

Department of Children and Families

Riverview Hospital for Children and Youth Annual Report



*Submitted to the State Advisory Council on Children and Families
pursuant to Section 17a-32a of the Connecticut General Statutes*

February 2010

RIVERVIEW HOSPITAL FOR CHILDREN AND YOUTH

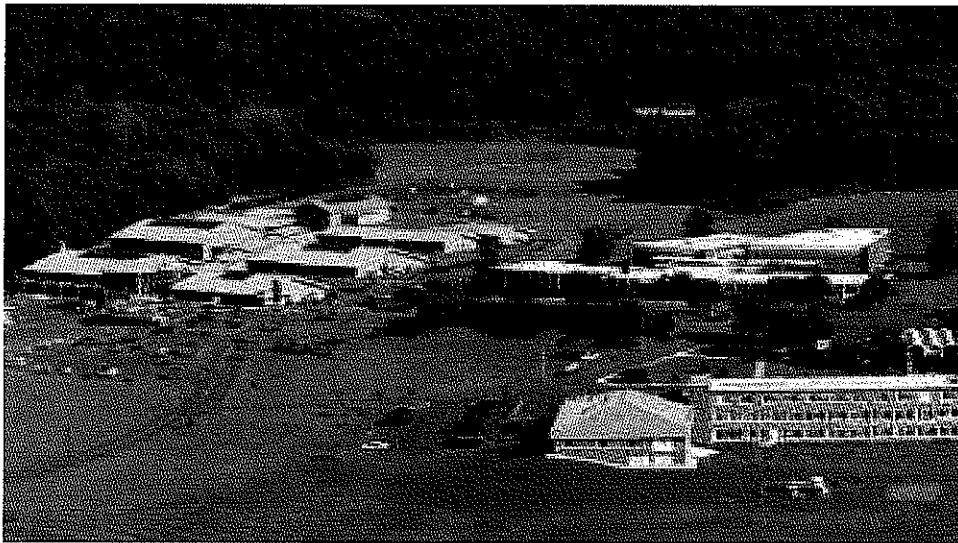
This report is submitted pursuant to Section 3 of Public Acts 09-205. The major components of the report are as follows:

- Program Overview and outcomes
- Description and updates on major initiatives
- Listing of key outcome indicators and results
- Aggregate profiles of the residents
- Cost information

OVERVIEW OF RIVERVIEW HOSPITAL FOR CHILDREN AND YOUTH.

Riverview Hospital for Children and Youth is part of the Department of Children and Families (DCF) whose mission is to protect children, strengthen families and help young people to reach their fullest potential.

The services provided at Riverview Hospital represent the most restrictive inpatient psychiatric hospital level of care within the CT service continuum and are focused on stabilization over a more prolonged period or providing specialized treatment services that cannot be provided at acute levels of inpatient care.



Riverview Hospital for Children and Youth is the only state administered psychiatric hospital for Connecticut's children who are under the age of 18. The hospital provides comprehensive care to children and adolescents with severe mental illness and related behavioral and emotional problems who cannot be safely assessed or treated in a less restrictive setting.

For more than 25 years the hospital has been a teaching and training facility. In collaboration with Yale Child Study Center and the University of Connecticut the hospital has accepted Child and Adolescent Psychiatry residents from institutions such as; Harvard, Yale, John Hopkins, Columbia and Cornell. At any given time the hospital has 6 Child and Adolescent Psychiatry Residents. In addition to psychiatry residents the hospital also provides a fellowship program for Child and Adolescent Psychology Fellows in collaboration with Yale. Internships are also provided for graduate level social work students from UConn, Southern Connecticut State University, Fordham University and Springfield College.

Riverview Hospital's mission statement:
Helping children with challenging mental health needs to live successfully in the community.

Admission criteria:

Children and youth admitted to Riverview shall:

- Be residents of Connecticut
- Receive a prior evaluation by a licensed or certified mental health professional which documents that the child
 - Suffers from a serious emotional disorder
 - Cannot possibly be safely assessed and/or treated in a less restrictive setting
 - Has a good chance of improvement in their condition by this hospitalization

Or

- Be ordered hospitalized for evaluation by the Superior Court for Juvenile Matters
- Be hospitalized in order to be restored to competency.

Whenever possible, hospitalization shall be planned and discussed with the patient and his/her parent or guardian.

Professional Services Provided

Evaluation Services:

Direct methods and procedures of evaluation vary with the clinical discipline and diagnostic considerations. For every patient, academic, language, psychiatric and psychological evaluations will rely heavily on direct interviews plus combinations of free unstructured play sessions, semi-structured interview instruments specific for the diagnostic question, structured instruments (tests), and self-ratings.

Treatment Services:

The hospital administers inpatient psychiatric treatments for children and youth consisting of:

- Milieu therapy
- Individual psychotherapy
- Group treatment
- Family therapy
- Behavioral treatments
- Rehabilitation therapy
- Psycho pharmacotherapy
- Substance abuse treatment.

Educational Services

The hospital administers its own school program which includes:

- Regular education
- Special education
- Speech and language services.

Discharge Services

Discharge planning is based on the belief that Riverview hospitalization is one phase of a child or adolescent's continuing psychiatric treatment in a system of care of which the hospital is integral, but only one component. Discharge planning commences upon admission, indicating the anticipated length of stay and disposition.

