Our Mission

The Mission of Natchaug Hospital is to provide a continuum of accessible, community-based services for those living with psychiatric illness and chemical dependency, or emotional and related educational disabilities, with a commitment to the dignity and privacy of those needing services, empowering them to participate in their own care and recovery.

The Mission of Hartford HealthCare is to improve the health and healing of the people and communities we serve.

Our Vision

Natchaug Hospital: Helping people find their way.

Hartford HealthCare: Nationally respected for excellence in patient care and most trusted for personalized coordinated care.

Accreditation and Licensure

- Licensed by Connecticut Department of Public Health
- Surveyed by the Joint Commission using Hospital and Behavioral Health Standards
- Licensed and surveyed by the Department of Children & Families
- Special education programs are approved by Connecticut’s Department of Education
- Participates in most insurance and managed care programs
- Approved by Medicaid and Medicare
- A member of the Hartford HealthCare Behavioral Health Network

Kathryn Lord, Director of The Edward & Mary Lord Foundation, admires a YouthWorks project at Joshua Center Thames Valley Clinical Day Treatment (CDT) School as Natchaug President Stephen Larcen looks on.

A graduate of Joshua Center Thames Valley CDT School high-fives educational assistant Al Ceplenski at the school’s graduation ceremony.
New Beginnings

The Mission of Natchaug Hospital is to provide a continuum of accessible, community-based services for those living with psychiatric illness and chemical dependency, or emotional and related educational disabilities, with a commitment to the dignity and privacy of those needing services, empowering them to participate in their own care and recovery.

The Mission of Hartford HealthCare is to improve the health and healing of the people and communities we serve.

**Inpatient Treatment Programs:**
- Treat up to 57 clients on a daily basis in three programs (child, adolescent and adult) at the Mansfield location
- Average length of stay, 5-13 days

**Intermediate Inpatient Care program, Mansfield:**
- Average length of stay, 45 days

**Residential Treatment Program:**
- Average daily census, 12 adolescent girls
- All residents are connected with the juvenile justice system
- Average length of stay, nine months

**Partial Hospitalization and Intensive Outpatient Programs:**
- Eight locations
- Treat approximately 3,200 children, adolescents, and adults each year
- Average length of stay, 6-8 weeks
- Seven Challenges® adolescent substance abuse program launched 2012
- Young Adult program opened 2012 to serve men and women 18 to 25 years old

**Intensive In-Home Child & Adolescent Psychiatric Services:**
- Five teams
- Up to 40 families can enroll at a time
- Provides in-home services 2-3 times per week
- Average length of treatment, six months

**Extended Day Treatment Program:**
- Offered at four Joshua Centers
- Average Daily Census: 29
- Provides structured groups for three hours a day up to five days each week
- Average length of stay, six months

**Ambulatory Detoxification Program:**
- A medical procedure employing Suboxone (an opiate agonist) to help people withdraw safely and abstain from opiates - causes minimal disruption to normal day-to-day life
- Includes regular monitoring and group therapy
- Four locations

**Clinical Day Treatment Special Education Program:**
- Eight Natchaug school locations, plus one Norwich school operated by Natchaug Hospital
- Serves an average of 200 students each day
- Placement referral made by the local education authority

**Juvenile Court Support Services:**
- Provides intensive short-term and intermediate evaluations for the juvenile courts in Willimantic and Waterford
We are currently in the midst of an exciting time for behavioral health. I have never seen as much public interest and open dialogue around mental health and substance abuse as I do today, and Natchaug has been part of that change. Our efforts include bringing Mental Health First Aid into the community so that non-clinicians are trained to identify and respond to behavioral health crises; the integration of primary care and behavioral health, breaking down barriers to treatment; and partnering with Shatterproof and its efforts to end the stigma of addiction.

Likewise, we made a difference for our clients by constantly working to improve our programs. In 2014, we took the services we already provide and made them even better. In our Clinical Day Treatment Schools, we created even more opportunities for transitional support and vocational training. On the inpatient units, which serves our most vulnerable clients, we introduced a new tool for measuring how we’re doing, and identifying areas for improvement. And we implemented evidence-based crisis intervention training for staff to improve safety, not just for the people we serve, but our employees as well.

Each of these initiatives, and many others across HHC, has had a real and lasting impact on the communities we serve.

As some of you may know, in February I announced my decision to retire at the end of the calendar year. The announcement was bittersweet; although I look forward to spending more time with family, especially my grandsons, I will miss Natchaug. During my time as president of the hospital, I’ve built relationships with so many tremendous staff members, community leaders, board members and our partners in the provider community. And when I reflect on the last 25 years, I’m astounded by what we’ve been able to accomplish to improve access to behavioral health services in eastern Connecticut.

