SPECIAL ACT 19-16

Licensure of the Alfred J. Solnit Children's Center

Department of Children and Families

Executive Summary

Special Act 19-16, An Act Concerning the Licensure of the Albert J. Solnit Children's Center[1] (the Solnit Center) directs the Commissioner of Children and Families (DCF) to submit a report to the Children's Committee of the General Assembly, recommending a process for the Department of Public Health (DPH) to license the north and south campuses of the Solnit Center (Solnit North and South). The language in the act required DCF to work with the Commissioners of Public Health and Social Services (DSS), and the Office of the Child Advocate (OCA) in the drafting of the report. To implement this requirement, a Working Group was organized in August 2019, comprised of representatives from DCF, DPH, DSS, OCA, the Solnit Center campuses, Beacon Health Options, and two privately-operated adolescent psychiatric treatment facilities. A complete list of Working Group members can be found on page 3 of this report.

The Working Group met on a bi-weekly basis through November 2019 in order to formulate the recommendations contained herein. To successfully license the Solnit Center campuses, the Working Group believes the following actions would be necessary:

- Amend C.G.S. section 19a-490 to remove the exemption from licensure for the Solnit Center South and North campuses.
- Amend C.G.S. section 17a-145 to direct DCF and DPH to jointly develop regulations for the licensing of Psychiatric Residential Treatment Facilities (PRTF).
- DPH and DCF to jointly develop policies and procedures to be used on an interim basis for the licensing of the Solnit South and North PRTF programs.
- DPH to revise regulations for the licensing of Hospitals for Mentally Ill Persons.
- DPH to hire and train one full-time and one part-time Nurse Consultant positions.
- Secure funding to DCF for facility physical plant renovations to enhance safety.
- Secure funding to DCF for additional clinical and nursing positions to enhance service delivery.

Introduction

The Solnit Center is a DCF owned and operated psychiatric treatment facility for children that comprises a psychiatric hospital and two PRTFs. The hospital and one PRTF are located in Middletown (Solnit South) and the other PRTF is in East Windsor (Solnit North). Pursuant to C.G.S. section 19a-490, the Solnit Center is statutorily exempt from state licensing requirements. However, the Solnit Center is certified through the Centers for Medicare & Medicaid Services (CMS) and accredited through The Joint Commission. Pursuant to federal Medicaid mandates, the south and north campuses are subject to mandatory outside inspection 1) once every five year when a general inspection is conducted, or 1) when an investigation of a serious occurrence within the facility is required. These actions are undertaken in Connecticut by DPH under contract with DSS.
The recommendation that Connecticut take steps to end the Solnit Center's licensing exemption was contained in a September 2018 investigative report issued by the OCA[2] after the June 2018 suicide

[1] Special Act 19-16, AAC the Licensure of the Albert J. Solnit Children's Center
[2] See OCA Legislative Hearing Report *Albert J Solnit Center South and the OCA Review of Circumstances Leading to the Death of Destiny G.*, September 26, 2018 found on the web at https://www.ct.gov/oca/lib/oca/OCA.SolnitS.Leg.Report.9.26.2018.pdf.

death of a pregnant 16 year old girl at the Solnit South PRTF. The child's death occurred after six previous suicide attempts by youth in the facility in the preceding months and shortly after findings had been made by DPH that identified deficiencies in the care and treatment of youth, including deficiencies which DPH found placed children in "immediate jeopardy" of harm.[3]

Following the youth's suicide, DPH, in partnership with DSS and DCF, continued to investigate safety and care issues at the Solnit South PRTF, and, after making additional findings that youth remained in "immediate jeopardy" of harm[4], the agencies jointly issued to DCF a directed Plan of Correction as a condition of the facility's continued participation in the federal Medicaid program. Pursuant to federal regulations regarding remediation of Immediate Jeopardy concerns, the Plan of Correction included a requirement that DCF retain a full-time consulting team to help monitor and implement necessary improvements.[5]

Based on the required Plan of Correction, Beacon Health Options[6], an expert in the area of quality management, was engaged to develop a Quality Management Program Outline intended to build and sustain high quality clinical care and services. Over the next several months, Solnit staff and administrators worked with DPH inspectors, Barrins & Associates—an independent monitoring consultant—and Beacon Health Options to successfully comply with the DPH/DSS directives. The Solnit South PRTF was subsequently discharged from further intensive monitoring by DPH once the required Plan of Correction was fully implemented.

