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Program Description

Overview

Level of Care: residential, the level of care between a hospital and any type of outpatient
Target Population: boys and girls ages 14 to 17
Diagnosis: mental health and substance use diagnosed youth
Services: clinical (e.g. individual, group, and family therapy), psychiatric, medical, academic, and recreational services in individual and group formats
Delivered by: mental health professionals and/or trained paraprofessionals

Major Changes in 2025

In February, a 27th girl bed was added in Killingworth. In September, an 8-bed boys' cottage opened in Killingworth.

Campuses

Woodbury:

- Two residential homes with 11 beds (boys) at the main house and 7 beds (girls) at the cottage
- 65 acres of secluded forested land
- On-location adventure course spread across one acre of wooded land
- Multiple dining and lounging areas.

Killingworth:

- Five residential homes where three houses are for girls (11 beds at the main house, 8 beds at one cottage, and 8 beds at another cottage) and two houses are for boys (12 beds at the main house, and 8 beds at the cottage)
- 100 acres of secluded land including woods, paddocks, expansive lawns, a pond, and an apple orchard
- Horses as well as stables, horse arena, and equine grounds
- Large carriage house with fitness room, art room, and academic center on bottom floor, as well as event space on top floor
- Multiple dining and lounging areas.

Program Description

Turnbridge's Adolescent Residential Services – Woodbury and Killingworth sites are 30- to 60-day residential programs for 14- to 17-year-olds. When medically necessary, there is an optional extended care program (3+ months) for 15- to 17-year-olds, located in and around New Haven. The Woodbury and Killingworth residential treatment programs provide a comprehensive range of gender-specific programming including clinical (e.g. individual, group, and family therapy), psychiatric, medical, academic, and recreational services. Each client is provided with a treatment team consisting of the executive director, clinical director, medical director, nursing director and 24-hour nursing staff, a primary clinician and supporting clinicians, care team director, academic advisors, recreation staff, operations managers, and support staff including resident liaisons.

The adolescent residential treatment programs' mission is to develop diagnostic clarity and build a sound continuing care plan. Treatment focuses on the client's psychological, emotional, and physical health within the context of recovery and wellness concepts and principles. Clients are given a daily schedule of treatment activities, which also includes appointments and individualized services tailored to their specific goals and needs. These may include (a) group therapy, (b) individual therapy, (c) family therapy, (d) wellness and fitness activities, (e) nutritional support, (f) spiritual support, (g) educational services, and (h) continuing care planning. The program's therapeutic curriculum uses evidence-based modalities and is designed to help teens begin recovery from their mental health and substance use diagnoses. Principal therapies used are Cognitive-Behavioral Therapy, Dialectical Behavior Therapy, Motivational Interviewing, and Acceptance and Commitment Therapy, all coupled with pharmacology, as appropriate, psychoeducation, and mindfulness activities.

In-Network Access

Turnbridge has been an in-network provider with Anthem-BCBS since December 2018 and United/UHC/Optum since November 2022.

Accessibility

- 99% of clients who admitted in 2025 used commercial insurance to pay for treatment, and 78% used in-network insurance to pay for treatment, further reducing cost and increasing access to critical services. In 2024, these percentages were 98% and 73%, respectively.
- In the fourth quarter of 2025, an average of 10 boys and 7 girls were waitlisted per month. In the fourth quarter of 2024, those figures were 8 and 7, respectively.
- Average length of time a client needed to wait for an available bed in the fourth quarter of 2025 was about 17 days for boys and 11 days for girls (12 days for boys and 8 days for girls in Q4 2024).

2025 Demographics

- Race
    - 5% of clients identified as Black (4% in 2024)
    - 5% of clients identified as Hispanic (5% in 2024)
    - 4% of clients identified as Asian or Other (3% in 2024)

    - 3% of clients identified as Multi-Racial (3% in 2024)
    - 83% of clients identified as White (85% in 2024)
- Gender (as of mid-September 2025, across the two locations the bed count was 34 girls to 31 boys):
    - 55% of clients were female at birth (52% in 2024)
    - 45% of clients were male at birth (48% in 2024)
        - In both 2024 and 2025, we treated more trans-males than trans-females.
- Age at Admission:
    - 13: 1% (1% in 2024)
    - 14: 15% (17% in 2024)
    - 15: 30% (23% in 2024)
    - 16: 29% (29% in 2024)
    - 17: 25% (29% in 2024)
    - 18: 0% (>1% in 2024)
        - Connecticut's Department of Children and Families (DCF) allows age waivers for clients who are almost 14 or just turned 18.

