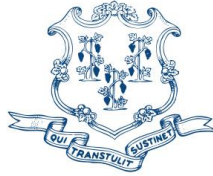


STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Good afternoon members of the Committees. My name is Barbara Cass and I am the Branch Chief of the Healthcare Quality and Safety Branch within the Department of Public Health. This branch is comprised of 4 areas, one of which is the Facility Licensing and Investigations Section which we refer to as FLIS, who has a role in the certification process for Psychiatric Residential Treatment Facilities (PRTF's).

Thank you for the opportunity to provide this presentation to you regarding the role of FLIS during survey and inspection activities as it relates to certification of PRTF's. At the Department of Public Health our priority is always protecting CT's citizens, especially those most vulnerable to ensure that quality healthcare is always being delivered. I am also going to provide information regarding the PRTF survey process, a brief overview of the federal and state law and the roles and responsibilities that intersect between CMS/DSS and DPH. I am happy to respond to questions at any time during my presentation and/or at the end.

In light of recent media accounts and the report that you have received from the Office of the Child Advocate I would like to clarify for legislators and the public, DPH's role in this process. DPH does not have licensing authority over Solnit, similar to the previous situation with CT Valley Hospital and Whiting which led to legislative changes requiring licensure of the Whiting Forensic hospital. As was the case with Whiting, prior to this legislative change, at Solnit we act through the authority granted by CMS and that authority is limited to the utilization of restraint and seclusion. **To be perfectly clear, the federal regulation as it relates to the PRTF environment, is solely focused on restraint and seclusion and does not include activities outside of that domain.**

When DSS forwards DCF's serious occurrence reports to DPH, they are also sent to the Office of the Child Advocate. Here at DPH, they are evaluated in the context of the regulatory authority that is limited to restraint and seclusion and the entity's compliance with such. Earlier this year, we identified a trend that caused us to pause and work with CMS to re-interpret the restraint and seclusion boundaries and Interpretive Guidelines and in the spirit of quality improvement look at the environment of care beyond the restraint and seclusion condition. Did we expand our authority, perhaps, but it was in the spirit of quality improvement and resident protections. In consultation with CMS the decision was made to look



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at resident safety and staff training which led to the significant findings that have no direct correlation to restraint and seclusion.

It is also noteworthy, that although it has been suggested, that DPH did not monitor the plan of correction, the federal requirements of a plan of correction, necessitates that monitoring and auditing be conducted by the entity. On each and every revisit that occurred to assess compliance with the deficient practice, DCF was able to demonstrate that they were conducting audits and monitoring the plan of correction. It has been our experience at DPH that facilities can correct the issue, but sustaining the plan of correction is the bigger challenge. That is the reason DPH made the recommendation for a DPOC which required an independent consultant.

The importance of licensing cannot be emphasized enough. The Department's licensing authority is another regulatory function that has significant impact to overall health and safety for patients. While we talk often about "leaning" our regulatory activities, the lean concept of Value Added is truly in play. The value added function of licensing provides expanded oversight to ensure that quality of care and patient safety are in the fore front of our authority and overall mission to protect the health and safety of CT's residents, especially CT's most vulnerable residents.