

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Youth Rehabilitation Services**



**TRENDS IN DYRS RESIDENTIAL TREATMENT CENTER USAGE**

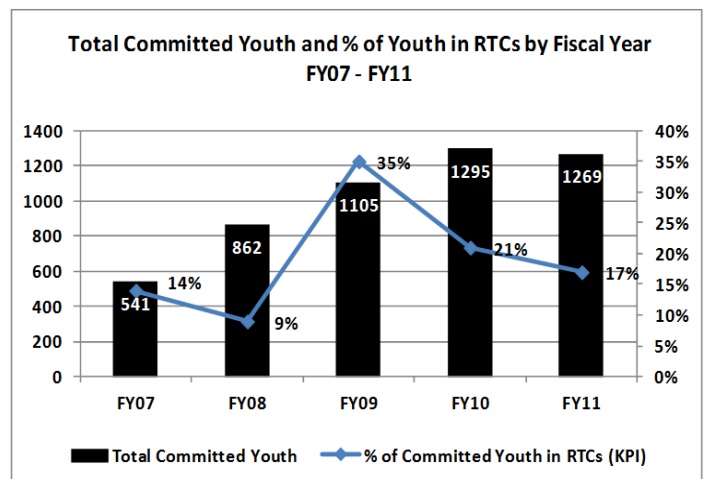
In Response to the District of Columbia's Behavioral Health Association's  
*Sensible Budget Choices: Aligning DYRS Dollars to Youth Treatment Needs*

Residential treatment centers (RTCs) and psychiatric residential treatment facilities (PRTFs) play an important role in the continuum of services at the Department of Youth Rehabilitation Services (DYRS). Serving DYRS committed youth with specific mental health, behavioral, or substance abuse needs, RTCs and PRTFs provide specialized treatment programs in a secure, structured environment.

**RTC/PRTF POPULATION STATISTICS AND TRENDS**

During FY2011, there were a total of 378 DYRS youth placed in RTCs/ PRTFs. Although this number has risen since FY2007, this upward trend primarily reflects the significant growth that has occurred in the overall DYRS committed population during that time. In FY2007, the overall DYRS committed population was 541 youth; by FY2011, this number had increased to 1,269.<sup>1</sup> This overall growth of the committed population helps explain the increase in the number of youth placed in RTCs and PRTFs.

On an average day in FY2011, 17% of DYRS committed youth were residing in an out-of-state RTC/PRTF.<sup>2</sup> This rate has decreased noticeably and consistently since FY2009, when 35% of the average daily population of committed youth were in an out-of-state RTC/PRTF. Due to this steady decline, the FY2011 levels are basically aligned with the 14% rate from FY2007.



<sup>1</sup> Population figures were obtained using DYRS' case management database and are available in the DYRS FY2011 Annual Performance Report, located at <http://dyrs.dc.gov>. On February 14, 2012, the District of Columbia Behavioral Health Association (DCBHA) released a report entitled *Sensible Choices: Aligning DYRS Dollars to Youth Treatment Needs* (DCBHA Report). In determining the DYRS population levels and the number of youth in RTCs/PRTFs between FY2007-FY2011, the DCBHA Report makes estimates based on prior DYRS Key Performance Indicator (KPI) data which reflects the number of youth newly committed to DYRS, but not the overall number of youth under the agency's supervision. These estimates inadequately reflect the significant growth that occurred in the overall committed population between FY2007 and FY2011.

<sup>2</sup> The percentage of youth in RTCs/PRTFs is reported in DYRS' KPI data, which is available to the public at <http://capstat.oca.dc.gov/PerformanceIndicators.aspx>. This figure includes only out-of-state placements because the large majority of RTCs/PRTFs are located outside the Washington, DC metropolitan area, and those that are located within the District are different from typical RTCs/PRTFs in that they largely serve youth who are awaiting placement in another secure facility or who are returning home from facilities with higher levels of supervision.

## **DYRS EXPENDITURES ON RTCs/PRTFS**

In FY2011, DYRS spent \$15.4 million on RTC/PRTF placements.<sup>3</sup> Although the agency's expenditures on RTC/PRTF placements have increased since FY2007, there is reason to believe that these amounts will stabilize going forward. Two trends are significant: (1) After several years of significant growth, the overall DYRS population remained relatively stable between FY2010 (1,295 youth) and FY2011 (1,269 youth); and (2) the rate of RTC/PRTF placements has steadily declined since FY2009. If these two trends continue, taken together they make it likely that fewer youth will be sent to RTCs/PRTFs going forward.

## **UNDERSTANDING THE BEHAVIORAL HEALTH DATA FOUND IN THE DC YOUTHLINK QUARTERLY PERFORMANCE REPORTS**

DYRS's DC YouthLink Quarterly Performance Reports detail the supports and services provided to DYRS's community-based youth through the DC YouthLink initiative. The data reflected in the Quarterly Reports are likely to under-count, not over-count, the mental health services community-based DYRS young people receive. Historical hurdles of data-sharing and uniform reporting have made it difficult for DYRS to reliably report which young people are linked to Core Service Agencies. Those young people reported in the DC YouthLink Quarterly Performance Report as receiving mental health services are only those that DYRS is able to fully verify have in fact received face-to-face services from a mental health service provider. The agency is currently in conversations with the Department of Mental Health (DMH) to ensure that *all* services afforded to DYRS committed youth are captured in the Quarterly Reports.

