



An Innovative Approach to Residential Treatment: *Shorter Stays & Better Outcomes!*

Presented by

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- Mr. John Lees has no relevant financial relationship commercial interest that could be reasonably construed as a conflict of interest.
- Ms. Pat Hunt has no relevant financial relationship commercial interest that could be reasonably construed as a conflict of interest.

Learning Objectives:

At the end of this exercise, the participant will be able to:

1. Identify elements of effective residential care
2. Understand strategies for effective partnerships when developing new approaches
3. Recognize key attributes of this model
4. Describe why data collection is critical to program sustainability
5. Understand outcomes of this approach

About the Presenter:

- **Pat Hunt** is the director of child and family resiliency services for Magellan Health Services' public sector team. She has the personal experience of parenting children and young adults with behavioral health conditions. Hunt is nationally recognized with more than 25 years of experience in advocacy and public policy. Her leadership of the parent movement in Maine assisted the state to enact landmark legislation for children, youth and their families. She has provided onsite technical assistance in 37 states helping their multiple systems identify and advance a children's public policy agenda. Her publications include work with the *National Center for Mental Health and Juvenile Justice*. Hunt's current responsibilities include ensuring that policy and practice align with and support resiliency and recovery. Prior to joining Magellan Health Services public sector team, Hunt held a seven-year senior leadership position in the Office of Policy for the National Federation of Families for Children's Mental Health. Her national efforts include providing technical assistance to system of care communities federally funded through the Comprehensive Community Mental Health Services for Children and their Families Program; serving on the steering committee for Georgetown University's Leadership Academy and as faculty to their Policy Academy. She is a past nominee for both the Robert Wood Johnson and Lewis Hine Awards for Service to Children and Youth.

About the Presenter:

- **John Lees** is a licensed social worker who has been with Magellan Behavioral Health since 2003. Lees works in Magellan's Bethlehem, Pa., Care Management Center as the child and adolescent care management supervisor overseeing the Children's Clinical Department. Lees graduated from the University of Pennsylvania School of Social Work in 2000 and prior to coming to Magellan he worked in direct care in a variety of settings including outpatient mental health, residential treatment facilities, crisis intervention and juvenile detention programs.



An Innovative Approach to Residential Treatment:

Shorter Stays & Better Outcomes!

Topics to be Covered

- Research and impetus for change
- Process of program development
- Effective aspects of our approach
- Data collection & outcomes
- Lessons/next steps

Sustainability



Who We Are

Magellan Health Services is a specialty health care management company that delivers innovative solutions in collaboration with government agencies, health plans, corporations and their members nationwide.

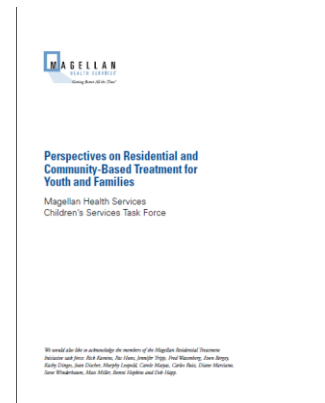
Magellan is dedicated to ensuring that children and young people with behavioral health conditions and their families receive clinically appropriate care that supports them to successfully participate in all aspects of their lives.

Our Public Sector manages publicly funded services and supports.

Background

2008 - Magellan developed a whitepaper with recommendations to guide the work of our Care Management Centers. Developing the document included:

- ▣ in depth research
- ▣ focus groups with system stakeholders (including youth, parents and referral sources)
- ▣ review of our own experiences & data



Key Components for Effective Residential Treatment

- Family Involvement
- Discharge Planning (from the beginning)
- Community Connectedness
- Services Available in the Community

Keeping Gains After Discharge

- Youth in residential treatment often make gains between admission and discharge, but many do not maintain improvement post-discharge (Burns, Hoagwood & Mrazek, 1999). Similarly, any gains made during a stay in residential treatment may not transfer well back to the youth's natural environment, creating a cycle where children are often repeatedly readmitted (Mercer, 2008).

In order to maintain gains after discharge, three common variables have been identified:

- 1. the amount of family involvement in the treatment process prior to discharge,
- 2. placement stability post-discharge, and
- 3. availability of aftercare supports for youth and their families.

