

2013 Program Report Card: DCF Residential Treatment (RTC) Department of Children and Families

Quality of Life Result: Connecticut children grow up safe, healthy, and ready to lead successful lives.

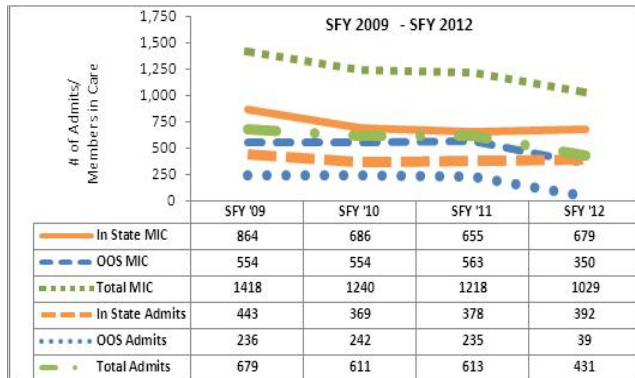
Contribution to the Result: Children and youth receive residential treatment through the DCF network of care, when community-based services have been exhausted, and as part of comprehensive and individualized treatment plans. Services include individual, group, and family treatment that is trauma-informed, and which contributes to each child's ability to function and thrive in the community, and in a family setting whenever possible, without the use of further residential treatment services.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual FY 12	\$63,258,497	\$0	\$0	\$63,258,497
Estimated FY 13	\$48,076,750	\$0	\$0	\$48,076,750

Partners: Families; CT Association of Non-Profits, The Children's League of CT, the CT Community Providers Association and their member agencies; the DSS; DDS; DMHAS; DCF; local communities; local police; faith-based organizations; advocates; the Behavioral Health Partnership.

How Much Did We Do?

Residential Treatment (RTC) Admissions and Members in Care (MIC)



Story behind the baseline:

As continued efforts at DCF are made to reduce the reliance on RTC, there has been a marked decline in the number of children and youth admitted to and receiving services from out-of-state (OOS) RTCs. OOS admissions decreased 83% from SFY '09 to SFY '12, and the number of children and youth receiving care in OOS facilities decreased 37%. This four-year downward trend is very significant in SFY '12. Please note that the members in care count is duplicated (i.e. if a member had 2 RTC episodes during the same SFY, they are counted twice).

Trend: ▲

How Well Did We Do It?

RTC Average Length of Stay (ALOS)



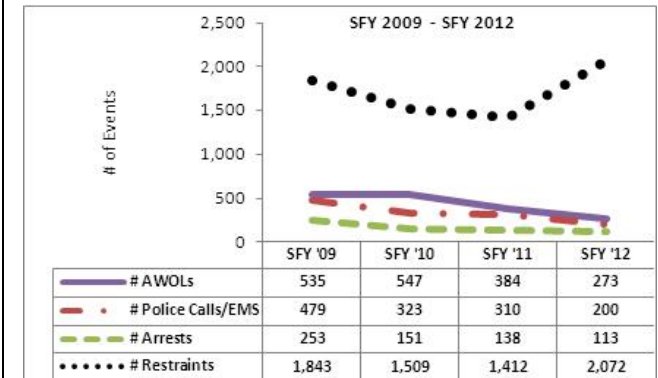
Story behind the baseline:

As described in the previous measure, fewer children and youth are being placed in out-of-state (OOS) RTC facilities, resulting in a very small, very high need population admitted to OOS care. Due to the high level of treatment needs, the average length of stay for clients in OOS care has increased. Conversely, the in-state average length of stay has slowly decreased by 10% since SFY 2009.

Trend: ◀▶

How Well Did We Do It?

Number of AWOLs, Police Calls, Arrests & Restraints



Story behind the baseline:

In spite of the increase in the level of acuity of the children and youth being admitted into RTCs, most of the risk measures have trended downward, with the exception of physical restraints, which decreased significantly for three years, and then increased during the last year, for an overall increase of 12%. During the same period, arrests decreased by 55%, police calls decreased by 58%, and AWOLs decreased by 49%. These decreases are partially attributed to the decrease in members in care.

