Overview: Use of Out of-State and In-State Residential Placements

Overview: Ken Schatz, DCF Commissioner; Cheryle Bilodeau & Laurel Omland - DMH

Introduction

DCF along with, the Agency of Education and the Departments of Mental Health & Aging and Independent Living is making a concerted effort to reduce its reliance on congregate care for children through the Turn the Curve Group.

Introduction

- Residential Care is an important aspect of our system of care. Studies show that it achieves the best results when it is short-term and intensive.
- Our collective goal is to support our system of care to ensure that children can have their needs met and supported in community-based family settings when possible.

Turn the Curve - Background

June of 2015, AHS departments met to discuss trend-lines of residential placements and came to three key conclusions:

- The increasing number of Vermont children and youth who are placed in residential programs, including out-of-state placements is a shared concern.
- AHS is committed to reversing the increased placements trend.
- Reducing reliance on residential treatment should include creating more community-based treatment options and support.

Turn the Curve

After the June 2015 meeting within AHS, the commissioners of DCF, DAIL and DMH charged the Turn the Curve Group to work across departments to increase community based care.

AHS invited a representative from the Agency of Education to join the group.

(Please note: This report focuses on youth placed in residential programs by the Agency of Human Services, it does not include information regarding youth placed through Local Education Agencies.)

In-state/Out-of-state placements

- There has been a significant decrease (302 to 161) in the number of licensed residential beds available to children/youth in Vermont since 2010.
- This is due to financial difficulties and closure of programs.

