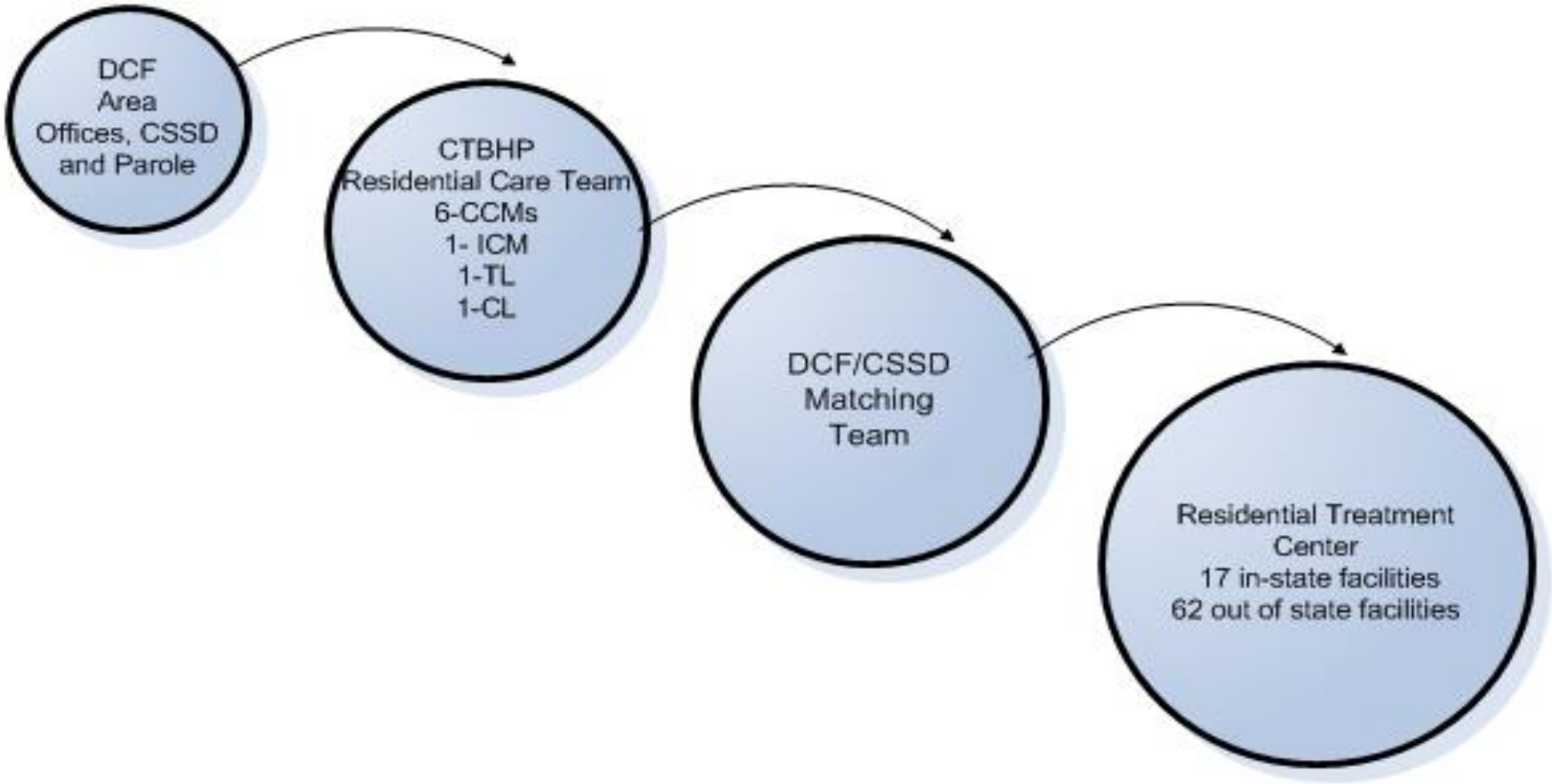
CONNECTICUT
Behavioral Health Partnership

# Quality and Access Sub-Committee
# January 16th, 2009

# An Overview of RCT Operations and Residential System Planning/Updates

# Overview of Referral, LOC and Matching process



# CT BHP RCT Operations

## CT BHP Residential Care Team (RCT) Activities

- Level of Care Determination ~ RCT CCMs determine LOC via combination of information obtained in the CANS and clinical summary packets, in consultation w/ DCF Residential Team and Referral source when needed

- Matching Rounds ~ Participation in DCF/CSSD Matching Rounds 2x/week. A diverse clinical team whose goal is to ensure the youth's prompt access to the facility that will best meet the youth's clinical and family needs

- Initial and Continued Stay Reviews ~Initial authorization reviews are conducted by RCT CCMs once the youth arrives at the RTC. Continued stay reviews are conducted on-site at all in state RTCs (began August '08); on-site continued stay reviews with border out-of-state RTCs is due to begin Jan/Feb 2009
  - Continued stay reviews conducted every 30 days
  - Approximately 300-400 continued stay reviews are conducted monthly

# CT BHP RCT Operations (con't)

- Youth in discharge delay while in RTCs ~ Each child in Discharge Delay is reviewed in Clinical Rounds 1x week to facilitate discharge planning. An ICM is assigned to d/c delay youth

- Residential case conferences ~ RCT CCMs attend on-site residential case conference or via phone as needed

- Child and Adolescent Needs and Strengths (CANS) ~ A clinical decision support tool developed by Dr.John Lyons, PhD. The CANS collects a large amount information that is clinical (current and history), family, and environment related. Used nationwide.
  - Dec 2006 implemented in CT (paper/faxed version)
  - Nov 15th 2008- go-live of real-time, electronic submission of CANS by all Area Offices. Each Area Office was phased-in following the pilot project. CANS trainings conducted throughout the summer of 2008
  - Both CANS and Registration received & processed in real-time on-line. The CANS and Registration become part of the youth's electronic record

# CT BHP RCT Operations (con't)

- RTC Focal Treatment Planning ~ CT BHP conducting trainings (Nov and Dec 2008) and remaining RTCs to receive Focal Treatment Planning training in 2009. Local Area Office staff and hospitals are invited
- Crisis Planning ~ Trainings to begin in 2009. 14% of all children/adolescents referred to EDs and CAREs that become discharge delayed are from RTCs and GHs
- RTC Reporting- currently 22 production reports; 5 in queue. Monthly RTC Dashboard and Highlights distributed to DCF. These reports provide rich database used for utilization management, improving processes and for future planning
- Weekly Clinical Operation meeting – with DCF, CSSD, Parole, and ValueOptions

# CT BHP RCT Operations (con't)

- RTC Authorizations tied to Claims ~ Go-live 9/1/08 following a five month "practice period" w/the Residential providers. Payments now dependent on claim dates that correspond with authorization dates. Result: marked improvement in initial & continued stay reviews conducted w/in required time frames and improved notification of discharges occurring

- GH 2 and PASS GH Auth to Claims ~ Discussions underway to include in auth to claims RTC initiative noted above

- RTC On-line Census/Bed Tracking ~ Trainings to begin in mid-February. Goal is to eliminate faxed/paper census process currently in place and replace w/more efficient, real-time notification of RTC vacancies

# Status of the Residential System

- Civil Action: 2004 Juan F. Exit Plan and May 2008 Stipulation includes:
  - Outcome Measure 19 – Reduce # of youth placed in RTC
  - Independent expert review of the utilization of congregate care facilities
  - Service Needs Reviews for children within eight (8) categories, including: children 12 & under placed in non-family congregate care setting, children in discharge delay >30 days in congregate care facility, foster care recruitment and retention plan

*NOTE:*

*30 youth in RTCs in Q3 and Q4 '08 were in discharge delay awaiting foster care:*

**The average delayed days for in state RTC is 313 days*

**The average delayed days for OOS RTC is 290 days*

# Status of the Residential System (con't)

- Legislative interest: Concerns by in-state residential providers regarding trend towards decreased admission rates, resulting in monthly meetings with residential providers, DCF and CT BHP

- CT BHP 2009 Performance Targets: Two (2) proposed targets that will positively impact the RTC System: DCF Residential Rightsizing Initiative and Evaluating Residential Treatment Center Performance and Outcomes

- A summary RTC analysis was completed by DCF and CT BHP for a 12-month period regarding RTC supply/demand; # of referrals and admissions via clinical and demographic profiles, utilization patterns, and maximum & available provider capacity

  - This analysis will continue on-going, quarterly; to aid in joint efforts to ensure appropriate in-state access for youth with specialized clinical needs and in the most clinically appropriate and family-like setting

# Analysis of RTC Utilization and Capacity

November 2008

# Department of Children and Families
# **GOALS**

- Identify the number and type of in-state RTC beds needed to best meet the clinical needs of CT youth in need of out of home treatment
- Reduce the time between a referral for and admission to out-of-home treatment
- Get the right youth to the right bed at the right time