My time leading Natchaug may be coming to a close, but I could not be more excited about my successor — former DMHAS Commissioner Patricia Rehmer. Over the years, I have had the opportunity to work closely with Pat as we advocated for mental health at the state level. Her skills and leadership are remarkable, but what has always impressed me most about Pat is her tireless work as an advocate for the clients and families that we serve. She embodies the H3W leadership behavior of “humanistic,” and I have no doubt that she will carry on the growth and legacy that we have created at Natchaug and in the Hartford HealthCare Behavioral Health Network.

Since this is my last Annual Report, I’d like to take this opportunity to thank you each of you for your support of Natchaug Hospital. With your help, we’ve assisted thousands of people in Connecticut as they found their way into recovery. I am proud to have been a part of Natchaug and am confident that there are even more great things on the horizon for the hospital and for behavioral health in our community.

Stephen W. Larcen, Ph.D.
President, Hartford HealthCare
Behavioral Health Network
Board of Directors 2014-15

Natchaug Hospital is a nonprofit 501(c)(3) organization governed by an all-volunteer Board of Directors composed of representatives from the communities Natchaug Hospital serves.

James E. Watson, M.D., Chair
OB/GYN, retired

Patrice Marchand, M.D.
Retired, OB/GYN

Elizabeth B. Ritter
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Carolyn S. Drescher
Teacher, retired; NAMI Volunteer

*Resigned from the Board during 2014-2015

Michael Kurland
University of Connecticut

Board Restructuring
Starting in the 2016 fiscal year, Natchaug Hospital and Hartford HealthCare will switch to a regional board structure. Members of the current Natchaug board will be asked to represent the hospital’s interest on an East Region Board of Directors, which will also oversee Backus and Windham Hospitals.
After 25 years of leading Natchaug Hospital, President Stephen W. Larcen, Ph.D., announced in February 2015 his decision to retire at the end of the calendar year. When Larcen first arrived at Natchaug in 1990, the former convalescent home turned mental health facility consisted solely of the Mansfield campus and faced financial trouble. Under Larcen’s guidance, Natchaug turned around its bottom line and began a steady expansion of services.

During Larcen’s tenure, Natchaug opened nine satellite locations spanning from the shoreline to the Massachusetts border with services that span across the continuum of mental health needs, including partial hospital and intensive outpatient treatment for adults, young adults, adolescent and children; clinical day treatment schools for students struggling in a public school setting; ambulatory detoxification for opioid addiction; in-home intensive child and adolescent psychiatric services; and vocational and transitional programs for CDT students.

In addition to the satellite program offerings, Larcen oversaw major expansions of Natchaug’s Mansfield campus, including the creation of the Journey House residential treatment program for court-involved adolescent girls and an expansion of the child and adolescent inpatient unit.

In 1997 less than a decade after Larcen’s arrival, Natchaug formalized its affiliation with Hartford HealthCare. Over the years, Larcen has taken on numerous leadership roles in HHC, including his most recent appointment as President of the HHC Behavioral Health Network (BHN), which encompasses Natchaug, Hartford Hospital’s Institute of Living, Rushford and the behavioral health departments at Backus Hospital, the Hospital of Central Connecticut, and MidState Medical Center.

In addition to his leadership at Natchaug and the BHN, Larcen has been a key advocate for mental health issues at the state and national levels. In recognition of his advocacy, Larcen received the National Association of Psychiatric Health System Grass Roots Award in 2010 and, more recently, the American Hospital Association 2015 Connecticut Grassroots Champion Award.

The end of an era…

Natchaug Hospital under Stephen W. Larcen’s leadership

In 1990
- One location in Mansfield
- 600 adult and adolescent patients admitted, average daily census of 41
- Sachem House day hospital program for adults in Mansfield
- Joshua Center and CDT school program in Mansfield
- Total revenue of $8 million, operating loss of $1.8 million

In 2015
- Ten sites spanning from the shoreline to the Massachusetts border
- 2,035 child, adolescent and adult admissions, average daily census 52
- 13-bed Journey House residential treatment center for court-involved adolescent girls
- Four adult ambulatory programs in Mansfield, Groton, Dayville and Vernon
- Six child and adolescent ambulatory programs in Mansfield, Danielson, Enfield, Groton, Norwich and Old Saybrook
- Seven clinical day treatment schools in Mansfield, Danielson, Enfield, Norwich, Old Saybrook and Windham
- In-home (IICAPS), young adult, after-school, vocational and ambulatory detoxification services
- Total revenue of $50 million, operating margin of $1 million

