

Residential Treatment Facilities Cost Containment for FY 2011-12

Current Situation	Strategies	Result
<p>15 counties have annual costs for Residential treatment that are much higher than average</p>	<p>OMHSAS will work with counties and BHMCOs to develop county-specific action plans with benchmarks for reducing over-reliance on RTF services in FY 2011-12.</p>	<p>Reduced capitation is based on anticipated savings of \$5 million in state funds in FY 2011-12 through a net \$10 million reduction in RTF use (less increased investment in RTF rates and community-based alternatives).</p>
<p>Numerous factors contribute, including higher numbers of youth being served, # of youth served out of state, longer lengths of stay, and recidivism. Data reviewed on children placed in out-of-state (OOS) RTFs found little difference in children's treatment needs or services provided from those placed in state, but lengths of stay for OOS placements exceeded those of in-state</p>	<p>Increase access to community-based alternatives focused on development of evidence-based practices, including High Fidelity Wraparound and juvenile-justice focused interventions such as multisystemic therapy (MST) and functional family therapy (FFT), to reduce the number of youth served in RTF settings, as well as to reduce lengths of stay and recidivism for those who are served.</p>	<p>Reduced use of RTF/institutional care thereby allowing more children to return to their families and/or home communities with needed services and supports</p>
<p>RTF s have not been well-defined within the continuum of mental health treatment services for children. The lack of comprehensive regulations and access to efficacious alternatives has contributed to the over-reliance on RTF services.</p>	<ul style="list-style-type: none"> • Implementation of evidence-based approaches such as the trauma-informed care • Revise RTF regulations to better define and increase the quality and effectiveness of services • Enhance outcome monitoring 	<p>Will reduce lengths of stay and recidivism through more effective treatment in RTF settings; while this may lead to rate increases in some cases, this will be offset by savings from reductions in length of stay and in reduced recidivism.</p>