



# 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

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### 1. OVERVIEW:

Department of Children and Families (DCF/Department) data as of February 18, 2015, indicates that there are currently ten (10)<sup>1</sup> DCF-involved children in an out-of-state Residential Treatment Center (RTC). This represents a 96.7% 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 youth are as follows:

Gender	Count
Female	4
Male	7
<b>Grand Total</b>	<b>11</b>

Race	Count
HISPANIC	2
ASIAN	1
BLACK/AFRICAN AMERICAN	5
MULTI-RACE	1
WHITE	2
<b>Grand Total</b>	<b>11</b>

Age	Count
12	1
15	2
16	2
17	3
18	1
19	1
20	1
<b>Grand Total</b>	<b>11</b>

<sup>1</sup> It should be noted that the Department is supporting payment for an RTC in Texas for an additional youth to maintain connection with her adoptive family who lives in Texas. Thus the demographic data reflects 11 youth.



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### 3. CLINICAL PRESENTATIONS

The ten youth in out-of-state RTCs present with a complex mix of significant mental health, behavioral, and medical issues. It should be noted that the below will total more than the number of youth who are placed out-of-state as many of the them have co/multi-occurring cognitive, mental health, behavioral and medical challenges:

- Seven (7) of the youth are either on the Autism Spectrum and/or have cognitive delays
- Four (4) have significant medical issues, in addition to other mental health and behavioral issues
- Three (3) present with problem sexual behaviors, as well as other 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
- Two (2) are non-verbal
- Other mental health diagnoses include: Schizoaffective, bi-polar, and borderline personality

### 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 placement;
- the treatment and monitoring of any trauma associated with maltreatment and removal from home; and
- a 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). The OACR is under the chain of command of the Department's Chief of Quality and Planning.

In addition to the ACR, 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.

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..." As stated in the Department's policy pertaining to Out-of-State Visitation Standards (DCF Policy 36-15-1.3), the purpose of these visits is to:



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Meet with the youth;
- Meet with the assigned clinician; and



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## 5. PLACEMENT LOCATIONS:

All the youth except for one is placed within the greater New England area. The majority are placed across the border in Massachusetts. The specific locations and RTCs are noted below:

Provider/Program	Location	Count Placed
JRI, Berkshire Meadow	Housatonic, MA	2
JRI, Meadowridge/Walden School	Concord, MA	1
Becket House, East Haverhill Academy	Pike, NH	1
Spurwink Services	Casco, ME	1
Spurwink Services	Cornville, ME	1
Evergreen Center	Milford, MA	1
Hillcrest Educational Centers, Highpoint	Lenox, MA	1
Hillcrest Educational Centers, Hillcrest Center	Lenox, MA	1
Cumberland Hospital	New Kent, VA	1
	<b>GRAND TOTAL</b>	<b>10</b>

## 6. PLACEMENT CONSIDERATIONS and PLACEMENT EFFORTS:

Placement decisions are made to support the clinical needs and best interest of the youth. Two of the youth are in out-of-state placements near their families. Concerning another youth, the family, their attorney and a treating clinical expert feels that the placement has served the youth well and should remain in the placement. In fact, the DCF was informed by the treating psychologist that “Moving [the youth] from [the program] would almost certainly cause . . . substantial behavioral improvements of the last few years and may well lead to another period in [the youth’s] life where [they] experience extreme emotional upheaval and escalating behaviors.”

With respect to the other youth, challenges exist to identify a congregate care resource within Connecticut that is able to meet their complex array of needs. For example, Adelbrook can meet the needs of the youth with intellectual/development delays, but is not equipped to support significant medical needs. Klingberg’s Webster House’s therapeutic group home can meet medical needs, but not significant intellectual/developmental delays. Boys & Girls Village addresses problem sexual behaviors, but not intellectual/developmental disabilities, and currently only serves youth up to age 16. Other considerations such as the population mix at the RTC impact the ability to appropriately and effectively treat and care for the youth and can affect placements.

Some of the other issues that were identified that have impacted DCF’s ability to serve these children in Connecticut are as follows:

- Requirement of 24 hour, one-on-one or two to one supervision (i.e., two staff persons to simultaneously monitor a single youth)
- Clinical and safety issues of placement in or visits to the family home
- Connecticut providers indicate in-ability to serve the child(ren)



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- o Referred to the Family and Community Ties Program (FCT) (intensive, therapeutic foster care), however the provider has been unable to identify a family due to the youth's acuity.
- o Specialized treatment model needed by youth not available in Connecticut
- o Lack of family resources in the state for the youth

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

Some of our in-state facilities are, however, ongoing partners in the discussions around how to create appropriate programming to bring these youth back into the state. Further, as section 4 above notes, ongoing efforts are made to assess and identify resource options within Connecticut to bring youth back to state (i.e., clinical resources and permanency). For example, the Department is working collaboratively with a youth's out-of-state provider and Adelbrook to transition them to Connecticut. Representatives from Adelbrook and their behaviorist conducted a site visit to the youth's current placement to observe the youth and assess their ability to provide the level of care that is required to manage and keep the youth safe. A Continuous Residential Supports (CRS) placement is being explored for one youth. This is an apartment arrangement for 2-3 youths with high end needs. If that placement is secured, the youth will require 2:1 staffing. In another case, a former staff person from the youth's current facility has come forward as a pre-adoptive resource for the youth. The youth is in the process of visiting with the family. The intent is that the youth will transition to this home.

Some of the other 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 will partner with our sister agencies to support planful transitions of these youth and young adults into their service systems.

## 8. IN-STATE RESOURCE DEVELOPMENT

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 since 2009 includes:

Connecticut Provider	Population Served
Adelbrook	males and females with intellectual and developmental disabilities
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