Residential Utilization

A Report to the CT BHP
Oversight Council
September 12, 2007

Goals of the Presentation

- Provide Overview of Residential Utilization in Connecticut
- Explain New Referral Process and DCF/BHP Relationship
- Present Picture of Residential Capacity with Historic Perspective
- Associate Residential Utilization with System Gridlock
- Share Action Steps Aimed at Addressing Relevant Issues and Concerns

Residential Referral Process

- On 12/1/06, DCF's Central Placement Team merged with Staff from the ASO to form the Residential Care Team

- Integrated approach allows DCF to:
  - Assure utilization of the correct level of care
  - Systematically assess acuity
  - Identify immediate or anticipated vacancies
  - Track and monitor referral process

Referral Process (Cont.)

- Provide on-going utilization management
- Provide clinical oversight of services offered
- Provide weekly feedback to Area Offices, Probation and Parole on the status of every youth referred

Referral Process (Cont.)

- Introduction of standardized, nationally recognized Child and Adolescent Strengths and Needs Instrument (CANS)
- Introduction of Provider Registration and weekly Bed tracking census form to maximize utilization of resources
- Bi-weekly Clinical Matching meetings
- Bi-weekly Clinical Rounds
- Participation of staff from DCF Facilities, Area Offices, Probation, Parole, Behavioral Health and ValueOptions

Activity to Date
12/06 – 8/31/07

1335 Referrals - 633 Admissions

<u>Residential</u>

– Referrals: 869
*Placements: 468
– Difference: 401

<u>Group Home</u>

Referrals: 466
*Placements: 165
Difference: 301

Activity to Date (Cont.)

- Not every referral results in an out of home placement
- Focus on diversion back to the community when there is a family or foster family involved or when the child is 12 or under
- Use of Child specific teams, DCF Managed Service System Meetings, Case Conferences to review and identify possible alternatives
- Use of DCF Residential facilities for children for whom no other resource exists

Historical Perspective

2001:

Total In-state RTC Licensed bed capacity:	1014
Instate: Number of beds used	709
Out of State: Number of beds used	479
Total DCF beds used	**1188**

KidCare Legislation:

- Prompted reduction of reliance on residential care and provided fund to support community based services

Juan F. Exit Plan:

- No more that 11% of committed and voluntary children in out of home care shall be placed in RTC

Historical Perspective (Cont.)

- System of Care Model endorsed in 1997 and funded in 2002
- $14 million appropriated (annually) for:
  - Care Coordination
  - Emergency Mobile Psychiatric Services
  - Extended Day Treatment
  - Intensive Home-based service
  - Family Advocacy
- $ 34.5 million allocated in 2007

Historical Perspective (Cont.)

- Between 7/02 and 9/07 the licensed bed capacity in state dropped from 1014 to approximately 600 beds.
- Majority of reduced capacity due to poor quality of care and safety issues prevalent within 6 Provider Agencies
- DCF efforts to achieve better clinical care within RTCs has also resulted in loss of capacity
- In August 2007, approx. 600 DCF involved children were receiving care in Connecticut RTCs.

Role of Out of State Providers

- 2001: 479 OOS RTC placements
- 2007: 292 OOS RTC placements

- Shift in utilization due to focus on keeping children and youth close to home

- Resulting impact: Greater reliance on use of in state beds strains supply

New Resources

- **Therapeutic Group Homes**
  - **New Service type**
  - **43 homes (215 beds) since 2003**
  - **10 more homes to open by 12/07 (265 beds total)**

- Center for Excellence
  - Designed to replace lost beds for Cognitively Challenged youth (up to 64 youth to be served in RTC and up to 15 youth served in Group Home or Transitional Living homes)

Commitment to Home-based Care

- Over $13 million (additional funding) invested in Intensive Home-Based Models between 2004 and 2007
- 2000+ treatment slots available to children and families
  - Intensive In-home Child and Adolescent Psychiatric Services (IICAPS)
  - Multi-Systemic Family Therapy (MST)
  - Multi-Dimensional Family Therapy (MDFT)
  - Functional Family Therapy (FFT)
  - Family Support Teams

