Caring for Alaska’s Children and Youth in Out-of-Home Behavioral Health Care
Agenda

8:30 – 8:45  Registration
8:45 – 9:00  Welcome; agenda; objectives
9:00 – 9:20  Keynote: Steve Williams
9:20 – 10:00 Settings and costs
10:00 – 10:15 Break
10:30 – 12:15 Overview; TFC
12:15 – 1:00 Lunch
1:00 – 2:00  Residential BRS; Acute Care
2:00 – 2:15  Break
2:15 – 3:15  Residential Psychiatric Tx
3:15 – 4:30  Group discussions; Next steps
About 20% of the audience is on the phone

In-person Participants

When asking a question or making a comment: Introduce yourself (name and organization) and use the microphone.

Teleconference Participants

Put call on mute and do not place the call on hold.

All

Silence cell phones.
Today’s Objectives

1. Learn about the children living in out-of-home behavioral health care.

2. Understand how the implementation of the Bring the Kids Home initiative shapes our current services and how implementation of the 1115 waiver will change services.

3. Identify ways to improve the current system of care to achieve better outcomes for children in out-of-home behavioral health care.
Bring the Kids Home Initiative: A brief history

Source: Alaska Department of Health & Social Services, Division of Behavioral Health
Bring the Kids Home

“I just feel like with every resource that we have available to us, why don’t we have this here? Why?”
“How do we raise our children and teach them the values and the love that we want them to grow up with if they’re in an institution?”

Parent quotes from Channel 11
“Breaking the Cycle” on BTKH 2009
Bring the Kids Home Initiative: Primary Goals

1. **Significantly reduce the numbers of children and youth in out-of-state care** and ensure future use of out-of-state facilities is minimum.

2. **Build the capacity within Alaska** to serve children with all intensities of need.

3. **Develop an integrated, seamless system** that will serve children in the most culturally competent, least restrictive setting, and as close to home as possible.
Bring the Kids Home Initiative: Key Strategies

1. **Building capacity** for lower levels of nonresidential care across the state.

2. Expanding **care coordination**

3. Addressing systemic **funding gaps**

4. **Improved monitoring** of system access, outcomes and service utilization.

5. **Organize needed resources and assistance** for children and families

6. Develop and maintain a skilled in-state **behavioral health work force**
Bring the Kids Home Initiative: Outcomes

![Graph showing outcomes](image)

**Youth Served in RPTC**
(includes youth admitted a previous year)

- **Out-of-State**
- **In-State**
- **Total**

**Percent Change**

- **Overall Trend:** Youth Served in RPTC (in-state and out-of-state): 1033 to 623 youth = 39.5% decrease
- **Youth Served in Out-of-State RPTC:** 749 to 192 = 74.4% decrease
- **Youth Served in In-State RPTC:** 139 to 431 = 210% increase

Source: Alaska Department of Health & Social Services, Division of Behavioral Health
“Developing in-state capacity for children with severe disturbances is only a partial solution… The state must invest in earlier interventions for children and families to keep problems from becoming severe.”

-Alaska Department of Health & Social Services 2007 (Bring the Kids Home Three-Year Update)
Service Settings
Services for Children and Youth in Out-of-Home Care Behavioral Health Care

- Therapeutic Foster Care
- Residential Behavioral Rehabilitation Services
- Residential Psychiatric Treatment Facility

Children may receive more than one of these services, depending on need.
Therapeutic Foster Care (TFC)

- Agency-supervised, private family homes
- Care for children or youth with significant emotional or behavioral problems.
- Parents have specialized training to provide individualized, structured services.
- Many parents specialize in one area.
- Homes are managed by behavioral health agencies.
Therapeutic Foster Care (TFC)

Northern (Nome)
Presbyterian Hospitality House (1)

Interior (Fairbanks)
Family Centered Services (9)
Presbyterian Hospitality House (10)

Southcentral + Kenai
AK Child and Family (44)
Denali Family Services (57)
Hope Community Resources (14)
Family Centered Services (5)
Kenai Peninsula Counseling Center (3)
Presbyterian Hospitality House (26)
The Arc of Anchorage (5)

Southeast
Akeela (5)
Community Connections (17)
Juneau Youth Services (5)
Wil la Mootk Counseling (9)
Residential Youth Care (5)
Youth Advocates of Sitka (7)