However, even with the implementation of the recent performance improvement initiatives outlined above, the creation of an external licensing framework is believed to provide a critical level of oversight and transparency and help ensure the facility's sustained adherence to established standards for quality care and treatment.

This report will discuss in greater depth the psychiatric residential treatment facility (PRTF) level of care. It will also present steps that would need to be taken in order for DPH to license the Solnit North and South campuses. Finally, the Working Group determined that it would be important to integrate the state's two privately run PRTF facilities (serving children age 16 and under), to ensure that any licensing framework for the Solnit facilities would benefit all children being served at this level of clinical care.

[3] "Immediate Jeopardy," is defined as "[a] situation in which the provider's noncompliance with one or more requirements of [Medicaid] participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident." See 42 CFR Part 489.3.

[4] DPH issued additional "Immediate Jeopardy" findings on July 20 and July 18, 2018.

[5] Barrins & Associates September 20, 2018 Independent Consultant Review.

[6] Beacon Health Options Outline of Quality Management Program for the Solnit Center

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Description of PRTF Level of Care

Federal Designation

A Psychiatric Residential Treatment Facility is a non-hospital facility with a provider agreement with a State Medicaid Agency (DSS in CT) to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21 ("psych under 21" benefit). The facility must be accredited by The Joint Commission or another accrediting organization with comparable standards recognized by the State. PRTFs must also meet the requirements in sections 441.151 through 441.182 of the Code of Federal Regulations.

The PRTF level of care is less intensive than a psychiatric hospital setting yet more intensive than a traditional residential treatment program and is used for both step down and diversion from hospitalization. A PRTF provides psychiatric and other therapeutic and clinically informed services to individuals under age 21 according to federal Medicaid law. Currently, in addition to the Solnit South and North PRTF programs, there are two private PRTF programs – one located in Hartford operated by The Village, the other in Hamden operated by The Children's Center of Hamden. The PRTFs serve varying age ranges according to what is permissible under their DCF-issued Child-Caring Facility licenses. The privately-operated PRTFs currently serve youth ages 16 and under at the time of admission, and the Solnit PRTFs serve adolescents between the ages of 13-17 at the time of admission.

History of PRTF Level of Care in Connecticut

Beginning in the late 1990's, many residential treatment facilities throughout Connecticut began to service youth having more intensive treatment needs in a subacute level of care. These youth most often needed additional, intensive and structured treatment following inpatient psychiatric hospitalization and received heightened levels of supervision, more intensive and frequent therapies and more psychiatric care than other youth in residential treatment.

In 2010, a meeting was held with those community-based providers, DPH and DSS that clarified the CMS guidelines. The primary change indicated that youth engaged in the PRTF level of care had to receive treatment in separate and distinct programs. DCF continued to license those programs under its Child-Caring Facility Regulations (17a-145-48 to 17a-145-98), which also apply to Residential Treatment Center (RTC) programs, but there was agreement that the treatment provided by a PRTF would differ from that provided by an RTC in several important ways.

First and foremost, PRTF treatment must be undertaken under the oversight of a licensed psychiatrist. Therapies are very specific to the needs of the youth in care, and lengths of stay are intended to be short and only as necessary. Like all congregate care settings, the PRTF level of care is not intended to be a permanent placement option for children and youth. Rather, it is a treatment intervention and referred youth have very complex behavioral health needs. Over the years, there were further changes in expectations around service provision including the need for registered nurses 24 hours a day/7 days a week.

Role of the PRTFs in the Children's Mental Health System

The PRTFs play a critical role in the mental health system for children and adolescents in CT. By providing short-term intensive treatment for youth with complicated clinical presentations and

significant high-risk behaviors, PRTFs help bridge the gap between an inpatient stay and a return home to the community. In addition, PRTFs provide intensive support for youth who are at risk for repeated hospitalization. Using a trauma-informed approach, PRTFs work closely with families to help build their capacity to care for their children at home. Due to the growing need for services over time, inpatient stays have become shorter, inpatient beds are frequently full, residential and group home beds are extremely limited, and hospital emergency departments are often overcrowded. Having the ability to provide this intensive level of care in CT allows youth to get the treatment they need in a short period of time and return successfully to live in the community.