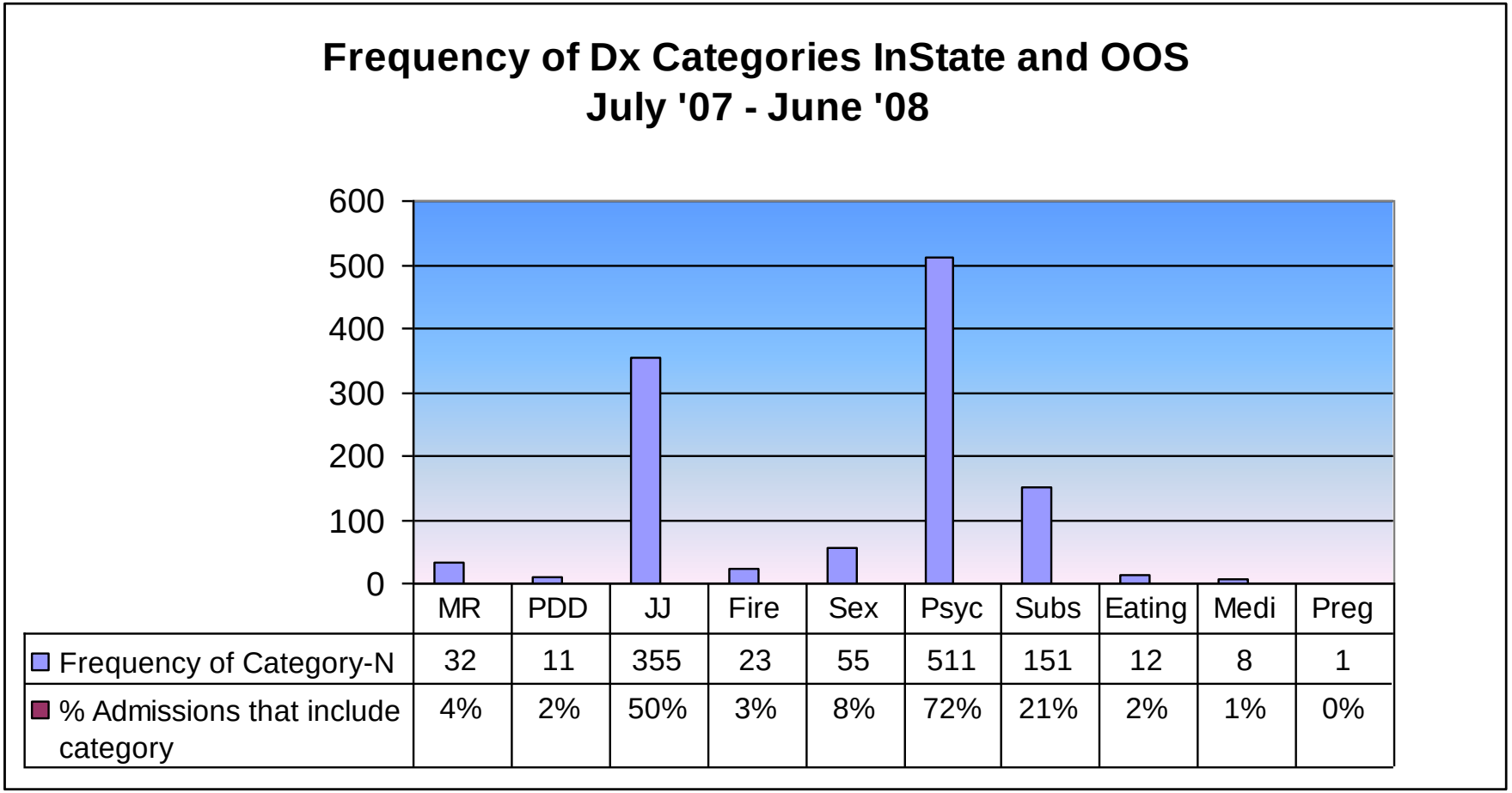
*The following summary highlights RTC data over a twelve month period related to clinical profiles of referred youth, utilization and in-state capacity, as well as a review of recent changes and plans for continued improvement.*

# Demographic Information of youth admitted to RTCs over 12 month period July ’07 – June ’08

- All RTC data herein is based on CT BHP referral, authorization & discharge data
- CT BHP out of state data will differ slightly from the Approved Out of State Residential Treatment Census due to structural discrepancies. DCF’s out of state monthly census typically shows 40-60 more youth than CT BHP authorization data
- There are some shifts in diagnostic categories that occur if comparing diagnostic category at time of admission to the most recent diagnosis assigned to the youth by the facility. These instances will be highlighted when this occurs

# Frequency of Diagnostic Categories at Time of Referral
# In State & OOS RTC Admissions

**Total combined In-State & OOS admissions for time period below = 714**




| | MR | PDD | JJ | Fire | Sex | Psyc | Subs | Eating | Medi | Preg |
|---|---|---|---|---|---|---|---|---|---|---|
| Frequency of Category-N | 32 | 11 | 355 | 23 | 55 | 511 | 151 | 12 | 8 | 1 |
| % Admissions that include category | 4% | 2% | 50% | 3% | 8% | 72% | 21% | 2% | 1% | 0% |

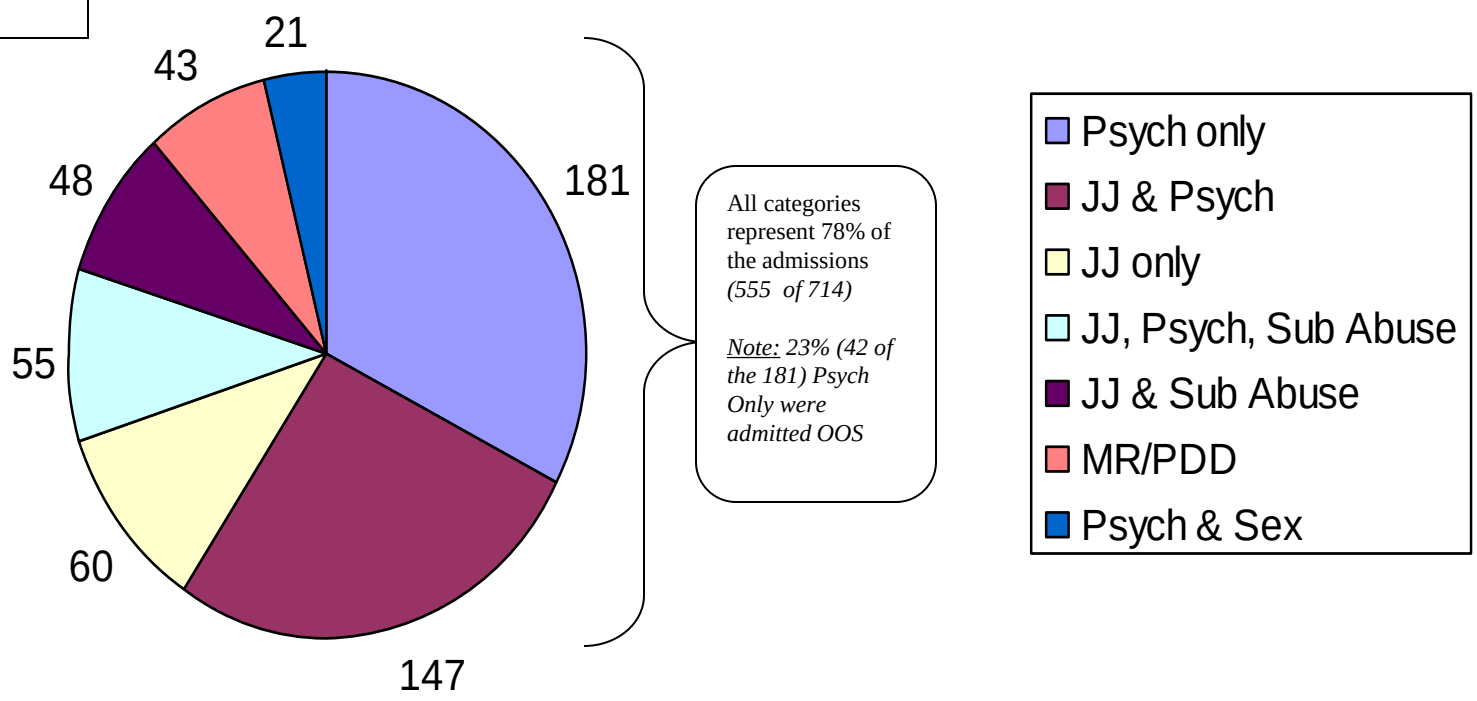
•Categories as shown above are NOT mutually exclusive, categories show frequency of diagnostic category occurring
•Excludes High Meadow and CCP
*Ex: MR/PDD combined occurred with 6% of the 714 admissions during the above time period; Fire Setting & Sexually Reactive occurred with 11% of the 714 admissions; Substance Abuse occurred with 21% of the 714 admission. Psychiatric, JJ and Substance Abuse occurred w/the most frequency and are paired together with the most frequency.

# Frequency of Diagnostic Categories At Time of Referral

## In State & OOS RTC Admissions *(con't)*

**Psych Only-** includes high-end, moderate and low-end psych dx.

**JJ-** majority of physically aggressive are included in JJ categories




*Of the 511 times a Psychiatric diagnosis occurred (previous slide), a Psychiatric-only diagnosis occurred 181 times, exclusive of any other diagnostic category.

*JJ and Psych together, exclusive of any other diagnostic category, occurred 147 times.

*JJ only accounts for only 8.4% of the total.

*The categories JJ (explosive/conduct dx/aggressive included), Psychiatric and Substance Abuse (& exclusive of other categories) occurred with the most frequency, in different combinations.

**Excludes High Meadow, CCP & JRI*

# Diagnostic Categories

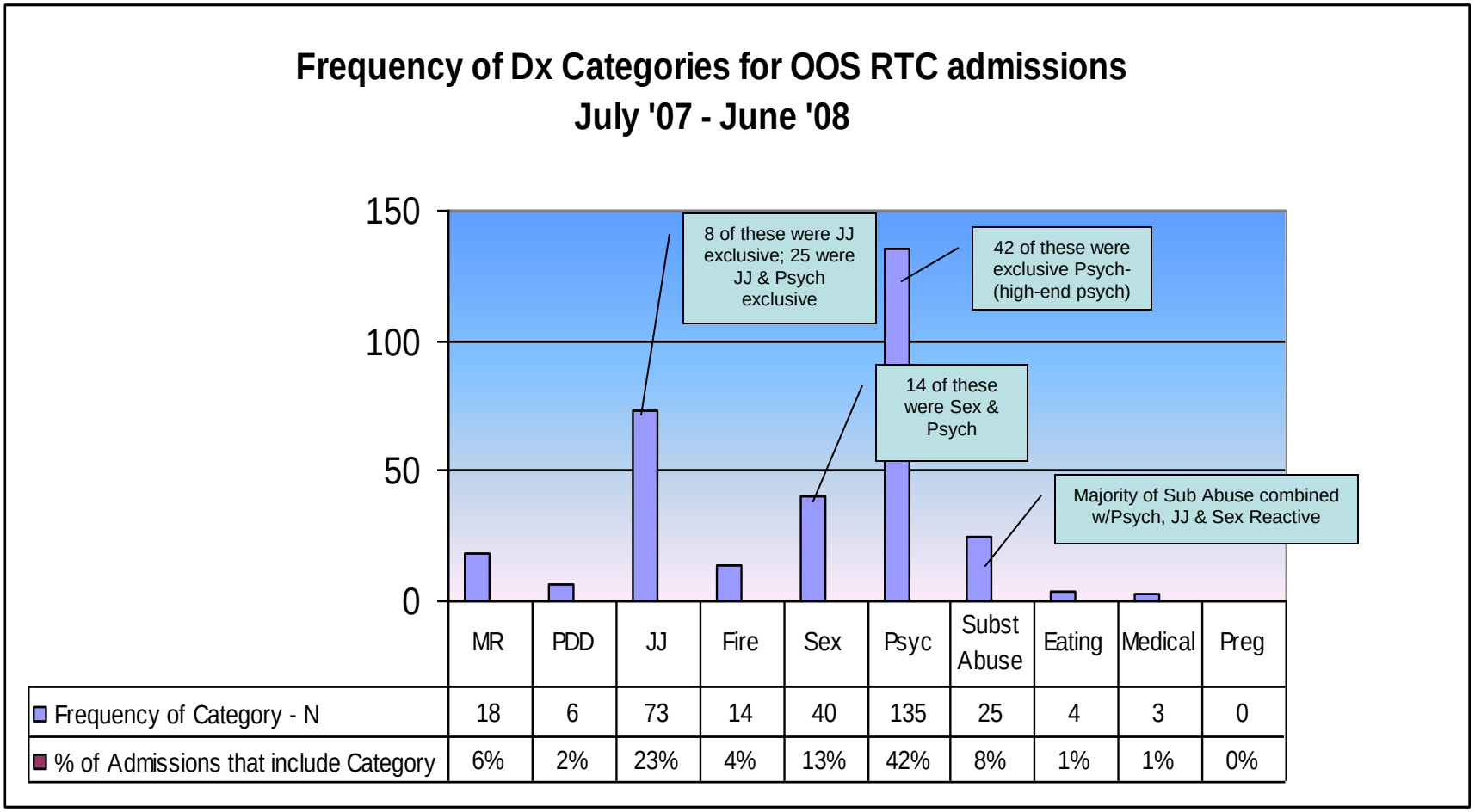
- In the previous slide, there are 181 “Psych only” noted, meaning after eliminating all other categories, there were 181 “Psych only” remaining at time of referral. “Psych only” diagnosis indicated by the receiving facility (latest assigned diagnosis) occurred 280 times (a slide later in presentation), after eliminating all other categories. This was the largest variance noted; other variances between categories were much smaller (i.e. 59 vs. 60, 46 vs. 43, 63 vs. 78 etc.)