External Oversight

Riverview Hospital is a Joint Commission accredited hospital, accreditation is contingent on compliance with the over 500 standards/elements of care. These standards direct how we provide patient care; organize ourselves, quality indicators to be monitored, committee structures, and professional standards for all staff. This accreditation is reviewed every 3 years with an unannounced 2 day survey from the Joint Commission to insure compliance. The most recent site survey was Dec 7, 8, 2009.

Riverview Hospital receives oversight from the Center for Medicare and Medicaid Services (CMS) as administered by Department of Public Health, Facility Licensing and Investigation Division and Protection and Advocacy, as deemed by the federal Government. The hospital is held to compliance with the federal standards for inpatient psychiatric services, in keeping with the Children's Health Act 2000.

As a Department for Children and Families facility; Riverview also complies with all statutes and regulations for the State of Ct.

MAJOR INITIATIVES OF THE HOSPITAL

The following summary outlines activities that Riverview Hospital conducted to meet goals and objectives outlined in the Hospital Strategic Plan for 2007 - 2009. The strategic plan was redefined in the last quarters to reflect the NASPHD trauma reduction initiatives selected as focus areas by the Hospital Implementation Committee.

Some of the achievements for the hospital during the 2007 - 2009 Strategic Plan include:

- The majority of all objectives identified in the Strategic Plan were accomplished during the assigned quarters
- Development of Unit Strategic Plans and Unit Program descriptions completed
- A written curriculum for training of supervisory staff has been completed
- Increase Quality Improvement activities have been instituted throughout the hospital. These include daily reviews of all Emergency Safety Interventions, restraint reviews, clinical reviews of significant events, random chart audits for documentation of events and follow-up.
- Unit and Hospital Wide Dashboards have been developed are in use to provide data and measures of success to all staff
- The ABCD committee has developed a training model for the implementation of the revised ABCD program that includes "on the floor" coaching and mentoring for staff.
- DBT training and implementation has been completed and continues to be strengthened throughout the hospital. Scheduled for this coming year is "Train the Trainers" so that a Connecticut resource team can assist with the long-term fidelity to the model.
- Safety Plans have been integrated into all children's programming
- Communication has been enhanced through all staff meetings being held on regular basis, the development of a SharePoint home page, increased use of data at all standing committees and the establishment of discipline forums.

Riverview Hospital is now entering a new Strategic Planning period for 2009 to 2012.

The Hospital has designed its plan around the NASPHD trauma reduction initiatives six core strategies. These areas of focus are:

1. Prevention Strategies
 - a. The hospital will enhance primary prevention strategies by the utilization of comfort rooms and sensory integration, implement trauma informed care practices, implement

- revised interdisciplinary treatment plan, continue implementation of DBT, implement CPS approaches to individual children/youth treatment.
- b. The hospital will continue to enhance treatment for children by incorporating best practice approaches in behavior motivation with the revision of the ABCD Milieu program.
 - c. The hospital units will have a unit strategic plan that outlines prevention activities and reflects the larger hospital-wide plan.
2. Workforce Development
 - a. The hospital will strengthen and enhance administrative support to unit leadership by providing supervisory training, unit leadership meetings, forums for all disciplines and a mentoring program.
 - b. The hospital will expand training to improve the overall clinical care of children.
 - c. The hospital will support team and discipline development by conducting annual team building workshops
 - d. The hospital will implement strength based supervision by providing competency tools and evaluations to reflect expectations and responsibilities reflecting best practices.
 - e. The hospital will promote staff morale by recognition and appreciation of staff.
 3. Debriefing (risk prevention)
 - a. The hospital will enhance and strengthen the debriefing process for all staff and children by revising the existing debriefing training tool incorporating current best practices and improving the use of feedback from debriefing and infuse the information into treatment plans. Retraining of all current staff with annual refreshers becoming mandatory. Staff support program team members will identify areas they feel need will enhance the program for trauma stewardship.
 - b. The hospital will ensure and enhance child/youth safety by conducting regular risk and safety reviews of individual children and identifying high risk behaviors and corresponding preventive interventions.
 - c. The hospital will engage children/youth and staff in contributing to the enhancement of the hospital quality improvement program.
 4. Leadership Toward Organizational Strengthening
 - a. The hospital will strengthen communications at all levels with quarterly all staff meetings, publishing all meeting minutes and enhanced participation in all standing committee meetings.
 - b. The hospital will ensure that administrative and clinical supervision of education, nursing, clinical/medical, psychiatric and rehab staff consistently occurs.
 - c. The hospital will strengthen and enhance administrative support to unit leadership by increased administrative presence on each unit, publishing unit success in the hospital-wide newsletter and administrative assistance in the development of unit strategic plans.
 - d. The hospital will strengthen unit leadership roles, clinical/rehab roles, expectations and the lines of accountability.
 - e. The hospital will strengthen and enhance employee morale by supervision training in providing direct feedback to staff and in decision-making processes and utilizing supervision as a venue to receive staff's ideas and acknowledge the value of individual's roles at the hospital.
 5. Patient and Family Guided Care
 - a. The hospital will implement practices consistent with family driven care, appreciating and educating families by revising the mission statement to include family participation, quarterly training in related family-centered care, conducting regularly scheduled family functions and holding parent education groups at family convenient times.
 - b. The hospital will promote youth self-governance on all levels with administrative attendance at Patient Council meetings quarterly to respond to patient concerns, Patient

Council representatives more actively involved in disseminating information regarding the activities of the Patient Council and youth participating in the development of a Peer Mediation Program.

