



STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

January 30, 2009

The Honorable Martin O'Malley
Governor, State of Maryland
Maryland State House
100 State Circle
Annapolis, MD 21401

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
Maryland State House
100 State Circle, H-107
Annapolis, MD 21401

The Honorable Michael E. Busch
Speaker of the House of Delegates
Maryland State House
100 State Circle, H-101
Annapolis, MD 21401

Dear Governor O'Malley, President Miller and Speaker Busch:

I am pleased to submit to you a report on the Department's progress in implementing a closure plan for the Rosewood Center pursuant to Executive Order 01.01.2008.01. Much progress has been made and we're on target to meet the closure date of June 30, 2009.

DHMH has made it a top priority to work with Rosewood residents, families, employees and other stakeholders to ensure a smooth transition to the community for residents and to ensure that employees are provided with appropriate employment options. This report summarizes activities and progress for the past year and addresses the work to be done in the next five months. The successful transition of residents thus far is attributable to the DDA staff, Rosewood employees, the residents themselves, family members, service coordination and community providers.

On behalf of the Department, I appreciate your continued support as we navigate this process. If you have any questions, please contact Anne Hubbard, Director of Governmental Affairs, at 410-767-6481.

Sincerely,

John M. Colmers
Secretary

cc: Alice Burton
Renata J. Henry
Michael Chapman
Robert Day
Anne Hubbard

January 2009 Interim Report

Plan for Closure of Rosewood Center

Executive Order 01.01.2008.01

On January 15, 2008, DHMH announced a plan to close the Rosewood Center over an 18-month transition period. At the time of the announcement, the Rosewood Center served 166 individuals with developmental disabilities, including 30 who were committed to DHMH by the courts. The plan to close Rosewood was based on a legislatively required review (HB 970 Report) of each individual residing at Rosewood to determine the most integrated setting. The findings of that report were that the majority of individuals could be served in community with a few individuals committed by the courts requiring a secure long term therapeutic placement. The HB 970 report also recognized that closing Rosewood would require DHMH overcoming numerous challenges.

One year after the closure announcement, DHMH is pleased to report on the progress in identifying the most integrated placements and overcoming a number of transition challenges. As of January 23, 2009, 80 individuals live at Rosewood and plans are in place for the majority of remaining residents to move into the community in the coming months. This report will also summarize the challenges that remain in the next six months before the Rosewood Center closes.

1. Closure Process and Oversight

DHMH established a Senior Advisory Committee to advise DDA on implementation of the closure. The Senior Advisory Committee includes representatives of the Rosewood Parents Auxiliary, advocates for individuals with developmental disabilities, community based providers, union representatives and DDA staff. The Committee has met 9 times during 2008 and has advised DDA on implementation strategies; reviewed draft regulations for establishment of the forensic units; and reviewed proposals related to the transition of Rosewood staff. The Committee continues to review policy and procedures related to the closure.

A Rosewood Transition Management Committee was established to specifically focus on the transition of individuals to the community. This Committee, which includes DDA staff, advocates and resource coordinators, meets weekly to discuss individual cases, and any other transition related issues. This Committee assures the transitions to the community are respectful of individuals' and families' desires and coordinates communication for families, individuals, providers and staff. In December 2008, the DDA and Rosewood Center staff began hosting bi-weekly meetings with community-based providers and resource coordinators. The goal of the meetings is to ensure that the transition of individuals to the community occurs in a timely and smooth manner. This goal is accomplished by reviewing and clarifying procedures, and establishing timelines. This process allows for open discussion of any additional concerns and issues.

In addition to these two external advisory groups, DHMH's leadership committee meets weekly to discuss the plan and its implementation. Secretary Colmers attends these meetings on a bi-weekly basis. DDA staff has also created an internal committee to coordinate forensic services within DDA.

