



February 27, 2009

To: Public Health Committee
From: Terry Edelstein, President/CEO
Re: **S.B. 980 AAC Certificates of Need**

Please accept this testimony with regard to S.B. 980 AAC Certificates of Need.

The Connecticut Community Providers Association represents organizations that provide services and supports for people with disabilities and significant needs including children and adults with substance use disorders, mental illness, developmental, and physical disabilities. We have an active CCPA Children's Mental Health & Substance Abuse Division with members that provide all levels of care within the DCF service delivery system.

We are advocating, in conjunction with other associations that represent children's service providers, for an exemption from Certificate of Need for services funded or licensed by DCF. I have attached a proposed statutory revision to this testimony as well as a list of programs that should be included in this exemption.

This bill requires that Psychiatric Residential Treatment Facilities fall under CON (Sec. 4) "irrespective of whether or not such facility is under contract with a state agency or department." Earlier narratives to support this recommendation indicated that the CON process was necessary because PRTFs are an "emerging level of care." This doesn't square with the way DCF services are being developed. There is a tremendous amount of excitement in the private provider community as we work with DCF to brainstorm about types of services and levels of care that might better serve the children and adolescents in our care. Many services are "emerging levels

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of care” because the system is evolving into much more of a community-based, home-based service delivery system.

Community providers that contract with DCF are subject to a host of compliance requirements. Most programs are licensed by DCF. Some programs hold an additional license from DPH. All agencies must comply with programmatic and fiscal reporting requirements as well as onsite monitoring and inspections. DCF controls the development and expansion of services through its contractual arrangements and its procurement process. Programs are established and beds are developed only after contract approval. The limited availability of funds controls the availability and extent of services.

Second to the limited availability of funds to support and adequately fund programs is the difficulty in siting new programs in the community. Even small group homes, exempt from zoning restrictions, have recently faced huge obstacles in securing property in local communities. A Psychiatric Residential Treatment Facility with a larger number of beds than a six bed group home and no zoning exclusion faces even greater difficulty. The natural environment is doing as much to limit development of DCF services as are the funding constraints.

Adding the requirement that PRTFs in addition to other DCF funded or licensed agencies must be subject to CON places an additional unfunded mandate on agencies that are struggling to survive in this economic environment.

We welcome the opportunity of working with the Committee and OHCA to review the current levels of oversight of community-based DCF funded or licensed programs with the goal of agreeing to an exemption from CON for DCF funded or licensed programs.

Thank you for your consideration.

The following is proposed language that would provide a general exemption from CON for all DCF licensed or funded services:

Purpose: to exempt programs licensed and funded by the Department of Children and Families from Certificate of Need requirements

Sec. 19a-639a. Certificate of need. Exemptions. Registration of exempt institutions.
(a) Except as provided in subsection (c) of section 19a-639 or as required in subsection (b) of this section, the provisions of section 19a-638 and subsection (a) of section 19a-639 shall not apply to: (1) An outpatient clinic or program operated exclusively by, or contracted to be operated exclusively for, a municipality or municipal agency, a health district, as defined in section 19a-240, or a board of education; (2) a residential facility for the mentally retarded licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for the mentally retarded; (3) an outpatient rehabilitation service agency that was in operation on January 1, 1998, that is operated exclusively on an outpatient basis and that is eligible to receive reimbursement under section 17b-243; (4) a clinical laboratory; (5) an assisted living services agency; (6) an outpatient service offering chronic dialysis; (7) a program of ambulatory services established and conducted by a health maintenance organization; (8) a home health agency; (9) a clinic operated by the Americares Foundation; (10) a nursing home; [or] (11) a rest home OR A PROGRAM LICENSED OR FUNDED BY THE DEPARTMENT OF CHILDREN AND FAMILIES. The exemptions provided in this section shall not apply when a nursing home or rest home is, or will be created, acquired, operated or in any other way related to or affiliated with, or under the complete or partial ownership or control of a facility or institution or affiliate subject to the provisions of section 19a-638 or subsection (a) of section 19a-639.