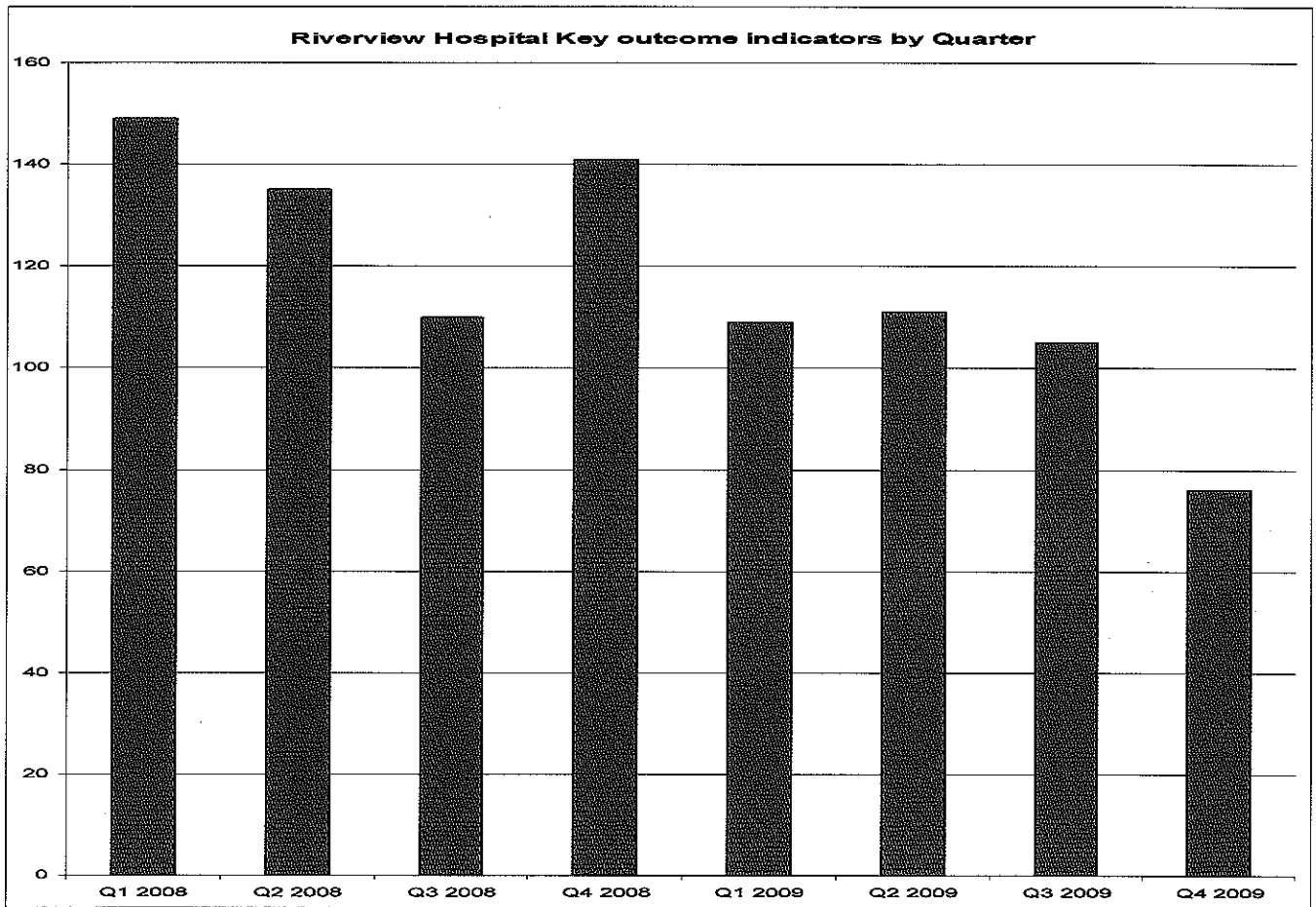
- c. The hospital will implement practices consistent with youth guided care, supporting and educating youth in regards to patient rights and self advocacy. This will include the development of patient rights groups to discuss patient rights and self-advocacy led by staff.
6. Using Data to Inform/Enhance Practice
- a. The hospital will expand the quality improvement program to involve staff at all levels by all standing committees setting quality improvement goals to address both hospital-wide and unit specific issues.
 - b. The hospital will use data to enhance the quality of patient care by developing benchmarks for key outcome indicators and share successes of outcomes.
 - c. The hospital will value and identify data as appropriate resources to inform it's practice by the use and discussion of data occurring at multiple points in the hospital, the units receiving data reports on all key indicators and unit leadership interpreting data to staff on a monthly basis.

The Riverview Hospital Strategic Plan for 2009-2012 will provide the framework for the hospital to achieve its goal of reducing restraints and seclusions by 30% over each of the next two years and to incorporate national best practices for the care and treatment of children in the state of Connecticut.

KEY OUTCOME INDICATORS FOR RIVERVIEW HOSPITAL

Riverview Hospital has an integrated Quality Improvement program which includes hospital staff from all disciplines and departments. The program identifies through the strategic plan key outcome areas that the hospital continues to monitor for enhancement of quality of care for patients. The following are nine safety risk areas that the hospital continues to develop strategies to minimize. The aggregated data is analyzed and disseminated to all hospital leadership staff on a monthly basis.