2. Working with Families and Residents

DHMH's efforts to work with residents and families to identify the right community residential services are designed to take into account both family desires and resident needs. Immediately

following the closure announcement, DHMH met with families/guardians to inform them of transition plans and what they could expect. There were two open forums with DDA staff and families to answer immediate questions. Following these open forums, DDA met with smaller groups of families and guardians based on the smaller and more familiar living arrangements. The meetings provided an opportunity for families to talk more directly to staff and share their experiences and concerns with other families and guardians. During each meeting, general information on resident rights was outlined including the process for seeking an admission to another State Residential Center. Altogether 11 family/guardian cottage meetings were held and these were completed by April 2008.

The centerpiece of DHMH's efforts to work with families and residents is the Essential Lifestyle Plan (ELP). Using the ELP process the individual, family and friends meet to determine both the support needs of the individual and to identify critical quality of life issues. The ELP process creates a life-style map critical to the person's quality of life for each resident leaving Rosewood. By the end of October 2008, each individual had an ELP and a subsequent transition document was completed. This information was sent to community-based providers to assist them in determining whether they could provide the services/supports necessary as identified on the ELP.

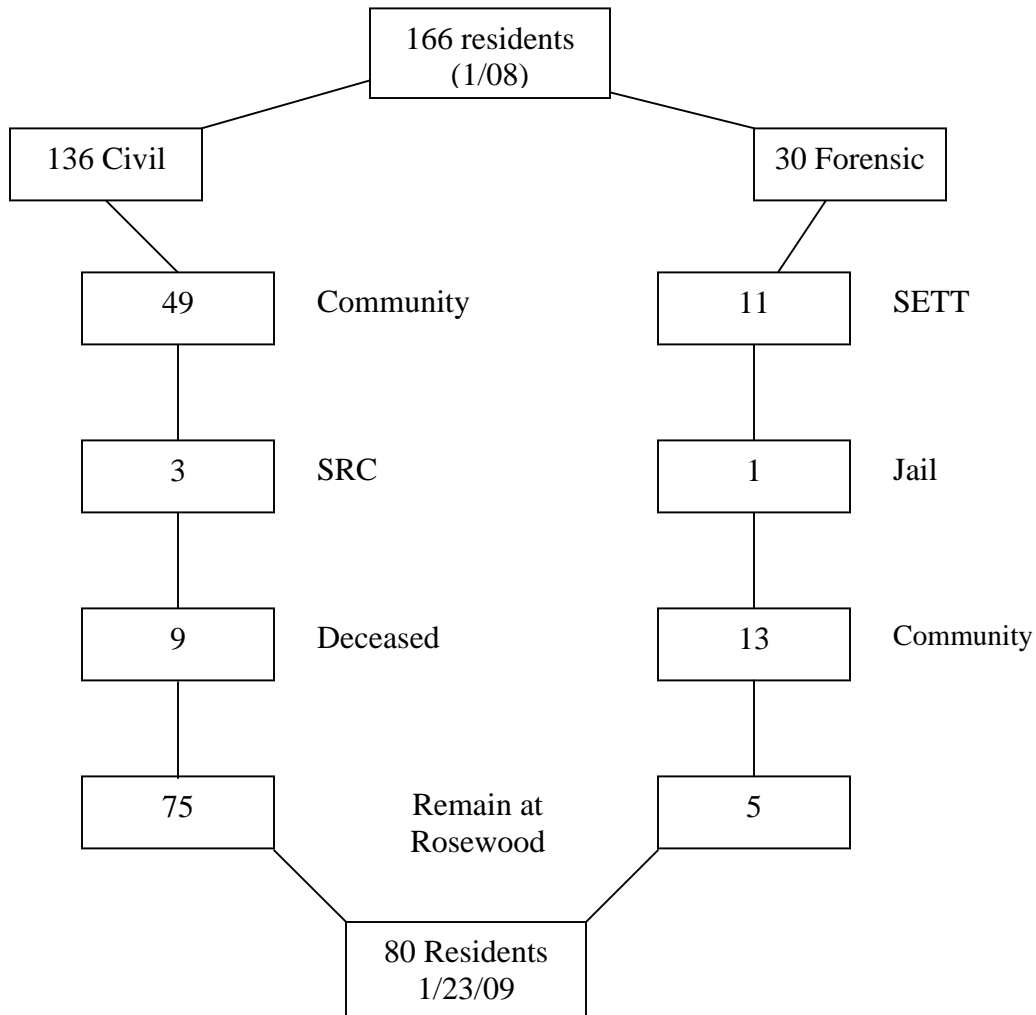
Many of the concerns families have raised about transitions have been addressed through intensive one-on-one efforts. Many family members have been involved in selecting not only the home the residents move to but also have been offered the opportunity to participate in selection of the staff who will work with the individual. A number of family members have also been involved in the selection of the furnishings for the individual's new home. A general concern for many families was the proximity of the residence to the family member's home. The DDA has attempted to place individuals within a fifteen mile radius of the family member's residence