Admission to the PRTFs is authorized through Beacon Health Options and is based on the youth's need for intensive psychiatric intervention. The child/adolescent's immediate treatment needs require a structured 24-hour inpatient residential setting that provides all required services on site, including education, while simultaneously preparing the child/adolescent and family for ongoing treatment in the community. Services provided include, but are not limited to, multi-disciplinary evaluation, medication management, individual, family and group therapy, parent guidance, substance abuse education/counseling, when indicated, and other support services.

The PRTF clinicians are expected to be able to meet the cultural, linguistic, ethnic and recovery needs of all members served within their local community. The level of care is less intensive than acute inpatient hospitalization and more restrictive than residential treatment or home and community-based treatment, including partial hospitalization and home based services. Youth can be admitted directly from the emergency department, as well as via a step down from an acute inpatient hospital. On occasion, it may be appropriate for children to be admitted directly from the community as a diversion from acute psychiatric inpatient hospital care. The child/adolescent must have a psychiatric diagnosis that requires, and can reasonably be expected to respond to, therapeutic intervention. The child/adolescent must also meet the criteria for discharge from a hospital, however all lower levels of care must have been explored and are either unavailable or ineffective in meeting the needs of the child/adolescent.[7]

PRTF Facilities in Connecticut

Solnit North and South Campuses

In 1975, statutory authority for Connecticut children's mental health services was assigned to a consolidated children's agency, the Department of Children and Youth Services (DCYS, now DCF). In line with this change, the Children's Unit of the Connecticut Valley Hospital transferred to DCYS and was renamed Riverview Hospital. In 1993, all children receiving care in state-operated psychiatric hospitals were consolidated on the Middletown campus and the facility was renamed Riverview Hospital for Children and Youth.

The Solnit North campus in East Windsor has been the site of child serving institutions since the late 1800's. Originally founded as the orphanage for Hartford County, and operated by DCF as both the State Receiving Home and Connecticut Children's Place, the facility provided long-term residential care for children and youth under the care of DCF. Its current status as a short-term PRTF for adolescent males began in 2012.

[7] A complete list of the PRTF level of care guidelines is located here: http://www.ctbhp.com/providers/pdfs/Child_BHP_Level_of_Care_Guidelines.pdf

DCF has undertaken multiple facility improvement plans over the years, and in 2012 Riverview Hospital and Connecticut Children's Place were combined into the Albert J. Solnit Children's Center. A key component of this restructuring was that the two campuses would operate PRTFs, with females treated at South Campus[8] (capacity 24) and males treated at North Campus[9] (capacity 38). The entire Solnit South campus, inclusive of the hospital, has 74 beds.

Solnit South, uniquely, has both PRTF units and psychiatric hospital units. Youth are evaluated and referred to the program and environment that best meets their treatment needs. Additionally, a cohort of youth is admitted for evaluation at Solnit hospital by the Superior Court for Juvenile Matters. Solnit South retains the ability to move youth into a higher level of care if needed and provide step down services through PRTF programming.

Solnit North and South provide short-term, holistic therapeutic services to youth whose complex psychiatric and behavioral status require an intensive environment to ensure safety and optimum functioning. Services are designed to provide a multi-modal, trauma-informed approach, using a variety of verbal and non-verbal therapies that are gender specific, culturally sensitive and strength based.

Staffing at both campuses include board certified child psychiatrists and both master's- and doctoral-level licensed clinicians who have extensive training and experience working with adolescents with complex presentations. The clinicians use a variety of strength-based interventions (including Dialectical Behavioral Therapy, Trauma Focused-Cognitive Behavioral Therapy, and others) to meet the treatment goals and objectives identified with youth and family through both individual and family therapies. Treatment services within each level of care are provided by multidisciplinary teams whose members represent psychiatry, pediatrics/adolescent medicine, nursing, psychology, social work, rehabilitation, occupational therapy and education. Interventions also includes milieu therapy and rehabilitation therapies such as occupational therapy, music therapy and art therapy. Teams are designed to partner with youth and families to achieve healing and skill development, in order that youth can successfully return to their communities and less restrictive environments.

Creation of the Solnit North and South PRTF programs has enabled the state to receive significant financial reimbursement from the federal government for care provided to Medicaid eligible youth. Similar reimbursement is also collected for services provided at the south campus hospital.