Hospital leadership at an all-day off-site planning session in early 1991. Back row, L to R: Jim Murray, former Director of Marketing and Community Education and John Oduardo, former Director of Administrative Services. Front row, L to R: Stephen Larcen, Janice Black, former CFO, David Klein, Ph.D., current BHN Vice President of Clinical Operations.
Shortly after the formal announcement of Larcen’s retirement, his successor at the helm of the HHC Behavioral Health Network (BHN) was named. Patricia A. Rehmer, MSN, ACHE, a nationally-recognized leader in mental health and substance abuse, joined HHC as a senior vice president starting in March, and will assume the role of President of the BHN later this year.

Rehmer comes to HHC after serving for six years as commissioner of the Connecticut Department of Mental Health and Addiction Services (DMHAS). She has nearly 30 years of experience with public and private behavioral health agencies.

“Pat Rehmer has the skills and the drive to build on the firm foundation of extensive behavioral health initiatives and strong legacy of community commitment that Steve Larcen has created,” said Jeffrey A. Flaks, executive vice president and chief operating officer for HHC.

Rehmer began her career at Hartford Hospital’s Institute of Living, a critical component of the BHN, where she worked for 17 years. At the IOL, Rehmer held a variety of positions, including head nurse, program director for the partial hospital program, director of adult programs, and clinical director of operations.

During her tenure at DMHAS as deputy commissioner and commissioner, Rehmer worked in partnership with individuals in recovery, families, advocacy groups and service providers to ensure that individuals have a meaningful life in the community. She also served as president of the board of the National Association of State Mental Health Program Directors.

Rehmer earned her bachelor’s degree in Nursing from Skidmore College and a master’s degree in Nursing from St. Joseph’s College. She is a member of the American Council of Healthcare Executives.

HHC Behavioral Health Network strengthened

During 2014, the HHC Behavioral Health Network became a stronger, more unified entity. The BHN, which includes Natchaug Hospital, Hartford Hospital’s Institute of Living, Rushford and the behavioral health departments at Backus Hospital, The Hospital of Central Connecticut and MidState Medical Center, is now led by a single executive leadership team that is working toward eliminating variation in the way treatment is provided and results are measured.

The BHN also introduced BHNews, a newsletter that spans all six entities, a new website, and a number of other internal and external initiatives.

Hartford HealthCare Behavioral Health Network
Connect to healthier.
Natchaug’s Clinical Day Treatment Schools offer alternative settings for students struggling to succeed in a traditional school environment. With integrated clinical services, low staff-to-student ratio and easy access to after-school treatment, students have numerous opportunities that larger public schools cannot offer.

The unique emotional and behavioral needs of these students make it challenging or even impossible for them to be accepted to vocational secondary schools, where they would receive valuable training and work experience. To help these students reach their full potential after high school graduation, Natchaug has introduced the YouthWorks, Supervised Employment Education (S.E.E.) and Sea Legs programs.

YouthWorks, which was piloted at Joshua Center Northeast in 2009, provides students with vocational training in areas like carpentry, agriculture, and automotive repair, while improving their post-graduate employability and increasing their self-esteem. The program, which employs a full-time vocational teacher, has since been expanded to Joshua Center Thames Valley.

In 2013, Joshua Center Northeast stepped out of the workshop and into the community with the S.E.E. program. S.E.E. gives students the opportunity to explore community employment opportunities and provides teacher-supervised work experience to help students find a vocation that suits their interests. It also gives local business owners the chance to experience first-hand the skills that Joshua Center students have to offer.

The most recent addition to Natchaug’s CDT School transitional services is a partnership with Sea Legs, a nonprofit out of New London that gives high school age students the opportunity to learn about sailing and watercrafts. Through the partnership, students have had the opportunity to learn the ins and outs of boating and are also helping to refurbish donated boats for use in the program.
New Tools To Do Our Jobs

A New Patient Experience Survey
As the Hartford HealthCare Behavioral Health Network strives towards integration and standardization across the system, Natchaug Hospital and other affiliates introduced a new way of measuring and comparing client experience — the Press Ganey Patient Experience Survey.

The Press Ganey survey provides a consistent way to collect feedback across the BHN. Previously, each entity had its own home-grown paper survey, administered in various ways, with no ability to compare data.

The Press Ganey Patient Experience Survey provides an in-depth validated survey with better insight into what clients think of the care they receive from us.