- Reasons for variations between referral diagnosis and most recent diagnosis assigned by facility: Upon the review of individual records as one measure of the data validation process, the difference in any diagnosis category at time of referral compared to the latest assigned diagnosis by the receiving facility is due to 1) the receiving facility “dropping” or changing the referral diagnosis, and/or 2) the order of the primary diagnosis is reversed by the facility, and/or 3) eligibility file (for JJ designation) lags behind the JJ information obtained via the Registration and CANS at time of referral.

- Despite these differences, JJ designation, Conduct Dx/Explosive/Disruptive and Psychiatric are consistently the highest categories for both “at time of referral” and “most recent assigned diagnosis by facility”

# Frequency of Diagnostic Categories Out of State RTC Admissions

**Total OOS admissions for time period below = 173 (24%)**

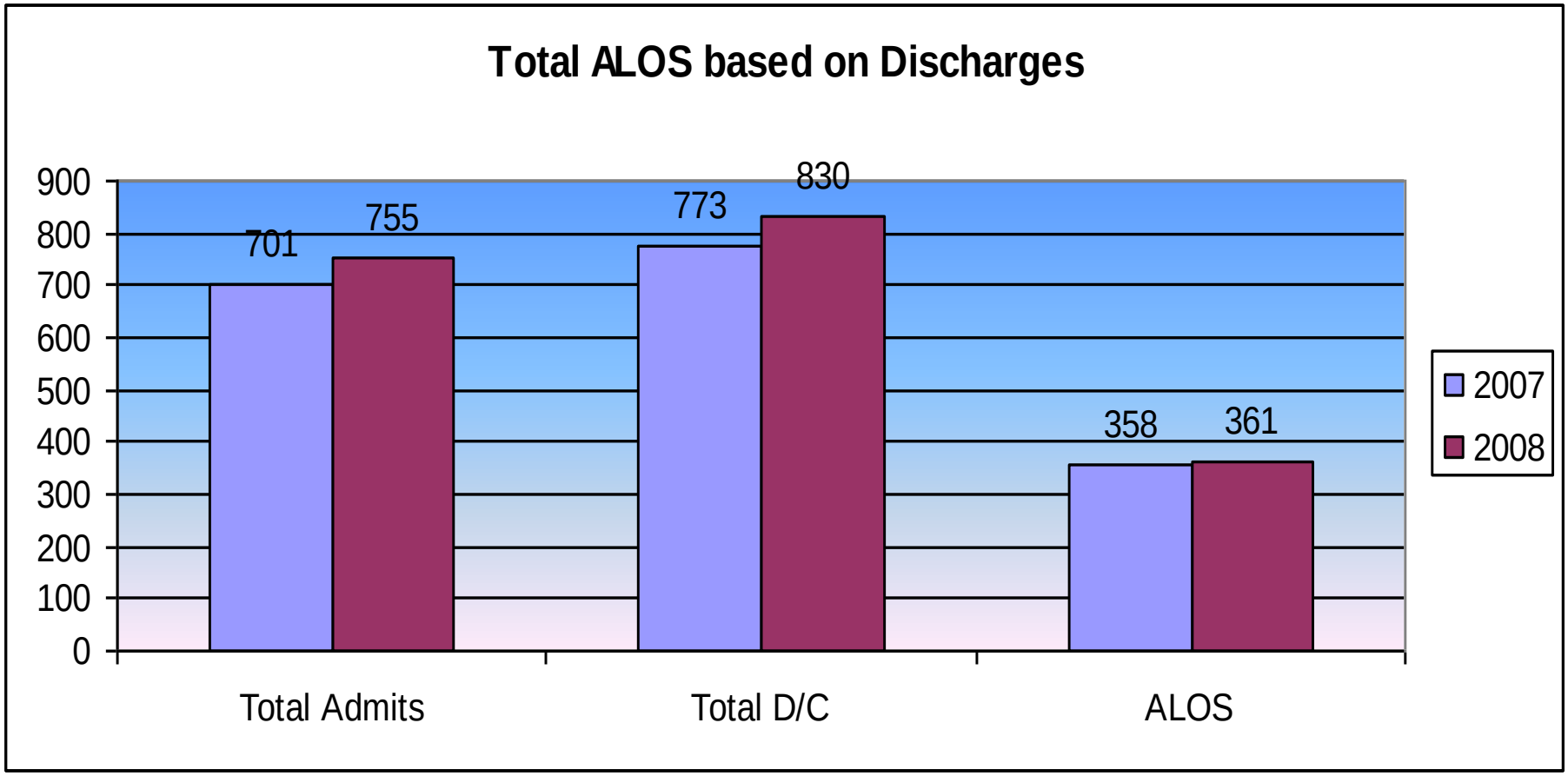



| | MR | PDD | JJ | Fire | Sex | Psyc | Subst Abuse | Eating | Medical | Preg |
|---|---|---|---|---|---|---|---|---|---|---|
| Frequency of Category - N | 18 | 6 | 73 | 14 | 40 | 135 | 25 | 4 | 3 | 0 |
| % of Admissions that include Category | 6% | 2% | 23% | 4% | 13% | 42% | 8% | 1% | 1% | 0% |

Ex: Substance Abuse; This category occurred 25 times of the 173 admissions, 8% of the 173 admissions included this category
Categories above are NOT mutually exclusive, categories above show frequency