Rosewood staff and resource coordinators have worked diligently to accommodate the resident's and family's choice on both location and type of living arrangement, e.g. one to three person house or larger congregate setting. To date the majority of individuals have moved to a home which accommodates no more than three individuals with developmental disabilities. Individuals often chose roommates with whom they already had friendships. A Rosewood Center staff transported and settled one individual in a group home in New York State where his sister, who is also the guardian, resides. In another instance, Rosewood staff is working with a resident who wants to join their parent who has settled in Israel. Staff has assisted the Rosewood resident with obtaining a passport, and will accompany him on the flight to Israel, and will assist during the transition.

Some families have been reluctant to engage in the planning process. DHMH has made repeated efforts to engage them and ask them to express their desires and concerns. A series of letters were sent to a few families encouraging them to participate in the ELP process and the individualized planning efforts with families and residents. These letters specifically outlined how they could request an admission to one of Maryland's three other State Residential Centers. As of January 23, 2009, only 4 families have applied for other SRCs. Three residents have been admitted at the Holly Center and a fourth SRC application is currently being reviewed. A few families have not participated in planning efforts and have not applied for an admission to the other SRCs.

As of January 23, 2009, the census at Rosewood Center was 80. 85 residents have been discharged into other services since the announcement of the closure of the facility when Rosewood's census was 166. The following chart documents the transitions from Rosewood since the closure announcement in January 2008.

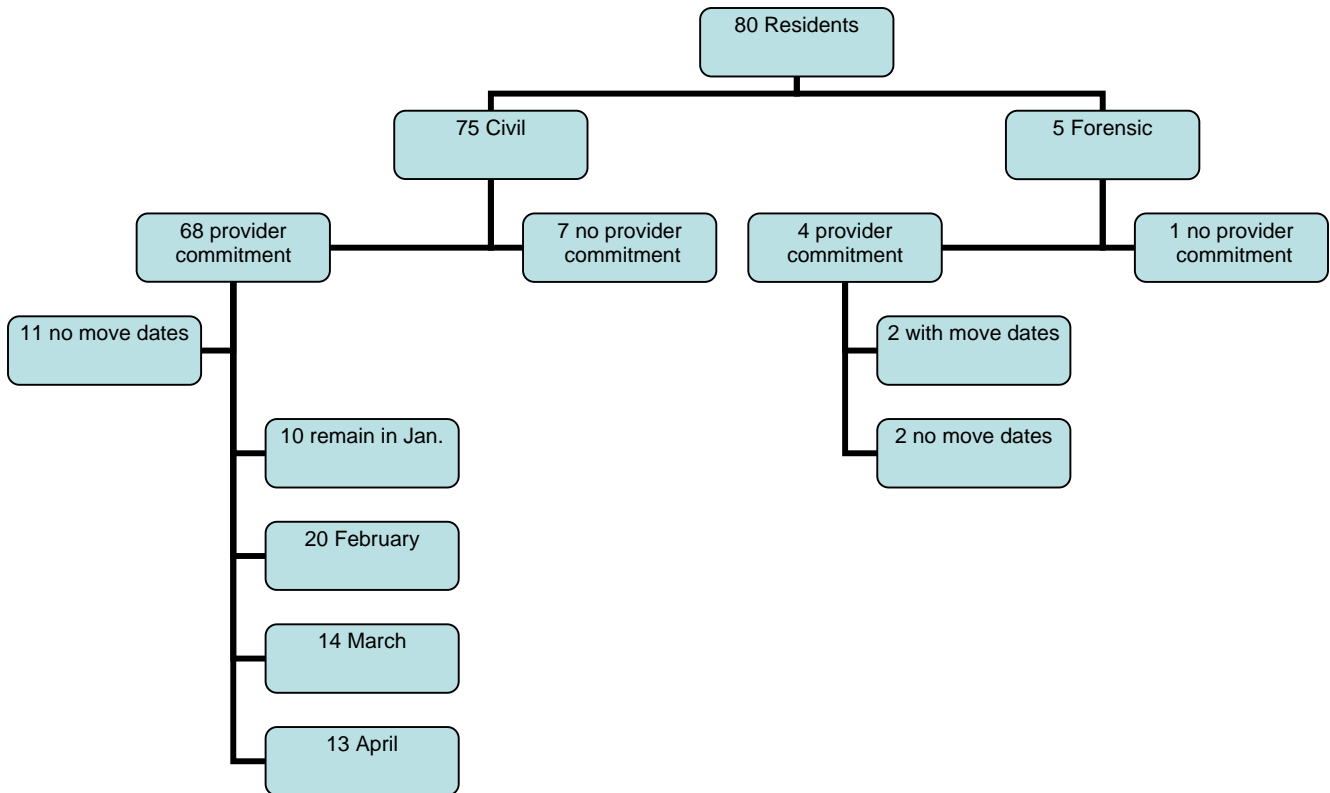
**Rosewood Transitions
(January 2008 – January 23, 2009)**