Private facilities

The Village's Eagle House, located in Hartford, is one of two PRTFs in CT run by a private community-based organization. Located on the main campus of The Village, Eagle House provides comprehensive and intensive behavioral health treatment for children ages 6-12 who present with significant emotional and behavioral difficulty, many of whom are transitioning from psychiatric hospitalization. The Eagle House program has two units, with a total capacity of 28 beds.

The Children's Center of Hamden's PRTF program is housed in three cottages and provides treatment for boys and girls ranging in age from 7-16. Like Eagle House, there is a total of 28 beds. The program is known as START, an acronym for Short Term Acute Residential Treatment. Children admitted to

[8] Solnit South webpage - https://portal.ct.gov/DCF/Solnit-Center/South
[9] Solnit North webpage - https://portal.ct.gov/DCF/Solnit-Center/North

the program tend to have complex treatment needs with complicated diagnostic presentations and often have significant trauma histories.

Services provided at these two programs are overseen by a board certified child psychiatrist who is the team lead. The psychiatrist approves all treatment plans and interventions, providing medical and psychiatric oversight and medication management when it's required. Individual, group and family therapies are also provided along with therapeutic recreation and education in Private Special Education Programs approved by the State Department of Education. Serving as a "step-down," or a diversion from inpatient hospitalization, the programs help prepare youth for community-based treatment in the least restrictive setting possible; preferably living with their families. The targeted length of stay is four months. Following discharge, a Case Manager and other treatment team members provide services to enhance the likelihood of a successful transition home for a period of 90 days with weekly contact post-discharge.

Both Eagle House and the START program are accredited by The Joint Commission.

Statutory and Regulatory Authority

Solnit South Hospital

Prior to 2018, C.G.S. section 19a-490 provided an exemption from licensing for all state-operated facilities. This statute was amended by Public Act 18-86, which removed this exemption for the Whiting Forensic Institute (WFI) operated by the Department of Mental Health and Addiction Services. As a result, WFI is now licensed by DPH as a hospital for the mentally ill.

> *Excerpt from Public Act 18-86:*
> Sec. 5. Subsection (a) of section 19a-490 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):
>
> (a) "Institution" means a hospital, short-term hospital special hospice, hospice inpatient facility, residential care home, nursing home facility, home health care agency, homemaker-home health aide agency, behavioral health facility, assisted living services agency, substance abuse treatment facility, outpatient surgical facility, outpatient clinic, an infirmary operated by an educational institution for the care of students enrolled in, and faculty and employees of, such institution; a facility engaged in providing services for the prevention, diagnosis, treatment or care of human health conditions, including facilities operated and maintained by any state agency; [, except facilities for the care or treatment of mentally ill persons or persons with substance abuse problems;] and a residential facility for persons with intellectual disability licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for individuals with intellectual disability. "Institution" does not include any facility for the care and treatment of persons with mental illness or substance use disorder operated or maintained by any state agency, except Whiting Forensic Hospital;

The Work Group recommends a similar statutory and licensing approach for the Solnit South hospital program, with DPH licensing the facility as a Hospital for Mentally Ill Persons. In addition, DPH would also continue to review the Solnit South hospital for compliance with Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (COP) as a general hospital. DPH has further

indicated that the licensing regulations for Hospitals for Mentally Ill Persons need revision, and that a separate Work Group will be convened to initiate the revision process to coincide with the submission of this report.

Solnit South and North PRTF programs

Similar to the above mentioned statutory amendment for the Solnit South hospital program, the Work Group recommends amending C.G.S. section 19a-490 to remove the exemption from licensing for the Solnit South and Solnit North PRTF programs. Currently, DPH conducts a certification review at the two Solnit PRTF programs for compliance with the CMS COP as a PRTF. These COPs, however, are primarily focused on the facilities' practices related to restraint and seclusion. DPH does not have an established licensure category and related set of regulations for the level of care represented by these two PRTF programs at this time.

Private PRTFs

DCF uses its regulations for the licensing of Child-Caring Facilities, 17a-145-48 through 17a-145-98, to license the two privately-operated PRTF programs. A re-licensing inspection is held every two years, with ongoing compliance evaluated by quarterly site visits. The privately-operated facilities are also reviewed by DPH for compliance with the CMS COP's for PRTFs as referenced in the preceding section.

