

SOC System  
of Care  
Breeze  
Happy  
Spring!  
3-4-19



## Psychiatric Residential Treatment Facility Use over Time

(August 2018: 17 in-state PRTFs and 12 border PRTFs)

February 2019: 13 in-state PRTFs and 12 border PRTFs)

	SFY 2009	SFY 2010	SFY 2011	SFY 2017	SFY 2018*
Youth served in PRTF	752	1,043	1,410	1,627	1,313
Dollars spent for PRTF Care	50 million	67 million	97 million	94 million	84 million

## **Non-PRTF Residential Care and Therapeutic Foster Care (MH and SUD, Medicaid and State Funds)**

**August 2018: 41 Level II Group Homes; 153 Level III Group Homes; 2 Level IV Group Homes**

	<b>SFY17 # Served</b>	<b>SFY17 Dollars Spent</b>	<b>SFY18 # Served</b>	<b>SFY18 Dollars Spent</b>
<b>Residential Care</b>	1,696	\$50,144,970	1674	\$51,072,410
<b>Therapeutic Foster Care</b>	2,658	\$50,315,216	2764	\$54,786,834



## BBI Essential Infrastructure Elements

- Effective Leadership
- Family and Youth Roles and Empowerment
- Workforce Development
- Fiscal and Policy Strategies
- Focus on Long-Term Sustained Outcomes
- Creation of Trauma-Informed Organizational Cultures Supportive of Best Practices

## BBI Critical Practice Components

- Focus on Permanency
- Family and Youth Engagement and Support
- Cultural and Linguistic Responsiveness
- Trauma-Informed Care
- Link Residential with Community Services and Supports
- Work with Youth in Transition to Adulthood
- Informed Use of Psychotropic Medications
- Use Data to Inform Practice Improvement
- Infusing Best Practice Strategies and Tools

## Six Core Strategies

Prevent Restraint, Seclusion,  
and Coercive Techniques

- Effective Leadership
- Use of Data to Inform Practice
- Workforce Development
- Use of Restraint and Seclusion Prevention Tools
- Family and Youth Engagement
- Debriefing

What services would help prevent residential care? What is missing or needs to be improved?

What is working/not working re: transition to and from residential care and family/community? What is needed? What can be improved?

What have you seen that works to help keep families connected during a residential stay?

What do your judges, DSS directors/child program staff, chief court counselors need to see to believe that most kids with significant problems can be served in the community? What are judges, DSS directors/child program managers, and chief court counselors asking for?



What have Community Collaboratives, SOC Coordinators, and Family Leads done and what can they do to strengthen connections between residential and community care?

How can DMHDDSAS partner with the SOC Coordinators and Family leads in this work?