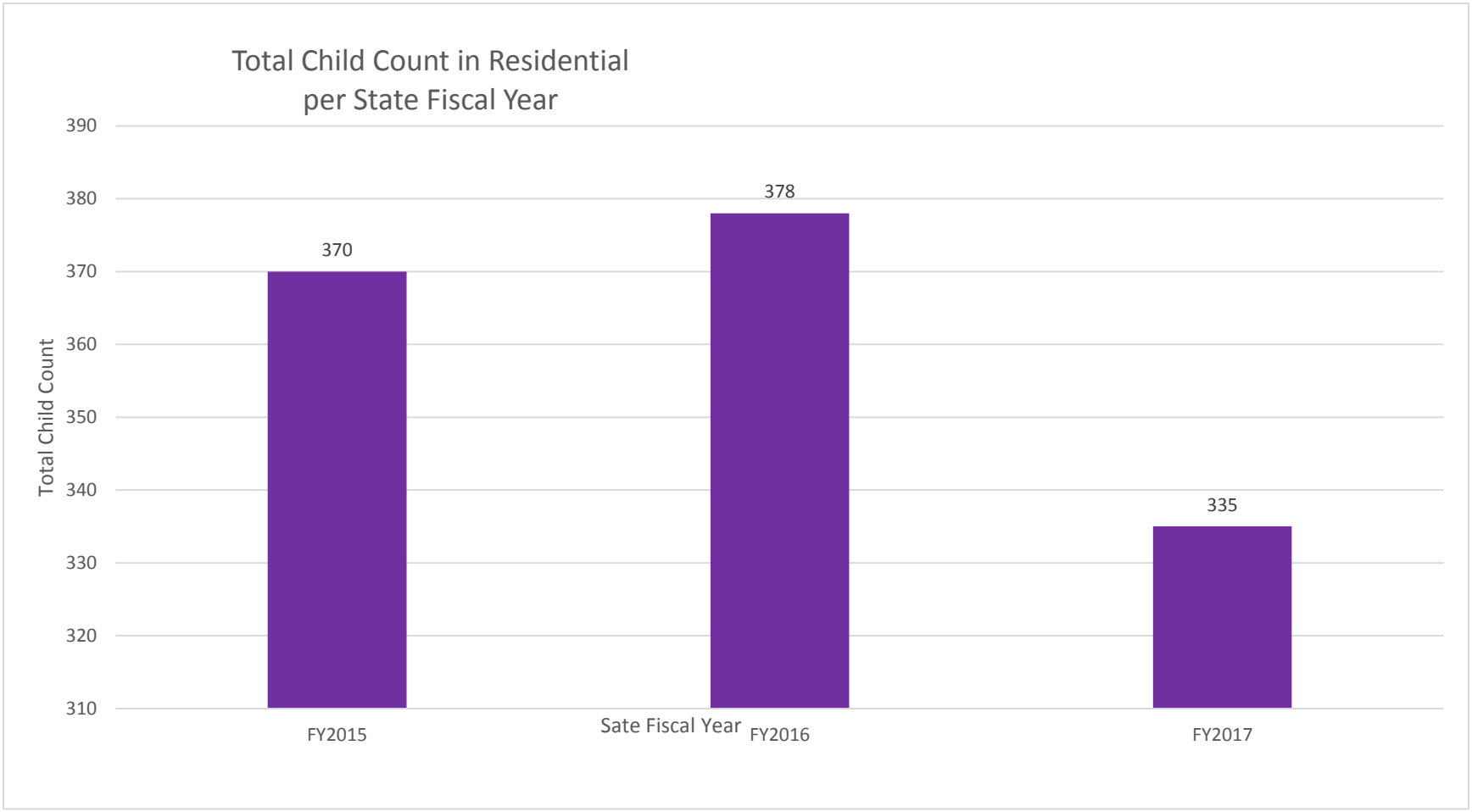
In-state/Out-of-state placements

- Regardless of location, a youth's care is monitored by the AHS placing department and the respective licensing entity.
- Some youth require specialized care afforded by programs that are out of state.
- For the majority of the youth placed out of state, the placement is in a neighboring state close to their community.