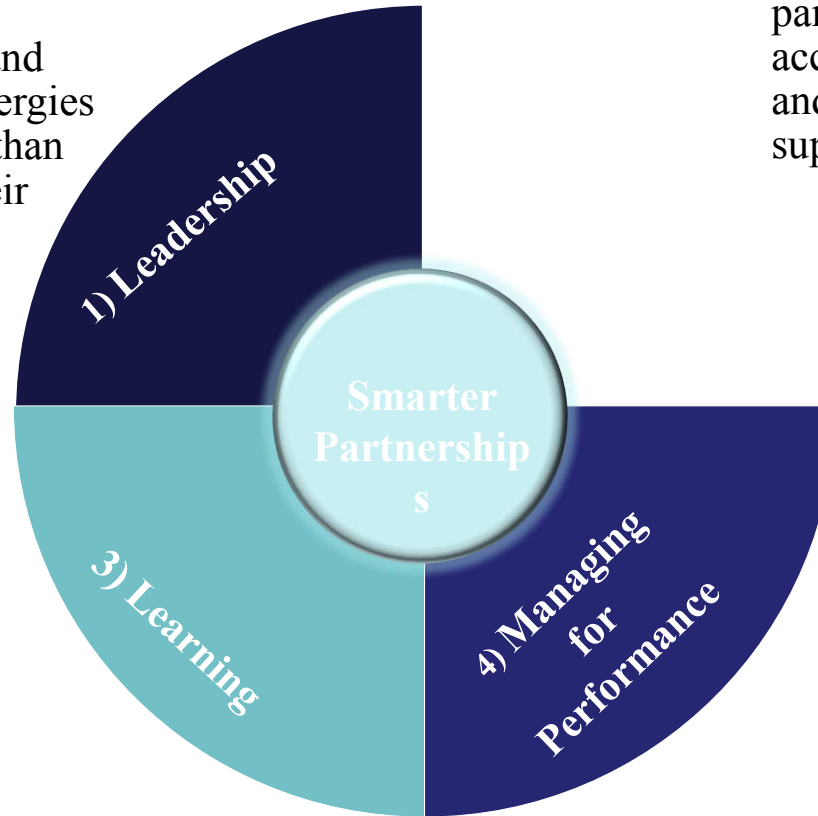
Successful Change Calls for Partnerships

- **Our Customers**
 - Full participation and support from leadership
- **Families**
 - Focus groups, roundtables, workgroups & service planning
- **Providers**
 - Shared risk taking for outcomes
- **Community Resources**
 - strengthened relationships; shared knowledge about what youth and families need

What Does that Mean?

- **1) Leadership** – where partners share a common vision and combine their energies to achieve more than they could on their own.

- **2) Trust** – Where partners are mutually accountable, share risks and rewards fairly, and support each other.



- **3) Learning** – where partners continuously seek to improve what they do in partnership.

- **4) Managing for Performance** – Where partners put in place necessary practices and resources, and manage change effectively.

Partnership toolkit designed by [EDuce Ltd](#)

Smarter Partnerships website: www.lgpartnerships.com

From Partnership to Program

- The Intensive RTF Program was implemented in May 2009 as a Pilot with MCC Warwick House, which specializes in younger children ages 6 to 13 years old. Shawnee Academy and Children's Home of Reading also implemented the Intensive model in the fall of 2009.
- **The goal of this model was to:**
 - Strengthen family involvement
 - Increase community connections during time away from home
 - Achieve high quality clinical outcomes
 - Ensure appropriate lengths of stays & effective discharge plans
 - Maintain gains after discharge from programs

The Intensive Model

- This model was developed to meet the needs of youth and community safety while simultaneously working with families and providing empirically supported treatment on an intensive level. In this model, a child or youth has a brief placement (30 to 120 days) and remains connected to the community with intensive services in place.

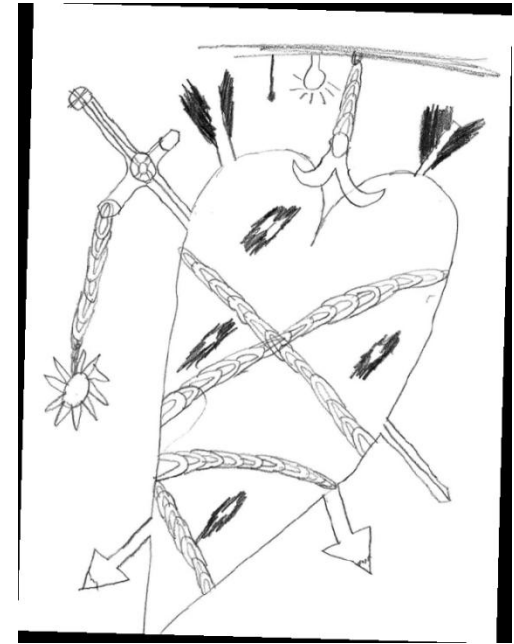
“It was nice, quicker though... I know I'm not going back... It helped me realize I need to stay home.”

- PARTICIPANT



Key Components

- Enhanced Rate
- Small Caseloads
- Family Involvement
- Keep/Increase Community Connections
- Comprehensive Discharge Planning and Post-Discharge Follow-up
- Data Collection



**“I think (the program) is a good thing because I can go back to my family sooner.”
- PARTICIPANT**

Year Two: What's Changed?

The name of this program has changed to reflect the intensive treatment children are receiving through this program.

