



Office of Health Care Access Certificate of Need Application

Final Decision

Applicant: Rushford Center, Inc.

Docket Number: 05-30568-CON

Project Title: Termination of Shoreline Child & Adolescent Mental Health Partial Hospital Program and the Intensive Outpatient Program in Clinton and Establishment of a Child & Adolescent Mental Health Partial Hospital Program and the Intensive Outpatient Program in Branford.

Statutory Reference: Section 19a-638, Connecticut General Statutes

Filing Date: November 15, 2005

Decision Date: December 13, 2005

Default Date: February 16, 2005

Staff: Paolo Fiducia

Project Description: Rushford Center, Inc. (“Applicant”) proposes to terminate its Shoreline Child & Adolescent Mental Health Partial Hospital Program and the Intensive Outpatient Program at 19 West Main Street, Clinton and establish those programs at 21 Business Park Drive, Branford, with no associated capital expenditure.

Nature of Proceedings: On November 15, 2005, the Office of Health Care Access (“OHCA”) received the Applicant’s Certificate of Need (“CON”) application seeking authorization to terminate its Shoreline Child & Adolescent Mental Health Partial Hospital Program and the Intensive Outpatient Program at 19 West Main Street, Clinton and establish those programs at 21 Business Park Drive, Branford, 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.”).

Pursuant to Section 19a-638, C.G.S., a notice to the public concerning OHCA's receipt of the Applicant's CON application was published in the *The New Haven Register*, New Haven on September 3, 2005. OHCA received no responses from the public concerning the Applicant's proposal. Pursuant to Public Act 05-75, three individuals or an individual representing an entity with five or more people had until December 6, 2005, the twenty-first calendar day following the filing of the Applicant's CON Application, to request that OHCA hold a public hearing on the Applicant's proposal. OHCA received no hearing requests from the public by December 6, 2005.

OHCA's authority to review and approve, modify or deny this proposal is established by Sections 19a-638 and 19a-639, C.G.S. The provisions of these sections, 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. Rushford Center, Inc. ("Applicant") is a not for profit facility that provides child & adolescent mental health partial hospital program and the intensive outpatient programs at 19 West Main Street, Clinton. *(August 15, 2005, CON Determination Form)*
2. The Applicant proposes to terminate its Shoreline Child & Adolescent Mental Health Partial Hospital Program ("PHP") and the Intensive Outpatient Program ("IOP") in Clinton. The PHP provides assessment, individual therapy, group therapy, family therapy, medication management, and discharge planning. The IOP level of care is provided as a stepdown program for the clients who have been in the PHP. *(August 15, 2005, CON Determination Form)*
3. The Applicant proposes to establish a Child & Adolescent Mental Health Partial Hospital Program ("PHP") and an Intensive Outpatient Program ("IOP") at 21 Business Park Drive in Branford. The PHP will provide assessment, individual therapy, group therapy, family therapy, medication management, and discharge planning. The IOP level of care will be provided as a stepdown program for the clients who have been in the PHP. *(August 15, 2005, CON Determination Form)*
4. The Applicant states that the primary service area for the Clinton programs are Branford, East Haven, Clinton, Guilford, Madison, Westbrook, Old Saybrook, Deep River, and Essex. The secondary service area towns include Lyme, Old Lyme, Killingworth and Haddam. *(October 21, 2005 Initial CON Submission, page 10)*
5. The Applicant states that the primary service area for the Branford programs are Branford, East Haven, Clinton, Guilford, Madison, Westbrook, Old Saybrook, Deep River, and Essex. The secondary service area towns include Lyme, Old Lyme, Killingworth and Haddam. *(November 15, 2005 Supplemental Information, page 3)*

6. The Connecticut towns with the highest number of clients served at the Clinton site between 07/01/2004 through 09/30/2005* are shown in the chart below:

Table 1: Towns with the Highest Number of Clients Served

Town	Number of Clients served	Town %
Branford	469	14.6%
Old Saybrook	417	13.0%
East Haven	345	10.7%
Clinton	328	10.2%
Madison	224	7.0%
Total of 5 Towns	1783	
Total Statewide Visits	3196	
Percentage of Total From top 5 towns	55.7%	

(October 21, 2005 Initial CON Submission, page 24)

*Rushford Center, Inc. has operated this program since 07/01/2004, previously operated by BlueRidge Health Services

7. The Connecticut towns with the highest number of admissions by town of origin at the Clinton site between 07/01/2004 through 10/31/2005* are shown in the chart below:

Table 2: Admissions by Town of Origin at the Clinton site

Town	Number of Admissions	Town %
East Haven	28	14.1%
Branford	27	13.6%
Clinton	24	12.1%
Old Saybrook	22	11.1%
Middletown	13	6.5%
Total of 5 Towns	114	
Total Statewide Admissions	198	
Percentage of Total From top 5 towns	57.5%	

(October 21, 2005 Initial CON Submission, page 24)