Most importantly, Natchaug staff receives robust data and statistics as well as informative reports that allow leaders to address opportunities for improvement, share best practices and implement changes at both the affiliate and system levels. Natchaug’s client experience data is also compared with other entities in the BHN, as well as with organizations across the state and country.

CPI NCI Training
In 2015, Natchaug Hospital and the other affiliates of the Hartford HealthCare (HHC) Behavioral Health Network (BHN) introduced a new crisis intervention and behavior management model to create a single standard for patient, employee and workplace safety.

Staff throughout the BHN with regular client contact are being trained in the eight-hour Crisis Prevention Institute’s (CPI) Nonviolent Crisis Intervention (NCI) program during the 2015 fiscal year. Certain staff working in more intensive behavioral health environments will also receive CPI’s Advanced Physical Training.

Previously, there were multiple training programs throughout HHC with different philosophies, expectations and procedures for crisis responses. With care becoming increasingly integrated throughout HHC and the BHN, there were growing concerns about best practices and consistency.

CPI’s NCI was chosen as the result of an almost year-long project led by BHN Corporate Compliance Manager Olga Dutka, MSN, MBA. Developed in 1980, CPI has trained over 8 million professionals worldwide and is the program of choice for numerous top-tier health systems including Yale New Haven Health System, Mayo Clinic and Cleveland Clinic.

The program is continuously updated with content and resources, and also features population-specific training, including modules for autism spectrum disorders, dementia/cognitive challenges, and trauma-informed care.

Vice President of Patient Safety and Quality
In addition to her role at Natchaug, Medical Director Deborah Weidner, MD, MBA, has taken on the role of HHC Behavioral Health Network Vice President of Patient Safety and Quality. In her role, Dr. Weidner chairs the BHN Quality Council, which includes representation from all six affiliates, to improve quality across the system.

“I’m very passionate about the patient experience,” Weidner said. “If we put ourselves in our client and their families’ shoes, we will approach treatment in a different way.”

Under the guidance of Dr. Weidner and the BHN Quality Council, the affiliates rolled out the Press Ganey Patient Experience Survey and began to implement changes based on client feedback.

“This was a very exciting year in terms of improving quality and standardizing best practices across the BHN,” Weidner said. “The Patient Experience Survey impacts the care we deliver to our clients right now and will also factor into how we’re paid in the future as we switch to a quality-based health care payment system.”
A New Approach to Mental Health & Substance Abuse

**Shatterproof**

More than 10 years ago, a boy from Easton, Connecticut, named Mikey was diagnosed with cancer. Although the situation was challenging, the town rallied to support both Mikey and his family. Parents offered home-cooked meals and carpools. Local elementary schools organized bake sales and car washes to raise money for the newly formed “Mikey’s Way” charity. And most importantly, Mikey had access to the highest quality medical care.

Just across town, Gary Mendell’s son was also diagnosed with a disease.

“For [my son] Brian and our family it was different,” Mendell said. “Our town did not rally behind Brian or our family. There were no calls, no bake sales, no home-cooked meals. We couldn’t find medical care based on scientific research.”

The difference was that the disease Brian struggled with was addiction. On October 20, 2011, after being clean for 13 months, Brian took his own life. He was 25.

“Ever since that day, I wake up every morning asking the same question — if both boys had a disease, why are their stories so different?” Mendell said. “Science tells us that the causes of these diseases are the same, but many in our society disagree. They say those with addiction or mental health issues have character flaws or weak character.”

“In the end, Mikey was a patient and Brian was an outcast.”

For Mendell, who was the guest speaker at Natchaug Hospital’s annual ECSU Foundation luncheon, Brian’s death marked a turning point in his life. Up until 2011, he served as founder and CEO of HEI Hotels and Resorts, which manages more than 40 hotels and is valued at $3 billion. Prior to that, he was president of Starwood Lodging Trust, the largest hotel investment trust in the country.

But after Brian’s death, Mendell took his passion and business acumen and set out to found a charity in his son’s memory. After months of investigation and research, what started as an idea for an eight-bedroom halfway house turned into something bigger.

“Every major disease in this country, there is one large, well-funded, national organization that does three things really well — research, advocacy and getting information that is proven to work out into our communities,” Mendell said. “Think of American Cancer Society, American Heart Association, Autism Speaks. But there was nothing for addiction.”

So in 2013, after two years of planning, Mendell launched Shatterproof, the first ever national organization dedicated to protecting children from addiction and ending the stigma and suffering of those affected by the disease.

