
Congregate Care Overview

Dr. Naomi Libby, Chief Medical Officer, The Children's Center of Hamden

LEVELS OF CARE

Office Based Services

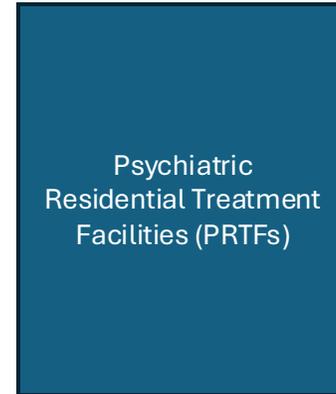
- School Based Health Centers
- Private Practice
- Integrated Care
- Youth Services Bureaus
- Psychiatric Clinics
 - MATCH
 - TF-CBT
 - SSTRY



- Extended Day Treatment (EDT)
- Intensive Outpatient Program (IOP)
- Partial Hospital Program (PHP)



- Therapeutic Group Homes
- Residential Treatment Centers (RTC)
- Subacute Stabilization Centers (SACs)



Home Based Services

- Functional Family Therapy (FFT)

- Child First
- IICAPS
- Multi-Dimensional Family Therapy (MDFT)
- HYPE Recovery
- Multi Systems Therapy
 - MST FIT
 - MST PSB