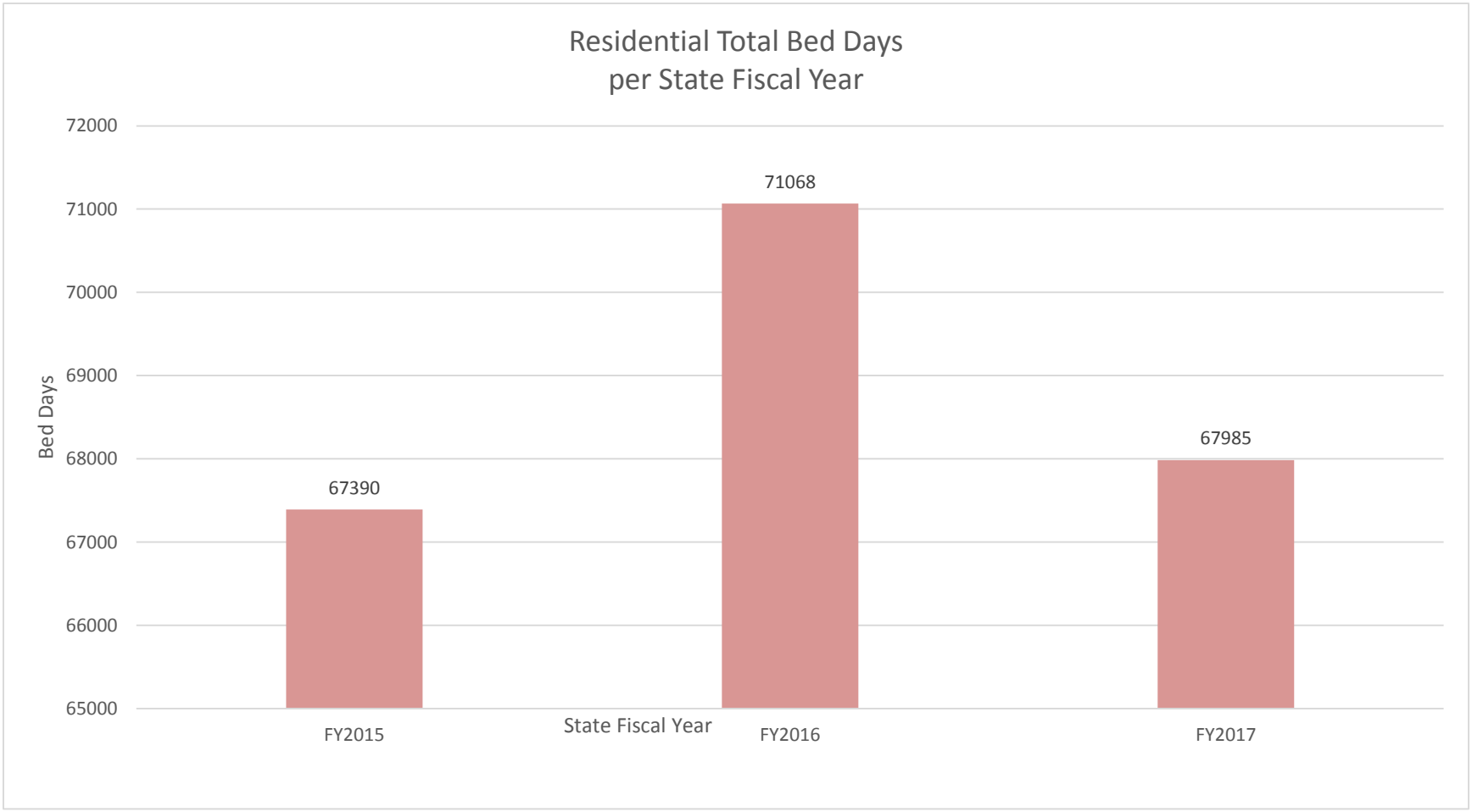
Utilization of Programs Data

- The next slides include data compiled to provide a picture of our utilization.
- The data is presented in such a way to protect confidentiality of youth.