Over the past year and a half, Shatterproof lobbied for mental health parity regulations, good Samaritan acts and naloxone laws across the country. The organization also launched a unique grassroots fundraising effort where 1,000 participants at 14 events nationwide rappelled down hotel buildings.

“The vision that came out was the national organization, but the key is uniting millions of people around that cause,” Mendell said. “We can change the way addiction is treated; we can change the way we talk about addiction; we can end the silence and shame and stigma associated with the disease.”

“We can make our families and our loved ones shatterproof.”
**Mental Health First Aid**
Just as CPR helps you assist an individual having a medical emergency—even if you have no clinical training — Mental Health First Aid (MHFA) allows you to assist someone experiencing a mental health crisis.

In the eight-hour course, participants learn risk factors and warning signs for mental health and addiction issues, strategies for helping someone in both crisis and non-crisis situations, and where to turn to for help. Topics covered include depression, psychosis, mood disorders, substance abuse and trauma.

Over the last year, Natchaug Hospital and the Hartford HealthCare Behavioral Health Network have set out to train members of the community in MHFA. In the fall of 2014, Natchaug hosted two MHFA trainings for residents of New London for just $10 (rather than the usual fee of $100) with grant funding from the Frank Loomis Palmer Fund.

**Primary-Behavioral Health Integration**
Integrating behavioral health with primary care is more than just a concept; it’s becoming a reality within Hartford HealthCare (HHC) with the start of a pilot project that places behavioral health clinicians and psychiatrists in primary care settings.

The system initiative, led by HHC’s Integrated Care Partners in partnership with Natchaug Hospital and the other affiliates of the HHC Behavioral Health Network, follows an evidence-based model of care called Primary Care Behavioral Health (PCBH). Through the model, a behavioral health clinician serves as an on-site member of the primary care team, providing consultation, assisting with diagnosis and assessment, conducting treatment, and facilitating referrals to specialty care as necessary.

"Studies suggest that 60 percent of psychiatric illness is treated in the primary care setting, so by placing clinicians and psychiatrists in the same office as these providers, we’re eliminating barriers to treatment and improving health outcomes," said Stephen W. Larcen, PhD, HHC Behavioral Health Network and Natchaug President.

The project, which was initially piloted at HHC Medical Group and ConnCare sites in Colchester, Enfield, Norwich, Manchester, West Hartford and Windsor, will be implemented in the Windham and Mansfield area starting in fiscal year 2016. A new Natchaug attending psychiatrist, Tiwalola Kolawole, MD, who performed elective work in the areas of integrated mental health and primary care, will support both Backus and Windham Hospitals along with HHC Medical Group offices in both Windham and Storrs. “With the success and expansion of this pilot program, HHC is truly helping lead the way into the future of mental health care,” Larcen said.
The grants received during Fiscal Year 2014 and the first half of Fiscal Year 2015, totaling $108,297, include:

**Altrusa International, Inc. NECT**
- $500 for the “Comfort & Joy” program that provides children and adolescents on the inpatient unit with clothing, soft toys, fun socks and other personal items to help with their recovery.
- $500 to purchase soft toys for children on the pediatric unit, to comfort them during their stay and to take with them when they leave the program.

**Bodenwein Public Benevolent Foundation**
$2,000 to support the Sea Legs Vocational Skills and Work Readiness program at the Joshua Center Shoreline program in Old Saybrook.

**Elizabeth Carse Foundation**
$2,500 to provide Mental Health First Aid training in New London. Like CPR, Mental Health First Aid teaches people to recognize symptoms of mental illness and how to respond until help arrives.

**Child’s Play**
$2,797 to purchase iPads and child-friendly iPad games for use on the pediatric and adolescent inpatient units as a diversionary activity during difficult blood draws.

**ChelseaGroton Foundation**
$1,000 to provide equipment and furnishings for classrooms at the Joshua Center Thames Valley.

**Community Foundation of Eastern CT**
$6,000 to reconfigure program space at Care Plus for the addition of the young adult program. Funded through the Milliard R. York Fund.

**The CT Whale Community Foundation**
$5,000 to create the Ken Guoazdz Activity Fund for the residents of the Journey House Program.

**The ECSU Foundation**
Luncheon on March 19, 2015, attended by over 100 people, generated more than $14,000. Over eight years, the annual ECSU Foundation luncheons have raised a total $93,708.00 for Natchaug Hospital education programs.

**The Lester E. & Phyllis M. Foster Family Foundation**
$20,000, a restricted gift, which is part of a multi-year pledge.