Description	Year One	Year Two
Participating Providers	Warwick House CHOR Shawnee Academy	Warwick House, CHOR, Shawnee Academy - (ended 3/2011); KidsPeace (began 3/2011)
# of Designated Intensive RTF Beds	12	20
# of Admissions	23	34
# of Discharges	17	24
# of Providers with Sanctuary Certification	None	1- CHOR
Family Based Providers	5	6- Warwick implemented a family-based team specifically to serve children who are discharged from the Intensive RTF Program

Data Collection & Sustainability

Being able to keep new approaches calls for

- Continuous improvement
- Accountability
- Monitoring progress
- Making informed decisions without bias
- Targeted program development
- Sustainability (funding, policies, etc.)

What We Collect for Data and When

Data is collected each month during Intensive RTF stays. RTF Providers submit monthly reports to the Lehigh Valley CMC tracking the following data:

- Gender
- Age
- Custody Status
- Diagnosis
- Presenting Issues
- # of Therapy Sessions
- Specific evidence-based practices
- Community Supports
- Discharge Level of Care



... more about data

Data collected 12 months post-discharge includes:

- Ancillary contacts
- Admissions to 24-hour levels of care

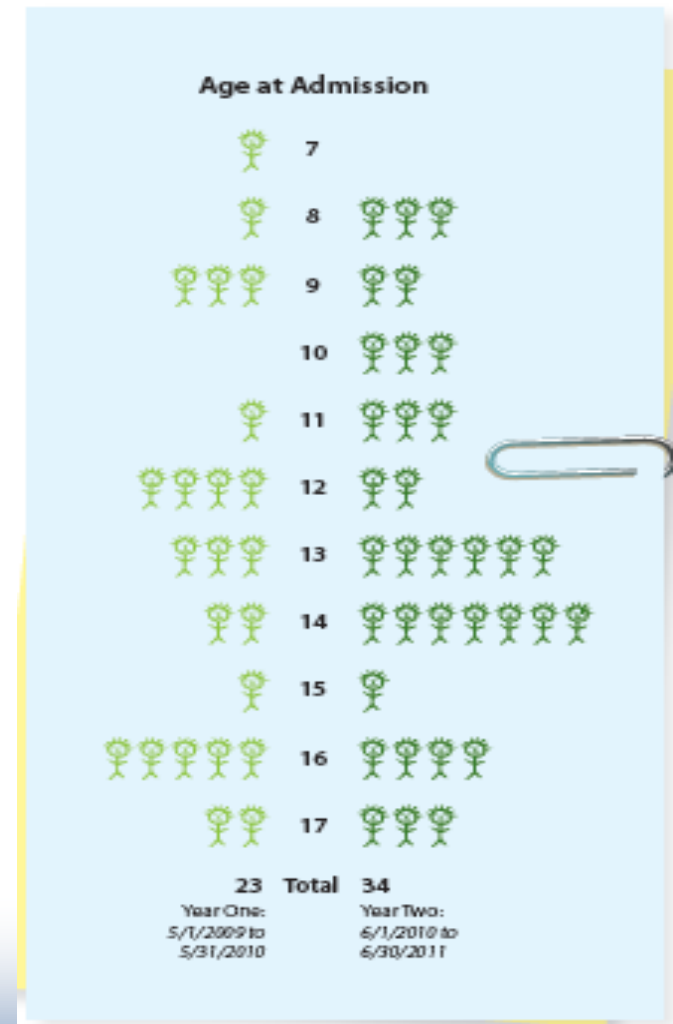
Post-discharge, Magellan tracks the following data:

- Level of Care
- Readmission
- Length of stay in Intensive RTF upon discharge
- Community resources used and their effectiveness

Age of Admission to the Intensive RTF Program

The trends in the second year of outcomes are similar to the results of the first year.

