

Restrictiveness of placement

Preliminary work

One of the first tasks in the research plan was to develop a comprehensive population-level understanding of the youngsters who were admitted into the AAC program(s).

Our preliminary look at the effects of RTF admission in altering residents' placements before and after the RTF began this process. While some factors other than patient characteristics (family situation, geographic location, legal and even political concerns) may influence placement decisions, the level of independence or restrictiveness of an assigned living arrangement is a significant indicator of a child's perceived level of social functioning, as well as an important economic variable in itself¹

Restrictiveness of placement of youngsters is a concept that has already been operationalized. At this stage in our work, it seems most appropriate to draw upon the ROLES scale (*Restrictiveness of Living Environmental Scale*²—shown on Table 1). This is a simple scale that is coded with a single numerical value between 0.5-10. A particular advantage is that it requires data that is already available for all or almost all the youngsters at admission and discharge. While some categories are not well defined (there is no specific entry for RTFs, and AWOLs appear to be outside its scope) this seems to be a functional scale which is generally applicable, and amenable to adaptations—of which there are several in the literature already—that may fit it more closely with the population we are studying.

Table 1: Restrictiveness of Living Environments Scale

Residential environment	Scale rating
Jail	10
State mental hospital	9
County detention center	9
Youth correctional center	9
Intensive treatment unit	8.5
Drug-alcohol rehabilitation center (inpatient)	8
Medical hospital (inpatient)	7.5
Wilderness camp (24h, year-round)	7
Residential treatment center (RTC)	6.5
Group emergency shelter	6
Residential Job Corps center	5.5
Group home	5.5
Foster-family-based treatment home	5
Individual-home emergency shelter	5
Specialized foster care	4.5
Regular foster care	4
Supervised independent living	3.5
Home of a family friend	2.5
Adoptive home	2.5
Home of a relative	2.5
School dormitory	2
Home of natural parents	2
Independent living with friend	1.5
Independent living by self	0.5

The preliminary scoring that follows was carried out based on the ROLES scale, but grouping the types of placement to create a somewhat smaller number of somewhat broader categories.

1 James, S., Landsverk, J., Leslie, L.K., Slymen, D.J., Zhang, J., 2008. Entry into Restrictive Care Settings: Placements of Last Resort? *Families in Society* 89, 348–359. <https://doi.org/10.1606/1044-3894.3760>

2 Hawkins, R. P.; Almeida, M. C.; Fabry, B.; Reitz, A. L. A Scale to Measure Restrictiveness of Living Environments for Troubled Children and Youths. *PS* 1992, 43 (1), 54–58.

Levels of restrictiveness at admission

The raw numbers for the restrictiveness of placement just prior to admission for all three of our programs are shown in Table 2.

Table 2: Level of restrictiveness at admission and discharge and per program

	Admission		Discharge	
	Median	Average	Median	Average
RTF-B	9	9.2	2.0	2.9
RTF-M	9	8.3	2.5	3.2
YASL	8.5	7.2	2.5	3.6

As expected, most youngsters came from highly restrictive placements with a cascade starting from the RTF-Brooklyn (RTF-B), which shows the most restrictive placements at admission because that program was only accessed by youngsters being held by the State juvenile justice system.

There is obviously a substantial decline in level of restrictiveness of placement at discharge for patients in all of the programs. However, this change is most meaningful in the case of the RTF-Manhattan (RTF-M). Since admission to the RTF-B was restricted to youngsters in the juvenile justice system, who were all admitted from a very restrictive level of care (detention or jail), and whose court-ordered placements generally expired when they were discharged, it was virtually inevitable that there would be a substantial decline in restrictiveness of placements upon discharge from that program. Admission to the Young Adult Supported Living (YASL) program was limited to individuals over 18 who were aging out of children's congregate care facilities and being prepared for independent living and so were not directly comparable to a children's residential population. We therefore explored further the results in the RTF-M, which had by far the largest and most diverse population.

Tables 3 and 4 show more detail about the breakdown of placements before admission and immediately after discharge for patients admitted to the RTF-M, including a breakdown by gender and specific placement type.

Table 3: Level of restrictiveness of placements before admission by gender for youngsters treated at RTF-M

Gender	Home – parents	Home – adoptive, relative, family friend	Emergency shelter	Group home	Group emergency shelter	RTC	"Intensive Treatment Unit"	State mental hospital, youth or county detention	Jail	No info / unclear	Total	RoLES Weighted Average
	2	2.5	5	5.5	6	6.5	8.5	9	10	N/A		
F	3 (1.7%)	2 (1.1%)	0 (0%)	4 (2.3%)	0 (0%)	17 (9.6%)	6 (3.4%)	135 (76.3%)	8 (4.5%)	2 (1.1%)	177 (45.2%)	8.5
M	9 (4.2%)	3 (1.4%)	1 (0.5%)	3 (1.4%)	4 (1.9%)	29 (13.5%)	3 (1.4%)	134 (62.3%)	21 (9.8%)	8 (3.7%)	215 (54.8%)	8.2
Total	12 (3.1%)	5 (1.3%)	1 (0.3%)	7 (1.8%)	4 (1%)	46 (11.7%)	9 (2.3%)	269 (68.6%)	29 (7.4%)	10 (2.6%)	392 (100%)	8.4

Table 4: Level of restrictiveness of placements after discharge by gender for youngsters treated at RTF-M

Gender	Independent living – friends	Home – parents	Home – adoptive, relative, family friend	Supervised independent living	Emergency shelter	Group home	Group emergency shelter	RTC	State mental hospital, youth or county detention	Jail	AWOL	No info / unclear / exclude	Total	RoLES Weighted Average
	1.5	2	2.5	3.5	5	5.5	6	6.5	9	10	N/A	N/A		
F	2 (1.1%)	56 (31.6%)	22 (12.4%)	34 (19.2%)	4 (2.3%)	20 (11.3%)	1 (0.6%)	1 (0.6%)	6 (3.4%)	2 (1.1%)	23 (13%)	6 (3.4%)	177 (45.2%)	3.4
M	2 (0.9%)	66 (30.7%)	31 (14.4%)	65 (30.2%)	6 (2.8%)	8 (3.7%)	1 (0.5%)	3 (1.4%)	2 (0.9%)	1 (0.5%)	25 (11.6%)	5 (2.3%)	215 (54.8%)	3.1
Total	4 (1%)	122 (31.1%)	53 (13.5%)	99 (25.3%)	10 (2.6%)	28 (7.1%)	2 (0.5%)	4 (1%)	8 (2%)	3 (0.8%)	48 (12.2%)	11 (2.8%)	392 (100%)	3.2

The substantial overall decline in restrictiveness of placements following RTF treatment is a promising point of departure for further inquiries. Are any meaningful differences in these figures correlated significantly with demographic variables, age at admission, length of stay, diagnosis, use of psychotropic medication, disruptive behavior during the admission (restraints), or the time period during which the individual was admitted (changes to the program itself over three decades)? Currently available data will allow us to explore these areas.

Ultimately, however, the most significant questions will be whether the gains suggested here were sustained in the months and years following discharge. We have conducted extensive in-person interviews with 100 former residents of the RTF-M, who are now aged between 20 and 48, and are currently preparing information that will allow us to develop analyses based on outcome results extended over a much longer period.