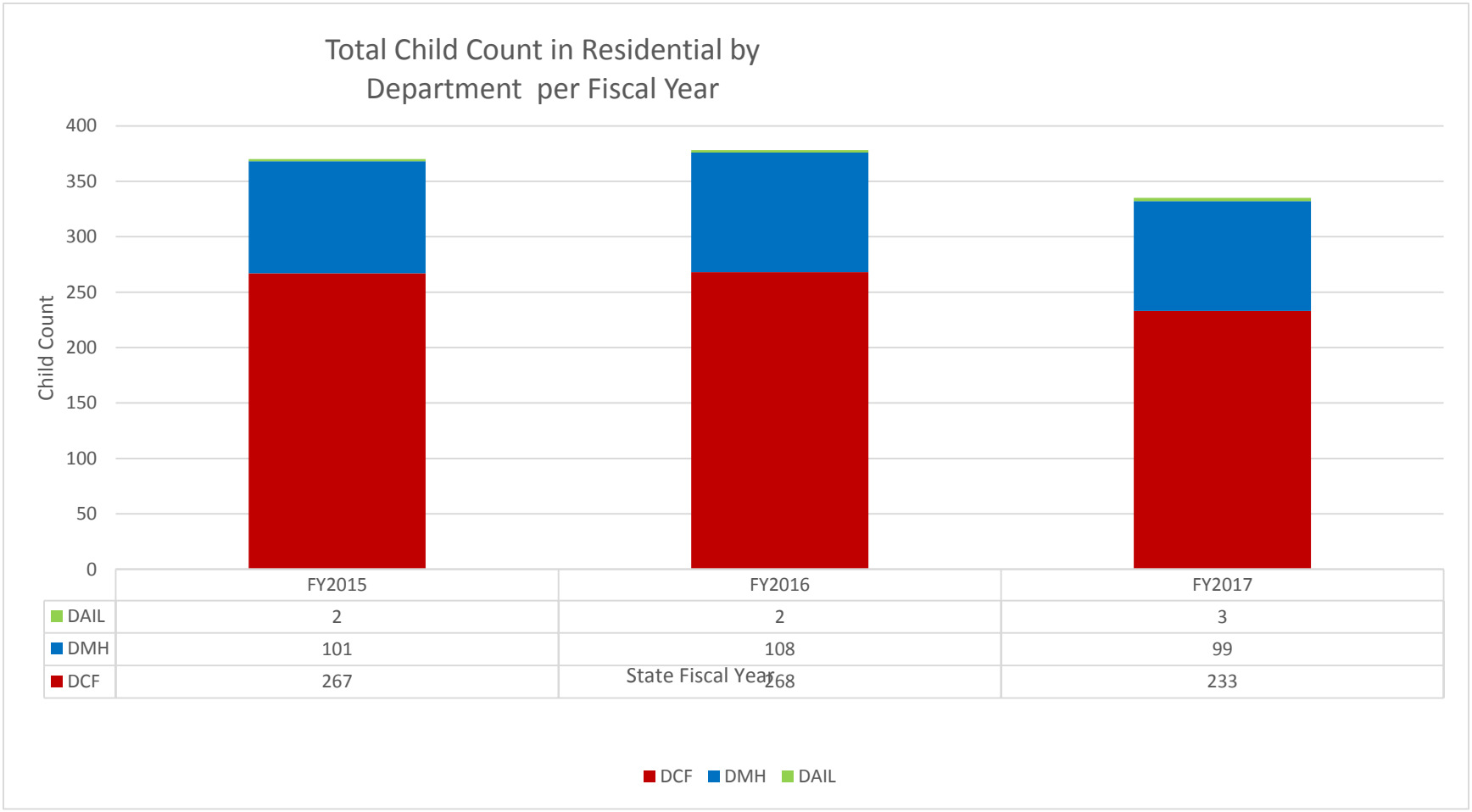
Total Child Count