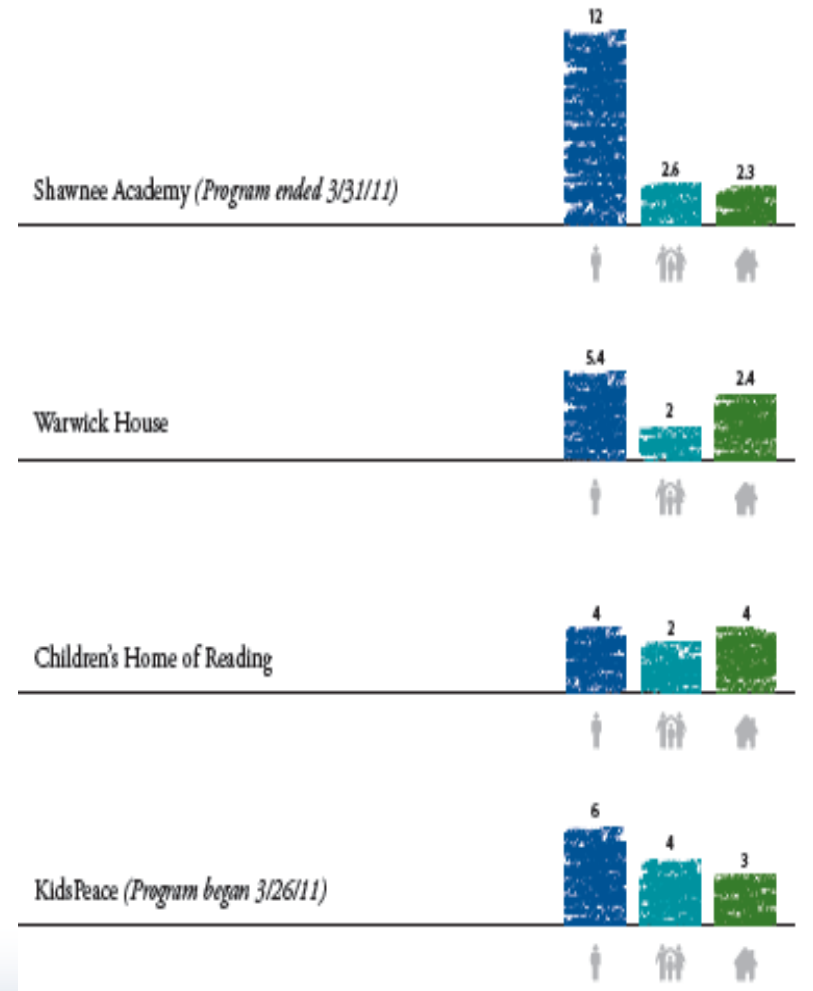
- Children under the age of 10 are less likely to be admitted into an Intensive RTF program.
- 61.9 percent of the admissions were adolescents 13 to 17 years old.
- 38.8 percent of the admissions were children 7 to 12 years old.



Treatment Summary

A vital part of the Intensive RTF Program continues to be the therapy sessions and case management, which are conducted in the home environment. The treatment team conducts family therapy sessions in the home with the child and his or her family. There also is a minimum of weekly individual therapy with the master's level clinician.

Therapy Sessions by Provider (per month)



Discharge Level of Care

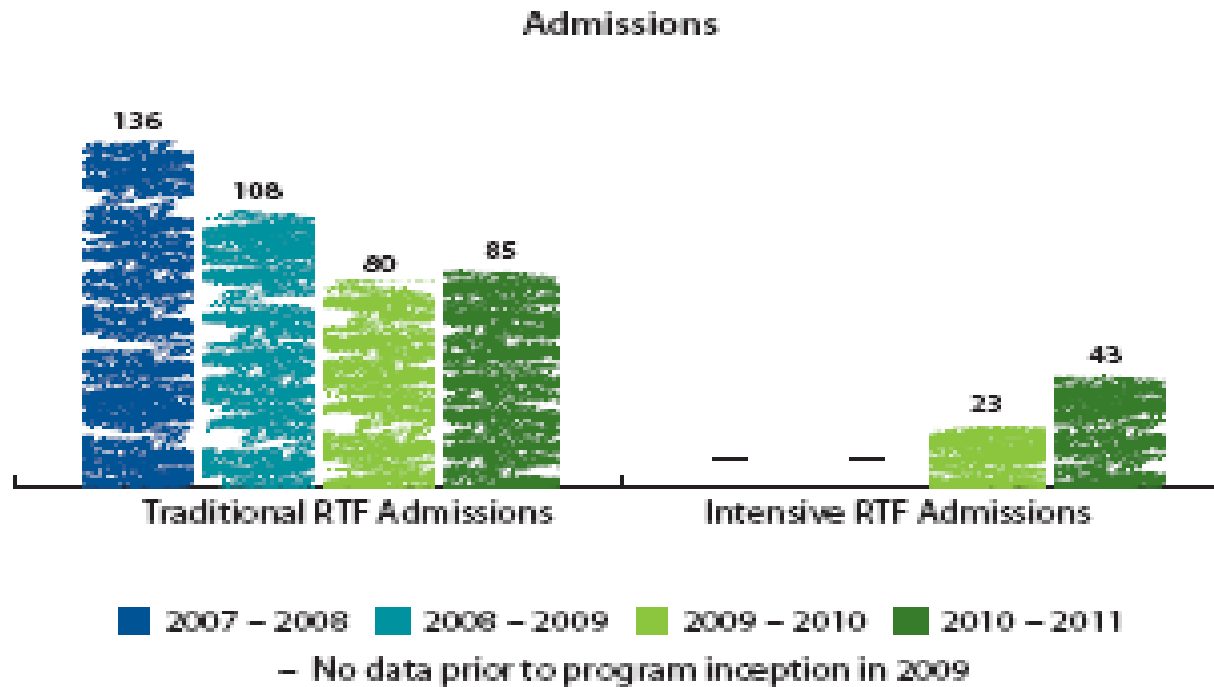
- In the first year of the program there were 17 discharges, compared with 24 discharges in the second year of the program. Throughout the first two years, 48 percent of the children were discharged to a family-based level of care.
- The family-based model closely replicates the Intensive model with a master's-level therapist and bachelor's-level case manager. A key component of the family-based model is the allowance of a 30-day overlap with RTF when the child is discharged from the RTF Program.