Statewide Total
222 Homes
485 Beds
Residential Behavioral Rehabilitation Services (BRS)

- Treat psychosocial, emotional, + behavioral disorders
- Three service levels address a range of symptoms + behaviors
  - Level II: Emergency Assessment and Stabilization
  - Level III: Residential Treatment
  - Level IV: Residential Diagnostic Treatment
- Always includes family/post-discharge placement unless clinically inappropriate
- Types of services offered: case management, therapeutic behavioral health care, support, and medication administration
Residential Behavioral Rehabilitation Services (BRS)

**Northern**
Nome Community Center
Maniilaq Association

**Interior (Fairbanks)**
Presbyterian Hospitality House

**Southwest**
Yukon Kuskokwim Health Corporation

**Southeast**
Juneau Youth Services
Residential Youth Care
Youth Advocates of Sitka

**Southcentral + Kenai**
Alaska Baptist Family Services
Providence Health & Services
Presbyterian Hospitality House
Kenai Peninsula Community Care Center
Acute Care Services

- Emergency care for children and youth at imminent risk of harm to themselves or others.
- Main goal is to stabilize symptoms.
- Length of care is 0 to 30 days.
- Acute care is provided at psychiatric facilities or in general hospital inpatient settings.
- Data presented today for psychiatric facilities covers North Star Acute Care and Alaska Psychiatric Institute (API).
- Data presented today for general hospital settings only covers Bartlett Regional Hospital, Fairbanks Memorial Hospital and Providence Alaska Medical Center, Anchorage.
NOTE
All general hospitals provide acute care as possible. The ones noted here are those included in the data set.
Residential Psychiatric Treatment Facility (RPTF)

- RPTF’s serve children and youth who
  - Exhibit more serious and destructive behaviors,
  - Have been identified as having more intensive needs, and/or
  - Need a more structured setting with psychiatric services available and/or a more accurate diagnosis.
- Provide highly structured, campus-based, long-term programs for children.
Residential Psychiatric Treatment Facilities

Southcentral (Anchorage + Palmer):
AK Child & Family
Providence Health & Services
The Alpine Academy (North Star)
The Summit (North Star)

Total In-State Capacity = 120 beds

20 Out-of-State Facilities Used in FY 18
Data notes …

• Data comes from the following sources:
  • Alaska Medicaid Management Information System, FY 15-18
  • Qualis Health, FY 16-18
  • Office of Children’s Services, FY 16-18

• Data
  • Racial groups with less than 10% are grouped with Other or Unknown Race
  • General hospital inpatient data reflects only 3 facilities: Fairbanks Memorial, Bartlett Regional + Providence-Anchorage.
  • Data related to types of services may be duplicated as some children receive more than one type of service.
Data Labels …

Simplified for the purpose of this presentation

• AK Native = AK Native/American Indian
• Children = Children and youth
• Out-of-home care = Out-of-home behavioral health care
In which settings are children in out-of-home care living?

What is the cost?
Medicaid Recipients in Out-of-Home Care
FY 15-18

FY 15: 1791
FY 16: 1777
FY 17: 1884
FY 18: 2074

Increase of 283
Medicaid Recipients by Setting
FY 15-18

- **Acute Care**
  - FY 2015: 37%
  - FY 2016: 40%
  - FY 2017: 42%
  - FY 2018: 40%

- **Therapeutic Foster Care**
  - FY 2015: 28%
  - FY 2016: 27%
  - FY 2017: 27%
  - FY 2018: 31%

- **Residential Psychiatric Treatment Facility**
  - FY 2015: 20%
  - FY 2016: 20%
  - FY 2017: 19%
  - FY 2018: 18%

- **Residential Behavioral Rehabilitation Services**
  - FY 2015: 15%
  - FY 2016: 14%
  - FY 2017: 13%
  - FY 2018: 11%

Medicaid Data

**FY 2015**: n=2319
**FY 2016**: n=2304
**FY 2017**: n=2424
**FY 2018**: n=2609
Rate of Medicaid Recipients: Acute Care Details
FY 15-18