Quarterly Totals	Q1 2008	Q2 2008	Q3 2008	Q4 2008	Q1 2009	Q2 2009	Q3 2009	Q4 2009
01 Patient assaultive to another patient	17	19	14	4	13	9	16	8
01a Patient assaulted by another patient	12	7	7	4	10	6	13	7
02 Assault - patient to staff	29	24	29	32	18	18	16	15
09 Patient injured while acting out	21	14	11	24	19	9	3	3
10 Suicide gesture/attempt	5	4	3	4	3	6	0	2
10a Self Inflicted Injury	9	9	1	13	15	5	9	3
11 AWOL	1	2	4	0	1	2	0	2
23 Injury to staff while engaged in hands on	45	35	24	29	15	39	23	23
23b Injury to staff due to patient acting out	10	21	17	31	15	17	25	13
Totals	149	135	110	141	109	111	105	76

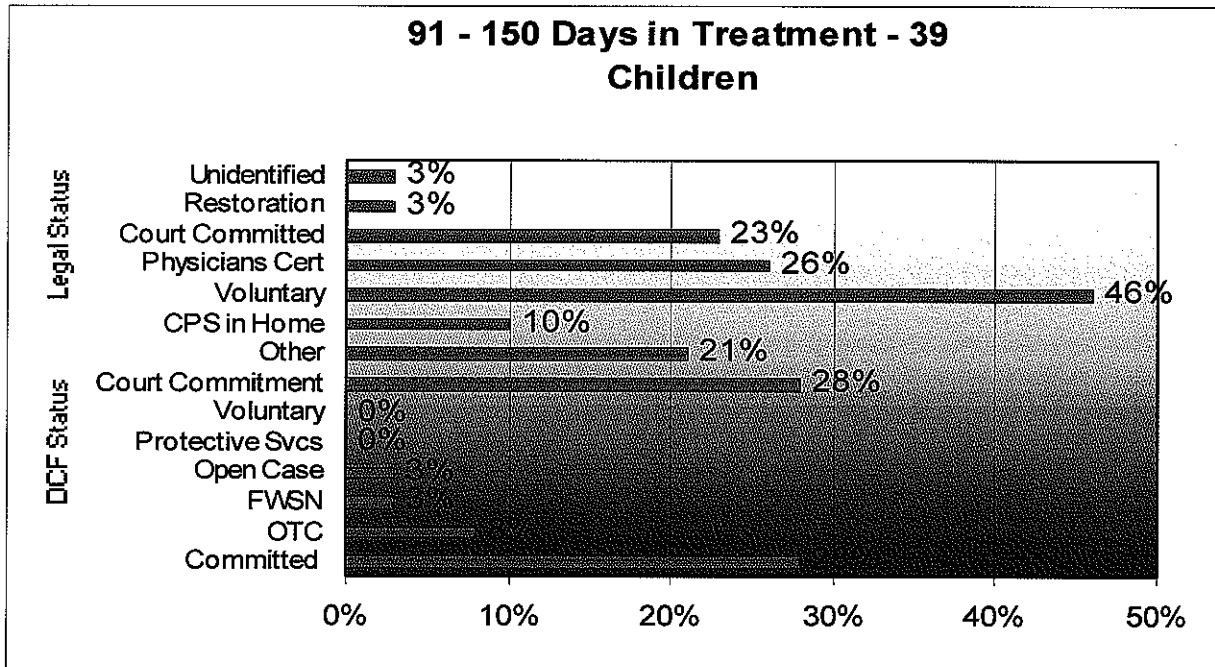
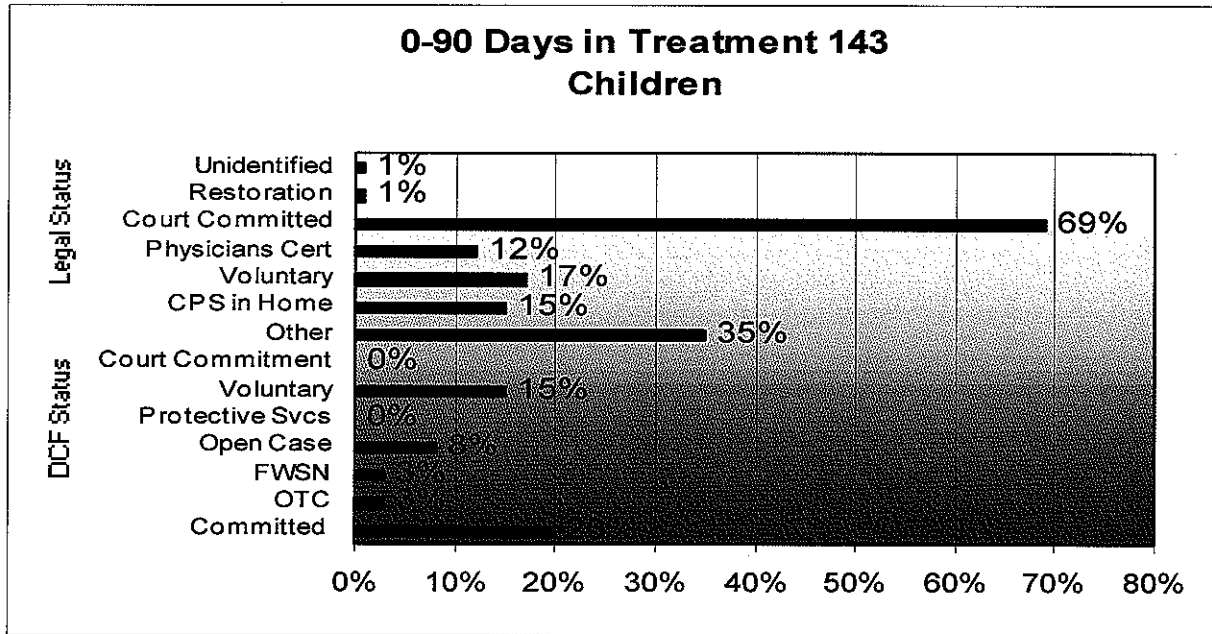