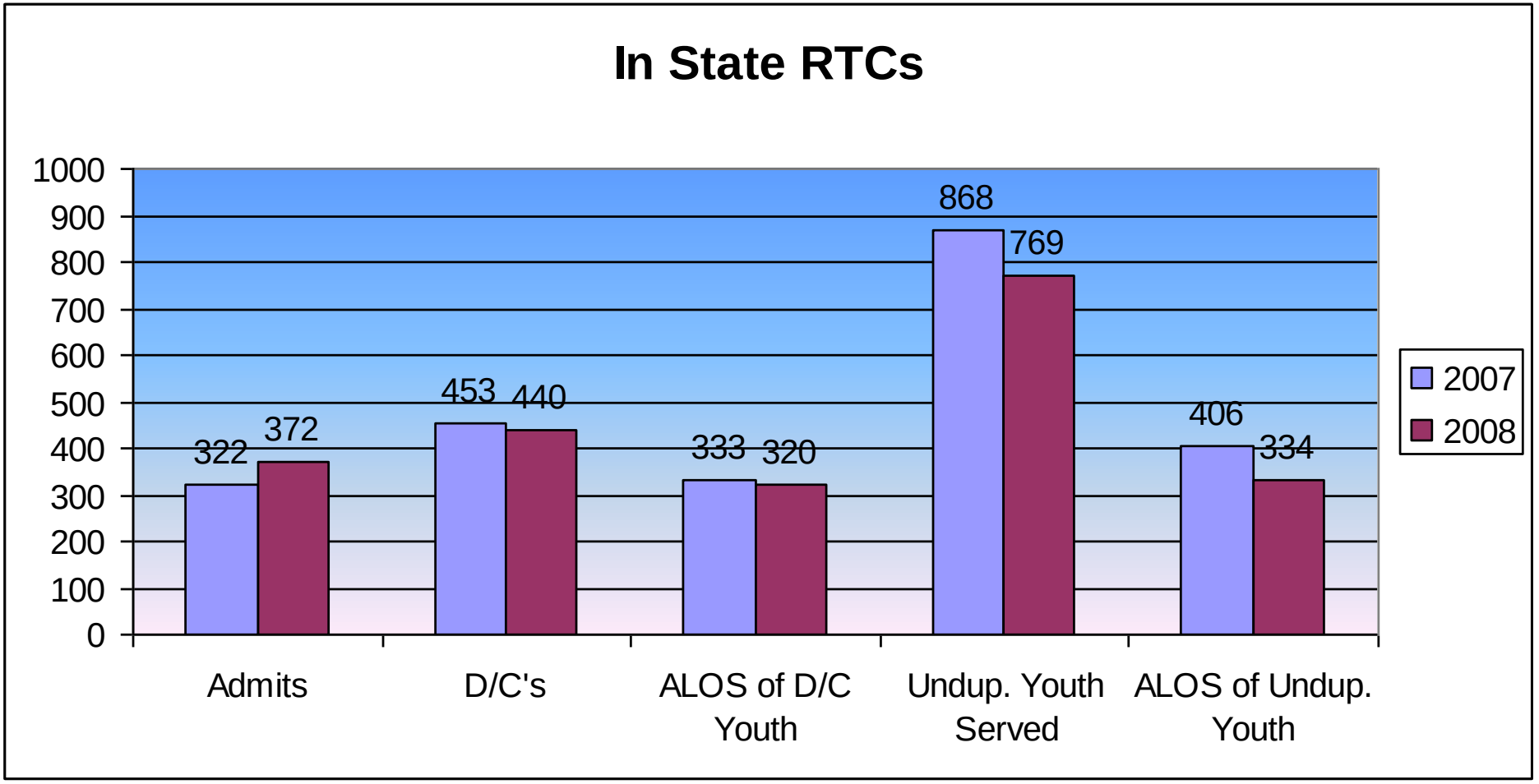
# In State & OOS ALOS - combined

## 2007 & 2008 *(12 mo projection)*



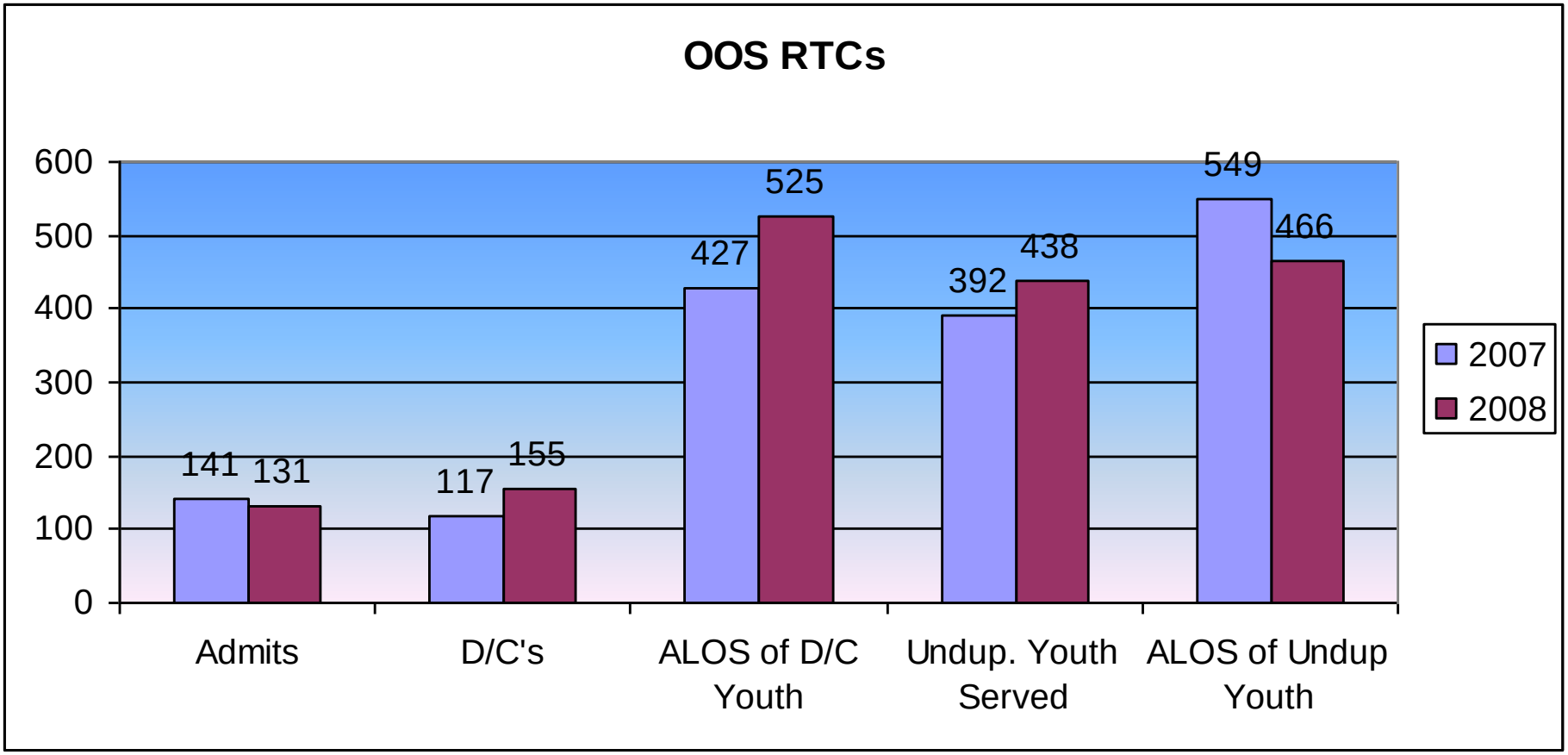

•2007 – ALOS based on Q4 only to obtain accurate ALOS
•2008 – numbers based on 8 mo period and projected to 12 mo
*The Admit to D/C ratio is 1: 1.10 in both 2007 & 2008
*The combined (in-state & OOS) ALOS is projected to remain stable in 2008 compared to 2007
*Excludes HM, CCP & JRI*

# In-State RTCs Jan –Aug ’07 & Jan-Aug ’08



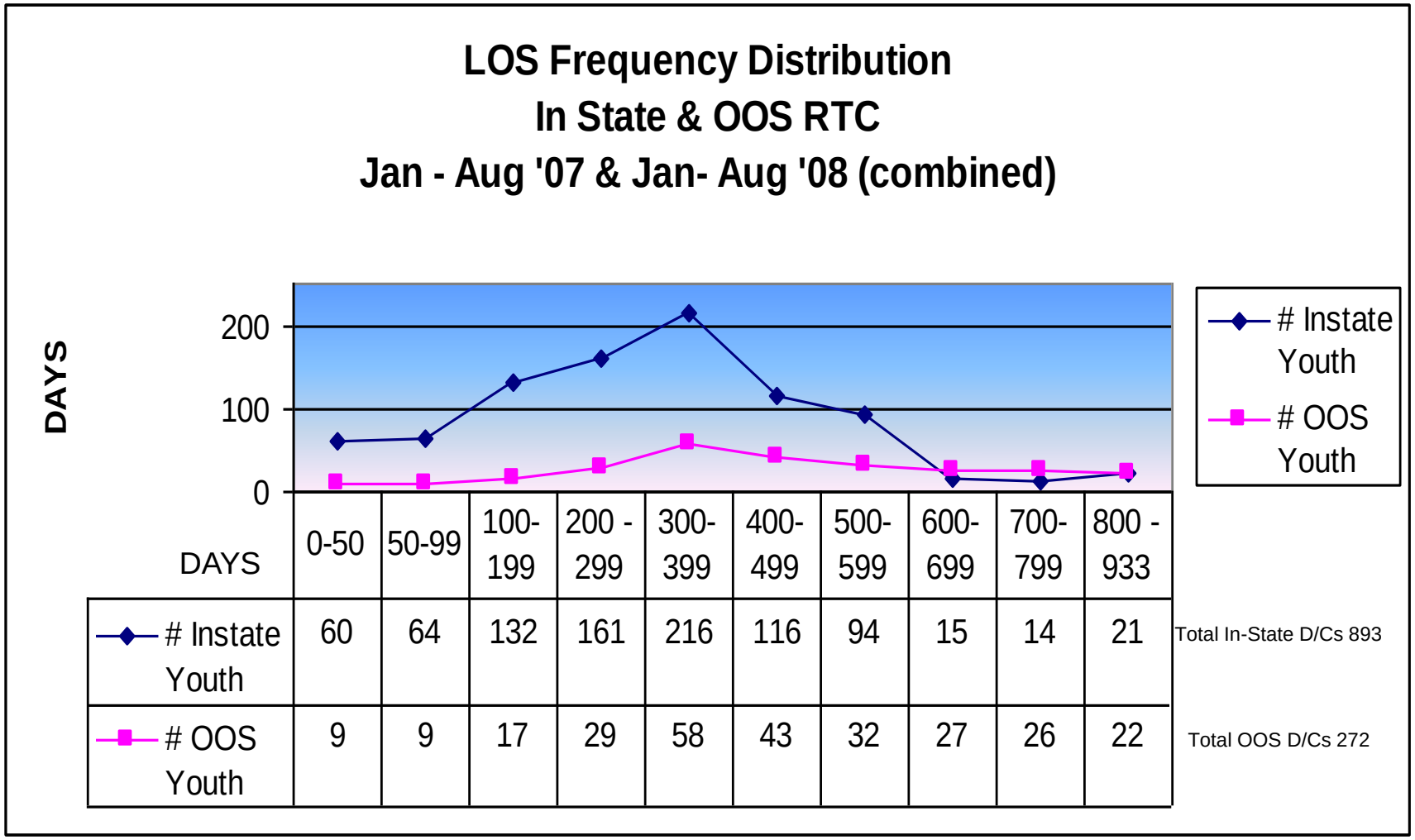

*Note: Using Jan – Aug 2007 for Admits and Discharges, however using Q4 2007 for ALOS for more accurate ’07 ALOS
Unduplicated Youth includes those discharged and those still in RTC (as of 11/3/08 when data was queried)
ALOS of Unduplicated Youth calculates the total span of episode of care from admission to end of episode, or as of 11/3/08 if still in RTC
*Excludes HM, CCP & JRI*

# Out of State RTCs
# Jan –Aug ’07 & Jan-Aug ’08




*Note: Using Jan – Aug 2007 for Admits and Discharges, however using Q4 2007 for ALOS for more accurate ’07 ALOS
Unduplicated Youth includes those discharged and those still in RTC (as of 11/3/08 when data was queried)
ALOS of Unduplicated Youth calculates the total span of episode of care from admission to end of episode, or as of 11/3/08 if still in RTC

# LOS Frequency Distribution For Discharged Youth




| DAYS | 0-50 | 50-99 | 100-199 | 200-299 | 300-399 | 400-499 | 500-599 | 600-699 | 700-799 | 800-933 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| # Instate Youth | 60 | 64 | 132 | 161 | 216 | 116 | 94 | 15 | 14 | 21 | Total In-State D/Cs 893 |
| # OOS Youth | 9 | 9 | 17 | 29 | 58 | 43 | 32 | 27 | 26 | 22 | Total OOS D/Cs 272 |

OOS – 55% of the 272 discharges had lengths of stay 400 days & greater
In State – 29% of the 893 discharges had lengths of stay 400 days & greater
OOS – 13% had shorter lengths of stay (0-199 days)
In State- 29% had shorter lengths of stay (0-199 days)
LOS based on discharges occurring during above date span

