governor Rell's proposed closure of High Meadows.
- CT should pursue accreditation of High Meadows to qualify for federal matching funds.
- High Meadows should remain a CT resource, allowing the state to bring home some of the 348 children and youth currently in out-of-state placements. Currently, we are paying more than \$27 million annually to distant private institutions, impeding family access and re-integration.
- DCF needs High Meadows to maintain capacity in the state, to prevent situations like those that developed when private programs like Haddam Hills and Lake Grove School closed, necessitating a scramble to find placements for those clients.
- In discussions with the Appropriations Subcommittee on February 24, DCF cited \$11 million in projected capitol costs for the facility as a rationale for closure on budgetary grounds:
 - Why not spend the money, creating jobs and thereby moving towards economic stimulus/job creation goals?
 - Is project "shovel-ready?"
- We need to take a hard look at what, if any, are the actual costs savings of this proposed closure:
 - Discussion before subcommittee strongly indicated decision was almost entirely driven by budget, not quality, considerations
 - Suggested closure came "out of the blue;" no infrastructure currently exists to transition population to community settings
 - High average daily census indicates ongoing need for this level of service
 - Potential repeat of experience of closing public psychiatric hospitals for adults – community placement rhetoric not matched by community resources
 - If there are some savings, would they be reinvested in psychiatric care for kids, or just allocated to patch the budget chasm?