All Acute Care

North Star Acute Care

General Hospital – Inpatient

Alaska Psychiatric Institute

FY 2015: n=2319
FY 2016: n=2304
FY 2017: n=2424
FY 2018: n=2609

Medicaid Data
Rate of Medicaid Recipients: Acute Care Details
FY 15-18

All Acute Care

- FY 2015: 37%
- FY 2016: 40%
- FY 2017: 42%
- FY 2018: 40%

North Star Acute Care

- FY 2015: 24%
- FY 2016: 25%
- FY 2017: 23%
- FY 2018: 21%

General Hospital – Inpatient

- FY 2015: 8%
- FY 2016: 9%
- FY 2017: 14%
- FY 2018: 15%

Alaska Psychiatric Institute

- FY 2015: 5%
- FY 2016: 5%
- FY 2017: 4%
- FY 2018: 4%

Medicaid Data

FY 2015: n=2319
FY 2016: n=2304
FY 2017: n=2424
FY 2018: n=2609
Settings and Costs

- Is it surprising that there are more children and youth in out-of-home placements now than in FY15? Why or why not?
- What are the drivers behind the increases in therapeutic foster care and general hospital inpatient care utilization?
- What are the drivers behind the decreases in other levels of service?
- Are these the changes we want to see?
BREAK
Who are the children + youth in out-of-home behavioral health care?
Gender of Children in Out-of-Home Care
FY 15-18

- **Female**: n=3468, 46%
- **Male**: n=4058, 54%

4-Year Average By Setting

- **Therapeutic Foster Care**
  - Female: 41%
  - Male: 59%

- **Residential BRS**
  - Female: 45%
  - Male: 55%

- **RPTF**
  - Female: 45%
  - Male: 55%

- **All Acute Care**
  - Female: 52%
  - Male: 48%

Count

- 2015: Female 972, Male 819
- 2016: Female 948, Male 829
- 2017: Female 1022, Male 862
- 2018: Female 1116, Male 958
Age Ranges of Children in Out-of-Home Care
FY 15-18

Four Year Average

<table>
<thead>
<tr>
<th>Age Range</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-7 years</td>
<td>143</td>
<td>123</td>
<td>205</td>
<td>208</td>
</tr>
<tr>
<td>8-12 years</td>
<td>204</td>
<td>230</td>
<td>242</td>
<td>268</td>
</tr>
<tr>
<td>13-17 years</td>
<td>325</td>
<td>348</td>
<td>353</td>
<td>366</td>
</tr>
<tr>
<td>18+ years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By Year

- 13 – 17 years
  - 2015: 1119
  - 2016: 1076
  - 2017: 1084
  - 2018: 1232

- 8 – 12 years
  - 2015: 325
  - 2016: 348
  - 2017: 353
  - 2018: 366

- 0 – 7 years
  - 2015: 143
  - 2016: 123
  - 2017: 205
  - 2018: 208

- 18+ years
  - 2015: 204
  - 2016: 230
  - 2017: 242
  - 2018: 268

n=1791, 1777, 1884, 2074

Medicaid Data
Age and Setting of Children in Out-of-Home Care
FY 15-18: Four-Year Average

Therapeutic Foster Care*

- 0-12 years: 34%
- 13-17 years: 57%
- 18-20 years: 9%

Residential BRS*

- 0-12 years: 13%
- 13-17 years: 79%
- 18-20 years: 8%

RPTC

- 0-7 years: 1%
- 8-12 years: 18%
- 13-17 years: 76%
- 18-20 years: 5%

Acute Care

- 0-7 years: 10%
- 8-12 years: 20%
- 13-17 years: 54%
- 18-20 years: 16%

* Breakdown of 1-12 age group not available
Race of Children in Out-of-Home Care by Setting
FY 15-18: Four-Year Average

- **Acute Care**
  - AK Native: 42%
  - Multi-Racial: 12%
  - Other/Unknown: 13%
  - White: 34%
  - n=3619

- **RPTF**
  - AK Native: 34%
  - Multi-Racial: 11%
  - Other/Unknown: 13%
  - White: 42%
  - n=1845

- **Residential BRS**
  - AK Native: 48%
  - Multi-Racial: 11%
  - Other/Unknown: 9%
  - White: 32%
  - n=1257

- **Therapeutic Foster Care**
  - AK Native: 50%
  - Multi-Racial: 13%
  - Other/Unknown: 9%
  - White: 28%
  - n=2716

Medicaid Data
Race of Children in Out-of-Home Care, FY 18
Compared to Total Child Population in Alaska, July 2017