Discharge Level of Care (continued)

Discharge Level of Care	Year One	Year Two
Family-Based Services	9	11
Non-JCAHO RTF (Group Home)	1	5
Therapeutic Foster Care	1	2
Against Medical Advice	0	1
Outpatient Mental Health	1	1
Traditional RTF	3	1
Family Focused Solution Based Service	0	1
C&Y Shape Program	0	1
Multi Systemic Therapy	1	1
Detention	1	0
Total	17	24

Comparison of Intensive RTF with Traditional RTF

The tables below compare data for Intensive RTF with Traditional RTF programs for admissions, average length of stay and re-admissions to RTF programs. The tables provide combined data for Lehigh and Northampton counties.

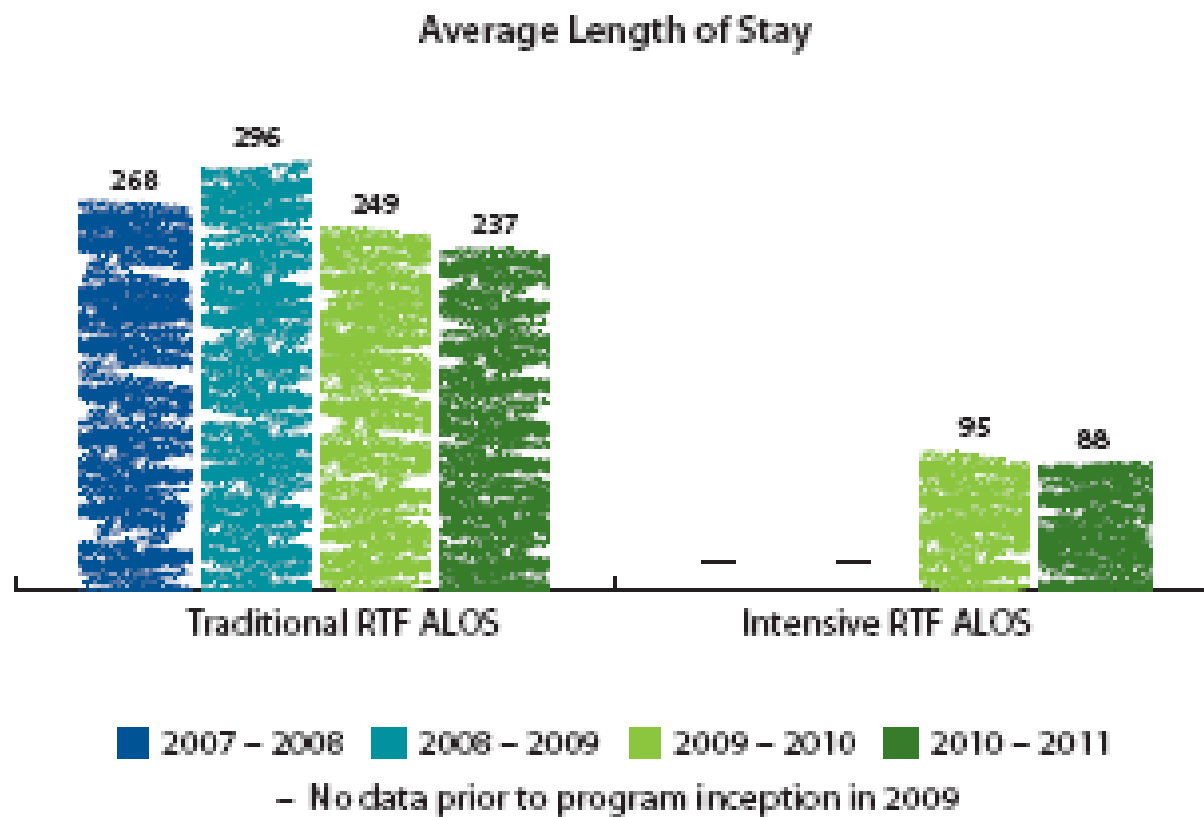


Comparison of Intensive RTF with Traditional RTF- *Readmissions*

Readmissions into RTF Programs from...	Traditional RTF Programs		Intensive RTF Programs	
	30 Days	60 Days	30 Days	60 Days
2007-2008 Contract Year	6	2	N/A	N/A
2008-2009 Contract Year	2	2	N/A	N/A
2009-2010 Contract Year	1	1	0	0
2010-2011 Contract Year	3	3	0	0

The Intensive RTF programs continue to have no re-admissions into IRTF programs.