# Relationship between ALOS and number of Youth served

| Reducing ALOS (Days) | MONTHS | Youth Served | # Additional Youth Served w/decreased ALOS |
|---|---|---|---|
| 365 | 12 | 488 | |
| 334 | 11 | 533 | 45 |
| 304 | 10 | 586 | 98 |
| 274 | 9 | 651 | 163 |
| 243 | 8 | 732 | 244 |
| **488 represents Total Maximum Capacity - the # of in-state beds made available to, and generally used by, DCF*<br>**Does not include CCP, HM, or JRI* | | | |

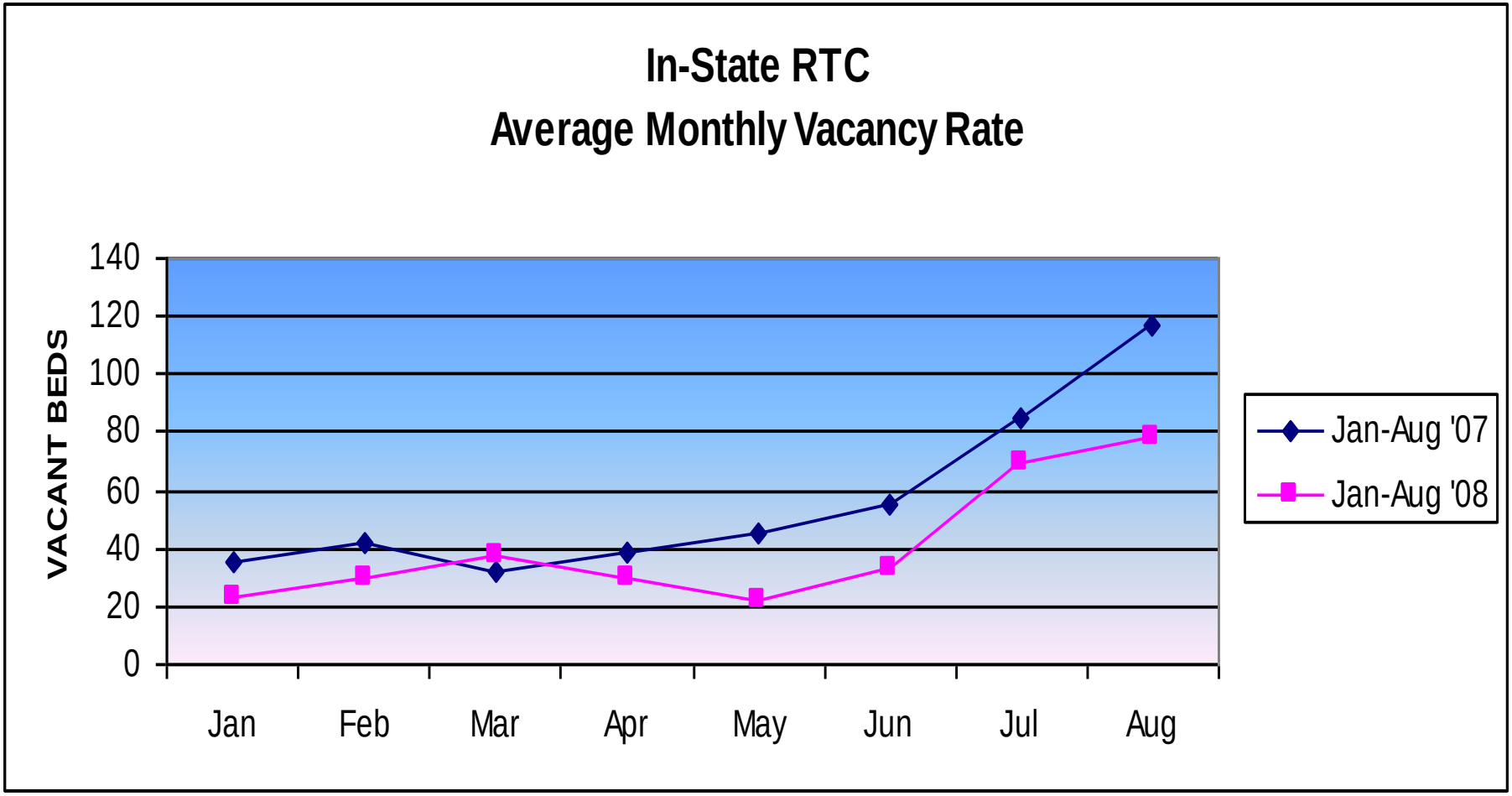
**This chart represents the number of additional possible youth served in relationship to decreased LOS**

# Statewide Vacancy Rates

- The following slide illustrates the number of vacant in-state RTC beds during a given month (comparing Jan- Aug ’07 & ’08). This is calculated by using the actual number of beds made available to, and generally used by, DCF youth for these time periods against the actual number of youth utilizing these beds based on authorization data.

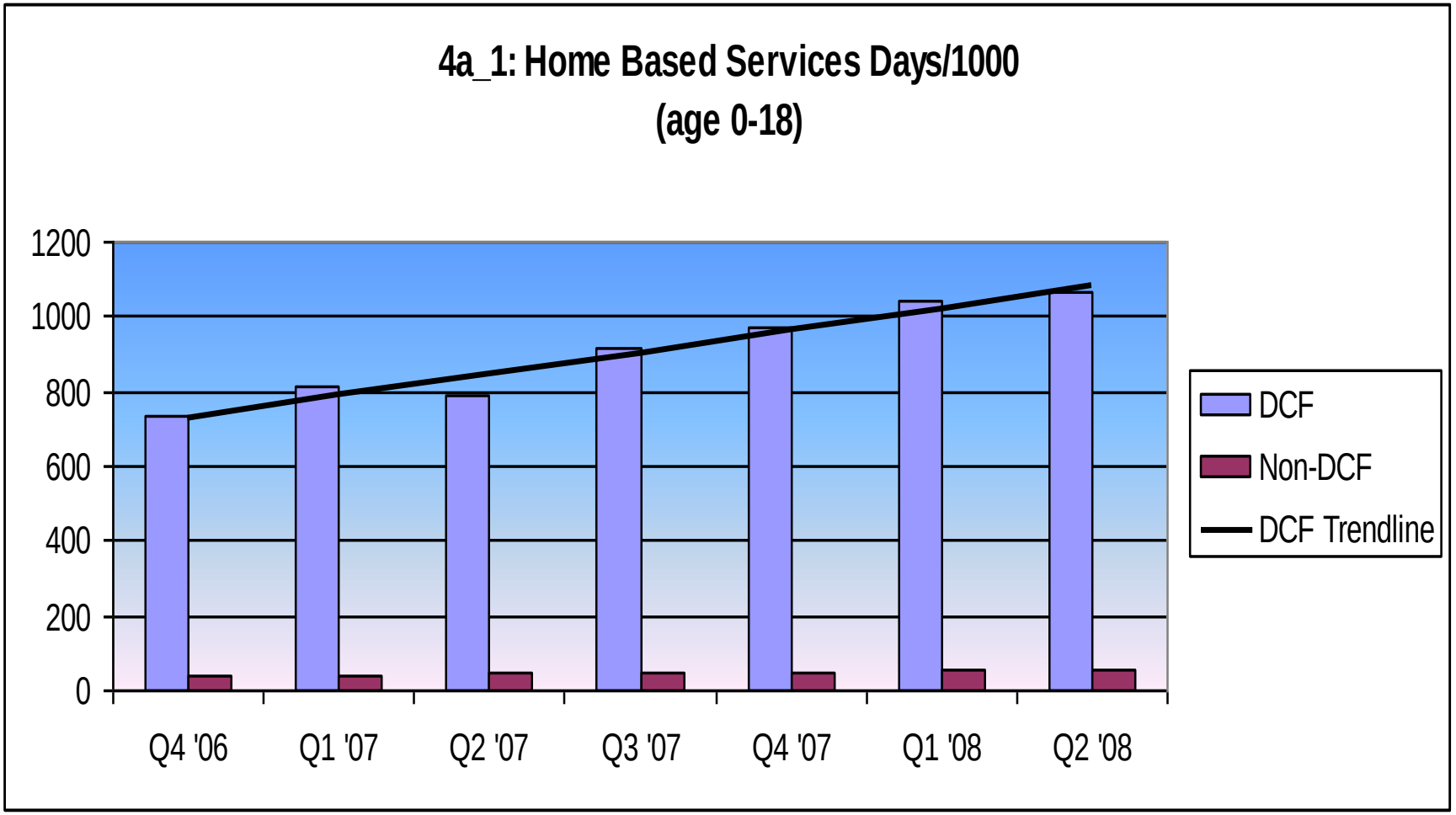
- Factors affecting vacancy rates:
  - Periodic fluctuations in the # of beds approved for utilization by DCF for DCF youth,
  - Clinical profiles of referred youth vs. clinical admission criteria,
  - Beds reserved for “matched” youth who are not yet admitted, and
  - Seasonality

# Average Monthly Vacancy Rates




• In-State '07 Total Maximum Capacity = 612 beds [488 beds + 34 (CREC) + 90 for Lake Grove (closed Aug '07) = 612]
• In-State '08 Total Maximum Capacity = 488 beds
•CCP, High Meadow and JRI are not included in the Total Maximum Capacity
•Averages of vacancies are calculated Using Total Maximum Capacity minus number of youth in in-state RTCs daily (after admits and discharges
•The vacancies above do not include youth matched to a bed (up to 30 days in advance of an anticipated discharge) that are not yet admitted to the bed.