Summary of RTC Bed Activity 2001-2007

2001

- CT utilization of in state RTC 709
- CT utilization of OOS beds 479

2001 Total: **1188**

2007

- CT utilization of in state RTC 600
- CT utilization of OOS beds 292

2007 Total: **892**

Additional Resource:

- Therapeutic Group Home beds: **215**

2007 Grand Total: **1107**

Impact of External Systems

- Juan F Consent Decree: No more than 11% of DCF committed and VS children should utilize RTC care (approx. 655) at any given time
- Court Orders to RTC
- RTCs may struggle to meet the clinical needs of referred children resulting in disrupted placements
- Excessive length of stay and overstay in RTC
- Difficulty procuring sufficient therapeutic foster care
- Absence of specialized program types in CT
- Difficulty sitting residential and group homes in CT

GRIDLOCK

Children on Delayed Discharge Status (8/31/07)

- 104 children waiting to be *discharged* from Residential care

What are they waiting for?

- Therapeutic Group Home: 36
- Foster Care: 19
- PASS Group Home: 11
- Transitional Living: 3
- Community Services: 4
- Other: 31

Children Waiting to Enter RTC

- On September 1, 2007 there were 202 children waiting *to access* RTCs. Of these, 146 were matched but waiting for a bed to become available over the next 30 days

- 54% Male 46 % Female
- 47% were between the ages of 15 -16
- 94% were between the ages of 13 -18

Current Placement of Those Waiting to Access RTC Beds

	Matched	Unmatched
• Home	26	9
• Inpatient Units	17	15
• Detention	23	4
• Other RTC	20	5
• Shelters	6	0
• Foster Homes	6	2
• CCP/HM	4	1
• RVH	6	5
• CJTS	7	2
• York/Manson	11	2
• (All Other)	20	11
• **Total**	**146**	**56**

Referral Sources

- DCF Area Offices: 154
- Probation: 33
- Parole: 15
- Total: 202

What Kinds of RTC Services are Needed?

- The 56 children and adolescents waiting for RTC for whom no match has been made, are in need of facilities that can address:
  - Psychiatric treatment with complex needs (fire setting, sexual aggression)
  - Psychiatric treatment with JJ issues (serious physical aggression, assaultive behavior)
  - Psychiatric treatment
  - MR/PDD designed treatment

How does Residential Utilization Contribute to Inpatient Gridlock?

- Of the 2,378 CT BHP inpatient admissions in SFY'07, there were 377 cases (16%) that resulted in discharge delay
  - 102 (27%) were waiting for RTC
  - 68 (18%) were waiting for PRTF
  - 30 (8%) were waiting for GH
  - 177 (47%) were waiting for Other

Summary

- Insufficient Placement Options: Demand exceeds Supply
- Insufficient specialty programming in-state to meet clinical needs of children waiting
- Many youth in Hospitals are waiting for RTC, PRTF or Community Services

Summary (Cont.)

- Youth in RTC are waiting for Level 2 GH and/or Foster Care
- Greatest need within the 15-16 yr old population
- Additional Community services needed to support step-down from all levels of care

Proposed DCF Action Steps

- Resource Management:
  - On-Site Concurrent Reviews with DCF and VO staff
  - RTC Provider Profiling
  - New RTC Consultation Unit
  - Support enhanced Clinical practices within Provider Network (DBT, CBT, Trauma Informed)

Action Steps (Cont.)

- Reconsideration of role of Enhanced Care Coordinators
- Further evaluate and develop payment and authorizations systems to ensure timely and clinically appropriate discharge
- DCF Leadership to meet with RTC providers in various monthly forums to solicit input and share info

Action Steps (Cont.)

- Resource Development
  - Provide additional clinical supports to foster and biological families
  - Complete development of currently funded group homes
  - Centers for Excellence
  - Focus on Individualized Community Based Service Planning
  - Enhanced Emergency Mobile Crisis Services

Action Steps (Cont.)

- Supported Work, Education and Transition Program (24 new supported apartments for Adolescents)
- OHCA RFI for Region 5 inpatient beds
- Explore need for additional Crisis Stabilization Units
- CARES Unit
- Enhanced Care Clinics