Average Length of Stay



Presenting Issues and Challenging Behaviors

- Family Environment/Aggression toward Siblings
- Anger Management
- Parent/Child Conflict
- Self-Harm Behaviors
- Not Participating in Mental Health Treatment Plans at Home
- Verbal Aggression and Threats
- Physical/Emotional Abuse
- Domestic Violence
- Parental Mental Health Issues/Recovery

Community Supports

- School and After-School Programs
- Extended Family
- Boy Scouts
- Sports Teams
- YMCA
- Faith-based Organizations
- Dance Classes
- Art Classes
- Big Brothers/Sisters
- Firemen Organization Youth Association
- Majorettes
- Family Answers
- Supports for Developmental Disabilities (Respite)
- Support Groups
- ALATEEN
- Homework Clubs

2 Year Results

This analysis of the pre- and post- IRTF service experience has shown the following:

- *There were fewer youth admitted into an AIP level following discharge from IRTF.*
- *There were fewer total admissions into AIP level of care following discharge from IRTF.*
- *There were fewer total days spent in an AIP level of care following discharge from IRTF.*
- *There were 7 readmissions to an RTF level of care.*
- *4 of these readmissions were to NJ RTF (Group Home Setting) and 3 to Joint Commission RTF (Campus Based Setting).*
- *ZERO (0) youth returned to an IRTF Program.*

Conclusions

- Family-based services continue to be the preferred aftercare plan for children discharged from this service.
- Natural supports for the children and their families are key to a successful discharge plan.
- The average length of stay decreased and admissions increased when comparing the 2009-2010 contract year to the 2010-2011 contract year.

Next Steps

- Continue to strengthen family involvement
- Continue to electronically collect outcomes and perform post-discharge tracking.
- Require providers to identify the evidence-based practice and/or clinical best practice guidelines that are being implemented per the treatment plan.
- Expand the capacity and number of providers of Intensive RTF.
- Share the second year outcomes.
- Continue quarterly meetings with families, the program and family-based providers.
- Encourage providers to track age of onset of trauma and link with appropriate resources

Twelve Month Pre- and Post-Discharge Outcomes Report

Lehigh and Northampton Counties

As of 01/31/2012

Introduction

- In 2009, Magellan's Lehigh Valley Care Management Center, in collaboration with Lehigh and Northampton counties and local providers developed the Short Term RTF Pilot, which is now referred to as the Intensive Residential Treatment Facility program (IRTF).
- In 2011, Magellan published the Intensive Residential Treatment Facility Program Two-Year Outcomes Report. This report provided detailed findings from these programs following the first 2 years of operations.
- In 2012, Magellan sought to further analyze the outcomes and the impact of the IRTF programs, including the longer term impact of the IRTF Program in several key areas.

IRTF Discharge Data

- Total number of youth who were discharged from IRTF for 12 months or greater = 40
- Breakdown by county: 25 from Lehigh and 15 from Northampton