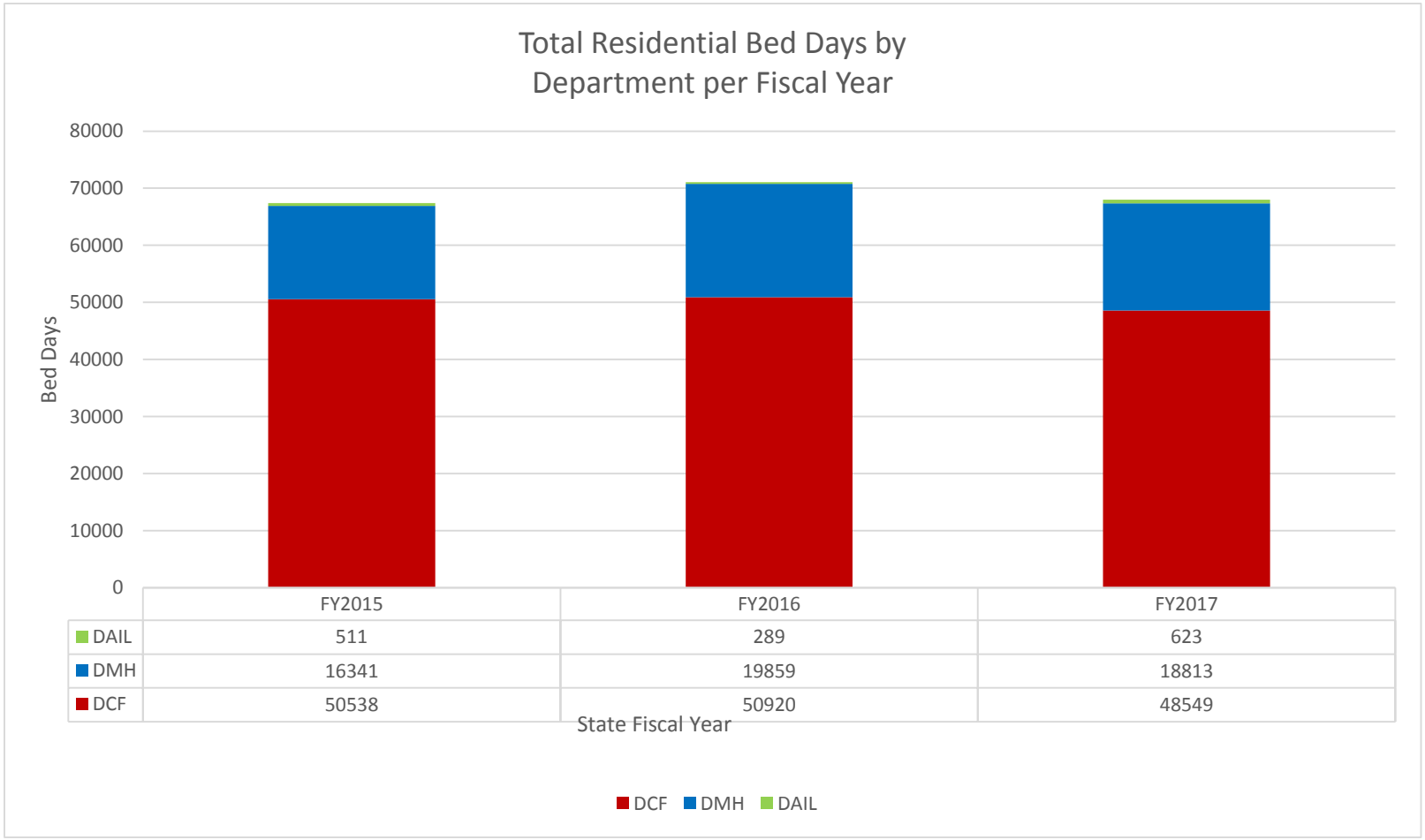
Total Bed Days