While the agency improves its data collection and reporting, the data that are available indicate promising growth in the community-based mental health supports youth are receiving, from 1% of DC YouthLink youth in FY2011 to 7% in FY2012.<sup>4</sup>

## **DYRS'S PLAN TO REDUCE THE RTC/PRTF POPULATION**

The mission of DYRS requires the agency to "build on the strengths of youths and their families in the least restrictive, most homelike environment consistent with public safety." In fulfillment of this mandate, the agency has a clear and unwavering preference for treating young people through community-based services rather than in institutional settings. This is why DYRS is working hard to reduce the number of young people in out-of-state residential treatment centers.

To bring more youth back to the DC area and provide them with robust community-based services, DYRS is taking the following steps:

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<sup>3</sup> The \$15.4 million reported here represents the amount of DYRS expenditures on RTC/PRTF placements, as obtained from the agency's budget and finance staff.

<sup>4</sup> Dept. of Youth Rehabilitation Services, "DC YouthLink Quarterly Performance Report, FY11 Q4." Available at <http://www.dyrs.dc.gov>

### Establishing more local options for youth

In order to safely and effectively serve young people close to their home communities, it is important that the District have the types of programs that can effectively meet these young people's needs. DYRS is taking several steps to grow that local capacity:

1. Opening of three 6-bed community based "Centers of Excellence" (COE) that can serve as local alternatives to RTCs. One of these COEs will be tailored to youth with Level II and Level III substance abuse treatment needs. The second will focus on youth with violations of their community placement agreements and at risk of RTC placement. And the third is for youth who are returning to the community from New Beginnings.
2. Elimination of "Awaiting Placement" at New Beginnings. As of March 2012, New Beginnings no longer has a unit dedicated to "Awaiting Placement" youth. This opens up to 10 new beds for programming for youth who might otherwise be sent to RTCs.
3. Expansion by DMH of the number of slots available for evidence-based programs designed to serve youth in the juvenile justice system. These include Family Functional Therapy and High Fidelity Wraparound Services.

### Ensuring that all RTC placements are fully necessary

Out-of-home, secure treatment is not appropriate for all young people. In fact, research shows that for lower risk youth, placement in an RTC can actually lead to worse public safety outcomes. For young people who do need rehabilitative interventions in a secure setting, it is generally preferable to have the young person in a facility that is close enough to their home communities that they are able to maintain in-person contact with family members and other community members. For this reason, DYRS is taking additional steps to ensure that young people sent to RTCs require that level of intervention, and that their placement is as close to home as possible. These steps include:

1. Partnership with DMH to monitor all DYRS youth placed in PRTFs and RTCs to ensure those youth are receiving the appropriate services. This monitoring agreement will also include DMH assistance with discharge planning and post-release monitoring of mental health services upon return to the community.
2. Creation of a new panel to review all applications by case managers requesting the placement of youth in an RTC.
3. Referral to New Beginnings for the DC Model Program for all youth deemed appropriate for an RTC.
4. Implementation of a new Graduated Responses system and protocol. This will expand case managers' ability to hold young people in the community accountable in real time and with real sanctions at the lowest level of non-compliance. Similarly, the rewards side of the protocol gives case managers the ability to provide youth with tangible benefits for compliance and accomplishing key goals. The Community Status Review Hearing Panel members, who determine if a youth needs to be removed from a community placement, are being trained on the

Graduated Responses system, and will evaluate requests for a higher level of restrictiveness against the case managers' following the protocols.

#### Shortening the amount of time young people stay at RTCs

While out-of-home secure placement is an appropriate intervention for some young people, the available research indicates that public safety outcomes are not improved through longer residential stays. For this reason, DYRS is implementing the following changes aimed at ensuring that youth are placed at RTCs for the shortest amount of time consistent with their rehabilitation:

1. Creation of a new panel to review all applications by case managers requesting an extension in placement of a youth in an RTC beyond 6 months.
2. Review of RTC Lengths of Stay by the Chief of Committed Services on a weekly basis.
3. Piloting of a new re-entry model with Vision Quest. This model, called "Home Quest," begins working with families at the time of placement in a Vision Quest RTC and follows the youth with intensive services and coordination when the youth returns home. The goal of this program is to halve the time a youth spends in an RTC while providing families with the tools and supports they need to allow the youth to successfully return to the community. If the pilot is successful, the agency may expand this approach to all RTCs by FY2013.

The agency believes that each of these steps will help lower the overall RTC and PRTF population, while simultaneously expanding the support services available to DYRS youth with serious mental and behavioral health needs. Through these initiatives, the agency continues its commitment to serving youth in the least restrictive, most homelike environment consistent with public safety.