DPH Oversight

DPH, as the State Survey Agency (SSA), on behalf of DSS, as the State Medicaid Agency (SMA), conducts survey activities for PRTFs to ensure the facility's compliance with the requirements under 42 CFR 441 and the requirements under 42 CFR 483 Subpart G, Condition of Participation for the Use of Restraint and Seclusion in Psychiatric Residential Care Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21.

On July 21st of each year, PRTFs are required to submit an attestation to DSS attesting to compliance with the Condition of Participation re: Restraint and Seclusion and the eleven standards within the condition.[10] Such compliance is also assessed during an on-site inspection that is conducted in accordance with the prescribed time frames by DPH as the SSA. The eleven standards range from General Requirements to the standard of Facility Responsibility for Staff Training to Ensure the Safety of Individuals. The SMA requires that the SSA conduct a 20% sample of the state's certified PRTFs annually with no longer than a five year interval between certification surveys. Survey activities are very comprehensive and include, but, are not limited to, medical record review, observations of the therapeutic milieu, observations of the interactions between staff and residents and among residents in the environment of care, observation of the environment of care which includes an assessment of any risks to the population, review of policy and procedures and interviews with staff and residents. The duration of the certification survey is variable and can range from one surveyor over one day to a team of surveyors over the course of multiple days.

[10] State Operations Manual for PRTFs

Additionally, complaint surveys are conducted and can be initiated through many mechanisms, such as a consumer complaint, a concern that may have been identified through a media outlet or from another state agency. Upon receipt or identification, the complaint is triaged in accordance with Chapter 5 of the CMS State Operations Manual,[11] and investigated accordingly.

In accordance with the regulations, PRTFs must report each serious occurrence to both the SMA and, unless prohibited by state law, the state designated protection and advocacy system. Serious occurrences that must be reported include, in part, a resident's death, a serious injury as defined in the federal regulations, and a resident's suicide attempt. In turn, the SMA reports each serious occurrence to the SSA where the report is reviewed and assessed for jurisdiction and potential investigation.

Subsequent to survey/inspection activity in which non-compliance is identified, the PRTF is required to submit a plan of correction to the SSA/SMA which will demonstrate steps that have been taken to reduce the risk of recurrence of the identified concern. The plan of correction must include the plan for correcting the specific issue, a plan for process improvement, a procedure for implementing the plan of correction, a plan to monitor and track the plan and the title of person responsible for implementation. Plans of correction are reviewed and approved by the SSA/SMA and revisits are conducted at the direction of the SMA by DPH to assess implementation.

Required Licensing Regulations

DPH does not have an established licensure category and related set of regulations for the level of care conducted by the Solnit Center's PRTF programs at this time. Further, DCF acknowledges that the Child-Caring Facility licensing regulations do not adequately reflect the PRTF level of care. Therefore, the Work Group recommends amending C.G.S. section 17a-145 to direct DCF and DPH to jointly develop regulations specific to the licensing of PRTFs. The goal of this recommendation is to ensure that both state-operated and privately-operated PRTFs are held to a similar standard of care.

The Work Group acknowledges that the development of new regulations for PRTFs will take a significant amount of time. Therefore, the use of provisional policies and procedures prior to the adoption of final regulations is recommended. Draft revised Child-Caring Facility regulations currently being developed by DCF could serve as a template for the policies and procedures.

This provisional process has been endorsed by the legislature in the past. By way of example, C.G.S. section 17a-22q states the following, "… The Commissioner of Children and Families may adopt regulations, in accordance with the provisions of chapter 54, for purposes of certification of such providers. The commissioner may implement policies and procedures for purposes of such certification while in the process of adopting such policies or procedures in regulation form, provided notice of intention to adopt the regulations is published on the department's Internet web site and the eRegulations System not later than twenty days after implementation and any such policies and procedures shall be valid until the time the regulations are effective."

[11] State Operations Manual - Complaint Procedures

Fiscal Impact

DCF

The recommendations offered throughout this report would have varying fiscal implications for the state and for the private PRTFs. While difficult to provide exact numbers, the Work Group has tried to estimate costs based on best practices, past experiences and similar actions taken by agencies previously.

a. Physical plant costs

In October 2019 an inspector from DPH visited Solnit North and South to review the existing buildings and report on any deficiencies that might exist based on residential board and care regulations currently used by DPH for other facilities.