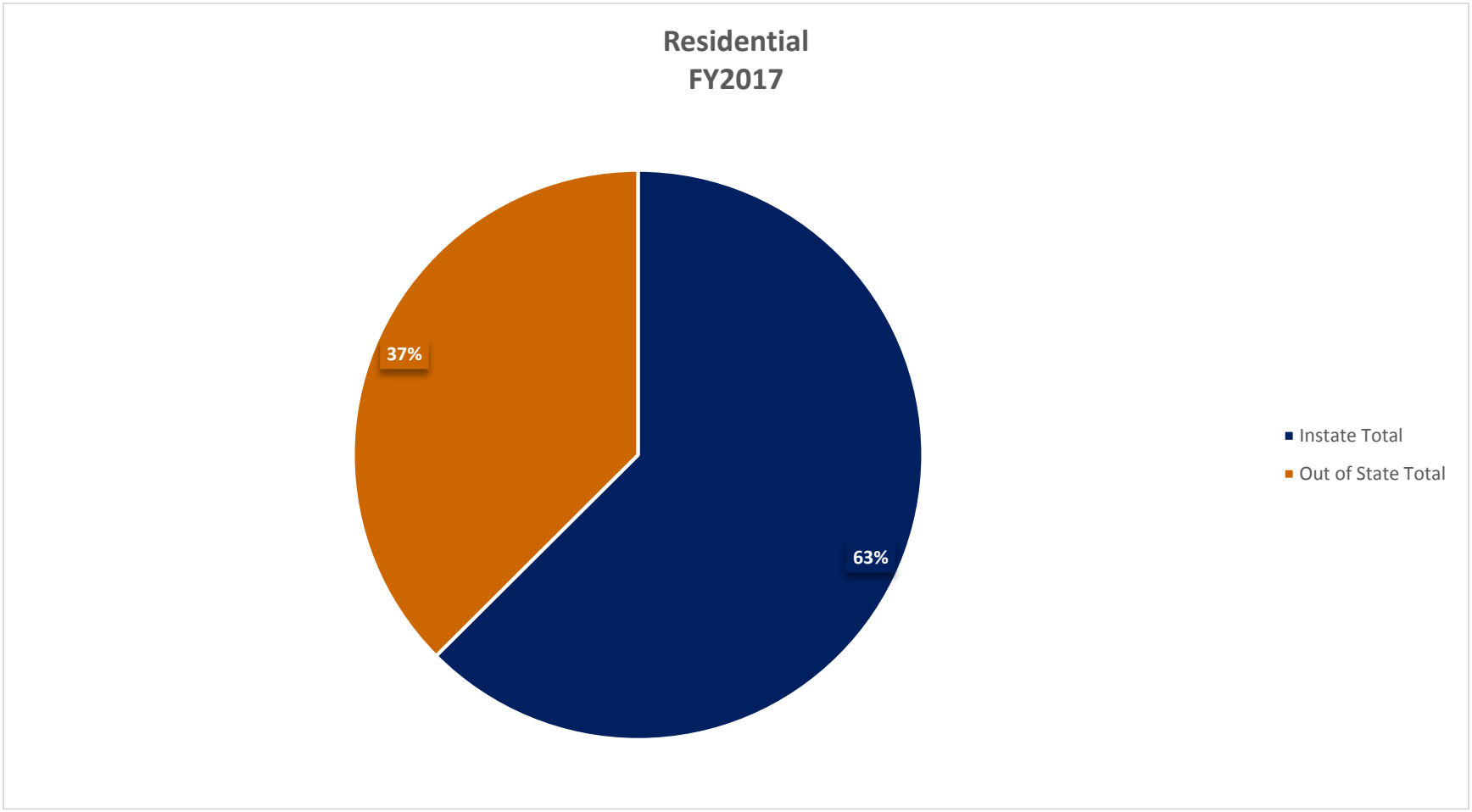
Total Child Count by AHS Dept.