Utilization of Beds:

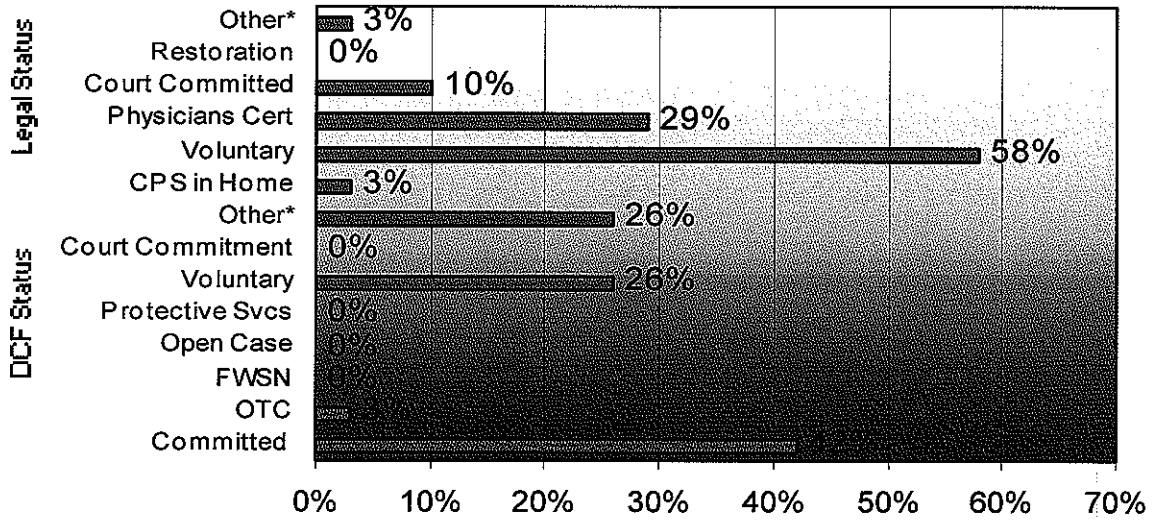
Patient utilization of beds is tracked on a daily, weekly and yearly basis. The information regarding number of patients served, discharge placement, length of stay and type of admission helps hospital administration to formulate decisions regarding current programming and future services needed. The data below represents that the hospital is increasing the number of children in the state of Connecticut who can utilize the services provided by the hospital.

NUMBER OF PATIENTS SERVED DURING FY 07-08:	236
NUMBER OF PATIENTS SERVED DURING FY 08-09:	275

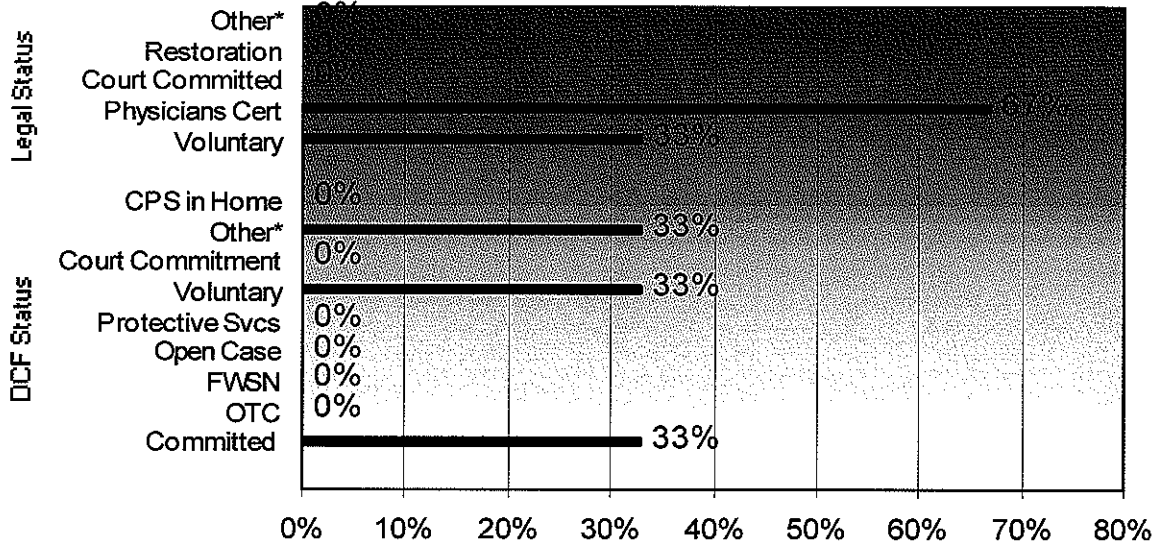
The data below represents the length of stay of children admitted during 2009, identified by their legal status and their DCF status.