**The R.S. Gernon Fund**
- $3,000 to support the creation of a play area at the Joshua Center Thames Valley Program.
- $5,000 to furnish a group therapy room at the Joshua Center Thames Valley Program.

**Maximillian E. & Marion O. Hoffman Foundation**
$25,000 to support the Joshua Center Thames Valley Program.

**Chester Kitchings Family Foundation**
- $5,000 to support the Joshua Center Thames Valley Program.
- $5,000 to support the Joshua Center Thames Valley Program.
- $5,000 to support the area of greatest need.

**The Mary and Edward Lord Foundation**
$15,000 to support the Joshua Center Thames Valley Program.

**Frank Loomis Palmer Fund**
$2,500 to provide Mental Health First Aid training in New London. Like CPR, Mental Health First Aid teaches people to recognize symptoms of mental illness and how to respond until help arrives.

**The Leo and Rose Pageau Trust**
$2,500 to support classroom education technology at our Windham and Mansfield locations.

**Putnam Bank Foundation**
$10,000 to support the Joshua Center Thames Valley Program

Samantha West, CCLS, helps a child on the inpatient unit navigate a difficult blood draw with iPad games and the “Buzzy the Bee” pain management tool, which were bought through a grant from Child’s Play.
Natchaug Hospital is grateful to the following individuals, businesses and foundations for their generous pledges and contributions during Fiscal Year 2014 and the first half of Fiscal Year 2015. Their support strengthens and expands programs that help people recover from mental health and substance abuse issues.

**Founder**
Maximilian E. & Marion O. Hoffman Foundation

**Visionary**
Lester & Phyllis Foster Family Foundation
Johnson Family Foundation
Chester Kitchings Family Foundation
Stephen Larcen, Ph.D. & Susan Graham
Drs. George & Carol Little
The Edward & Mary Lord Foundation
Putnam Bank Foundation
Savings Institute Foundation

**Advocate**
Community Foundation of Eastern CT
R.S. Gernon Fund
David Klein, Ph.D.
Waterford Group, LLC
James Watson, M.D. & Ellen Lang
Deborah Weidner, M.D. & Manny Nainu
Carol Wiggins, Ph.D.

**Benefactor**
Anderson-Paffard Foundation
Jill Bourbeau
Elizabeth Carse Foundation
Child’s Play
The Leo J. & Rose Pageau Trust
Frank Loomis Palmer Fund
Carrie Pichie, Ph.D.

**The CT Whale Community Foundation**
William W. Backus Hospital

**Leadership**
Altrusa International, Inc. NECT
Bodenwein Public Benevolent Foundation
ChelseaGroton Foundation
Irene Demers
Peter Derosa
Mary Lou DeVivo
Dime Bank
ECSU Foundation
Nancy Himmel
Janet Keown
Julia & Carl Lindquist, M.D.
Paul Maloney
Margaret Marchak, JD
Saranne Murray & Jackson Foley
Caragh O’Brien & Joseph LoTurco
Michael Pallein, CPA
Betsy & Grant Ritter
Carla & Dominic Squatrito
Mary & Robert Sullivan
Sandi Voogd
Cathy Walton
Hallie Wilson

**Arlene & Raymond Johnson, M.D.**
Miriam & Michael Kurland
Liberty Bank
David Lucier
June Mathieu
Edward Moran
Elsa Nunez, Ph.D.
Jim O’Dea, Ph.D.
Jayantkumar Patel, M.D.
Lillian Rhodes
Rushford
Jean & Ed Sawicki, M.D.
Kristie Scott
Shipman & Goodwin
Johnathan Simpson
J.V. Spignesi Jr. Memorial Scholarship Fund
David Yellen

**Friends**
A-1 Septic Service
Cindy & Roger Adams
Allied Printing Services
Sheila Amdur & Marcy Neff
William Anderson, Jr.
Chrystyna Andrychowski
Anonymous (2)
Marva Beckford
Shamal Beltangady, M.D.
Honey & Harry Birkenruth
BJ’s Wholesale Club
Martha Blake
Kathleen & David Blaney
James Blazar
Jane & Jim Bobbitt
Stephanie Bonardi
Kathy & Tom Borner
Journey House Supporters

We are grateful for all of the community groups and members who support the Journey House residential treatment program. Thank you to the following supporters for their donations of time and talent during 2014 and 2015:

African American Cultural Center of UCONN  
Alpha Delta Kappa Pi Charities for Children  
Coach Ray Aramini and the ECSU Rugby Team  
Kelly Bay, RYT  
The Bushnell  
Central Connecticut State University – Athletic Department  
Community Foundation of Eastern CT  
Delta Kappa Gamma-Theta Chapter  
Sharon Bartlett  
Department of Environmental Protection  
East Hartford Police Department- Officer Zavalick and K-9 Axel  
ECSU Center for Community Engagement (Kim Silcox, Luis Rodriguez)  
Dr. Nanette Tummers  
Kenneth and Dana Gwozdz  
Lambda Theta Alpha Latin Sorority, Inc.  
Mansfield Community Center  
Marinello School of Beauty  
Dr. Edward Sawicki and the Natchaug Garden Improvement Team  
Caragh O’Brien  
Anita Powers  
Dr. Willena Price  
Laney Rosenzweig, founder of Accelerated Resolution Therapy  
Samadhi Yoga Studio  
Soroptimist International of Willimantic  
Spignesi Fund  
UCONN Expanded Food and Nutrition Education Program  
UCONN Women’s Center  
Catherine Wade  
Carol Wiggins, Ph.D.  
Jeff and Karen Woodward, Woodward Greenhouses

Players from the Coventry High School ran a volleyball clinic for the girls at Journey House where they taught the basic skills of passing, setting, hitting and serving.

Journey House teacher Joanne Hayes (left) and local author Caragh O’Brien (right) facilitate a donation of teen and young adult literature from the UConn Co-op for the residents.
We are grateful for all of the community groups and members who support the Journey House residential treatment program. Thank you to the following supporters for their donations of time and talent during 2014 and 2015:

**Community Benefit**

Staff from Natchaug Hospital collected “Stop the Stigma” pledges and handed out information about mental illness and treatment at Willimantic’s Third Thursday festivals throughout the summer.

The HHC Behavioral Health Network brought a team to the 2014 Annual NAMIWalk in Bushnell Park.

**Community Benefits FY 2014**

<table>
<thead>
<tr>
<th>Community Benefits</th>
<th>FY 2014</th>
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<tr>
<td>Community Health Improvement Services</td>
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<td>Bad Debt</td>
<td>$681,899</td>
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<tr>
<td><strong>Totals with Bad Debt</strong></td>
<td><strong>$8,492,138</strong></td>
</tr>
<tr>
<td>Totals including Medicare and Bad Debt</td>
<td><strong>$8,878,138</strong></td>
</tr>
</tbody>
</table>
NATCHAUG HOSPITAL

Autism Family Support Group

Natchaug Hospital pharmacy technician Trish Hayward remembers the day her then 11-year-old daughter was diagnosed with Asperger’s, a high-functioning autism spectrum disorder.

“Having your kid labeled ‘autistic’ is kind of like a death sentence to a parent,” Hayward said. “You grieve the weddings, the graduations, the children. All the life events you anticipated suddenly seem like they’re not going to happen.”

Over the next five years, Hayward’s life changed. She became a regular attendee at conferences and seminars on autism. Typical parenting issues escalated into advocacy battles with public schools. Dealing with her daughter’s public meltdowns became a wearying way of life.

“You become very isolated,” Hayward said. “Because of that I learned firsthand the power of support groups.”

In 2012, Hayward approached Natchaug Vice President of Operations David Klein, Ph.D., and Director of Ambulatory Services Carrie Pichie, Ph.D., about the lack of community services for autism.

“Approximately one in every 68 children is diagnosed on the autism spectrum,” Dr. Pichie said. “Given that rate of diagnosis and the lack of services for these children and their families, it was clear that we had to respond to the community need.”

With the support of Drs. Klein and Pichie, Hayward and her colleagues at Natchaug started a support group for families of children with high-functioning autism at the main hospital in Mansfield.

The group meets every third Wednesday for five months at a time and is split into two co-occurring meetings – one for parents and another for children with autism and their siblings.

Parents have the opportunity to connect with others in similar situations, while discussing relevant topics, including special education advocacy, parent rights, de-escalation strategies, bullying, and video game use. Guest speakers are sometimes brought in to focus on other topics such as speech and language concerns, medical care, and the construction of Individualized Education Plans (IEPs).

The sibling and children’s group utilizes the “Model Me” curriculum to engage children in social skills intervention. They also make time to discuss feelings, identify their personal strengths and vulnerabilities, and take part in sensory integration activities.

“A lot of these families have no outside support,” said Natchaug clinician Stan Hospod, who coordinates the support group. “Providing them with education and an outlet is our way of giving back to the community where we work and live.”

So far, more than 20 families have benefitted from the autism support group. Plans are in the works to create another such group at Natchaug’s Joshua Center Thames Valley facility in Norwich.