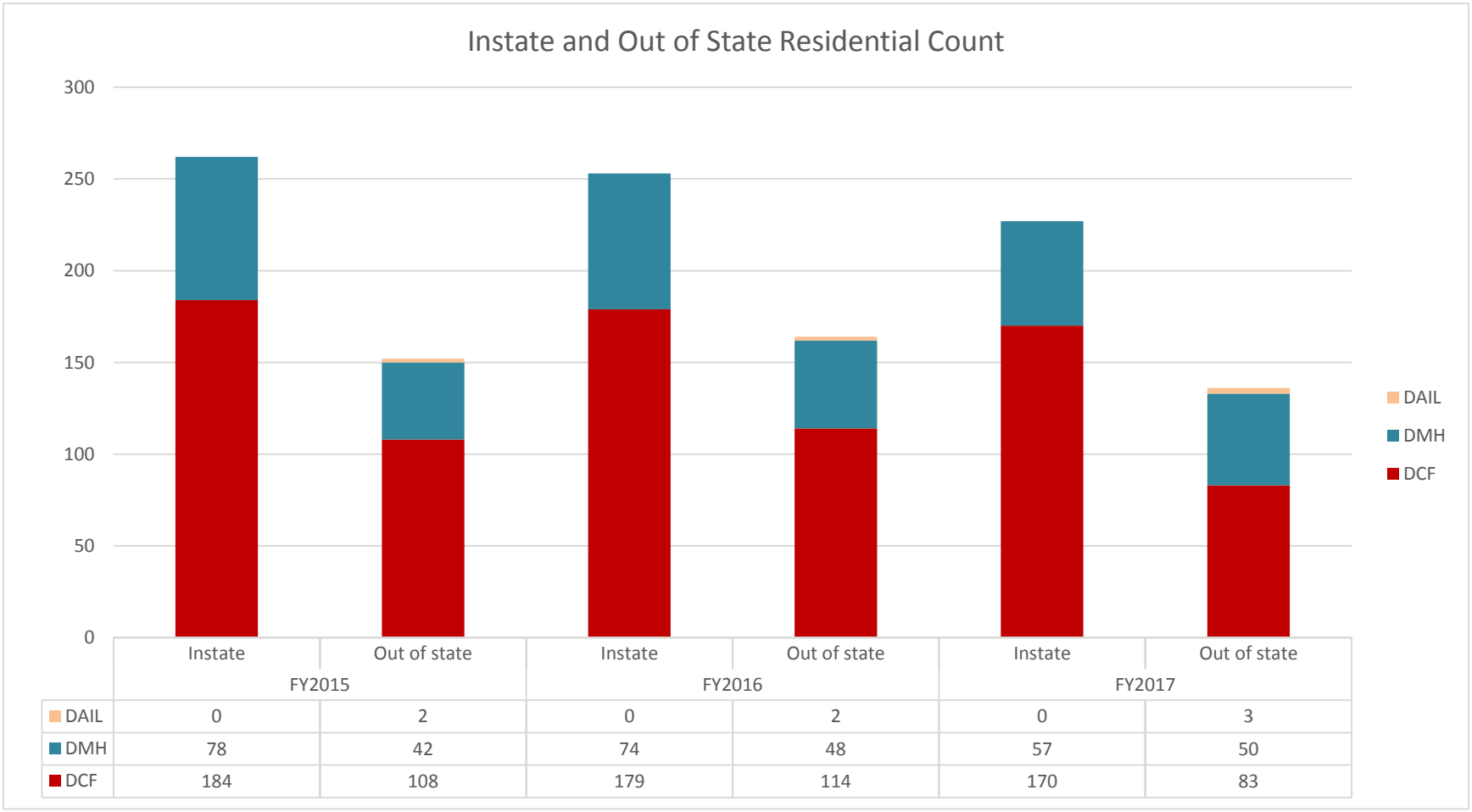
Residential Bed Days by AHS Dept.