59 (57 civil and 2 forensic) of the 80 residents still residing at Rosewood have discharge dates scheduled with community-based providers on or before the end of April 2009. An additional 13 residents (11 civil and 2 forensic) have been accepted by community providers and are waiting for a confirmed discharge. DHMH will need to continue to work closely with the residents, their families and providers to assure that these transition plans are met.

The following chart summarizes the transition plans from January 23, 2009 through the planned closure on June 30, 2009.

**Rosewood Transition Plans
(January 23, 2009- June 30, 2009)**



As of January 23, 2009, only 8 residents (7 civil; 1 forensic) remain that have no community provider identified. These community providers have yet to be identified because the ELP was completed late and the review of community providers is still in process or the residents pose unique behavioral issues which make identifying a placement difficult.

3. Oversight of Community Providers

While DDA already serves over 20,000 individuals in community based settings, the oversight of community providers for Rosewood residents was of particular concern during this transition. DDA added site visits to community providers for Rosewood residents to the continuum of quality assurance for community providers. Each individual who has moved to the community has been visited by an assigned service coordinator at intervals of 30, 60, 90, and 180 days. Each

visit results in a letter that is sent to the family/guardian and to DDA Quality Assurance staff. These letters document that the community transfer process has been successful. Additionally, DDA has contracted with specialists in the ELP process to train direct care providers in working with individuals to implement their ELPs.

In addition to these new oversight efforts, DHMH has several on-going mechanisms to monitor care in the community:

1. The Office of Health Care Quality (OHCQ) completes an unannounced survey to many of the 2,900 community provider sites each year. OHCQ prioritizes the surveys so that those with poor track records and those with serious complaints are visited more frequently.
2. DDA regional staff will make annual visits to each community provider and Service Coordination, Inc. (DDA's contracted Resource Coordination provider for Central Maryland) visits sites on a quarterly basis.
3. Providers are required by DDA to have their own internal quality improvement plans.

During these oversight visits, some issues have emerged and DHMH has worked closely with the residents, families and providers to address issues on a case-by-case basis. These issues include addressing access to medical services for individuals after their transition to the community and modifications to originally established plans of care. The overwhelming feedback from these oversight efforts has been that individuals and families are satisfied with their new living arrangement and care plans. There have been some notable success stories, including an individual who regained speech after years of not talking while living at Rosewood or others who have now gained meaningful employment after moving to a new community placement.