Total Youth Discharged from IRTF
for 12 months or greater



Lehigh County



Northampton County



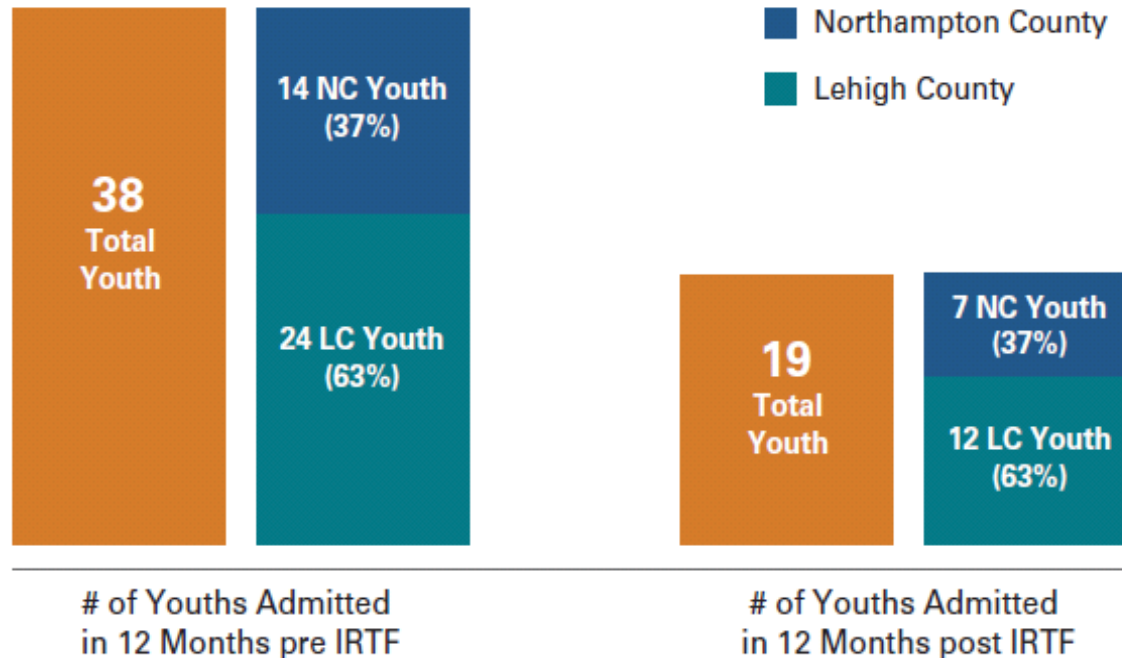
Total

Acute Inpatient Psychiatric (AIP) Outcomes Data

Total Youth- 12 months pre- and post- IRTF Discharge

- Of the 40 youth who were admitted in the IRTF Program, 38 of these youth were admitted into AIP level of care in the 12 months prior to their IRTF admission. However, only 19 of these youth were admitted into AIP level of care in the 12 months following their IRTF discharge.

Total # of Youths Admitted into AIP 12 Months pre- and post-IRTF



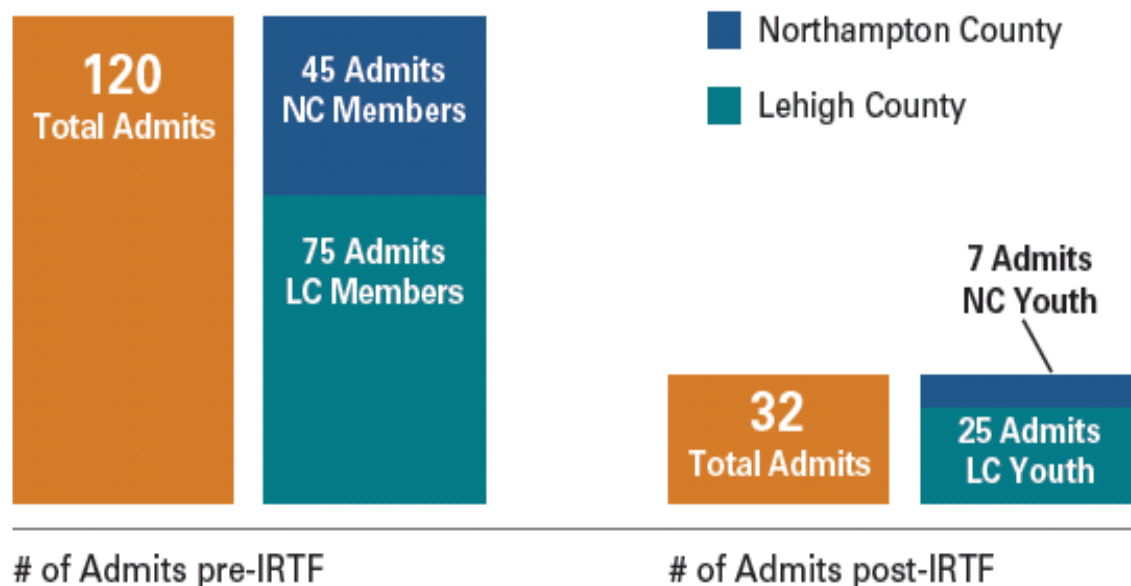
This represents a 48 percent decrease in youth being admitted into AIP post-IRTF discharge.

Acute Inpatient Psychiatric (AIP) Outcomes Data

Total Admissions- 12 months pre- and post- IRTF Discharge

- Of the 38 youth who were admitted into AIP prior to their IRTF admission, there was a total of 120 admissions. However, of the 19 youth who were admitted into AIP following their IRTF discharge, there were only 32 admissions.

Total # of Admissions into AIP 12 Months pre- and post-IRTF



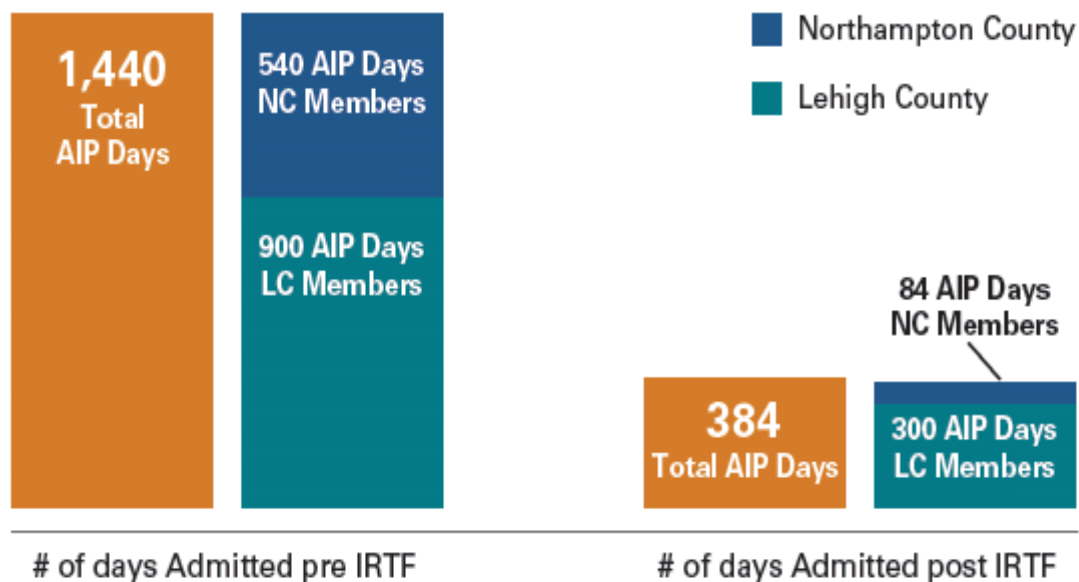
This represents a 73 percent decrease in admissions into AIP post-IRTF discharge.