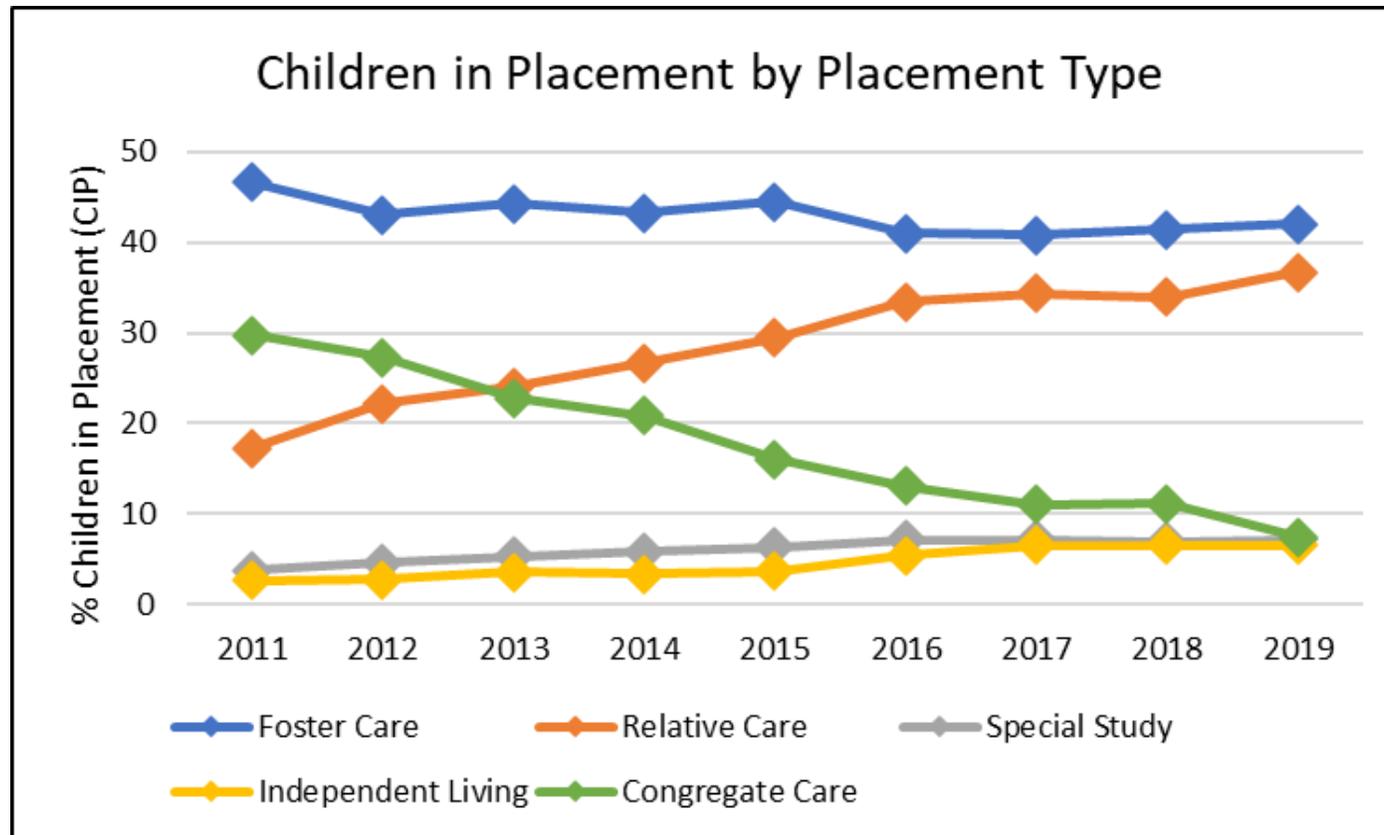


CRISIS STABILIZATION



Congregate Care in Connecticut (2011-2019)

- 2011: Congregate Care Rightsizing and Redesign report (DCF)
- 2018: Family First Prevention Services Act