4. Services for Court Involved Individuals

When the Rosewood closure plan was announced in January 2008, 30 of Rosewood's 166 residents were involved with the court. These forensic residents posed a unique challenge to the closure process because many of the forensic residents have different needs than civilly committed individuals. In some cases they posed a challenging set of behavioral issues. In January 2008, the HB 970 report concluded a small number of the forensic individuals would continue to need a secure residential facility. DHMH also identified the need for a short-term evaluation unit to more comprehensively assess individuals who are committed to DHMH through the court for competency evaluations or determination of criminal responsibility.

DHMH looked at model programs that serve forensic clients in other states and hired a consultant to assist in the development of a program in Maryland. Staff from the DDA and the Maryland Disability Law Center visited New York and Minnesota to tour secure facilities and ascertain best practices in service delivery to individuals with court involvement. Using information gathered on the site visits and from the consultant, the DDA developed and is implementing a plan that includes the establishment of two units and expansion of community based services for individuals with court involvement.

DHMH created a new regulated facility called a Forensic Residential Center, consisting of two units, to serve court involved individuals, and known as the Secure Evaluation and Therapeutic Treatment (SETT) Program. The SETT program is designed to meet the habilitation, health,

treatment and safety needs of individuals with intellectual disabilities (mental retardation) who are committed to the Department for evaluation, or care and treatment after a finding of incompetent to stand trial or not criminally responsible. Emergency regulations establishing the Forensic Residential Center were adopted by the Administrative, Executive and Legislative Review (AELR) Committee and became effective in June, 2008. The permanent regulations became effective January 26, 2009.

The Department began operating the secure evaluation/assessment unit (known as the Jessup SETT) on the grounds of Clifton T. Perkins Hospital Center in July 2008. This secure unit can house up to 12 court committed individuals for 21 to 90 days. An evaluation of competency to stand trial or criminal responsibility and dangerousness is completed for each individual. As of January 23, 11 individuals are receiving evaluation, assessment, competency attainment and therapeutic services on the Jessup SETT. Since July 2008, comprehensive service plans for five individuals have been developed by DDA. These service plans were approved by the court and the individuals returned to the community with support, services, and appropriate supervision. Additionally, one individual was returned to court and stood trial after being determined competent to stand trial.

The other unit, the Sykesville SETT, serves individuals whom the court has committed to DHMH as incompetent to stand trial or not criminally responsible. This long-term unit is designed to meet the health, habilitation, treatment and safety needs of these individuals and can accommodate 22 court committed individuals.

During the summer and fall of 2008, DHMH worked closely with community leaders in Sykesville to overcome concerns about the establishment of the new forensic unit. Through several public forums and meetings with community leaders, DHMH provided information about the new forensic unit and worked with the community to improve communications about security issues. DHMH provided information that the new unit was consistent with the current mission of the Springfield Hospital which currently serves about 160 forensic patients. Springfield has a long history of co-existing peacefully with the community and the addition of the new unit which serves a similar population will not pose security issues.

The unit was initially scheduled to open in August 2008 but renovations took longer than expected. It was imperative that the physical plant modifications be completed correctly to incorporate the consultant's recommendations to ensure the safety and well being of the residents and the community at large. The unit became operational on December 30, 2008 when 11 individuals who previously resided at the Rosewood Center moved to the Sykesville SETT. Two other individuals were transferred from the Jessup SETT in January. As of January 23, 2009 the total census was 13. There have been no issues since the new unit opened and DDA will continue to work closely with the community to address any issues.

Budgets and staffing patterns have been developed for the forensic units. Both units are 24/7 facilities with 3 shifts of workers. A total of 105 staff positions are needed to operate the two units. The Department recruited a director to oversee the court involved service delivery system which includes the pre-trial evaluation services, the two units and the expansion of community-based services. In addition, 73 former Rosewood employees were recruited to staff the units.