2025 Outcomes

- 526 clients were treated in 2025 (414 in 2024), 470 of whom admitted in 2025, and the other 56 admitted in 2024 and completed the program early in 2025.
- State of origin for the 470 admissions in 2025:
    - Connecticut: 18% (18% in 2024)
    - Massachusetts: 11% (14% in 2024)
    - New Jersey: 17% (22% in 2024)
    - New York: 18% (22% in 2024)
    - Pennsylvania: 7% (7% in 2024)
    - Other: 29% (18% in 2024)
- Primary diagnosis – In treatment and with managed care, clients' primary disorder is either mental health or substance use. In 2025, 97% of clients were considered primary mental health (97% in 2024). In 2025, primary mental health disorders were:
    - Depression and dysthymia disorders: 95% (87% in 2024)
    - Bipolar disorders: 3% (8% in 2024)
    - Anxiety disorders: 1% (1% in 2024)
    - Schizo-related disorders: <1% (0% in 2024)
    - ADHD: <1% (0% in 2024)
    - Autism disorder: <1% (0% in 2024)
    - Oppositional-defiant disorder: 0% (<1% in 2024)
    - Post-traumatic stress disorder: <1% (0% in 2024)
    - Borderline personality disorder: <1% (0% in 2024)

  Of the clients with a primary mental health disorder, 63% of 2025 admissions had a co-occurring substance use disorder diagnosis (65% of 2024 admissions).
  13% of 2025 admissions had a diagnosed autism spectrum disorder (7% in 2024).
- Average number of days enrolled in Woodbury and Killingworth for clients who discharged in 2025:

    - Woodbury: 45.1 days (42.9 in 2024)
        - When enrollments <15 days in duration are removed: 49.9 days (49.1 in 2024)
    - Killingworth: 47.2 days (41.7 in 2024)
        - When enrollments <15 days in duration are removed: 50.3 days (46.6 in 2024)
- Discharge reason in 2025:
    - Completed Program: 81%; 2024: 73%
    - Discharged to Higher Level of Care: 6%; 2024: 8%
    - Discharged for Administrative Reasons: 6%; 2024: 10%
    - Discharged for Medical Reasons: 1%; 2024: 1%
    - Discharged against Advice with Parent Support: 6%; 2024: 8%
- Location to which clients discharged in 2025:
    - Home: 67%; 2024: 77%
    - Turnbridge's Extended Care: 14%; 2024: 7%
    - Therapeutic Boarding School: 2%; 2024: 3%
    - Other Residential Treatment: 2%; 2024: 1%
    - Hospital: 10%; 2024: 10%
    - Wilderness Program: 1%; 2024: <1%
    - Sober Living: <1%; 2024: 1%
    - Non-Turnbridge Extended Care: 4%; 2024: <1%
    - Juvenile Detention (due to prior court case): <1%; 2024: <1%

2025 Significant Event Reports & Medication Errors

Connecticut's Department of Children and Families (DCF) requires two types of reports from facilities like the Woodbury and Killingworth sites: significant events and medication errors. In 2025 the Woodbury and Killingworth sites combined submitted at least 102 significant event reports to DCF (42 in 2024):

- **Those not requiring emergency services:**
    - 58 for physical aggression, a figure we will measure in future years as well.
- **Those requiring emergency services:**
    - 16 (18 in 2024) reports regarding a youth's imminent risk to harm self or others;
    - 19 (21 in 2024) reports regarding elopement;
    - 5 (0 in 2024) reports regarding substance use; and
    - 0 (0 in 2024) report regarding onsite youth injury;
    - 4 (0 in 2024) for a syncope episode (medical).

Of 2025's 102 significant event reports, 75 occurred in Killingworth and 27 occurred in Woodbury (23 and 19 in 2024, respectively).

The Woodbury site reported 4 medication error events in 2025 (8 medication errors reported in 2024). The reasons were: violation of five rights (2); and diversion (2).

The Killingworth site reported 48 medication errors in 2025 (34 medication errors reported in 2024), some of which had multiple errors within one event. The reasons were: incorrect dose (9); omission (3); medication given at wrong time (1); medication given without LP order (2); incorrect client given medication (5); missing medication (2); improper storage (9); administration of medication not documented (5); and transcription error (12).

Clinical and Other Major Staff Changes

Woodbury in 2025:

- Therapists: Five therapists left the organization, and three therapists were hired. A new clinical director started in May.
- Nursing: A new nursing director started in April.

Killingworth in 2025:

- Therapists: one therapist left the organization, and four therapists were hired.
- Nursing: A new nursing director started in June.

Forward-Looking Goals

1. Continue to implement systems for curating a uniform experience across the two sites and as Killingworth grows.
2. Offer clinician training opportunities for Accelerated Resolution Therapy (ART).
3. Develop a family feedback council.