Hayward’s daughter, who is now almost 16, has made great strides over the last five years and hopes to attend college and possibly study agriculture.

“No that I know she’s okay, I want to help anybody else who’s in that position of grief,” Hayward said. “I just want them to know that there is hope. It does get better.”
Financial Statement

### Assets

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<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
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<tbody>
<tr>
<td>Cash on hand</td>
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<td>Accounts receivable</td>
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<td>Other current assets</td>
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<td>Property, plant and equipment</td>
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<td>Accumulated depreciation and amortization</td>
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<td>($7,143,662)</td>
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<td>Construction in process</td>
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<td>Other assets</td>
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<td><strong>Total</strong></td>
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### Liabilities & Fund Balance

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<tbody>
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<td>Total current liabilities</td>
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<td>Total long-term liabilities</td>
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<td>Long-term debt</td>
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<td>$2,904,035</td>
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<td><strong>Total</strong></td>
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<td><strong>$20,694,021</strong></td>
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### Net assets

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<tbody>
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<td>Unrestricted</td>
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<td>Restricted</td>
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<td>Fund balance</td>
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<td><strong>Total</strong></td>
<td><strong>$26,221,867</strong></td>
<td><strong>$20,694,021</strong></td>
</tr>
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**TOTAL REVENUE** $49,488,498

- Other Revenue $104,046
- School Programs $9,939,885
- Adult Inpatient $11,435,552
- Child/Adolescent Inpatient $8,195,631
- Residential Treatment Center $2,477,202

**TOTAL EXPENSES** $48,474,126

- Salaries & Benefits $36,199,060
- Supplies & Other $3,377,145
- Professional Fees $5,031,183
- Eastern Region Collaborations $1,129,339
- Bad Debt $919,103
- Capital Costs $1,818,296

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Natchaug Hospital continues to operate in a challenging external environment as health care systems across the state and country face health care reform and federal and state budget pressure. Internally, Natchaug continues to collaborate with partners across Hartford HealthCare to build an integrated system that is nationally respected for excellence in patient care and most trusted for personalized coordinated care.

During FY14, Natchaug had relatively flat growth for inpatient services and modest growth in outpatient services. Inpatient admissions of 2,035 were comparable to last year, and the hospital continued to operate at over 90 percent occupancy. The ambulatory programs grew 3.8 percent over the prior year, but did not meet the 8.9 percent growth that was targeted, in large part due to continued efforts to recruit needed providers. The school programs, which continue to face challenges in utilization, declined 12.5 percent over the previous year as local towns increased efforts to mainstream children and reduce special education costs. Despite the pressure on special education programs, slower than expected growth in ambulatory services, and significant cost pressures on inpatient care, Natchaug ended the year with a positive operating margin of $1,014,000, which was an increase of $398,000 over last year’s performance and close to the hospital’s operating plan.

- The 2,035 inpatient admissions were comparable to last year and the average daily number of patients in the hospital remained flat at 52. The hospital continued to operate at over 90 percent of capacity.
- The Journey House program had an average daily census of 11.8 residents.
- The Hospital’s ambulatory programs provided care for an average 253 clients a day, an increase of 2.1 percent from the prior year.
- There was a 19.8 percent increase in services provided by the expanding in-home service programs (IICAPS).
- The school programs provided education to an average of 178 students each day.

Natchaug continues to work aggressively to reduce the cost structure of the Hospital in the face of federal and state reimbursement constraints as well as slowing commercial and managed care rate increases. In addition, the Hospital has seen an unfavorable shift in the payer mix as more people have Medicaid coverage.

Despite these pressures, the Hospital was able to increase the operating margin by managing growth in expenses to less than one percent year-over-year.

Leadership continues to look for opportunities to improve client access and productivity while reducing administrative overhead. The Hospital was also able to significantly reduce costs by combining the Joshua Center Southeast programs, restructuring the Norwich school contract, and significant streamlining of the HHC Behavioral Health Network management structure.

Natchaug also introduced a number of new growth initiatives including expansion of the young adult and in-home adolescent service lines, as well as vocational and supervised employment programs. In addition, a number of initiatives aimed at improving safety as well as client and employee satisfaction were introduced, which build a foundation for future outcome-based health care reimbursements.

The Hospital continues to fare well in an environment of significant change and financial challenge. Through the implementation of many strategies aimed at transforming operations, Natchaug is positioned to continue its success and service to the community in the future. The employees as well as community partners are integral to that success and the Hospital’s ability to continue meeting the needs of those we serve.