Staffing at both locations consists of administrative/clerical, clinical, nursing, security, day programming, and administrative personnel. The breakdown for each location is as follows:

	<u>Jessup</u>	<u>Sykesville</u>
Direct Care	24	35
Adm/Clerical	2	2.5
Nursing	4.5	6
Security	5	7
Clinical	4.5	3
Day prg.	1	4
Quality	2	
Prg Mgmt		5
Total	43	62.5

As the development of the SETT program proceeded, space uses changed. Rooms originally identified as bedrooms were converted to program space to facilitate the therapeutic aspect of the program. Consequently, the number of individuals who can be accommodated has changed since the April 2008 report. The Jessup SETT unit was reduced by 6 resulting in a capacity of 12 and the Sykesville SETT was reduced by 4, resulting in capacity of 22.

Rosewood's forensic census has decreased to 5, as individuals have moved into community placements and into the Secure Evaluation and Therapeutic Treatment (SETT) program. The Department continues to work with the court system including the judges to obtain preliminary approval of the service plans for the remaining individuals with the expectation that they will be approved and individuals will move into the community. The Department continues to expand community resources and services for individuals that are incompetent to stand trial or not criminally responsible and are found to no longer present a danger to self or others. Such individuals receive services and supports in the community that meet their needs while ensuring public safety.

5. Working with Staff

In January 2008 when it was announced that Rosewood would close, there were 507 employees at Rosewood. One of the significant challenges during the transition is to minimize the impact of the closure on employees. The Department's Office of Human Resources (OHR) and DDA have worked closely to assist state employees during the transition process. Several town hall meetings were held with Rosewood employees early in the transition process to address questions and offer assistance. The Office of Human Resources offered individual meetings to all Rosewood employees to provide direct assistance.

A number of actions have been taken to help place Rosewood employees in other state jobs and to provide training and assistance to others. The Department of Budget and Management adopted a state-wide policy to allow all State agencies to hire Rosewood employees without first seeking a freeze exemption. The DHMH has required that all hiring managers first consider a Rosewood employee if they are hiring for a similar classification. The DHMH has notified all Rosewood employees of all employment opportunities with the DHMH and other State agencies. This has resulted in 1,004 job interviews being offered. The Department's OHR developed training opportunities for Rosewood Center employees on the campus of Rosewood, including

GED and high school diploma programs, Certified Nursing Assistant (CNA), and Geriatric Nursing Assistant (GNA) training. On December 19, 2008, the Department held a job fair at Rosewood Center to highlight work opportunities with private community providers. Another job fair is planned for March 2009.

DHMH has been successful in transitioning many Rosewood employees in other state positions. A total of 188 Rosewood employees have been placed to date, 166 of whom were placed within DHMH (includes those bumping into other DHMH units). Other employees have retired or resigned. Despite these efforts, on November 17, 2008 DHMH notified the remaining employees of planned lay-offs between January 15 and June 30, 2009. Many of the employees had displacements rights primarily to Spring Grove Hospital Center (SGHC). DHMH has worked closely with Spring Grove to minimize the impact of displaced employees. DHMH worked aggressively to find employment for as many employees as possible to minimize the necessary lay-offs. On January 15, 2009, 47 employees were laid off.

As of January 23, 2009, 201 employees remain at Rosewood. Many of these employees have bumping rights to Spring Grove. Over the remaining months, DHMH will continue to work to assist employees in finding other positions and provide training opportunities for others.

6. Physical Plant

The disposition of the Rosewood property is largely in the purview of the Department of Planning and the Department of General Services. DHMH's only involvement is to declare the property surplus when the facility is closed. Funding is provided in the FY 10 Budget to continue security services on the property and maintenance.

Each Rosewood Center building has been evaluated along with the HVAC equipment. Equipment and furniture was inventoried (and continues to be inventoried). Rosewood began to distribute excess furniture and equipment to other facilities and state agencies. Since the announcement of the closure, 4 main working buildings and 2 residential cottages have been closed. During January 2009, an additional 3 cottages are scheduled to be closed. All closed buildings are being maintained at minimum safety levels as defined by the Department of General Services.

The DDA's Central Maryland Regional Office, which is housed in the Rosewood Administration building, will be relocating off grounds prior to June 30, 2009.