Acute Inpatient Psychiatric (AIP) Outcomes Data

Total AIP Days- 12 months pre- and post- IRTF Discharge

- Of the 120 AIP admissions pre-IRTF admission, there was a total of 1,440 AIP days. However, of the 32 AIP admissions post-IRTF discharge, there were only 384 AIP days. *The total days was calculated using the AIP avg. length of stay (12 days)

Total # of AIP Days 12 months pre- and post-IRTF

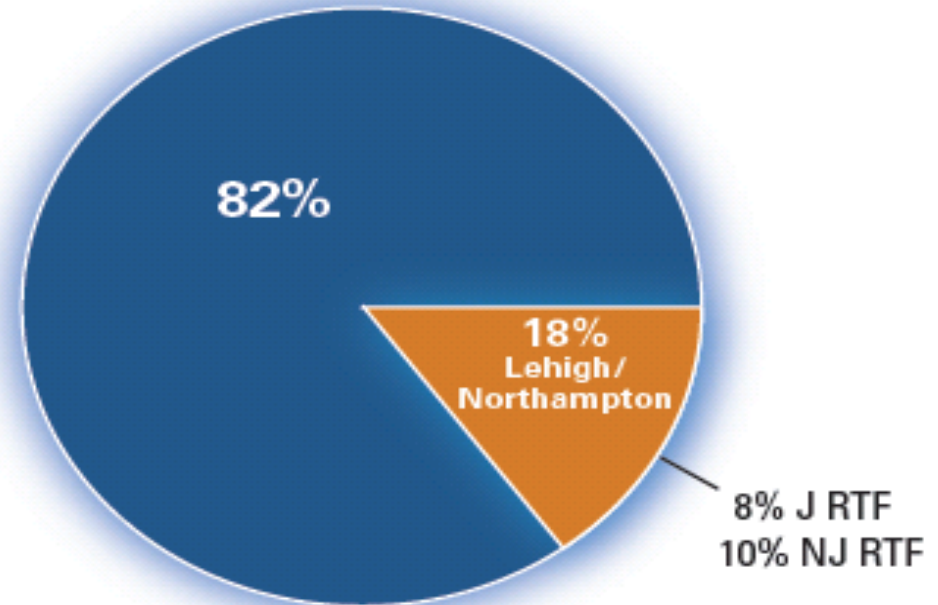


This represents a 73 percent decrease in AIP days post-IRTF discharge.

Total Youth Readmitted to Traditional Residential Treatment Facility (RTF)

12 months post-IRTF Discharge

- A total of seven youth (18 percent) were readmitted into RTF within 12 months post-IRTF discharge.
- Of the 7 youth who readmitted into an RTF level of care, 3 youth were admitted into a Joint Commission RTF (Campus Based), and 4 youth were admitted into a Non-Joint Commission RTF (Group Home).



For the year prior to admission versus the year following discharge, the number of youths who were admitted to RTF following IRTF

Total Youth Readmitted into IRTF Program

12 months post-IRTF Discharge

- Out of 40 youth who were discharged from IRTF, *none (zero percent)* were readmitted into an IRTF Program.

Total Youth Readmitted into IRTF



**0
Youth**

Members discharged from IRTF

Members Readmitted into IRTF
Following one Year

Conclusions

This analysis of the pre- and post- IRTF service experience has shown the following:

- There were *fewer youth admitted into an AIP level following discharge from IRTF.*
- There were *fewer total admissions into AIP level of care following discharge from IRTF.*
- There were *fewer total days spent in an AIP level of care following discharge from IRTF.*
- There were *7 readmissions to an RTF level of care.*
- *4 of these readmissions were to NJ RTF (Group Home Setting) and 3 to Joint Commission RTF (Campus Based Setting).*
- *ZERO (0) youth returned to an IRTF Program.*

Bibliography

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