- AK Native: 43%
- Multi-Racial: 11%
- Other or Unknown Race: 13%
- White: 33%

FY 18 Medicaid Recipients in Out-of-Home Care: 20%
Alaskans 0-19 by Race as of July 2017: 55%

n = 2074
n = 206,448

Medicaid Data
Allegations of Abuse among Children in RPTF and Acute Care FY 15 to FY 18

Office of Children’s Services Data

Counts of Allegations

<table>
<thead>
<tr>
<th>Range</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>306</td>
</tr>
<tr>
<td>2</td>
<td>249</td>
</tr>
<tr>
<td>3</td>
<td>246</td>
</tr>
<tr>
<td>4</td>
<td>212</td>
</tr>
<tr>
<td>5</td>
<td>186</td>
</tr>
<tr>
<td>6 to 10</td>
<td>619</td>
</tr>
<tr>
<td>11 to 20</td>
<td>595</td>
</tr>
<tr>
<td>21 to 30</td>
<td>147</td>
</tr>
<tr>
<td>31 to 40</td>
<td>31</td>
</tr>
<tr>
<td>Over 41</td>
<td>5</td>
</tr>
</tbody>
</table>

Rates and Types of Substantiated Allegations

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>52%</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>21%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>17%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>9%</td>
</tr>
</tbody>
</table>

85% of children receiving residential psychiatric treatment or acute services have had one or more allegations of abuse.

Office of Children’s Services Data
Children in Out-of-Home Care

• What are the causes of the over-representation of Alaska Native children in out-of-home care?

• Given that 85% of children in out-of-home care have had an allegation of abuse, what are the barriers to earlier intervention?

• What are the barriers to increasing capacity to serve young children in residential settings in Alaska?
Children Receiving Therapeutic Foster Care Services
Unique Medicaid Recipients
FY 15-18

Increase of 162

FY 15: 647
FY 16: 617
FY 17: 643
FY 18: 809

Medicaid Data
Demographics
FY 15-18, Four-Year Average

Gender
- Male: 59%
- Female: 41%

Race
- White: 28%
- Other/Unknown: 9%
- Multi-Racial: 13%
- AK Native: 50%

Age
- 18+ years: 13%
- 13-17 years: 60%
- 8-12 years: 18%
- 0-7 years: 9%

Medicaid Data
Therapeutic Foster Care

- Can existing therapeutic foster homes meet the need for services across Alaska?

- Which region(s) are most in need of more TFC services?

- Do providers have the right specializations for the population? (young children, cognitively impaired, etc.)

- Do you think families and service providers, including private providers know how to find TFC services?
Residential Behavioral Rehabilitation Services
Unique Medicaid Recipients
FY 15-18

- FY 15: 341
- FY 16: 318
- FY 17: 304
- FY 18: 294

Decrease of 47

Medicaid Data
Medicaid Payments
FY15-18 (data rounded)
Demographics
FY 15-18, 4-Year Average

Gender
- Male: 55%
- Female: 45%

Race
- AK Native: 48%
- Multi-Racial: 11%
- Other/Unknown: 9%
- White: 32%

Age
- 18-20 years: 8%
- 13-17 years: 79%
- 0-12 years: 13%
Residential Behavioral Rehabilitation Services (BRS)

- Statewide, is there sufficient supply of BRS services to meet demand?
- Which region(s) are most in need of more BRS services?
- Do you think families and service providers know who to call for BRS services?
- The residential BRS program is serving fewer children. Is this beneficial, or not, to the out-of-home care continuum?
Acute Care
Unique Medicaid Recipients

<table>
<thead>
<tr>
<th>Year</th>
<th>Unique Medicaid Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 15</td>
<td>802</td>
</tr>
<tr>
<td>FY 16</td>
<td>860</td>
</tr>
<tr>
<td>FY 17</td>
<td>956</td>
</tr>
<tr>
<td>FY 18</td>
<td>1001</td>
</tr>
</tbody>
</table>