In-state/Out of State Totals
(*Please reference report for FY2015 and FY2016 data*.)

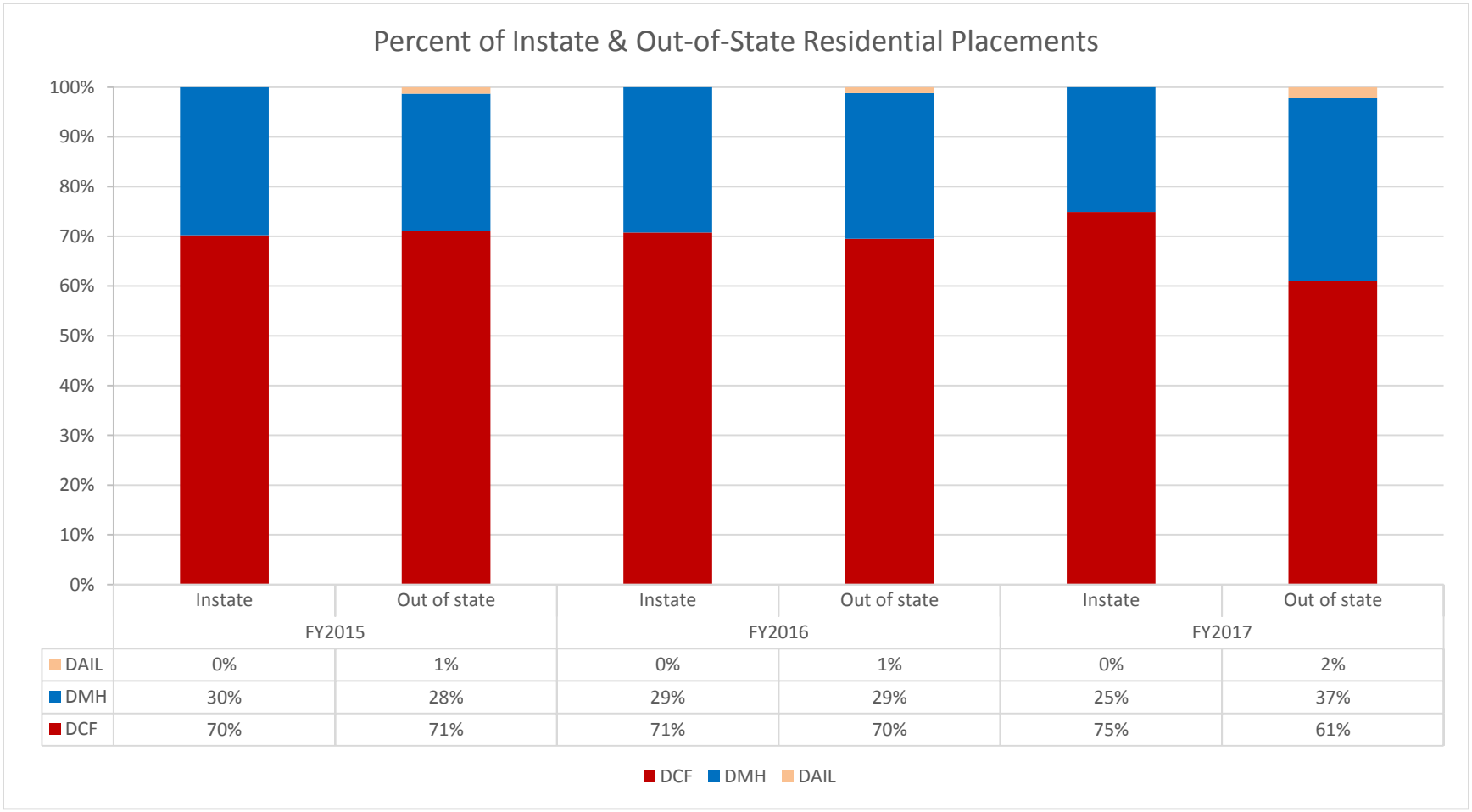


In-state/Out of State Counts



	FY2015		FY2016		FY2017	
	Instate	Out of state	Instate	Out of state	Instate	Out of state
DAIL	0	2	0	2	0	3
DMH	78	42	74	48	57	50
DCF	184	108	179	114	170	83

% of In-state/Out of state by AHS Dept.



Treatment Acuity and Totals paid to facility by department

- Please reference Attachment C included with the report.
- As is noted in the report, the VT PNMI (Private Non-Medical Institutions) payment structure poses challenges to our system:
  - Payment based on previous years' utilization.
  - This has lead to a significant number of requests for financial relief and rate adjustments.

Outcomes tracked by AHS

- Youth complete evidence based clinical measurement tool upon admission and every 6 months.
- Discharge plan in place within 30 days of placement.
- DCF's Residential Licensing and Special Investigation unit monitors and licenses facilities.
- The Turn the Curve Group exploring additional measurement tools.

Cost Effectiveness

Cost Effectiveness when applied to treating youth with complicated mental health and behavioral issues is a complex concept including:

- Program effectiveness
- Lengths of stay
- Indirect cost of social workers traveling to meet with youth
- Clinically intensive/highly supervise programs have higher daily rates
- Intensive wraps for home/community –based care can be more expensive than the daily rate of some programs.

Steps taken by AHS and the Turn the Curve Group

- Created road map for the Agency that includes steps to be taken in the following arenas:
  - Leadership
  - Fiscal/Cost and Policy
  - Systems and Interventions
  - Stakeholder Engagement
  - Accountability
  - Workforce Development

Steps taken by AHS and the Turn the Curve Group

The Turn the Curve Group Supported Northwestern Counseling and Support Services to create an intensive wrap pilot to:

- Stabilize youth at risk of needing residential placement.
- Support youth to successfully transition back to their community.

Steps taken by AHS and the Turn the Curve Group

A Request for Information (RFI) was released in late September of 2017 asking for:

- Input from communities on what is needed in their region to build up their system of care
- Ideas for ways to address current gaps in the system of care in Vermont

Changes at DCF

- Annie E. Casey Conference in the spring of 2015 presented research on congregate care
  - Vermont placing high % of youth in res. Care.
- DCF set goal (and succeeded) to reduce its substitute care budget by $1.5M in FY2017.
- Additionally, DCF invested funding to expand Becket's Support and Stabilization Program which is showing promising results.

Challenges that Lie Ahead

- The increased numbers of children in DCF custody places strain on whole system especially the number of homes where a child may be placed
- Room and Board costs will no longer be Medicaid eligible.
- Reduced regional capacity for Vermont's youth.
- PNMI funding structure

Questions