

September 7, 2011

## *Journey to Recovery: A Year in the Community*

Over a year ago, the Department of Mental Health and Addiction Services (DMHAS) closed Cedar Ridge, the psychiatric inpatient division of Cedarcrest Hospital, in Newington, CT. This action reflects the philosophy of the department, "that when at all possible, people should recover in the most integrated setting possible." A major component of this plan was the use of funds to expand and create additional opportunities for community living. From March 2010 through June 2010, approximately forty (40) individuals were discharged from inpatient settings to the community with new funding to support an array of community living services and supports. These services and supports include scattered site supervised apartments, residential support programs, and other specialized residential supports. Following is a brief snapshot on the journey of recovery for several of these individuals:

### **Measures for 14 Individuals Who Transitioned from Inpatient to Community Settings within DMHAS' Southeastern Mental Health Authority Network Providers (June 2010 thru Present)**

- *Seven individuals (50%)* required NO crisis assessments, emergency department visits, sub-acute or inpatient psychiatric admissions.
- *Four individuals (29%)* utilized brief sub-acute care supports. Each individual had one episode of care with lengths of stay ranging from 4 to 23 days. Each individual returned to their community residence.
- *Two individuals (14%)* were briefly admitted to inpatient psychiatric care. Each had a single stay of 5-7 days. Each individual returned to their community residence.

### **From Community Residential to Less Intensive Community Residential (June 2010 thru Present)**

- *Six of the Seven Individuals (86%)* who moved from a supervised community residential support to a less intensive residence required NO crisis assessments, emergency department visits, sub-acute or inpatient psychiatric admissions.

#### **Additional Markers of Success**

- One individual received his GED.
- Two individuals moved from the area to live closer to family.
- One individual is working daily.

*"Frank"* was discharged from Connecticut Valley Hospital (CVH) on January 24<sup>th</sup> 2011 to a community-based supervised housing program. Initially, he had difficulty in making the transition, but, with his treatment team's encouragement, he has made significant strides within a couple months. *"Frank"* regularly participates with social activities at a local clubhouse and seeks out support to get him through his struggles. *"Frank"* has expressed hopes of working one day and has requested to start therapy sessions to help him recover from past trauma. He has had regular family visits that have also given him the hope to work hard towards greater independence.

*"Bill"* was discharged from Connecticut Valley Hospital (CVH) on June 1<sup>st</sup> 2010 to a community-based supervised housing program after approximately 4 years at CVH. With staff guidance, he quickly adjusted to the community and started a sheltered employment program within 2 months of being discharged. He looks forward to his 3 day a week job and has become a model for other residents at the supported housing program. He regularly attends a local clubhouse and has gotten involved in several recovery groups. *"Bill"* has maintained healthy family contact over the year, positively impacting his recovery.

The Department continues increased emphasis on ensuring client flow through inpatient care and providing community services that are more appropriately matched to individual needs. We continue to make enhancements to processes and procedures that result in more efficient communication, coordination, and better use of agency resources in responding to demand for inpatient and community-based levels of care. DMHAS-operated and DMHAS-funded agencies are active partners in this process. I thank you all for the steps you have taken and look forward in continuing on this very important work. The result will be yet another dimension of recovery—improved quality of life in the community for the people we serve.