

---

# Restrictiveness of placement

## Preliminary work

One of the first tasks in the research plan is to develop a comprehensive population-level understanding of the youngsters that were admitted into the AAC program(s). Given the retrospective nature of this exercise, this inevitably requires mining the existing records to the greatest possible extent. In practice, this demands that we seek out types of data or analytic lenses that contribute to that understanding, even if they are less than perfect.

Our preliminary look at the effects of RTF admission in altering residents' placements before and after the RTF illustrates this point. We will have to employ different analytic tools to probe the different dimensions of placements which will require defining ways of bridging, comparing and systematizing measures. One promising avenue for ensuring a running thread throughout the different temporal horizons is the use of *restrictiveness* of placement or living arrangements. 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 itself.<sup>1</sup>

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*<sup>2</sup>—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

*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

---

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 From 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.

amenable to adaptation--of which there are several already in the literature--that may fit it more closely to the population we are studying.

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.

## Changes in Levels of restrictiveness

The raw numbers for the restrictiveness of placements just prior to admission and just after discharge for all 577 patients who left all three of our programs are summarized in Table 2.

*Table 2: Level of restrictiveness at admission and discharge for youngsters treated in each 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 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-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 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**

	Home – parents 2	Home – adoptive, relative, family friend 2.5	Emergency shelter 5	Group home 5.5	Group emergency shelter 6	RTC 6.5	"Intensive Treatment Unit" 8.5	State mental hospital, youth or county detention 9	Jail 10	No info / unclear N/A	Total	Weighted Average (exc N/A)
<b>F</b>	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%)	175 (45.2%)	<b>8.5</b>
<b>M</b>	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%)	207 (54.8%)	<b>8.2</b>
<b>Total</b>	<b>12 (3.1%)</b>	<b>5 (1.3%)</b>	<b>1 (0.3%)</b>	<b>7 (1.8%)</b>	<b>4 (1%)</b>	<b>46 (11.7%)</b>	<b>9 (2.3%)</b>	<b>269 (68.6%)</b>	<b>29 (7.4%)</b>	<b>10 (2.6%)</b>	<b>392 (100%)</b>	<b>8.4</b>

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

	Independent living – friends 1.5	Home – parents 2	Home – adoptive, relative, family friend 2.5	Supervised independent living 3.5	Emergency shelter 5	Group home 5.5	Group emergency shelter 6	RTC 6.5	State mental hospital, youth or county detention 9	Jail 10	AWOL	No info / unclear / exclude N/A	Total	Wt Avg excl AWOL & N/A
<b>F</b>	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%)	<b>3.4</b>
<b>M</b>	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%)	<b>3.1</b>
<b>Total</b>	<b>4 (1%)</b>	<b>122 (31.1%)</b>	<b>53 (13.5%)</b>	<b>99 (25.3%)</b>	<b>10 (2.6%)</b>	<b>28 (7.1%)</b>	<b>2 (0.5%)</b>	<b>4 (1%)</b>	<b>8 (2%)</b>	<b>3 (0.8%)</b>	<b>48 (12.2%)</b>	<b>11 (2.8%)</b>	<b>392 (100%)</b>	<b>3.2</b>

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 allows us to explore these areas, and we expect further results in the near future.

Ultimately, however, the most significant questions will be whether the gains suggested here were sustained in the months and years following discharge. We are currently preparing efforts to gather information that will allow us to develop analyses based on outcome results extended over a much longer period.