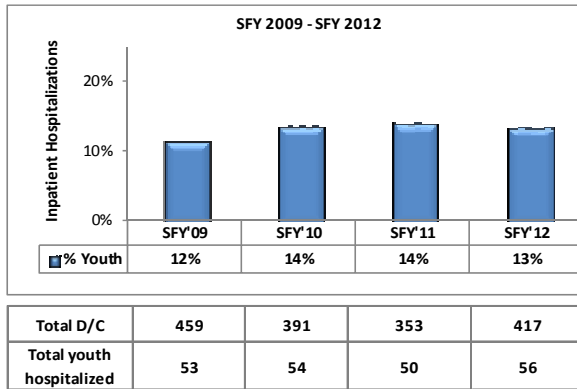
Trend: ◀▶

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Is Anyone Better Off?

Children and Youth Experiencing Inpatient Hospitalization within 180 days of Discharge from RTC



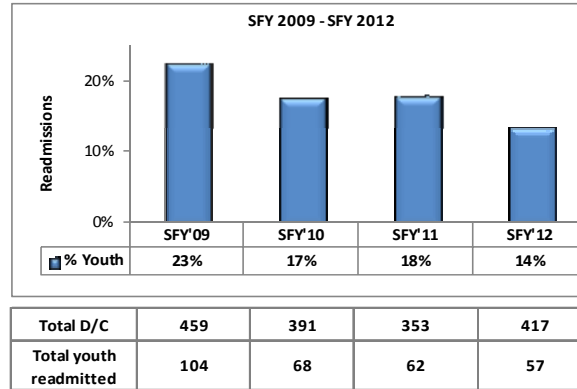
Story behind the baseline:

Because many children and youth treated in RTCs have experienced multiple psychiatric hospitalizations prior to their RTC stay, one measure of the efficacy of the RTC treatment is whether they require hospitalization following the RTC stay. The percentage of youth hospitalized within 180 days has remained fairly consistent over the past 4 years, ranging from 12% to 14%. These data will continue to be monitored to determine if the data will trend upward or downward over time or if the data will continue to remain fairly stable.

Trend: ▲

Is Anyone Better Off?

Children and Youth Experiencing Re-Admission to RTC within 180 days of Discharge from RTC



Story behind the baseline:

Another measure of efficacy is whether or not clients require a return admission to RTC within 180 days of their discharge. Since SFY'09 there has been a 39% decrease in the percentage of children and youth who were readmitted to an RTC within 180 days of discharge. Further, the most recent data point of 14% for SFY'12 is the lowest rate since SFY'09. As identified in last year's report card, DCF has increased access to community-based supports for children returning to the community and their families.

Trend: ▲

Proposed Actions to Turn the Curve:

DCF staff are making diligent efforts in partnership with Value Options to improve the quality of services delivered and to support increased use of community-based services in order to reduce admissions and length of stay. Ongoing initiatives include, but are not limited to, efforts to ensure that: 1) all providers have a strategic protocol to guide when to call for police assistance with client behaviors; and 2) every client in residential care has a current, effective, individual crisis management plan as a measure to prevent restraints and/or hospitalizations. Additionally, small, collaborative workgroups are being developed in response to identified trends of concern. These groups will meet on each identified topic to develop concrete recommendations and strategies to be shared with the provider community network. Desired outcomes of this work will include reduction of police involvement, increased normative programming for children and youth, and enhanced relevant training for program staff. Finally, DCF is currently developing a bridging service that will provide additional treatment supports for children returning to the community in order to increase successful transitions home.

Data Development Agenda:

DCF is partnering with Value Options to collect more outcome data on youth served in residential care so that we have a better understanding of the intervention's effectiveness. DCF will partner with Value Options to identify relevant data elements. Multiple options are currently being considered, including use of a standardized assessment tool to be done at placement and discharge as well as implementation of mechanisms to track stability and success post discharge, including a more consistent way to track restraints, police calls, arrests, and AWOLS.