

Modernizing Residential Care

Damar Services, Inc.
and
The Indiana Department of
Child Services

Damar Services, Inc.

- n Established in 1967 as residential care setting for children with DD.
- n Traditional Operations for 35 years
- n 2003 – Initiated Residential Reform
- n 2005 – Building Bridges Initiative (BBI)
- n 2006 - Community-Based Res. Care appears to produced more favorable outcomes

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Damar Services, Inc.

- n 2006 –Fully implemented BBI principles
- n 2006 - Expanded model to SED, SMB, and Delinquent Youth
- n 2006 - Local Pilot Approved for CBRC – DCS and DOE
- n 2008 - Outcomes Study Comparing Traditional Res. Care with CBRC

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CBRC – 2008 Outcomes N = 26

---Controls Matched for age, gender, dx, parent involve, LOS, # of Placements
---Outcomes compared to baseline improvement vs. Control Group

Parental Contact/involvement – 60% More
Aggressive Incidents – 73% - Less
Prosocial Peers – 100% - More
School Attendance – 35% More
LOS – 4 months, Controls – 11 months
Recidivism - 0% at 12 months, Controls 16%
12M Cost – \$1,350,000 Decrease vs. Controls

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Damar Services, Inc.

2009

Guaranteed Outcomes

**If a youth requires re-admission
post "discharge," it is FREE.**

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***Residential Care is an intervention,
not a destination.***

- ◊ 36% of Residential Referrals Diverted/Avoided
- ◊ 95% of Referrals from Public Schools Diverted/Avoided
- ◊ 100% Parent Engagement/Participation Expected and Measured
- ◊ 80% in Residential Treatment participate in Comm. Based Alternative/Continuum

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Recidivism

Long-Term Outcomes (Recidivism)

- Ø Data dynamically collected to 5-years post "discharge"

2005	4%
2006	11%
2007	9%
2008	3%
2009	8%

- Ø Recidivism typically occurs within the first 12 months post discharge (consistent with research findings)

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Damar Services, Inc.

Business Outcomes

- Ø Tripled number of clients/families served in 4 years
- Ø 18M annual budget to 40M annual budget
- Ø >800 Employees
- Ø Doubled Residential Treatment Services for Youth Without New Buildings/Facilities
- Ø Direct Care Staff Turnover Rate Reduced by 18% - and maintained.

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Critical Incident of Primary Concern

If 24 hours goes by and a youth is not with his family and/or in his community, it is considered a Critical Incident for the Agency and a plan of action/correction must be submitted to the COO*.

*Internal Quality Plus Threshold is 95% for Agency. If its not measured, its not managed.

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Damar Services and Indiana DCS

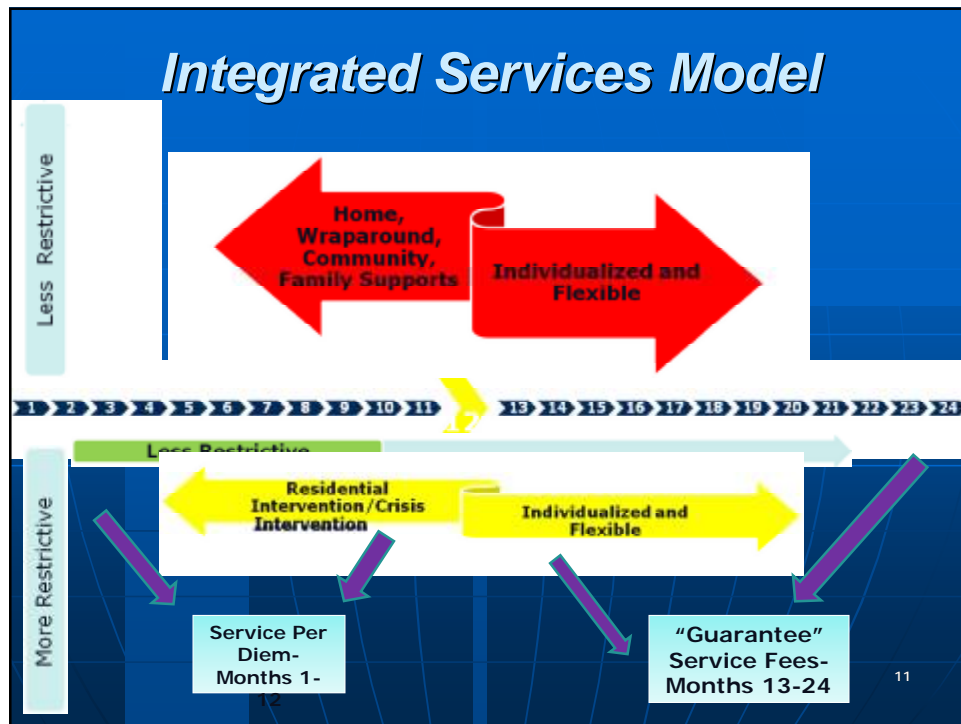
2010

Practice Reform

The Integrated Services Model

Roll Out and Expansion

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Indiana's Reform Initiative *The Integrated Services Model*

- n Clinical Flexibility
- n Financial Flexibility
- n Residential is a Service, not a Placement
- n Services – what, when, where needed
- n Res. Provider motivated differently
- n “Head in Bed” thinking eliminated
- n Length of Stay as external variable – elim.
- n Competition Reduced/Eliminated

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Indiana's Reform Initiative

The Integrated Services Model

- ø Network of Preferred Providers
- ø 6-Question Referral Decision
- ø New Business Opportunities
- ø Guaranteed Outcomes

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Indiana's Reform Initiative

The Integrated Services Model

I.S. Outcome Measures

- ü # of Days Out of Home
- ü Treatment in own Home/Community
- ü Recidivism
- ü # of Closed Cases
- ü Cost (If N = 25 --1M reduction year 1 and
3.1M reduction in 2 years)

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Agency Reform/Change

Building Bridges

Why Change?

- Best Practices
- Best Outcomes for youth and families
- Best Business Opportunities

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Philosophies/Approaches to Support Change – Admin.

- n Top Leadership Initiative
- n Eliminate Obstacles
- n Tradition is Tradition
- n Community Partnerships vs. Expansion of Services or Both
- n Establish and Maintain New Culture
- n Collaborate With Energy – Get Recognized
- n Make it Visual
- n Model

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Philosophies/Approaches to Support Change – **Admin.** Parent and Youth Involvement at all Levels of the Agency/Organization

- n Parents as Employees
- n Parents as Liaisons
- n Parents as Quality Managers
- n Parents on Board of Directors
- n Parents and Youth on Committees
- n Youth Voice in All Aspects

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Clinical Approaches

- n Families as Co-Experts
- n Modify Training
- n Direct Care Potency
- n Crisis Management Protocols
- n Prevent Placement
- n What Are Critical Incidents?
- n Reformed Treatment Plans

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Clinical Approaches

- Home and Community are the Most Efficacious Treatment Settings
- Management vs. Cure
- Listen Backward as you Move Forward
- Generalization...Generalization...Generalization
- Congregate Care is not our Friend
- Train and Support Parents as Much as We Train and Support Staff Members

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Thank You



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