*Rushford Center, Inc. has operated this program since 07/01/2004, previously operated by BlueRidge Health Services

8. The following table lists the existing providers in the Clinton and Branford service areas for child and adolescent mental health services:

Table 3: List of Existing Providers

Description of Service	Provider Name and Location	Hours/Days of Operation
Outpatient*	Branford Counseling Center, Branford	5 days 8am-5pm
Outpatient	Clinical Associates of CT, Guilford	5 days 8:30am-4:00pm
Outpatient	Community Health Center, Clinton	MTTF 8:30am-5pm

*Outpatient signifies counseling that is offered in individual, group, or family formats, and is usually for one hour duration, 1-2 times per week. *(November 15, 2005 Supplemental Information, page 3)*

9. The Applicant states that the programs offered constitute higher (i.e. more intensive) levels of care of either 3 or 4 hours per session and from 3 to 5 sessions per week. The existing providers would either refer clients to Rushford Center if they need a higher level of service, or the Applicant may refer children to them that are ready to step down to a less intensive level of services. *(November 15, 2005 Supplemental Information, page 3)*
10. The Applicant states that programs provided at the Clinton location include Mental Health Intensive Outpatient (i.e. 3 hours in duration) and Partial Hospital (i.e. 4 hours in duration) levels of care. Services included within these levels of care are assessment, psychiatric evaluation, treatment planning, individual therapy, group therapy, psycho-education, family counseling, medication management, referral, and discharge planning. The age range of service recipients is between 6 and 18 years. Service tracks are developed that group clients by age, with one track for children 6 to 12 years and another for adolescents 13 through 17 years. *(October 21, 2005 Initial CON Submission, page 9)*
11. The Applicant states that the majority of referrals come from parents. Other referrals have come from Yale-New Haven Hospital, Hospital of St. Raphael, Natchaug Hospital, Branford Counseling Center, State Probation Officers, Department of Children and Families (New Haven and Middletown offices), private mental health practitioners and primary care physicians. *(October 21, 2005 Initial CON Submission, page 24)*
12. The Applicant states that the Clinton facility is the only program in the area that provides partial hospital and intensive outpatient levels of care to the target population. *(October 21, 2005 Initial CON Submission, page 15)*
13. The Applicant based the need for the proposal on improved access, quality and cost-effectiveness due to:
 - The current space at the Clinton facility poses significant safety and environment of care concerns;
 - The Clinton facility is not handicapped accessible;
 - The programs shared space with another program that has since moved;
 - The current space is now too large and expensive to operate; and
 - The new Branford site provides better accessibility to the programs' target population.*(October 21, 2005 Initial CON Submission, page 8)*
14. The Department of Children and Families ("DCF") submitted a letter of support for the proposal stating that the move to a new site will improve access while continuing to provide quality care. The Clinton Program has functioned in its present location for nearly 10 years and it represents an important component of the system of care for children and families. *(September 29, 2005, Additional Information received)*

15. The Applicant states that the new facility in Branford will continue to treat the same patients that received services in Clinton; no patient will be displaced and services will be provided at a more accessible location. *(October 21, 2005 Initial CON Submission, page 12)*
16. The Applicant will continue to provide transportation for all patients who need it within the service area. *(October 21, 2005 Initial CON Submission, page 13)*
17. The Applicant projects static utilization of 2740 visits/year and 172 admissions/year at the Branford Facility over the next three years. *(October 21, 2005 Initial CON Submission, page 13)*
18. Current and projected hours of operation are as follows: Monday through Friday, 2:00 p.m. to 5:00 p.m. for IOP and 2:00 p.m. to 6:00 p.m. for PHP. *(October 21, 2005 Initial CON Submission, page 3)*

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

19. There is no capital expenditure associated with this project. *(October 21, 2005, Initial CON Submission, page 12)*
20. The Applicant states that there are no incremental gains or losses from operations that are direct result of the termination of programs in Clinton and the establishment of those programs in Branford. *(October 21, 2005 Initial CON Submission, page 13)*
21. The Applicant's current payer mix at the Clinton site is as follows:

**Table 4: Applicant's Payer Mix
at the Clinton Site**

Payer Description	Payer %
Medicare	0.0%
Medicaid	58.0%
TriCare	0.0%
Total Government	58.0%
Commercial Insurers	42.0%
Self Pay	0.0%
Workers Compensation	0.0%
Total Non-Government	42.0%
Uncompensated Care	0.0%
Total Payer Mix	100.0%

(October 21, 2005, Initial CON Submission, page 14)

22. The Applicant’s projected payer mix for the Branford location is given in the table below. The Applicant projects that the payer mix will not change in future years.