# Home Based Services- Utilization Trends




**Utilization of home-based services have increased with increased diversion from congregate care and other higher levels of care (i.e. inpatient) and increased assertive discharge planning to step-down youth to home based services both from congregate care and higher levels of care.**

# RTC Diagnostic Profiles by Utilization/Demand & Capacity

- Categories are tiered in the following order: Fire Setters &/or Sexually Reactive; MR/PDD; Conduct Dx/ Explosive/Disruptive Dx; JJ; Substance Abuse; and Psych. All per 12 mo. period- July ’07 thru June ’08

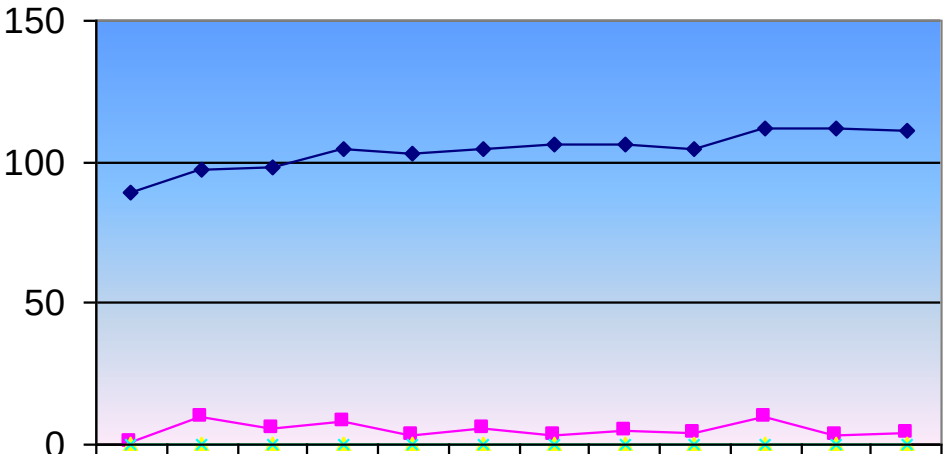
- Tier Example: Youth w/Fire Setter and/or Sexually Reactive will take precedence over all other categories; JJ Youth will take precedence over Substance Abuse and Psych only; Psych are youth w/ Psych primary diagnosis and without any one of the preceding diagnostic categories

- “Youth in RTC” is based on CT BHP authorizations to In-State & OOS RTCs and is the average number of youth/mo. The number of Admits (on the following slides) are a subset of the Youth in RTC (ex: 89 Youth in RTC; 5 Admits – the 89 youth include the 5 admits)

- “Maximum Capacity” is determined by using the maximum # of licensed In-State beds/month available to, and generally used by, DCF that serve these diagnostic profiles (Capacity does not include High Meadow, CCP or JRI)

- “Average Available Capacity” is the average # of available In-State empty bed(s)/month per the provider’s weekly census, per all providers that serve the diagnostic profile. *Note: The provider’s weekly census may reflect an “available capacity” greater than that which will be used by DCF.*

# Fire Setters &/or Sexually Reactive

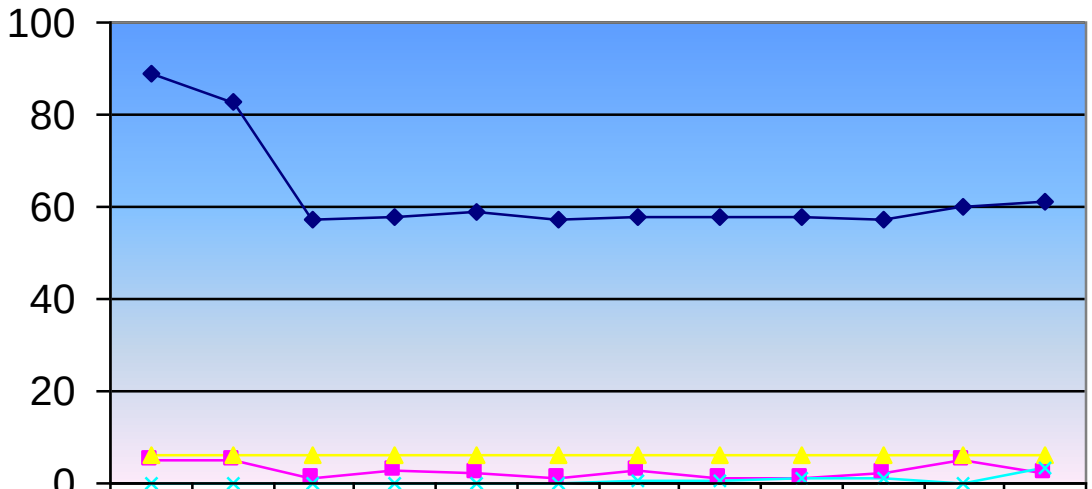



| | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | April | May | June |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Youth in RTC | 89 | 97 | 98 | 105 | 103 | 105 | 106 | 106 | 105 | 112 | 112 | 111 |
| Admits | 1 | 10 | 6 | 8 | 3 | 6 | 3 | 5 | 4 | 10 | 3 | 4 |
| In-State Max. Capacity | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| In-State Ave Avail. Capacity | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Total Admits 63

Total Unduplicated Female in RTC = 19
Total Unduplicated Male in RTC = 131
Youth in RTC Average Age Male: 14.1 Youth in RTC Average Age Female: 14
26 youth were at Hillcrest/Center in '07 & 27 youth in '08 (Sexually Reactive only). Combining Fire Setters and Sexually Reactive above until further distinction for vendor sites differentiated in database
Capacities do not include HM/CCP or JRI
Facilities represented above: Brandon School, Harmony Hill School, Hillcrest, Stetson School, Stevens Children Home, Whitney Academy

# MR/PDD




| | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | April | May | June |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Youth in RTC | 89 | 83 | 57 | 58 | 59 | 57 | 58 | 58 | 58 | 57 | 60 | 61 |
| Admits | 5 | 5 | 1 | 3 | 2 | 1 | 3 | 1 | 1 | 2 | 5 | 2 |
| In-State Max. Capacity | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| In State Ave. Avail. Capacity | 0 | 0 | 0 | 0 | 0 | 0 | 0.5 | 0.4 | 1.25 | 1.25 | 0.2 | 3.25 |

Youth in RTC

Admits

In-State Max. Capacity

Total Admits 31

Total Unduplicated Female in RTC = 42
Total Unduplicated Male in RTC = 83
Youth in RTC Average Age Male: 14 Youth in RTC Average Age Female: 15.7
Capacities do not include HM/CCP or JRI
Facility represented above: Learning Clinic

# Conduct Dx/Explosive/Disruptive & JJ

## In State Available Maximum Capacity detail:

- The facilities primarily admitting the JJ population and youth w/primary diagnosis of conduct/explosive/disruptive/oppositional disorders are:

  -Mount St. John

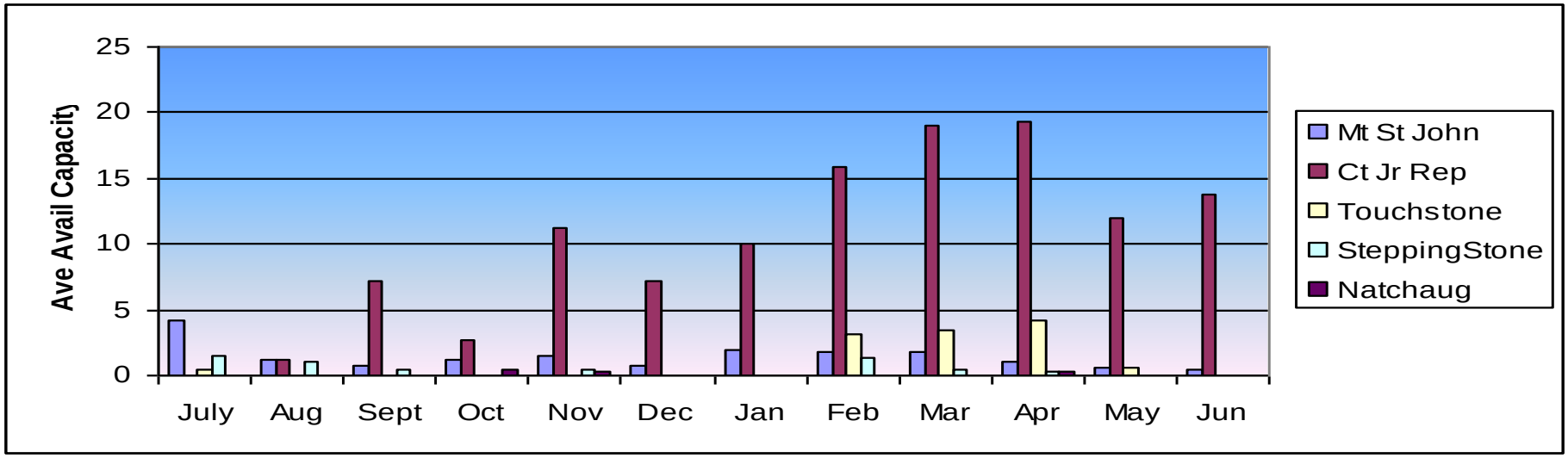
  -Ct Jr Republic

  -NAFI- Touchstone

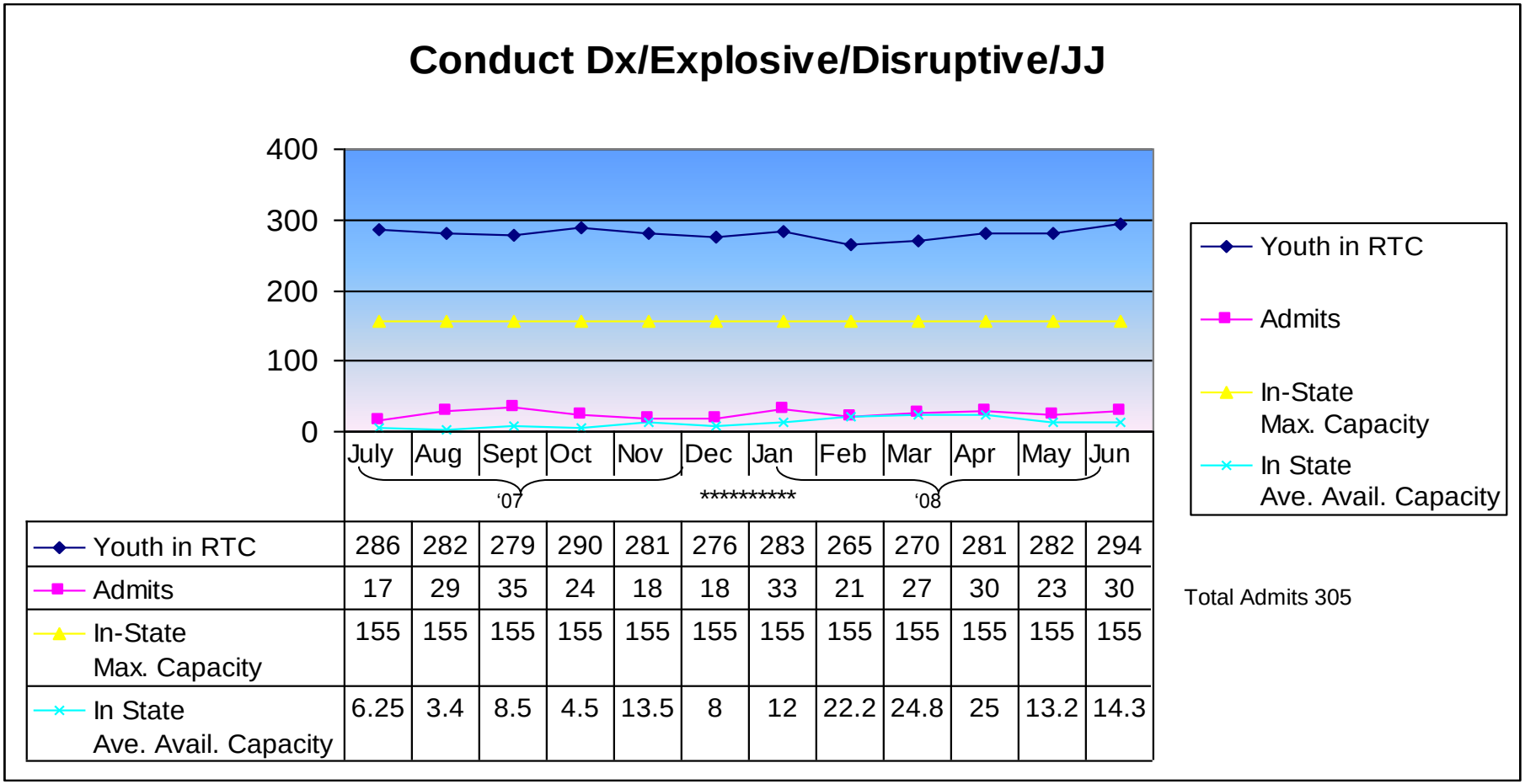
  -NAFI- Stepping Stone

  -Natchaug

- The marked increases in monthly capacity seen in the slide below are primarily due to increased vacancies at Ct. Jr. Republic (note: 60 beds total are identified as “available”)



# Conduct Dx/Explosive/Disruptive & JJ




| | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Youth in RTC | 286 | 282 | 279 | 290 | 281 | 276 | 283 | 265 | 270 | 281 | 282 | 294 |
| Admits | 17 | 29 | 35 | 24 | 18 | 18 | 33 | 21 | 27 | 30 | 23 | 30 |
| In-State Max. Capacity | 155 | 155 | 155 | 155 | 155 | 155 | 155 | 155 | 155 | 155 | 155 | 155 |
| In State Ave. Avail. Capacity | 6.25 | 3.4 | 8.5 | 4.5 | 13.5 | 8 | 12 | 22.2 | 24.8 | 25 | 13.2 | 14.3 |

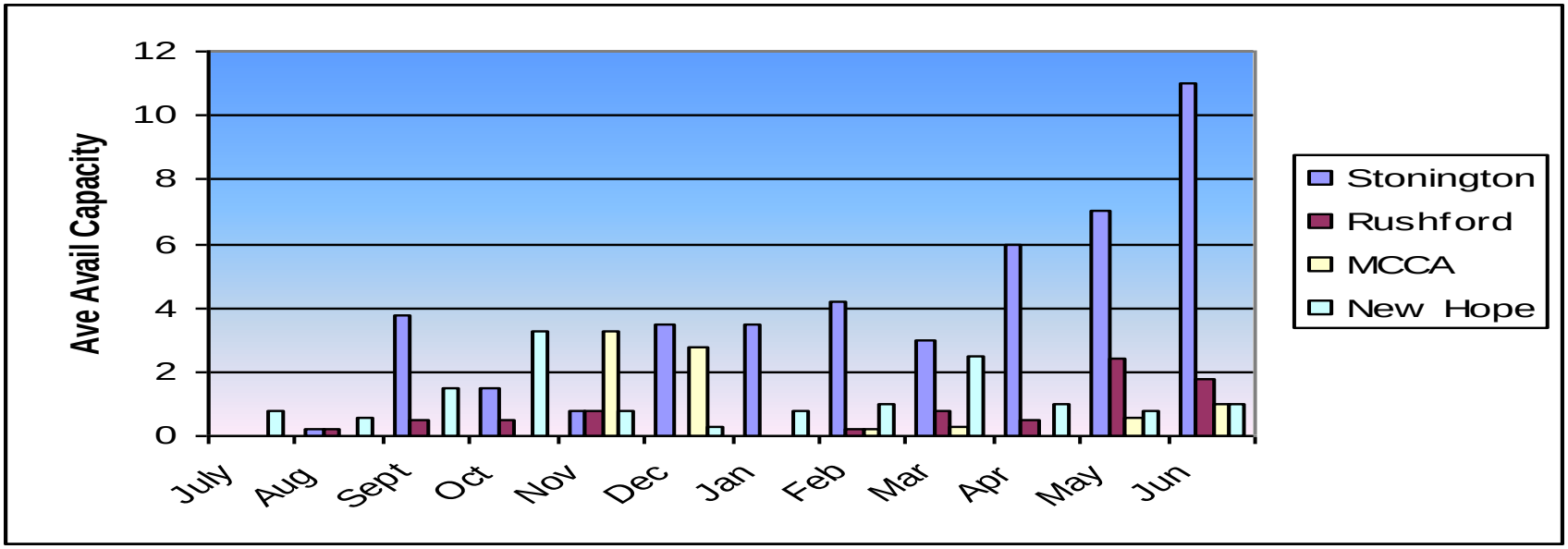
Total Admits 305

Combining Conduct Dx/Explosive/Disruptive and Juvenile Justice
Total Unduplicated Female in RTC = 200 (163 Explosive & 37 JJ)
Total Unduplicated Male in RTC = 330 ( 283 Explosive & 47 JJ)
Youth in RTC Average Age Male: 14.4 Youth in RTC Average Age Female: 14.5
Capacities do not include HM/CCP or JRI

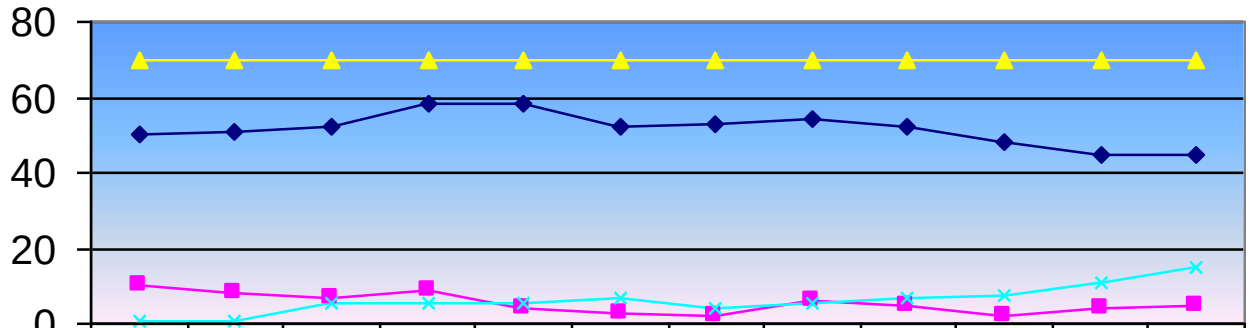
# Substance Abuse

## In State Available Maximum Capacity detail:

- The facilities primarily admitting youth with substance abuse diagnosis are:
  -Stonington
  -Rushford
  -MCCA
  -New Hope
- The marked increases in monthly capacity seen in the slide below for May and June are primarily due to increased vacancies at Stonington and Rushford



# Substance Abuse




| | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Youth in RTC | 50 | 51 | 52 | 58 | 58 | 52 | 53 | 54 | 52 | 48 | 45 | 45 |
| Admits | 10 | 8 | 7 | 9 | 4 | 3 | 2 | 6 | 5 | 2 | 4 | 5 |
| In-State Max. Capacity | 70 | 70 | 70 | 70 | 70 | 70 | 70 | 70 | 70 | 70 | 70 | 70 |
| In State Ave. Avail. Capacity | 0.8 | 1.0 | 5.8 | 5.3 | 5.5 | 6.5 | 4.3 | 5.6 | 6.5 | 7.5 | 10.8 | 14.8 |

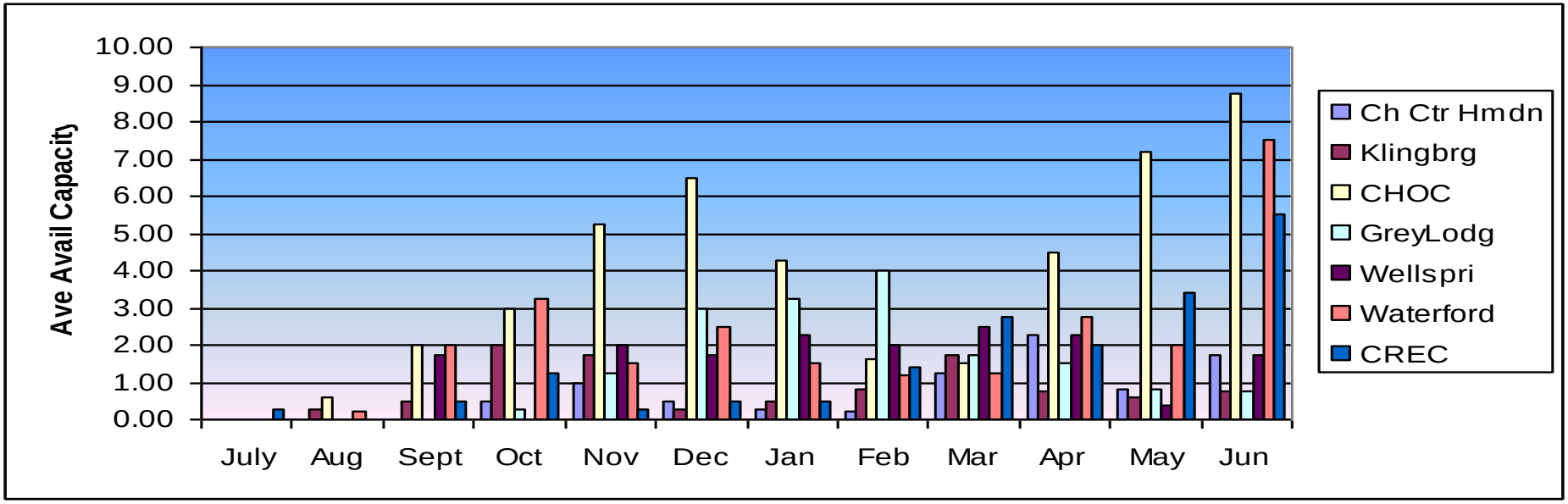
Total Admits 65

Total Unduplicated Female in RTC = 46
Total Unduplicated Male in RTC = 54
Youth in RTC Average Age Male: 15.4 Youth in RTC Average Age Female: 15.3
Capacities do not include HM/CCP or JRI

# Psychiatric

## In State Available Maximum Capacity detail:

- The facilities primarily admitting youth with general psychiatric diagnosis are:
  - Children's Center of Hamden
  - Klingberg
  - CHOC
  - CREC
  - Grey Lodge
  - Wellspring
  - Waterford
- The monthly variations in the low's and high's in available capacities seen in the slide below are detailed.