151-270 Days in Treatment - 31 Children

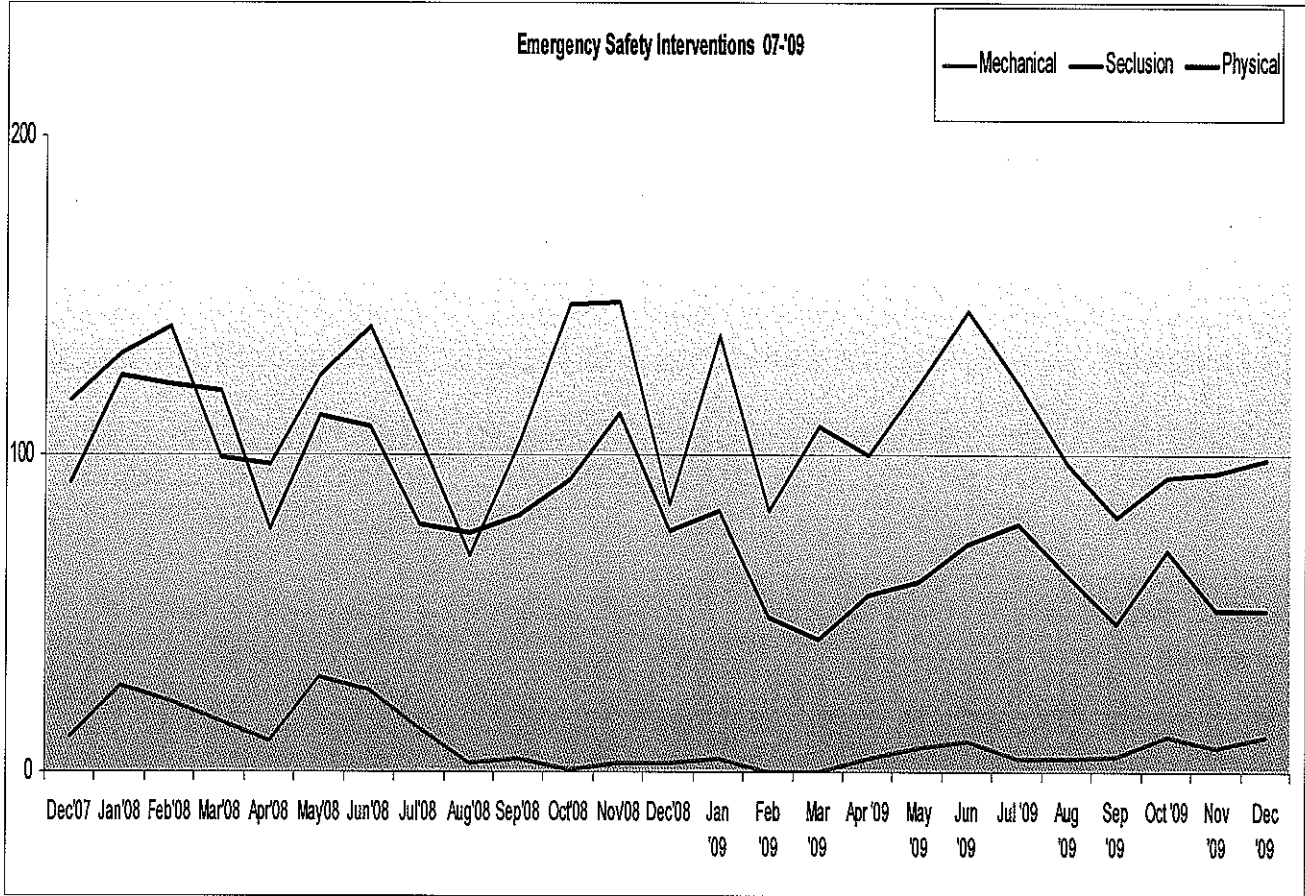


270 and Greater Days in Treatment - 3 Children



Emergency Safety Intervention data:

The chart below represents the occurrence of Emergency Safety Interventions used by hospital staff over the past two years. This time period reflects the initiation by the hospital to incorporate the principles of Trauma Informed Care, the six core strategies to reduce restraints and seclusions. As indicated in the chart below the hospital has experienced a declining trend in the number of restraints and seclusions.



AGGREGATE PROFILES OF THE RESIDENTS

AGE ON ADMISSION DURING THE TIME PERIOD OF 1/1/2009 THROUGH 12/31/2009

35% of the patients admitted to Riverview were thirteen years of age and younger.

The 14 through 17 age group represented 65% of this year's admissions.

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Total Number</u>	<u>Percentage</u>	<u>Cumulative Percent</u>
4	0	0	0	0%	0%
5	1	0	1	0%	0%
6	0	0	0	0%	0%
7	0	1	1	0%	1%
8	2	0	2	1%	2%
9	3	0	3	1%	3%
10	5	1	6	3%	6%
11	11	3	14	6%	13%
12	13	7	20	9%	22%
13	11	14	25	12%	33%
14	24	18	42	19%	53%
15	34	17	51	24%	76%
16	9	16	25	12%	88%
17	16	10	26	12%	100%
18	0	0	0	0%	100%
	129	87	216		

**GENDER AND ETHNIC BREAKDOWN OF ADMISSIONS DURING THE TIME PERIOD
OF 1/1/2009 THROUGH 12/31/2009**

Number of patients in residence on January 1, 2009	69
Number of admissions during time period 1/1/2009 through 12/31/2009	216
Number of patients served during the fiscal year	285

BY GENDER

	<u>Number</u>	<u>Percent</u>
Male Admissions	129	60%
Female Admissions	87	40%
	216	100%

BY ETHNICITY

	<u>Number</u>	<u>Percent</u>
Caucasians	88	41%
Afro-Americans	58	27%
Hispanics	59	27%
Asian	2	1%
Others	9	4%
	216	100%