Table 5: Applicants Current and Projected Payer Mix for the Branford Site

Payer	Current Payer Mix	Year 1 Projected Payer Mix	Year 2 Projected Payer Mix	Year 3 Projected Payer Mix
Medicare	0.0%	0.0%	0.0%	0.0%
Medicaid	58.0%	58.0%	58.0%	58.0%
Champus or Tricare	0.0%	0.0%	0.0%	0.0%
Total Government	58.0%	58.0%	58.0%	58.0%
Commercial Insurers	42.0%	42.0%	42.0%	42.0%
Uninsured	0.0%	0.0%	0.0%	0.0%
Workers Compensation	0.0%	0.0%	0.0%	0.0%
Total Non-Government	42.0%	42.0%	42.0%	42.0%
Uncompensated Care	0.0%	0.0%	0.0%	0.0%
Total Payer Mix	100%	100%	100%	100%

(October 21, 2005, Initial CON Submission page 14)

23. There is no State Health Plan in existence at this time. *(October 21, 2005, Initial CON Submission, page 2)*
24. The Applicant has adduced evidence that this proposal is consistent with the Applicant’s long-range plan. *(October 21, 2005, Initial CON Submission, page 2)*
25. The Applicant’s proposal will improve productivity and contain costs. *(October 21, 2005, Initial CON Submission, page 11)*
26. This proposal will not result in changes to the Applicant’s teaching and research responsibilities. *(October 21, 2005, Initial CON Submission, page 11)*
27. There are no distinguishing characteristics of the Applicant’s patient/physician mix that makes the proposal unique. *(October 21, 2005, Initial CON Submission, page 10)*
28. The Applicant has sufficient technical, financial and managerial competence to provide efficient and adequate services to the public. *(October 21, 2005, Initial CON Submission, page 10 and Attachment 6)*
29. The Applicant’s rates are sufficient to cover the operating costs. *(November 18, 2005, Additional Information submitted)*

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.

Rushford Center, Inc. (“Applicant”) proposes to terminate its Shoreline Child & Adolescent Mental Health Partial Hospital Program and the Intensive Outpatient Program at 19 West Main Street, Clinton and establish those programs at 21 Business Park Drive, Branford, with no associated capital expenditure. The Applicant based the need for the proposal on improved access, quality and cost-effectiveness. The current space at the Clinton facility poses significant safety and environment of care concerns. The programs shared space with another program that has since moved; therefore the current space is now too large and expensive to operate. The new site in Branford provides better accessibility to the programs’ target population. The Clinton facility is not handicapped accessible and is generally in poor physical condition. The Branford facility is smaller and also is in a relatively new professional building on a single floor that is handicap accessible.

All of the patients currently treated in Clinton will be able to continue their care in Branford. No patient will be displaced, and patient access will be improved. The greatest volume of patients served at the Clinton facility are from the towns of Branford, Old Saybrook, East Haven, Clinton, and Madison, accounting for 56% of Connecticut volume from 07/01/2004 through 09/30/2005. The greatest number of admissions at the Clinton facility are from East Haven, Branford, Clinton, Old Saybrook, and Middletown, accounting for 58% of Statewide admissions from 07/01/2004 through 10/31/2005. The Applicant will continue to provide transportation for all patients who need it within the service area. The Applicant projects static utilization of 2740 visits/year and 172 admissions/year at the Branford Facility over the next three years. The Clinton facility is the only program in the area that provides partial hospital and intensive outpatient levels of care to the target population. The proposed facility will enhance the quality and accessibility of behavioral health services in Branford.

Based on the above, OHCA finds that the Applicant has demonstrated that its termination of the Shoreline Child & Adolescent Mental Health Partial Hospital Program and the Intensive Outpatient Program in Clinton and the establishment of a Child & Adolescent Mental Health Partial Hospital Program and the Intensive Outpatient Program in Branford will allow the Applicant to continue to provide patients with access to quality PHP and IOP services in the Shoreline.

The proposal is financially feasible. The Applicant states that there are no incremental gains or losses from operations that are direct result of the termination of services in Clinton and the establishment of those services in Branford. The Applicant’s volume and financial projections upon which they are based appear to be reasonable and achievable, therefore the CON proposal will not adversely impact the interests of consumers and payers of such services.

Based on the foregoing Findings and Rationale, the Certificate of Need Application of Rushford Center, Inc. to terminate its Shoreline Child & Adolescent Mental Health Partial Hospital Program and the Intensive Outpatient Program in Clinton and establish those programs in Branford, with no associated capital expenditure is hereby GRANTED.

Order

Rushford Center, Inc. is hereby authorized to terminate its Shoreline Child & Adolescent Mental Health Partial Hospital Program and the Intensive Outpatient Program at 19 West Main Street, Clinton and establish those programs at 21 Business Park Drive, Branford, with no associated capital expenditure, subject to the following conditions:

1. This authorization shall expire on December 13, 2007. Should the termination of programs in Clinton and the establishment of programs in Branford not be completed by that date, the Applicant must seek further approval from OHCA to complete the project beyond that date.
2. The Applicant will continue to offer free transportation to all patients who would have been served at the Clinton location for one year after implementation of the project.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the
Office of Health Care Access

December 13, 2005

Signed by Cristine A. Vogel
Commissioner

CAV: pf