



DEPARTMENT of CHILDREN and FAMILIES
Making a Difference for Children, Families and Communities



Joette Katz
 Commissioner

Dannel P. Malloy
 Governor

**Report on Department of Children and Families - Involved Children In
 Out-of-State Residential Treatment Center Placements**

02.18.2016

1. OVERVIEW:

Department of Children and Families (DCF/Department) data as of February 18, 2016, indicates that there are currently ten (10) DCF-involved children in an out-of-state Residential Treatment Center (RTC). This represents a 98% reduction in the number of DCF-involved out-of-state RTC placements since 2011.

2. DEMOGRAPHIC INFORMATION:

The gender, race/ethnicity, and age breakdowns of these children are as follows:

Gender	Count
Female	1
Male	9
Grand Total	10

Race/Ethnicity	Count
HISPANIC	2
ASIAN	2
BLACK/AFRICAN AMERICAN	3
MULTI-RACE	1
WHITE	2
Grand Total	10

Age	Count
10	1
11	1
12	1
15	1
16	2
17	1
18	1
19	1
20	1
Grand Total	10



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3. CLINICAL PRESENTATIONS

The ten youth in out-of-state treatment programs have an average length of stay of approximately 4.5 years. They present with a combination of psychiatric, developmental and medical issues.

- Three (3) of the ten youth are placed in treatment programs near family resources.
- Five (5) present with problem sexual behaviors, as well as other mental health and behavioral issues)
- Four (4) of the youth are either on the Autism Spectrum and/or have cognitive delays
- Four (4) have significant medical issues (medically complex), in addition to other significant mental health and behavioral issues
- Four (4) of the youth are described as highly impulsive
- Three (3) of the youth are described as highly aggressive
- One (1) is non-verbal
- Other mental health diagnoses include: Schizoaffective and bi-polar disorders

4. NEED ASSESSMENT and OVERSIGHT

The Department conducts an Administrative Case Review (ACR) for all children in care, including those who are placed out of state. These federally required reviews occur every 6 months, or more frequently if necessary. The intent of the ACR is to determine:

- the physical and psychological safety of the child;
- the extent of compliance with the case plan;
- the extent of progress that has been made toward alleviating or mitigating the causes necessitating DCF involvement;
- the appropriateness of the treatment setting;
- length of stay;
- the treatment and monitoring of any trauma associated with maltreatment and removal from home; and
- projected likely date by which the child may be returned to and safely maintained in the home or placed for adoption or legal guardianship.

The ACR process includes a case record review and team meeting that includes the youth, family, providers, the youth and families' attorneys. ACR reviews and meetings are conducted by Social Work Supervisors within the Office of Administrative Case Review (OACR).

In addition to the ACR, Beacon Health Options (formerly Value Options), the Administrative Services Organization, conducts telephonic out-of-state placement reviews every 90 days to determine whether the existing level of care authorization is still appropriate. The review information gathered includes: diagnoses, current risk to self and others, current impairments, treatment plan and progress, discharge planning, medications, and clinical criteria for continued stay.



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Further, pursuant to Connecticut General Statutes Section 17a - 151aa, the Department is required to visit each youth placed out-of-state "...no less frequently than every 2 months in order to assess the well-being of the child..."

5. TREATMENT LOCATIONS:

All the youth except for one is placed within the greater New England area with the majority being placed in Massachusetts and Rhode Island. The specific locations and number of children in these treatment settings are noted below:

Providers	Location	Count
Evergreen, Inc.	Milford, MA	1
Harmony Hill*	Chepachet, RI	1
Hillcrest Autism Spectrum Disorder	Lenox, MA	2
Hillcrest Highpoint	Lenox, MA	1
JRI Berkshire Meadow	Housatonic, MA	2
JRI Meadowridge / Walden	Concord, MA	1
Laurel Ridge Treatment Center*	San Antonio, TX	1
Spurwink – Casco*	Casco, ME	1
Grand Total		10

* All three youth are placed near family resources.

6. PLACEMENT CONSIDERATIONS and PLACEMENT EFFORTS:

Treatment setting decisions are made to support the clinical needs and best interest of the youth. As noted above, three of the youth are in out-of-state treatment settings near their families. Five youth (50%) are in these settings due to significant problem sexual behaviors co-occurring with other behavioral problems or cognitive challenges. Connecticut based treatment settings are always considered before out of state treatment is sought. However, at times highly specialized treatment must be secured out of state.

Some of the youth who are out-of-state are planned to be transitioned to service through Connecticut’s Department of Development Service or Department of Mental Health and Addiction Services. The Department has ongoing partnerships with our sister agencies to support planful and timely transitions of these youth and young adults into their service systems.

More detailed information about the clinical presentations, reasons for out-of-state treatment and ongoing efforts to identify in-state treatment resources can be provided by the department as needed.



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8. IN-STATE RESOURCE DEVELOPMENT

The Department’s overarching goal is to meet the treatment needs of all children without the need to send them out of state. To meet this goal select in-state residential treatment programs are ongoing partners in the discussions around how to create appropriate programming to ensure that Connecticut’s children are served in-state and bring back the children who are currently placed out of state. Further, as section 4 above notes, continuous efforts are made to assess and identify resource options within Connecticut to keep youth in state and close to families.

Over the past several years the Department has worked with Connecticut RTC providers in order to expand the array of options for youth who historically were served out-of-state. Some of the specialized congregate care programming added or being added to in-state treatment services includes:

Connecticut Provider	Population Served
Adelbrook	males and females with intellectual and developmental challenges
Boys and Girls Village	males with problem sexual behavior
Klingberg - Webster House	males and females with medical and mental health needs
CHR’s Woodbridge House	females with behavioral and psychiatric complexities and who present with highly aggressive behaviors
JRI – Susan Wayne Center for Excellence	males and females with intellectual and developmental disabilities
DOMUS House	High need JJ involved adolescent males