# Psychiatric

| PROVNAM | PROVOP | INT_MONTH | YEAR_MONT | INSTAT | ADMIT_COUNT | AVE_AG | ADMIT_MALE_C |
|---|---|---|---|---|---|---|---|
| HARMONY HILL SCHOOL | CBHP002235 | 7 | 7-Jul | N | 0 | 0 | |
| HILLCREST EDU.CENTERS, INC | CBHP002237 | 7 | 7-Jul | N | 0 | 0 | |
| STETSON SCHOOL | CBHP002141 | 7 | 7-Jul | N | 0 | 0 | |
| WHITNEY ACADEMY INC | CBHP002138 | 7 | 7-Jul | N | 1 | 15 | |
| HARMONY HILL SCHOOL | CBHP002235 | 8 | 7-Aug | N | 4 | 13.5 | |
| HILLCREST EDU.CENTERS, INC | CBHP002237 | 8 | 7-Aug | N | 1 | 11 | |
| STETSON SCHOOL | CBHP002141 | 8 | 7-Aug | N | 3 | 14 | |
| WHITNEY ACADEMY INC | CBHP002138 | 8 | 7-Aug | N | 2 | 15 | |
| BRANDON SCHOOLRTC | CBHP003198 | 9 | 7-Sep | N | 1 | 16 | |
| HARMONY HILL SCHOOL | CBHP002235 | 9 | 7-Sep | N | 2 | 13.5 | |
| HILLCREST EDU.CENTERS, INC | CBHP002237 | 9 | 7-Sep | N | 0 | 0 | |
| STETSON SCHOOL | CBHP002141 | 9 | 7-Sep | N | 2 | 14.5 | |
| STEVENS CHILDREN'SHOME | CBHP003528 | 9 | 7-Sep | N | 1 | 15 | |
| WHITNEY ACADEMY INC | CBHP002138 | 9 | 7-Sep | N | 0 | 0 | |
| BRANDON SCHOOLRTC | CBHP003198 | 10 | 7-Oct | N | 2 | 15.5 | |
| HARMONY HILL SCHOOL | CBHP002235 | 10 | 7-Oct | N | 0 | 0 | |
| HILLCREST EDU.CENTERS, INC | CBHP002237 | 10 | 7-Oct | N | 3 | 13 | |
| STETSON SCHOOL | CBHP002141 | 10 | 7-Oct | N | 1 | 16 | |
| STEVENS CHILDREN'SHOME | CBHP003528 | 10 | 7-Oct | N | 1 | 13 | |
| WHITNEY ACADEMY INC | CBHP002138 | 10 | 7-Oct | N | 1 | 15 | |
| BRANDON SCHOOLRTC | CBHP003198 | 11 | 7-Nov | N | 2 | 14 | |
| HARMONY HILL SCHOOL | CBHP002235 | 11 | 7-Nov | N | 0 | 0 | |
| HILLCREST EDU.CENTERS, INC | CBHP002237 | 11 | 7-Nov | N | 0 | 0 | |
| STETSON SCHOOL | CBHP002141 | 11 | 7-Nov | N | 1 | 17 | |

Total Admits 280

Total Unduplicated Female in RTC = 261
Total Unduplicated Male in RTC = 283
Youth in RTC Average Age Male: 14 Youth in RTC Average Age Female: 14.7
Capacities do not include HM/CCP or JRI

# RTC Diagnostic Profile Summary

## *At-a-Glance*

**July ’07 to June ’08**

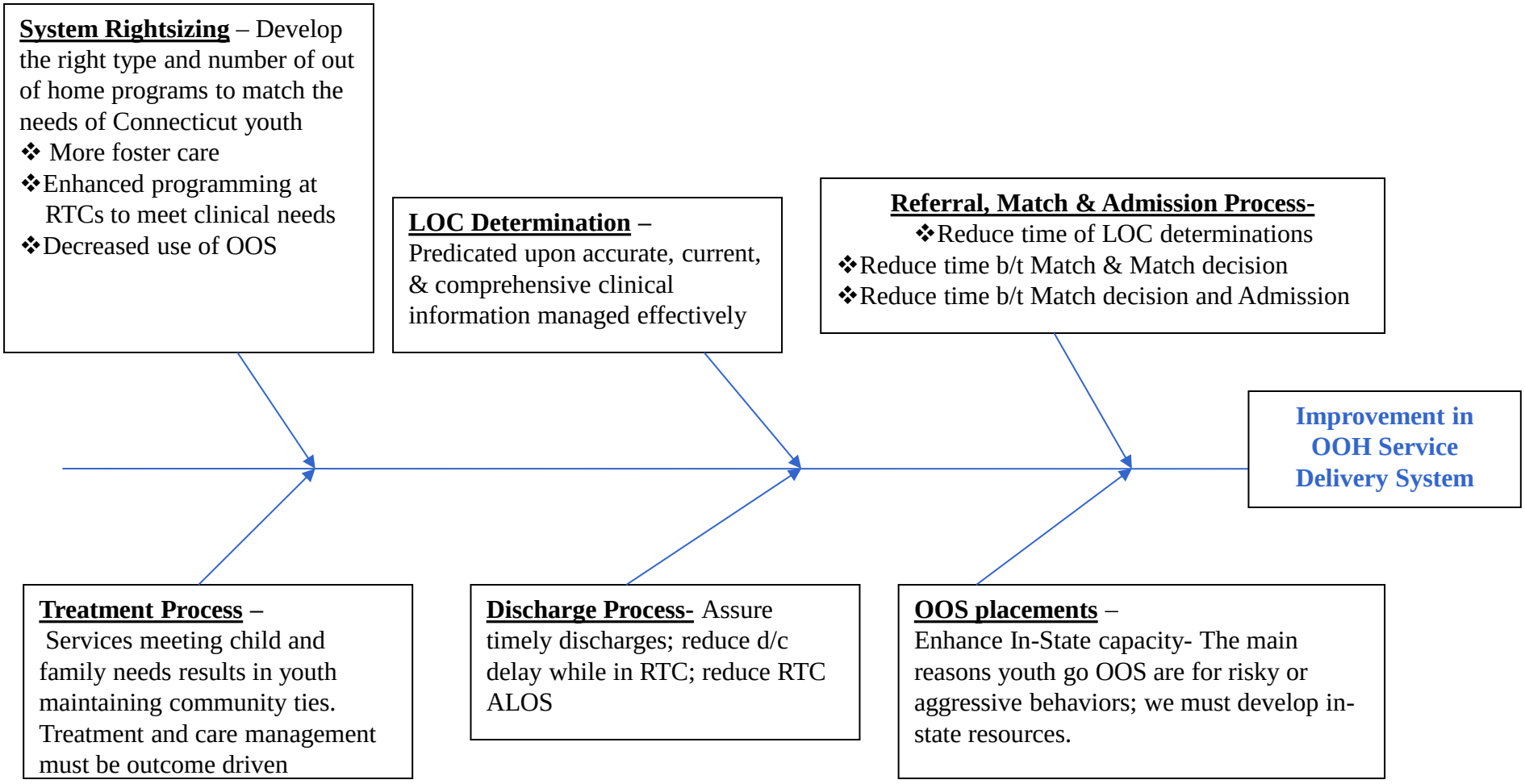
| ***Primary Diagnosis given by Facility*** | **ADMITS** | **Unique Mbrs in Care During Time Period** | **MALE** | **Male Ave Age** | **FEMALE** | **Female Ave Age** | |
|---|---|---|---|---|---|---|---|
| Fire Setter and/or Sexually Reactive | 63 | 150 | 131 | 14.1 | 19 | 14 | |
| MR/PDD | 31 | 125 | 83 | 14 | 42 | 15.7 | |
| Conduct Dx/Explos/& JJ | 305 | 530 | 330 | 14.4 | 200 | 14.5 | |
| Substance Abuse | 65 | 100 | 54 | 15.4 | 46 | 15.3 | |
| Psychiatric | 280 | 544 | 283 | 14 | 261 | 14.7 | |
| | | | | | | | |
| | | | | | | | |

# In State RTC Decline Rates & Decline Reason Rates

## July ’07 to Sept ’08:

- There were 842 Match and Admission accept decisions by the provider
- There were 109 Match and Admission decline decisions by the provider
- The top reasons for declining included: Too Oppositional/Aggressive (28%), Other (24%), Too Psychiatrically Ill (9%) Family/Mbr Declining Bed (7%), IQ (6%), Run Away Risk/Hx (5%), No Bed/Too Long Wait (5%), Milieu Conflict (5%)
- *NOTE: There are a number of referrals never made to an in-state provider due to the youths clinical presentation; otherwise the decline rate would be higher.*

# Improving OOH Service Delivery



# Summary

- RTC demand exceeds current in-state clinical capacity, as evidenced by 24% (based on authorization data) of RTC admissions going OOS. High-end psych, MR, PDD, JJ, Fire Setters and Sexually reactive diagnostic categories upon RTC referral occurred with the majority of the OOS admissions. Also, for these same categories the demand is often greater than the average available vacancies in-state (evidenced by monthly admissions).

- Currently there is an average of 80 RTC referrals/mo. This is expected to increase late ’08 and level off early ’09. This will be monitored throughout the coming months.

- Average # youth residing in in-state RTCs for the time period Jan 1 ’08 to Aug 31st ’08 is 447/mo

- 494 in-state RTC beds expected to be available in ’09 (488 licensed beds + 6 beds at JRI)