A large cost is associated with upgrading the PRTFs anti-ligature fixtures. To date, DCF has performed most of the anti-ligature work required at Solnit South, including replacing/installing:

- Door Hardware
- Toilet Enclosures
- Radiation Covers
- Toilets
- Paper Towel Dispensers
- Soap Dispensers
- Toilet Paper Dispensers
- Drop Ceilings, replaced with Hard Deck Ceilings

This work has been done at all three South campus PRTF units and three of the four hospital units. Currently, the Passaic Unit at Solnit South is closed for renovations.

Similar work has been done at Solnit North, but not to the same extent as at Solnit South. This includes replacing/installing:

- Door Hardware
- Toilet Enclosures
- Radiation Covers

DCF plans to continue the anti-ligature renovations at Solnit North and South prior to DPH licensing. Renovations so far have cost approximately $500,000 and an additional $350,000 is expected to be expended to complete both campuses.

DCF has been unsuccessful in finding anti-ligature fixtures for the fire suppressant system at Solnit North, which uses a dry fire suppressant system. A dry system pressurizes the lines with air, as opposed to a wet system that pressurizes the lines with water. A dry system is required at the North campus because the attics are not heated and this would cause the lines to freeze if they contained

water. Since anti-ligature sprinkler heads for a dry system are proving difficult to find, replacement costs are indeterminate at this time.

Additional renovations may be needed to ensure the safety of the youth after the regulations are finalized and a more thorough inspection is conducted.

b. Staffing costs

When evaluating staffing needs, the Work Group required a baseline that it considered a best practices model to provide proper care and treatment of the children housed at the PRTFs. Recommendations from Barrins & Associates and Beacon Health Options led the Work Group to believe that the existing staffing levels at Solnit South would be considered the standard for the state-operated PRTFs.

Solnit South has already implemented Barrins & Associates' recommendation that each unit should have at least one nurse on all shifts and that a quality assurance nurse supervisor be added. Nursing and clinical staffing needs are being met at Solnit South, and additional custodial workers are in the process of being hired to maintain minimal sanitary expectations.

Solnit North would need to increase their nursing staff to fourteen full time equivalent positions to match the same level of coverage at Solnit South, including at least one quality assurance nurse supervisor.

The Work Group also determined that treatment planning is a critical component of this level of care. While Solnit South has adequate clinical staff to manage assessments at intake, as well as ongoing treatment, Solnit North has only one clinical psychologist on staff. To meet the minimal requirements set forth by the Work Group, Solnit North would need one additional clinical psychologist.

Additionally, post-discharge contact with the youth should be reflected in the discharge plan to assure a successful transition. DCF is exploring ways to implement better communication between the treatment team and staff in the regional offices and the Solnit Center to accomplish this goal.

c. Estimated Cost Summary

Increased nursing: $543,938[12]

Clinical psychologist: $112,141[12]

Facility renovations: $350,000 (sprinkler system not included)

DCF total: $1,006,079

DPH

The Facility Licensing and Investigations Section (FLIS) within DPH operates as the regulatory authority for both federal certification and state licensure of all healthcare institutions as defined in C.G.S. section 19a-490.

[12] Salary only. Additional costs would be incurred for fringe benefits.

The FLIS is responsible for licensing more than 2,000 health care facilities, which include hospitals, nursing homes, residential care homes, ambulatory surgical centers, substance abuse facilities, outpatient hemodialysis units, home health agencies and outpatient clinics. Inspections are conducted to ensure compliance with state and federal laws and regulations and include not only activities related to licensure and certification, but also investigations subsequent to patient and consumer complaints. Inspection activities include, but are not limited to, review of clinical records, observations of the environment of care, reviews of facility policies and procedures, and interviews with patients and facility staff. Information related to treatment facilities licensed by DPH is available on a public website, a critical component of an accountable treatment delivery system.

DPH assumed licensure activities for the Whiting Forensic Institute hospital in 2018, including investigating patient and consumer complaints, within existing resources. Adding licensure responsibilities for three more facilities, the Solnit Center's North and South PRTFs and the hospital, could not be accomplished within existing resources.

In federal fiscal year 2018, DPH investigated fourteen PRTF complaints and while this suggests a small volume of work, the complexity of the complaints is very broad. Subject to the allegations, the time to complete a complaint investigation, which includes review of the allegations and accompanying documents, can range from five (5) working days to upwards of eighteen (18) days. This includes the time spent on reviewing a plan of correction when non-compliance has been identified and an on-site visit to assess compliance and implementation of the plan of correction. Review is not limited to the initial complaint. To determine the scope and severity of an issue, the patient sample is expanded which increases the investigation time frames.