Increase of 199
Acute Care Details

All Acute Care

North Star Acute Care

General Hospital – Inpatient

Alaska Psychiatric Institute

FY 2015  n=2319
FY 2016  n=2304
FY 2017  n=2424
FY 2018  n=2609

Medicaid Data
Unique Medicaid Recipients by Provider
FY 15 – FY 18

North Star Acute Care

General Hospital In-Patient

Alaska Psychiatric Institute

FY 15  FY 16  FY 17  FY 18

112  124  108  103

556  576  556  546

197  214  346  400

Medicaid Data
Medicaid Payments
FY 15 – FY 18

Total Medicaid Payments

North Star Acute Care

General Hospital – Inpatient

Alaska Psychiatric Institute

Medicaid Data
Length of Stay (Days) 4-Year Average by Acute Setting

General Hospital - Inpatient: 11 days
North Star Acute Care: 32 days
Alaska Psychiatric Institute: 21 days

Medicaid Data
Demographics, Four-Year Average

**Gender**
- Male: 48%
- Female: 52%

**Race**
- AK Native: 42%
- Multi-Racial: 12%
- Other /Unknown: 13%
- White: 34%

**Age**
- 18-20 years: 16%
- 13-17 years: 54%
- 8-12 years: 20%
- 0-7 years: 10%

Medicaid Data
Change in Admission by Age, FY 15 +18

<table>
<thead>
<tr>
<th>Age Group</th>
<th>FY 15</th>
<th>FY 18</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12 years</td>
<td>228</td>
<td>314</td>
<td>38%</td>
</tr>
<tr>
<td>13-17 years</td>
<td>464</td>
<td>527</td>
<td>14%</td>
</tr>
<tr>
<td>18-20 years</td>
<td>110</td>
<td>160</td>
<td>45%</td>
</tr>
</tbody>
</table>

FY 15: n = 802
FY 18: n = 1001

Medicaid Data
Changes in Admission by Race
FY 15 and FY 18

AK Native
- FY 15: 347
- FY 18: 418
- 20% increase

Multi-Racial
- FY 15: 96
- FY 18: 115
- 20% increase

Other or Unknown Race
- FY 15: 72
- FY 18: 144
- 93% increase

White
- FY 15: 287
- FY 18: 324
- 13% increase

Medicaid Data
Acute Care

• What are the drivers behind the increase in admissions to general hospital settings?
• Is this increase beneficial, or not, to the out-of-home care continuum?
• If the need for acute care indicates a crisis for adult caregivers, how do we strengthen their ability to manage and stabilize crises with children?
Residential Psychiatric Treatment Facilities
Annual Client Counts, FY 01 – FY 18

FY 01 FY 03 FY 05 FY 07 FY 09 FY 11 FY 13

Total In-State
Total Out-of-State

FY 01 FY 07 FY 13

381 752 112
213 218

BTKH Initiative

Decrease of 85 in-state
Increase of 68 out-of-state

FY 15 FY 16 FY 17 FY 18

Total In-State
Total Out-of-State

186 266 248 254
201 234 218

Residential Psychiatric Treatment Facilities

Medicaid Data
Medicaid Payments
FY 15 – FY18

Out-of-State Payments

In-State Payments

FY 15

$11,000,000

FY 16

$17,000,000

FY 17

$18,000,000

FY 18

$13,000,000

n = 466

n = 455

n = 467

n = 457

Medicaid Data
Demographics
FY 15-18, Four-Year Average

Sex

- Male: 55%
- Female: 45%

Race

- AK Native: 34%
- Multi-Racial: 11%
- Other/Unknown: 13%
- White: 42%

Ages

- 18-20 years: 5%
- 13-17 years: 76%
- 8-12 years: 18%
- 0-7 years: 1%

Medicaid Data
Ages at Admission by Location (FY 16-18)

- Under 10: 0.2% (Out-of-state), 10% (In-state)
- 10 to 12: 1% (Out-of-state), 10% (In-state)
- 13 to 15: 10% (Out-of-state), 26% (In-state)
- 16 to 18: 23% (Out-of-state), 32% (In-state)
- 19 to 20: 0.2% (Out-of-state), 3% (In-state)

Qualis Data
Race at Admission by Location (FY 16-18)

- White: 39% (Out-of-state: 14%, In-state: 49%)
- AK Native/Am Indian: 47% (Out-of-state: 14%, In-state: 34%)
- Other: 14% (Out-of-state: 16%)

Qualis Data
Discharge Placement (FY 16-18)

- Home with Clinic or In-Home Support: 60%
- Inpatient Psych: 10%
- Foster Care or FTH: 6%
- Left Against Medical Advice: 5%
- Discharged to Correctional Facility: 5%
- Residential Psych: 4%
- Discharged to Group Home: 4%
- Another Acute Care Hosp: 4%
- Home: 1%
Top Two Primary Reasons for Placement (FY16-18)