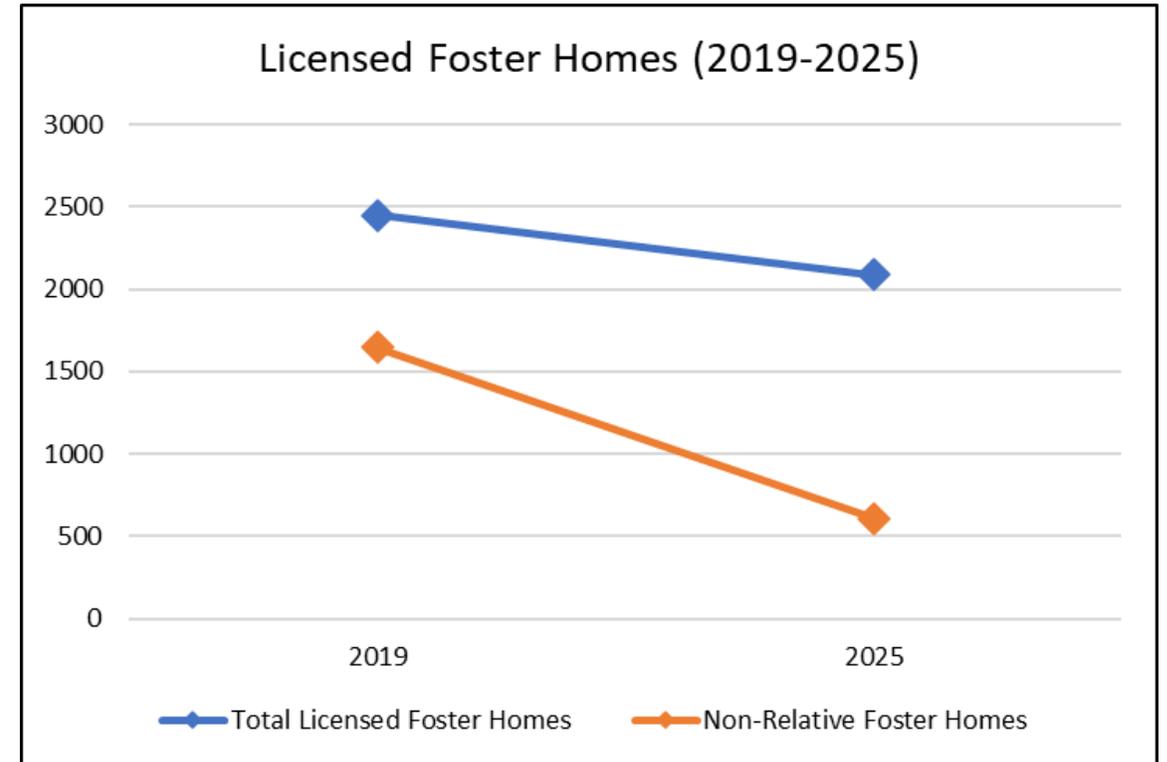
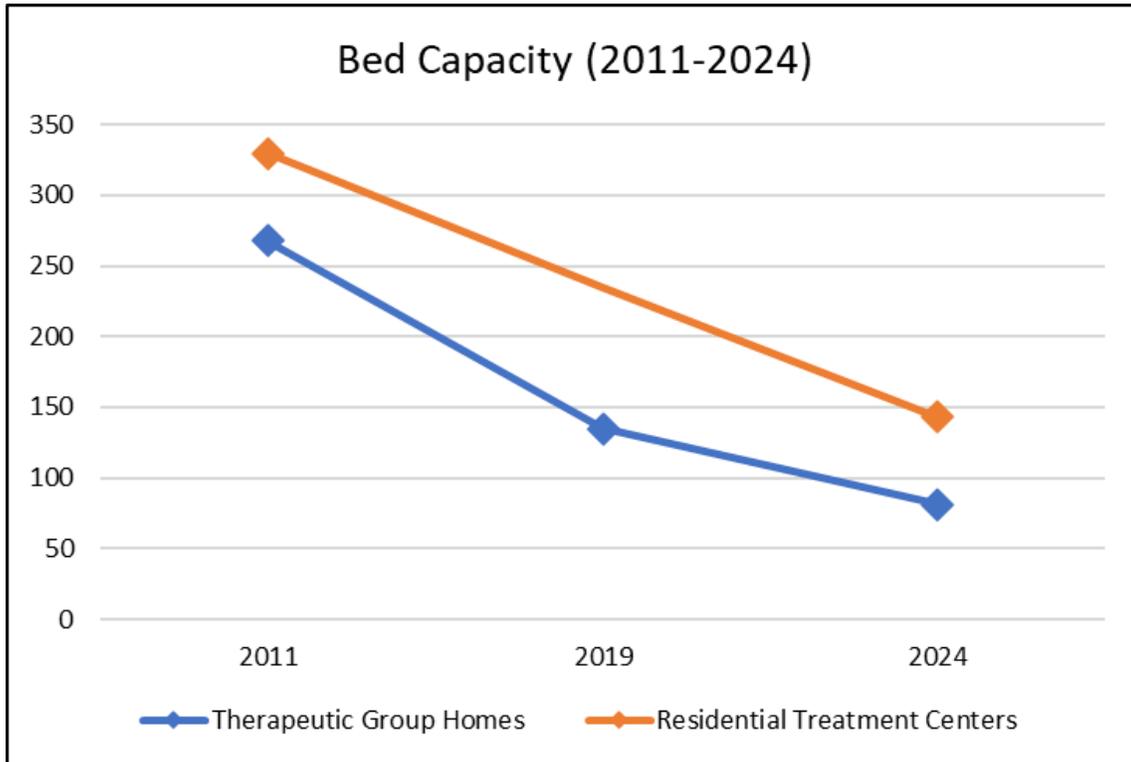
Congregate Care Bed Capacity (2011-2024)

Service	2011		2019		2024	
	# Programs	# Beds	# Programs	# Beds	# Programs	# Beds
Safe Homes	17	178				
Therapeutic Group Homes (TGH)	52	268	26	135	21	81
Residential Treatment Centers (RTC)	20	330			6	143
Maternity Group Homes	2	23				
Preparing Adolescents for Self-Sufficiency (PASS) Group Homes	4	34				
Crisis Stabilization/Respite	2					
Short-Term Family Integrated Treatment (SFIT)			5	58		
Short-term Assessment and Respite Home (STAR)			5	30		
Specialized Trauma Informed Treatment Assessment and Reunification (STTAR)					7	35
Supportive Work, Education & Transition Program (SWETP)		24		26		
TOTAL (approximate due to missing data)		900		450		260