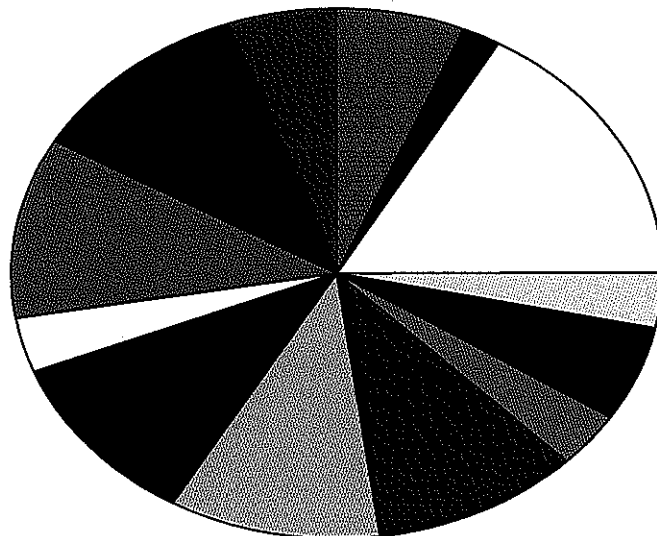
**GENDER AND ETHNICITY
ADMISSIONS**

	Male		Female		Totals	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
Caucasian	53	41	35	40	88	41
African-American	34	26	24	28	58	27
Hispanic	36	28	23	26	59	27
Asian	1	1	1	1	2	1
Other	5	4	4	5	9	4
TOTALS	129	100	87	100	216	100

**DCF OFFICE AND TOWN OF RESIDENCE OF PATIENTS ADMITTED TO
THE HOSPITAL DURING THE TIME PERIOD 1/1/2009 THROUGH 12/31/2009**

	<u># of Adm.</u>	<u>Percentage</u>
REGION 1 - Bridgeport	14	6%
REGION 2 - Danbury	4	2%
REGION 3 - Hartford	36	17%
REGION 4 - Manchester	7	3%
REGION 5 - Meriden	13	6%
REGION 6 - Middletown	7	3%
REGION 7 - New Britain	22	10%
REGION 8 - New Haven	23	11%
REGION 9 - Norwalk-Stamford	8	4%
REGION 10 - Norwich	15	7%
REGION 11 - Torrington	7	3%
REGION 12 - Waterbury	24	11%
REGION 13 - Willimantic	10	5%
REGION 14 - New Haven	14	6%
UNKNOWN OR NOT INDICATED:	<u>12</u>	6%
	216	100%

SUMMARY BY REGION

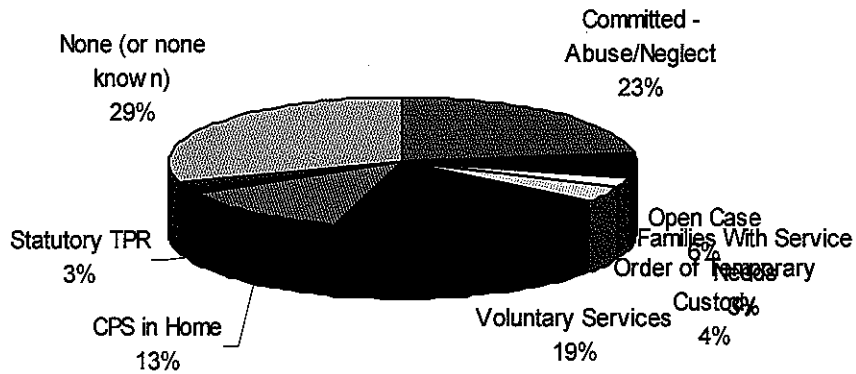


- REGION 1
- REGION 2
- REGION 3
- ▨ REGION 4
- REGION 5
- ▨ REGION 6
- REGION 7
- ▨ REGION 8
- REGION 9
- REGION 10
- ▨ REGION 11
- ▨ REGION 12
- REGION 13
- REGION 14
- UNKNOWN

**DCF STATUS UPON ADMISSION DURING
THE TIME PERIOD 1/1/2009 THROUGH 12/31/2009**

DCF STATUS:

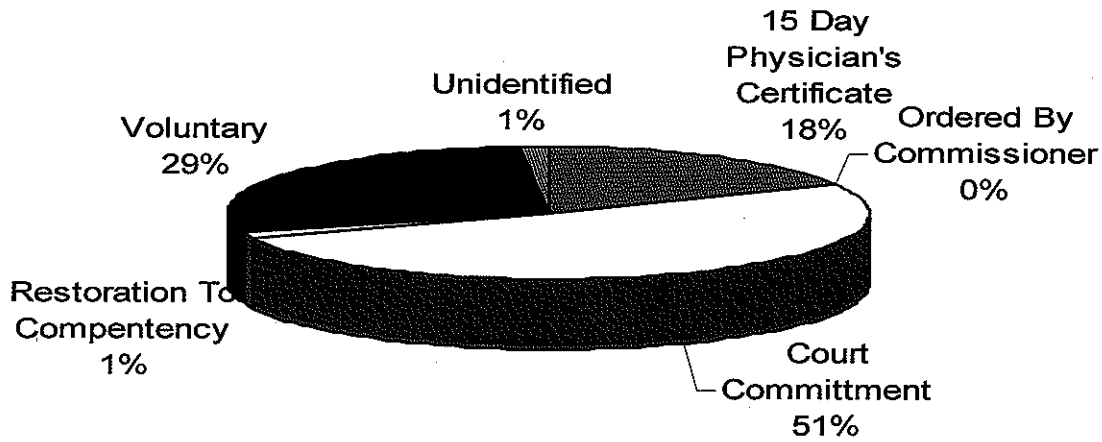
	<u>#</u>	<u>%</u>
Committed - Abuse/Neglect	49	23%
Open Case	13	6%
Families With Service Needs	6	3%
Order of Temporary Custody	8	4%
Voluntary Services	42	19%
CPS in Home	27	13%
Statutory TPR	6	3%
Total with DCF involvement:	151	
None (or none known)	65	30%
Total Admissions FY '07-'08	216	