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Selected DCF Program Descriptions - Edited 2/6/09

Extended Day Treatment is a supplementary care community-based program providing a comprehensive multidisciplinary approach to treatment and rehabilitation of emotionally disturbed, mentally ill, behaviorally disordered or multiply handicapped children and youth during the hours immediately before and after school while they reside with their parents or surrogate family, except any such program provided by a regional educational service center established in accordance with Section 10-66a of the Connecticut General Statutes.

An **Outpatient Psychiatric Clinic for Children** is a community-based children's mental health facility that provides behavioral health services to children, adolescents and their families. These services are designed to promote mental health and improve functioning, and effectively decrease the prevalence and incidence of mental illness, emotional disturbance, and social dysfunction. A multi-disciplinary team of psychiatrists, psychologists, Master's level clinicians and other behavioral health professionals provide diagnostic and treatment services. The target populations are children and adolescents under 18 years of age who experience a psychiatric disorder and their families are eligible to receive an array of comprehensive services that address and/or support their physical, emotional, developmental, social, and educational needs.

Permanency Diagnostic Center (PDC) - This is a program that provides immediate, overnight care and services to children. This is a no reject/eject program. Services are for children who have experienced multiple placement disruptions, may have experienced abuse or neglect, and may be suffering some degree of trauma and loss due to their circumstances. These children will likely have significant mental health and high-risk behavior management needs. These children may also have specialized medical needs.

A **Psychiatric Residential Treatment Facility (PRTF)** is an inpatient psychiatric facility that provides psychiatric and other therapeutic and clinically informed services to individuals under age 21, whose immediate treatment needs require a structured 24 hour residential setting that provides all required services (including schooling) on site. 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 including on site education, designed to assist the young person to achieve success in a less restrictive setting. This level of care primarily serves as a step down from acute psychiatric inpatient care. On occasion, it may be appropriate for children to be admitted directly from the community.

Residential Treatment Centers (RTCs) are 24-hour facilities, licensed by the State of Connecticut, offering integrated therapeutic services, educational services, and activities within the parameters of clinically informed milieu and based on a well defined, individually tailored treatment plan. RTCs frequently serve as a step-down from psychiatric hospitalization or may serve as the treatment of choice when a child's behavioral status places him or the community at risk, should services be offered in a less restrictive setting. (Behavioral Health=80%, Juvenile Justice=20%)

SAFE Homes provide the opportunity to conduct a full needs assessment of the child and develop the best possible plan for the child and the family. They are intended to offer short-term placements of up to 60 days for children who need to be placed out-of-home for the first time. The goal is to provide better long-term outcomes in reunification and permanency. There are 15 SAFE homes across the state with 178 beds. Since the advent of this program in 1999, the percentage of children in care with two or more placements within the first year has been reduced by two-thirds.

Short Term Assessment and Respite Centers (STARS) are small, gender-specific community based centers provide intensive clinical services designed to assess a child's treatment needs and determine an appropriate setting that meets the child's individual needs. This service is a temporary congregate care program that provides short-term care, evaluation and a range of clinical and nursing services to children removed from their homes due to abuse, neglect or other high-risk circumstances or to allow caregivers a respite when working with children with complex and challenging behavioral health needs.

Therapeutic Group Homes - Another key initiative has been the development of new therapeutic group homes. These group homes provide intensive clinical services and allow children who would otherwise need a more institutional treatment setting to live in a home-like environment and attend school in the community. DCF has contracted for 54 therapeutic group homes with a capacity to serve 273 children and adolescents.

Source materials: SFY 2010-11 Governor's Budget Recommendations, DCF Service Array: 12/17/1007, DCF Licensing Regulations, <http://www.ct.gov/dcf/cwp/view.asp?a=2558&q=314370> & <http://www.cga.ct.gov/ph/BHPOC/BHWG-PA-92205.htm>