Data Sources:

- *Congregate Care Rightsizing and Redesign report (August 4, 2011)*
- *2020-2024 Child and Family Services Plan (June 30, 2019)*
- *2020-2024 Annual Progress and Services Report (June 30, 2024)*
- *2025-2029 Child and Family Services Plan (June 30, 2024)*

Congregate Care Capacity v. Licensed Foster Homes (2011-2025)



Data from <https://www.fostercarecapacity.com/states/Connecticut>, as reported by State of CT

Psychiatric Residential Treatment Facilities (PRTFS) Level-Set

Dr. Steven M. Kant, Chief Medical Officer, Boys and Girls Village

What is a PRTF?

1. A **non-hospital** facility with a provider agreement with a State Medicaid Agency (DSS) to provide **inpatient treatment** to **Medicaid** eligible individuals **under the age of 21**.
2. The facility must be **accredited by JCAHO** or any equivalent other accrediting organization with comparable standards recognized by the State, i.e. **COA, or other similar**
3. Comply with **Conditions of Participation (CoP) on the use of restraint and seclusion** (Code of Federal Regulations (CFR)) 483.350 – 483.376). These are very detailed, requiring various nursing, mental health and team assessments for each incident. Annually each PRTF must attest they are compliant.
4. PRTFs are required to provide **'active treatment'** as specified in a rather lengthy document from **CMS/DSS, Pub. 100-07 State Operations**. It clarifies timelines, members of treatment team, and many other aspects of care.
5. DSS with approval from CMS adds to these requirements: **Trauma based treatment, Rec therapy, Family therapy, Transitional Care Coordinator, Director of Nursing etc.**
6. **Require 24 x 7 RN nursing** staff (this is one of the critical staffing distinctions between a PRTF and a residential)
7. A **Certificate of Need** for services (42 CFR 441.152) **is required for each youth affirming:**
 - a. Ambulatory care resources available in the community do not meet the treatment needs of the recipient.
 - b. Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician
 - c. Services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed

Regulations, regulations, regulations!

- PRTFs are enrolled into **Medicaid by DSS**;
 - **DCF** provides an underlying license allowing for a child caring facility and in that capacity conducts quarterly reviews
 - **DPH** acts on behalf of DSS to review any Serious Occurrence and conduct audits
- PRTFs are required to have an on grounds school which is under the purview of the **SDE** (State Dept of Education)
- **Carelon** (CT Behavioral Health Partnership) is charged by DSS to review all requests for PRTF Medicaid authorization, they provide key data points to prtfs and support timely discharge

CT BHP Data Reporting -Psychiatric Residential Treatment Facilities (PRTFs)

Carrie Bourdon, LCSW, Chief Executive Officer, CT BHP Division at Carelon Behavioral Health CT
Jackie Cook, LPC, Regional Network Manager, Carelon Behavioral Health CT

PRTF Facilities Overview

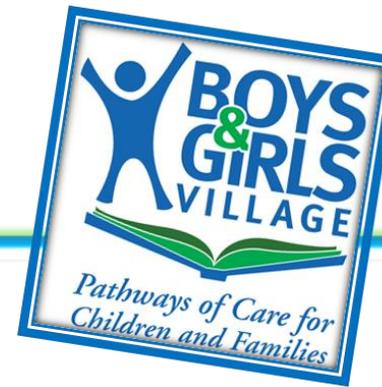
Boys and Girls Village: Dr. Steven M. Kant, Chief Medical Officer, Boys and Girls Village

The Children's Center of Hamden: Dr. Naomi Libby, Chief Medical Officer, The Children's Center of Hamden

Albert J Solnit Children's Center: Michael Rulnick, MPA, Superintendent, DCF, MUI MUI HIN-MCCORMICK Behavioral Health Clinical Manager, DCF

The Village: Laine Taylor, DO and Chief Medical Officer, The Village & Amy Samela, VP Residential Services, The Village

Boys & Girls Village:



Kraft House sits on our 11 acre campus in Milford

- 12beds, ages 11 to 18 yr, all boys
- Treatments include CBT, Motivational Interviewing, Risking Connections and Therapeutic Crisis Interventions
- Youth progress on a level system acknowledging their gains and helping staff and clients together identify next steps
- Rich use of experiential treatments including Ropes Course (Project Adventure), Mindfulness exercises, Meditation Room, Yoga, Sensate, PT, Art
- Family Education Night to engage families in a multifamily forum, including helping transfer of skills to parents/caretaker
- In Home visits/trainings while in care and after discharge
- Clients attend our therapeutic day school which includes our Life Skills Training with labs in Computers, Moder Manufacturing, Culinary Arts, Automotive and.....
- ALOS over past two years is 121 Days

The Children's Center of Hamden PRTF

- Licensed for 28 beds
- Boys and girls ages 7-16
- Trauma-informed, strengths-based, family-focused
- Therapeutic milieu
- Intensive individual, family, and group therapy
- Case management and after-care services
- Educated on-site at approved special education school



THE CHILDREN'S CENTER OF HAMDEN

The Village PRTF



Latency age: 6-12

Average census 22

ALOS: between 121-180 days

Interdisciplinary treatment approach

Family Engagement (both a tx approach / challenge)

Integrated into agency's continuum of care – creating fluid treatment

Aftercare services

Challenges

Milieu treatment

Discharge

Safety (EOC)

Skills practice (child/family)

Education: billing and non-clinical day school



CONNECTICUT
Children & Families

Albert J. Solnit Children's
Center- North and South PRTF

ALBERT J. SOLNIT CHILDREN'S CENTER– NORTH & SOUTH CAMPUS PRTF

- State of Connecticut facilities under the Department of Children and Families, DCF.
- Accredited by The Joint Commission (TJC) as one PRTF operating on two campuses. Licensed by DPH.
- Solnit North is located in East Windsor, 30 beds for boys ages 13-17. Three cottages with a 10-bed capacity.
- Solnit South PRTF is in Middletown, sharing a campus with Solnit Hospital. 21 beds for girls ages 13-17. Three cottages with 7-bed capacity.
- Each youth has an Advanced Clinical Social Worker (ACSW) as their clinician, an LCSW. Clinicians have a max caseload of 5 at North, 4 at South.
- Services received at Solnit include individual and family therapy, on-site pediatrician M-F, three on-site psychiatrists M-F (one for each cottage); rehabilitation therapy (music, art, recreation); occupational therapy, vocational programming including culinary training leading to SafeServ certification, ABC (adventure-based counseling) with on-site activities like the indoor ropes course and off campus trips to the DCF Wilderness School. Youth attend school on-site led by a Principal and a team of Teachers, Pupil Services Specialists, School Psychologist, Aides and Speech Pathologist.
- Youth receive a full battery of psychological testing on-site during their treatment episode.
- The combined North and South management team is comprised of the Superintendent, Assistant Superintendent, Director of Residential Care, a Clinical Manager and Director of Nursing at each site, and the Director of Quality and Training.
- Supervisory staff consists of Supervising Nurses, Supervising Clinicians, Supervising Psychologists and Children Services Unit Supervisors (CSUS) for the cottages and Operations Office. Each site has an Operations Office comprised of six CSUSs so there is at least one CSUS in operations 24/7.
- 60% of 2025 admissions at both PRTF sites were from inpatient hospital, consistent with prior years.
- North's average length of stay in 2025 was 169 days. Souths was 200 days, exceeding the target length of treatment episode which is 120 days.

PRTF Challenges

- Complex Presentations
 - Special population
 - Re-admissions
 - Cycling through acute levels of care
 - including multiple treatment providers
- Family Engagement / Reintegration work
- Multiple regulatory oversight
- Staffing costs as it requires both medical and 24 x 7 nursing
- Discharge Barriers
 - Decrease in congregate beds resulting in increase in PRTF requests or misuse of PRTF referral

Q&A