Therefore, FLIS is requesting a 0.5 Full Time Equivalent (FTE) Supervising Nurse Consultant at approximately $49,600[13] and 1.0 FTE Nurse Consultant at approximately $90,000[13] to conduct licensure and complaint investigation activity at the hospital and the two PRTFS at the Albert J. Solnit Children's Center.

DPH total estimated costs: $139,600

Private PRTFs

While Special Act 19-16 specifically requires a report addressing the issues surrounding the licensing of the Solnit South and North campuses, the Work Group believes that it is important to take into consideration the current status of the private PRTF programs. Having a consistent standard of care across both public and private programs helps to ensure that children and their families receive high quality services regardless of where they receive those services. This section of the report acknowledges two key areas where substantial differences exist between the public and private program - physical plant and staffing - and comments on potential costs to meet the goal of bringing them up to a similar standard.

a. Physical Plant Costs

[13] Salary only. Additional costs would be incurred for fringe benefits.

Neither of the private PRTFs are ligature free. Although both organizations acknowledge that becoming more ligature resistant would provide increased safety, the reality is that the children in the programs are in treatment with a plan to return to the community within a short period of time. Often a sterile environment increases a sense of vulnerability in children, especially those who are victims of trauma, as there is little to no comfort in the setting and it is not representative of where they will be living following treatment. In addition, the children attend school, play on playgrounds and spend a lot of time outside where there are ample ligature points. A key part of the work that the private PRTFs do is to help children experience joy, be successful in school and learn how to navigate the real world in a safe way even when they are upset or struggling. A ligature free world will not be their reality upon discharge, nor is that type of setting conducive to comforting and effective treatment for the age-group of children served.

However, there are areas of the private PRTFs that could be enhanced to increase safety, such as bedrooms and bathrooms. Renovations to the two facilities to reduce obvious ligature points without compromising some level of comfort in a space built for the treatment of children would be quite expensive. While actual costs are indeterminable until regulations are finalized, initial estimates place the costs at nearly $1 million per facility.

b. Staffing Costs

In order to maximize the treatment experience and mitigate self-injurious behavior, increased staffing and clinical therapy to bring the PRTF programs more in line with the DCF-run PRTFs would be needed if shared licensing regulations were put into place. Representatives of the private PRTF programs recommend one Direct Care Counselor for every three children in the program; one Clinical Therapist for every four children; increased direct supervision of the milieu with coaching for Direct Care Counselors; a total of two Nursing Supervisors to work opposing shifts, and increased psychiatric time to three (3) hours per week per child. The cost to increase staffing in this manner is estimated to be nearly $1.2 million per year for each of the two facilities, for a total cost of approximately $2.3 million.

c. Estimated Cost Summary

Staffing: $2.3 million

Facility renovations: $2.0 million

Private PRTF total: $4.3 million

Conclusion

DPH serves to protect and improve the health and safety of the people of Connecticut. Agency responsibilities include ensuring that licensees are delivering safe and high-quality care, by regulating areas including, but not limited to, facility operations, quality of care and physical plant safety. The Department provides information regarding inspections and corrective actions of licensed entities, which assists consumers with decision-making and patient advocacy. Notably, while the agency is statutorily responsible for the licensure of private sector health care facilities, child serving PRTFs discussed in this report do not fall under DPH's regulatory oversight.

Special Act 19-16 seeks to ensure that Connecticut takes necessary measures to safeguard the safety and quality treatment of a highly vulnerable population of children - those with complex mental health and trauma histories who are unable to function safely at home or within their communities. There are several other states that have licensing and/or performance standards for PRTF level of care. The Solnit programs, its hospital and PRTFS, as well as the privately-operated PRTFs which serve children age 6 to 16, are critical components of our continuum of care. As the introduction to this report references, Solnit South has been the subject of historic and recent findings by outside agencies regarding deficient care and treatment, but as a license-exempt facility it has not been subject to an established framework for routine quality oversight. Regular external monitoring and inspection by DPH will help ensure sustainable high-quality care and treatment through ongoing program evaluation and increased transparency and accountability.