**LEGAL STATUS FOR ADMISSION OF PATIENTS ADMITTED TO RIVERVIEW
HOSPITAL DURING THE TIME PERIOD 1/1/2009 THROUGH 12/31/2009**

STATUS UPON ADMISSION:

	Number	Percent	Court Involved	Percent
15 Day Physician's Certificate	38	18%	4	11%
Commissioner's Order	0	<1%	0	0%
Court Commitment	110	51%	103	107%
Restoration To Competency	3	1%	3	100%
Voluntary	62	29%	4	6%
Unidentified	3	1%	0	0%
	216		114	53%



**WHERE DID PATIENTS ADMITTED DURING
1/1/2009 and 12/31/2009 COME FROM**

Court/Detention	62
General Hospitals	26
Psychiatric/Residential Placement	79
Home	41
Unknown/Other	<u>8</u>
	216

**GENERAL HOSPITALS FROM WHICH
PATIENTS WERE ADMITTED**

Baystate Medical MA
CCMC
Danbury Hospital
HSR-CPES
Middlesex ED
Mt Sinai-CAPS
Spring Harbor Hospital
St. Francis Hosp ED
St. Marys ED
St. Vincents
Yale

**PSYCHIATRIC/RESIDENTIAL
PLACEMENTS
IMMEDIATELY PRIOR TO ADMISSION
TO RIVERVIEW:**

ARBOUR Hospital-Boston
Charlotte Hungerford
CHOC
Emerson Hospital
Girls FWSN Center
Hallbrooke Hospital
Hospital of St. Raphael-CPES
Insitute of Living
Kidspace, PA
Klingberg Acute
Mt St. Johns Residential
Mt. Sinai CAPS
Natchaug Hospital
St. Francis Hospital
St. Raphel's Hospital CPES
St. Vincent's Hospital
Star Shelter
Tufts Medical Center
Washington St. Detention
Westwood Lodge
Yale CPIS
YPH

**Correctional Facility placements
immediately prior to admission**

Hartford Detention
Manson Youth Inst.

COST INFORMATION

Riverview Hospital Operating Cost					
	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010 Projected as of 12/31/09
Average Census	80.3	71.5	69.6	69.3	64
Total Days of Care	29,320	26,109	25,310	25,310	23,360
Personal Services	\$24,726,915	\$25,534,755	\$27,647,357	\$29,545,452	\$27,838,361
Other Expenses	\$3,680,426	\$4,031,581	\$4,141,966	\$3,715,116	\$3,235,369
Workers' Compensation	\$2,770,764	\$2,211,239	\$2,478,652	\$1,787,238	\$2,485,603
Total DCF Cost	\$31,178,105	\$31,777,575	\$34,267,975	\$35,047,806	\$33,559,333
DCF cost per day	\$1,063.37	\$1,217.11	\$1,353.93	\$1,384.74	\$1,436.62
Annualized	\$388,131	\$444,246	\$492,497	\$505,431	\$524,365
Fringe benefits (OSC)	\$12,960,236	\$13,724,302	\$14,718,368	\$15,788,568	\$17,552,376
Grand Total Cost	\$44,138,342	\$45,501,877	\$48,986,343	\$50,836,374	\$51,111,709
Total Cost per day	\$1,505.40	\$1,742.77	\$1,935.45	\$2,008.55	\$2,188.00
Annualized	\$549,471	\$636,110	\$704,029	\$733,120	\$798,620
	18.84%	15.77%	11.06%	3.78%	8.93%

* This average per diem from the population census on the CSFR.

APPENDIX

SECTION 17a-32a OF THE CONNECTICUT GENERAL STATUTES

Sec. 17a-32a. Children's facilities' annual report to State Advisory Council on Children and Families and advisory groups. (a) The facilities that come under the jurisdiction of the Department of Children and Families, as enumerated in section 17a-32, shall submit an annual report to the State Advisory Council on Children and Families and to their respective advisory groups, established pursuant to subsection (b) of section 17a-6. The report shall include, but not be limited to: (1) Aggregate profiles of the residents; (2) a description of and update on major initiatives; (3) key outcome indicators and results; (4) costs associated with operating the facility; and (5) a description of educational, vocational and literacy programs, and behavioral, treatment and other services available to the residents and their outcomes. Each report submitted pursuant to this subsection shall be posted on the department's web site.

(b) Such advisory groups shall respond to their facility's annual report, submitted pursuant to subsection (a) of this section, and provide any recommendations for improvement or enhancement that they deem necessary.

(c) The Department of Children and Families shall serve as administrative staff of such advisory groups.

(P.A. 09-205, S. 3.)

History: P.A. 09-205 effective July 1, 2009.