- Aggression to Self/Others
  - In-state: 33%
  - Out-of-state: 47%
- Suicidal Ideation/Attempt
  - In-state: 55%
  - Out-of-state: 26%

Reasons for Placement less than 10% include dual diagnosis, sexual acting out, requires locked facility, homicidal ideation/attempt, self-mutilation, and eating disorder.
Top 8 Risk Factors (FY16-18)

- Aggression: 80% Out-of-state, 55% In-state
- Suicide Risk: 61% Out-of-state, 65% In-state
- Family History Substance Abuse: 60% Out-of-state, 45% In-state
- Family Medical History: 54% Out-of-state, 47% In-state
- Non-Compliance with TX: 60% Out-of-state, 40% In-state
- Flight Risk: 47% Out-of-state, 44% In-state
- Property Destruction: 60% Out-of-state, 31% In-state
- History Self Mutilation: 38% Out-of-state, 47% In-state

Qualis Data

n=702 Out-of-state  n=784 In-state
Top Three Psychosocial Factors (FY16)**

Factors less than 15% include legal, housing, access to health care, economic and occupational.

** Data for FY 17-18 not shown. This data was not consistently entered during these years.
Top four diagnostic groups

Diagnostic Groupings (FY16-18)

- Schizophrenia Spectrum and Other Psychotic Disorders: 22% Out-of-state, 33% In-state
- Anxiety Disorders: 25% Out-of-state, 30% In-state
- Mood Disorders: 27% Out-of-state, 22% In-state
- Neurodevelopmental Disorders: 17% Out-of-state, 13% In-state

Qualis Data

Residential Psychiatric Treatment Facilities
90% have experienced trauma.

Traumas (FY16-18)

- Emotional Abuse: 47% (Out-of-state), 51% (In-state)
- Multiple Placements: 43% (Out-of-state), 53% (In-state)
- Witnessed Domestic Violence: 48% (Out-of-state), 44% (In-state)
- Physical Abuse: 48% (Out-of-state), 40% (In-state)
- Neglect: 50% (Out-of-state), 38% (In-state)
- Sexual Abuse: 35% (Out-of-state), 34% (In-state)
- Adopted: 27% (Out-of-state), 28% (In-state)
- Multiple Losses: 21% (Out-of-state), 18% (In-state)
- Death/Suicide: 17% (Out-of-state), 11% (In-state)
- Natural Disaster: 1% (Out-of-state), 0.3% (In-state)

Qualis Data

n=702
n=784
Comorbidity (FY16-18)

74% have a diagnosed comorbidity

- Mood Disorder: 75% (Out-of-state 61%, In-state 18%)
- Thought Disorder: 33% (Out-of-state 18%, In-state 15%)
- Substance Abuse: 26% (Out-of-state 18%, In-state 8%)
- Developmental Disorder: 21% (Out-of-state 17%, In-state 4%)
- Suspected FASD: 18% (Out-of-state 9%, In-state 9%)
- FASD: 12% (Out-of-state 8%, In-state 4%)
- Eating Disorder: 5% (Out-of-state 6%, In-state 9%)
- Brain Injury: 4% (Out-of-state 2%, In-state 2%)

Residential Psychiatric Treatment Facilities

Out-of-state n=702
In-state n=784

Qualis Data
Other Factors (FY 16-18)

- Individualized Education Plan: 32% (Out-of-state: 41%, In-state: 23%)
- Fetal Alcohol Spectrum Disorder or Probable FASD: 23% (Out-of-state: 36%, In-state: 19%)
- Intellectual Developmental Disability: 6% (Out-of-state: 19%, In-state: 17%)
- IDD Waiver: 1% (Out-of-state: 17%, In-state: 6%)

Residential Psychiatric Treatment Facilities

Qualis Data
Residential Psychiatric Treatment Facilities (RTPF)

• Why are we seeing an increase in out-of-state placements and a decrease in in-state placements?

• What are the causes in the racial disparity between in and out of state placements?

• Given the high rate of trauma and co-morbidity, what are the barriers to earlier intervention?
Small Group Discussion
Small Group Discussion

• What are the top three takeaways from today’s discussions?

• What are the top three goals we should work towards related to children in out of home care?

• Which data indicators should we track?